



Cheshire and Wirral Partnership
NHS Foundation Trust



Annual Report and Accounts 2010/11

Care • Well-being • Partnership

Cheshire and Wirral Partnership NHS Foundation Trust

Annual Report and Accounts 2010/2011

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Annual Report 1 April 2010 to 31 March 2011

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Introduction

Foreword from the chairman

Once again, I am delighted to be providing the foreword to this year's annual report – it has been an exciting year and one that has seen a number of changes both for CWP and for the NHS.

Over the course of the last year we have been working to join up with over 900 staff from Western Cheshire Community Services. While the actual transfer officially takes place in April 2011 many of our staff have been working hard to develop and implement plans and provide support for our new colleagues in the preceding months.

Also this year our service developments have included the opening of Oaktrees ward at Springview, a ward especially for those who have severe eating disorders; the opening of the Professor Ian Gilmore Unit in the Wirral which helps people in recovery from alcohol dependency and we also opened a new recovery-focused drug service in Trafford, near Manchester in partnership with Addiction Dependency Solutions (ADS).

There have also been significant changes to our services in Cheshire East. CWP has been working closely with Central and Eastern Cheshire Primary Care Trust (CECPCT) and other stakeholders to address the shortfall in its budget to commission mental health, learning disability and drug/alcohol services. A process was carried out to identify ways in which we could continue to provide the best range of services within the resources available to us.

Three major proposals were made. These were to consolidate mental health inpatient services onto one site in East Cheshire, to close The Willows day care centre and to also close Riseley Street respite service in Macclesfield. These proposals were subject to full consultation. In January adult and older people's mental health inpatient services moved from the mental health unit at Leighton Hospital to the Millbrook Unit in Macclesfield and Bowmere Unit in Chester, and The Willows day centre also closed. Riseley Street is due to close in the coming months and all patients have been found suitable alternatives such as other respite facilities. We fully appreciate how difficult change has been for the service users, carers and staff involved and I would like to thank all concerned for the way they have assisted us in making these changes.

I am pleased to report that the Trust once again scored highly in the Annual Staff Survey carried out by the Care Quality Commission, with more employees than ever before stating that they were satisfied with their job and 89% feeling that their job made a difference to service users. Our staff are our biggest asset and the Board values our partnership with staff representatives who have worked hard with us to ensure that staff are fully involved in decision-making at CWP.

Finally I would like to take this opportunity to thank all of those involved in the Trust – our service users, carers, staff, volunteers, members, governors and partners – for all of the support you have given the Trust. Without you CWP would not be able to continue to flourish and succeed.

I hope you will continue to support CWP during the year ahead and to help continue to improve the health and well-being of people who are in our care.



David Eva, chairman

Foreword from the chief executive

This year was my first with the Trust and it has been a privilege to be able to work with such great people who are really passionate about improving the care for the people we serve. I have been able to see at first hand the partnership work with our service users and carers and other key partners. I have thoroughly enjoyed CWP's approach to involvement and look forward to further building on it next year.

Last year was a really exciting one for the Trust and CWP has achieved a great deal.

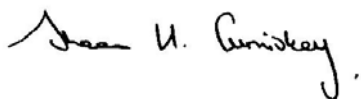
Many innovative and interesting things have happened, one of the biggest being the work that has taken place around Transforming Community Services (TCS). This means that over 900 Western Cheshire Community Care staff are set to join us in April: this includes a wide variety of staff such as district nurses, physiotherapists and health visitors.

We've also seen the opening of 'Oaktrees', our new specialist inpatient eating disorders service in Wirral and the refurbishment of the Alderley Unit for people with learning disabilities in Nether Alderly. CWP have won new service contracts which included the provision of learning disability services in Trafford, as well as building a new assessment and treatment unit for people with learning disabilities in Macclesfield. We also opened additional child and adolescent mental health service tier 4 beds in Chester.

There is no denying that the NHS is experiencing challenging times in terms of the economy and public spending and there are tough times ahead of us, but the plans, ideas and enthusiasm that we have are standing CWP in good stead.

Finally I'd like to thank all staff, patient and public involvement representatives, governors, volunteers, members and our many partners who continue to work so hard to improve people's health and well-being – you help to make CWP.

I am continually impressed by the hard work and commitment which staff show in doing their job to the highest possible standard. The many letters of thanks and appreciation that we receive from service users and carers are a testimony to the excellent work of our services. They are a constant reminder of why the work that we do is so important.



Sheena Cumiskey, chief executive

Foreword from the lead governor

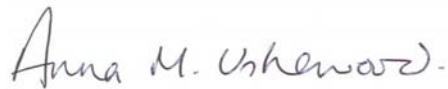
It gives me great pleasure to write this foreword for the annual report 2010/11. It has been a very challenging year for CWP but I am proud to say that the year has been very successful.

I am sure you will read about the changes at CWP elsewhere in this report but I would like to comment on one of our major projects. This was the move of our services from Leighton Hospital to the Millbrook unit in Macclesfield and Bowmere Hospital in Chester. Many of our Members have been affected by this move, including a number of staff. The transition has been as smooth as possible for the patients and I would like to thank the staff involved for ensuring this happened. It's been a difficult and unsettling time for them but they have put the comfort of the patients before their own concerns.

I have attended several events run by CWP and other organisations in my first year as lead governor but one of the most interesting and enjoyable days was the 'Taking Care of You' event held at Ellesmere Port Civic Hall in June. This was a jointly organised event with NHS Western Cheshire to promote good health and well-being for people with Learning Disabilities. It was my pleasure to present Kirsty Hulme with her prize for designing the logo which was used on the promotional material.

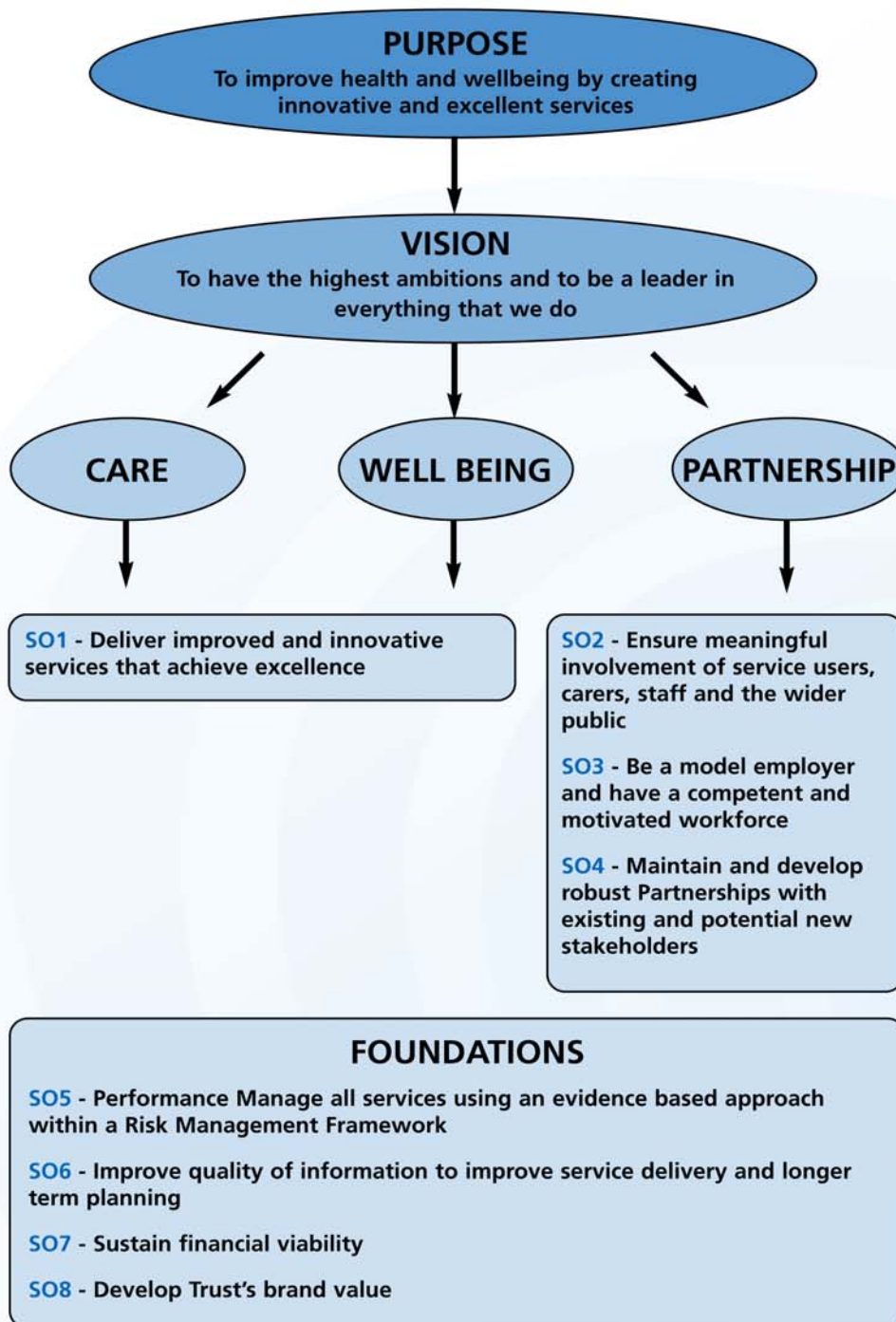
As with all other NHS Foundation Trusts, CWP has to make efficiencies and, although days ahead may be difficult, I would like to assure you that the governors will be striving to ensure that the services provided by CWP always puts patients first.

I would like to thank all our Members for their support of CWP and I would like to say a special 'thank you' to all our volunteers. Your involvement, together with that of all our staff, helps to make CWP the successful organisation it continues to be.



Anna Usherwood, lead governor

Our vision and values



SO = Strategic objective, which are the targets agreed by the Board as priorities for the year ahead.

Foundations

In our Annual Plan we identified four strategic objectives to set the foundations for achieving success (see chart on page 8). They were to:

- performance manage all services using an evidence based approach within a risk management framework (S05);
- improve quality of information to improve service delivery and longer term planning (S06);
- sustain financial viability (S07);
- develop the Trust's brand value (S08).

During the last year we achieved this by:

Learning from feedback – improving our services

Patient surveys

A range of patient surveys was completed during the year to ensure that direct feedback from patients informs the Trust service plans at all times.

- In the National Patient Survey 2010, 90 % of service users said that they felt they were treated with respect and dignity.
- In CWP's Inpatient Service User Experience Report 2010, 75% said that staff were always helpful.
- In CWP Carers' Audit, 74% felt that they had been treated with dignity and respect by staff, and 70% had been given additional information about support services.
- The Trust introduced Video Booths to gather service user feedback. The 'big brother' style booths gave the Trust rich feedback and data which will be used to learn from in staff training.

Comments, concerns, compliments, complaints and incidents

Sharing learning is key to ensuring that safety is maintained and that action can be taken to minimise the risk of similar situations arising again. Key actions this year centred on care co-ordination, risk assessment and documentation – examples include:

- An Eating Disorders working group has been set up to develop guidelines and recommendations regarding re-feeding interventions in an inpatient setting;
- Learning Disability inpatient facilities have compiled folders of staff pictures for each community team, so that service users can identify staff who have arranged to visit them.

Clinical audit

Clinical audit is an essential activity to improve the quality of health care. Health care professionals use it as a way of checking that the standards of care they provide to service users is of a high quality, that improvements are made where necessary and best practice shared. Examples of improvements include:

- The purchase of new resuscitation equipment, electrical testing of resuscitation equipment, and placement of new resuscitation equipment location signs in staff-only areas. This followed learning from a series of resuscitation audits which took place across the Trust to facilitate the optimum management of adult and child cardio-respiratory arrests, should they arise.
- The replacement of older/ damaged equipment, furniture, mattresses and beds in inpatient wards as a result of the infection prevention and control clinical audit programme. A replacement programme for equipment in inpatient wards has also been developed.

A notable achievement this year was CWP winning a National Clinical Audit Award from the Healthcare Quality Improvement Partnership in the patient involvement category. This was for the innovative development of patient stories to obtain the views of service users with a learning disability as part of our

care planning audits. The Trust's Quality Accounts for 2010/11 include more information on clinical audit which can be found in the Quality Accounts on page 20.

Evidenced based approach – research and best practice

The Trust supports the research culture within the organisation. By being research active the Trust is able to offer access to new treatments for patients and keeps staff up to date with the developments in the national and international research community. We will continue to contribute to research as part of the central role it plays in developing the NHS of the future.

- The Trust has recruited over 400 participants to research studies.
- The Trust works closely with the research networks including the Mental Health Research Network and the Dementia and Neurodegenerative Research Network. The Trust has been involved in 51 studies on the National Portfolio over the last year.
- We are currently working on a number of bids for research funding in partnership with a wide number of organisations.
- Trust staff have been partners in two successful, National Institute for Health Research (NIHR) funded bids in the last year - a European study; 'Reducing health inequalities: increasing the number of mental health people with mental health issues (mild to moderate) who stay in employment during treatment', and a Health Technology Assessment Obsessive Compulsive Disorders Efficacy Trial.

Quality of information – supporting service delivery

The informatics directorate supports CWP via technology, information management, records management and performance monitoring to deliver an improved patient experience. Examples of developments this year include:

- Upgrading our principal clinical system to provide better access to records for our clinical staff.
- Successfully piloting electronic transfer of discharge summaries to GPs and initiating a pilot to test e-mail requests for opinions from GPs.
- Testing new technology to help staff to work more efficiently such as digital pens, digital dictation and voice recognition.
- Setting up the patient access network of information kiosks, PCs and wireless internet access to improve patient experience in our inpatient units.
- Continuing to help the Trust reduce costs through technology, for example reducing the cost of the data network and increasing the use of video and tele-conferencing.
- Setting up a new case note tracking system to make sure that records are available where and when they are needed.

Our values – care, well-being and partnership

The 'CWP' brand and values have been further promoted this year through events, campaigns, media coverage, and publications to boost and protect the Trust's reputation, and to support the Challenging Stigma campaign - as referenced throughout this report. Highlights include:

- 89% awareness of the CWP brand, an increase of 4% on the previous year's survey, plus 76% describing it as modern, professional, clear and effective an increase of 7% on the previous year (awareness survey May 10).
- Over 350 items of media coverage (print and broadcast) were achieved, a 27% increase on the previous year. 83% of the coverage was positive, with 13% neutral and only 4% negative. CWP remains in the top three mental health trusts in the North West for generating the highest amount of print media coverage, having the most positive influential print media coverage, and receiving the least negative influential print media coverage (NHS media benchmarking).

Care – ‘caring for service user, carers, staff and the wider public’

In our Annual Plan we identified a strategic objective (SO1 – see chart on page 8) to deliver “improved and innovative services that achieve excellence.”

Quality and innovation – a shared vision

In February the Government published a document ‘No health without mental health’. The strategy sets out key aspirations and targets, all of which CWP are already working on. They include:

- **Prevention of mental ill health and promoting mental health:** The Trust leads a local Challenging Stigma campaign and strives to promote the importance of good mental health in everything that it does, including taking part in awareness weeks such as ‘Depression Awareness Week’;
- **Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well:** CWP, in partnership with Mental Health Matters, has been chosen to provide Warrington’s Improved Access to Psychological Therapies (IAPT) service. IAPT services play a critical role in relieving stress and transforming the lives of people with depression and anxiety disorders;
- **More people of all ages and backgrounds will have better health and well-being:** CWP has been given national recognition for the way it works with young people. The West Cheshire 16-19 Service has been assigned the ‘You’re Welcome’ quality mark by the Department of Health for achieving national standards in their approach to young people and teenagers.

Andy Cotgrove, CWP’s medical director, said: “These years are an important time for young people as they adopt behaviour patterns that will follow them into adulthood. 11-19 year olds are the most unlikely to visit their family doctor, despite many harbouring concerns that would be best shared with a health professional. The ‘You’re Welcome’ programme recognises community and hospital-based services that work hard to make 11-19 year olds feel as welcome as possible.”

- CWP’s Chester liaison psychiatry team were recently accredited as an ‘excellent service’ by the Royal College of Psychiatrists’ Psychiatric Liaison Accreditation Network (PLAN), and are one of the first teams to gain this rating in the country.
- **Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well:** Over 100 people attended the North West launch of the ‘Triangle of Care’ strategy in February hosted by CWP. The event, run in partnership with The Princess Royal Trust for Carers, aimed at strengthening and building partnerships with carers and families.
- The Trust together with NHS Western Cheshire, celebrated learning disability awareness week in June by hosting a free health event. “Taking care of you” promoted good health and well-being for people with learning disability and mental health issues. The free event offered advice and support on healthy eating and smoking cessation, cancer screening and drug and alcohol issues.

For more information see the quality accounts on page 20.

New services and better accommodation – improving care

CWP’s foundation trust status enables it to build a surplus (savings) that it can reinvest in new accommodation and the quality of existing accommodation, which otherwise would be unfunded. In addition, CWP actively pursues ideas for new services which in the last year have been supported by commissioners in a number of areas. We have successfully delivered the following new or improved services as set out in our annual plan:

Adult mental health:

- A new 10 bedded inpatient eating disorder unit has opened at Springview Hospital, Clatterbridge. The service supports both adults and young people from the age of 16 years with eating disorders. As many as 50% of inpatients in the eating disorder service are in full time study. Oaktrees provides service users with access to computers, WiFi and an internet café as well as extensive occupational therapy, physical therapy, day space and an award winning healing environment garden.

Val McGee, deputy director of operations, said: "It's estimated that over a million people in the UK have an eating disorder. CWP has been providing services to patients for over 15 years and are currently the only NHS provider of specialist inpatient care for eating disorders in the region. Oaktrees unit will ensure that people experiencing an eating disorder have access to the specialist care and treatment they need."

- The new Wirral Memory Service was opened, improving assessment and treatment of those suffering with dementia and other memory problems.

Drug and alcohol

- A recovery-focused drug service in Trafford to help people experiencing substance misuse-related problems opened in July 2010. The service is run in partnership with regional alcohol and drug charity ADS (Addiction Dependency Solutions).
- A recovery-focussed centre to provide support and advice for people with alcohol problems opened at St Catherine's Hospital site in February. 'The Gilmore Unit', named in honour of Professor Sir Ian Gilmore, who is widely recognised for his work in the field of dependency, will help people living on the Wirral.

CWP was also successful in its bid to become the new provider of the following services this year:

- Primary care psychology services in Warrington in conjunction with Mental Health Matters, a national charity;
- Community eating disorders service in Bolton on an interim contract.

Tackling health inequalities

- CWP received recognition for its innovative way of obtaining feedback from service users with learning disabilities. The Trust was the winner of the Care Programme Approach (CPA) association award for 'Excellence in Monitoring and Evaluating the CPA Process' in recognition of its 'Patient stories' programme. CWP's 'Patient stories' captures service users' experiences of using and receiving services through informal, direct and indirect discussion and observation methods. Using this variety of communication methods ensures all consultation with service users who have a learning disability is as meaningful and effective as possible and that people with a range of abilities and needs have an equal chance to have their opinions heard.
- With an estimated 2% of adults in the UK having attention-deficit hyperactivity disorder (ADHD), the Trust is a provider of ADHD services for all ages and offers the only adult multidisciplinary service with practitioner and psychological input in the region.

Well-being – ‘feeling well, doing well, staying well’

In our Annual Plan we identified a strategic objective (SO1 – see chart on page 8) to deliver “improved and innovative services that achieve excellence”. This year we have achieved this through the following well-being initiatives:

Improving patient experience – ‘aiming’ high

- The Learning Disabilities service at Eastway and Kent House was awarded the Accreditation for Inpatient Mental Health Services for Learning Disabilities (AIMS-LD) by the Royal College of Psychiatrists' Centre for Quality Improvement, one of only seven units in the UK to have achieved this.

Andy Styring, CWP's director of operations, said: “We are proud of the level at which our learning disability services operate. This achievement rightly ranks Eastway and Kent House amongst the best in the country.”

- Since June, the Trust has had ‘Pets as Therapy’ volunteers visit the Trust with their dogs. Research shows that these visits can help give service users an extra boost in additional to medical and nursing care.
- The Trust has recruited a young carer, who is fully qualified, as a volunteer hairdresser in Bowmere.
- A new service, which provides advice and support to GPs, patients and other agencies on opioid abuse and prescribed drug dependency, was launched in January. The service, which is unique to the North West and funded by Wirral Drug and Alcohol Action Team, is offered to all patients registered with a Wirral GP who do not have chronic pain conditions but have developed a dependency on opiate based drugs.

Work and well being – employment opportunities

- A new gardening scheme was launched in Macclesfield that not only aids recovery but gives services users skills that they can use in employment. Led by CWP's grounds maintenance staff and staff from Future Pathways, the scheme has aided service users to get work experience and in turn qualifications.
- Working in partnership with the organisation the Skills for Health Academy, the Future Jobs Fund (FJF) was a national initiative set up to encourage long term unemployed young people and others who face significant disadvantage in the labour market. The FJF programme provided money to create new jobs, which would not have been available without FJF funding. We created 23 new trainee posts in administration, data input, health assistance and Occupational Therapy and interviewed approximately 50 candidates. The contracts were for a fixed term of six months from November 2010. The scheme was a great success and several of the Future Job Fund employees have secured positions within the Trust.

Avril Devaney, director of nursing and patient partnership, said: “This scheme has helped people get back into employment and give them the confidence that they need. It is fantastic that so many have gone on to secure permanent employment.”

Protecting our environment

- Video conferencing facilities for meetings increased and we currently have systems in all major meeting points and plans for a software system that will monitor their use.
- Energy Projects Plus assists Wirral staff to reduce their carbon footprint by installing free loft and cavity wall installation which can save up to 2 tonnes of carbon and £300 per annum on their energy bills. Funded by Wirral Borough Council and British Gas.
- Plastic bottled water supply for rented coolers in CWP has now been phased out and all rented contracts cancelled. Installation of plumbed-in coolers using our own existing water supplies

commenced January 2011 with a completion date for April 2011. This has resulted in both a cost saving and a reduction in 2 tonnes of carbon annually due to the transport that was used to deliver the bottled water.

Partnership – ‘working together to achieve common aims’

In our Annual Plan we identified strategic objectives (see chart on page 8) to:

- ensure meaningful involvement of service users, carers, staff and the wider public (SO2);
- be a mindful employer and have a competent and motivated workforce (SO3);
- maintain and develop robust partnerships with existing and potential new stakeholders (SO4).

Patient and public involvement

- CWP celebrated World Mental Health Day hosting a free family fun day and Annual Members’ meeting in Ellesmere Port.
- Over 200 people attended this year’s West Cheshire Recovery Convention at Ellesmere Port’s Civic Hall. The event, the first of its kind to be held in the area, was organised by CWP and supported by the Cheshire Drug Action Team (DAT).

Julia Cottier, general manager for CWP drug and alcohol services, said: "The day highlighted successful partnership working across the area and gave current and former service users an opportunity to share their own experiences of dependency and recovery. It is vital that recovery is embedded in the treatment system across Western Cheshire with service users and providers working well together to continue this progress."

- Over 100 people attended the North West launch of the ‘Triangle of Care’ strategy in February. The event, run in partnership with The Princess Royal Trust for Carers, aimed at strengthening and building partnerships with carers and families.
- There continues to be an active service user and carer involvement in recruitment and selection processes. As well as jointly opening each Trust induction course alongside a Board director, patient and public involvement representatives are also involved in the interview process for new members of staff.
- A successful series of events for foundation trust members to meet our services and get to know more about them was held.
- In November CWP exhibited a fine art collection. The project was led by local artist in collaboration with service users as part of its ‘Challenging Stigma’ campaign and the Liverpool Independents Biennial Festival.

Staff involvement

- The 2010 NHS staff survey showed rising levels of job satisfaction amongst CWP staff. In comparison with other Trusts more CWP staff would be happy for their relatives to be cared for by the Trust and 93% feel that the Trust provides equal opportunities for career progression or promotion.
- Close working with staff side union/professional representatives continued, building on the already good relationship that exists.
- The monthly ‘going the extra mile award’ continues to be popular with staff from across the Trust being nominated.
- The Trust put on several taster sessions as part of ‘learning at work week’ to encourage staff to learn new skills. Employees were offered the chance to have a health check, take part in eco-driving courses, Asian cooking tutorials and Latin dance lessons.

Roger Nielsen, CWP associate director of workforce development, said: "We put on these taster sessions to give our staff the opportunity to try their hand at something new. All sorts of learning amongst colleagues - not just about what people do in their everyday jobs - can be a fun and motivating experience and we know that many of our staff want to take their own learning to the next level."

- Several events have taken place in order to introduce Community Care Western Cheshire staff to the Trust: this included the chief executive and other senior managers answering questions and concerns that staff had.

For more information on staff engagement see page 106.

External organisations

- CWP community health teams are working alongside job coaches, employed by the Richmond Fellowship to support people with severe and enduring mental health conditions gain employment in the Wirral.
- A national pilot to get Wirral mental health service users up to date with their education has been hailed a success. The twelve week programme is run in partnership with the Trust's Early Invention Team, Wirral and Wirral Metropolitan College, enabling CWP clients to improve their confidence, build self esteem, and start working towards a full or part time course at the college.
- The Trust has continued to work closely with the Local Involvement Networks (LINKs) across the area and has attended a number of joint events.
- The Alzheimer's Society works alongside CWP's memory clinics in Wirral and Chester providing advice and support to sufferers and carers.

A range of other partnerships with external organisations can be found in the Care and Well-being sections on page 11-14 and in the 'significant partnerships and alliances' on page 98.

Membership

As indicated in our annual plan the Trust has continued to build on its commitment to establish a large and representative foundation trust membership, which is informed about the organisation and has the opportunity to become involved in a wide variety of activities that will make CWP a stronger, more responsive and better organisation.

Eligibility requirements for membership

Staff, service user, carers and the general public are eligible to join the Trust as members. Membership is divided into three groups, known as constituencies:

- general public;
- service users and carers;
- staff.

General Public

Anyone aged over 11 or over is eligible to join the Trust as a member. Staff from partner organisations, statutory, community or voluntary groups are welcome to join as individual members of the public.

Within the public constituency, members join into a sub division, known as classes, which are based on local boundaries, as well as 'out of area' category. The general public members can join one of the following classes:

- Wirral
- Cheshire West and Chester
- Cheshire East
- out of area.

To monitor CWP membership all members are registered on the CWP membership database by the areas they reside: the areas are highlighted below.

- Wirral
- Macclesfield
- Congleton
- Crewe and Nantwich
- Vale Royal
- Chester
- Ellesmere Port and Neston
- out of area.

Service users and carers

Service users who are over the age of 11 and have received care or treatment from the Trust in the past 12 months, or carers of people who are over the age of 11 and have accessed Trust services in the past 12 months, are eligible to join the Trust as service user/carer members. Service users/carers who have received care or treatment from the Trust more than 12 months ago, or carers of people who have accessed Trust services more than 12 months ago are eligible to join the Trust as general public members.

Staff

The Trust has put arrangements in place for staff to automatically become members because we would like staff to be as fully involved in the organisation as possible. However, staff are able to opt-out if they prefer. Staff join one of the following classes of the constituency:

- medical
- nursing - registered and non registered
- therapies
- non-clinical staff
- clinical psychology.

Staff membership is open to individuals who meet one of the following conditions:

- have a contract of employment with no fixed term or a fixed term of at least 12 months,

- have been employed continuously by the Trust for at least 12 months,
- have exercised functions for the purposes of the Trust for at least 12 months e.g. volunteers or staff who are employed by recruitment agencies.

Staff working for the Trust who do not meet any of these criteria can join as general public or service user/carer members. All staff members who are due to end their employment with the Trust are encouraged to continue with their membership role as a public member.

Number of members

At the end of March 2011 the Trust had 14,923 members, 12,248 of whom were public members (general public and service users and carers) and 2,675 were staff. Of the public membership, 1,746 were in the service user and carers constituency.

Summary of the membership strategy

The Council of Governors has a Membership Strategy Subgroup to oversee implementation of the membership strategy. The sub-group continues to establish membership recruitment targets in order to ensure that CWP membership is representative of the local population.

The previous target of 2,000 additional members set by the Governors was achieved in June 2010. The Trust is now focusing its efforts around harder to reach groups and communities to increase CWP membership i.e. service users and carers, males, members of black and ethnic minority groups and young adults.

Whilst CWP's membership is representative of the ethnic diversity of the area, there is a continued commitment to engage further with minority ethnic communities and other harder to reach groups including black and minority ethnic communities. Meetings have been held with numerous groups and articles have been placed in targeted newsletters. Trust staff are liaising closely with local community development teams and community leaders, and have attended relevant events in order to provide further information on the benefits of becoming involved as a member. The Trust continues to actively recruit younger people at schools, colleges and universities and now has 4,663 public members who are aged between 11 and 35.

Membership engagement

In addition to recruiting members, the Trust has developed a range of events and activities aimed at communicating, consulting and engaging with members. During the last year the Trust has undertaken a range of engagement activities with members, including:

- **Family day and annual members' meeting**

This activity took place on World Mental Health Day and linked in with the national Time to Change 'Get Moving' campaign in October 2010, and was attended by approximately 400 members and the general public. Activities included dance, drama, sports and art; and members also had the opportunity to find out about a wide range of CWP services. The event was attended by TV star Phina Oruche. In the morning, everyone was invited to the annual members' meeting to hear the Trust present its annual report and accounts.

- **Engagement in volunteering activities**

At present CWP has 70 volunteers in various roles across the Trust: 49% of our volunteers are current or recent service users and carers. Volunteers are involved with various activities such as Recovery Sponsors, Meet and Greet, Gym Assistance, Activity Groups either ward based or in the community. Volunteers in activity groups help staff with organised walking groups, sports activities and social outings. We also have volunteers helping in our gardens and grounds.

- **Patient and Public Involvement**

Members have been provided with information on the range of different opportunities for Patient and Public Involvement (PPI) at the Trust. A number of members have subsequently signed up to the Trust's Involvement Register, and are engaged in a wide range of activities.

- **Involvement strategy**

A wide ranging and encompassing Involvement Strategy was approved by the Board in March. The strategy will see governors, involvement representatives, and lived experience representatives develop, learn and become even more involved in the Trust.

- **Annual Planning engagement events**

Three annual planning engagement events took place during January and February 2011. These events enabled members to meet staff from across the Trust, find out more about CWP's latest plans, and to have their say on the longer term direction of the Trust.

- **'Meet the services' events**

Members were invited to join governors and CWP staff at three 'Meet the Service Events' which took part in different settings across the Trust. The events covered the following topics; bipolar illness, dementia and alcohol services. These events have proven to be an ideal opportunity for members to meet staff and governors and have been hugely successful with members.

Members who wish to communicate with governors can do so via email to governor@cwps.nhs.uk or via the company secretary on 01244 397408.

Quality Accounts

2010/11

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Introduction

CWP produced its first Quality Accounts in 2009/10 and is pleased to present its second Quality Accounts for 2010/11.

Quality Accounts are an annual report to the public from providers of NHS services about the quality of services they provide.

The aim is to enhance *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on the feedback we receive. Reviewing and publishing performance about quality enhances public accountability. To help meet this aim, CWP has produced a series of quarterly *Quality Reports* on the Trust's priorities to show how we have improved quality during the year. This is so that we can *regularly* inform our staff, service users, carers, the public, commissioners of NHS services, and scrutiny groups of our quality initiatives and encourage regular feedback.

As a report to the public, CWP recognises how important it is that the information it provides about the quality of care is accessible to all. This Quality Account and the user-friendly Quality Report are published on CWP's public facing website.

The following Quality Accounts provide a highlight of some of CWP's work and what it is doing to improve the care and treatment we provide. The content follows the advisory guidance provided by the Department of Health. Parts 1 and 2 are *mandatory* components that are set out in the 'Quality Accounts Regulations'. This allows readers to compare content common across all Quality Accounts.

These common statements for all Quality Accounts are contained in a border like this.

Part 3 provides *local* information relevant to our particular services which offer readers an opportunity to understand the quality of services in areas specific to CWP. Annex A includes a review of the services provided by Community Care Western Cheshire during 2010/11 for the information of readers. Annex B provides a glossary of terms used within these Quality Accounts for readers' reference.

We hope you enjoy reading about what CWP's highly skilled and dedicated staff are doing to improve quality across all the services we provide.

Part 1:

Statement on Quality from the Chief Executive of the NHS Foundation Trust



Welcome to our second Quality Accounts for 2010/11.

In our Quality Accounts we open up the quality of the services we provide to scrutiny by all our stakeholders, in order to encourage a debate about how well we are doing and what we can do better. We reflect on our successes and areas for improvement by looking back, but we also look forward at our annual plan priorities and the priorities we set ourselves every year in our Quality Accounts. We also offer a commitment to improve the quality of our services. This builds on our culture of engagement with Patient and Public Involvement (PPI) representatives, our Council of Governors, Foundation Trust members, Local Involvement Networks (LINKs), commissioners, and other stakeholders.

Our staff have continued throughout the year to deliver quality services and have made a positive difference to people's lives. As set out in our annual plan, within our strategic objectives, and defined in our core purpose, we have committed ourselves 'to improve health and well-being by creating innovative and excellent services' and these Quality Accounts provide many examples of the such innovative and excellent services. There have also been some significant developments for the NHS as a whole with the Health and Social Care Bill being published. The Bill takes forward the *Equity and Excellence: Liberating the NHS* White Paper and is part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class health care outcomes.

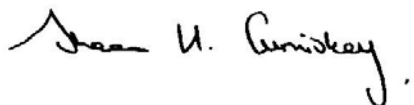
The White Paper also sets out the responsibilities of groups of GPs to undertake clinically-led commissioning of services for local people. I and my executive and clinical colleagues have been meeting regularly with the future GP 'consortia' members to ensure that the needs of our patients and local populations which we serve are met in relation to continuing to provide high quality services for those with mental health, learning disabilities and drug and alcohol problems. This includes discussions about how to implement the strategic document published in February 2011 entitled *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*. It sets out six objectives that align to the Trust's vision and values to improve the mental health and well-being of our service users, and to improve outcomes for people with mental health problems through high quality services:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

Throughout the year we have been preparing to welcome staff from Community Care Western Cheshire to CWP as part of *Transforming Community Services*, the national Department of Health policy designed to transform general health community services to deliver more efficient community services. We will welcome these staff to CWP on 1 April 2011. Annex A of these Quality Accounts provides a summary of the quality of the services that have been provided by Community Care Western Cheshire during 2010/11. Next year, as part of CWP, we look forward to presenting the quality of community care services in Western Cheshire in the main body of our Quality Accounts.

In summary, CWP has a proven track record in successfully delivering high quality care to our service users. As a member of the Board, I have a personal commitment to lead continuous quality

improvement. We will continue to deliver against the objectives in our strategic vision and will continue to improve quality in the challenging times ahead. On behalf of the Board, I confirm that to the best of my knowledge, the information presented in these Quality Accounts is accurate.

A handwritten signature in black ink, reading "Sheena U. Cumiskey". The signature is written in a cursive style with a small flourish at the end.

Sheena Cumiskey

Chief Executive

Cheshire and Wirral Partnership NHS Foundation Trust

Statement from our Medical Director – Executive Lead for Quality

In the NHS White Paper *Equity and Excellence: Liberating the NHS*, the Government has proposed a change of emphasis from measuring the processes of care to measuring outcomes of care and treatment provided to service users, informed by evidence of best practice. Assessing this will include measures of clinical improvement and the effectiveness of care from the patient's own perspective to give the whole picture of the quality of care that CWP delivers.



The Quality Reports that we have produced throughout the year to supplement and complement our Quality Accounts have raised the profile of reporting our successes in delivering quality services. Our clinical leaders have continued to review quality performance and identify areas for improvement to meet the expectations of our service users and carers.

There are many ways in which we ensure that we provide high quality care that delivers meaningful outcomes for our service users, as described in our Quality Accounts, including:

- ensuring that we learn from the experiences of service users and carers, and use this experience and feedback when planning services;
- ensuring that the clinical care we provide is the most up-to-date, follows best practice and is underpinned by current clinical research and innovative ways of working to deliver the best possible health outcomes;
- undertaking service evaluations, reviews and clinical audits of our services throughout the year to share learning and best practice, develop services, and promote safe and clinically effective care;
- working with our primary care commissioners and GPs to gain an understanding of their expectations of the quality of services we provide, ensuring that we offer value for money and high quality care;
- through the Commissioning for Quality and Innovation payment framework, regularly discussing our local quality improvement priorities with our commissioners, frontline clinicians, and our Board.

CWP takes an active approach in tackling health inequalities for people with mental health, learning disability, and drug and alcohol related problems. The above all contribute to improving patient pathways across the local health economy and addressing health inequalities.

On behalf of the Board, to the best of my knowledge, the information presented in these Quality Accounts is accurate.



Dr Anushta Sivananthan

Medical Director – Compliance, Quality & Assurance

Cheshire and Wirral Partnership NHS Foundation Trust

Part 2:

Priorities for Improvement and Statements of Assurance from the Board

Priorities for Improvement for 2011/12

CWP is always looking to improve the quality of the care and treatment it provides to its service users. Quality in the NHS is split into three parts:

Patient safety

Clinical effectiveness

Patient experience

Quality means different things to different people. Here is what it might mean to our service users:



CWP identifies ways to address these areas of quality through its Quality Account priorities. CWP is pleased to report that the quality priorities it set in last year’s Quality Accounts, as summarised below, have all been achieved. **We have reported on these achievements in Part 3 as part of our review of the quality of services we provided last year.**

Looking back - our quality priorities for 2010/11

Patient safety

1. Improve safety by monitoring of trends from SUI investigations and development of systems to monitor reduction of repeatable themes
2. Reduction of preventable falls in inpatient areas by at least 10% by end March 2011

Clinical effectiveness

3. Implementation of the Advancing Quality programme for schizophrenia and dementia (including development of Patient Reported Outcome Measures)
4. Development of integrated care pathways in mental health

5. Review of physical healthcare for Trust service users

Patient experience

6. Collection of real time patient experience data

7. Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams (CMHTs)

However, quality improvement is ongoing. CWP is keen to build on last year's successes and has set another **three quality improvement priorities for 2011/12**, as detailed below. The common focus across all the priorities is *improving outcomes* for our service users. This is because in future years, the NHS is to be held to account against outcome measurement, which we recognise is what really matters to our service users. This new focus is set out in the NHS White Paper *Equity and excellence: Liberating the NHS*, which has informed our identified quality priorities for 2011/12 and is the thread that runs through all of them. *The priorities have been identified through receiving regular feedback and through regular engagement with our staff, service users, carers, the public, commissioners of NHS services, scrutiny groups and other stakeholders.*

Patient safety priority for 2011/12

We plan to:

Undertake an **ongoing check** of patient safety issues common to all 22 inpatient wards across adult mental health, learning disability assessment and treatment units, and Tier 4 CAMHS, for example care planning, falls assessment and prevention, and the safe administration of medication, in order to regularly monitor performance in these areas and to achieve high quality outcomes for our service users.

We have chosen this as a priority because:

The quality of inpatient care is critical to the safety of patients admitted to the Trust, who are often our most vulnerable service users. The new Mental Health Strategy rightly states that care for patients with mental health needs should be on a par for those with physical needs. Previously we undertook two 'ward audits' each year, in order to review patient safety standards on our inpatient wards. With this safety priority being introduced in 2011/12, a monthly check will instead be undertaken on all inpatient wards. Ongoing, monthly checks provide an up-to-date method of measuring and tracking standards of patient safety, and will reinforce local accountability and provide a spur for providing high quality care. The actions taken to improve these essential standards of patient safety will help to standardise the provision of the quality of care provided across all inpatient wards and result in better outcomes for service users.

We will measure this priority by:

Our Ward Managers undertaking a check of patient safety standards every month. Ward Managers will each have an identified 'buddy' so that they critically review the standards of care on each other's wards.

We will monitor progress with this priority by:

- Real time updates of each inpatient ward's performance compared with other wards, which are accessible by Ward Managers and Modern Matrons to inform action planning.
- Publishing the results and action plans on inpatient wards so that our patients can see how we are improving quality of care.
- Monthly monitoring of performance across the Trust by inclusion of the results in the 'Corporate Performance Report' monitored by Board, senior clinicians and managers, and our commissioners.

We will report on progress by:

Reporting results and actions being taken to improve patient safety standards to our Board and including regular updates in our quarterly Quality Report.

How the views of patients, the wider public and staff were taken into account

- This priority has been discussed throughout the year with senior clinicians and clinical staff at various meetings in our corporate governance meetings structure, which includes attendance of patient and public involvement representatives, who have welcomed the measurement and monitoring of patient safety standards in an ongoing way.

- Our commissioners have supported this priority through the joint monthly quality meetings that we hold with them.
- Improving standards of inpatient safety has been identified as a priority by all of our stakeholders, including our LINKs, and the Overview and Scrutiny Committee.

Clinical effectiveness priority for 2011/12

We plan to:

Enhance the effectiveness of priority care pathways across the Trust by including structured sets of interventions known as 'care bundles'. A care bundle is a collective set of interventions, performed in a structured way as part of a care pathway, which is effective in improving outcomes for service users. These care bundles will incorporate clinical outcomes and feedback from patients on whether their health and well-being has improved following treatment, i.e. patient reported outcome measures.

We have chosen this as a priority because:

Care bundles are effective ways to specify a structured set of standards of care we should provide to all of our service users with a particular diagnosis or needs. Implementing care bundles should improve outcomes for service users, but to demonstrate this, our priority care pathways will include patient reported outcome measurement to complement clinical outcome measurement. This will give the whole picture of the quality of care that CWP delivers. Patient reported outcome measures demonstrate the degree of recovery and improvement to quality of life unique to that individual, such as:

- improved physical or emotional symptoms
- improved life satisfaction and well-being
- improved lifestyle, social contact and inclusion
- attainment of specific goals

We have chosen the following care pathways which we have also identified as CQUIN priorities for 2011/12:

- psychosis
- dementia
- structured assessment and treatment in learning disabilities
- obsessive compulsive disorder in child and adolescent mental health
- physical health care pathways that are specific to Community Care Western Cheshire, e.g. pressure ulcer care and urinary catheter care (*As previously outlined, from 1 April 2011, CWP will provide community services in Western Cheshire, including services such as GP out of hours, district nursing, health visiting, and musculoskeletal services. Regular reports on the transaction to provide these services have been presented to partner organisations, e.g. commissioners and the Overview and Scrutiny Committee, prior to April 2011.*)

We will measure this priority by:

Using recognised clinical and patient reported outcome measures relevant to the priority care pathways to measure health status before and after structured care bundles have been performed.

