



Cheshire and Wirral Partnership
NHS Foundation Trust



Annual Report and Accounts 2012-13

Care • Well-being • Partnership

Cheshire and Wirral Partnership NHS Foundation Trust

Annual Report and Accounts 2012-13

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paragraph 25(4) of the National Health Service Act 2006.

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Annual Report 1 April 2012 to 31 March 2013

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Introduction

Foreword from the chairman and chief executive



It is with great pleasure that we welcome you to this year's annual report which details the achievements of Cheshire and Wirral Partnership NHS Foundation Trust (CWP) during 2012/13.

Our vision is "*Leading in partnership to improve health and well-being by providing high quality care*" and this report demonstrates how we achieve that vision and strive to continually improve whilst maintaining an emphasis on quality and sound financial capability.

During 2012/13 CWP embraced the Olympic spirit and built boldly on the previous year's excellent track record of service improvement to ensure improved quality of care and better outcomes for service users and carers. As a result, the Trust performed well against its many targets including those around quality of service, patient experience and staff satisfaction. Specifically, in the national 2012 Care Quality Commission Community Mental Health Survey the Trust achieved five 'Better' scores out of the nine service areas, a higher number than any other mental health Trust nationally. This included receiving one of the best scores for "overall care within the last 12 months".

Positive feedback from local patients also put Western Cheshire GP Out of Hours Service in the country's top five and made it runner-up in the North West, according to a nationwide survey carried out by the independent Primary Care Foundation. The CWP physical health service featured in the top four highest-scoring services for patient satisfaction with local people rating their experience as "good" or "very good." In the 2012 staff survey the Trust performed above the national average in overall staff engagement which includes members' perceived ability to contribute to improvements at work; their willingness to recommend the Trust as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work. For detailed information on the staff survey results please go to pages 17 to 19.

We are very proud of our workforce and their many national achievements. We are continually impressed by their hard work and commitment especially in living our values "care, well-being and partnership" and doing their job to the highest standard. A few examples include the adult cognitive assessment and intervention team named "National Psychiatric Team of the year" by the Royal College of Psychiatrists and child and adolescent mental health services (CAMHS) highly commended at the prestigious Health Service Journal Awards in the "Patient- Centred Care Category" for their "Next Step" Goal Based Outcomes project.

The year however has not been without its challenges. CWP began work on a number of cost improvement programmes to contribute to the £20 billion efficiency savings the NHS is required to make by 2014/15. Specifically for CWP, this has meant a challenge to both redesign services to further improve outcomes and promote recovery¹, whilst saving over £13 million over the next three years. In effect delivering better care for less money. As shown on the pages that follow, we have successfully managed the efficiencies required for 2012/13 on both a recurrent and non-recurrent basis without compromising the quality of care we provide, and we are proud that both our clinical and financial performance remains strong. For more information on our public consultations please go to page 29.

¹ "Recovery at CWP is helping people to be the best they can and want to be."

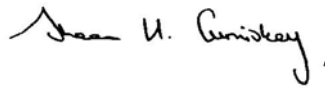
During our Trust's 10th anniversary year, we have continued to upgrade our existing facilities in consultation with our service users and carers and commissioners, investing in CWP to create environments that enhance and improve patient experience. This included expanding Oaktrees eating disorder ward at Springview Hospital in Clatterbridge to create new en-suite facilities and a dedicated quiet area. Princeway Health Centre is an integrated facility and also opened in Frodsham in 2012. It is used by primary care services, CWP community, physical and mental health services and the local authority.

We are proud of the Trust's continued dedication to improving the health and well-being of our local community and look forward to embracing the next 12 months challenges and opportunities.

Thank you to all for the unwavering support shown during the last year and we hope that the valued partnerships with our service users, carers, staff and key partners can continue to be built to provide an even better future for CWP.

A handwritten signature in black ink, appearing to read 'David Eva', with a stylized, cursive script.

David Eva, chairman

A handwritten signature in black ink, appearing to read 'Sheena U. Cumiskey', with a cursive script.

Sheena Cumiskey, chief executive

Foreword from the lead governor



2012/13 has not only been an Olympic year for the country but also for CWP. During CWP's 10th year anniversary, the Trust has strived to continue its run of excellence and has achieved many successes – some of which can be found on pages 7 to 10.

I would particularly like to express my thanks to governor colleagues who have been continually involved in a wide range of Trust activities. During times of big change in the NHS, local views must be heard and taken into account and I am pleased that our governors, service users and carers with lived experience have attended a large number of events and strategic meetings throughout the year. Their involvement in the various communities across the Trust's footprint has ensured that CWP continues to improve the quality of services and care for patients whilst providing better value for money.

I too have attended several events run by CWP during the year and was particularly pleased to be involved in the Annual November Going the Extra Mile awards ceremony, which took place during CWP's Annual Members meeting. The event celebrated the outstanding contribution made by volunteers, involvement representatives and staff and I was delighted to see so many people stand up to receive awards – specific congratulations to Simon Hough for overall outstanding contribution to volunteering and Murdo Kennedy for overall outstanding contribution to involvement.

The extraordinary work of our volunteers, involvement representatives and staff is testament to their hard work and dedication in supporting those we serve and reinforces the Trust values "care, well-being and partnership". I would like to say a big thank you to all who go that extra mile.