We will monitor progress with this priority by:

Reviewing the results of clinician and patient reported outcome measures that are built-in to care pathways.

We will report on progress by:

Aligning this priority so that it complements our Commissioning for Quality and Innovation (CQUIN) goals for 2011/12. For each of these priority areas, we will report the outcomes for service users and actions being taken to improve outcomes. We will report progress at our Patient Safety & Effectiveness Sub Committee and include regular updates in our quarterly Quality Report. We will also report our CQUIN progress on a monthly basis to our commissioners.

How the views of patients, the wider public and staff were taken into account

- Our Clinical Directors, in consultation with their clinical teams, identified the care pathway priorities above, following discussion at our Patient Safety & Effectiveness Sub Committee.
- We have reported in our Quality Report the ongoing work to develop care bundles. This report is made available to the wider public on our public facing website. Through publication of this report we welcome comments and feedback from the wider public.
- The care bundles have been identified in consultation with our commissioners, who have agreed these as CQUIN goals for 2011/12.

Patient experience priority for 2011/12

We plan to:

Monitor and improve patient experience by **capturing patient and carer stories of their experience**, across the Trust, to inform areas of improvement.

We have chosen this as a priority because:

Understanding the experience of service users, and their carers, is fundamental to being able to identify areas for improvement. Asking service users and/ or their carers about their experience, in their own words, gives more accurate, personal and timely feedback on the quality of services we provide. Improving patient experience in this way helps to improve health outcomes, improves satisfaction, increases adherence to treatment, and enables more efficient use of resources.

We will measure this priority by:

Capturing the experiences of our patients and carers by listening to their experience of the care they have received/ their experiences in their own words by asking them to tell us their story. These stories will be undertaken across the Trust, including our inpatient wards, outpatient departments, and in the community. A request has been made by the Overview and Scrutiny Committee that the Trust ensures that those patients and carers who have been affected by the relocation of inpatient services from the Leighton Hospital to the Millbrook Unit, Macclesfield, are targeted as part of this work.

We will monitor progress with this priority by:

Reviewing the feedback from our service users and carers and identifying themes. This includes identifying positive areas where we can share best practice across the Trust and areas requiring improvement that require us to identify actions to improve patient and carer experience.

We will report on progress by:

Reporting results and actions being taken to improve patient and carer experience at our Learning from Experience Group and including regular updates in our quarterly Quality Report, which as already stated, is shared widely with partner organisations, governors, patient groups and the public.

How the views of patients, the wider public and staff were taken into account

- Capturing patient experience through stories builds on the regular feedback from our patient and public involvement representatives and groups.
- The priority builds on the video booth diary project during 2010/11 to capture patient views that was funded by re-investing CQUIN monies. Staff from our clinical services, patient involvement representatives, and carer representatives participated in this project.
- We presented our patient stories work that we had been undertaking in our Learning Disability Clinical Service Line at the joint quality meeting held with our commissioners, who welcomed further roll out of this approach to capturing patient feedback across the Trust.
- Feedback from our governors following a presentation at the Council of Governors on learning from experience gave support for capturing more patient stories.

Statements of Assurance from the Board about our Performance on Quality for 2010/11

CWP is committed to assuring the public that it is performing to essential standards, measuring its performance in relation to delivering clinical quality, and is involved in projects and initiatives to improve quality. A good example of the Board's commitment to quality was the re-investment of the Commissioning for Quality and Innovation monies back into clinical services for quality improvement projects and initiatives. This is described in more detail later in the Quality Accounts.

A review of our services

CWP provides mental health, learning disability, and drug and alcohol services

These services are provided across Cheshire, Wirral, Trafford, and Bolton. They are provided in partnership with commissioners, local authorities, voluntary/ independent organisations, service users and carers.

During 2010-11, Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted **58** NHS services.

Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in **all** of these services.

The income generated by the NHS services reviewed in 2010-11 represents **100 per cent** of the total income generated from the provision of NHS services by Cheshire and Wirral Partnership NHS Foundation Trust for 2010-11.

CWP has reviewed the quality of care of its services in the following ways:

Contract monitoring

CWP has jointly reviewed the quality requirements in its contracts with our commissioners at our Quality Meetings held monthly throughout the year. These reviews have helped keep our performance in relation to improving quality of care on track. Many of CWP's health care teams have also presented at these meetings to show how they have worked to improve the quality and outcomes of care they deliver.

Reporting to our regulators

Monitor is the independent regulator of NHS Foundation Trusts. One of their roles is to ensure that leaders of Foundation Trusts are focused on the quality of care that patients receive. Our Board submits an annual plan and regular reports to Monitor including details on the quality of our services, for which we are given a governance rating. As at 31 March 2011 our rating was 'no material concerns' which means that we have met the Foundation Trust requirements as stipulated by Monitor.

The *Care Quality Commission* regulates the care provided by the NHS. Its aim is to make sure better care is provided for everyone. See 'What others say about CWP' which describes how we report on the quality and safety of our services to the Care Quality Commission in order to be registered and licensed to deliver NHS services.

Reviewing the results of local and national patient surveys

To improve the quality of services that CWP delivers, it is important that we understand what people think about their care and treatment. CWP carries out its own local patient surveys and also reviews the results of the annual national patient survey carried out by the Care Quality Commission.

The national 'survey of people who use community mental health services'

This year the Care Quality Commission asked people who have recently used our community mental health services to tell them about their experiences. CWP has reviewed the results and was pleased to score in the top 20% of the best performing Trusts in areas such as:

- Explaining the purpose and side effects of medication
- Crisis planning as part of a service user's care plan
- Involving service users' family in their care

We focused on improving these areas since the last community mental health services survey, so to see improvement in these areas is very encouraging.

One of the areas that we identified we need to improve is to review support services offered to service users in finding work, accessing welfare, and obtaining financial advice including debt counselling. Our Community Mental Health Clinical Network group is identifying specific actions to address this throughout 2011/12 by reviewing the support services offered for finding work, accessing social security and other benefits, and financial advice such as debt counselling.

Local CWP patient surveys

This year CWP has undertaken a Trust-wide inpatient survey to continue to drive forward improvements in patient experience by capturing what service users think and perceive about their care and treatment at CWP. More than 73% of service users rated the service they received from CWP as 'good' or 'excellent'. An area for improvement is ensuring that service users' rights under the Mental Health Act 1983 are being appropriately and effectively communicated. The Trust policy in this area has been reviewed and approved, and improvements in this area will be monitored as part of our patient safety priority for 2011/12, as described in Part 3.

CWP also undertook a Trust-wide carers' survey in January 2011 to obtain an understanding of carers' needs regarding information, support and guidance available from CWP and the wider carer support community. The Trust is in the process of reviewing the results and will then share the findings via the Trust's Learning from Experience Group to consolidate and promote best practice, and identify actions where there is room for improvement. This learning will help to inform the programme of work being put in place in 2011/12 regarding enhancing carers' support with the roll-out of 'Triangle of Care' (which is a guide jointly published by The Princess Royal Trust for Carers and the National Mental Health Development Unit) and the recruitment of a Trust-wide carers lead, which is described in more detail in Part 3.

Reviewing the results of the national staff survey

The Care Quality Commission's annual national survey of NHS staff in England is one of the largest surveys of its kind. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS. CWP's data is fed back to us to allow us to review and improve local working conditions for staff and ultimately to improve patient care. Our response rate for this eighth annual survey was 55% (which equates to a return of 430 from an eligible sample of 782), compared with 54% nationally for other mental health Trusts, and 55% nationally for all NHS Trusts. The report shows general improvements on previous years, including:

- rising levels of job satisfaction among Trust staff
- more staff would recommend CWP as a place to work or receive treatment
- 89% of staff feel that their role makes a difference to patients' lives

We have identified areas for improvement to include increasing coverage of appraisals and personal development reviews, using the survey results to improve management of violence strategies within the Trust, and continuing to strive to improve communication to all Trust staff.

Reviewing the results of clinical audit

Health care professionals who provide care use clinical audit as a way of checking that the standards of care they provide to service users is of a high quality. Where there is a need for improvement, actions are identified to improve the delivery of care, which we have described on the following pages.

Participation in clinical audits

Clinical audit is an essential activity to improve quality in healthcare

CWP was the **winner** of a **National Clinical Audit Award** in April 2010 for the approach used by our Learning Disability Service in obtaining the views of service users.

The award was presented by the Healthcare Quality Improvement Partnership, who run the national clinical audit programme on behalf of the Department of Health. Awards are presented for excellence and innovation within clinical audit. CWP won the **patient involvement award** for the innovative development of patient stories to obtain the views of service users with a learning disability as part of our care planning audits. By acknowledging the specific communication needs of our service users and involving them in recording and mapping their experiences pictorially, we are able to accurately capture what they want to tell us in their own words.

CWP was also named as a runner-up for the partnership working award for our joint work with NHS Western Cheshire in evaluating and developing our 'Intensive Home Treatment Team'. The Team provides crisis intervention for older people with dementia and the clinical audit of the service demonstrated that the Team prevents hospital admissions, allowing service users to remain at home in familiar settings.

National clinical audits and national confidential enquiries

National clinical audits

The National Clinical Audit and Patients Outcomes Programme is managed by the Healthcare Quality Improvement Partnership on behalf of the Department of Health. CWP's policy is to take part in all of the clinical audits contained on this programme as it allows us to compare findings with other NHS Trusts to help us identify necessary improvements for service users.

National confidential enquiries

National confidential enquiries are nationally defined audit programmes that ensure there is learning from the investigation of deaths in specific circumstances in order to improve clinical practice.

During 2010-11, **4** national clinical audits and **1** national confidential enquiry covered NHS services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During that period, Cheshire and Wirral Partnership NHS Foundation Trust participated in **100%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Cheshire and Wirral Partnership NHS Foundation Trust was eligible to participate in during 2010-11 are as follows:

- National falls & bone health
- National prescribing observatory for mental health
- National audit of psychological therapies for anxiety and depression
- National audit of schizophrenia
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

National clinical audits

National falls & bone health

Run by the Royal College of Physicians, it aims to assess the structures, processes and organisational actions designed to deliver the National

	<i>Service Framework for Older People, NICE guidance on the prevention and management of falls in older people, and NICE guidance on osteoporosis.</i>
National prescribing observatory for mental health	<i>Run by the Health Foundation, Royal College of Psychiatrists, its aim is to help specialist mental health services improve prescribing practice through quality improvement programmes including clinical audits.</i>
National audit of psychological therapies for anxiety and depression	<i>Run by the Royal College of Psychiatrists, its aim is to promote access, appropriateness, acceptability and positive outcomes of treatment for those suffering from depression and anxiety.</i>
National audit of schizophrenia	<i>Run by the Royal College of Psychiatrists, its aim is to enable clinicians who treat people with schizophrenia in the community to assess the quality of their prescribing of antipsychotic drugs and of their monitoring of service users' physical health. It also supports them to monitor service users' experience of treatment and its outcome plus carers' satisfaction with information and support.</i>
National confidential enquiries	
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	<i>A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.</i>

The national clinical audits and national confidential enquiries that Cheshire and Wirral Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2010-11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

	Cases submitted as a percentage of registered cases
National clinical audits	
National falls & bone health	100%
National prescribing observatory for mental health	100%
National audit of psychological therapies for anxiety and depression	100% Data entry has closed for this audit but results will not be available until October 2011 to inform action planning.
National audit of schizophrenia	Not applicable Registration for participation in this national audit closed on 31 March 2011. Cheshire and Wirral Partnership NHS Foundation

	Trust has registered to participate in this national audit which commences in 2011/12.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	
Sudden unexplained death in psychiatric inpatients	100%
Suicide	100%
Homicide	100%
Victims of homicide	100%

The reports of 2 national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2010-11 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National falls and bone health

Following a review of this audit, by July 2011 CWP will:

- Develop guidance on clinical actions to be taken after a patient has fallen, specifically including observations if head injury is suspected.
- Source access to walking aids for patients within 24 hours of admission where required.

National prescribing observatory for mental health

In July 2010 CWP participated in the *prescribing antipsychotics for children and adolescents* audit, assessing patients who are under the care of child and adolescent mental health and/ or paediatric services, and who are currently being prescribed antipsychotic medication. Following a review of this audit, CWP has:

- Put in place systems so that clinical teams monitor the side effects of medication more frequently. Children and adolescents are being asked about side effects on commencement of new medication, at six months and then annually.
- Put in place systems so that clinical teams monitor blood results more frequently, especially at the six month stage. A medication specific list has been compiled to identify which blood tests are required and by when to ensure the relevant tests are undertaken prior to commencement of medication and to monitor side effects.

Local CWP clinical audits

As well as national clinical audits, Trust-wide CWP clinical audits are prioritised each year, primarily as a result of identification of risks, and are registered on CWP's annual clinical audit programme, which is co-ordinated by the Trust's Clinical Audit Team. These audits are conducted by individual healthcare professionals or teams with direct support from the Clinical Audit Team.

National clinical audits and local CWP clinical audits reviewed as part of the Trust-wide clinical audit programme are reported to the Patient Safety & Effectiveness Sub Committee, which is a delegated sub committee of the Board chaired by the Medical Director – Executive Lead for Quality. The actions identified from these clinical audits are monitored by the Learning from Experience Group so that there is learning across the Trust. The Board also reviews quality and risk information from clinical audit data as part of its annual reporting and risk management processes.

In addition, service level clinical audits are conducted by individual healthcare professionals, teams or medical trainees evaluating aspects of care that they themselves have selected as being important to them and their teams. These clinical audits are reviewed and reported to frontline staff through clinical service unit meetings. All clinical audit projects are registered with the Clinical Audit Team. In total, 53 clinical audits were registered and completed during 2010/11.

The reports of **13** local clinical audits were reviewed by the provider in 2010-11 and Cheshire and Wirral Partnership intends to take the following actions to improve the quality of healthcare provided:

1 – 2. Resuscitation audits

CWP aims to ensure the optimum management of adult and child cardio-respiratory arrests, should they arise, and a policy is in place to guide and support staff. As a result of reviewing audits of this policy, CWP:

- Has distributed and displayed new resuscitation equipment location signs in staff only areas.
- Has purchased spare defibrillator (AED) pads and will purchase a portable suction unit for the occupational health department in Wirral by May 2011.
- Has purchased a portable suction unit for the Alderley Unit.
- Has organised electrical testing of the resuscitation equipment on those wards where this was lacking.
- Will review access to pulse oximeters on an ongoing basis and will purchase them where required.

3. Medicines management and rapid tranquilisation re-audit

CWP undertakes an annual audit regarding medicines management to constantly improve the safe use of medicines. As a result of reviewing this audit, CWP:

- Has arranged for pharmacy staff to visit all recently opened wards to ensure that all medicines management procedures are in place.
- Has made staff aware of the need to document all reviews of medication, the side effects of medication and how they are being managed in the clinical note entries.
- Has added the Trust's policy on psychotropic drugs in pregnancy to induction and mandatory training for staff.

4. Ward re-audit

This audit assessed compliance with clinical standards that are in place across all inpatient areas of the Trust. As a result of reviewing this audit, CWP has:

- Updated the inpatient suite of policies to respond to the findings of the audit.
- Reminded staff that the admission checklist, nutrition screening tools, physical health checklists and smoking intervention plans must be fully completed and filed in the patient's case notes.
- Ensured all wards display a list of medication leaflets that are available.
- Ensured all wards make a 'Welcome Pack' available to all service users admitted to the ward.
- Ensured all wards have weighing scales that meet the Trust's guidelines.

5. Early onset dementia and alcohol related brain damage re-audit

The early onset dementia and alcohol related brain damage service commenced in 2009. This audit measured standards of care provided by the service. As a result of reviewing this audit, CWP:

- Will routinely monitor the level of admissions to inpatient facilities, hospitals and alternative specialist providers.
- Has collected qualitative data from the new early onset dementia carer focus group.
- Will routinely use patient stories with alcohol related brain damaged service users in order to accurately obtain their views.

6. Mental Health Act 1983 – section 58 audit

The Care Quality Commission visits all places where patients are detained under the Mental Health Act 1983. Mental Health Act Commissioners meet and talk with detained patients in private and also talk with staff and managers about how services are provided. The Commission then produces visit summaries and an annual statement of its findings which identifies areas of improvement and areas requiring attention. The 2009 annual statement highlighted the need for staff to improve practice in relation to the guidance contained in the Mental Health Act Code of Practice, particularly compliance with section 58, which is about consent to treatment. As a result of reviewing this audit, CWP:

- Will routinely monitor individual responsible clinicians' Code of Practice compliance through their appraisals.
- Will work throughout 2011/12 to develop routine and/ or electronic ways of capturing the following in order to improve compliance:
 - statutory consultees' documentation of their discussion with the second opinion appointed doctor;
 - and

- recording of capacity to consent and review of treatment by the patient's responsible clinician.
- Has developed a training needs analysis to tailor the training required by different staff groups, based on feedback throughout the year from the Care Quality Commission.

7. Care Programme Approach (CPA) re-audit – including quarterly quality of care planning audits

CWP undertakes an annual clinical audit of compliance with the standards relating to the Care Programme Approach (CPA). CPA promotes good communication and effective co-ordination of services between all agencies involved in the care of each service user and enables staff to work in partnership with carers. The audit has helped identify learning opportunities and training needs for staff in relation to high quality care planning. As a result of reviewing this audit, CWP:

- Has reviewed the content, quality and frequency of care planning training and the need for specific CPA training.
- Has recommended an ongoing review of a random sample of care plans at each care co-ordinator's supervision session to promote the quality of service users' care plans.
- Has identified improvements required to the electronic health records to facilitate improved completion of risk assessments.
- Will review the Trust's CPA Policy to include guidance on what constitutes a high quality care plan, including risk assessments and appropriate outcome measures, by the end of May 2011.

8. Infection prevention and control clinical audit programme

The infection prevention and control (IPC) audit programme is very comprehensive and has included:

- a mattress audit;
- monthly audits by Modern Matrons of IPC practice and checks of the environment, which has supported the establishment of a strong IPC culture in local services;
- walkabouts by the Director of Infection Prevention and Control (DIPC), which have provided ward staff with the opportunity to provide feedback on the implementation of standards locally. Quarterly DIPC reports on incidents, outbreaks and clinical practice, provided to the Board, has provided information on the Trust's compliance with the Department of Health's Code of Practice on the prevention and control of infections (The Health and Social Care Act 2008); and
- audits of all inpatient areas, harm reduction and occupational health services across the Trust by the IPC Nurses. The aim of these audits is to support the enhancement of the cleanliness of the care environment and to identify good practice and areas for improvement. As a result of reviewing these audits, CWP:
 - Has made soap dispensers readily accessible where they are needed and improved access to hand washing sinks.
 - Has refurbished bathrooms on inpatient areas where identified.
 - Has replaced carpets with cleanable, robust flooring where necessary.
 - Has replaced older, damaged equipment, furniture, mattresses and beds, and has introduced a replacement programme for equipment in inpatient wards.
 - Will monitor on an ongoing basis through this audit programme the progress in encouraging staff in clinical areas to follow the Trust's Dress Code Policy on being 'bare below the elbow' and not wearing jewellery and watches.

9. 'Out of hours' activity and communication

CWP aims to ensure the optimum management of emergency, out of hours, mental health care. The aim of this clinical audit was to assess the quality of mental health assessments undertaken by junior doctors out of hours, the quality of the documentation of such assessments, and the timeliness of communicating the outcome of such assessments to GPs. As a result of reviewing this audit, CWP:

- Has reviewed the supervision arrangements for junior doctors in relation to their emergency work.
- Will include a greater emphasis on the quality and completeness of documentation completed out of hours at induction training sessions for junior doctors from April 2011 onwards.
- Has reviewed the administrative arrangements for sending letters to GPs concerning their patients who have received emergency assessments.
- Will follow up, on an ongoing basis, those service users managed using the Care Programme Approach who present to Accident and Emergency.

10. Dementia

During September of 2010, CWP undertook an audit of its community dementia services in order to ascertain the quality of care provided to those service users diagnosed with dementia. The audit was

conducted with the involvement of CWP's dementia care practitioners and carers of those with dementia covering areas such as assessment, therapy, care planning and prescription of medication. As a result of reviewing this audit, CWP:

- Has sought clarity with regard to where responsibility lies for the provision of carers' assessments, support plans and the format of the related documentation.
- Has asked that all Care Co-ordinators currently providing care for service users diagnosed with dementia whether those forming their current case load have been offered/ undergone a carer's assessment where applicable.
- Will continue on an ongoing basis the Trust-wide implementation of the dementia electronic care pathway.
- By December 2011, will:
 - Identify standards for review of carer support plans to take account of different carers having different needs.
 - Establish and standardise support plan formats.
 - Develop improved comprehensive assessments of service users diagnosed with dementia and exhibiting behaviour that challenges.
 - Include a religious beliefs and spiritual and cultural identity assessment within the suite of dementia assessment tools.
- Work with our commissioners on an ongoing basis to gather prescribing data relating to the Trust's service users diagnosed with dementia who have been prescribed anti-psychotics.
- Has commenced a review of the therapies currently available for service users diagnosed with dementia to ensure equitable access to services.

11. Inpatient slips, trips and falls

There is substantial evidence from the National Patient Safety Agency that people with enduring mental illness are more likely to fall or to be at risk of falling. Reasons can include poly-pharmacy, side effects of psychotropic medication, and diagnosis of organic illnesses, i.e. dementia. This audit assessed compliance with CWP's Management of Slips, Trips and Falls Policy, including the falls pathway and guidance. As a result of reviewing this audit, CWP:

- Has reviewed the Trust's policy on Slips, Trips and Falls to incorporate the findings from the audit and re-iterated the need for completion of the Falls Rapid Assessment Tool on admission for all service users over 65 years of age and those with a history of falling or at high risk.
- By June 2011, will streamline Datix (the Trust's incident management system) codes for falls to reduce confusion and assist staff in coding a fall correctly and accurately. This will ensure that learning can be targeted and actioned appropriately.
- Has reviewed falls equipment across all inpatient areas and invested CQUIN monies to improve and modernise falls prevention equipment in some areas, e.g. purchasing falls sensor equipment and increasing the number of low profiling beds.
- Will introduce monthly safety checks on all inpatient wards which will include monitoring falls prevention and management, as outlined in our patient safety priority for 2011/12.

12. Safeguarding

Everyone within CWP has a responsibility for safeguarding and promoting the welfare of children, young people and vulnerable adults and for ensuring that they are protected from harm. The aim of this audit was to assess compliance with safeguarding policies and procedures, safeguarding record keeping and access to safeguarding training. As a result of reviewing this audit, CWP will:

- Identify leads for safeguarding issues within each clinical team by the end of April 2011.
- Identify areas for improvement with completing safeguarding records within each service line by the end of April 2011.
- On an ongoing basis, promote:
 - awareness of the safeguarding policy and guidance via the Intranet and by displaying appropriate guidance,
 - the provision of child-friendly visiting areas including information leaflets relating to parental mental health.

13. Record keeping

CWP undertakes an annual Trust-wide record keeping audit to ensure compliance with standards of good quality record keeping to facilitate delivery of high quality care and treatment. As a result of reviewing this audit, by September 2011 CWP will:

- Consider using electronic data collection equipment as a more effective way of auditing health records.
- Review the frequency and sample size of future record keeping audits.
- Continually remind staff of the importance to adhere to Trust policy with regard to all principles of good record keeping via communications, supervision and ongoing auditing and feedback.

Participation in clinical research

CWP's participation in clinical research helps to improve the quality of care, patient experience and outcomes within the Trust and across the NHS

Research is a core part of the NHS, enabling the NHS to improve the current and future health of the people it serves. CWP staff are recognised internationally for their pioneering work through their involvement in research to discover best practice and innovative ways of working.

In June 2010, CWP held its annual research and effectiveness conference to raise awareness about research at CWP and to explore opportunities and ideas surrounding funding, training and Trust developments. The event was attended by over 80 people and included presentations by the National Institute for Health & Clinical Excellence (NICE), other mental health Trusts, and the Universities of Liverpool and Oxford.

The number of patients receiving NHS services provided or sub-contracted by Cheshire and Wirral Partnership NHS Foundation Trust in 2010-11 that were recruited during that period to participate in research approved by a research ethics committee was **405**.

Participation in clinical research demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **46** clinical research studies in Adult Mental Health Services, Child and Adolescent Mental Health Services, NHS Management, Eating Disorder Services, Rehabilitation Services, Learning Disability Services, and Drug and Alcohol Services during 2010/11.

The improvement in patient health outcomes in Cheshire and Wirral Partnership NHS Foundation Trust demonstrates that a commitment to clinical research leads to better treatments for patients.

There were **64** clinical staff participating in research approved by a research ethics committee at Cheshire and Wirral Partnership NHS Foundation Trust during 2010/11. These staff participated in research covering **10** of medical specialties.

As well, in the last three years, **48** publications have resulted from our involvement in NIHR research, which shows our commitment to transparency and desire to improve patient outcomes and experience across the NHS.

Our engagement with clinical research also demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to offering the latest medical treatments and techniques.

NICE guidance

CWP staff are also recognised nationally, as many CWP specialists are involved in the production of national guidelines for the National Institute of Health and Clinical Excellence (NICE).

CWP monitors the implementation of all types of applicable NICE guidance and is fully or partially compliant with 60 out of 61 applicable guidance as at January 2011 in our second six monthly report of compliance with NICE guidance.

Type of NICE guidance	As at January 2011			
	Full Compliance	Partial Compliance	Non Compliance	Total
Clinical Guideline	14	12	1	27
Public Health Interventions	12	6	0	18
Interventional Procedures	2	0	0	2
Technology Appraisal	12	1	0	13
Patient Safety	1	0	0	1
Total	41 (67%)	19 (31%)	1 (2%)	61

Some of the reasons we cannot declare full compliance with some of the guidelines are as follows:

Internal restrictions

In such instances, an action plan will be put in place, monitored locally by the Clinical Director of the service, and at a Trust level by the Patient Safety & Effectiveness Sub Committee chaired by the Trust's Medical Director.

Commissioning issues

In such instances, CWP discusses these with the relevant commissioning leads regarding how to take the issues forward.

CWP is continuing to work with its clinical leads in the Trust and our commissioners to further progress compliance with NICE guidance.

Goals agreed with commissioners

CWP has certain quality requirements agreed in various 'schedules' of its contracts, which are monitored through the contract monitoring process to ensure that the aim of improving quality of care is on track. This is monitored at monthly quality meetings held jointly with our commissioners – NHS Primary Care Trusts who buy NHS services on behalf of the public.

The Commissioning for Quality and Innovation (CQUIN) payment framework enables our commissioners to reward excellence, by linking a proportion of our income to the achievement of local, regional, and specialist commissioner quality improvement goals. Participation in CQUIN indicates that CWP is actively engaged in quality improvements with its commissioners.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2010-11 was conditional on achieving quality improvement and innovation goals agreed between Cheshire and Wirral Partnership NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2010-11 and for the following 12 month period are listed below and are available by request from the Trust's Clinical Governance Department: <http://www.cwp.nhs.uk/1/Pages/contactus.aspx>

Cheshire and Wirral Partnership NHS Foundation Trust achieved all the agreed goals and received the full payment of **£1,246,093** which has been invested in quality improvement programmes across the Trust.

A summary of the **agreed goals for 2010/11** is detailed below:

Agreed goals for 2010-11
Regional:
To promote Clinical Effectiveness, Safety & Patient Experience through the Green Light Toolkit
To promote Clinical Effectiveness, Safety & Patient Experience through Advancing Quality (AQ)
Local:
Improve Patient Experience
To achieve the development of an outcome-based high level pathway for people with Dementia, to enable people and their carers to live well with Dementia
To develop an alcohol pathway in Learning Disability and Child & Adolescent Mental Health Services (CAMHS 16 - 19 years) to support the use of brief interventions
To improve clinical services for Learning Disability patients who present with challenging behaviour and reduce inappropriate admissions to inpatient facilities and emergency admissions
Specialist Commissioner for secure services:
Outcome measurement in secure services using HoNOS
To implement the Essen Scale (a tool designed to assess the therapeutic climate within a care setting)
Develop initiatives from patient views
Ensuring therapeutic activity is taking place

Agreed goals for 2010-11

Improve recovery planning

For 2010/11, Central and Eastern Cheshire PCT agreed to regional goals only, totalling 0.3% of the contract value. They chose not to allocate resources for local CQUIN schemes.

A summary of the **agreed goals for 2011/12** is detailed below. These CQUIN goals have been agreed across all commissioning Trusts.

Agreed goals for 2011-12

Regional:

To improve the quality of care delivered to patients in identified clinical focus areas

Local:

To improve quality of care by using clinical outcome measures as part of structured care bundles for patients and carers of people with Dementia to support patients achieving preferred place of care post diagnosis and reduce the number of people being cared for in hospital

To improve quality of care by using clinical outcome measures as part of structured care bundles for patients with psychosis to support patients to maintain independence and live in the community and reduce the number being cared for in hospital

To improve quality of care by using clinical outcome measures as part of structured assessment and treatment care bundles for inpatient Learning Disability Services to promote people receiving sufficient support to live in the community

To improve the quality of care by using clinical outcome measures as part of structured care bundles to reduce the number of children requiring CAHMS Obsessive Compulsive Disorder treatment

Specialist Commissioner for secure services:

Develop work on the implementation of the Essen Scale (a tool designed to assess the therapeutic climate within a care setting)

To continue to use the HoNOS outcome measure

Develop strategies to reduce length of stay

Offering patients over 25 hours of meaningful activity per week

Involvement, choice and responsibility of service users in their care

Build on and develop strong recovery planning processes

The total monies in 2011/12 are **£1,660,832**.

Delivering same sex accommodation

Through the contract monitoring process, CWP has demonstrated throughout the year **100% compliance** against the targets in the **Delivering Same Sex Accommodation** Plan 2010/11 so that men and women do not share bedrooms, bed bays, bathing and/ or toilet facilities. This provides assurance that we are providing inpatient care in a safe environment. The Trust has made its declaration of compliance in this area on its website.

What others say about CWP

Independent assessments of CWP and what people have said about us can be found by accessing the Care Quality Commission's website. Here is the web address of our page:

http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation/searchfororganisation.cfm?cit_id=RXA&widCall1=customWidgets.content_view_1

Cheshire and Wirral Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is **registered and licensed to provide services**. Cheshire and Wirral Partnership NHS Foundation Trust has **no conditions** on its registration.

The Care Quality Commission has **not** taken enforcement action against Cheshire and Wirral Partnership NHS Foundation Trust during 2010-11.

Cheshire and Wirral Partnership NHS Foundation Trust has participated in **1** special review or investigation by the Care Quality Commission relating to the following areas during 2010/11 entitled **Safeguarding and Looked after Children Inspection**. This was a West Cheshire-wide review following an Ofsted report in which the Trust participated along with other NHS providers of care.

Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC which related to the Trust:

1. Implement the young person's self harm assessment into the current risk assessment tool used by the Liaison Psychiatry Team.
2. Develop an internal audit tool to evidence the impact of and evaluate the outcomes of training.
3. Child and Adolescent Mental Health Services (CAMHS) to support development of a referral pathway to improve access for looked after children and young people.
4. To continue to provide support and guidance regarding safeguarding via induction and mandatory training and via service line safeguarding groups.
5. Develop a Common Assessment Framework pathway to enable practitioners to respond more effectively to children who do not require a referral to children's social care.
6. Review current Trust policy and update to include the safeguarding Multi Agency Risk Assessment (MARAC) referral process, Co-ordinated Action Against Domestic Abuse (CAADA)/ Domestic Abuse and Safeguarding Children (DASH) Risk Identification Checklist (RIC) assessment and Honour Based Violence guidance.

Cheshire and Wirral Partnership NHS Foundation Trust has made the following progress by 31 March 2011 in taking such action:

1. This action has been previously discussed and is being taken forward by the CAMHS Safeguarding Group in April 2011.
2. Agreed a programme of delivery of mental health training to universal services with commissioners for Western Cheshire. CAMHS will participate fully in the delivery of the same.
3. CAMHS Tier 3 provision will allocate sessional time dates to be agreed for social care departments who require consultation for looked after children and young people.
4. Understanding of the continuum needs process and its application when working with families with children is promoted at level 2 safeguarding training and on CWP's Intranet.
5. CWP practitioners have been attending Common Assessment Framework (CAF) training facilitated by Cheshire West and Cheshire Council. CAF is a standing item on the CAMHS safeguarding Group agenda and monitoring of CAF referrals and training are a Trust-wide Safeguarding Group standing agenda item.
6. The current policy is being updated and will reflect the forthcoming introduction of community services for Western Cheshire to the Trust.

Following CWP's registration, throughout the year the Care Quality Commission has continued to monitor whether the services we provide are meeting their 16 essential standards of quality and safety by producing a monthly **Quality & Risk Profile** (QRP) for CWP. The Care Quality Commission is currently developing plans for public facing profiles which will present information from their compliance monitoring activities in a way that will be useful to the general public. The Commission expects to make these available on their website in the spring of 2011.

Our QRP as at March 2011 shows that the Care Quality Commission's judgment of our risks in relation to the essential standards of quality and safety is **low** or **neutral**, with no high or significant risks:

	Position as at March 2011 QRP
Section 1: Involvement and information	Low
Outcome 1. Respecting and involving people who use services	Low
Outcome 2. Consent to care and treatment	No judgment
Section 2: Personalised care, treatment and support	Neutral
Outcome 4. Care and welfare of people who use services	Neutral
Outcome 5. Meeting nutritional needs	Low
Outcome 6. Co-operating with other providers	No judgment
Section 3. Safeguarding & safety	Neutral
Outcome 7. Safeguarding people who use services from abuse	Neutral
Outcome 8. Cleanliness and infection control	Low
Outcome 9. Management of Medicines	Neutral
Outcome 10. Safety and suitability of premises	Low
Outcome 11. Safety, availability and suitability of equipment	Neutral
Section 4. Suitability of staffing	Neutral
Outcome 12. Requirements relating to workers	Neutral
Outcome 13. Staffing	Low
Outcome 14. Supporting workers	Neutral
Section 5. Quality & management	Low
Outcome 16. Assessing and monitoring the quality of service provision	Low
Outcome 17. Complaints	Low
Outcome 21. Records	Low

Low	CQC evidence sources suggest there is a low risk in relation to this standard/ outcome
Neutral	CQC evidence sources suggest there are no distinct, high or significant risks in relation to this standard/ outcome
No judgment	CQC evidence sources are insufficient to provide a risk rating in relation to this standard/ outcome

CWP uses its Quality & Risk Profile to internally monitor quality, by identifying areas of lower than average performance through our internal meetings and, where necessary, taking action to address them, reporting back to the Care Quality Commission and our commissioners. This ensures that our monthly profile is as relevant and accurate as possible. Our monthly position in relation to each outcome is outlined within our monthly Corporate Performance Report reported to the Board.

Data quality

NHS number and general medical practice code validity

The patient *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient's *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient's GP.

Cheshire and Wirral Partnership NHS Foundation Trust submitted records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:
99.93% for admitted patient care;
99.92% for out patient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:
97.13% for admitted patient care; and
99.67% for out patient care.

Information Governance Toolkit attainment levels

The Information Quality and Records Management attainment levels assessed within the Information Governance Toolkit provide an overall measure of the quality of data systems, standards and processes within an organisation.

Cheshire and Wirral Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2010/11 was **85%** and was graded **green**.

CWP was graded green for meeting all the key indicators of the toolkit at the level required.

Statement on relevance of data quality and our actions to improve data quality

Good quality information underpins the effective delivery of service user care and is essential if improvements in quality of care are to be made.

Cheshire and Wirral Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

Compilation of a Data Quality Framework Plan during 2010/11 to address the following areas -

1. Improvement in data quality for all Hospital Episode Statistics (HES)/ Commissioning Data Set (CDS) data fields, NHS number, marital status, ethnicity and related items.
2. Improvement in data quality for Mental Health Minimum Data Set (MHMDS) Care Quality Commission indicators, MHMDS part 1 - data completeness, and part 2 - patterns of care.
3. Improvement in data quality in relation to the delivery of care to patients, devising data quality reports to assist in enhancing, for example, patient safety, CPA processes and clinical coding.
4. Improvement in and management of the CQC indicator for 12 month CPA reviews.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

Part 3:

Other Information

Our Quality Performance 2010/11

Performance against last year's quality priorities

CWP is pleased to have achieved the quality priorities set out in last year's Quality Accounts. Below is a summary of the actions we took throughout the year to achieve these priorities and ensure improvements can be sustained, which we monitored through our Quality Reports. Our Quality Reports are presented at our Board meetings and made available on our website.

Patient safety

We said we would:

Improve safety by monitoring of trends from SUI investigations and development of systems to monitor reduction of repeatable themes.

Because:

Applying lessons learned from Serious Untoward Incidents (SUIs) is a key measure of safety within any organisation. The Trust has always strived to ensure that any outcomes and recommendations resulting from investigations are shared and applied across the Trust. This is an area that the Trust is also being asked to consider as part of the Quality Schedule of the Trust's contract with its commissioners.

We achieved this priority by:

- Reviewing previous SUIs to identify themes to assist in developing a list of SUI 'codes' that are used when identifying contributing factors to an SUI, e.g. communication between partner organisations, care planning reflecting risk assessment, and documentation.
- Identifying actions within our Learning from Experience quarterly reports and reviewing progress in the subsequent report to assist in reducing repeating themes.
- These repeating themes have been identified by reviewing these reports as poor communication between teams and during handover, incomplete documentation, and incomplete risk assessments. These themes have been incorporated into the monthly inpatient checks that will be completed by Ward Managers as described in our patient safety experience priority for 2011/12.

We said we would:

Reduce preventable falls in inpatient areas by at least 10% by end March 2011.

Because:

A patient falling is the most common patient safety incident reported to the National Reporting and Learning Service (NRLS) from inpatient services at a national, regional and Trust level. The Trust has on average 180 falls incidents reported each quarter. The last report from the NRLS showed the Trust to have a higher rate of falls compared to other mental health Trusts, however the NRLS data and Trust incident data shows that the majority of Trust falls (97%) were in the 'no' or 'low' harm category, which is an indication that in the majority of cases the Trust is actively managing the risk of falls.

We achieved this priority by:

- Developing a 'Falls Collaborative' with key senior clinical and management staff.
- Developing preventable falls criteria which were audited in year across all inpatient areas.
- Reviewing the inpatient falls care plan.

- Demonstrating a reduced incidence of falls. In last year's Quality Accounts, we reported, on average, 180 incidents of slips, trips and falls per quarter. Following the falls prevention work undertaken in 2010/11, including all of the actions above, the Trust reported, on average, 138 incidents per quarter, which is a reduction rate of 23%.

Clinical effectiveness

We said we would:

Implement the Advancing Quality programme for schizophrenia and dementia (including development of Patient Reported Outcome Measures).

Because:

This is a new regional priority for mental health services. 'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria. This has also been identified as a priority by the Trust's commissioners and is a Commissioning for Quality and Innovation (CQUIN) scheme for 2010/11.

We achieved this priority by:

- Piloting systems to collect the regional data metrics for schizophrenia and dementia.
- Participating in Advancing Quality regional meetings to develop the Advancing Quality programme in mental health and learning disability services.
- Submitting population data to the Advancing Quality programme to inform the reporting of benchmarking data across the North West region.

We said we would:

Develop integrated care pathways in mental health.

Because:

It is important that integrated care pathways are further developed to promote interface with other services i.e. primary care. This has been highlighted as a priority with commissioners, staff within the Trust and also service users/ carers, who see seamless care between primary and secondary care as a must-do for improving quality of care.

We achieved this priority by:

- Scoping existing care pathways in place.
- Determining the outcome measures being routinely collected as part of care pathways.
- Producing a framework for the development of integrated care pathways, including the recording and reporting of outcome measures and variance from clinical standards.
- Identifying care pathways and care bundles requiring further development for roll-out as one of the 2011/12 quality priorities, such as psychosis, dementia, and physical health.

We said we would:

Review physical healthcare for Trust service users.

Because:

Research has indicated that people with mental health conditions have an increased likelihood of physical health problems and are at risk of dying prematurely. In recognition that CWP service users may have complex physical health demands, which may be at risk of being neglected, it is important not only to detect physical health problems but also promote physical health and well-being.

We achieved this priority by:

- Conducting an audit of inpatient care standards to inform the development of an inpatient care pathway for physical health care and an assessment form.
- Piloting the reviewed inpatient care pathway in Wirral.
- Developing and refining minimum standards for physical health care in inpatient areas.
- Commencing the roll-out of a revised physical health care pathway and assessment, including provision of training for inpatient staff.

- Commencing work with GPs so that for patients in the community, where annual physical health checks are undertaken in a primary care setting, that information is available so that provision of minimum health care standards can be monitored. This will continue throughout 2011/12.
- Employing health facilitators to ensure service users receive the best possible physical healthcare as well as mental healthcare.

Patient experience

We said we would:

Collect real time patient experience data.

Because:

Patient experience has always been an important measure of quality within the Trust and feedback from service users and carers has been sought in a variety of different ways - surveys, clinical audit, PALS Talkback, focus groups etc. The Trust however has recognised the importance of collecting real time patient experience data (which is about asking the views of patients and/ or their carers/ relatives during or immediately after their treatment) to allow service users and carers to give more accurate and timely feedback on their care, as a good patient experience is integral to quality of care and will affect outcomes. This has also been identified as a priority by the Trust's commissioners and is a Commissioning for Quality and Innovation (CQUIN) scheme for 2010/11.

We achieved this priority by:

- Using touch screen tablets to collect patient experience at the point of delivery of care in identified areas across the Trust, which included inpatient and outpatient areas and community settings.
- Analysing the results to inform actions required to improve patient experience.
- When asking a sample of 463 patients from inpatient/outpatient/community settings whether they had got the care that mattered to them, 97% answered positively.
- Using CQUIN monies to place 'video diary booths' across the Trust as a more innovative way of capturing honest and meaningful patient and carer feedback and experience for those who sometimes feel they are unable to tell us their ideas, concerns and suggestions.

We said we would:

Ensure that patient experience of previous Assertive Outreach service users and carers is sought and continuously monitored during the merger of the Assertive Outreach function into Community Mental Health Teams (CMHTs).

Because:

CWP undertook a review of the Assertive Outreach function, in conjunction with service users, carers, staff and partner organisations. It was agreed that the work of the Assertive Outreach Teams would be incorporated into Community Mental Health Teams (CMHTs), rather than being a stand-alone function. The review was based on clinical evidence and to ensure a more efficient service.

We achieved this priority by:

- Monitoring and demonstrating continuity of quality of care through measuring outcomes, activity, patient and staff experience on an ongoing basis.
- Demonstrating positive patient experience, which included the majority (94% of 103 service users surveyed) giving positive feedback about their care, and 90% of service users stating that they would recommend CWP's assertive outreach service to their friend or relative.
- Reporting the evaluation directly to the Board, the Overview and Scrutiny Committee, and our commissioners, to provide assurances about the efficiency of service provision provided during and after the merger.

Throughout 2010/11, CWP has also continued to review performance on the quality indicators that were selected by Board in our Annual Report 2008/09, in which we were required to set quality indicators for 2009/10. The rationale for setting these indicators was provided in our Annual Report 2008/09, which is available on the Trust's website online at:

http://www.kenyons.co.uk/cwp_report/media/Director_report.pdf#page=1

As reported in our Quality Accounts 2009/10, we achieved these indicators. As quality improvement is ongoing and these indicators remained a priority for us in 2010/11, below is a summary of our continuing performance during 2010/11:

Quality indicators for 2009/10 selected in 2008/09 Annual Report	Ongoing performance in 2010/11
Patient safety	
1. Improving learning from patient safety incidents by increasing reporting by 3%	<ul style="list-style-type: none"> ▪ In 2010/11, our incident reporting figures have decreased by approximately 4%. This, however, is an expected decrease due to a change in our incident reporting and management policy which has altered thresholds for reporting, for example deaths by natural causes are no longer reported as Category A safety incidents. The Trust is still reporting incident figures comparable with other mental health Trusts, as per NPSA data published in year. ▪ Throughout 2010/11, we have focused on learning from incidents. Staff are required to complete a lessons learned section of our electronic incident form as a mandated field, which has enabled the Trust to review lessons learned and share best practice across the organisation. ▪ From the beginning of quarter one of 2010/11, a 'Learning lessons, changes in practice' bulletin has been published quarterly, the purpose of which is to share practice to help promote the provision of safe and clinically effective services across the Trust.
2. Create a better safety culture by achieving NHSLA level 2	<ul style="list-style-type: none"> ▪ CWP remains NHSLA level 2 compliant and in 2010/11 completed the actions identified on our NHSLA level 2 action plan which was signed off at the interim visit from our named NHSLA assessor.
3. Strengthen hand decontamination procedure compliance	<ul style="list-style-type: none"> ▪ The infection control and hygiene section of the NHS National Staff Survey 2010 has demonstrated better results in this area compared with the average result for all other Trusts. ▪ Hand decontamination training and audits to measure hand decontamination practice have continued throughout 2010/11 in order to continue to strengthen compliance.
Clinical effectiveness	
1. Increase offer of psychological intervention for service users with schizophrenia	<ul style="list-style-type: none"> ▪ CWP successfully participated in the 'Advancing Quality' programme during 2010/11, and will continue to participate in 2011/12 as one of our CQUIN goals to monitor our performance in relation to quality standards for service users with schizophrenia. ▪ A mapping exercise was conducted in 2010/11 regarding the availability of therapies and interventions to our dementia service users. The Trust's Psychological Interventions Management Group reviewed these results during the year and has scheduled a mapping exercise of therapies available for all service users.
2. Diagnosis of dementia by a specialist	<ul style="list-style-type: none"> ▪ CWP successfully participated in the 'Advancing Quality' programme during 2010/11, and will continue to participate in 2011/12 as one of our CQUIN goals to monitor our performance in relation to quality standards for service users with dementia. ▪ Quality and performance indicators specific to dementia care have been monitored throughout 2010/11 through the contract monitoring process.

Quality indicators for 2009/10 selected in 2008/09 Annual Report	Ongoing performance in 2010/11
	<ul style="list-style-type: none"> Additionally for 2011/12, we will monitor the outcomes of care for our dementia service users as part of our clinical effectiveness priority, as described in Part 2.
3. Physical health checks for all inpatient service users, including Body Mass Index	<ul style="list-style-type: none"> Review of physical healthcare for CWP service users was a quality priority for 2010/11, which is reported on earlier in Part 3. Additionally for 2011/12, we will monitor the recording of Body Mass Index as part of our patient safety priority, as described in Part 2.
Patient experience	
1. Increase patient experience feedback by 5%	<ul style="list-style-type: none"> There has been more than a 6% increase in patient experience feedback (concerns, comments, complaints and compliments) for 2010/11 compared with the previous year. Again the focus has been on learning via sharing of learning in our 'Learning lessons, changing practice' quarterly publication.
2. Measure patient satisfaction levels	<ul style="list-style-type: none"> CWP has continued to measure patient satisfaction in many ways and has reported on this in these Quality Accounts, including via the National Patient Survey, local CWP surveys, and using CQUIN monies to place 'video diary booths' across the Trust as a more innovative way of measuring patient satisfaction. Additionally for 2011/12, we will capture patient satisfaction by using patient stories as part of our patient experience priority, as described in Part 2.
3. Improvement of complaints management and investigation processes	<ul style="list-style-type: none"> The Trust's complaints policy was reviewed in February 2011 and introduced specific timescales for complaints resolution to improve performance management of complaints responses. The Trust continues to conduct Complaint Quality Assurance Reviews, which are led by a Non Executive Director quarterly. These reviews are key to providing internal assurance that the quality of complaints handling and investigations is robust and that any improvements are highlighted and cascaded throughout the Trust in order to continually improve the service and share best practice.

Improving outcomes for our service users

CWP is committed to improving outcomes for its service users so that the care and treatment provided improves service users':

quality of life

social functioning and social inclusion

self reported health status, and

recovery from illness

Part 2 of our Quality Accounts has described our priorities for quality improvement, which are all linked to improving outcomes for our service users which has also been identified as a national priority across the NHS.

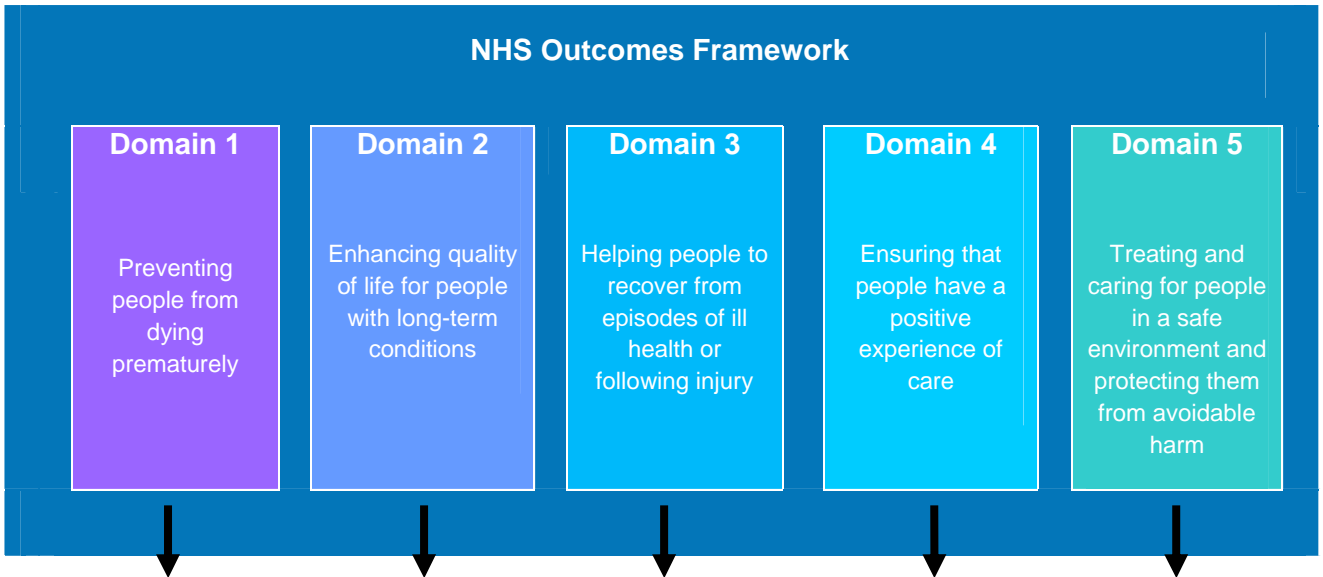
NHS Outcomes Framework

The Department of Health's first **NHS Outcomes Framework** for 2011/12 has been developed to ensure a national level of accountability for outcomes in the NHS as proposed in the White Paper *Equity and Excellence: Liberating the NHS*. There are five domains of the NHS Outcomes Framework which encompass the three components of quality. These are detailed below alongside the quality standards that are to be improved within mental health services. It is acknowledged that measuring outcomes is not easy, but the framework will use existing information, wherever possible, to track the progress of the NHS as a whole in improving outcomes for patients. New indicators will be developed over time and the framework will be refined annually so that it can continue to capture what matters most to patients and people using services.

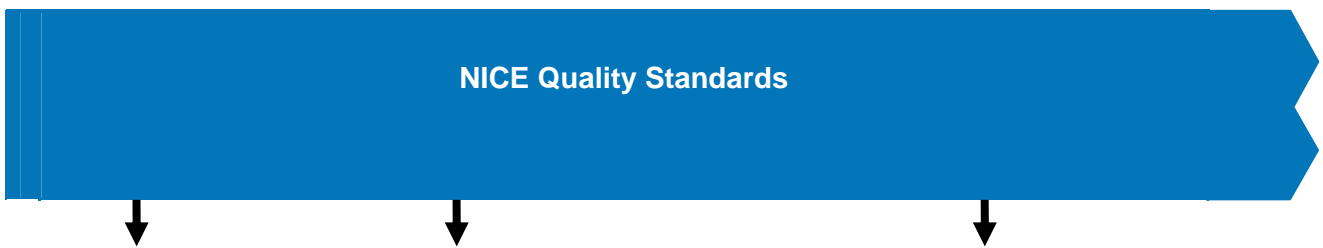
How it will work

This work will be supported by a strengthened duty of quality encompassing the whole NHS where CWP will ultimately be held to account to improve outcomes for service users. **The diagram on the next page describes how the framework will operate.**

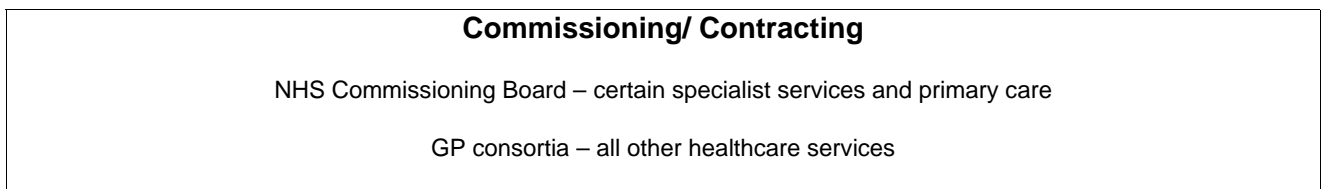
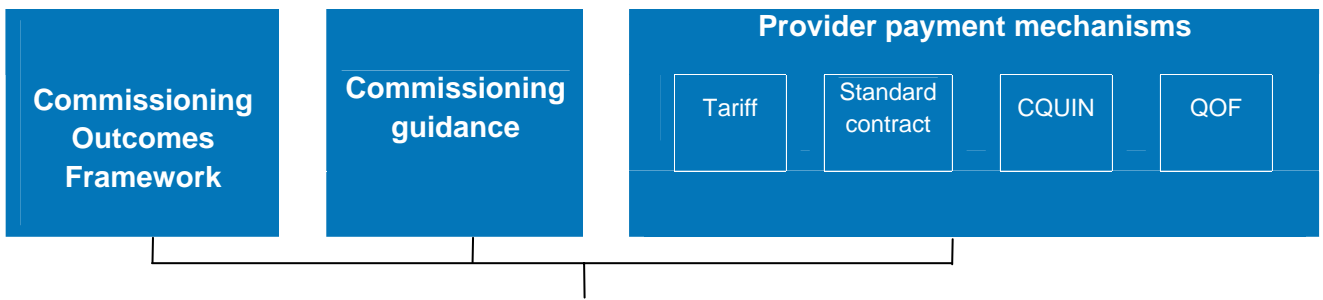
Duty of Quality



Duty of Quality



Duty of Quality



Duty of Quality

Source: Department of Health (adapted)

How CWP is working towards implementing the improvement areas

The framework is intended to set the direction of travel, with 2011/12 being a transition year offering an opportunity for the NHS to begin to think through what an NHS focused on outcomes will mean for individuals, organisations and whole health economies.

The table below identifies how CWP proposes working towards achieving these standards.

Improvement areas for mental health	Examples of CWP's approach
Preventing people from dying prematurely	
Reducing premature death in people with serious mental illness	<ul style="list-style-type: none"> ▪ CWP's Suicide Prevention Strategy outlines how the Trust works in partnership with other organisations and agencies, e.g. police, criminal justice system, private sector organisations, and voluntary organisations in order to have a collaborative approach to reducing the suicide rate. The Trust has come to the end of its five year strategy for suicide prevention (2005-2010) and a review will be undertaken in 2011/12 with commissioners and partner organisations. ▪ There are substantial physical health inequalities experienced by people with mental health problems. CWP has employed three dedicated health facilitators to ensure service users receive the best possible physical health care as well as mental health care, and also promote health by providing advice on lifestyle matters. ▪ With the integration of community nursing and physical health care services in Western Cheshire, pathways of access to physical health for those with mental health problems will be reviewed in 2011/12, e.g. improving end of life care for those patients with dementia, and improving access for our service users with long term conditions, such as diabetes and chronic obstructive pulmonary disease.
Enhancing quality of life for people with long term conditions	
Enhancing quality of life for people with mental illness	<ul style="list-style-type: none"> ▪ CWP's clinical effectiveness priority for 2011/12 will aim to improve the health status of service users across priority areas of care by improving outcomes through performing structured care bundles. It will monitor improvements by measuring clinician and patient reported outcome measures. ▪ As part of regular performance monitoring, the Trust reviews and submits data regarding social/ quality of life indicators, e.g. education, employment and accommodation. The Trust also monitors HoNOS data which is recorded through various points of care and treatment to assess whether quality of life has improved. ▪ CWP manages the North West 'Mindful Employer Network' and will continue to work towards the principles of the 'Mindful Employer' initiative, which is aimed at increasing awareness of mental health at work and providing support for employers in recruiting and retaining staff. ▪ The Trust launched its 'Recovery strategy' in 2010/11, which focuses on improving quality of life, health and well-being for service users that is personal to them. ▪ The Trust is implementing an initiative called 'Individual Placement and Support Scheme' in partnership with the Richmond Fellowship which will support service users' improved quality of life.
Enhancing quality of life	<ul style="list-style-type: none"> ▪ CWP's patient experience priority for 2011/12 will aim to seek carers'

Improvement areas for mental health	Examples of CWP's approach
for carers	<p>feedback more effectively by capturing their 'story'. In conjunction with the Trust's annual carers' survey, the actions identified from a review of this feedback will aim to enhance the quality of life for carers.</p> <ul style="list-style-type: none"> ▪ In 2010/11, the Trust identified a need for a Trust-wide carers' lead to develop a programme which would prioritise and co-ordinate support initiatives for carers. This post has been funded and recruitment is underway. ▪ The 'Triangle of Care' guidance encourages partnership working between service users and their carers as well as mental health organisations. CWP will continue to take an active role in helping to put the principles of the Triangle of Care into practice to deliver benefits for carers.
Helping people to recover from episodes of ill health or following injury	
Helping older people to recover their independence after illness or injury	<ul style="list-style-type: none"> ▪ CWP will continue to monitor delayed transfers of care within its Corporate Performance Report and the quarterly Quality Report. This is key to facilitating placement in the appropriate care setting. ▪ CWP's Intensive Home Treatment Team in West Cheshire will continue to provide crisis intervention for older people with dementia, allowing them to be cared for safely at home. ▪ CWP will work with physical health community teams to provide reablement services for those with mental health problems.
Ensuring that people have a positive experience of care	
Improving people's experience of outpatient care	<ul style="list-style-type: none"> ▪ The national survey of people who use community mental health services conducted in 2010 has provided a picture of the experience of our community mental health service users. The Trust's Community Mental Health Clinical Network group is monitoring the actions identified from this survey and will consolidate improvements and develop strategies to continue to improve the experience of community mental health service users. ▪ Later in the year, CWP is considering extending its patient safety priority for 2011/12 in measuring standards of quality and safety in inpatient wards to community settings.
Improving hospitals' responsiveness to personal needs	<ul style="list-style-type: none"> ▪ Individualised care planning is undertaken across all service users, which helps clinicians respond to personal needs. ▪ Feedback from our service users via compliments, PALS, complaints and concerns helps us to make individualised changes but also helps us to improve services for others. ▪ Feedback from CQC visits of those people detained under the Mental Health Act enable us to make improvements where necessary. ▪ Delivering AIMS (Royal College of Psychiatrists' accreditation of inpatient units) standards across our inpatient units.
Improving the experience of care for people at the end of their lives	<ul style="list-style-type: none"> ▪ The Trust will continue to roll out the Dementia Care Pathway, which includes an End of Life Care Pathway. ▪ In 2011/12 the Trust will review access and pathways to community nursing and physical health care services.

Improvement areas for mental health	Examples of CWP's approach
Improving experience of health care for people with mental illness	<ul style="list-style-type: none"> ▪ CWP's patient experience priority for 2011/12 will aim to seek patients' feedback more effectively by capturing their story. In conjunction with the Trust's annual patient survey and the scheduled Care Quality Commission National Patient Survey for 2011, the actions identified from a review of this feedback will aim to improve the experience of health care for our service users. ▪ CWP has its own 'Challenging Stigma' campaign which it will use to continue to actively tackle health and access inequalities for people with mental health, learning disability and substance misuse problems.
Improving children's experience of health care	<ul style="list-style-type: none"> ▪ CWP's Child and Adolescent Mental Health Services have a strong culture of young people's involvement through 'open space' events and 'young minds' reviews. The service also conducts local feedback questionnaires. These activities will continue to identify actions to improve young people's experience of health care.
Treating and caring for people in a safe environment and protecting them from avoidable harm	
Reducing the incidence of avoidable harm	<ul style="list-style-type: none"> ▪ The NPSA has produced an updated 'Never Events' list for 2011/12. These events are serious and largely avoidable. CWP has produced a 'Never Events' assurance framework which it will use as a performance management tool to improve standards in this area, where necessary. ▪ On a regular basis, the Trust reviews learning from incident data to reduce avoidable harm.

Early in 2011/12, CWP will also work with the Community Care Western Cheshire clinical service unit to identify how to implement the improvement areas specific to community care, and will also identify further priorities for mental health.

An example of outcome measurement in CWP

Locally within CWP, many of our services routinely collect clinical outcomes and patient reports of the outcome of the care they have received, best practice which we share within our services across the Trust through our Quality Reports. Below is just one example of the outcome focused work of one of our services: the West Cheshire 16 – 19 service.

- A non-emergency Tier 3 community child and adolescent mental health service providing specialist mental health care to young people with mental health problems who are between their 16th and 19th birthdays.
- Treatment options vary and include psychological therapies, medication and consultation to the multi-agency professionals supporting a young person.
- Routinely measures clinical outcomes and consults service users on their views:
 - using the clinician rated measure known as **HoNOSCA** which measures behavioural problems, impairment, symptoms, social problems, the service user's and family's knowledge about their difficulties and how to manage them;
 - using the service user self reported measure known as **CORE-OM** which measures well-being, symptoms, life/social functioning, and risk/harm to the service user and others;
 - using and acting on the findings from the results of satisfaction questionnaires in order to improve the service.

- The outcome measures have demonstrated that according to both young people’s self reports and clinicians’ reports, the 16-19 service’s involvement has resulted in both a statistically and clinically significant **reduction in mental health difficulties and distress**, as demonstrated by a reduction in the score of each of these measures since the first appointment with the service:

When?	Average CORE-OM (young person’s self report)		Average HoNOSCA (clinician’s report)	
	At first appointment	1.99		13.7
<i>Target at discharge and follow up</i>	Reduction to 1.19 or lower (for males; 1.29 or lower for females)		Reduction	↓
At discharge	0.81		6.6	
At six months follow up	0.87			

- Reaching beyond the target score for the CORE-OM and a reduction in the HoNOSCA score shows that the average young person’s difficulties have reduced from significantly above to significantly below clinical levels by the time they are discharged from the Service, demonstrating an effective outcome.

Improving the quality of our services

Below is a summary of some of our work over the past year to improve the quality of our services across the three domains of quality and involving all of our clinical service units. Many of these improvements have been linked to our annual planning process and the business plans of our clinical service units, where the input of service users, carers, staff and public help to shape CWP's future. Our Quality Reports throughout the year provide more information about the quality of our services on an ongoing basis and will additionally include quality initiatives for 2011/12 that each clinical service unit has identified specific to them.

Child and Adolescent Mental Health Services

Child and adolescent mental health services (CAMHS) are provided on both an inpatient and outpatient basis to children and young people from the ages of 0-19 years who are suffering from mental health problems.

Improving Patient Safety

- As identified in the Trust's Patient Safety Walkround programme, there have been improvements to the safety of the ward environment on Maple Ward, Chester, for patients with challenging behaviour by the elimination of risks to self harm on the ward.

Improving Clinical Effectiveness

- The West Cheshire 16 – 19 Service was successful in its application for the Department of Health *You're Welcome Quality Mark*, demonstrating the service's commitment to improving the quality of health services for young people.
- CAMHS is a member of the CAMHS Outcome Research Consortium (CORC), and has used the HoNOS outcome measure for children and adolescents (HoNOSCA) and the Children's Global Assessment Scale to continuously evaluate outcomes for the young people who use its services.

Improving Patient Experience

- Through the CAMHS PPI focus groups and service user involvement, service users have directly contributed to improving patient experience by giving feedback on the décor of public areas and waiting rooms which was used as a catalyst to improve these areas.
- Between April and May 2010, service users attending the Wallasey locality Child and Family Team completed the 'Experience of Service Questionnaire'. This gave many examples of positive patient experience and informed changes such as improvements to waiting room areas, waiting times and development of information leaflets.
- 'Graffiti wall' images were developed with children and young people using CAMHS services during 'graffiti days', each with a meaning. One image shows a 'No Entry' sign in front of two speech bubbles, which denotes the professional way in which the voice of CAMHS service users is given priority. The artwork will shape the development of a CWP CAMHS website.

Learning Disability Services

CWP provides learning disability services delivered by multi professional staff in community and inpatient settings. The service provides a person-centred approach for adults with a learning disability and their carers, thus ensuring that service user's needs and preferences influence the health care they receive.

Improving

Patient Safety

- Kent House in Wirral, and Eastway Learning Disability Unit in Chester, were both awarded the Accreditation for Inpatient Mental Health Services for Learning Disabilities (AIMS-LD) by the Royal College of Psychiatrists' Centre for Quality Improvement, two of only seven units in the UK to have achieved this. AIMS-LD acknowledges services which have high standards of organisation and patient care.
- As identified in the Trust's Patient Safety Walkround programme, the introduction of zones within certain areas of Eastway Ward was seen as a benefit to the management of the patient safety risks associated with challenging behaviour.

Improving

Clinical Effectiveness

- The Forensic Support Service was successful in a bid for the Foundation of Nursing Studies' Patients First programme. It enabled ways of working which provided a positive outcome for a service user with a diagnosis of mild learning disability who became known to the service, through joint working with the local Learning Disability Community Team. It provided an opportunity for capacity building in areas such as criminal justice liaison, court procedures, diversions and liaison with outside agencies. This creative way of working is now being rolled out across the service to ensure more service users receive improved outcomes of care.
- Learning Disability Services has worked with Adult Mental Health Services via the Interface Clinical Network to ensure that actions and recommendations from the Greenlight Toolkit and the *Six Lives* document are implemented. This has promoted better services for those individuals who have a dual diagnosis of learning disability and mental health.

Improving

Patient Experience

- Learning Disability Services received recognition for their innovative way of obtaining feedback from service users with learning disabilities and communication difficulties. In August 2010, the Trust won the Care Programme Approach Association (CPAA) award for '*Excellence in Monitoring and Evaluating the CPA Process*' in recognition of its 'patient stories' programme. As mentioned earlier, in April 2011, CWP also won a National Clinical Audit Award for its 'patient stories' approach.

Drug and Alcohol Services

The Drugs Service aims to provide easily accessible services to people whose drug use is a problem with the over-arching aim of promoting health and minimising harm to the individual, their families and the community. CWP's alcohol teams provide a range of community based services across Cheshire and Wirral localities.

Improving Patient Safety

- The Harm Reduction Service has continued to provide needle exchange and vaccination services to improve the health and safety of both its clients and the wider community.

Improving Clinical Effectiveness

- As prioritised in our annual plan, the CWP Alcohol Service has been launched in Birkenhead, Wirral to provide advice and support for people with alcohol related problems. The new site offers much more modern and comfortable surroundings from which to deliver high quality services, enabling service users to access support for all levels of harmful drinking from one base.
- A recovery focused drug service has launched in Trafford to help people experiencing drug related problems. Trafford Drug Service officially opened at the end of October and is run by CWP in partnership with regional alcohol and drug charity Addiction Dependency Solutions. The service supports people with drug related issues, providing comprehensive triage and assessment as well as recovery focused, personalised case management and fast track prescribing services.
- A CWP alcohol associate practitioner, in Wirral, used an innovative way to engage with clients. She joined residents of a local hostel on a canal boat trip, during which she discussed topics such as triggers, word scrambles, and catchphrases around alcohol. This informal and safe environment helped to break down barriers and gave the opportunity for clients to discover themselves and prove they are capable of many things.

Improving Patient Experience

- The Sex Workers scheme seeks to target this difficult to engage group and initiate them into drug treatment, offer sexual and general health advice and provide them with condoms while working on the street. Improved experience, based on feedback from the women on the scheme, has ranged from a quick reduction in drug use, to an example of cessation of street working and experiencing the beneficial changes to the appearance of one of the women using the scheme which has increased her self esteem, and she has subsequently stopped using illicit drugs.

Adult Mental Health Services

CWP provides a range of services for adult and older people suffering from complex and serious mental health problems. These services are mostly based in the communities that we serve with access to local inpatient beds for those clients who need admission.

Improving Patient Safety

- The Springview Electro Convulsive Therapy (ECT) clinic, **Wirral**, achieved Level 2 re-accreditation from the Royal College of Psychiatrists' ECT Accreditation Service. The accreditation recognises adherence to best practice and patient safety standards.
- Through the Trust's Patient Safety Walkround programme, the following positive practice was identified in improving patient safety:
 - Good communication and team work providing for a safer environment within teams across all of the Adult Mental Health Service;
 - Double checking of administration of medicines reduced the risk of errors on Adelphi Ward, Macclesfield, in **East Cheshire**;
 - Introduction of a medicines trolley across all of the Adult Mental Health Service, with dedicated drawers for each patient, which contributes to reducing administration errors by nursing staff and quickens the medicine administration process.

Improving Clinical Effectiveness

- The Adult ADHD Service, based in **Wirral**, has demonstrated the delivery of statistically and clinically significant positive outcomes for its service users, such as:
 - improved quality of life – for example becoming medication-free;
 - improved health status – including improved symptoms;
 - improved social inclusion - through behavioural improvements and better social functioning; and
 - fewer problems associated with substance misuse.

These positive outcomes have also resulted in positive health care, social and economic benefits and outcomes, such as individuals being able to return to employment, a reduction in the amount and cost of medication, and service users having fewer additional conditions requiring treatment.

- In August 2010, the psychiatry teams in Chester, in **West Cheshire**, and **Wirral** demonstrated achievement of quality standards to the Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network (PLAN) and were accredited as 'excellent services' - the first teams to gain this rating in the country. This accreditation recognises the teams' work in ensuring that patients with mental health needs receive high quality care.
- In Macclesfield in **East Cheshire** a new gardening scheme was launched, run by CWP's ground staff, to aid service users' recovery and to enable them to gain employment skills.
- The **Wirral** Alcohol Related Brain Damage Service aims to enhance the quality of life of high risk patients and reduce the number of hospital bed days of patients who are frequently admitted as a result of alcohol related brain damage. The service has used various outcome measures to determine the specific needs and interventions required by each service user. These have contributed to demonstrating outcomes for those patients engaging with the service, including:
 - a reduction from 36 to 6 bed days per year;
 - alcohol free rehabilitation; and
 - improved social functioning, with patients living in appropriate and supportive facilities.

Improving Patient Experience

- Following a review of inpatient service provision, in January 2011 the inpatient services relocated from Leighton Hospital to the Millbrook Unit in Macclesfield in **East Cheshire**, where service users could be cared for in improved environments with higher quality facilities. The move ensured minimum disruption to the service users involved and will be continuously reviewed to ensure that service users have not been adversely affected by the changes.
- As prioritised in our annual plan, a new ten-bedded inpatient Eating Disorder Unit was opened at Springview Hospital, **Wirral**, to support both adults and young people from the age of 16 years with eating disorders. As many as 50% of inpatients in the Eating Disorder Service are in full time study. Oaktrees has provided service users with access to computers, WiFi and an internet café as well as extensive occupational therapy, physical therapy, day space and an award winning healing Environment Garden.
- Dane Ward, in **East Cheshire**, has used CQUIN monies in a number of ways including funding activities for the service users including DJ sessions and art groups. It has also been used for staff training in the 'Recovery Star' (an outcome measure) that will enhance the service users' experience by improving the Recovery Strategy within Dane Ward.

Learning from Experience and Patient Feedback

In addition to our successes during 2010/11 as presented in these Quality Accounts, CWP acknowledges those areas where it needs to improve. This is called 'learning from experience' when:

- the care we provide falls short of the high quality of standards we aspire to;
- patient feedback shows us that service users are not fully satisfied with our services;
- we ensure that we learn from other NHS organisations when things go wrong by reviewing external recommendations.

Our Quality Reports are just one of many provided to our Board, internal groups and external scrutiny groups. Our quarterly **Learning from Experience** report reviews learning from incidents, complaints, concerns, claims and compliments, including Patient Advice and Liaison Service contacts. These are all rich sources of patient feedback. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warning signs so that actions can be taken to prevent shortfalls in care. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. These quarterly Learning from Experience reports are shared with the public, via our public Board meetings and on our website, and also with our partner organisations, as the Trust is committed to being transparent in how we learn lessons and improve.

Examples of learning from experience

- Following a number of **incidents** surrounding the management of Community Treatment Orders (CTOs), an alert was sent out to all services in October 2010 to cascade learning around the timescales for the review of CTOs as well as the CTO paperwork being amended to provide further guidance to services. As a result, to-date there have not been any further incidents following the alert.
- Following an **incident** of self harm, it has been requested that all inpatient areas check wall clocks to ensure that there are no clocks with glass frontages and these have been removed.
- Following a number of **incidents** of service users absconding from Maple Ward, monies have been identified to build an external airlock door system. This work will commence in April 2011.
- Following a **serious untoward incident**, the Liaison Psychiatry Management Team have met with general hospital Accident & Emergency managers to establish a system to inform Liaison Psychiatry staff when patients are discharged to ensure follow-up care can be planned.
- Following a **medication incident**, the Trust has reviewed its controlled drugs process for ordering and receiving these drugs, in conjunction with the Trust's pharmacy provider, and is rolling the process out across all wards to improve patient safety.
- Following a **claim** relating to a fall, as a result of bad weather, a recommendation has been made to Estates to ensure that gritting schedules are implemented to evidence that an effective system is in place. An update on its implementation is scheduled for April 2011.
- Following a **complaint**, staff have been reminded via local ward/team meetings of the need for close liaison with family members when service users go missing whilst they are detained under the Mental Health Act. This learning will be further highlighted within the Trust's risk management mandatory training presentation.
- CWP has continued to benchmark its performance against recommendations contained in national reports that have been produced when there is **learning from other organisations** that can be shared across the NHS. In 2009/10, CWP developed a joint thematic action plan in response to the findings from the investigations into failings at Mid Staffordshire NHS Foundation Trust and West London Mental Health Trust. The ongoing actions identified are continuously monitored and reported to the Executive Directors and the Trust's Learning from Experience Group. Learning from other national reports are added to the action plan as they arise to ensure that learning is sustained and actions not duplicated.

Examples of patient feedback

CWP welcomes compliments and comments from service users and carers in order to use the feedback to act on suggestions, consolidate what we do well and to share this best practice across the Trust. During 2010/11, CWP has seen a further annual increase in the number of compliments received from service users and others about their experience of our services. Below are a selection of the comments and compliments we have received for each clinical service unit.

Adult Mental Health Services – Wirral

“What a team!!! Mum is really enjoying herself and the staff there are wonderful. I’m amazed at the support that is available; it has been an extremely stressful 18 months. Your individual approach and manner with mum was so tactful, thank you...”

Adult Mental Health Service – West

“OT is fantastic and the staff are brilliant. After coming here I am able to control my anxiety better and express my feelings in a more positive way.”

Adult Mental Health Services – East

“Within the centre, I and other Winsfordians have access to a dedicated medical team of psychiatrists and psychologists, who provide me with CBT and other mental welfare help, as well as access to dedicated mental health social workers all under the same roof... Even entering this hall of excellence is a pleasure as the smile and gentle manners of the receptionist just puts you in a relaxed and content mood.”

Drug and Alcohol Services

“Thank you for being there for me over past 6 months. It meant a lot that you believed me and X could stop using and it made me want to try and quit.”

Child and Adolescent Mental Health Services

“I could type pages and pages about the ways in which my life has improved since I had my treatment with you. However my reason for writing this letter to you is to simply say thank you, thank you so much for what you have done for me. I know that you’ll argue that a lot of it was down to me, but I really could have not done it without you. I realise that you were doing your job, but I really felt like that you took me seriously and heard me when no one else could. I also felt that you genuinely cared about me as a person, not a child; and this really gave me the strength to fight. You made me realise I was worth it, and I want you to know that you are a truly inspiring and amazing person....”

Learning Disability Services

“Furthermore, I would like to add that since working with the unit I have found all the staff to be extremely professional, approachable and enthused...”

Monitoring our Service Delivery

We report our performance against key national priorities to the Board and our regulators throughout the year. Actions to address any areas of under performance are put in place where necessary. These performance measures and outcomes help us to monitor how we deliver our mental health services.

Performance against the key national priorities from the Department of Health *Operating Framework for the NHS in England 2010/11*

Priority	Performance
Improving cleanliness and reducing health care associated infections (HCAIs)	<p>Whilst CWP does not have specific reduction targets in relation to HCAs, we do have a robust infection prevention and control programme in place. This includes:</p> <ul style="list-style-type: none"> • undertaking regular audits to ensure we comply with the Hygiene Code, as described in <i>Part 2 - Participation in clinical audits</i> • ensuring that staff receive appropriate training • ensuring that we have robust surveillance and reporting processes in place, reporting regularly to the Board of Directors
Improving access	<p>The nationally defined 18-week target applies to those services that are consultant-led. Whilst the target does not apply to CWP, the principle behind it in improving patient experience by minimising the delay in receiving care and treatment does. As such, we monitor waiting times for our services as part of our internal performance reporting and also work closely with commissioners to improve our waiting times. We also seek feedback on this important area of patient experience from our patients and carers.</p> <p>Work has commenced to implement a <i>Single Point of Access</i> process in mental health which patients can access before being referred to the most appropriate care/ treatment pathway. This will continue to be progressed in 2011/12 by continuing to work closely with our primary care colleagues and the new GP Consortia.</p>
Keeping adults and children well, improving health and reducing health inequalities	<p>CWP works closely with its partner organisations to ensure that our patients are enabled to recover and improve their overall health and well-being. This is set out in our Recovery Strategy, and includes close working with local employers, primary care, and social care colleagues.</p> <p>CWP has employed three dedicated health facilitators to ensure service users receive the best possible physical health care as well as mental health care, and also promote health by providing advice on lifestyle matters.</p> <p>Throughout the year, CWP has strengthened its community services to allow people to live at home longer and to help avoid unnecessary inpatient admissions. Examples include Dementia Home Treatment, a review of the Assertive Outreach function, and development of Personality</p>

	<p>Disorder Services in Wirral.</p> <p>As discussed in <i>Part 3 – Improving outcomes for our service users</i>, CWP undertakes various activities to improve children’s experience of healthcare. CWP is also continuing with its work programme in relation to safeguarding children and adults, and effectively contributes to the work of the Local Children’s Safeguarding Boards (LCSBs).</p>
Improving patient experience, staff satisfaction and engagement	<p>CWP has used the following methods of assessing patient experience, staff satisfaction and engagement:</p> <ul style="list-style-type: none"> • the National Patient Survey, local CWP patient surveys and the National Staff Survey: see <i>Part 2 – A review of our services</i>; • collection of real time patient experience, one of our patient experience priorities for 2010/11, and use of innovative ways to capture patient experience by use of ‘video booth diaries’: see <i>Part 3 - Performance against last year’s quality priorities</i>; • obtaining feedback from service users with learning disabilities and communication difficulties: see <i>Part 3 - Improving the quality of our services</i>; • inviting patient and public involvement representatives to be part of interview panels when recruiting staff, and to be members of corporate meetings; • engaging with patients, the public and staff during consultations on annual planning and service redesign; • engaging with the Trust’s Council of Governors, which is composed of Governors representing the public, staff, users, carers, and other stakeholders, to ensure that their interests are appropriately represented; • engaging with Local Involvement Networks (LINks), composed of individuals such as carers, service users, community leaders, patient representatives, and groups such as charities, faith groups, tenant organisations and youth councils.
Preparing to respond in a state of emergency, such as an outbreak of a new pandemic	<p>CWP has a robust governance framework in place in relation to emergency preparedness and in support of meeting the requirements of the Civil Contingencies Act. This involves:</p> <ul style="list-style-type: none"> • having business continuity plans in place; • regular scenario training/ testing of our Major Incident Plan; • regular external auditing of our preparedness programme; • having a flu vaccination programme in place.

Patient related performance

Regulator	Target	Required Performance	Actual Performance
Monitor	Admissions to inpatient services had access to crisis resolution home treatment teams	90%	100%
Monitor	100% enhanced Care Programme Approach (CPA) patients receiving follow up contact within	95%	99.5%

Regulator	Target	Required Performance	Actual Performance
	seven days of discharge from hospital		
Monitor	CPA patients having formal review within 12 months	95%	95.3%
Monitor	Minimising delayed transfers of care	<=7.5%	0.91%
Monitor	Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT)	4	4
Monitor	Meeting commitment to serve new psychosis cases by early intervention teams	95%	126%
Monitor	Data completeness identifiers (MHMDS Part 1)	99%	99%
Monitor	Data completeness outcomes (MHMDS Part 2)	50%	43.19%
Monitor/ CQC	Moderate CQC concerns regarding the safety of healthcare provision	No concerns	No concerns
Monitor/ CQC	Major CQC concerns regarding the safety of healthcare provision	No concerns	No concerns
Monitor/ CQC	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	-	Compliant

Non patient related performance

Regulator	Target	Required Performance	Actual Performance
Monitor	Financial Risk Rating	4 in last two quarters	4 in quarter 4
CQC/ Connecting for Health	Information Governance Toolkit	Not nationally determined	85%
Monitor/ CQC	Failure to rectify a compliance or restrictive condition/s by the date set by the CQC within the condition/s or as subsequently amended with the CQC's agreement	Not applicable	Not applicable
Monitor/ CQC	Registration conditions imposed by Care Quality Commission	Not applicable	No conditions
Monitor/ CQC	Restrictive registration conditions imposed by Care Quality Commission	Not applicable	No conditions

Annex A:

Community Care Western Cheshire

Quality Accounts 2010/11

Part 1: Statement on Quality from the Chief Executive of the Foundation Trust

From 1 April 2011, Community Care Western Cheshire's services will be provided by Cheshire and Wirral Partnership NHS Foundation Trust. The Statement On Quality from the Chief Executive of Cheshire and Wirral Partnership NHS Foundation Trust includes a statement regarding Community Care Western Cheshire's services.

Part 2: Priorities for Improvement and Statements of Assurance from the Board

From 1 April 2011, Community Care Western Cheshire's services will be provided by Cheshire and Wirral Partnership NHS Foundation Trust. Part 2 of the main body of the Quality Accounts incorporates community services into the priorities for improvement for 2011/12, which is a requirement of Monitor.

Cheshire and Wirral Partnership NHS Foundation Trust is not required to report the following 'statements of assurance from the Board' in its Quality Accounts but has provided the equivalent information below in order to capture a review of the services provided by Community Care Western Cheshire during 2010/11.

Review of services

During 2010/11 Community Care Western Cheshire provided **35** NHS services.

Community Care Western Cheshire has reviewed all the data available to them on the quality of care in **all** of these NHS services.

The income generated by the NHS services reviewed in 2010/11 represents **100 per cent** of the total income generated from the provision of NHS services by Community Care Western Cheshire for 2010/11.

Participation in clinical audits

During 2010/11, **3** national clinical audits and **0** national confidential enquiries covered NHS services that Community Care Western Cheshire provides.

During that period, Community Care Western Cheshire participated in **67%** of national clinical audits which it was eligible to participate in.

The national clinical audits that Community Care Western Cheshire was eligible to participate in during 2010-11 are as follows:

1. National Continence Audit

2. National Falls and Bone Health

3. Parkinson's Audit 2010

The reports of **2** national clinical audits (1 and 2 above) were reviewed by Community Care Western Cheshire in 2010-11 and Community Care Western Cheshire intends to identify any actions where it needs to improve the quality of healthcare provided. Regarding the Parkinson's Audit, Community Care Western Cheshire will participate in the scheduled 2011 audit.

The national clinical audits that Community Care Western Cheshire participated in, and for which data collection was completed during 2010-11, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

National Continence Audit – 100%

National Falls and Bone Health – 100%

The reports of **6** local clinical audits were reviewed by the provider in 2010/11 and Community Care Western Cheshire intends to take the following actions to improve the quality of healthcare provided:

1. Health Records

CCWC aims to ensure high quality, accurate and reliable clinical health records that support high quality patient care.

Actions:

- Implementation of a more regular, monthly, review of health records specifically targeting the quality of the content of the record.
- Continue to ensure the process of the health records audit is embedded in all services and clear actions for improvement are identified in a timely manner. This includes identifying specific training needs of individuals, teams and services.
- Staff have been re-educated on the key requirements of the health records policy.
- Staff have been reminded that the content of the health record reflects quality of care.

2. Preferred Place of Care

This audit was included in the 2010/11 CQUIN scheme for CCWC. The goal of this CQUIN was to increase the number of patients who are offered an advanced care planning discussion and increase the number of people dying in their preferred place of care.

Actions:

- Continue to monitor that discussions regarding preferred place of care are recorded in patients records.
- Continue to monitor where patients have not died in their preferred place of care and the reasons for that.

3. Brief Interventions for Alcohol

This audit was included in the 2010/11 CQUIN scheme. The goal of the CQUIN was to integrate screening for harmful drinking and structured brief advice into services provided by Community Care Western Cheshire. The audit demonstrated that all service areas were compliant with the requirements of alcohol screening and brief interventions.

Actions:

- Continue to monitor brief intervention rates by service on a regular basis.
- Develop a service wide approach to ensuring maintenance of skills of brief interventions. This will be further developed through the CQUIN scheme for 2011/2012.

4. Infection Prevention Control Audit Programme

The Infection Prevention and Control Team (IPCT) clinical audit programme commenced in April 2010. The annual audit programme is agreed by the Infection Prevention and Control Sub-committee and by the Clinical Audit Team. Running in parallel to the annual audit plan is the monthly audit plan of the environment and hand hygiene audit which, as part of the assurance, is reported to the PCT commissioners and Strategic Health Authority via the submission of the monthly Health Care Associated Infection Framework. The IPCT audit programme covers a number of areas including MRSA screening, hand hygiene, urinary catheter management, high impact interventions, environment, waste management, kitchens, specimen handling and work stations across settings. Fully compliant environment scores have been consistently high. Areas of non-compliance are dealt with by the team while carrying out the audit where possible. Otherwise, Datix incidents reports are completed.

Actions:

- Encourage nurses involved in MRSA screening to be responsible for updating their knowledge base through on-going education;
- Review the time allocated for patient consultations;
- Continue to regularly monitor hand hygiene amongst clinical staff, although the majority of staff questioned were compliant with hand hygiene requirements.

5. Safeguarding Audit Programme

The Safeguarding Children Team has a service specific audit programme which is monitored by the Children's Governance Group including Safeguarding. The Safeguarding Children Team audit programme includes audits to ensure compliance with CQC registration requirements. This includes compliance with Section 11 (Children Act), clinical supervision and Common Assessment Framework (CAF) quality assurance.

Actions:

- Review the complaints procedure to ensure complaints information/ process is accessible to children and young people;
- Develop a process which actively engages children and young people;
- Develop service plans that reflect the wishes of children and young people;
- Work with partner organisations to develop the monitoring of outcomes with the local authority.
- Include 'significant events' section in school health records;
- Include initial and review child protection case conference minutes in child health records;
- Agree a consistent approach to filing for all school health advisors.

6. Compliance with Consent Policy

CCWC has audited staff compliance with the Consent Policy through specific review of clinical health records. This was a CCWC wide audit requirement for the Quality Schedule 2010/11.

CCWC has taken the following actions:

- Updated District Nursing documentation to ensure accurate recording of consent.
- Reviewed and updated training in relation to consent and will continuously monitor attendance.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Community Care Western Cheshire that were recruited during that period to participate in research approved by a research ethics committee was **47**.

Goals agreed with commissioners

A proportion of Community Care Western Cheshire's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between Community Care Western Cheshire and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010-11 and for the following 12 month period are available on request from the Trust's Clinical Governance Department:

<http://www.cwp.nhs.uk/1/Pages/contactus.aspx>

Community Care Western Cheshire received a payment of **£380,803** from the conditional income of **£388,635**.

Community Care Western Cheshire is required to register with the Care Quality Commission and its current registration status is **registered and licensed to provide services**. Community Care Western Cheshire has **no conditions** on its registration.

The Care Quality Commission has **not** taken enforcement action against Community Care Western Cheshire during 2010/11.

Community Care Western Cheshire has participated in **1** special review or investigation by the Care Quality Commission relating to the following areas during 2010/11 entitled **Safeguarding and Looked after Children Inspection**. This was a West Cheshire-wide review following an Ofsted report in which the Trust participated along with other NHS providers of care.

Community Care Western Cheshire intends to take the following action to address the conclusions or requirements reported by the CQC which related to Community Care Western Cheshire:

1. Training for Looked After Children to be delivered to Health Visitors and School Health Advisors who undertake assessments to specifically include the active involvement of children and young people in their assessments;
2. Rolling programme of Looked After Children training to be developed;
3. Nurse Specialists for Children In Care to work with Public Health, Health Promotion and Young People to devise a health pack for care leavers;
4. Audit tool to be devised in conjunction with all health partners in Chester West And Chester;
5. Commencement of quality assurance audit to be undertaken on review health assessments;
6. The health promotion session delivered to foster carers reflects the NICE guidance and the statutory guidance for promoting the health of Looked After Children;
7. Audit tool to be devised in conjunction with all health partners in Chester West and Chester;
8. Commencement of quality assurance audit to be undertaken on review health assessments;
9. Job description review for Children In Care Nurse to be amended to include responsibility for the quality assurance of review health assessments;

10. Rolling training programme to be developed for key staff to undertake review health assessments;
11. Health Visitors and School Health Advisors to clearly identify on their Children in Care caseloads who the responsible local authority is;
12. Children in Care cases to be included as part of safeguarding clinical supervision audit;
13. Nurse Specialist for Children in Care to develop review health assessment guidance and pathway (which will also include the out of area placements) in conjunction with Central and Eastern Cheshire PCT, NHS Western Cheshire and the local authority which also reflects the NICE guidelines;
14. Nurse Specialist for Children in Care to develop an escalation pathway when health assessments are being delayed which is agreed with Central and Eastern Cheshire, local authority and NHS Western Cheshire;
15. Explore a more integrated service for Looked After children in conjunction with NHS Western Cheshire and the local authority;
16. Health Visitors and school health advisors to offer written appointment when a review health assessment is due;
17. To work in partnership with social care to undertake a retrospective audit on referrals sent by health to social care;
18. SAFER tool (an aide memoir) to be cascaded to all Practitioners in Children and Adult services;
19. Nurse specialist for safeguarding children to shadow contact and referral team to enhance their understanding of how threshold levels from the Continuum of Need model are being applied;
20. Continuum of Need model to be embedded within the organisation by having this cascaded to all employees;
21. Continuum of Need model to be included in Safeguarding Children training Level 2;
22. Job descriptions for Health Visitors and School Health Advisors to be reviewed to ensure CAF is included within their clinical roles;
23. Single agency training workshops to be arranged for Health visitors, School Health Advisors and Primary Child and Adolescent Mental Health Workers which focuses on raising their confidence in undertaking CAF with children and Young people and their families;
24. Multi agency CAF training to be accessed by appropriate clinical staff;
25. Uptake of multiagency training for CAF to be reviewed;
26. CAF Champions to be identified in the following services: Health Visitors, School Health Advisors, Speech and Language Therapist, PCAMHS;
27. Identify Health Visitors and School Health Advisors who have not completed an initial CAF (having had multi-agency training) to inform the Children's Community Nurse Manager so targeted support can be given;

28. Community Care Western Cheshire continue to participate in the multi agency developments regarding CAF;

29. CAF to be embedded as part of the Health Visiting service redesign and School Health Service;

30. Safeguarding nurses to follow up with practitioners at safeguarding clinical supervision on cases where CAF has been advised by the Safeguarding team and/or by social care;

31. To develop an effective data system for recording training is in place to facilitate timely reporting as requested;

32. A report to be provided to NHS Western Cheshire regarding Looked After Children;

33. Records of Children who are Looked After Children to be audited as part of the Safeguarding Clinical Supervision audit programme;

34. Safeguarding Clinical Supervision audit to be amended to include an audit question to review if actions identified in health assessments are completed in timescale;

35. Health record audit to continue to ensure NMC guidance is met;

36. Young persons views to be included in plans - this is currently addressed in the LSCB Section 11 action plan for Community Care Western Cheshire;

37. All Health Visitors, School Health Advisors, Primary Child and Adolescent Mental Health Practitioners and Primary Mental Health Advisors to be issued with guidance stressing this aspect of child protection procedures and advised to document in records when reports are discussed and shared;

38. Safeguarding children Level 2 training to include guidance of sharing reports with parents and young people;

39. Nurse Specialists to be given guidance to document in safeguarding clinical supervision when conference reports are shared with parents and young people;

40. The Safeguarding Clinical Supervision audit tool will be amended to audit sharing of reports with parents and young people;

41. Multi-agency standards to be cascaded to all practitioners;

42. Multi-agency standards to be included as part of Safeguarding Children Training at level 2;

43. Attendance of core groups audited using the Safeguarding Clinical Supervision tool;

44. Health Visitors and School Health Advisors to attend 2-day LSCB multi agency core group training as a priority group, followed by other key staff groups;

Community Care Western Cheshire made the following progress by 31 March 2011 in taking such action:

- Looked After Children and young people being involved in their health assessments and planning of care as an area for development;

- Improving health support offered to care leavers;
- Monitoring of the quality of health assessments for Looked After Children;
- Job description of Children in Care Nurse has been reviewed to ensure that responsibility for the quality of review health assessments is explicit;
- A retrospective audit completed ensuring referrals to social care are appropriate;
- An aide memoire (SAFER tool) and the continuum of need model has been cascaded to all children and adult practitioners;
- A review, revision and implementation of the Common Assessment Framework;
- Monitoring of training;
- Looked After Children records and clinical supervision - the clinical supervision audit tool has been amended to include audit of completion of health assessments within timescales;
- All child health practitioners have been issued with Local Safeguarding Children Board guidance and standards relating to sharing information with parents/carers and children.

Data Quality

NHS Number and General Medical Practice Code Validity

Community Care Western Cheshire did not submit records during 2010/11 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Toolkit attainment levels

Community Care Western Cheshire's Information Governance Assessment Report score overall score for 2010/11 was **85%** and was graded **green**.

Clinical coding error rate

Community Care Western Cheshire was not subject to the Payment by Results clinical coding audit during 2010/11 by the Audit Commission.

Statement on relevance of data quality and our actions to improve data quality

Good quality information underpins the effective delivery of service user care and is essential if improvements in quality of care are to be made.

Community Care Western Cheshire will be taking the following actions to improve data quality:

- Where feasible all essential data items (e.g. NHS number, ethnic origin, diagnosis) will be made mandatory fields on electronic information systems, which will improve data collection and reporting.
- In addition these systems will, where possible, only allow dates to be entered sequentially (e.g. discharge date must be after referral date).
- Conduct a series of data quality audits and checks to improve the capture and accuracy of data and completeness of local datasets.
- Improving existing electronic information systems to capture essential data on patients and service users such a recording anxiety and depressions scores for new mothers.
- Develop new bespoke electronic information systems for some services that currently use a mixture of paper records and local systems to record data. This will enable data entry at one source and consistent data quality checks and audits to be undertaken.

Part 3: Other Information

Our Quality Performance 2010/11

CCWC is committed to the delivery of high quality services and has been able to demonstrate significant improvements made to the safety, effectiveness and patient experience of clinical care during 2010/11.

Infection Control Service – Improving Patient Safety

CCWC has made improvements to patient safety over 2010/11 and an example of this is within infection, prevention and control. The CCWC Infection Prevention and Control Team commenced enhanced surveillance and monitoring of Extended-Spectrum Beta-Lactamases (ESBL) across the health economy. This has involved General Practitioners being sent a general fax highlighting the presence of an ESBL producer within the specimen they had sent for microbiological analysis. Advice is then given by the Community Infection Prevention and Control Team regarding prescribing of appropriate antibiotics and signposting to the microbiologist if appropriate.

Community Matron Service – improving effectiveness and patient experience

CCWC has been working to improve the effectiveness of services. The Community Matron service has been working across the health economy in collaboration with commissioners to mitigate against inappropriate admissions to hospital. A pilot has been undertaken during weekends by Community Matrons to explore strategies to prevent admissions and to facilitate working towards the 'Virtual Ward' model in the future.

A pilot has also been undertaken working with local Care Homes to avoid unnecessary ambulance and Emergency Department attendances. Early feedback has indicated that there already appears to be a significant impact to avoid admissions to secondary care. It is hoped that should this service be rolled out, then this pilot will extend to include more Care Homes subject to negotiation of further Community Matron hours to facilitate the additional workload.

Improved Data Collection Systems - improving effectiveness

Since November 2009, a number of Community Care Western Cheshire services have moved from reporting their activity on paper to using the Oracle Community Care system, which has been built for Community Care Western Cheshire by the Cheshire ICT Service.

Starting with the Community Matrons, and now including services such as District Nursing, Macmillan Nursing, Specialist Nurses, Continence, Crisis and Reablement, Speech and Language Therapy and, shortly, Health Visiting, the system is being used by over half of the community healthcare staff in Western Cheshire. As a result of this system being in place, Community Care Western Cheshire is able to provide clear, accurate and timely evidence of the activity carried out by services, and can report reliably against all the key performance indicators that measure the quality of the services provided. The quality of the data on the system is monitored on an ongoing basis by the Business and Performance Team, and has been continuously improving through the hard work of the staff who use it on a daily basis.

End of Life Care – improving patient experience

A post for an End of Life Facilitator was established to support the CQUIN scheme to increase the number of patients who are offered an advanced care planning discussion and increase the number of people dying in their preferred place of care.

Through engagement and work with Hospice education, Skills for Health, the District Nursing service, Community Matrons, Macmillan teams and the Crisis Re-enablement team, terminally ill patients have been able to gain some control over choices regarding their preferred place of care.

We are able to demonstrate measurable improvements in the documentation of those advance care planning conversations and communication of terminally ill patients' wishes, to key members of the Primary Health Care team. This supports the reduction of inappropriate admissions to hospital.

Crisis and Re-ablement Team – improving effectiveness and patient experience

This work has been a collaboration between Community Care Western Cheshire and Cheshire West and Chester Local Authority. In November 2010, the Home Support Team (Community Care Western Cheshire) and the Re-ablement Team (Cheshire West and Chester) integrated and became known as the Crisis and Re-ablement Team.

The remit of the Home Support Team was to provide a service within the local health economy for clients identified at risk of unnecessary admission to hospital offering a combination of District Nurse support and an enabling package of care. The District Nurse, Home Support Team Nurse Co-ordinator (if assessment originates in Accident and Emergency) or a Home Support Team Therapist case manages the client through their "crisis" to ensure delivery of a holistic and therapeutic programme.

Acquired Brain Injury (ABI) Service – improved effectiveness and patient experience

Cognitive Behavioural Therapy (CBT) is a well-researched, much used therapeutic model for working with many forms of psychological problems (including anxiety, depression, and phobias) and now features in guidance from the National Institute for Health and Clinical Excellence (NICE). Whilst the approach has been utilised with complex presentations, it has not until now been trialled with brain injury populations. CCBT is a computerised version of CBT.

The CCBT course was set up as a 'virtual' group, whereby the members would not actually meet, but would access the course for one hour at a set time each week, in their own home. Each person was called after every session to gain feedback, and provide advice as necessary.

All of the participants reported the CBT website to be very useable, with particular reference to the ease with which it could be navigated. They all made observable quantitative and qualitative gains, as captured in this feedback: *"I feel more re-assured because I understand things better. I can self-analyse and have got better at not under-estimating what happens if I do too much. All I can do is my best, feel cheerful, and do what makes me feel positive."*

CCBT is now regularly utilised in the ABI Service as an adjunct to direct therapy. It can help to reduce the amount of direct time needed with a therapist, and can be of great support between therapy sessions.

Annex B: Glossary

Accreditation for Inpatient Mental Health Services – AIMS

AIMS is a standards based accreditation programme designed to improve the quality of care in inpatient mental health wards.

Advancing Quality

Advancing Quality is a programme introduced by NHS North West in order to drive up quality improvement **across** the North West region by the collecting and submission of information in relation to the quality of services provide for service users with specific conditions. It allows comparison of participating Trusts' performance with their partner Trusts to incentivise continuous improvement.

Board

A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non executive Chairman, non executive directors, the Chief Executive and other Executive Directors. The Chairman and non executive directors are in the majority on the Board.

Care bundles

A care bundle is a collective set of interventions, performed in a structured way as part of a care pathway, which are effective in improving outcomes for service users.

Care pathways

A pre-determined plan of care for patients with a specific condition.

Care plan

Written agreements setting out how care will be provided within the resources available for people with complex needs.

Care Programme Approach

The process mental health service providers use to co-ordinate care for mental health patients.

Care Quality Commission

The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

Carer

Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

Clinical audit

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Clinical governance

The system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

Commissioners

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary Care Trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental health care) for the whole of their population, with a view to improving their population's health.

Commissioning Data Set

The basic structure used for the submission of commissioning data to the Secondary Uses Service.

Commissioning for Quality and Innovation

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Community services

Health services provided in the community, for example health visiting, school nursing and podiatry (footcare).

CORE-OM

CORE-OM is the Clinical Outcomes in Routine Evaluation Outcome Measure which is a service user's self-report questionnaire designed to be administered before and after care and/or treatment.

Department of Health

The Department of Health is a department of the UK Government but with responsibility for Government policy for England alone on health, social care and the NHS.

Foundation Trust

A type of NHS Trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have members drawn from patients, the public and staff, and are governed by a Board of Governors comprising people elected from and by the membership base.

GP consortia

See Primary Care Trust.

Health Act

An Act of Parliament is a law, enforced in all areas of the UK where it is applicable. The Health Act 2009 received Royal Assent on 12 November 2009.

Health care

Health care includes all forms of health care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

Health of the Nation Outcome Score – HoNOS/ HoNOSCA

Health of the Nation Outcome Score (HoNOS) is an outcome measure developed by the Royal College of Psychiatrists to measure health and social outcomes in mental health services. HoNOSCA is HoNOS for Children and Adolescents.

Healthcare Quality Improvement Partnership

The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in

England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

Hospital Episode Statistics

Hospital Episode Statistics is the national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere.

Information Governance Toolkit

The Information Governance Toolkit is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements.

Local Safeguarding Children Board - LCSB

Local Safeguarding Children Boards are the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children, and for ensuring the effectiveness of what they do.

Local Involvement Networks

Local Involvement Networks (LINKs) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINKs also have powers to help with the tasks and to make sure changes happen.

Mental health and learning disability Trusts

Mental health and learning disability Trusts provide health and social care services for people with mental health problems and a range of health care and social support services for people who have learning disabilities and other long-term complex care needs.

Mental Health Minimum Data Set

The Mental Health Minimum Data Set is a database maintained by providers of mental health care containing a wide range of information on patients, details of the care they are receiving or have received and some of the outcomes of care.

Monitor

The independent regulator responsible for authorising, monitoring and regulating NHS Foundation Trusts.

National Institute for Health and Clinical Excellence

The National Institute for Health and Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

National Patient Safety Agency

The National Patient Safety Agency (NPSA) is an arm's-length body of the Department of Health, responsible for promoting patient safety wherever the NHS provides care.

National patient surveys

The National Patient Survey Programme, co-ordinated by the Care Quality Commission, gathers feedback from patients on different aspects of their experience of recently received care, across a variety of services/ settings.

National Reporting and Learning Service

The National Reporting and Learning Service (NRLS) manages the national safety reporting system. It receives confidential reports of patient safety incidents from health care staff across England and Wales.

National Research Ethics Service

The National Research Ethics Service (NRES) is part of the National Patient Safety Agency. It provides a robust ethical review of clinical trials to protect the safety, dignity and well-being of research participants as well as to ensure through the delivery of a professional service that it is also able to promote and facilitate ethical research within the NHS.

NHS Litigation Authority - NHSLA

The NHSLA handles negligence claims and works to improve risk management practices in the NHS.

NMC

The Nursing and Midwifery Council (NMC) safeguards the health and well-being of the public by regulating registered nurses and midwives for England, Wales, Scotland, Northern Ireland and the Islands.

Overview and scrutiny committees

Since January 2003, every local authority with responsibilities for social services has had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into health care decisions and make the NHS more publicly accountable and responsive to local communities.

Ofsted

Ofsted is the Office for Standards in Education, Children's Services and Skills. It regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages.

Patient Reported Outcome Measures

Patient Reported Outcome Measures (PROMs) are measures of a patient's health status or health-related quality of life. They are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time.

Patient Advice and Liaison Services

Patient Advice and Liaison Services (PALS) are services that provide information, advice and support to help patients, families and their carers.

Payment by Results

A national initiative introduced by the Department of Health requiring all PCTs to pay providers of NHS health care for treatment at prices (tariffs) which are consistent across the country.

Primary Care Trust

A Primary Care Trust is an NHS organisation responsible for improving the health of local people, developing services provided by local GPs and their teams (called primary care) and making sure that other appropriate health services are in place to meet local people's needs. These will be replaced by GP consortia from 2012/13 although some consortia are already in shadow format.

Providers

Providers are the organisations that provide NHS services, for example NHS Trusts and their private or voluntary sector equivalents.

Public health

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

Quality and Outcomes Framework

The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results.

Quality and Risk Profile

A Quality and Risk Profile (QRP) is a tool for providers of NHS care, commissioners and CQC staff in monitoring compliance with the CQC's sixteen essential standards of quality and safety. It draws in data from a number of sources which the CQC analyses to identify areas of potential non-compliance within a provider by producing a set of 'risk estimates' of non-compliance, one for each of the essential standards.

Registration

From April 2009, every NHS Trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).

Regulations

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

Research

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

Secondary Uses Service

The Secondary Uses Service (SUS) is designed to provide anonymous patient-based data for purposes other than direct clinical care such as health care planning, commissioning, public health, clinical audit and governance, benchmarking, performance improvement, medical research and national policy development.

Serious untoward incident

A serious untoward incident (SUI) includes unexpected or avoidable death or very serious or permanent harm to one or more patients, staff, visitors or members of the public.

Service users

Anyone who uses, requests, applies for or benefits from health or local authority services.

Special review

A special review is a review carried out by the Care Quality Commission (CQC). Special reviews and studies are projects that look at themes in health and social care. They focus on services, pathways of care or groups of people. A review will usually result in assessments by the CQC of local health and social care organisations. A study will usually result in national level findings based on the CQC's research.

Stakeholders

In relation to CWP, all people who have an interest in the services provided by CWP.

Tariff

See Payment by Results.

White Paper

Documents produced by the Government that set out details of future policy on a particular subject.

Annex C:

Comments on CWP Quality Accounts 2010/11

CWP has included contributions internally from its staff, senior clinicians and managers, patient and public involvement representatives and the Council of Governors in developing these Quality Accounts. Externally, we have received comments and contributions from our Primary Care Trust (PCT) commissioners, Local Involvement Networks (LINKs), and the Overview and Scrutiny Committee (OSC), which is key to the Quality Accounts assurance process. Their contribution assures the public that the information presented in our Quality Accounts is accurate and fairly interpreted, and that the range of services described and priorities for improvement is representative. Through our quarterly Quality Report, we have engaged with our PCTs, LINKs and the OSC throughout the year to assist them in developing a better informed comment, and to regularly discuss health care matters with us and their stakeholders including service users.

Comment by CWP's commissioners

Statement from Commissioners

We are committed to commissioning high quality services from our providers and take very seriously our responsibility to ensure that patients' needs are met by the provision of safe high quality services and that the views and expectations of patients and the public are listened to and acted upon.

We are impressed with the breadth of evidence included by the Trust in this Quality Account that demonstrates the impact of quality improvements introduced in 2010/11 across the 3 domains of quality. We would particularly highlight as good practice the move from 2 'ward audits' per year to monthly audits of all In-Patient wards incorporating repeat Serious Untoward Incident themes as this should reduce the variation in quality standards across the Trust. It is also very positive that patient reported outcome measures are being incorporated into care bundles to complement clinical outcomes and that the Trust has an evident focus on capturing patient and carer stories to provide qualitative evidence of improvement.

We are pleased to see that the Trust achieved its target reduction for falls in 2010/11.

The results of national and local patient surveys are good and the local carer survey is a welcome initiative. The Learning from Experience report is to be commended and has been used to stimulate challenging discussions with clinicians in Quality Review meetings.

We are reassured by the Trust Board continuing to review service risks against recommendations made by the Francis Report into Mid Staffordshire Hospital Trust and the West London Mental Health Trust Independent Inquiry. We are pleased that Board members are undertaking 'Patient Safety Walk Rounds' and that senior commissioning staff are now being invited to participate in these 'Walk Rounds'.

We would like to see reference to 'Six Lives' in the Quality Account to demonstrate Board level commitment to this important national policy for Learning Disability clients.

The Trust has performed well against the quality metrics contained in the contract in 2010/11. We have worked collaboratively with the Trust to develop local CQUIN schemes which provide a level of 'stretch' in areas where there are clear benefits for patients and carers in making additional investment. We are pleased that the Trust achieved all the CQUIN goals for 2010/11 and secured the full incentive payment. The progress made in securing real-time patient feedback through the

introduction of video diary booths has been impressive. It is very reassuring to commissioners that the Board has approved the reinvestment of CQUIN monies into clinical services for future quality improvement initiatives. We look forward to assessing the impact of the 2011/12 CQUIN goals over the coming year.

We are reassured to see from this Quality Account the high profile given to continuous quality improvement in Cheshire and Wirral Partnership Trust. We look forward to continuing to work in partnership with Cheshire and Wirral Partnership Trust to assure the quality of services commissioned in 2011/12.

Kathy Doran
Chief Executive
Cheshire, Warrington and Wirral

Comment by Cheshire East LINK

Quality Accounts Cheshire and Wirral Partnership NHS Foundation Trust

Thank you for the opportunity to comment on this document. The presentation of the Accounts at Cheshire East LINK's April Committee Meeting by Ursula Martin, Associate Director of Compliance, Quality and Assurance was most helpful to the LINK.

Cheshire East LINK understands the mandatory structure of the document and that it is both reflective and looking to the future. However for the general public, as for us, this can be most confusing. The "boxing" of the mandatory element in this year's accounts is helpful.

We note and approve the Trust's alignment with the six objectives set out in the February 2011 strategic document, "No health without Mental Health".

We note and approve the breakdown of quality into:

Patient safety, Clinical effectiveness and Patient experience and the simple explanations of these objectives is clear and easily understood.

We also are pleased to note the Trust's assurance that the quality priorities under these headings for the last year have all been achieved.

Patient safety

We note and approve the increase from two ward audits a year to monthly audits, with Ward Managers auditing compliance with safety standards each month together with a "Buddy" to provide peer review of standards.

We note the development of "care bundles" for specific conditions and that this forms part of the CQUIN goals agreed with the Trust's Commissioners.

Patient experience

The LINK is pleased to note the importance the Trust places upon the experiences and views of its patients and their carers. The intent of regular updating of captured feedback by inclusion in the Trust's Quarterly Quality report is welcomed. Whilst we note last year's video booth initiative, which we understand was not successful in all areas of the Trust, we feel that "talking "with patients by someone known and trusted will be more successful.

We also note that the Trust undertook a Trust wide carer's survey in January of this year. Information gathered from this exercise we note is intended to identify areas for improvement in enhancing support for carers in the roll out of the "Triangle of Care" programme. The LINK was privileged to have a presentation on this subject at one of its Committee meetings.

Cheshire East Link notes the clinical audits and confidential enquiries in which the Trust has participated and the Quality and Innovation (CQUIN) goals agreed with the trust's Commissioners.

Care Quality Commission

East Cheshire LINK is pleased to note that the Trust is registered to provide services by the Care Quality Commission with no conditions on its registration and that the CQC has taken no enforcement action against the Trust during 2010 – 2011.

We note that the CQC monitors the Trust's compliance with the essential standards of care by producing a monthly Quality and Risk profile for the Trust. We are pleased to note that the profile for March 2011 shows the CQC's assessment of risk relating to the essential standards to be low or neutral. We are also pleased to note the importance the Trust places upon this profile by its inclusion in the monthly Corporate Performance Report to the Board.

We note that the Trust participated in one special review regarding Safeguarding and Looked after Children. We note this was a West Cheshire wide review and note the actions proposed to address any conclusions or requirements reported by the CQC as regards the Trust.

Cheshire East Link notes the annual statement of 2009, subsequent to the Care Quality Commission's visiting and talking with patients detained under the Mental Health Act of 1983, when it highlighted the need for staff to improve practice in the area of consent to treatment. We note the consequent actions in respect of this.

Care Quality Commission national survey of NHS staff

We note the response rate for the trust to be 55% as compared to 54% nationally for other mental health Trusts. We note the report shows general improvement on previous years including:

- Rising levels of job satisfaction among Trust staff
- More staff would recommend the Partnership as a place in which to work or receive treatment
- 89% of staff feel that their role makes a difference to patients lives.

However the LINK is aware, as it is sure is also the Trust, that this does not reflect the feelings of staff in the East, perhaps not surprisingly, in the early days after the amalgamation of inpatient services on one site.

Same Sex Accommodation

Cheshire East Link commends the Trust's compliance with the provision of Same Sex Accommodation.

We commend the inclusion of a glossary in Annex B. This is both useful and necessary to the understanding of the public.

Again our appreciation of the opportunity to comment upon this Quality Account.

Cheshire East LINK

Comment by Wirral LINK

Within the constraints of varying levels of funding and priorities from three main geographical commissioners, CWP delivers generally above average levels of service. Commendable examples of achievement are that the Kent House and Eastway learning disability units were 2 of only 7 units in the UK to be awarded the Accreditation of Inpatient Mental Health Services for Learning Disabilities (AIMS-LD) by the Royal College of Psychiatrists' Centre for Quality Improvement, also that the psychiatric teams in Chester and the Wirral were the first teams in the country to demonstrate

achievement of quality standards to the Royal College of Psychiatrists' Psychiatric Liaison Accreditation Network (PLAN) and "accredited as excellent services".

Comment by Cheshire West and Chester LINK

Quality Accounts Cheshire and Wirral Partnership NHS Foundation Trust

Thank you for the opportunity to comment on this document. The presentation of the Accounts at Cheshire West and Chester Link's April Committee Meeting by Dr. Sivananthan on the Quality and Assurance was most helpful to the LINK.

CWAC LINK understands the need for the document to have a particular structure but would like to see further work considered to make it more user friendly in terms of readability and interest the separated mandatory element has been noted.

We note and approve the breakdown of quality into Patient safety, Clinical effectiveness and Patient experience and the simple explanations of these objectives are clear and easily understood. We note the Trust's assurance that the quality priorities under these headings for the last year have all been achieved and congratulate the Trust on this achievement.

We note the development of "care bundles" for specific conditions and that this forms part of the CQUIN goals agreed with the Trust's Commissioners.

Cheshire West and Chester Link welcomes the importance the Trust places upon the experiences and views of its patients and their carers. **The intent of regular updating of captured feedback by inclusion in the Trust's Quarterly Quality report is welcomed.** Whilst we note last year's video booth initiative, which we understand was not successful in all areas of the Trust, we feel that "talking with patients by someone known and trusted will be more successful.

We are pleased to see that the Trust undertook a Trust wide carer's survey in January of this year. Information gathered from this exercise we note is intended to identify areas for improvement in enhancing support for carers in the roll out of the "Triangle of Care" programme. CWAC LINK are currently studying respite opportunities for carers across the area.

Our Committee notes the clinical audits and confidential enquiries in which the Trust has participated and the Quality and Innovation (CQUIN) goals agreed with the trust's Commissioners.

We note that the CQC monitors the Trust's compliance with the essential standards of care by producing a monthly Quality and Risk profile for the Trust. We are pleased to note that the profile for March 2011 shows the CQC's assessment of risk relating to the essential standards to be low or neutral. We are also pleased to note the importance the Trust places upon this profile by its inclusion in the monthly Corporate Performance Report to the Board.

We note that the Trust participated in one special review regarding Safeguarding and Looked after Children. We note this was a West Cheshire wide review and note the actions proposed to address any conclusions or requirements reported by the CQC as regards the Trust.

Cheshire West and Chester LINK notes the annual statement of 2009, subsequent to the Care Quality Commission's visiting and talking with patients detained under the Mental Health Act of 1983, when it highlighted the need for staff to improve practice in the area of consent to treatment. We note the consequent actions in respect of this.

Cheshire West and Chester LINK commend the Trust's compliance with the provision of Same Sex Accommodation.

We commend the inclusion of a glossary in Annex B. This is both useful and necessary to the understanding of the public.

Again our appreciation of the opportunity to comment upon this Quality Account.

Cheshire West and Chester LINK
May 2011

Comment by Overview and Scrutiny Committee

The draft Quality Accounts for 2010/11 had been briefly considered at the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee on 4 April when it had been agreed as follows:

RESOLVED:

- (a) That Members submit comments on the Quality Accounts 2010/2011 to Democratic Services, Cheshire East Council; and
- (b) That Councillors Flude, Bridson and Lott meet to review the comments submitted, the meeting to be supported by appropriate CWP Officers; and
- (c) That the report be re-submitted to the Joint Committee at the first available meeting after 30 June 2011.

Councillors Flude, Bridson and Lott met on 27 April to discuss the Quality Account and

RESOLVED: That

- 1) the draft Quality Account for 2010/11 be received, and the information provided on the quality of care and services be welcomed;
- 2) the Trust's priorities for improvement for 2011/12 be endorsed;
- 3) attention be drawn to the following issues:
 - Patient Safety – the system now introduced of each ward having a “buddy” to undertake monthly critical reviews of the standards of care on another ward be welcomed, the Quality Account should specify the number of wards on which this system will operate and a progress report be submitted to the Joint Committee in approximately six months time;
 - Clinical Effectiveness – explain what is meant by “care bundle” here as well as in the glossary; highlight that the Scrutiny Committee is aware that CWP has now taken over responsibility for providing a number of community services – Community Care Western Cheshire – and notes and supports the information in Annex A that specifically relates to this part of the service; the Joint Committee requests a report in approximately twelve months time on how well the service is integrated into the work of CWP, and its performance;
 - Patient experience – the plan to capture patient and carer stories is welcomed and the Committee requests that particular efforts are made to hear the experiences of patients and carers who have been affected by the ward move from Leighton to the Millbrook Unit, Macclesfield;
 - Local CWP patient surveys – it was noted that the eighth annual survey response rate was 55% of CWP staff but this should also be included as a number as well as a percentage return rate; the recruitment of a Carers Lead is supported and welcomed; the Committee has also been informed of the Volunteer Scheme which enables service users to gain experience by

undertaking voluntary work with CWP and requests a report on both this, the appointment of a Carers Lead and the guide entitled “Triangle of Care”, to be submitted to a future meeting in approximately twelve months time;

- National Clinical Audits and National Confidential Enquiries – the Committee is pleased to see 100% compliance with these audits and enquiries;
- Falls and bone health – the Committee notes that there may be additional complexities caused because physiotherapists and occupational therapists may be either directly employed by CWP or by the Acute Trusts; the Committee notes that the National Patient Safety Alert requires staff to be trained on head injuries and this is welcomed but the cost implications are noted; the sourcing access to walking aids for patients within 24 hours of admission when required has been achieved by an investment in additional equipment and this is welcomed; the Admissions Checklist whereby a full check of all a patient’s possessions is made is supported and it is hoped this will contribute to falls reductions along with the use of the Falls Risk Assessment Tool;
- Infection Prevention and Dementia – the use of Infection Control Nurses was supported; the use of integrated teams across CWP and the Local Authorities for dementia care was supported and the Committee is pleased to hear of the Home Treatment Team for dementia care in West Cheshire – a report on the work of this Team is requested for a future meeting;
- Goals agreed with commissioners – the Committee congratulates CWP on achieving all its quality improvement and innovation goals set with various commissioners which has resulted in income of £1,246,093, the Committee welcomes the news that this income has all been spent on front line services;
- Safeguarding – the role of CWP in providing support and guidance regarding safeguarding via induction and mandatory training and via service line safeguarding groups is supported and a report requested on this matter to a future meeting;
- Care Quality Commission – the Committee welcomes that the CQC has judged the essential standards of quality and safety as low or neutral risk with no high or significant risks identified and is pleased to hear that a meeting is to be held with the CQC to address issues of requiring out of date information in some instances; the Committee recognises the amount of work required to provide information to all agencies that require it; the Committee has heard that Body Mass Index is recorded on admission and then weekly as an inpatient and welcomes this as it recognises that some drug treatments can cause weight gain;
- Suicide Prevention Strategy – the Committee is pleased to be informed that all commissioners have now completed a Suicide Strategy which means that CWP can refresh its Suicide Prevention Strategy; the Committee welcomes the opportunity to consider the Strategy at a future meeting.

Annex D:

Amendments to CWP Quality Accounts 2010/11 following return of Annex C comments

Following return of the comments in Annex C, the following amendments were made to CWP's Quality Accounts:

Inclusion of a reference to 'Six Lives' in the Quality Account to demonstrate Board level commitment to this important national policy for Learning Disability clients, within *Part 3: Other information, Improving the quality of our services, Learning Disability Services*, as per the request from CWP's commissioners:

Learning Disability Services has worked with Adult Mental Health Services via the Interface Clinical Network to ensure that actions and recommendations from the Greenlight Toolkit and the Six Lives document are implemented. This has promoted better services for those individuals who have a dual diagnosis of learning disability and mental health.

Inclusion of additional information to specify the number of wards on which the system relating to the patient safety priority for 2011/12 will operate, within *Part 2: Priorities for Improvement and Statements of Assurance from the Board, Patient safety priority for 2011/12*, as per the request from the Overview and Scrutiny Committee (changes in bold italics):

Undertake an ongoing check of patient safety issues common to all 22 inpatient wards across adult mental health, learning disability assessment and treatment units, and Tier 4 CAMHS, for example care planning, falls assessment and prevention, and the safe administration of medication, in order to regularly monitor performance in these areas and to achieve high quality outcomes for our service users.

Inclusion of an explanation of what is meant by "care bundle", within *Part 2: Priorities for Improvement and Statements of Assurance from the Board, Clinical effectiveness priority for 2011/12* as well as in the glossary, as per the request from the Overview and Scrutiny Committee (changes in bold italics):

Enhance priority care pathways across the Trust by including structured sets of interventions known as 'care bundles'. A care bundle is a collective set of interventions, performed in a structured way as part of a care pathway, which are effective in improving outcomes for service users. These care bundles will incorporate clinical outcomes and feedback from patients on whether their health and well-being has improved following treatment, i.e. patient reported outcome measures.

Inclusion of a statement, within *Part 2: Priorities for Improvement and Statements of Assurance from the Board, Clinical effectiveness priority for 2011/12*, to highlight that the Overview and Scrutiny Committee is aware that CWP has now taken over responsibility for providing a number of community services – Community Care Western Cheshire, as per the request from the Overview and Scrutiny Committee:

As previously outlined, from 1 April 2011, CWP will provide community services in Western Cheshire, including services such as GP out of hours, district nursing, health visiting, and musculoskeletal services. Regular reports on the transaction to provide these services have been presented to partner organisations, e.g. commissioners and the Overview and Scrutiny Committee, prior to April 2011.

Inclusion of a statement, within *Part 2: Priorities for Improvement and Statements of Assurance from the Board, Patient experience priority for 2011/12*, to set out particular efforts to hear the experiences of patients and carers who have been affected by the ward move from Leighton to the Millbrook Unit, Macclesfield, as per the request from the Overview and Scrutiny Committee:

A request has been made by the Overview and Scrutiny Committee that the Trust ensures that those patients and carers who have been affected by the relocation of inpatient services from the Leighton Hospital to the Millbrook Unit, Macclesfield, are targeted as part of this work.

Inclusion of additional information to specify the number as well as percentage return rate of the eighth annual staff survey, within *Part 2: Priorities for Improvement and Statements of Assurance from the Board, A review of our services, Reviewing the results of the national staff survey*, as per the request from the Overview and Scrutiny Committee (changes in bold italics): *Our response rate for this eighth annual survey was 55% (which equates to a return of 430 from an eligible sample of 782), compared with 54% nationally for other mental health Trusts, and 55% nationally for all NHS Trusts.*

Annex E:

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

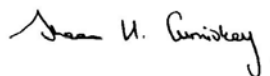
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2010 to June 2011
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - Feedback from the commissioners dated 03/05/2011
 - Feedback from Governors dated 14/09/2010
 - Feedback from LINks dated 04/05/2011 and 06/05/2011
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28/04/2011 and 25/05/2011
 - The 2010 national patient survey 14/09/2010
 - The 2010 national staff survey 16/03/2011
 - The Head of Internal Audit's annual opinion over the trust's control environment dated 04/05/2011 CQC quality and risk profiles dated 23/09/2010, 21/10/2010, 18/11/2010, 16/12/2010, 17/02/2011, and 17/03/2011.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report. By order of the Board at the meeting held on 1st June 2011.



Date: 1st June 2011, Chair of the meeting



Date: 1st June 2011, Chief Executive

Annex F:

Independent Auditor's Report to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust ("the Trust") to perform an independent assurance engagement in respect of the content of Cheshire and Wirral Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the "Quality Report").

Scope and subject matter

We read the Quality Report and considered whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

Respective responsibilities of the directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual 2010/11* issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that the content of the Quality Report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual* or is inconsistent with the documents.

We read the other information contained in the Quality Report and considered whether it is inconsistent with:

- Board minutes for the period April 2010 to June 2011;
- Papers relating to quality reported to the Board over the period April 2010 to June 2011;
- Feedback from the commissioners dated 03/05/2011;
- Feedback from governors dated 14/09/2011;
- Feedback from LINKS dated 04/05/2011 & 06/05/2011;
- The Trust's complaints reports published under regulation 18 of the Local Authority Social Services and NHS Compliance Regulations 2009, (Contained within quarterly Learning from Experience reports dated 20/09/10, 12/11/2010, 8/03/2011, 17/05/2011);
- The 2010 CQC national patient survey;
- The 2010 CQC national staff survey;
- The Head of Internal Audit's annual opinion over the Trust's controls environment dated 04/05/2011; and
- CQC quality and risk profiles dated March 2011.

We considered the implications for our report if we became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting Cheshire and Wirral Partnership NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Cheshire and Wirral Partnership NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the *NHS Foundation Trust Annual Reporting Manual* to the categories reported in the Quality Report; and
- Reading the documents.

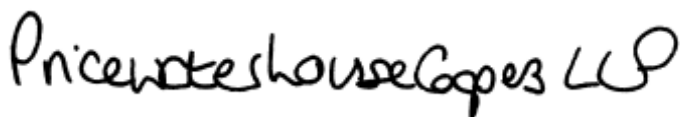
A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual*.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the *NHS Foundation Trust Annual Reporting Manual*.



PricewaterhouseCoopers LLP
Chartered Accountants
Manchester

6 June 2011

Directors' report

Background information

Cheshire and Wirral Partnership has been a NHS foundation trust since July 2007. Prior to that it had been an NHS Trust since 2002. The foundation trust currently serves a population of approximately 1 million people across its traditional area of Cheshire and Wirral although it does provide services on a regional footprint in some cases. Its principal activities have always been to provide primary and specialist mental health, learning disabilities, child and adolescent mental health, and drug and alcohol services - as well as a range of specialist services such as eating disorders services and occupational health. As in previous years, over 91% of the NHS foundation trust's income comes from contracts with the following NHS bodies, Central and Eastern Cheshire PCT, Western Cheshire PCT, Wirral PCT and NW Specialist Commissioners together with Cheshire East Unitary Authority, Cheshire West and Chester Council and Wirral Council.

In August 2010 the Trust Board was approached by Western Cheshire PCT to take managerial responsibility for community services in Western Cheshire under the Transforming Community Services initiative from April 1st 2011. This was a material transaction for the Trust and as such a robust project management structure and process was put in place which ensured that the transaction was completed within the required timescale. Communication and engagement activities supported the staff transferring and ensured all stakeholders were kept informed. The integration of these new services into CWP is a key priority for 2011/2012 to enable the benefits of the transfer to be realised over the next few years.

The directors are also pleased to provide the reader with a fair review of the foundation trust's principal activities during the financial year. In its third full year as a foundation trust, CWP has sought to build further on the benefits this status brings to improve the quality of health care provided. We recognise that there are always many things we could do, so it is important that we remain focussed on the things we said we would deliver in our annual plan and report to you on what we delivered and where we might have either gone beyond this, or where circumstances have prevented us achieving what we set out to do.

Business review (management commentary / operating and financial review)

Key improvements

There have been a number of significant projects completed during 2010/2011, most notably the consolidation of two adult mental health inpatient units onto a single site in the Millbrook unit in Macclesfield, following a comprehensive review of inpatient services commissioned by the Trust Board. The transfer of services was successfully achieved in January 2011.

The Trust continued to be successful in attracting new business for specialist services in which it enjoys a good reputation, a number of which are outside its core catchment area. These include Primary Care Psychological Services in Warrington, Bolton Eating Disorder Service and Individual Placement Support in Wirral and Cheshire and a high number of referrals from across the region for Psychiatric Intensive Care (PICU) and Eating Disorder inpatient services.

Other achievements included the opening of an alcohol liaison service within the A&E department of the Countess of Chester Hospital and 867 staff being vaccinated against seasonal flu. Other achievements are included throughout the document.

The position of the Trust at the end of March 2011

The Trust ended the year with a green governance rating and a financial risk rating of a 4 as assessed by the Trust's regulator Monitor. The main trends and factors underlying the position of the Trust during the last 12 months can be summarised as follows:

- The gaining of additional income for new services and careful use of resources meant that the Trust achieved a surplus of £5.3m. This was ahead of plans set at the beginning of the year. The Trust's performance on the relevant financial metrics can be demonstrated in the table below:

Financial criteria	Metric	Performance	Rating
Achievement of Plan	EBITDA achieved	169.9%	5
Underlying Performance	EBITDA margin	7.8%	3
Financial Efficiency	Return on Assets (ROA)	13.6%	5
Financial Efficiency	Income and Expenditure (I&E) surplus margin	5.0%	5
Liquidity	Liquidity ratio	55.9 days	4
Overall rating			4

- The key factors which improved the financial performance in relation to the Trust's plans can be listed as follows:
 - Additional, unplanned income for specialist or newly commissioned services;
 - Risks reserves not utilised;
 - Write back of a provision for an equal value pay claim;
 - Pay costs incurred below those planned.

Because the Trust has foundation trust status it can take full advantage of this additional surplus in future years by setting plans to invest this into improving our estate for the benefit of services provided to our patients. It is also important to note that this position is not reflective of the recurrent underlying financial position of the Trust as most things that have impacted on the year-end position are non-recurrent in nature and therefore is a one off position and not likely to recur in future years.

- The financial position of commissioners throughout 2010/11 impacted to varying degrees on the income received under contract by the Trust. This was a significant risk in all three main contracts held by CWP and the Trust worked hard to mitigate the impact of income losses throughout the year. Different solutions were put in place dependent upon the nature of the income loss.
- The Trust was successful in managing the financial risk this posed to it and therefore these losses did not have a material impact on the financial performance of the Trust. The most significant change implemented to ensure costs could be managed within the Central and Eastern Cheshire contract was the rationalisation of inpatient services from Leighton Hospital in Crewe to the Millbrook Unit in Macclesfield. This change had the unintended consequence of suppressing the Trust's pay bill well below that planned. The workforce plan to ensure where possible our workforce could be retained proved very successful.

- The ability for the Trust services to deliver a very challenging efficiency programme (circa £5m) on a recurrent basis was also key. Whilst the Trust plans delivered this target, the impact of a further challenging efficiency requirement in our NHS contracts in 2011/12 means that further work to ensure continued delivery will remain a priority for the foreseeable future.
- The Trust took advantage of £2m of CQUIN funding in year (again non-recurrent in nature) and was able to invest in a wide range of service quality enhancements which are outlined in the Quality Report beginning on page 20.
- The Trust's green governance rating was maintained throughout the year, and in almost all cases the Trust performed well within the targets set by Monitor. The one exception relates to the completeness of data held relating to our service users where a new indicator was brought into play by Monitor in quarter 3 which the Trust has failed to achieve in either quarter 3 or the final quarter, although performance is improving. Despite the fact that this issue on its own is not enough to breach Monitor's green status, sustained effort will continue to be put into achieving the target required of us. The Trust's current performance on this target is detailed in the table below:

	Target	Q3 performance	Q4 performance
Data completeness of minimum dataset (part 2)	50%	30%	48%

Statement on income

Savings required of the Trust by its Commissioners in 2010/11 meant that total income increased by only 2.4% over the previous year. The increase was mainly due to the receipt of CQUIN funding, new contracts for eating disorders and developments within existing contracts.

Statement on running costs

The Trust's running costs increase in line with inflation and other NHS related cost pressures and when the Trust expands or takes on new services, pay and non pay costs increase proportionately. Employee costs for the year included a 2.25% national pay award increase.

Statement on assets

The net book value of property, plant and equipment has increased by £2.3m during the year from £56.7m to £59.1m. Of this, £5.4m related to capital additions which were offset by depreciation of £1.4m and an impairment charge in respect of assets under construction of £1.7m. In the current financial year, the carrying value of property, plant and equipment was reviewed by the Trust but no revaluation was considered necessary. This review took into account increases in the Building Cost Information Service 'All in' tender price index including the change in the rate of VAT, as well as current depreciation rates and included discussions with the Trust's professional valuers.

Statement on cash

The Trust ended the year with cash, bank balances and investments of £23.8m. This represents a £5.7m increase over cash, bank balances and investments held at the end of the previous year. The increase primarily reflects lower than anticipated capital expenditure, a higher than anticipated income and expenditure surplus and includes the receipt of the final instalment of £2.6m proceeds from the sale of land at the West Cheshire site.

Going concern

Through its financial statements and financial performance indicators, the Trust demonstrates a strong underlying and improving financial position. The 2011/12 Annual Plan shows ongoing surpluses. The directors' view therefore is that the Trust is a going concern and they make the following disclosure as recommended by the Accounting Standards Board: 'After making enquiries, the directors have a

reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future' and for this reason they continue to adopt the going concern basis in preparing the accounts.

Risk

- **Possibility of flu pandemic that would impact on all Trust services** – this was a risk faced by all Trusts in 2010/11. The Trust has a Preparedness Policy on Pandemic Influenza developed for a potential flu pandemic, which was activated. A vaccination programme was rolled out across the Trust and sickness rates were monitored. This risk remains as a moderate risk and is monitored within the Governance Structure.
- **Potential risk of self harm and risk of increased infection to service users due to damaged beds within the Trust** - this risk was identified during a routine infection control audit. The Trust contacted the manufacturers and also reported the issue to the Medicines and Healthcare Products Regulatory Agency, so that other Trusts could be notified. A report was submitted to the Trust's Operational Board and a replacement programme was agreed and implemented.
- **Possible failure to achieve recurrent cost improvement plan** - this is a financial risk that the Trust monitors very closely, as any failure to achieve the required cost improvement target within a year is carried over to the next year, and therefore adds cost pressures. The Trust's Finance Team and Service Innovation and Development Team work closely with the Trust's clinical services to ensure that plans are in place which will account for local and Trustwide cost improvements, without compromising clinical quality.
- **Trust not being prepared for implementation of new national commissioning framework** Joint work is being carried out between the Trust and the Primary Care Trusts, as well as the emerging GP Consortia to review the frameworks and develop appropriate processes. This is ongoing to 2011/2012.
- **Lack of assurance regarding ligature management programme within the Trust** The Trust carried out within 2010/11 a full ligature survey of all inpatient areas and risk rated all ligatures identified. The Trust is working to prioritise and carry out remedial works on ligatures identified. This is being monitored by various groups within the Trust and a robust programme in place.
- **Risk to timeliness of data collection due to lack of capacity and capability of host Trusts** During the year the Trust has reviewed the Service Level Agreements in place which has set out standards and monitoring for timeliness of data provision.

Pensions and other retirement benefits

The Trust's accounting policies for pensions and other retirement benefits for staff can be found in note 1.17 to the Accounts. Details of the remuneration and pension benefits of senior managers can be found in the Remuneration Report on page 114.

Patient and staff surveys

See page 9 for patient surveys and page 106 for staff surveys.

Complaints Handling

During the reporting period a total of 235 complaints were received, compared with 09/10 when 216 complaints were received. The Trust operates a triage system for managing complaints, namely red, amber, and green. Out of the complaints received, 194 were green, 38 amber and 3 red. Complaints triaged as red require an investigation and a response from the Chief Executive. In total the Trust has received a 9% increase in complaints.

Significant partnerships and alliances entered into by the Trust

The Trust works in close partnership with a wide range of organisations across the NHS, local authorities and the third sector in terms of direct service delivery.

The Trust has established a more formal partnership with Addiction Dependency Solutions (ADS) with whom the Trust provides drug services in Trafford and are currently working ADS on other service developments, along with Mental Health Matters with whom CWP have been awarded a contract to deliver primary care mental health services in Warrington.

CWP is also exploring partnership working with the Trades Union Congress (TUC) in initiatives in line with the Mindful Employer® project to promote good mental health in the workplace. CWP is currently working with AQR to develop resilience training for staff internally and also to develop interventions for adults with Attention Deficit Disorder. The Trust has inherited a range of partnership arrangements through its merger with Community services in Western Cheshire and is keen to develop these further.

Development of services involving other agencies

In line with World Class Commissioning, CWP sees the development of services across pathways, involving partner organisations delivering parts of that pathway, as essential in delivering flexible, effective and valued services. For example, the Trust is working across health agencies in Cheshire and Wirral to develop services for people with acquired brain injuries.

CWP is also working in alliance with Wirral University Hospitals Trust to enable staff in the eating disorders service to develop skills and competencies in physical healthcare to ensure a smooth pathway for people with additional physical health care needs.

The Trust is committed to delivering health care in its broadest sense and has developed two projects in the period to provide for improved employment support for mental health service users in the Wirral. CWP is now working in partnership with the Richmond Fellowship to develop individual placement and support services for people with severe and enduring mental health problems to support them in the workplace.

Looking forward

CWP will be aiming to continue to sustain and improve the quality of the services it provides, ensuring the delivery of value for money. This will be critical as the Trust operates in a challenging economic environment over the next few years.

CWP will be working closely with new commissioners, local health and social care organisations and Acute Trusts to improve people's experience of services across care pathways. Integration of community services into the Trust will be a priority for the coming year as will be the development of relationships with colleagues to take forward the transformation of community services to enable more care to be delivered in the community.

We also aim to maximise the benefits of providing both mental health and community services in Western Cheshire in terms of improved quality and access to services. In addition the Trust will continue to look for opportunities to develop and expand existing services, for example rehabilitation and eating disorder services.

Changes to the legislation on private income for mental health trusts presents opportunities for service development and CWP's plans will ensure the Trust maximises the benefits for re-investing earned income in services for NHS patients. For further details as to the Trust's firm plans and further aspirations please refer to the Annual Plan for 2011/12.

Performance against key targets

The Trust had a number of external targets to achieve in 2010/11. The regulatory body /accountable organisation target details, required performance, and actual performance are listed below:

Regulatory Body/Accountable Organisation	Target Title	Required Performance	Actual Performance
Patient Related			
Monitor	Admissions to inpatient services had access to crisis resolution home treatment teams	90%	100%
Monitor	100% Enhanced Care Programme Approach (CPA) patients receiving follow up contact within seven days of discharge from hospital	95%	99.5%
Monitor	CPA patients having formal review within 12 months	95%	95.3%
Monitor	Minimising delayed transfers of care	$\geq 7.5\%$	0.91%
Monitor	Maintain level of crisis resolution teams set in 03/06 planning round (or subsequently contracted with PCT)	4	4
Monitor	Meeting commitment to serve new psychosis cases by early intervention teams	95%	126%
Monitor	Data completeness identifiers (MHMDS Part 1)	99%	99%
Monitor	Data completeness outcomes (MHMDS Part 2)	50%	43.19% This target was from Q3 and Q4 only.
Monitor/Care Quality Commission	Moderate CQC concerns regarding the safety of healthcare provision	No concerns	No concerns
Monitor/Care Quality Commission	Major CQC concerns regarding the safety of healthcare provision	No concerns	No concerns
Monitor/Care Quality Commission	Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Compliant
Non Patient Related			
Monitor	Financial Risk Rating	4 in last two quarters	4 in Quarter 4
Care Quality Commission	Information Governance Toolkit	Not nationally determined	85%
Monitor/Care Quality Commission	Failure to rectify a compliance or restrictive condition (s) by the date set by the CQC within the condition (s) or as subsequently amended with the CQC's agreement	N/A	Not applicable
Monitor/Care Quality Commission	Registration conditions imposed by Care Quality Commission	N/A	No conditions
Monitor/Care Quality Commission	Restrictive registration conditions imposed by Care Quality Commission	N/A	No conditions
Internal	Reduce overall sickness levels of staff	4.5%	5.01%

Regulatory ratings

Commentary

Throughout the year the Trust has satisfied the requirements of the standards set by regulatory bodies. The **financial risk rating** is determined by four factors:

- Achievement of plan;
- Underlying performance;
- Financial efficiency;
- Liquidity.

The **governance rating** is determined by an assessment of five elements of each NHS foundation Trust's governance arrangements:

- legality of constitution;
- growing a representative membership;
- appropriate Board roles and structures;
- effective risk and performance management; and
- co-operation with NHS bodies and local authorities.

The Trust achieved and maintained the highest rating of green for the full year. The Trust therefore achieved the expected performance set out in its annual plan for 2010/11.

Mandatory services are the services which each NHS Foundation Trust must provide as detailed in its Terms of Authorisation. As last year, again this year the Trust achieved and maintained the highest rating of green for the full year. The Trust therefore achieved the expected performance set out in its Annual Plan for 2010/11.

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial risk rating	3	3	4	4	4
Governance risk rating	●	●	●	●	●
Mandatory services	●	●	●	●	●

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial risk rating	4	3	3	3	4
Governance risk rating	●	●	●	●	●
Mandatory services	●	●	●	●	●

Key:

Financial risk rating

1. Highest risk - high probability of significant breach of authorisation in short-term, e.g. <12 months, unless remedial action is taken;
2. Risk of significant breach in medium-term, e.g. 12 to 18 months, in absence of remedial action;
3. Regulatory concerns in one or more components. Significant breach unlikely;
4. No regulatory concerns;
5. Lowest risk - no regulatory concerns.

Governance risk rating

Red - concern that issue(s) significantly breaches authorisation

Amber - concerns about one or more aspects of governance

Green - governance arrangements comply with authorisation

Mandatory services risk rating

Red - concern that issue(s) significantly breaches authorisation

Amber - concerns about one or more aspects of mandatory services

Green - mandatory services comply with authorisation

Sustainability /climate change

Commentary

The UK Government is committed to taking action on climate change and introduced the Climate Change Act 2008, with legally binding targets for greenhouse gas emission reductions - through action to cut carbon emissions by at least 80% by 2050, with a minimum reduction of 26% by 2020. The Trust aims to demonstrate to meet the target proposed in the Carbon Reduction Strategy of 10% carbon reduction by 2015.

The Climate Change Act introduced powers for government to require public bodies to carry out their own risk assessment and make plans to address those risks. In addition there is a new requirement for annual publication of a report on the efficiency and sustainability of the government estate. The NHS, Europe's biggest employer, has a role to play in responding to this challenge of carbon reduction and sustainable development - by adapting to the effects of climate change and by mitigating or minimising its impact through changes to services and human behaviour.

The carbon footprint for NHS England has risen to 21 million tonnes per year. This is composed of 59% procurement, 24% building energy and 17% travel sector emissions.

This is larger than some medium sized countries and has increased by three million tonnes since the previous footprint was calculated. This is primarily due to an increase in the growth in NHS services but also because in line with latest conventions, it now includes other greenhouse gases in overall calculations, rather than just carbon dioxide. This is expressed as CO₂ equivalent or CO₂e.

The NHS needs to consider carbon reduction in the light of two key elements:

- The financial impact of rising fuel costs and carbon taxation, which means that NHS organisations will need to consider carbon reduction as part of their business processes;
- In addition climate change threatens the health of the public and it can be seen that carbon reduction initiatives are key in having direct and positive effects on health and well-being, so NHS organisations need to act to protect the health and future well-being of the population they serve.

A low carbon NHS is good for health and, if we act early, it is an opportunity not only to save our organisation money but also to help the NHS become a quality sustainable healthcare service.

CWP is committed to being a leading sustainable and low carbon organisation. The Trust also accepts and recognises that our activities within wider geographical areas can have a potential impact on the wider environment and public health. CWP has developed a Sustainable Development Management Strategy for 2010-15 which is addressing the challenges of carbon reduction (climate change) and sustainable development in the key areas identified in NHS Carbon Reduction Strategy for England: "Saving Carbon, Improving Health" published in January 2009 by the NHS Sustainable development unit.

Our Strategy outlines our environmental objectives for the services we deliver, and sets out how we will take into account environment issues in the way we work, travel, procure and operate in our wide geographical footprint.

The key principle outlined in the strategy includes a commitment to achieve 10% carbon reduction from a baseline level of 2007 by 2015 - proposed in the NHS Carbon Reduction Strategy for England: "Saving Carbon, Improving Health" published in January 2009. In addition CWP have undertaken to incorporate and consider environmental sustainability in all our future plans and strategy in relation to

energy and carbon management, travel, transport, design or improvement of our buildings, water, waste, partnerships and networks, and staff engagement.

In support of this the Trust has committed to incorporate and put environmental sustainability at the forefront in all our future plans and strategy in relation to;

- Energy and carbon management
- Low carbon travel and transport
- Design and refurbishment of our buildings
- Waste and recycling
- Partnerships and networks
- Building on staff engagement
- Procurement of goods and services.

The Trust continues to develop the Sustainable Development Management Strategy 2010-12 which addresses the challenges of climate change and promotes sustainable development. Governance processes to support the management and reporting of sustainability performance for the current year include ensuring that the Sustainable Development Management Strategy 2010-12 is Board approved and led. Planning is monitored and supported by senior management input at Environment strategy meetings.

Summary performance

This current year we have achieved a greater level of commitment to sustainable development by building on and consolidating on the partnerships we have developed with local government authorities of Wirral Borough Council and Cheshire West and Chester Council and included in collaborative work on Climate Change and Carbon Reduction planning.

In 2010 there has also been increased joint working across the public, working on both quick wins and long term programmes, delivery of savings through energy/water, transport, waste and procurement as well as work on individual base-lining, targets and savings. CWP has had a seat on the board of Cheshire & Warrington Public Sector Carbon Management Programme since 2009 and has worked on and developed 3 projects with funding from Cheshire and Warrington Improvement and Efficiency Partnership (CWEIP).

The stronger focus on collaborative work and joint programmes in 2010 on key issues of sustainability and climate change has helped raise more awareness of the challenges that lie ahead and how working together can have positive effects on our communities, staff and service users.

We have encouraged staff to be actively involved in planning for the sustainable future by keeping them informed of any plans or developments in their geographical areas. This has been helped by development of the Environment page on the Intranet for staff to access. There are sections on energy, highlighted energy savings and grants available to staff and clients as well as information about sustainable travel.

All staff had the opportunity to take advantage of a simulated driving test to assess their skills at Learning at Work Day. Eco representatives also attended Eco conferences and workshops. Staff are actively encouraged to become Eco representatives for their areas and buildings to help to spread the message that if we act as individuals we can collectively effect a change overall in our carbon footprint. They are provided with posters and stickers to help the message and emailed with any relevant information or offers to take the message to other staff.

Key improvements 2010-11 have included:

- Video conferencing facilities for meetings increased and we currently have systems in all major meeting points and plans for a software system that will monitor their use;
- Switch off! messages - IT equipment aim to help staff to remind them to switch off monitors when shutting down;
- Energy Projects Plus assist Wirral Staff to reduce their carbon footprint by installing free loft and cavity wall installation which can save up to 2 tonnes of carbon and £300 per annum on their energy bills. Funded by Wirral Borough Council and British Gas;
- Recycling of paper increased by confidential waste shredding contract that enables us to measure how many trees saved by the tonnage that is reclaimed and turned into other products;
- Re-use of assets - office furniture, desks and other items using the Swap Shop facility on Staff Intranet;
- Boiler replacement scheme in place;
- Energy efficient lighting replacement ongoing;
- Bike user group – alternative transport and travel. The Trust Bike User Group established a staff bike purchase scheme in July 2010. This resulted in an opportunity for 50 staff members who were able to purchase a bike through a monthly salary sacrifice;
- Local procurement of services for waste disposal of broken furniture that is composted;
- Plastic bottled water supply for rented coolers in CWP has now been phased out and all rented contracts cancelled. Installation of plumbed in coolers using our own existing water supplies commenced January 2011. This has resulted in both a cost saving and a reduction in 2 tonnes of carbon annually due to the transport that was used to deliver the bottled water;
- Waste reduction and increased recycling has increased through the development of a web based Swap Shop for staff to put surplus furniture or items no longer needed available for re-use anywhere in the Trust;
- IP telephony installation installed at Bowmere to enable free calls across the Trust Countess of Chester Health Park site. This will also offer the ability to conduct conference calls across all Trust sites, saving travelling costs and valuable time for staff resources.

Emergency Planning

Commentary

This year was a busy year for emergency preparedness with considerable focus for all organisations on achieving the ambitious plans laid out by the Strategic Health Authority and the challenges set by the new White Paper and Transferring Community Services.

In the year 2010-2011 the Trust was not a Category 1 responder under the Civil Contingencies Act (2004), however, as of April 1 2011 the Trust will take over as a Category 1 responsibilities under the Act as a result of transferring Community Care Western Cheshire (CCWC) services from the Primary Care Trust to CWP.

A great deal of work took place in 2010 to ensure that CWP was well-equipped to handle the transfer.

- The CCWC Business Continuity Plans and major plans were researched and compared with those from CWP.
- Meetings were arranged to manage the work and an action plan was developed and shared with the PCT. Much of this work will be on-going over the coming year to ensure resilience is maintained across the Trust.

The focus of the Emergency Planning Sub-Committee (EPSC) for 2010-2011 was the development and review of the Business Continuity Management System (BCMS) Policy and Procedures and the Strategic Business Continuity Plan. Business Impact Analyses were successfully completed across all services by December 2010 and an action plan was developed to take forward the changes and improvements highlighted by the analyses.

Both the Major Incident Plan (MIP) and the BCMS were externally audited by the Lead PCT (Western Cheshire). For the MIP, the Trust scored highly (99%) and for the BCMS, 86%. The MIP has formed a major component of the Trust's emergency preparedness for several previous years, while the BCMS was adopted during the past year. A work plan has been developed following the audits and the EPSC will work towards the improvements set out during the coming year. Further plans developed this year at the behest of the SHA were: Heatwave, Winter, Resilient Telecoms, Flood, and Major Evacuation.

The bi-annual National Capability Survey took place in 2010 with a relatively small number of improvements recommended, which were incorporated into the work plan for the last and coming year.

Infection prevention and control

Training and education featured highly in the work of the team with 1998 Trust staff receiving education and training in infection prevention control techniques, including hand decontamination, surveillance and health care acquired infections (HCAIs).

The IPC audit work programme approved by the Board of Directors included a significant number of audits which included modern matrons auditing local inpatient areas and specific audits, e.g. mattress audits. These audits identified areas of good practise and improvement which were taken forward by clinical staff locally. The Board of Directors received regular reports from the Director of infection prevention control (DIPC) which included information on the Trust compliance with the Health and Social Care Act 2008, as well as local outbreaks and incidents within clinical services.

Staff engagement (staff survey)

Statement of approach to staff engagement

Underpinning the Trust's approach to staff engagement is the Partnership Agreement which recognises the important role that trade unions and professional bodies play in enhancing workforce employee relations. A number of committees and local joint meetings are in place which ensure that the views of staff at all levels of the organisation can influence decision making.

Rewarding staff is seen as key to staff engagement and supports the outcome of previous feedback from staff that they would value more formal recognition and praise. The Trust continues to run with great success a monthly 'going the extra mile' award, as well as long service awards.

A focus on enhancing workforce competence and confidence to enable service improvement was one of the key priorities. In turn this would give us a competent and motivated workforce. A management training programme took place and was completed in February.

Summary of performance – results from the NHS staff survey

Overall staff engagement (the higher score the better)

2009/10		2010/11		Trust Improvement
Trust	National average	Trust	National average	
3.65	3.63	3.69	3.64	Increase in 0.3 points and above average

Summary of how the four scores in which CWP received the highest ratings from the 2009 survey have either improved or deteriorated in the 2010 survey:

	2009/10		2010/11		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Top 4 Ranking Scores					
Question KF3 % of staff feeling valued by their work colleagues	82%	79%	81%	79%	1% decline but still above national average
Question KF23 Fairness and effectiveness of incident reporting procedures	3.47	3.42	3.53	3.45	0.6 of improvement

Question KF20 Availability of hand washing materials	69%	59%	70%	58%	1% improvement
Question KF2 % agreeing that their role makes a difference to patients	92%	90%	89%	90%	3% decline (below national average)

Summary of how the four bottom ranked scores from the 2009 survey have either improved or deteriorated in the 2010 survey:

Bottom 4 Ranking Scores	2008/09		2009/10		Trust Improvement / Deterioration
Question KF12 % of staff receiving job- relevant training, learning or development in last 12 months.	73%	81%	79%	80%	6% improvement
Question KF22 % of staff reporting errors, near misses or incidents in the last month	97%	96%	97%	100%	Stayed the same
Question K13 % of staff appraised in last 12 months	70%	75%	76%	82%	6% improvement
Question KF33 % of staff able to contribute towards improvements at work	65%	68%	70%	67%	3%

Summary of the top and bottom ranked scores from the 2010 survey:

Top 3 ranking scores	Trust	National average
KF19 - % of staff saying hand washing materials are always available	70%	58%
KF8 - % of staff working extra hours	56%	65%
KF37 - % of staff believing Trust provides equal opportunities for career progression or promotion.	93%	89%

Key areas of improvement:

- Trust commitment to work-life balance results were improved against those in 2009 by 3.4%.
- The number of staff feeling that they had clear job content and feedback increased by 3.5%.
- There was a higher amount of staff, 2.5, than in 2009 feeling that effective action had been taken by the Trust towards violence and aggression.
- An increase of 3% of staff felt that they had support from their immediate line managers.

Areas of concern and action plans to address:

- The number of staff who had been appraised in the last 12 months was 76% improvement since last year but below national average of 82%.
- The number of staff who received job relevant training, learning or development in the last 12 months was 79%, just below the national average of 80%.
- The number of staff feeling pressure in the last 3 months to attend work when poorly remained the same at 21%, below the national average of 19%.
- The number of staff feeling that there are good opportunities to develop their potential at work remained the same since 2009 at 44% again, just below the national average of 45%.

Each of these factors will be considered in work looking at CWP's values, and behaviours linked to delivering those values, during the next year.

Future priorities and targets

- Both building on the improved performance shown in 2010 in respect of the numbers of staff undertaking essential skills training and improving the quality of that training experience;
- Taking forward work on values by focusing on the core behaviours which staff and managers should consistently display within the workplace - one part of which will focus on the key importance of employee appraisal;
- A continued focus on ensuring the widest realistic engagement of Trust staff (including recognised trades unions and professional bodies) in workforce related plans and projects.

Measuring outcomes and monitoring arrangements

All significant projects will continue to have specific anticipated outputs and outcomes, as well as a nominated lead officer. Performance against those pre-planned measures will be considered as part of internal monitoring arrangements. Progress on and outcomes of all workforce related initiatives will be monitored through the Workforce and Organisational Development Sub-committee.

Equality and Diversity

Commentary

As a public sector organisation CWP is committed to tackling unlawful discrimination and harassment and promoting equality of opportunity for all regardless of Age, Disability, Gender, Gender Reassignment (Trans), Marriage/Civil Partnership, Maternity/Paternity, Race and Ethnicity, Religion/Belief and Sexual Orientation.

The Trust's overall vision is to "have the highest ambitions and be a leader in everything that we do". The continued development of our work around Equality and Diversity and the recruitment this year of the Trust's first Equality and Diversity Officer to help steer the agenda, demonstrates how committed the Trust is to delivering on this vision of moving diversity forward for service users, staff and carers within the Trust.

Over the last twelve months the Trust has further developed its work in promoting equality and diversity. The Trust's Single Equality Scheme was developed and rolled out to ensure it delivered the Trust's strategic priorities and helped meet the diverse mental health needs of all our service users.

Running alongside the Trust's Single Equality Scheme, the Trust this year has developed its Equality Impact Assessment (EIA) screening template and rolled out EIA training to senior managers to ensure that all action plans positively contribute to the promotion of equality within the Trust.

Towards the end of the year there was a major review of the Trust's Mandatory Training Programme (including induction). Part of this review looked at the structure and content of the Trust's Equality and Diversity training and over the coming year we hope to roll out a strategically targeted multi-tier training scheme for all staff.

As a Trust we have continued to engage positively with a diverse range of service users and the wider public, evidence of which is the regular contact with representatives from the Cheshire and Halton Race Equality Council, organisations representing the eastern European community and those engaging with the Irish Travellers community. As well as engagement with the local BME community the Trust has focused on developing its engagement with local Disability groups. The Trust's involvement team attended the Warrington Disability Awareness Day in July, one of the largest events of its kind in Europe with over 20,000 visitors.

A number of projects were run during the year under the Mindful Employer ® brand - including concluding the 'Count Me In' census and speaking at a number of conferences to promote the importance of focusing on how people with experience of mental ill health can contribute significantly in the workplace. The Trust also successfully partnered with Skills for Health and Job Centre Plus to provide 23 long term (mainly young) unemployed people under the Future Jobs Fund Scheme with 6 months employment.

The Trust has also engaged positively with both the Merseyside Society for Deaf People and The Deafness Support Network. This has helped see the number of members of the deaf community engaging with the Trust increase over the last year.

Whilst the Trust has continued to work hard across a wide agenda for further promoting equality both in service delivery and employment through its work plan, it was recognised during the year that our focus needed to be reinforced and a dedicated Equalities Officer appointment was made in March, 2011. This appointment will particularly enable the Trust to ensure it meets the new public sector employer responsibilities which arise from the implementation of the Equality Act, 2010.

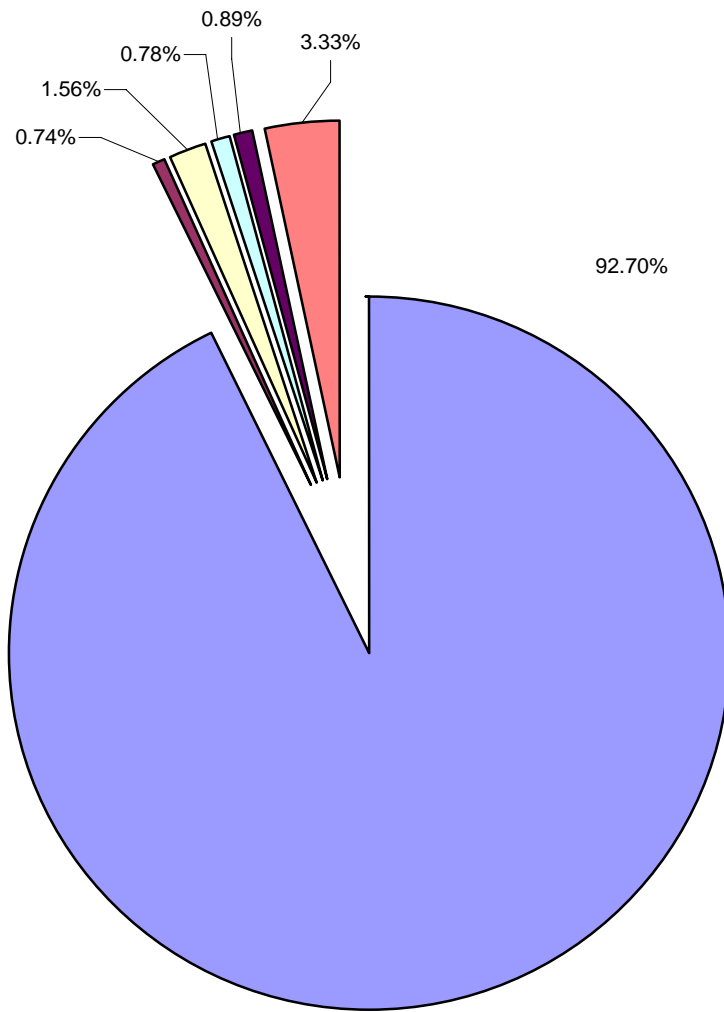
Workforce and Membership Equality Data

Set out on the following page is a summary of our equality statistics broken down for staff and membership across the Trust.

Although the data below covers a wide range of protected characteristics, this year we plan to expand the range of data we collect and ensure we have a robust breakdown of all data to enable it to play a key part in all evidence based decision processes.

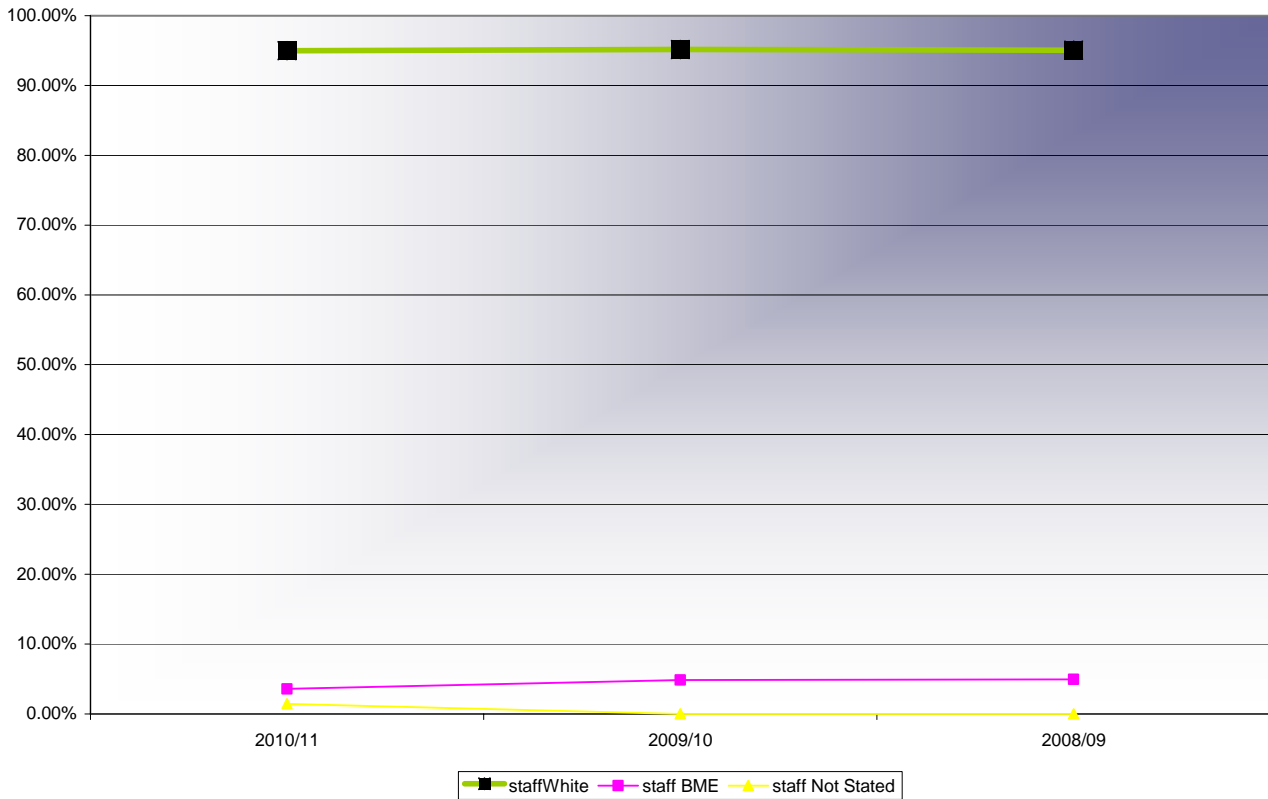
	Staff 09/10	%	Staff 10/11	%		Membership 09/10 %	Membership 10/11 %		
Age					Age				
0-16	0	0.00	0	0.00	0-15	166	1.41	94	0.77
17-20	9	0.34	5	0.19	16-25	3061	25.92	3208	26.19
21+	2688	99.66	2647	99.81	26+	7023	59.46	8946	73.04
					Not specified	1561	13.22	1537	12.55
Ethnicity					Ethnicity				
White	2566	95.14	2519	94.98	White	10954	92.74	11354	92.70
Mixed	18	0.67	20	0.75	Mixed	85	0.72	91	0.74
Asian or Asian British	42	1.56	39	1.47	Asian or Asian British	186	1.57	191	1.56
Black or Black British	22	0.82	23	0.87	Black or Black British	93	0.79	95	0.78
Other	49	1.82	13	0.49	Other	493	4.17	109	0.89
Not Stated	N/A	N/A	38	1.43	Not Stated	N/A	N/A	408	3.33
Gender					Gender				
Male	663	24.58	668	25.19	Male	4292	36.34	4449	36.32
Female	2034	75.42	1984	74.81	Female	7519	63.66	7799	63.68
Recorded Disability	36	1.33	44	1.66	Recorded Disability	1191	10.08	1234	10.08

**Cheshire and Wirral Partnership NHS Foundation Trust
Membership Ethnicity Data Year Ending 2010/11**



White Mixed Asian or Asian British Black or Black British Other Not Stated

Trust Staff Ethnicity Data 3 year Trend



As shown by the data above, the Trust’s demographic profile has stayed quite stable over the last 3 years with a small upward trend in relation to increasing the number of BME staff as a proportion within the Trust. We have continued to see a small increase in the number of disabled people employed by the Trust over the last year and we hope to see this continue to increase over next year as a result of more positive engagement work that has been carried out by the Trust’s Involvement Team through the EDS process.

Priorities for the year ahead

- Carry out a Data Audit across staff, service users and membership, filling any data gaps we may have and including all of the new characteristics protected under the Single Equality Act;
- To develop a Trustwide interim Equality Action Plan;
- To ensure that all operational and strategic decisions are made with consideration of robust evidence involving a range of equality sources including analysis of the Trust’s demographic data;
- Ensuring the Trust’s Involvement Strategy is targeted based on equality data;
- Develop links with local charities that work with and represent under-represented groups within Cheshire to ensure the Trust is benefiting from the range of diversity experience within the third sector and local communities within the region;

- Identify opportunities to work in partnership with other Trusts and public sector organisations to improve equality within the region and to maximise the efficiency benefits working together can achieve, such as sharing staff equality networks;
- Develop a Trustwide diversity framework to engage with staff from “at risk” under-represented groups to collect the widest possible range of equality information to inform Trust decisions;
- Work with the national Equality Delivery System to identify Key Equality Objectives for the Trust to work towards;
- Put in place the framework for the development of a Corporate Equality Diversity Strategy.

Remuneration Report

Tables showing the remuneration and the pension benefits of senior managers have been audited and are at the end of this report.

- Ms R Francke (formerly Preen), the Director of Finance was appointed to the additional role of Deputy Chief Executive following a meeting of the Board of Directors on 24 November 2010.
- Dr A Sivananthan was appointed Medical Director with responsibility for Compliance, Quality and Regulation and Dr A Cotgrove was appointed Medical Director with responsibility for Effectiveness and Medical Workforce, both with effect from 1 August 2010. As required by the Foundation Trust Code of Governance, the post of Medical Director continues to be shared by two people.
- Dr I Davidson, Medical Director retired on 30 June 2010 and Dr V Sharma, Medical Director, Compliance, Risk and Research & Development took a new position as Director of Research on 1 August 2010.
- Mr G Hope-Terry, Non Executive Director, left on 31 October 2010 on the expiry of his term of office.
- Mr M Maier joined as a Non Executive Director on 1 March 2011.

The Remuneration and Terms of Service Committee determines the remuneration of the Chief Executive and Executive Board members using a process of benchmarking and job evaluation. Remuneration is set at appropriate market rates and uplifts for inflation are guided by national recommendations for Senior Managers in the NHS. Pay is fixed and is not subject to performance assessment. Objectives are set at the start of each year and performance is reviewed annually and shared with this Committee. Senior Managers have permanent contracts with a notice period of three months. Compensation for early termination is not formally provided for, though such compensation may be considered, dependent on circumstances, on a case by case basis.

The Remuneration and Terms of Service Committee comprises the chair and all non executive directors (see table on the next page). No meetings of this Committee were held during 2010/11.

Non Executive Directors
D Eva (Chair)
F Clark
R Howarth
C Kirk
G Owen
M Maier
S McAndrew

Audited Remuneration of Senior Managers	31 March 2011			31 March 2010		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5,000)	(bands of £5,000)	(rounded to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(rounded to the nearest £100)
	£000	£000	£00	£000	£000	£00
S Cumiskey – Chief Executive	140-145	0	0	15-20	0	0
R Francke (formerly Preen) - Director of Finance and Deputy Chief Executive (latter from 24/11/2010)	105-110	0	45	105-110	0	53
Dr A Sivananthan – Medical Director: Compliance, Quality and Regulation (from 1/8/2010)	15-20	85-90	0	0	0	0
Dr A Cotgrove – Medical Director: Effectiveness and Medical Workforce (from 1/8/2010)	15-20	100-105	0	0	0	0
Dr I Davidson - Medical Director (to 30/6/2010)	10-15	25-30	0	45-50	160-165	0
Dr V Sharma – Medical Director: Compliance, Risk and Research & Development (to 31/7/10)	10-15	55-60	0	35-40	180-185	0
A Devaney - Director of Nursing, Therapies and Patient Partnership	85-90	0	70	85-90	0	58
A Styring – Director of Operations	80-85	0	0	90-95	0	0
D Eva – Chairman	40-45	0	0	40-45	0	0
F Clark – Non Executive Director	10-15	0	14	10-15	0	22
G Hope-Terry - Non Executive Director (to 31/10/10)	5-10	0	0	15-20	0	0
R Howarth - Non Executive Director	10-15	0	0	10-15	0	0

C Kirk - Non Executive Director	10-15	0	0	10-15	0	0
M Maier – Non Executive Director (from 1/3/11)	1-5	0	0	0	0	0
S McAndrew – Non Executive Director	10-15	0	0	10-15	0	0
G Owen – Non Executive Director	10-15	0	0	10-15	0	0

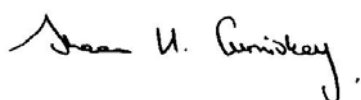
Note Benefits in kind are in respect lease cars and childcare provided by the NHS Foundation Trust.

Audited Pension Benefits of Senior Managers	Real increase in pension at age 60	Real increase in lump sum at age 60	Total accrued pension at age 60 at 31 March 2011	Lump sum at age 60 related to accrued pension at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase (Decrease) in Cash Equivalent Transfer Value
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)			
	£000	£000	£000	£000	£000	£000	£000
S Cumiskey - Chief Executive	2.5-5	12.5-15	45-50	140-145	738	762	(24)
R Francke (formerly Preen) - Director of Finance	0-2.5	2.5-5	20-25	65-70	266	294	(28)
Dr A Sivananthan – Medical Director: Compliance, Quality and Regulation	0-2.5	2.5-5	25-30	75-80	339	377	(25)
Dr A Cotgrove – Medical Director:	0-2.5	2.5-5	45-50	135-140	886	924	(25)

Effectiveness and Medical Workforce							
Dr I Davidson - Medical Director	2.5-5	12.5-15	90-95	280-285	0	1,708	0
Dr V Sharma - Medical Director: Compliance, Risk and Research & Development	2.5-5	7.5-10	70-75	215-220	1,529	1,491	13
A Devaney - Director of Nursing, Therapies and Patient Partnership	0-2.5	2.5-5	30-35	90-95	429	483	(54)
A Styring - Director of Operations	0-2.5	0-2.5	45-50	135-140	0	1,003	0

Note 1) Non Executive Directors do not receive pensionable remuneration.

Note 2) A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accumulated in their former scheme. The pension figures shown relate to the benefits that the individual has accumulated as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accumulated to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries. Real Increase in CETV: this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accumulated pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.



Sheena Cumiskey, Chief Executive 1 June 2011

Board of Directors

The Board is responsible for determining the Trust's strategy and business plans, budgets, policy determination, audit and monitoring arrangements, regulations and control arrangements, senior appointment and dismissal arrangements and approval of the annual report and accounts. It acts in accordance with the requirements of its foundation trust terms of authorisation.

A number of decisions are delegated by the Board to management. These are set out in the Trust's scheme of reservation and delegation to facilitate the efficient operation and success of the organisation. A policy in respect of the composition of the Board is in place, as confirmed by the Council of Governors. In the reporting year, composition of the Board of Directors was:

- Non executive directors – 7 (including the chair)
- Executive directors – 5 (including the chief executive)

Non executive directors			Executive directors
Name	Date of appointment	Length of appointment	
°□David Eva - chair	1 December 2009	3 years – to 30 November 2012	Sheena Cumiskey – chief executive (from February 2010)
Fiona Clark	1 July 2008	3 years – to 30 June 2011	Ros Francke – Director of Finance – deputy chief executive
□Geoff Hope-Terry	1 November 2006	□To 31 October 2010	**Andy Styring – director of operations
Mike Maier	1 March 2011	1 March 2014	Avril Devaney – director of nursing, therapies & patient partnership
□Ron Howarth	1 November 2010	□# to 31 October 2012	Andy Cotgrove – joint medical director effectiveness & Medical Workforce
Carol Kirk	1 January 2009	3 years – to 31 December 2011	Anushta Sivananthan – joint medical director compliance and quality regulation
Stephen McAndrew - deputy chair & senior independent director	1 July 2008	3 years – to 30 June 2011	Ian Davidson – joint medical director & deputy chief executive (to end of June 2010)
□Grahame Owen	1 November 2010	□##To 31 October 2013	* Dr Vimal Sharma – joint medical director (to end of July 2010)
°Previous term of appointment was 1 December 2005 – 30 November 2009 □Non executive directors whose initial appointment was made pre-Foundation Trust status for 4 year terms of office. As per the Trust constitution the initial Chair and Non executive directors were appointed for the unexpired period of their term of office #Appointment lengths extended from 1 November 2010 - to 31 st October 2012 by Council of Governors in April 2010.			

Appointment lengths extended from 1 November 2010 - to 31st October 2013 by Council of Governors in April 2010.

*Dr Vimal Sharma was acting joint medical director until May 2009. He was appointed as medical director (compliance, risk, research and development) in May 2009.

**Andy Styring was acting director of operations until mid 2009. He was appointed as director of operations in May 2009.


Directors' attendance at meetings during the year – possible and actual - has been recorded as below. Following a review of the corporate meeting structure the following changes were implemented in June 2010:

- The Governance and Risk Management Committee was renamed the Quality Committee.
- The Finance, Performance and Planning Committee ceased with duties transferred to the Quality Committee and the Operational Board.


Director	Board of directors	Audit Committee	Governance & risk management committee	Finance, performance and planning committee	Quality committee	Operational board
Fiona Clark	9 out of 10		1 out of 1		5 out of 5	
Dr Andy Cotgrove (wef Jul 10)	5 out of 6				4 out of 5	8 out of 11
Sheena Cumiskey	9 out of 10		1 out of 1	0 out of 1	4 out of 5	10 out of 11
Ian Davidson (until end of Jun 10)	2 out of 3					3 out of 3
Avril Devaney	8 out of 10		0 out of 1		5 out of 5	8 out of 11
David Eva	10 out of 10					
Ros Francké (nee Preen)	10 out of 10			1 out of 1	2 out of 5	8 out of 11
Geoff Hope-Terry (until end of Oct 10)	5 out of 6	4 out of 4				
Ron Howarth	9 out of 10	5 out of 5	1 out of 1	1 out of 1		
Carol Kirk	9 out of 10	2 out of 3		1 out of 1	4 out of 5	
Stephen McAndrew	8 out of 10	2 out of 3			1 out of 5	1 out of 8
Mike Maier (wef Mar 11)	1 out of 1	1 out of 1				


Grahame Owen	9 out of 10	7 out of 7				5 out of 8
Dr Vimal Sharma (until end of Jul 10)	4 out of 4		1 out of 1		0 out of 1	4 out of 4
Dr Anushta Sivananthan (wef Jul 10)	5 out of 6				5 out of 5	10 out of 11
Andy Styring	9 out of 10			0 out of 1	2 out of 5	10 out of 11

The background of each Board member is shown in the pen portraits below:

David Eva	Chairman appointed to former NHS Trust April 2002, re-appointed December 2009	
Experience	<ul style="list-style-type: none"> • North West Regional Manager, Union Learn • Curriculum Manager, Knowsley Associates • Member of North West Regional Employability Group • Member of Liverpool City Region Employment and Skills Board • North West Apprenticeship Champion • Member of the Greater Manchester Employment and Skills subgroup • Member of Cheshire and Warrington Economic Alliance Skills subgroup • Former Reviewer with Healthcare Commission (predecessor to Care Quality Commission) • Former Chairman of Wirral and West Cheshire NHS Trust • Former non executive director of Wirral Community NHS Trust and Member of Wirral District Health Authority • Former Member of NHS National Training Authority 	
Qualifications & Memberships	<ul style="list-style-type: none"> • Physiology and Biochemistry BSc, MSc • Postgraduate Diploma in Regeneration 	


Sheena Cumiskey	Chief Executive - appointed February 2010	
Experience	<ul style="list-style-type: none"> • 27 years experience in the NHS, 15 years at Chief Executive level • Former Chief Executive of both commissioning and provider organisations • Worked at strategic and operational levels within the NHS • Member North Leadership Academy Board • Chair of North West Emerging Leaders Board 	
Qualifications & Memberships	<ul style="list-style-type: none"> • BA Hons • General Management Training Scheme graduate • Member of the Institute of Health Service Managers 	

Fiona Clark		Non Executive Director - appointed March 2004, reappointed July 2008	
Experience	<ul style="list-style-type: none"> • Specialist Advisor – The Tuberous Sclerosis Association • Disability Qualified panel member for Tribunal Service hearing appeals against Disability Living Allowance and Attendance Allowance • Member – Employment Tribunals • 13 years experience in NHS as a senior nurse, midwife and clinical manager • 16 years experience working at senior management and strategic level in both large and small voluntary sector organisations 		
Qualifications & Memberships	<ul style="list-style-type: none"> • Registered General Nurse • Registered Midwife • BA (Dual Hons) Human Resource Management and Business Administration (First Class) • MA Medical Ethics (Keele) 		

Andy Cotgrove		Consultant Psychiatrist & Medical Director (Effectiveness, Medical Education & Medical Workforce) - appointed Medical Director August 2010	
Experience	<ul style="list-style-type: none"> • Trained in Sheffield and then worked in hospital medicine and general practice before training in psychiatry. My specialist training in child and adolescent psychiatry was at the Tavistock Clinic in London where I also gained an MSc in family therapy. • Worked as a Clinical Director and Consultant in Adolescent Psychiatry at the Young People's Centre in Chester since 1993. In 2008 I also took on the role of Service Wide Clinical Director for CAMHS in the Trust. • In addition to my clinical work I have always been interested in service development and service improvement. Led on a number of service developments and redesign within Tier 4 CAMHS. • Long-standing interest in research including designing a randomised controlled trial for a treatment intervention for young people who self-harm. Published widely in the areas of clinical research and service design. • Member of the NICE Mental Health Topic Selection Panel (2007–date). Member or advisor to a number of NICE Guideline 		

Qualifications & Memberships	<p>Development Groups, including Depression in Young People (2002-2005), Self Harm (2004), Borderline Personality Disorder (2007-2008) and Psychosis with Substance Misuse (2008-date).</p> <ul style="list-style-type: none"> • Member of the Royal College of Psychiatrists Child and Adolescent Faculty Executive. • MBChB 1982 • MRCPsych 1989 • MSc 1993 	
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Avril Devaney Director of Nursing, Therapies and Patient Partnerships - appointed January 2003		
Experience	<ul style="list-style-type: none"> • 28 years experience working in Mental Health and Drug and Alcohol Services • Eight years experience at Board level • Initiated funding bids, secured income and established new and innovative interagency services • Received the Queen's Nursing Institute award for Innovation in 1999 • Led the development of Patient and Public Involvement and established productive relationships with partner organisations • Worked with local and national media including TV, radio and press 	
Qualifications & Memberships	<ul style="list-style-type: none"> • Registered Nurse (Mental Health) • Diploma in Counselling • MSc in Health and Social Care (research subject: Nurse Leadership and Organisational Change) 	


Ros Francké Director of Finance - appointed May 2006		
Experience	<ul style="list-style-type: none"> • Director for the Trust for the past 5 years • 21 years experience in Finance in the NHS. • Experience of working in most sectors of the NHS - both provider and commissioner • Member of Healthcare Financial Management Association (HFMA) • Chair of the HFMA Mental Health Faculty, member of the Policy Forum, Costing Forum and Joint Commissioning Collaborative for Mental Health Services 	

Qualifications & Memberships	<ul style="list-style-type: none"> Chartered Management Accountant (CIMA) since 1997 	
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Carol Kirk		Non Executive Director, appointed January 2009	
Experience	<ul style="list-style-type: none"> Specialist in structuring and delivering new business ideas Managing Director, Branza Limited (UK) – Business Initiatives Partner, GMBB Services Limited UK Consultant, Co-operative Financial Services Former Board member – Co-operative Legal Services Former President and Board member – Amicus Financial Internet Bank (Canada) Former Vice President – Electronic banking Ventures, Canadian Imperial Bank of Commerce (CIBC) Former Vice President – Finance Initiatives, CIBC 		
Qualifications & Memberships	<ul style="list-style-type: none"> BA Business Administration (with computer science and maths options), (Canada 1984) MSc Management (UK 1986) Certified Management Accountant (Canada 1992) Rotary scholar 		


Ron Howarth		Non Executive Director - appointed June 2006, appointment extended June 2010, reappointed November 2010	
Experience	<ul style="list-style-type: none"> Retired Commercial Banker. Latterly a Director of Corporate Banking RBS / NatWest group North West Region Non executive director and Chair of the Audit group, Cheshire Area Probation Board Former non executive director and Chair of Finance, Liverpool & Manchester Design Initiative Limited (a Registered Charity promoting local design capability) Former Independent member – Birkenhead and Wallasey Primary Care Trust NHS Agenda for Change Implementation Project 		

Qualifications & Memberships	<p>Team</p> <ul style="list-style-type: none"> • ACIB (Associate of the Chartered Institute of Bankers) • Associate member, Globecon (International Corporate Finance & Capital Markets training organization) 	
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Stephen McAndrew		Non Executive Director, Deputy Chair & Senior independent Director - appointed April 2004, re- appointed July 2008	
Experience	<ul style="list-style-type: none"> • Business Development Director, GSTS Pathology LLP • Commercial Director, Healthcare at Home Limited • Strategic Development Director, Serco Health • Managing Partner, McAndrew Management LLP • Managing Director, Health Care Risk Resources International Limited • General Manager, Lister BestCare Limited • Head of International Marketing and Logistics, KeyMed (Medical and Industrial Equipment) Limited 		
Qualifications & Memberships	<ul style="list-style-type: none"> • Member of the International Society for Quality in Healthcare • Fellow of the Royal Society of Arts • Fellow of the Royal Society of Medicine • BA Psychology 		

Mike Maier		Non Executive Director - appointed March 2011	
Experience	<ul style="list-style-type: none"> • 27 years experience in international manufacturing, chiefly in building products and eye care sectors • European Finance Director, Pilkington Group Ltd • UK Finance Director, Pilkington Group Ltd • Significant experience in mergers and acquisitions, restructuring, internal controls, systems development, strategic planning and cash management 		
Qualifications & Memberships	<ul style="list-style-type: none"> • BA Hons Economics • Institute of Chartered Accountants in England and Wales (ACA) since 1981 		

Grahame Owen	Non Executive Director - appointed June 2006, appointment extended June 2010, reappointed November 2010	
Experience	<ul style="list-style-type: none"> • 30 years experience in the Information Technology industry, including project and contract management • Former school governor • Former Trustee of a local children's charity • Former member of East Cheshire Patient and Public Involvement Forum • Committee member of the General Social Care Council and • Lay member of the Nursing and Midwifery Council 	
Qualifications & Memberships	<ul style="list-style-type: none"> • Master of Business Administration • MSc Control Systems • BSc Electrical Engineering 	

Anushta Sivananthan	Consultant Psychiatrist & Medical Director (Compliance, Quality & Assurance) – appointed August 2010	
Experience	<ul style="list-style-type: none"> • 11 years as Consultant Old Age Psychiatrist • Clinical Director for Older Peoples' Services, West Cheshire • Trust-wise Clinical Director for Adult Services • College Tutor, West Cheshire 2002 – 2004 • Deputy Convenor, royal College of Psychiatrists 2004 – 2006 • Programme Director, Old Age Psychiatrists at Mersey Deanery • Cochrane reviewer in collaboration with Evidence Based Practice Centre at CWP 	
Qualifications & Memberships	<ul style="list-style-type: none"> • MBChB • MRCPsych • Diploma in Geriatric Medicine 	

Andy Styring	Director of Operations - appointed May 2009	
<p>Experience</p>	<ul style="list-style-type: none"> • Lifelong in living with and alongside people with learning disabilities • Professional 35 years as nurse, teacher and senior manager in services for children and adults with learning disabilities • Several senior clinical posts in children's and adults' learning disability services spanning career • Board level posts at acting and substantive level in mental health and learning disability services • Former Healthcare Commission associate • Member of local Safeguarding Children Boards • Member of Learning Disability Partnership Boards • Member of Executive Commissioning Group for mental health and learning disability services across Cheshire and Wirral • Wide ranging expertise in strategic service development and change management • Former staff governor • Passionate about partnerships and team building 	
<p>Qualifications & Memberships</p>	<ul style="list-style-type: none"> • Registered nurse (learning disabilities) 	

The Trust confirms the balance, completeness and appropriateness of the membership of the Board. The board has prepared a number of self certification statements relating to clinical quality, service performance, risk management processes, compliance with authorisation and board roles, structures and capacity. The latter states the Board:

- Is satisfied that all directors are qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance and ensuring management capacity and capability
- Confirms it has a selection process and training programmes in place to ensure non executive directors have appropriate experience and skills
- Confirms that the management team has the capability and experience necessary to deliver its annual plan, and that a management structure is in place to deliver annual plan objectives for the next three years

The performance of the Board, its committees and individual directors is undertaken number of ways:

- Early in 2010 the whole Board participated in an assessment exercise relating to the strengths and weaknesses of the corporate Board and the skills of its directors
- Individual appraisal and performance development planning (executive and non executives)
- Preparation of annual reports by key governance committees (received by the Board of Directors)

The Chair's other significant commitments are detailed in the pen portrait shown on page 121 and within the Board of Directors' register of interests. Members of the public can gain access to the Board of Directors' register of interests at www.cwp.nhs.uk.

Directors can be contacted by e-mail via details on the Trust's website www.cwp.nhs.uk, or via the company secretary on 01244 397408.

- **Audit committee**

Until 31st October 2010, the Chair of the Audit Committee was non executive director Geoff Hope-Terry. Ron Howarth non executive director commenced as Chair in November 2010. Its other members were non executives Grahame Owen, Stephen McAndrew (up to July 2010). Non executive director Carol Kirk commenced as a member of the Audit Committee in November 2010. The attendance of audit committee members at its meetings is shown in the table above.

The aim of the audit committee is to provide one of the key means by which the board ensures effective internal control arrangements are in place. In addition, the committee provides a form of independent check upon the executive arm of the board. As defined within its terms of reference the committee is responsible for reviewing the adequacy of effectiveness of governance, risk management and internal control arrangements covering both clinical and non-clinical areas.

The Trust's external auditor for the period has been PricewaterhouseCoopers LLP (PWC). In their engagement letter PWC state that their liability and that of their members, partners and staff (whether in contract, negligence or otherwise) shall not exceed £1m in the aggregate. It is the Trust's policy to ensure that the external auditor's independence has not been compromised where work outside of Monitor's audit code for NHS foundation trusts has been purchased from them. Any work falling into this category is approved by the audit committee.

Details of remuneration and fees paid to the external auditor including for work done outside of the audit code for NHS foundation trusts can be found in Note 5 of the Accounts.

Where the Trust is planning to appoint outside management consultants to undertake work, consideration is given to whether the auditors can be included in the list of firms to be considered, or whether they should be excluded as the work would potentially compromise their independence as auditors. Consideration is given to factors such as the likely fees for the work, the area in which the work is to be undertaken and whether the auditors are likely to review the area as part of their work.

Through the chief executive as the Trust's accounting officer, directors are responsible for preparing the accounts as presented in this report. The directors take this opportunity to state so far as they are aware there is no relevant audit information of which the Trust's auditors are unaware. The directors have taken all of the steps that they ought to have taken as directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

- **Nominations committee**

The Trust has two nominations committees:

- Nominations committee of the Council of Governors in respect of non executive director appointments. This is chaired by the Trust's chair, David Eva and the committee's members during the year were Governors Janet Abbott, Wendy

Jones, Tina Long, Nigel Watson, Sue Baker, Derek Seber, Anna Usherwood, John Wray. Directors' attendance at this committee is shown below.

During 2010/11, the committee met on 3 occasions. At 3 of its meetings, its purpose was to oversee the appointment of non executive directors.

- Nominations committee of the Board of Directors in respect of executive director appointments. This is also chaired by the Trust's Chair, David Eva, and its members are all other non executive directors plus the chief executive (unless the chief executive is being appointed). This committee meet in May and June 2010 to oversee the appointment of medical director Dr Andy Cotgrove and Dr Anushta Sivananthan.

The number of meetings and individual attendance by directors at nominations committees – possible and actual - is shown below:

Director	Nominations committee – NEDs	Nominations committee – executive directors
Fiona Clark		1 out of 1
David Eva	3 out of 3	2 out of 2
Geoff Hope-Terry		1 out of 1
Ron Howarth		1 out of 1
Carol Kirk		0 out of 1
Stephen McAndrew		1 out of 1
Grahame Owen		2 out of 2
Sheena Cumiskey	3 out of 3	2 out of 2

The nominations committee of the Council of Governors oversaw the re-appointment of non executive directors Grahame Owen and Ron Howarth in and the also the appointment of a new non executive director Mike Maier.

Code of Governance

The Board of Directors and the Council of Governors of the Trust are committed to the principles of good corporate governance as detailed in the NHS Foundation Trust Code of Governance. Since publication of the code, work has been undertaken to ensure compliance with as many of its provisions as possible. This work continues and the Trust's position in respect of the code of governance is below. It sets out whether the Trust complies with the provisions of the code or, where it does not, gives an explanation.

Code ref	Code requirement – Trust position	Comply or Explain
A.1 – the Board of Directors	Every NHS foundation Trust should be headed by an effective Board of Directors, since the board is collectively responsible for the exercise of the powers and the performance of the NHS foundation Trust	
A.1.1	<ul style="list-style-type: none"> • The Board meets monthly excepting August • The annual report states how the Board of Directors and Council of Governors operate, including a high-level statement of which types of decisions are taken by each • Matters reserved for the Board are included in the Trust's corporate governance manual • The roles and responsibilities of Governors is contained in the Trust's constitution • The Council of Governors' standing orders includes a statement relating to the handling of disputes 	Comply
A.1.2	<ul style="list-style-type: none"> • The annual report identifies the chair, deputy chair, chief executive, senior independent director and the chair and members of the Nomination, Audit and Remuneration Committees • Records are kept of the number of meetings of the Board of Directors and its committees, and directors' attendance. 	Comply
A.1.3	<ul style="list-style-type: none"> • The chair meets regularly with non executive directors without executives present • The non executive directors meet annually without the chair • A process for evaluating the chair's performance has been agreed with the Council of Governors 	Comply
A.1.4	<ul style="list-style-type: none"> • The Trust's objectives are stated in its annual plan 	Comply
A.1.5	<ul style="list-style-type: none"> • The Board reviews the Trust's performance at each of its monthly meetings based on a corporate performance report and other reports from directors • Reports from 'external' bodies are also routinely reviewed 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
A.1.6	<ul style="list-style-type: none"> Board directors receive annually a clinical governance annual report The Board's clinical governance plans are prepared by the Trust's patient safety & effectiveness subcommittee The Trust's integrated governance framework, which permeates the organisation, facilitates the achievement of improving clinical standards. It is scheduled for review and improvement during 2011 	Comply
A.1.7	<ul style="list-style-type: none"> Board meetings are comprehensively and accurately minuted 	Comply
A.1.8	<ul style="list-style-type: none"> The chief executive is fully aware of her responsibilities as accounting officer and follows the procedure as set out in the NHS Foundation Trust Accounting Officer Memorandum 	Comply
A.1.9	<ul style="list-style-type: none"> The Trust's corporate governance manual includes the Board's code of conduct which is based on the spirit of the Nolan Principles 	Comply
A.1.10	<ul style="list-style-type: none"> The Trust's corporate governance manual includes the Board's code of conduct and code of practice on openness 	Comply
A.1.11	<ul style="list-style-type: none"> Appropriate insurance is in place to cover the risk of legal action against directors 	Comply
A.2 – Chairman and chief executive	There should be a clear division of responsibilities at the head of the NHS foundation Trust between the chairing of the board of directors and Governors and the executive responsibility for the running of the NHS foundation Trust's business. No one individual should have unfettered powers of decision	
A.2.1	<ul style="list-style-type: none"> The division of responsibilities between the chair and chief executive is clearly established and has been formally set out in writing and agreed by the Board 	Comply
A.2.2	<ul style="list-style-type: none"> The chair meets the independence criteria. 	Comply
A.3 - Balance and independence of the Board of Directors	The Board of Directors should include a balance of executive and non executive directors (and in particular independent non executive directors) such that no individual or small group of individuals can dominate the Board's decision taking. All directors should be able to exercise one full vote, with the chair having a second casting vote on those occasions where a decision is tied.	
A.3.1	<ul style="list-style-type: none"> The Board of Directors has confirmed that all of its non executive directors are considered to be independent and has stated this in the Trust's annual report 	Comply
A.3.2	<ul style="list-style-type: none"> The Board comprises seven non executive directors, including the chair all of whom are 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	considered independent. It also currently has five executive directors which includes the post of medical director shared by two people	
A.3.3	<ul style="list-style-type: none"> A process is in place for the Council of Governors to confirm the (combined) appointment of the deputy chair and senior independent director to the Board 	Comply
A.3.4	<ul style="list-style-type: none"> The annual report gives a description of each director's expertise and experience It also makes a statement about its balance, completeness and appropriateness to the Trust's requirements 	Comply
A.3.5	<ul style="list-style-type: none"> The constitution prevents an individual holding office as both director and governor at the same time 	Comply
B.1 – The Board of Governors	Every NHS foundation Trust will have a Board of Governors which is responsible for representing the interests of NHS foundation Trust members, and partner organisations in the local health economy in the governance of the NHS foundation Trust. Governors must act in the best interests of the NHS foundation Trust and should adhere to its values and code of conduct.	
B.1.1	<ul style="list-style-type: none"> The Council of Governors meets formally at least three times per annum 	Comply
B.1.2	<ul style="list-style-type: none"> There are 35 members of the Council of Governors The Council of Governors regularly reviews its structure, composition, roles and procedures A Lead Governor has been appointed in April 2010. 	Comply
B.1.3	<ul style="list-style-type: none"> The annual report identifies Governors, their constituency or organisation they represent, whether they were elected or appointed and the duration of their appointment A record is kept of Governors' attendance at meetings 	Comply
B.1.4	<ul style="list-style-type: none"> The roles and responsibilities of the Council of Governors are set out in the constitution and includes preparation and review of the Foundation Trust's membership strategy 	Comply
B.1.5	<ul style="list-style-type: none"> Governors routinely received information in respect of the trust's performance in order to enable it to discharge its duties. Discussion is ongoing with Governors to refine and develop this information, particularly in the light of events at Mid Staffordshire NHS foundation trust 	Comply
B.1.6	<ul style="list-style-type: none"> The Council of Governors has issued a standing invitation to the chief executive to attend its meetings Other executives and non executive directors 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	<p>are invited to attend Council meetings as appropriate and frequently attend as observers</p> <ul style="list-style-type: none"> • A Board of Directors to Council of Governors meeting was held in February 2011. 	
B.1.7	<ul style="list-style-type: none"> • The Council of Governors' standing orders includes a statement relating to the handling of disputes. A separate policy is in preparation for engagement with the Board of Directors when Governors have concerns about the Board's performance, compliance with its terms of authorisation or welfare of the Trust • A process is in place for the Council of Governors to confirm the (combined) appointment of the deputy chairman and senior independent director to the Board (a senior independent director is in situ) 	Comply
B.1.8	<ul style="list-style-type: none"> • The Council of Governors is clear about its role and that of the Board of Directors • The Council has to date expressed no concerns that would warrant escalation to Monitor 	Comply
C – Appointments to the Board	<p>The 2003 Act (now 2006 Act) presents how appointments to the Board are to be made. There should be a formal, rigorous and transparent procedure for the appointment or election of new members to the Board of Directors. Appointments to the Board of Directors should be made on merit and based on objective criteria. Care should be taken to ensure that appointees have enough time available to devote to the job. This is particularly important in the case of chairmanships. The Board of Directors should satisfy itself that plans are in place for orderly succession of appointments to the Board so as to maintain an appropriate balance of skills and experience within the NHS foundation Trust and on the Board.</p>	
C.1.1	<ul style="list-style-type: none"> • A policy for the composition of the Board of Directors was confirmed by both the Board and the Council of Governors when the Trust was authorised • The nominations committee will regularly review the policy (at least three-yearly) 	Comply
C.1.2	<ul style="list-style-type: none"> • The Trust has two nominations committees – one for executive and one for non executive directors • The nominations committee responsible for non executive directors has met regularly since authorisation in order to oversee a number of appointments. In doing so it took full account of Board assessments to help evaluate the balance of skills, knowledge and experience of Board members 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
C.1.3	<ul style="list-style-type: none"> The Trust's chair is chair of both Nominations Committees 	Comply
C.1.4	<ul style="list-style-type: none"> The Nominations Committee has a clear terms of reference for the appointment, re-appointment and removal of the chair and other non executive directors, based on the constitution 	Comply
C.1.5	<ul style="list-style-type: none"> In making its recommendation/s re the appointment of non executive directors to the Council of Governors the nominations committee takes into account the views of the Board of Directors 	Comply
C.1.6	<ul style="list-style-type: none"> The nominations committee oversaw the re-appointment of two non executive directors in 2010 and appointment of one non executive director in 2010. It prepared a job specification taking into account the Board of Directors' views to meet the requirements of the post The chair's other significant commitments are shown in the annual report 	Comply
C.1.7	<ul style="list-style-type: none"> Non executive director terms and conditions of appointment are available for inspection The expected time commitment is set out in the letter of appointment and in accepting the appointment, non executive directors confirm that they are able to allocate sufficient time to the role Other significant appointments on the part of those recommended for non executive directorship are made known to Governors prior to appointment 	Comply
C.1.8	<ul style="list-style-type: none"> The annual report describes the process followed in relation to non executive director appointments 	Comply
C.1.9	<ul style="list-style-type: none"> During 2010/11, two executive appointments were made 	Comply
C.1.10	<ul style="list-style-type: none"> The constitution provides for the chief executive to be appointed and removed by the non executive directors, with appointment approved by the Council of Governors. 	Comply
C.1.11	<ul style="list-style-type: none"> No full-time executive director holds such non executive directorships 	Comply
C.1.12	<ul style="list-style-type: none"> The annual report describes the work of the nominations committees 	Comply
C.2 – Re-election	<p>All directors and elected Governors should be submitted for re-appointment or re-election at regular intervals. The Board of Directors should ensure planned and progressive refreshing of the Board of Directors.</p>	

Code ref	Code requirement – Trust position	Comply or Explain
C.2.1	<ul style="list-style-type: none"> A chief executive and two executive directors have been appointed since authorisation. It has been agreed by the Nominations Committee that executive director appointments be made on a permanent basis and not be subject to re-appointment at intervals of not more than five years 	Comply
C.2.2	<ul style="list-style-type: none"> The constitution states the terms of office and re-appointment arrangements of non executive directors, by the Council of Governors 	Comply
C.2.3	<ul style="list-style-type: none"> The constitution provides for regular elections for public, service user/carer and staff Governors Governors seeking re-election are advised to include prior performance information in their election addresses 	Comply
D – Information and professional development	<p>The Board of Directors and the Council of Governors should be supplied in a timely manner with information in a form and of a quality appropriate to enable them to discharge their respective duties. All directors and Governors should receive induction on joining their Board and should regularly update and refresh their skills and knowledge.</p>	
D.1.1	<ul style="list-style-type: none"> An induction programme for new Governors is in place A core induction programme for new directors is in place which is tailored to meet the needs of directors appointed 	Comply
D.1.2	<ul style="list-style-type: none"> Convention exists that independent advice may be sought by the Board of Directors as appropriate Directors undergo annual appraisal and have access to training courses and/or materials consistent with identified personal development needs Committees are supported by the relevant executive director, senior manager/s and Trust staff The Council of Governors is supported by the Company Secretary 	Comply
D.1.3	<ul style="list-style-type: none"> The Board of Directors reviews trust performance information on a monthly basis The Council of Governors receives appropriate supporting information to enable it to fulfil its role. This will continue to be a work in progress as Governors' roles mature and their information needs develop 	Comply
D.2 – Performance evaluation	<p>The Board of Directors should undertake a formal and rigorous annual evaluation of its own performance and that of its committees and individual directors. The Board should state in the annual report</p>	

Code ref	Code requirement – Trust position	Comply or Explain
	<p>how performance evaluation of the Board, its committees and its individual directors including the chairman, has been conducted, bearing in mind the desirability for independent assessment, and the reason why the foundation Trust adopted a particular method of performance evaluation. The outcomes of the evaluation of the executive directors should be reported to the Board of Directors. The chief executive should take the lead on the evaluation of the executive directors. The Council of Governors, which is responsible for the appointment and re-appointment of non executive directors, should take the lead on agreeing a process for the evaluation of the chair and non executives, with the chairman and the non executives. The outcomes of the evaluation of the chairman and the non executives should be agreed by Governors. The Governors should bear in mind the desirability of using the senior independent director to lead the non executive directors in the evaluation of the chairman. The Council of Governors should assess its own collective performance and its impact in the NHS foundation Trust.</p>	
D.2.1	<ul style="list-style-type: none"> • At the beginning of 2010 the Board participated in assessment exercise related to the strengths and weakness of the corporate Board and the skills of individual directors. This is being used to help inform three non executive appointments due in 2010 • Individual appraisal and performance development planning is undertaken at least annually • Preparation of annual reports by key governance committees is routinely undertaken. 	Comply
D.2.2	<ul style="list-style-type: none"> • The Council of Governors adopted a set of key performance indicators for implementation from April 2010 to help assess their collective performance • The Council is currently reviewing the user/carer and public constituencies of its composition policy • Governors attended and contributed to Annual Plan events • Governors are involved in the appraisal of the Chair of the Trust 	Comply
D.2.3	<ul style="list-style-type: none"> • The constitution sets out the arrangements for the removal of a Governor from the Council 	Comply
E – Director remuneration	<p>Levels of remuneration should be sufficient to attract, retain and motivate directors of the quality required to run the NHS foundation Trust successfully, but an NHS foundation Trust should avoid paying more than is necessary for this purpose.</p>	

Code ref	Code requirement – Trust position	Comply or Explain
E.1.1	<ul style="list-style-type: none"> The Trust does not currently operate a performance-related pay scheme or make provision for annual bonuses 	Comply
E.1.2	<ul style="list-style-type: none"> The Council of Governors sets the level of remuneration for the chair and other non executive directors which is reviewed by them on an annual basis 	Comply
E.1.3	<ul style="list-style-type: none"> Remuneration disclosures in the annual report have not previously included information on earnings by executive directors from non executive director roles elsewhere as none have been declared 	Comply
E.1.4	<ul style="list-style-type: none"> The remuneration committee will consider what compensation commitments directors' term of appointment would entail in the event of early termination on an individual basis 	Comply
E.2 – Procedure	There should be a formal and transparent procedure for developing policy on executive remuneration and for fixing the remuneration packages of individual directors. No director should be involved in deciding his or her own remuneration.	
E.2.1	<ul style="list-style-type: none"> The Board of Directors' remuneration committee is composed of all non executive directors The committee's terms of reference are available 	Comply
E.2.2	<ul style="list-style-type: none"> The remuneration committee has delegated responsibility for setting all executive director and senior manager remuneration 	Comply
E.2.3	<ul style="list-style-type: none"> The Council of Governors fulfils its responsibility to set the remuneration of the chairman and non executive directors. In doing so it has access to national data on pay levels 	Comply
F – Accountability and audit	The Board of Directors should present a balance and understandable assessment of the NHS foundation Trust's position and prospects.	
F.1.1	<ul style="list-style-type: none"> The annual report explains directors' responsibility for preparing the accounts The annual report also includes a statement by the auditors about their reporting responsibilities 	Comply
F.1.2	<ul style="list-style-type: none"> The annual report contains a statement from directors that the foundation trust is a going concern 	Comply
F.1.3	<ul style="list-style-type: none"> All new developments that might affect the Trust's financial or service performance or reputation are brought to the attention of Monitor and the Council of Governors. 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	<p>Consideration is also given by the Board as to whether such developments should be brought to the attention of the public</p> <ul style="list-style-type: none"> All significant changes that might affect the trust's financial or service performance or reputation are brought to the attention of Monitor and the Council of Governors. As above, consideration is also given by the Board of Directors as to whether such changes should be brought to the attention of the public 	
F.1.4	<ul style="list-style-type: none"> The Trust has an established annual planning cycle that includes governor involvement At minimum the Board of Directors presents information, both quantitative and qualitative, of the trust's business and operations to the Council of Governors 	Comply
F.2 – Internal control	The Board should maintain a sound system of internal control to safeguard public and private investment, the NHS foundation Trust's assets, patient safety and service quality.	
F.2.1	<ul style="list-style-type: none"> The Board of Directors conducts an annual review of effectiveness of its system of internal control, supported by its internal auditors A statement of internal control is included in the trust's annual report which is available to members 	Comply
F.3 – Audit committee and auditors	The Board should establish formal and transparent arrangements for considering how they should apply the financial reporting and internal control principles and for maintaining an appropriate relationship with the NHS foundation Trust's auditors.	
F.3.1	<ul style="list-style-type: none"> The trust's audit committee comprises three independent non executives and is chaired by a non executive director with recent and relevant financial experience 	Comply
F.3.2	<ul style="list-style-type: none"> The audit committee's terms of reference are regularly reviewed (at least annually) and clearly set out its main role and responsibility 	Comply
F.3.3	<ul style="list-style-type: none"> The audit committee's terms of reference are available on request The annual report describes the audit committee's work 	Comply
F.3.4	<ul style="list-style-type: none"> The audit committee receives regular reports from its counter fraud service provider and has agreed a counter fraud policy and response plan which sets out the steps to be taken where fraud or corruption is suspected The counter fraud plan includes raising fraud awareness throughout the trust. In 2010/2011 this has been via direct training presentations 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	<p>to staff, newsletters, intranet development and the hosting of fraud awareness month</p> <ul style="list-style-type: none"> • Staff are made aware via the corporate governance manual and staff handbook how to raise, in confidence, concerns about possible improprieties 	
F.3.5	<ul style="list-style-type: none"> • In February 2009, following a competitive tendering process, the Council of Governors appointed the Trust's external auditors for a period of 3 years to March 2012 • The audit committee worked alongside Governors in respect of this work 	Comply
F.3.6	<ul style="list-style-type: none"> • The Trust's auditor's appointment has not ended in disputed circumstances to date. However should this occur then Monitor would be informed • The Trust ensures the independence of its external auditors 	Comply
F.3.7	<ul style="list-style-type: none"> • The Trust's auditor provided non-audit services (consultancy) in this year for due diligence in respect of community services and the quality accounts process • In respect of this non-audit work the Trust ensured the auditors' independence. 	Comply
G – Relations with stakeholders	<p>The Board of Directors should appropriately consult and involve members, patients, clients and the local community. Notwithstanding the complementary role of the Governors in this consultation, the Board of Directors as a whole has responsibility for ensuring that satisfactory dialogue with its stakeholders takes place.</p>	
G.1.1	<ul style="list-style-type: none"> • The Trust has in place a membership strategy 	Comply
G.1.2	<ul style="list-style-type: none"> • The Board of Directors has arrangements in place to fulfil its responsibility for ensuring there is satisfactory dialogue with its stakeholders. It consults and involves members, patients, clients and the local community in respect of preparation of the Trust's annual plan each year and in respect of any proposed significant service changes or developments • The Trust's membership strategy is monitored by the membership communications and patient and public involvement strategy subgroup of the Council of Governors whilst its patient and public involvement strategy is monitored by the patient and public involvement subcommittee of the Board of Directors. The overlap and interface between Governors and any local consultative forums already in place (e.g. overview and scrutiny 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	committee) is addressed through these groups and via the trust's patient experience team <ul style="list-style-type: none"> Patients/service users and carers are represented throughout the Trust's governance structure; via membership of our subcommittees they are fully integrated into our operational processes 	
G.1.3	<ul style="list-style-type: none"> The chair routinely reports to the Board of Directors on the work of the Council of Governors The chair provides the Council of Governors with regular reports on the work of the Board of Directors. The chair also sends a weekly news bulletin to Governors Non executive directors, including the senior independent director, regularly attend meetings of the Council of Governors 	Comply
G.1.4	<ul style="list-style-type: none"> The Council of Governors has in place a programme of member engagement activities The Trust's website and annual report and its regular members' newsletter provides details of how members can contact their governor 	Comply
G.1.5	<ul style="list-style-type: none"> The annual report describes how non executive directors have developed their understanding of the views of Governors and members 	Comply
G.1.6	<ul style="list-style-type: none"> The Board of Directors receives regular reports on how representative the Trust's membership is Member engagement work is reported to the Board of Directors in context e.g. member engagement during the annual planning process 	Comply
G.2 – Cooperation with third parties with roles in relation to NHS foundation Trusts	The Board of Directors is responsible for ensuring that the NHS foundation Trust cooperates with other NHS bodies, local authorities and other relevant organisations with an interest in the local health economy.	
G.2.1	<ul style="list-style-type: none"> The Board of Directors has a schedule of the specific third party bodies in relation to which the NHS foundation Trust has a duty to cooperate (within its terms of authorisation) 	Comply
G.2.2	<ul style="list-style-type: none"> All Board members have developed networks within their own areas of responsibility to ensure the proper cooperation with third party bodies in order to develop and maintain 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	collaborative relationships <ul style="list-style-type: none"> <li data-bbox="424 297 1085 389">• The Board has not yet reviewed the effectiveness of these process and relationships. This is planned for 2011/12. 	

Council of Governors

The Council of Governors is responsible for fulfilling its statutory duties (of appointing, removing and deciding term of office (including remuneration) of the chair and non executive directors (NEDs), approving the appointment of the chief executive, appointing or removing the Trust's auditors, receiving the annual report and accounts and auditor's report, and expressing a view of the Board's forward plans) and for ensuring that the interests of the community served by the Trust are appropriately represented. The Council of Governors meets at least three times per annum, in public.

In the reporting period, composition of the Council of Governors was:

- Public – 10 Governors
- Service users and carers – 9 Governors
- Staff – 6 Governors
- Partnership – 10 Governors

The table now gives the names of those who occupied the position of governor during the reporting period, how they were appointed or elected and how long their appointments are for. It also states the number of Council of Governors' meetings that were held and individual attendance by Governors at those meetings.

Between April 2010 and March 2011 the Council of Governors met on five occasions and attendance is indicated on the table below.

Public Governors (elected)	Area	Tenure	From	To	Council of Governors' meetings attended April 2010 – March 2011
Baker, Susan (resigned Feb 2011)	Cheshire East	3 years	2008	2011	4 out of 5
Caswell, John (term ended Oct 2010)	Cheshire West & Chester	3 years	2007	2010	3 out of 3
Coad, Tim (term commenced Oct 2010)	Cheshire West & Chester	3 years	2010	2013	2 out of 2
Cooper, Kathy (term commenced Oct 2010)	Wirral	3 years	2010	2013	1 out of 2
Doubt, Nicola (term commenced end Dec 2010)	Cheshire West & Chester	3 years	2008	2011	1 out of 1
Evans, Paul (resigned Aug 2010)	Cheshire West & Chester	3 years	2008	2011	2 out of 2
Griffin, Julie	Wirral	3 years	2009	2012	2 out of 5

Hulse, Vanda (term commenced Nov 2010, resigned Mar 11)	Cheshire East	3 years	2010	2013	1 out of 2
Jones, Wendy (term ended Oct 2010)	Wirral	3years	2007	2010	1 out of 3
Seber, Derek (assumed June 2010)	Out of Area	3 years	2008	2011	1 out of 3
Smith, Jean	Cheshire East	3 years	2008	2011	4 out of 5
Torbet, Brian (resigned Jan 2011)	Cheshire West & Chester	3 years	2008	2011	1 out of 4
Watson, Nigel (term ended Oct 2010)	Cheshire East	3 years	2007	2010	3 out of 3
Woods, Jean (assumed June 2010)	Wirral	3 years	2008	2011	2 out of 3
Service user & carer Governors (elected)					
Abbott, Jan (term ended Oct 2010)		3 years	2007	2010	2 out of 3
Allen, David (resigned January 2011)		3 years	2009	2012	2 out of 4
Campbell, Jean (term commenced Oct 2010)		3 years	2010	2013	0 out of 2
Dixon, Michael (resigned July 2010)		3 years	2008	2011	0 out of 2
Hough, Sylvia		3 years	2009	2012	3 out of 5
Jarrold, Phil (term commenced end Dec 2010)		3 years	2010	2013	1 out of 1
Jones, Brenda		3 years	2009	2012	3 out of 5
Lee, Tong Hing (re elected Oct 2010)		3 years	2007	2010	
		3 years	2010	2013	4 out of 5
McGrath, Ann (assumed Feb 2011)		8 months	2011	2011	0 out of 0
Monkhouse, Chris (term ended Oct 2010)		3 years	2007	2010	2 out of 3
Salisbury, Eddie (assumed Oct 2010)		3 years	2008	2011	2 out of 2
Smith, George (assumed July 10, resigned Sept 10)		3 years	2008	2011	0 out of 1
Towse, Cyril (assumed Jan 2010)		3 years	2008	2011	3 out of 5
Usherwood, Anna		3 years	2008	2011	5 out of 5

Staff Governors (elected)	Class				
Cox, Debbie (term ended Oct 2010)	Therapies	3 years	2007	2010	3 out of 3
Edwards, Ken (term ended Oct 2010)	Nursing	3 years	2007	2010	1 out of 3
Fothergill, Neil (resigned July 2010)	Clinical psychology	3 years	2008	2011	1 out of 2
Irving, Peter (term commenced Oct 2010)	Nursing	3 years	2010	2013	1 out of 2
Marks, Lynne	Non-clinical	3 years	2008	2011	3 out of 5
Sharratt, Sue (resigned Sept 2010)	Nursing	3 years	2009	2012	2 out of 2
Tremblay, Micheline	Medical	3 years	2008	2011	5 out of 5
Welton, Sarah (term commenced Oct 2010)	Therapies	3 years	2010	2013	1 out of 2
Partnership Governors (appointed)	Organisation				
Dowding, Brenda	Cheshire West & Chester Council	3 years	2009	2012	3 out of 5
Gibson, Maire	Western Cheshire Primary Care Trust (re-appointed Oct 2010)	3 years 3 years	2007 2010	2010 2013	2 out of 5
Gilchrist, Phil (term commenced Oct 2010)	Wirral Metropolitan Borough Council	3 years	2010	2013	1 out of 2
Holland, Tony (term ended Oct 2010)	Staff side	3 years	2007	2010	1 out of 3
Knowles, Andrew (resigned May 2010)	Cheshire East Council	3 years	2009	2012	0 out of 1
Lea, O'Mahoney, Maurice (term commenced Oct 2010)	Staff side	3 years	2010	2013	2 out of 2

Lloyd, Anne (resigned Feb 2011)	Cheshire & Wirral Drug & Alcohol Action Teams	3 years	2009	2012	4 out of 5
Long, Tina (term ended Oct 2010)	Wirral Primary Care Trust	3 years	2007	2010	1 out of 3
Moon, Bob (term commenced July 2010, resigned Oct 2010)	Wirral Metropolitan Borough Council	3 years	2007	2010	1 out of 1
Piercy, Anne	Council for Voluntary Services	3 years	2008	2011	0 out of 5
Ridley, Mike (appointed May 2010, reappointed Oct 2010, resigned Feb 2011))	Central and Eastern Cheshire PCT	3 years 3 years	2007 2010	2010 2013	1 out of 3
Roach, Mike (term commenced Oct 2010)	Wirral PCT	3 years	2010	2013	0 out of 2
Wilson, Ken (reappointed Oct 2010)	Universities	3 years 3 years	2007 2010	2010 2013	3 out of 5
Wray, John (appointed July 2010)	Cheshire East Council	3 years	2009	2012	3 out of 3

Members of the Board of Directors regularly attend meetings of the Council of Governors in order to understand Governors' views. The chief executive has a standing invitation to attend all meetings of the council. All directors receive the council's papers for review. Directors, and in particular non executives, also come together regularly with governors and members at consultation, information and training events and seminars.

Directors' attendance at meetings of the Council of Governors during 2010/11 is shown below:

Director	Council of Governors' meetings attended April 2010 – March 2011
<i>Non executive</i>	
Clark, Fiona	5 out of 5
Eva, David (chair)	4 out of 5

Hope-Terry, Geoff (until end of Oct 2010)	1 out of 3
Howarth, Ron	2 out of 5
Kirk, Carol	3 out of 5
McAndrew, Stephen (deputy chair and senior independent director)	1 out of 5
Owen, Grahame	4 out of 5
<i>Executive</i>	
Cotgrove, Andy (wef July 2010)	3 out of 3
Cumiskey, Sheena (chief executive)	5 out of 5
Davidson, Ian (deputy chief executive & medical director) (until end of June 2010)	1 out of 2
Devaney, Avril	3 out of 5
Francké (nee Preen), Ros	4 out of 5
Sharma, Vimal (until end of July 2010)	1 out of 2
Sivananthan, Anushta (wef July 2010)	3 out of 3
Styring, Andy	3 out of 5

Public interest disclosure

Information to and consultation with employees

The Trust takes its responsibilities for informing and consulting with staff very seriously, in particular seeking to work closely with recognised trades unions and professional bodies. A couple of major change projects have tested the robustness of the Trust's internal arrangements over the last 12 months – firstly, the process of relocating inpatient services (and staff) from central / south east to Macclesfield and, secondly, transferring staff into the trust from Community Care Western Cheshire under the government's Transforming Community Services programme. Thanks to established relationships and routines, potential difficulties were overcome and changes achieved with the minimum of disruption to service users.

Health and safety performance information and occupational health

The Executive Director with Board level responsibility for Health and Safety acts on behalf of the Chief Executive and has the following responsibilities which are intended to ensure management of health and safety is effective:

- The development and monitoring of relevant policies and systems
- Setting health and safety objectives based on the standards set out in the Health and Safety Leadership Checklist for Trust Boards and managing performance against objectives.
- Ensuring that appropriate advice is available on health and safety matters.
- Promoting the importance of health and safety.

CWP established new governance arrangements during the year for linking discussions on health and safety with wider staff well-being. Although the Health, Safety and Well-being Committee is in its early days, it has set a sound base for further joint working in 2011/12 and beyond.

The Occupational Health Service continues to have responsibility for the following:

- Monitoring the health of employees and undertaking health screening for prospective employees.
- Ensuring that health surveillance is carried out as determined locally in accordance with relevant legislation.
- Liaising with and supporting managers in relation to staff health at work.
- Developing health promotion initiatives for the workforce.'

Counter fraud

The Trust continued to work with the NHS Counter Fraud Service and the accountable officer remains the Director of Finance. Mersey Internal Audit Agency (MIAA) has again provided the service this year.

There were a number of investigations within the 2010/11 financial year, which were investigated in accordance with the Trust's Counter Fraud Policy and Response Plan. The Trust's counter fraud plan for 2011/12 has included work across the seven generic areas of counter fraud activity as designated by the NHS Counter Fraud Service. The Trust actively encourages its staff to use its whistle blowing policy where they have concerns

Better payment practice code – measure of compliance

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of the goods or a valid invoice, whichever is later.

In the year ended 31 March 2011:

Item	Number	£000
Total non-NHS trade invoices paid in period	21,851	25,861
Total non-NHS trade invoices paid within target	20,746	24,805
Percentage of non-NHS trade invoices paid within target	95%	96%
Total NHS trade invoices paid in the period	1,324	11,695
Total NHS trade invoices paid within target	1,177	11,378
Percentage of NHS trade invoices paid within target	89%	97%

In the year ended 31 March 2010:

Item	Number	£000
Total non-NHS trade invoices paid in period	23,170	26,632
Total non-NHS trade invoices paid within target	21,636	25,126
Percentage of non-NHS trade invoices paid within target	93%	94%
Total NHS trade invoices paid in the period	1,346	12,211
Total NHS trade invoices paid within target	1,226	11,613
Percentage of NHS trade invoices paid within target	91%	95%

Consultations

During this period the Trust carried out two consultations on behalf of Cheshire and East Cheshire Primary Care Trust.

The first was on the proposal that the Trust would no longer be required by the PCT to provide social support services at "The Willows" day centre in Macclesfield. All service users that access this service are already cared for by community mental health teams, and would be supported to use alternative day services through mainstream facilities such as colleges. The CWP board ratified the decision to close 'The Willows' pending confirmation to decommission the service by the PCT, taken at a Board meeting on the 30th November. In January, The Willows closed and CWP will undertake a six month follow-up on people who currently receive services from 'The Willows'.

The second consultation was that we would no longer be required by the PCT to provide learning disability respite care services from "Riseley Street" in Macclesfield. Service users that require this specialist care would receive it from "Crook Lane" (Winsford). CWP board agreed to the proposal to the closure of Riseley subject to the confirmation of the PCT on 30th November. The paper, discussed and agreed at the CWP Board meeting, proposed not to enact the closure until later in the year allowing for a period of "transition planning" with all those affected.

Patient and public involvement

Please see page 15.

Sickness absence data

Sickness absence performance in 2010/11 is referred to in the table on page 99.

Charging for information

It is government policy that much information about public services should be made available either free or at low cost, in the public interest. The Trust has complied with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information guidance.

Data loss and confidentiality breaches (required as part of the NHS Information Governance rules)

There were no serious and untoward incidents involving loss of confidential data during the year.

Corporate social responsibility

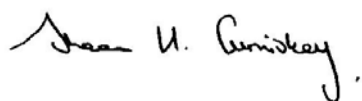
The Trust is a keen champion of corporate social responsibility and aims to use suppliers that meet its values in respect of making a contribution to the local community and the environment. CWP has its own challenging stigma campaign and organises a variety of events to challenge stigma each year. A range of environmentally friendly initiatives are undertaken to support our sustainability strategy.

The Trust also secured a grant from the International Health Links Funding Scheme which enabled three members of staff to visit a remote 235 bed hospital, with one mental health ward, in Uganda. The aim of the visit was to establish a mental health link with the hospital and identify how CWP can work together to help develop the hospital's mental health services.

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Foreword to the Accounts

These financial statements for the year ended 31 March 2011 have been prepared by Cheshire and Wirral Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 in the form which Monitor, the Independent Regulator of NHS Foundation Trusts has, with the approval of the Treasury, directed.

A handwritten signature in black ink, reading "Sheena U. Cumiskey". The signature is written in a cursive style with a prominent initial 'S'.

Date: 1 June 2011 Sheena Cumiskey - Chief Executive

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Cheshire and Wirral Partnership NHS Foundation Trust

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

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

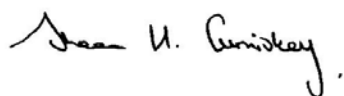
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- a) observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- b) make judgements and estimates on a reasonable basis;
- c) state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements and
- d) prepare the financial statements on a going concern basis.

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

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

Signed:



Sheena Cumiskey - Chief Executive

Date: 1 June 2011

Annual Governance Statement (AGS) - April 2010 to March 2011

1. Scope of responsibility

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

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 FT, 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 FT for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Integrated Governance Framework sets out the responsibility and roles of each level of leadership in the organisation, in relation to handling and managing risk. At an executive level, the Chief Executive has delegated operational responsibility for oversight of risk management processes to the Medical Director (Quality, Compliance & Assurance), but each Executive Director is accountable for managing the strategic risks that are related to their portfolio.

The Quality Committee and Operational Board are the two committees reporting directly to the Board, that are responsible for overseeing strategic risks outlined within the corporate risk register and assurance framework, with the Quality Committee reviewing the corporate risk register at each meeting, as the committee with 'overarching responsibility for risk', as per NHS Litigation Authority requirements. High rated risks on the corporate risk register i.e. those 'red risks', rated 15 or above, are reviewed by the Board of Directors monthly, with the full risk register and assurance framework being reviewed quarterly.

The Audit Committee is also responsible for oversight and internal scrutiny of risk systems and processes within the organisation, and discharges these functions through the use of internal and external auditors.

As well as having a corporate risk register, each Clinical Service Line has its own risk register and risk management systems and processes, with the accountable officers for risk management being the Clinical Director and General Manager of each Clinical Service Line. There is an escalation process in place, as part of the Integrated Governance Framework, that any 'red risk' i.e. those risks rated 15 or above, identified via Clinical Service Line risk processes, will be escalated to the Clinical Governance Department, for consideration of inclusion on the corporate risk register. This escalation process will in future be automated

through an electronic risk management system that is being embedded throughout the organisation.

The FT continues to include risk management awareness, risk assessment and incident reporting in induction and mandatory training. The core training processes include specific risk management training and Root Cause Analysis training is also available as part of the mandatory training programme for those staff who undertake formal investigations following an incident. This training was developed with the National Patient Safety Agency (NPSA) and runs at regular intervals within each financial year.

An important aspect of risk management is the FT's capacity to learn. The FT promotes a learning culture, by having systems and processes in place to investigate and learn from when things go wrong or to share best practice. Each quarter a 'Learning from Experience' report is produced, which contains trend analysis of incidents, complaints, Patient Advice and Liaison Services (PALS) and claims data, and makes recommendations to the Clinical Service Lines based on these analyses. This report is received and discussed at Board of Directors, Quality Committee and the Clinical Service Line governance meetings. There is also an accompanying 'Learning Lessons, Changing Practice' publication, which highlights key lessons that need to be shared across the FT.

The FT also publishes a quarterly 'Quality Report', which highlights best practice that can be shared across the organisation.

4. The risk and control framework

The risk management strategy is an integral component of the Integrated Governance Framework that was approved by the Board. The key elements of the strategy include:

- A statement that sets out the Board's commitment to risk management and risk appetite;
- A commitment to create a suitable environment for staff and operate an open and just culture, which encourages and supports the reporting of errors so that learning and improvement can take place;
- How risks are identified against strategic objectives;
- Designated responsibilities and accountability framework in relation to risk management;
- Risk management processes that include identification, evaluation, analysis, risk control, review and follow up, residual risk and reasonable practicality;
- Governance structure (corporate meetings) chart, with a description of how this supports risk management within the FT;
- Committee terms of references, outlining responsibilities in managing strategic risk.

The implementation of the risk management strategy within the organisation is underpinned by a number of policies and procedures, including:

- Corporate Governance Manual;
- Incident Reporting, Management and Review Policy;
- Policy for the recording, investigation and management of complaints, comments, concerns and compliments;
- Health & Safety Policy;
- Environmental Risk Policy for Ligature Points;
- Management of Slips, Trips and Falls (including falls pathway and staff guidance);

- Safe Manual Handling of People and Loads (including safe use of bed rails);
- Bed Management Policy.

In relation to quality governance arrangements, the Board receives a monthly Corporate Performance Report, which provides the Board with routine information on:

- the monthly Quality & Risk Profile published by the Care Quality Commission (CQC), which provides oversight of adherence to compliance with CQC registration;
- CQC priority performance indicators;
- Monitor terms of authorisation performance indicators;
- patient experience data e.g. numbers of complaints, PALS and compliments received;
- infection prevention and control audit data;
- adherence to patient safety alerts issued by the Department of Health Central Alerting System (CAS);
- adherence to National Institute of Clinical Excellence (NICE) guidance;
- workforce data e.g. staff sickness;
- financial data e.g. income and expenditure and any financial risks;
- 'red risks', i.e. those risks rated 15 or above, on the corporate risk register.

The above report informs the Board of any emerging quality and performance risks across the FT. The Corporate Performance Report is also reviewed at the Operational Board and the Performance and Compliance Sub Committee, so that if quality and performance is going off track, mitigations can be put in place, through early identification. Quality and performance is also reviewed at the Clinical Service Line and Clinical Support Services quarterly performance reviews. These performance reviews are attended by the Chief Executive and Executive Directors, as well as the Clinical Director and General Manager/Head of Department for the service i.e. those accountable for operational performance and quality.

The FT has data quality processes in place to ensure that:

- there is a corporate framework in place for the management and accountability of data quality;
- there is commitment to secure a culture of data quality throughout the organisation;
- there is clear responsibility for data quality, governance and accountability at all levels of the organisation;
- clinicians understand the purpose and use of the data collected within the FT;
- there are policies or procedures in place to secure the quality of the data used for reporting;
- staff have the knowledge, competencies and capacity in relation to data quality;
- there are appropriate arrangements in place to ensure that data supporting reported information is actively used in the decision-making process;
- data is subject to an appropriate system of internal control and validation.

Data security is managed via the processes outlined within the FT's Information Governance Policy, which is scrutinised annually via the Information Governance Toolkit.

Some of the major strategic risks that faced the organisation in 2010/11 were as follows:

Risk of financial instability of commissioners impacting negatively on the Foundation Trust's ability to respond

One of the FT's commissioners had financial difficulties in year and had to put recovery plans in place. The FT engaged in a prioritisation process with the commissioners, which resulted in areas of service redesign. This helped the Primary Care Trust (PCT) deliver their financial recovery plan, without a negative impact on patient care.

Delivery of Cost Improvement Plans (CIP)

With one of the FT's commissioners having emerging financial difficulties in year, some of the service developments that were outlined within the FT's annual plan 2010/11 had to be reviewed. This is always a dynamic process which is reviewed in year to ensure financial plans are on track. The FT mitigated this risk by having regular CIP review meetings with clinical services and adapting CIP plans in year.

Performance against Monitor targets (12 month Care Programme Approach (CPA) review and recording of Mental Health Minimum Data Set fields)

This was identified as going off track in year and mitigations were put in place to include ensuring that developments were made to the FT's clinical system to make these fields mandatory and that there was regular monitoring of this via reporting through the FT's governance structure (Operational Board and Performance & Compliance Sub Committee) and also via performance reviews.

Some of the strategic risks facing the FT in 2011/12 are as follows:

The changes to the new commissioning framework in the NHS, particularly the introduction of 'any qualified provider'

The FT is working closely with GP colleagues in all emerging consortia to establish what their needs are in relation to commissioning mental health, learning disability and drug and alcohol services. The FT is also starting to work on evidencing delivery of the NHS Outcomes framework, along with rolling out Payment by Results (PbR) for mental health, to ensure that clinical services can show that they are clinically effective with quality outcomes and value for money.

Potential governance issues that may arise as a result of Transforming Community Services (TCS)

The FT has taken on the community provider arm of the PCT in West Cheshire, commencing 1 April 2011. The FT has had a robust governance structure in place regarding the merger and has a post integration project plan, which will be monitored regularly. Any emerging issues/risks will be escalated and mitigated as appropriate.

Risk management is embedded into the activity of the organisation via the following examples:

- Having a clear accountability and performance management framework in place;
- Ongoing review and scrutiny of local and strategic risks registers;
- Having a 'fair blame' culture, actively encouraging the reporting of incidents;
- Learning from incidents via aggregate analysis, regular feedback to staff and review of lessons learned;
- Ensuring that scheduled health and safety risks assessments are conducted across the FT;
- Having a robust clinical audit program, linked to risk management;

- Ensuring that equality and diversity impact assessments are conducted on all clinical services and on FT policies and;
- Ensuring that impact assessments are conducted on all new service developments across the FT.

The FT has an Engagement Strategy in place, so that patient, carer and public involvement is key to helping the organisation to manage risks. Some of the ways in which we engage patients, carers and the public are:

- Annual planning events, which encourage engagement in setting strategic priorities;
- Consultation with patients, carers and the public on major service redesign;
- Our Foundation Trust membership and Council of Governors meetings;
- Inviting Patient and Public Involvement (PPI) representatives to attend corporate and clinical meetings and involving them in recruitment processes;
- Inviting our Local Involvement Networks, commissioners and Overview and Scrutiny Committees to comment on our Quality Accounts and;
- By making changes to practice when appropriate from feedback received from Patient Advice and Liaison Service (PALS) comments, concerns and complaints received.

The FT is fully compliant with the registration requirements of the Care Quality Commission.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to 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 obligations under equality, diversity and human rights legislation are complied with.

The FT has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UK Climate Impacts Programme (UKCIP) 2009, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Board reviews the financial position of the FT on a monthly basis. This includes the achievement of efficiency targets and other performance measures. There is a scheme of delegation in place and the key Governance Committees of the Board, the Audit Committee and the Quality Committee are also part of this process. The FT uses indicators such as the Care Quality Commission Annual Health Check rating for use of resources, and where the FT is accountable to its independent regulator, Monitor, key ratios such as the financial risk rating.

6. Annual Quality Report

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

In order to ensure that the Quality Accounts represent a balanced view and that there are adequate controls in place to ensure the accuracy of the data, the following steps have been taken:

- The Quality Accounts have been discussed and presented to appropriate internal and external review and scrutiny groups (including key clinical stakeholders, commissioners and patient groups), to ensure that the priorities for the forthcoming year in relation to patient safety, clinical effectiveness and patient experience, represent the strategic direction of the FT in relation to Quality;
- Views of commissioners, Local Involvement Networks (LINKs) and the Overview and Scrutiny Committee have been sought and comments are included within the FT's Quality Account;
- The Board have formally signed off the Quality Account and will ensure that it receives the same level of scrutiny as the FT's financial accounts i.e. the FT has commissioned its external auditors to undertake a formal audit of the Quality Account as per the regulations;
- The audit conducted by external auditors will include a review of the FT's policies, systems and processes, people and skills and data accuracy by undertaking 'data delves'.

In order to maintain and review the effectiveness of the systems of internal control in relation to the Quality Report, there will be ongoing reports to the Board of Directors and other internal groups within the FT. The FT will also report progress to commissioners, LINKs and the Overview and Scrutiny Committee on delivery of the priorities identified within the Quality Account. Any risks to delivery of these priorities will be identified and managed as per the processes outlined within the FT's Integrated Governance Framework. The ongoing review will also help to identify and review the FT's quality priorities throughout the year, as there is an appreciation that these may change. This will ensure that delivery of the Quality agenda is a dynamic process.

7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of 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 FT who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report included 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. I have been advised on the implications of the result of my review of the effectiveness of the system of control by the Board, the Audit Committee, the Operational Board and the Quality Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

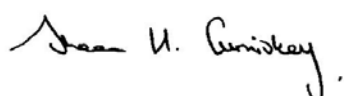
The Head of Internal Audit has provided me with a positive opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. This review has given assurance that:

- The components of the assurance framework are all present i.e. objectives, risks, controls, positive assurance, gaps in control and/or assurance and remedial action;
- There is evidence that the Board had been appropriately engaged in developing and maintaining the assurance framework;
- The objectives are sufficiently strategic, well balanced and across all areas of activity;
- The objectives explicitly reflect the scope of CQC essential standards of quality and safety, the NHS Operating Framework, existing performance commitments and financial management, user and public involvement, equality and human rights requirements, as appropriate to the organisation;
- The risks are sufficiently strategic/high level and complete (i.e. are potential risks and not just residual risks);
- The key controls have been identified and evaluated with regard to their effectiveness to manage risk;
- Potential sources of assurance have been identified;
- Results of real assurances have been included in the framework, which includes positive assurances, and gaps in control and/or assurance identified where appropriate;
- The components of the framework have all been explicitly mapped out against each other so that an assurance can be mapped back to an objective with ease;
- The framework is fit for purpose and provides the Board with evidence based assurances on the way in which it manages the organisation at a strategic level;
- Significant issues arising from the assurance framework are being escalated to the Board and can be traced through the Board agenda;
- Arrangements are in place and are being followed to address gaps in control and/or gaps in assurance where the Board deems that appropriate;
- The framework informs appropriate declarations made in the Annual Governance statement, including significant control issues, in line with national guidance.

The Board received this confirmation in March 2011 and accepted the conclusions of the Internal Auditors, as did the Audit Committee.

No internal control issues which would have a significant impact on the achievement of organisational objectives were identified during the period April 2010 to March 2011. Strategically significant risks are always highlighted and monitored through the assurance framework processes.

Signed



Sheena Cumiskey
Chief Executive

Date 1 June 2011

Independent Auditors' Report to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust

We have audited the financial statements of Cheshire and Wirral Partnership NHS Foundation Trust ("the NHS Foundation Trust") for the year ended 31 March 2011 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Respective responsibilities of directors and auditors

As explained more fully in the Directors' Responsibilities Statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with the NHS Act 2006, the Audit Code for NHS Foundation Trusts issued by Monitor and International Standards on Auditing (ISAs) (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

This report, including the opinions, has been prepared for and only for the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the NHS Foundation Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the NHS Foundation Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Annual Report and Accounts to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view, in accordance with the NHS Foundation Trust Annual Reporting Manual, of the state of the NHS Foundation Trust's affairs as at 31 March 2011 and of its income and expenditure and cash flows for the year then ended; and
- have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual; and
- the information given in the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Audit Code for NHS Foundation Trusts requires us to report to you if:

- in our opinion the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual or is misleading or inconsistent with information of which we are aware from our audit. We are not required to consider, nor have we considered, whether the Accounting Officer's Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls;
- we have not been able to satisfy ourselves that the NHS Foundation Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- we have qualified our report on any aspects of the Quality Report.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 to the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.



Peter Chambers (Senior Statutory Auditor)
For and on behalf of PricewaterhouseCoopers LLP
Chartered Accountants and Statutory Auditors
Manchester

6 June 2011

The maintenance and integrity of the Cheshire and Wirral Partnership NHS Foundation Trust website is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2011

		Year ended 31 March 2011	Year ended 31 March 2010 restated*
	NOTE	£000	£000
Operating income from patient care activities	3	127,150	123,683
Other operating income	4	7,157	7,522
Operating expenses	5	(126,626)	(126,375)
OPERATING SURPLUS		7,681	4,830
Finance income - bank interest		295	227
Finance expenses	8	(384)	(373)
Public Dividend Capital dividends payable	9	(2,288)	(2,134)
SURPLUS FOR THE YEAR		5,304	2,550
Other Comprehensive Income			
Net loss on revaluation of property, plant and equipment		0	(228)
Reduction in the donated asset reserve due to depreciation		(3)	(9)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		5,301	2,313

* Note - The Statement of Comprehensive Income for the year ended 31/3/2010 has been restated for a prior period adjustment, see Note 1.4 below.

The notes on pages 166 to 198 form part of these Accounts.

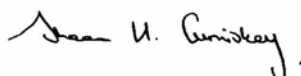
STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011

		31 March 2011	31 March 2010 restated*	31 March 2009
	NOTE	£000	£000	£000
NON-CURRENT ASSETS				
Property, plant and equipment	11	<u>59,072</u>	<u>56,739</u>	<u>53,688</u>
CURRENT ASSETS				
Inventories	12	0	124	122
Trade and other receivables	13	3,383	6,998	6,327
Short term investments	14	7,000	0	13,000
Cash and cash equivalents	14	<u>16,811</u>	<u>18,149</u>	<u>6,544</u>
Total Current Assets		27,194	25,271	25,993
Non-current assets held for sale		0	0	285
TOTAL ASSETS		<u>86,266</u>	<u>82,010</u>	<u>79,966</u>
CURRENT LIABILITIES				
Trade and other payables	15	(10,139)	(10,021)	(9,695)
Tax (PAYE) and Social Security payables		(1,971)	(1,930)	(1,858)
Borrowings	16	(340)	(340)	(340)
Deferred income	17	(459)	(363)	(365)
Provisions for liabilities	18	<u>(381)</u>	<u>(293)</u>	<u>(265)</u>
Total Current Liabilities		(13,290)	(12,947)	(12,523)
NET CURRENT ASSETS		<u>13,904</u>	<u>12,324</u>	<u>13,470</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>72,976</u>	<u>69,063</u>	<u>67,443</u>
NON-CURRENT LIABILITIES				
Borrowings	16	(1,997)	(1,974)	(1,966)
Deferred income	17	(1,348)	(1,374)	(1,400)
Provisions for liabilities	18	<u>(849)</u>	<u>(2,264)</u>	<u>(2,939)</u>
		(4,194)	(5,612)	(6,305)
TOTAL ASSETS EMPLOYED		<u>68,782</u>	<u>63,451</u>	<u>61,138</u>
FINANCED BY TAXPAYERS' EQUITY:				
Public dividend capital	22	35,849	35,819	35,819
Revaluation reserve		8,802	8,987	9,618
Donated asset reserve		0	3	12
Retained earnings		<u>24,131</u>	<u>18,642</u>	<u>15,689</u>
TOTAL TAXPAYERS' EQUITY		<u>68,782</u>	<u>63,451</u>	<u>61,138</u>

* Note - The Statement of Financial Position as at 31/3/2010 has been restated for a prior period adjustment, see Note 1.4.

The financial statements on pages 162 to 198 were approved by the Board on 1 June 2011 and signed on its behalf by Sheena Cumiskey, Chief Executive.

Signed:



Date: 1 June 2011

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve	Donated Asset Reserve	Retained Earnings	Total
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2009	35,819	9,618	12	15,689	61,138
Total Comprehensive Income for year ended 31 March 2010:					
Retained surplus for the year	0	0	0	1,999	1,999
Net loss on revaluation of property and plant	0	(228)	0	0	(228)
Reduction in the donated asset reserve due to depreciation	0	0	(9)	0	(9)
Transfer of realised profits to retained earnings in respect of assets disposed of	0	(161)	0	161	0
Transfer of the excess of current cost depreciation over historical cost depreciation to retained earnings	0	(242)	0	242	0
Taxpayers' Equity at 31 March 2010, as previously stated	35,819	8,987	3	18,091	62,900
Prior period adjustment	0	0	0	551	551
Taxpayers' Equity at 31 March 2010, as re-stated	35,819	8,987	3	18,642	63,451
Total Comprehensive Income for year ended 31 March 2011:					
Retained surplus for the year	0	0	0	5,304	5,304
Reduction in the donated asset reserve due to depreciation	0	0	(3)	0	(3)
Transfer of the excess of current cost depreciation over historical cost depreciation to retained earnings	0	(185)	0	185	0
Public Dividend Capital Received	30	0	0	0	30
Taxpayers' Equity at 31 March 2011	35,849	8,802	0	24,131	68,782

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 March 2011

		Year ended 31 March 2011	Year ended 31 March 2010 restated*
	NOTE	£000	£000
CASH FLOWS FROM OPERATING ACTIVITIES			
OPERATING SURPLUS		7,681	4,830
Depreciation	11	1,407	1,889
Impairments	11	1,660	2,032
Transfer from donated asset reserve		(3)	(9)
Decrease / (increase) in inventories		124	(2)
Decrease / (increase) in trade and other receivables		3,653	(876)
Increase / (decrease) in trade and other payables		726	(25)
Increase / (decrease) in other current liabilities		70	(28)
Decrease in provisions		(1,345)	(669)
NET CASH INFLOW FROM OPERATING ACTIVITIES		13,973	7,142
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		257	224
Sale of other financial assets		0	13,000
Payments for property, plant and equipment		(5,749)	(6,758)
Proceeds from disposal of property, plant and equipment		0	287
NET CASH (OUTFLOW) / INFLOW FROM INVESTING ACTIVITIES		(5,492)	6,753
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		30	0
Interest element of finance leases		(366)	(351)
Public dividend capital dividend paid		(2,483)	(1,939)
NET CASH OUTFLOW FROM FINANCING ACTIVITIES		(2,819)	(2,290)
INCREASE IN CASH AND CASH EQUIVALENTS		5,662	11,605
CASH AND CASH EQUIVALENTS AT 1 APRIL		18,149	6,544
CASH AND CASH EQUIVALENTS AT 31 MARCH	14	23,811	18,149

* Note - The Statement of Cash Flows as at 31/3/2010 has been restated for a prior period adjustment, see Note 1.4.

NOTES TO THE ACCOUNTS

1. ACCOUNTING POLICIES AND OTHER INFORMATION

Monitor, the Independent Regulator of NHS Foundation Trusts, has directed that these financial statements shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual as agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the financial statements.

The Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds balances have not been consolidated in these financial statements even though the NHS foundation trust is a Corporate Trustee. This treatment is in line with guidance from Monitor, who have obtained dispensation from HM Treasury to delay the consolidation of NHS Charity balances until 2011/12.

The following standards, amendments and interpretations have been published by the IASB and IFRIC and are mandatory for the NHS foundation trust's accounting periods beginning on or after 1 April 2011 or later periods, but, unless otherwise indicated, have not been early adopted. These changes are not anticipated to have a material impact on the NHS foundation trust's financial statements.

- IAS 24 (revised) Related Party Disclosures
- IFRIC 14, IAS 19 The Limit on a Defined Benefit Asset, Minimum Funding Requirements and their Interaction
- IFRIC 19 Extinguishing Financial Liabilities with Equity Instruments
- IFRS 7 Financial Instruments: Disclosures
- IFRS 9 Financial Instruments
- IASB Annual Improvements 2010. These comprise amendments to IAS 1 Presentation of Financial Statements, IAS 27 Consolidated and Separate Financial Statements, IAS 34 Interim Financial Reporting, IFRS 1 First Time Adoption of IFRS, IFRS 3 Business Combinations, IFRS 7 Financial Instrument Disclosures and IFRIC 13 Customer Loyalty Programmes and have little or no impact for NHS foundation trusts.

1.1 Accounting Convention

These financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment and where required certain financial assets and financial liabilities. NHS foundation trusts, in compliance with HM Treasury's Financial Reporting Manual, are not required to comply with IAS 33 requirements to report "earnings per share".

1.2 Acquisitions and Discontinued Operations

Activities are considered to be 'acquired' whether or not they are acquired from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely but they are not considered to be 'discontinued' if they transfer from one public sector body to another. A discontinued operation is a component of the entity that: a) is a reportable segment or b) meets the criteria to be classified on acquisition as held for sale.

1.3 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the NHS foundation 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. Such estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. While estimates and underlying assumptions are continually reviewed, actual results may differ from such estimates. Revisions to accounting estimates are recognised in the year that such revisions occur. The following critical judgements have been made in applying the NHS foundation trust's accounting policies:

- Determination of an appropriate carrying value for Property, Plant and Equipment. Detailed in Note 1.8 below is the basis that the NHS foundation trust has applied in valuing its Property, Plant and Equipment.
- Determination of an appropriate value for the NHS foundation trust's provisions. These are set out in Note 18 below.

The following key assumptions concerning the future and other key sources of estimation uncertainty at the end of the financial year, that have significant risk of causing material adjustments to the carrying value of amounts of assets and liabilities within the next financial year include:

- Continuing economic conditions that may result in further impairment of the NHS foundation trust's property portfolio.
- Conditions or circumstances used in determining the NHS foundation trust's provisions proving to be incorrect.

1.4 Prior Period Adjustment

A Prior Period Adjustment has been included in these financial statements. This arises from the non-recognition of information that was available in the NHS foundation trust at the end of 2009/10 in respect of the provision for outstanding claims related to the implementation of agenda for change and the NHS wide pay structure. In accordance with IAS 8, Accounting Policies Changes in Accounting Estimates and Errors, a correction for this prior period error has been made by reducing operating expenses and non-current provisions in 2009/10. The NHS foundation trust's surplus for 2009/10 is increased by £551,000 to £2,550,000 as a consequence of this adjustment.

1.5 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable. The main source of income for the NHS foundation trust is contracts with commissioners in respect of healthcare services. Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred. Income received which relates to capital expenditure in future financial years is likewise deferred and subsequently released to the operating income account over the life of the asset on a basis consistent with the depreciation charge for that asset. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract, less the carrying amount of the assets sold.

1.6 Expenditure

Expenditure on goods and services is recognised when, and to the extent that the goods and services have been received. It is measured at the fair value of the consideration payable. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment. Expenditure on salaries and wages and employment related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7 Pooled Budgets

The NHS foundation trust has a pooled budget arrangement hosted by Cheshire East Council. Under this, funds are pooled under Section 75 of the NHS Act 2006 for learning disabilities activities in Central and Eastern Cheshire. As a provider of healthcare services the NHS foundation trust does not make contributions to the pool. However payments from the pool for services provided by the NHS foundation trust are accounted for as income from Local Authorities and are recognised in the period that services are provided.

1.8 Property, Plant and Equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS foundation trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably and individual items have a cost of at least £5,000; or
- collectively items have a cost of at least £5,000 and where the assets are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

Where a property, such as a building, includes a number of components with significantly different asset lives, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement

Valuation

All property, plant and equipment is 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.

All property, plant and equipment is measured subsequently at fair value. Land and buildings are shown in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment loss.

Note 1.8 continues on next page.

1.8 Property, Plant and Equipment (continued)

Fair values are determined as follows:

- Land and non-specialised buildings - market value for existing use
- Specialised buildings - depreciated replacement cost
- Non-operational properties including surplus land - fair value based on alternative use

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on a modern equivalent asset basis (MEA). This allows for an alternative site and more modern specification to be valued as long as that alternative site would provide the same level of service as is currently provided. In accordance with IAS 16 revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined using fair value at the reporting date.

A complete revaluation of land and buildings on the MEA basis was carried out at 31 March 2010 by the NHS foundation trust's valuers DTZ, (Member of the Royal Institute of Chartered Surveyors). In the current financial year the carrying value of the NHS foundation trust's land and buildings has been reviewed but no revaluation was considered appropriate. The review took into account increases in the Building Cost Information Service 'All in' tender price index and VAT in January 2011 as well as current depreciation rates and included discussion with the NHS foundation trust's valuers.

Property in the course of construction is carried at cost, less any impairment loss. Such property is normally valued, where material, by professional valuers when it is brought into use, at which time depreciation commences. Note that cost includes professional fees but not borrowing costs which are charged to the statement of comprehensive income immediately, as allowed by IAS 23 for assets held at fair value.

Plant and equipment is carried at depreciated historic cost as this is considered not to be materially different from fair value. Plant and equipment surplus to requirements is valued at net recoverable amount.

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 future economic benefits 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 reliably determined. All other expenditure is recognised as an expense in the period in which it is incurred.

Depreciation

The cost or valuation of property, plant and equipment is depreciated on a straight line basis over its remaining useful economic life in a manner consistent with the consumption of economic or service delivery benefits. This is specific to the NHS foundation trust and may be shorter than the physical life of the asset itself. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment in the course of construction is not depreciated until it is brought into use, whilst that intended for disposal is reclassified as held for sale (see Note 1.9).

Note 1.8 continues on next page.

1.8 Property, Plant and Equipment (continued)

Property, plant and equipment which is to be scrapped or demolished is not earmarked as held for sale but is retained as an operational asset and its economic life is adjusted accordingly. Property, plant and equipment is de-recognised when scrapping or demolition occurs.

Buildings and installations are depreciated on a straight line basis on their carrying value over their estimated remaining lives as assessed by the NHS foundation trust's professional valuers.

Equipment is depreciated evenly over its estimated remaining life which is considered not to be materially different from the period of consumption of economic benefits as follows:

Plant and Equipment - 5 to 15 years

Transport Equipment - 5 years

Information Technology - 5 years

Furniture and Fittings - 3 to 8 years

Revaluations and Impairments

Increases in property, plant and equipment values arising from revaluations are recognised in the revaluation reserve, except where they reverse a revaluation loss previously recognised in operating expenses, in which case, they are credited initially to operating expenses to the extent of the charge previously made there and thereafter to the revaluation reserve. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance in respect of the asset, and thereafter they are charged to operating expenses.

At the end of each financial year the NHS foundation trust reviews its property, plant and equipment assets for indications of impairment. In line with the requirements of HM Treasury, the NHS Foundation Trust Annual Reporting Manual for 2010/11 requires a divergence from IAS 36, Impairment of Assets. This distinguishes impairments that arise from a loss or consumption of economic benefits or service potential from all other impairments. This revised accounting treatment represents a change in accounting policy. A prior period adjustment has not been made in these accounts as the adjustment is deemed immaterial.

Impairments arising from a loss or consumption of economic benefits or service potential are charged to operating expenses. The asset is written down to its recoverable amount and a charge which is either the lower of the impairment loss charged to operating expenses or the balance on the revaluation reserve in respect of the asset impaired is then transferred from the revaluation reserve to the income and expenditure reserve. Impairments due to a loss of economic benefits or service potential are reversed if the circumstances that gave rise to the original loss subsequently reverse.

For all other impairments that do not arise from a loss or consumption of economic benefits or service potential, the asset is written down to its recoverable amount and a charge is made to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to operating expenses. Where such an impairment subsequently reverses, the reversal is credited to operating expenses to the extent of the loss previously recognised and thereafter the remainder of the reversal is credited to the revaluation reserve.

Note 1.8 continues on next page.

1.8 Property, Plant and Equipment (continued)

Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the statement of comprehensive income.

The excess of the depreciation on revalued amounts over that on the original asset cost is transferred in equity from revaluation reserve to retained earnings.

Donated Assets

Donated assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated assets are valued, depreciated and impaired as described above for purchased assets. Gains and losses on revaluations and impairments are taken to the donated asset reserve and, each year, an amount equal to the depreciation charge is released from the donated asset reserve to offset the expenditure. On sale the net book value of donated assets is transferred from the donated asset reserve to retained earnings.

1.9 Non-Current Assets Held For Sale

Property, plant and equipment intended for disposal is reclassified as non-current assets held for sale once the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale is highly probable, i.e. management are committed to a plan to sell the asset and it is unlikely that the plan will be dropped or changed; an active programme has begun to find a buyer and complete the sale; the asset is being marketed at a reasonable price; the sale is expected to be completed within 12 months of the date of classification as 'held for sale'.

Non-current assets held for sale are valued at the lower of existing carrying amount and 'fair value less costs to sell'. Depreciation ceases to be charged and there is no revaluation, except where the 'fair value less costs to sell' falls below the carrying amount.

The profit or loss arising on disposal of property, plant and equipment is the difference between the sale proceeds and the carrying amount and is recognised in the statement of comprehensive income. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings. For donated assets, a transfer is made to or from the relevant reserve to the gain or loss on disposal account so that no gain or loss is recognised in the statement of comprehensive income. The remaining surplus or deficit in the donated asset reserve is then transferred to retained earnings.

1.10 Leases

Finance Leases

Where substantially all the risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease. The implicit interest rate is that which produces a constant periodic rate of interest on the outstanding liability.

Note 1.10 continues on next page.

1.10 Leases (continued)

The asset and liability are recognised at the inception of the lease and are de-recognised when the liability is discharged, cancelled or expires. The annual rental is split between the repayment of the liability and a finance cost. The annual finance cost is calculated by applying the implicit interest rate to the outstanding liability and is charged to finance costs in the statement of comprehensive income.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the lease term. Operating lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

1.11 Inventories

A review of inventories during the year confirmed that these are not held for direct resale or service delivery and are largely consumable by nature. Further the benefits derived from the NHS foundation trust's inventory information are seen to be less than the cost of its provision whilst inventory values are considered immaterial to the financial statements. Therefore as permitted by IAS 2 Inventories all inventories are now charged to operating expenses. Partially completed contracts for patient services are not accounted for as inventory work-in-progress.

1.12 Financial Assets and Financial Liabilities

Recognition

Financial assets and financial liabilities arising from contracts for the purchase or sale of non-financial items (goods or services), which are entered into in accordance with the NHS foundation trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases (see Note 1.10).

All other financial assets and financial liabilities are recognised when the NHS foundation trust becomes a party to the contractual provisions of the instrument.

De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the NHS foundation trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.12 continues on next page

1.12 Financial Assets and Financial Liabilities (continued)

Classification and Measurement

Financial Assets

Financial assets are classified into the following categories: financial assets held at fair value through income and expenditure; held to maturity investments; available for sale financial assets and loans and receivables. The NHS foundation trust holds only loans and receivables.

Loans and Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The NHS foundation trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset. Interest on loans and receivables is calculated using the effective interest method and credited to the statement of comprehensive income.

Financial Liabilities

Financial liabilities are classified into the following categories: fair value through income and expenditure or other financial liabilities. The NHS foundation trust holds only other financial liabilities.

Financial liabilities are included in current liabilities except for amounts payable more than twelve months after the statement of financial position date, which are classified as long-term liabilities.

The NHS foundation trust's financial liabilities comprise trade payables, accruals, other payables and provisions for legal claims.

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability. Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the statement of comprehensive income.

Determination of Fair Value

Fair value is determined from market prices, independent appraisals and discounted cash flow analysis as appropriate to the financial asset or liability. Where required, cash flows are discounted at HM Treasury's discount rate of 2.2% in real terms.

Note 1.12 continues on next page.

1.12 Financial Assets and Financial Liabilities (continued)

Impairment of Financial Assets

At the statement of financial position date, the NHS foundation trust assesses whether any financial assets are impaired. Financial assets are impaired and impairment losses are recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows where applicable discounted at the asset's original effective interest rate. The loss is recognised in the statement of comprehensive income and the carrying amount of the asset is reduced through the use of a provision for impairment of receivables. Amounts charged to the provision for impairment of receivables are only written off against the carrying amount of the financial asset, when all avenues of recovery are deemed exhausted.

1.13 Cash and Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than twenty four hours. Cash equivalents are investments that mature in three 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. These balances exclude monies held in the NHS foundation trust's bank accounts belonging to patients (see Note 1.20 Third Party Assets). Cash balances with the Government Banking Service (GBS) currently comprise bank accounts with Citibank and the Royal Bank of Scotland which in accordance with Department of Health instructions are aggregated to arrive at a net closing position. Interest earned and interest charged on bank accounts is recorded as, respectively, finance income and finance expenses in the year to which they relate. Bank charges are recorded as operating expenses in the year to which they relate.

1.14 Provisions

The NHS foundation trust provides for legal or constructive obligations that are of uncertain timing or amount at the date of the statement of financial position on the basis of the best estimate of the expenditure required to settle the obligation. Provisions are recognised where 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. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms except for early retirement and injury benefit provisions which both use HM Treasury's pension discount rate of 2.9% in real terms.

1.15 Clinical Negligence Costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The contribution is charged to operating expenses. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. Amounts in respect of these cases are not provided for in these financial statements but the total value of the clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at Note 18.2. However, excesses arising on the settlement of clinical negligence claims are the responsibility of the NHS foundation trust and are therefore included in provisions for liabilities.

1.16 Non-Clinical Risk Pooling

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes and are accounted for on a net basis under which the NHS foundation trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Pension Costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Business Services Authority - Pensions Division website at www.pensions.nhsbsa.nhs.uk. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The Scheme is not designed to be run in a way that would enable NHS bodies or indeed the NHS foundation trust to identify their share of the underlying Scheme assets and liabilities. Therefore, the Scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS foundation trust of participating in the Scheme is taken as equal to the employers' pension cost contribution to the Scheme for the accounting period. These are charged to operating expenses as and when they become due. The total employer contributions payable in the year can be found in Note 7.1 below.

The Scheme is subject to a full actuarial investigation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these is as follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the Scheme (taking into account recent demographic experience), and to recommend the contribution rates to be paid by employers and Scheme members.

The last such valuation, which determined current contribution rates, covered the period 1 April 1999 to 31 March 2004 and was published in December 2007. The conclusion of this valuation was that the Scheme had accumulated a notional deficit of £3.3bn against notional assets at 31 March 2004.

However, after taking into account the changes in the benefit and contribution structure effective from 1 April 2008, the Scheme actuary reported that employer contributions should continue at the existing rate of 14% of pensionable pay. On advice from the Scheme actuary, contributions may be varied from time to time to reflect the changes in the Scheme's liabilities. Up to 31 March 2008, the vast majority of employees paid contributions at the rate of 6% of pensionable pay. From 1 April 2008, employees' contributions are on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

b) Accounting valuation

A valuation of the Scheme liability is carried out annually by the Scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation. Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the Scheme actuary. At this point the assumptions regarding the composition of the Scheme membership are updated to allow the Scheme liability to be valued.

Note 1.17 continues on next page.

1.17 Pension Costs (continued)

The valuation of the Scheme liability as at 31 March 2010, is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2010 with summary global member and accounting data. The latest assessment of the liabilities of the Scheme is contained in the Scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account which can be viewed on the NHS Business Services Authority - Pensions Division website at www.nhsbsa.nhs.uk/pensions. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

In 2008/09 the NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

Annual Pensions

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th of the best of the last 3 years pensionable pay for each year of service for the 1995 section and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as 'pension commutation'.

Pensions' Indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971. Up to and including 2009/10, that increase was based on the retail price index, subsequently it is based on the consumer price index.

Lump Sum Allowance

A lump sum normally equivalent to 3 years pension is payable on retirement.

Ill-Health Retirement

Early payment of a pension, with enhancement in certain circumstances, is available to members of the Scheme who are permanently incapable of fulfilling their duties or regular employment effectively, through illness or infirmity. The full amount of the liability is charged to the statement of comprehensive income at the time the NHS foundation trust commits itself to the retirement, regardless of the method of payment.

Compensation for Early Retirement

Where a member of the Scheme is made redundant, they may be entitled to early receipt of their pension plus enhancement, at the employer's cost.

Death Benefits

A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement, less pension already paid, subject to a maximum amount, is payable. On death a pension of 50% of the member's pension is normally payable to the surviving spouse.

Note 1.17 continues on next page.

1.17 Pension Costs (continued)

Additional Voluntary Contributions (AVCs)

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVCs run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contribution (FSAVC) providers.

Transfer between Funds

Scheme members have the option to transfer their pension between the NHS Pension Scheme and another scheme when they move into or out of NHS employment.

Preserved Benefits

Where a Scheme member ceases NHS employment with more than two years service they can preserve their accrued NHS pension for payment when they reach retirement age.

1.18 Taxation

The Cheshire and Wirral Partnership NHS Foundation Trust is a Health Service Body within the meaning of S519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to disapply the exemption in relation to the specified activities of a Foundation Trust (S519A (3) to (8) ICTA 1988). Accordingly the NHS foundation trust is potentially within the scope of Corporation Tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum. There is no Corporation Tax liability arising in respect of such items in the current financial year.

Most of the activities of the NHS foundation 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 operating expenses or included in the capitalised purchase cost of property, plant and equipment. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign Exchange

The functional and presentational currency of the NHS foundation trust is sterling. A transaction which is denominated in a foreign currency is translated into sterling at the exchange rate ruling on the date of the transaction. At the end of the reporting period, financial assets and liabilities denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains or losses for either of these are recognised in the statement of comprehensive income in the period in which they arise.

1.20 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the financial statements since the NHS foundation trust has no beneficial interest in them. Details of third party assets are disclosed in Note 21.

1.21 Public Dividend Capital (PDC) and Public Dividend Capital Dividend

Public dividend capital represents taxpayers' equity in the NHS foundation trust. It is recorded at the value of the excess of assets over liabilities at the time of establishment of the original predecessor NHS trust. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

The PDC dividend for the year payable to the Department of Health is shown in Note 9 of these financial statements. The charge reflects the cost of capital utilised by the NHS foundation trust and is calculated at the real rate set by HM Treasury (currently 3.5%) on the average carrying amount of all assets less liabilities, except for donated assets and cash balances with the Government Banking Service. The average carrying amount of all assets less liabilities is calculated as a simple average of opening and closing relevant net assets based on the draft financial statements.

1.22 Losses and Special Payments

Losses and Special Payments are items that Parliament would not have contemplated when it agreed funds for the National 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 each individual case is handled.

Losses and Special Payments are charged to operating expenses on an accruals basis, including losses which would have been made good through insurance cover had the NHS foundation trust not been bearing their own risks. See Note 10 below.

1.23 Research and Development

Expenditure on research and development is normally charged against income in the year in which it is incurred. Where development expenditure relates to a clearly defined project which is guaranteed to provide future economic benefit, then the expenditure is deferred and amortised through operating expenses on a systematic basis over the period expected to benefit from the project, in accordance with IAS38, Intangible Assets.

1.24 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS foundation trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote. See Note 19.

1.25 Events After the Reporting Period

As part of the NHS wide strategy, Transforming Community Services, Western Cheshire PCT community services were integrated into the NHS foundation trust on 1 April 2011. Additional annual operating income from these services is estimated at £25,000,000.

2. Operating Segments

The NHS foundation trust's Chief Operating Decision Maker (CODM) is the Board as they determine the allocation and use of the NHS foundation trust's resources. The Board primarily focuses on the NHS foundation trust's aggregated results, but also monitors performance variances at service line levels as shown below.

	Operating Income	Operating Expenses	Non-operating Income and Expenditure	Surplus
Year ended 31 March 2011	£000	£000	£000	£000
Service Lines				
Adult Mental Health and Older Peoples Services (AMH/OPS):				
North West	-	20,486	-	-
South East	-	31,888	-	-
Wirral	-	27,961	-	-
Learning Disabilities Services (LD)	-	15,332	-	-
Child and Adolescent Mental Health Services (CAMHS)	-	16,669	-	-
Drug and Alcohol Services	-	11,512	-	-
	<u>134,307</u>	<u>123,848</u>	<u>5,155</u>	<u>5,304</u>
	Operating Income	Operating Expenses restated	Non-operating Income and Expenditure	Surplus restated
Year ended 31 March 2010	£000	£000	£000	£000
Service Lines				
Adult Mental Health and Older Peoples Services (AMH/OPS):				
North West	-	19,371	-	-
South East	-	33,689	-	-
Wirral	-	26,495	-	-
Learning Disabilities Services (LD)	-	18,634	-	-
Child and Adolescent Mental Health Services (CAMHS)	-	14,354	-	-
Drug and Alcohol Services	-	9,662	-	-
	<u>131,205</u>	<u>122,205</u>	<u>6,450</u>	<u>2,550</u>

Note 1 - Non-operating Income and Expenditure comprises interest received, finance expenses, losses on disposal, depreciation, impairment and PDC dividend payable.

Note 2 - Corporate service and overhead costs excluding depreciation and impairment costs have been allocated pro rata to operating expenses across service lines.

Note 3 - Operating income is mainly received on a block contract basis and cannot be apportioned across service lines.

Note 4 - Adult Mental Health and Older Peoples Services were sub-divided into geographic service lines in 2010/11. Operating expenses for the year ended 31 March 2010 have been restated to reflect this change.

3. Operating Income from Patient Care Activities

Income is almost entirely from the supply of services and is classed by source below. Income from the sale of goods is immaterial.

	Year ended 31 March 2011	Year ended 31 March 2010
	£000	£000
NHS Foundation Trusts	340	268
NHS Trusts	53	7
Strategic Health Authorities	0	97
Primary Care Trusts	119,045	111,051
Department of Health	31	0
Local Authorities	7,334	11,665
Non-NHS Other	347	595
	<u>127,150</u>	<u>123,683</u>

Note - The Terms of Authorisation set out the mandatory goods and services that the NHS foundation trust is required to provide (protected services). With respect to the analysis of income by source shown above £126,776,000 (year ended 31 March 2010, £123,335,000) is derived from the provision of protected services and £374,000 (year ended 31 March 2010, £348,000) is derived from the provision of non-protected services, including income from occupational health, psychology and staff support services.

4. Other Operating Income

	Year ended 31 March 2011	Year ended 31 March 2010
	£000	£000
Research	184	301
Education and training	2,510	2,470
Transfer from donated asset reserve	3	9
Non-patient care services to other bodies	2,743	2,778
Other income	1,717	1,964
	<u>7,157</u>	<u>7,522</u>

Note - The Terms of Authorisation set out the mandatory education and training that the NHS foundation trust is required to provide (protected education and training). All of the income from education and training shown above is derived from the provision of protected education and training. All other operating income is un-protected.

4.1 Private Patient Cap

	Year ended 31 March 2011	Year ended 31 March 2010	Base Year 2002/03
	£000	£000	£000
Private patient income	69	75	0
Total patient related income	127,116	123,683	78,568
Proportion (as percentage)	0.05%	0.06%	0.00 %

Note 1 - Private patient income is included under Non-NHS Other Income in Note 3 above.

Note 2 - For mental health NHS foundation trusts, The Health Act 2009 revised the Private Patient Cap as defined in Section 44 of the National Health Service Act 2006. The new provisions came into force on 19 January 2010, from which date the Private Patient Cap was the greater of a) the proportion of the total patient related income derived from private patient charges in 2002/03 ; or b) 1.5% i.e. £117,852 for the NHS foundation trust.

5. Operating Expenses

Operating expenses comprise:

	Year ended 31 March 2011	Year ended 31 March 2010 restated
	£000	£000
Services from NHS Foundation Trusts	2,249	2,510
Services from NHS Trusts	703	979
Services from other NHS bodies	1,022	1,036
Employee expenses - Executive directors	617	590
Employee expenses – Non executive directors	127	128
Employee expenses - Staff	96,393	97,708
Drug costs	2,937	2,958
Supplies and services - clinical	1,115	1,269
Supplies and services - general	911	939
Establishment	4,270	4,134
Research	299	236
Transport	251	266
Premises	9,985	6,874
Increase in bad debts provision	6	14
Depreciation on property, plant and equipment	1,407	1,889
Impairments of land and buildings (Note 1)	1,660	2,032
Gain on disposal of land and buildings assets held for sale	(289)	(6)
Loss on disposal of land and buildings assets held for sale	0	255
Internal audit	52	53
Statutory auditors' fees (Note 2)	67	46
Other statutory auditors' services (Note 3)	48	25
Clinical negligence	143	100
Legal fees	281	221
Consultancy services	342	365
Redundancy costs	349	49
Training	829	827
Insurance	256	262
Other	596	616
	126,626	126,375

Note 1 - Impairments of land and buildings are losses arising on valuation reviews which could not be offset against revaluation reserves.

Note 2 - Further details in respect of statutory audit arrangements including auditor liability is shown on page 128 of the Annual Report.

Note 3 - Other statutory auditors' services include due diligence, quality, taxation, contract and IFRS review services.

6 Operating Leases

These primarily comprise leases for office equipment, premises and transport which are charged to operating expenses in Note 5 above.

6.1 Payments recognised as an expense

	Year ended 31 March 2011	Year ended 31 March 2010
	£000	£000
Minimum lease payments	<u>1,238</u>	<u>1,075</u>

6.2 Total future minimum lease payment commitments

	Year ended 31 March 2011		Year ended 31 March 2010	
	Land and Buildings	Other Leases	Land and Buildings	Other Leases
	£000	£000	£000	£000
Payable :				
Within 1 year	655	407	115	148
Between 1 and 5 years	1,290	220	2,011	736
After 5 years	522	0	853	0
	<u>2,467</u>	<u>627</u>	<u>2,979</u>	<u>884</u>

7. Employee Costs and Numbers

7.1 Employee costs

	Year ended 31 March 2011	Year ended 31 March 2010
	£000	£000
Salaries and wages	79,823	80,893
Social Security costs	5,845	5,724
Employer contributions to NHS Pensions Scheme	9,325	9,266
Agency / contract staff	2,193	2,625
	<u>97,186</u>	<u>98,508</u>

Note 1 - Key management are the executive directors whose remuneration is disclosed in the Remuneration Report, see page 114 of the Annual Report.

Note 2 - Employee costs above vary with Employee expenses - Staff disclosed in Note 5 to the Accounts, due to the costs of research staff being classified under Operating Expenses - Research.

Note 3 - Further information on NHS Pensions Scheme costs, valuations and provisions can be found above in Note 1.17.

7.2 Staff exit packages

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Year ended 31 March 2011			
Exit package cost band			
<£10,000	3	0	3
£10,001 - £25,000	5	0	5
£25,001 - £50,000	2	0	2
Total number of exit packages by type	<u>10</u>	<u>0</u>	<u>10</u>
Total resource cost	<u>£144,593</u>	<u>£0</u>	<u>£144,593</u>
	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Year ended 31 March 2010			
Exit package cost band			
<£10,000	1	0	1
£10,001 - £25,000	1	0	1
£25,001 - £50,000	1	0	1
Total number of exit packages by type	<u>3</u>	<u>0</u>	<u>3</u>
Total resource cost	<u>£53,611</u>	<u>£0</u>	<u>£53,611</u>

Note 1 - In the year ended 31 March 2011 8 exit packages costing £92,000 resulted from the closure of wards at Leighton Hospital, Crewe and the subsequent consolidation of inpatient facilities at Millbrook, Macclesfield. Following the management of change process, alternative roles across the NHS foundation trust were deemed unsuitable to the employees concerned.

Note 2 - The remaining exit packages 2 (year ended 31 March 2010, 3) and resource costs £53,000 (year ended 31 March 2010, £54,000) were in respect of separate management restructuring processes.

7.3 Average number of employees

	Year ended 31 March 2011	Year ended 31 March 2010
	Number	Number
Medical and dental	138	139
Administration and estates	526	512
Healthcare assistants and other support staff	134	140
Nursing, midwifery and health visiting staff	1,135	1,256
Scientific, therapeutic and technical staff	448	454
Social care staff	6	10
Bank and agency staff	119	129
	<u>2,506</u>	<u>2,640</u>

Note - The average number of employees is shown on a whole time equivalent basis and of these over 95% have permanent contracts with the NHS foundation trust.

7.4 Retirements due to ill-health

During the year there were 6 (year ended 31 March 2010, 6) early retirements from the NHS foundation trust on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £533,000 (year ended 31 March 2010, £427,000). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

8. Finance Expenses

	Year ended 31 March 2011	Year ended 31 March 2010
	£000	£000
Unwinding of discount on provisions	18	22
Finance leases	366	351
	<u>384</u>	<u>373</u>

9. Public Dividend Capital Dividend

The NHS foundation trust is required to pay a dividend to the Department of Health to reflect the cost of capital utilised at a real rate of 3.5% on the actual average carrying amount of all assets less liabilities, except for donated assets and cash balances with the Government Banking Service. The NHS foundation trust's public dividend capital dividend charge for the year was £2,288,000 (year ended 31 March 2010, £2,134,000).

10. Losses and Special Payments

NHS foundation trusts record on an accruals basis payments and other adjustments that arise as a result of losses and special payments. In the year to 31 March 2011 the NHS foundation trust had 164 (year ended 31 March 2010, 98) separate losses and special payments totalling £72,000 (year ended 31 March 2010, £107,000). Most of these were in relation to damage and losses in respect of buildings and property.

11. Property, plant and equipment**11.1 Year ended 31 March 2011**

	Land	Buildings	Assets under construction	Plant and equipment	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2010	9,693	45,139	1,441	860	137	845	565	58,680
Additions purchased	0	208	4,990	30	20	152	0	5,400
Reclassifications	0	1,714	(1,714)	0	0	0	0	0
Cost or Valuation at 31 March 2011	9,693	47,061	4,717	890	157	997	565	64,080
Depreciation at 1 April 2010	0	341	0	616	121	685	178	1,941
Charged during the year	0	1,268	0	38	4	24	73	1,407
Impairments	0	0	1,660	0	0	0	0	1,660
Depreciation at 31 March 2011	0	1,609	1,660	654	125	709	251	5,008
Net book value								
Purchased at 1 April 2010	9,693	44,798	1,441	244	13	160	387	56,736
Donated at 1 April 2010	0	0	0	0	3	0	0	3
Total at 1 April 2010	9,693	44,798	1,441	244	16	160	387	56,739
Purchased at 31 March 2011	9,693	45,452	3,057	236	32	288	314	59,072
Donated at 31 March 2011	0	0	0	0	0	0	0	0
Total at 31 March 2011	9,693	45,452	3,057	236	32	288	314	59,072

Note - An impairment adjustment was made in respect of a nearly completed asset under construction following a valuation review carried out as at 31 March 2011 by the NHS foundation trust's professional valuers.

11.1 Year ended 31 March 2010

	Land	Buildings	Assets under construction	Plant and equipment	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2009	9,665	41,439	2,621	852	137	720	371	55,805
Additions purchased	0	255	6,618	8	0	125	194	7,200
Reclassifications	0	6,137	(6,137)	0	0	0	0	0
Impairments	0	(2,594)	0	0	0	0	0	(2,594)
Other revaluations	28	(98)	0	0	0	0	0	(70)
Cost or Valuation at 31 March 2010	9,693	45,139	3,102	860	137	845	565	60,341
Depreciation at 1 April 2009	0	874	0	520	115	463	145	2,117
Charged during the year	0	1,532	0	96	6	222	33	1,889
Impairments	0	371	1,661	0	0	0	0	2,032
Other revaluations	0	(2,436)	0	0	0	0	0	(2,436)
Depreciation at 31 March 2010	0	341	1,661	616	121	685	178	3,602
Net book value								
Purchased at 1 April 2009	9,665	40,558	2,621	330	20	257	226	53,677
Donated at 1 April 2009	0	7	0	2	2	0	0	11
Total at 1 April 2009	9,665	40,565	2,621	332	22	257	226	53,688
Purchased at 31 March 2010	9,693	44,798	1,441	244	13	160	387	56,736
Donated at 31 March 2010	0	0	0	0	3	0	0	3
Total at 31 March 2010	9,693	44,798	1,441	244	16	160	387	56,739

Note - Impairments and other revaluations were the result of a valuation review as at 31 March 2010 by the NHS foundation trust's professional valuers of the land and building asset portfolio using the depreciated replacement cost method for specialised operational property and existing use value for non-specialised operational property.

11.2 Protected and non-protected assets

Protected property is land and buildings required for the purposes of providing either mandatory goods and services or mandatory education and training as designated in the Terms of Authorisation of the NHS foundation trust. No protected assets have been disposed of in the year.

	31 March 2011		31 March 2010	
	Land	Buildings	Land	Buildings
	£000	£000	£000	£000
Protected assets	9,355	34,899	9,355	34,540
Non protected assets	338	10,553	338	10,258
	<u>9,693</u>	<u>45,452</u>	<u>9,693</u>	<u>44,798</u>

11.3 Assets held under finance leases

The net book value of assets held under finance leases, which is included in total property, plant and equipment above, is as follows.

	31 March 2011	31 March 2010
	£000	£000
Buildings	<u>1,534</u>	<u>1,595</u>

Depreciation charged to the statement of comprehensive income in respect of assets held under finance leases and which is included under total depreciation above, is as follows.

	31 March 2011	31 March 2010
	£000	£000
Buildings	<u>61</u>	<u>61</u>

11.4 Net book value of land and buildings

	31 March 2011	31 March 2010
	£000	£000
Freehold	52,191	52,577
Long leasehold	2,432	1,855
Short leasehold	522	59
TOTAL	<u>55,145</u>	<u>54,491</u>

11.5 Capital Commitments

Commitments under capital expenditure contracts at 31 March 2011 were £1,317,000 (31 March 2010, £908,000).

12. Inventories

	31 March 2011	31 March 2010
	£000	£000
Raw materials and consumables	<u>0</u>	<u>124</u>

Note - All expenditure on raw materials and consumables inventories are charged direct to operating expenses following a change in Accounting Policy during the year. See Note 1.11.

13. Trade and other receivables - current

	31 March 2011	31 March 2010 restated*
	£000	£000
NHS receivables	1,242	1,226
Non-NHS trade receivables	547	2,044
Provision for impairment of receivables	(8)	(4)
Prepayments	851	866
Accrued income	458	2,639
VAT receivables	293	227
TOTAL	<u>3,383</u>	<u>6,998</u>

*Note 1 - the analysis of current trade and other receivables for the year ended 31 March 2010 has been restated for comparative purposes.

Note 2 - There were no non-current trade and other receivables.

13.1 Receivables past their due date but not impaired

	31 March 2011	31 March 2010
	£000	£000
By up to three months	220	1,848
By three to six months	9	81
By more than six months	120	195
TOTAL	<u>349</u>	<u>2,124</u>

13.2 Provision for impairment of receivables

	31 March 2011	31 March 2010
	£000	£000
Balance at 1 April	4	5
Amount written off during the year	(2)	(15)
Amount recovered during the year	0	0
Increase in receivables impaired	6	14
Balance at 31 March	8	4

14. Cash and cash equivalents

Cash with banks is held in instant access accounts. Current investments comprise money market investments or fixed interest accounts denominated in sterling which are either instant access or mature within three months of the statement of financial position date. Short term investments mature between three and six months after the statement of financial position date. All accounts attract interest at rates based on LIBOR or equivalent market or public sector rates. The carrying amounts are equivalent to their fair values.

	31 March 2011	31 March 2010
	£000	£000
Balance at 1 April	18,149	6,544
Net change in year	5,662	11,605
Balance at 31 March	23,811	18,149
Made up of -		
Cash with the Government Banking Service (GBS)	546	430
Cash with commercial banks and cash in hand	6,265	719
Current investments	10,000	17,000
Short term investments	7,000	0
Cash and cash equivalents as in Statement of Financial Position and Statement of Cash Flows	23,811	18,149

15. Trade and other payables - current

	31 March 2011	31 March 2010 restated*
	£000	£000
NHS payables	1,470	2,949
Other trade payables - revenue	1,474	1,254
Other trade payables - capital	454	803
Other payables	477	599
Accruals	6,264	4,416
TOTAL	10,139	10,021

*Note 1 - the analysis of current trade and other payables for the year ended 31 March 2010 has been restated for comparative purposes.

Note 2 - There are no non-current trade and other payables balances.

16. Borrowings - current

	31 March 2011	31 March 2010
	£000	£000
Obligations under a finance lease	<u>340</u>	<u>340</u>

16.1 Borrowings - non-current

	31 March 2011	31 March 2010
	£000	£000
Obligations under a finance lease	<u>1,997</u>	<u>1,974</u>

Note - The finance lease obligation relates to a property from which the NHS foundation trust delivers Adult Mental Health and Older Peoples Services. The lease has a termination date of 2036 and an implicit interest rate of 15.23%.

16.2 Finance lease obligations

Amounts payable under finance leases: minimum lease payments

	31 March 2011	31 March 2010
	£000	£000
Within one year	340	340
Between one and five years	1,360	1,360
After five years	12,810	12,787
Less future finance charges	(12,173)	(12,173)
Present value of minimum lease payments	<u>2,337</u>	<u>2,314</u>
Included in:		
Current borrowings	340	340
Non-current borrowings	<u>1,997</u>	<u>1,974</u>
	<u>2,337</u>	<u>2,314</u>

16.3 Borrowings - Prudential Borrowing Limit (PBL)

The NHS foundation trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements:

- the maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.
- the amount of any working capital facility approved by Monitor.

Long-term borrowing within the PBL comprises the finance lease referred to above in Note 16.

Further information on the NHS Foundation Trust's Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of NHS Foundation Trusts at www.monitor-nhsft.gov.uk

In 2010/11 the NHS foundation trust had a Prudential Borrowing Limit approved by Monitor of £24,000,000 (2009/10, £25,700,000). The NHS foundation trust has not borrowed against this limit.

In 2010/11 the NHS foundation trust had a working capital facility limit approved by Monitor of £10,000,000 (2009/10 £10,000,000). The actual working capital facility for 2010/11 was £5,000,000 (2009/10 £5,000,000). The NHS foundation trust had no requirement to draw on this facility during the year.

The five ratio tests and the NHS foundation trust's performance against them is set out below:

Financial ratios	Actual 2010/11	Approved 2010/11	Actual 2009/10	Approved 2009/10
Maximum Debt / Capital Ratio	3.4%	<15%	3.6%	<15%
Minimum Dividend Cover	3.7	>1	4.0	>1
Minimum Interest Cover	n/a	>3	n/a	>3
Minimum Debt Service Cover	30	>2	26	>2
Maximum Debt Service to Revenue	0.27%	<3%	0.27%	<3%

17. Deferred income - current

	31 March 2011	31 March 2010
	£000	£000
Deferred income	<u>459</u>	<u>363</u>

17.1 Deferred income - non-current

	31 March 2011	31 March 2010
	£000	£000
Deferred income	<u>1,348</u>	<u>1,374</u>

Note - Deferred income - non-current relates to Primary Care Trust funding for a capital asset which is being amortised over the life of that asset.

18. Provisions for liabilities - current

	31 March 2011	31 March 2010
	£000	£000
Pensions relating to other staff	100	90
Legal claims	77	89
Other	204	114
TOTAL	<u>381</u>	<u>293</u>

18.1 Provisions for liabilities - non-current

	31 March 2011	31 March 2010 restated
	£000	£000
Pensions relating to other staff	849	923
Legal claims	0	5
Other	0	1,336
TOTAL	<u>849</u>	<u>2,264</u>

18.2 Movement of provisions for liabilities

	Pensions relating to other staff	Legal claims	Other	Total
	£000	£000	£000	£000
At 31 March 2010, as previously stated	1,013	94	2,001	3,108
Prior period adjustment	0	0	(551)	(551)
At 31 March 2010, as restated	1,013	94	1,450	2,557
Arising during the year	22	72	204	298
Utilised during the year	(99)	(49)	(114)	(262)
Reversed unused	(5)	(40)	(1,336)	(1,381)
Unwinding of discount	18	0	0	18
At 31 March 2011	949	77	204	1,230

Expected timing of cash flows:

Within one year	100	77	204	381
Between one and five years	449	0	0	449
After five years	400	0	0	400

Note 1 - The provision for pensions is based on actuarial estimates provided by the NHS Business Services Authority - Pensions Division.

Note 2 - The provision for legal claims is based on information provided by the NHS foundation trust's solicitors and the NHS Litigation Authority (NHSLA) and largely relates to excesses that are expected to be paid. Settlement of these claims is generally anticipated to be within one year.

Note 3 - At 31 March 2011 £1,242,000 (31 March 2010, £569,000) is included in the provisions of the NHSLA in respect of the clinical negligence liabilities of the NHS foundation trust.

Note 4 - A redundancy provision of £204,000 is included under other provisions at 31 March 2011 as required under IAS 37, Provisions.

19. Contingent Liabilities

At 31 March 2011 the NHS foundation trust has a contingent liability in respect of clinical negligence claims with the NHS Litigation Authority (NHSLA) of £23,000 (31 March 2010, £50,000).

20. Financial Instruments

IAS 32 and 39 and IFRS 7 require disclosure of the role that financial instruments have had during the year in creating or changing the risks an entity faces in undertaking its activities. The NHS foundation trust actively seeks to minimise its financial risks, neither buying nor selling financial instruments and is therefore not exposed to significant financial risk factors arising from financial instruments.

Further the NHS foundation trust is not exposed to the degree of financial risk faced normally by business entities because of the continuing service, commissioner-provider relationship that the NHS foundation trust has with local Primary Care Trusts and the way in which those Primary Care Trusts are financed. Financial assets and liabilities, see below, are generated by day-to-day operational activities rather than being held to change the risks facing the NHS foundation trust in undertaking its activities.

The NHS foundation trust holds the following financial assets and liabilities:

	31 March 2011	31 March 2010
	£000	£000
Financial Assets		
Loans and Receivables -		
NHS receivables	1,242	1,226
Non-NHS trade receivables (net of provision for impaired receivables)	539	2,040
Accrued income	458	2,639
VAT receivables	293	227
Cash at bank and in hand	<u>23,811</u>	<u>18,149</u>
TOTAL	<u>26,343</u>	<u>24,281</u>
Financial Liabilities		
Other Financial Liabilities -		
NHS payables	1,470	2,949
Other trade payables - revenue	1,474	1,254
Other trade payables - capital	454	803
Other payables	477	599
Accruals	6,264	4,416
Finance lease obligations	<u>2,337</u>	<u>2,314</u>
TOTAL	<u>12,476</u>	<u>12,335</u>

Note - The fair value of financial assets and liabilities shown above is not considered to be significantly different from book value.

20.1 Market Risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The only element of financial assets held that are subject to a variable rate are cash at bank and current investments. The NHS foundation trust is not therefore exposed to significant interest rate risk. In addition all of the NHS foundation trust's financial liabilities carry nil or fixed rates of interest. Further details on interest rates in respect of the NHS foundation trust's relevant financial assets can be found in Note 14. Changes in interest rates can impact discount rates and consequently affect the valuation of provisions and finance lease obligations. The NHS foundation trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk and as it holds no equity investments in companies or other investments linked to a price index no further exposure arises in this respect.

20.2 Credit Risk

Credit risk is the possibility that other parties might fail to pay amounts due to the NHS foundation trust. Credit risk arises from deposits with banks as well as credit exposure to the NHS foundation trust's commissioners and other receivables. At the statement of financial position date the maximum exposure of the NHS foundation trust to credit risk was £26,343,000. Surplus operating cash is invested to maximise interest return. Investments are only permitted with independently rated UK sovereign banks and there is a list of authorised deposit takers with whom surplus funds may be invested for appropriate periods up to a maximum of twelve months. The NHS foundation trust's banking services are provided by the Government Banking Service and Lloyds Public Banking Group. The NHS foundation trust's net operating expenses are incurred largely under annual service agreements with local Primary Care Trusts, which are financed from resources voted annually by Parliament. The NHS foundation trust receives cash each month based on agreed levels of contract activity. Excluding income from local councils, which is normally considered low risk, less than 1% of income is from non-NHS customers.

20.3 Liquidity Risk

Liquidity risk is the possibility that the NHS foundation trust might not have funds available to meet its commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities. To mitigate against any significant fluctuation in cash flows, the NHS foundation trust has in place a £5,000,000 working capital facility with its Bankers which it has yet to draw on. As stated above the NHS foundation trust's net operating expenses are financed via Primary Care Trusts from resources voted annually by Parliament. NHS Foundation Trusts are required to comply with the Prudential Borrowing Code made by Monitor, the Independent Regulator of Foundation Trusts, compliance with which is covered in Note 16.3.

The NHS foundation trust presently finances its capital expenditure from internally generated funds or funds made available from Government, in the form of additional Public Dividend Capital. In addition, the NHS foundation trust can borrow, within parameters laid down by Monitor, the Independent Regulator, both from the Department of Health Financing Facility and commercially to finance capital schemes. No borrowing has taken place in the accounting year. The NHS foundation trust is currently not exposed to significant liquidity risk.

21. Third Party Assets

At 31 March 2011 the NHS foundation trust held £32,265 (31 March 2010, £19,529) cash at bank and in hand which relates to monies held on behalf of patients. This has been excluded from cash and cash equivalents figures reported in these financial statements.

22. Movement in Public Dividend Capital

	31 March 2011	31 March 2010
	£000	£000
Public Dividend Capital at 1 April	35,819	35,819
New Public Dividend Capital received	30	0
Public Dividend Capital at 31 March	35,849	35,819

Note - Further information on public dividend capital can be found above in Note 1.21.

23. Related Party Transactions

Ultimate Parent

Cheshire and Wirral Partnership NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. Monitor, the Independent Regulator of NHS Foundation Trusts has the power to control the NHS foundation trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the NHS foundation trust's parent. Monitor does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts which are then included within the Whole of Government Accounts. Monitor is accountable to the Secretary of State for Health. The NHS foundation trust's ultimate parent is therefore HM Government.

Whole of Government Accounts (WGA) Bodies

All government bodies which fall within the whole of government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes, for example, all NHS bodies, all local authorities and central government bodies.

During the year the NHS foundation trust has had transactions with the following related party organisations;

Name of Related Party	Relationship / Reason for Disclosure	Year Ended 31 March 2011		31 March 2011	31 March 2011
		Income £000	Expenditure £000	Receivables £000	Payables £000
Alzheimer's Society	Member of Council of Governors	4	0	0	0
Arch Initiatives	Member of Council of Governors	0	59	0	1
Central and Eastern Cheshire PCT	Member of Council of Governors	35,638	413	53	74
Cheshire East UA	Member of Council of Governors	4,195	208	56	79
Cheshire West and Chester UA	Member of Council of Governors	103	254	2	0
East Cheshire NHS Trust	Member of Council of Governors	0	823	0	1,418
HM Revenue and Customs	WGA body and material balance	1,169	6,140	293	2,008
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	0	550	0	5
Metropolitan Borough of Wirral	Member of Council of Governors	1,209	246	45	18
NHS Pensions Agency	WGA body and material balance	0	9,346	0	1,165
NHS Prescription Pricing Authority	WGA body and material balance	0	1,382	0	233
Royal College of Psychiatrists	Member of Council of Governors	0	30	0	0
Trafford Borough Council	WGA body and material balance	1,999	0	196	25
University of Liverpool	Member of Council of Governors	93	628	20	86
Western Cheshire PCT	Member of Council of Governors	39,849	47	427	409
Wirral PCT	Member of Council of Governors	43,480	985	461	187
Wirral University Teaching Hospitals NHSFT	WGA body and material balance	44	1,156	2	2,554

Note - Wirral University Teaching Hospitals NHSFT includes under Payables £2,337,000 in respect of a finance lease.

23. Related Party Transactions (continued)

		Year Ended 31 March 2010		31 March 2010	31 March 2010	
		Relationship	Income £000	Expenditure £000	Receivables £000	Payables £000
Arch Initiatives	Member of Council of Governors		0	76	0	0
Cheshire East UA	Member of Council of Governors		10,462	161	1,496	5
Cheshire West and Chester UA	Member of Council of Governors		148	194	26	53
HM Revenue and Customs	WGA body and material balance		1,027	5,724	227	1,930
Local Comprehensive Network	Member of Council of Governors		136	0	0	0
Merseycare NHS Trust	Member of Council of Governors		51	1,932	0	265
Metropolitan Borough of Wirral	Member of Council of Governors		1,229	322	150	123
NHS Pensions Agency	WGA body and material balance		0	9,266	0	1,145
NHS Prescription Pricing Authority	WGA body and material balance		0	1,170	0	314
Royal College of Psychiatrists	Member of Council of Governors		0	44	0	0
Union Learn	Member of Council of Governors		26	0	8	0
University of Liverpool	Member of Council of Governors		63	494	36	35
Western Cheshire PCT	Member of Council of Governors		34,323	178	528	296
Wirral PCT	Member of Council of Governors		42,536	1,107	314	248
Wirral University Teaching Hospitals NHSFT	Member of Council of Governors		48	1,502	46	2,613

Note - Wirral University Teaching Hospitals NHSFT includes under Payables £2,314,000 in respect of a finance lease.

During the year none of the Board Members or members of the key management staff or parties related to them or members of the Council of Governors has undertaken any material transactions with Cheshire and Wirral Partnership NHS Foundation Trust. Note that details of senior management remuneration are shown in the Remuneration Report on page 114 of the Annual Report.

The NHS foundation trust has benefited from revenue payments out of a number of charitable funds, for which the NHS foundation trust acts as Corporate Trustee. The Annual Report and Accounts for the charitable funds (Registered Charity No. 1050046) are available on request from the NHS foundation trust.



Cheshire and Wirral Partnership **NHS**
NHS Foundation Trust

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