This year I was also delighted to extend a warm welcome to re-elected governors Brenda Jones and Richard Harland, alongside new governor Rosalind Davison to the service user and carer constituency. Stanley Mayne was also elected to the Trust public Wirral constituency. Each of their terms will run until the Trust Annual Members' meeting in 2015 and commenced at the November meeting in 2012. Rob Robertson and Michael Robinson were also elected earlier in the year to the Cheshire West and Chester public constituency seats and Val McGee has also assumed the staff non-clinical seat – the three governors will be in position until 2014.

We also bid a fond farewell to Julie Griffin, public governor for Wirral, Tong- Hing Lee, service user and carer governor, Clive Lillie, staff nursing governor, and Mahesh Odiyoor, staff medical governor. We also say a goodbye to partnership governors Jane Dawson for Western Cheshire Primary Care Trust and John Callcott for Wirral Primary Care Trust, who leave the Council upon the dissolution of the Primary Care Trust's on 31st March 2013.

Finally a big thank you to all the Trust's members – staff, service users, carers and public members who have supported the Trust over the past year. You and your views matter to CWP.

A handwritten signature in cursive script that reads "Anna M. Usherwood". The ink is dark and the signature is written in a fluid, personal style.

Anna Usherwood, lead governor

Directors' Report

Background information

About CWP

Cheshire and Wirral Partnership has been an NHS Foundation Trust since July 2007. Prior to that, it had been an NHS Trust since 2002. Over the last year CWP has:

- celebrated its 10th anniversary;
- over 15,000 Foundation Trust members;
- more than 3,400 staff working over 65 sites;
- served a population of over a million people;
- 2,759 clinical staff who have delivered care to 150,156 service users across 226 clinical services

The Foundation Trust serves people across Cheshire and Wirral with services also provided to other areas, for example Trafford and Bolton. CWP also provides some specialist services on a regional footprint. Its 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 disorder services. Since 2011, CWP also provides community physical health services in Western Cheshire. As in previous years, over 93% of the NHS Foundation Trust's income comes from contracts with the following NHS bodies, Central and Eastern Cheshire Primary Care Trust, NHS Western Cheshire, NHS Wirral and North West Specialist Commissioners together with Cheshire East Council, Cheshire West and Chester Council, Wirral Council and Trafford Council. Therefore, the Foundation Trust can confirm they have met the requirement as set out within the Health and Social Care Act 2012 in that income from the provision of health services in England is greater than income for any other purpose.

CWP vision and strategic objectives

As part of the Trust's annual planning processes the Board of Directors approved a revised vision and set of strategic objectives that mark the Trust's future direction. A rigorous process of consultation and engagement enabled the development of the revised vision and strategic objectives with all feedback and information deriving from engagement events, staff engagement, discussions and feedback from Executive Board. The development of the vision and strategic objectives is a key element of the planning process in setting out our organisational intentions and aspirations for the future.

Our new vision

'Leading in partnership to improve health and well-being by providing high quality care.'

Our new strategic objectives

1. Deliver high quality, integrated and innovative services that improve outcomes.
2. Ensure meaningful involvement of service users, carers, staff and the wider community.
3. Be a model employer and have a caring, competent and motivated workforce.
4. Maintain and develop robust partnerships with existing and potential new stakeholders.
5. Improve quality of information to improve service delivery, evaluation and planning.
6. Sustain financial viability and deliver value for money.
7. Be recognised as a progressive organisation that is about care, well-being and partnership.

The seven strategic objectives reflect the core direction of our activities across the Trust while maintaining an emphasis on quality, continuous improvement and sound financial capability. During the last year, some examples of how we achieved them are:

Improved and innovative new services

Oaktrees eating disorder services increase

An expansion within Oaktrees ward at Clatterbridge Hospital, Wirral now provides increased support for patients who are moving towards being discharged from the ward including four individual bedrooms with en-suite facilities, a dedicated quiet area and a new dining area with extra kitchen facilities. The ward staff team

	has also expanded to support the new area, with additional doctors, nurses and occupational therapists.
Princeway Health Centre opens	CWP, together with Cheshire West and Chester Council and Weaver Vale Housing Trust, celebrated the launch of Princeway Health Centre in Frodsham in April. Local health care professionals and councillors were invited to an open-evening event where they met the staff and learnt about the services the community will benefit from including district nursing, community matrons, podiatry, physiotherapy and mental health services, as well as children's services including health visitors, school health advisors and speech and language therapy.
New acquired brain injury service	In July, CWP launched a new brain injury service in Wirral. Commissioned by NHS Wirral, the service is part of Community Care Western Cheshire and aims to improve on the community and long term management of stroke and brain injured adults in the local area.
Early supported discharge pilot	From October, the Countess of Chester Hospital and CWP are jointly trialling the implementation of an Early Supported Discharge Team in the treatment of people experiencing Stroke. The team has been set up in partnership and will be based at the Countess of Chester Hospital and Ellesmere Port Hospital. The team aims to support the discharge of Stroke patients with early rehabilitation and therapy.
Providing an Olive Branch	In November, CWP and an emerging recovery organisation came together to provide a new recovery service in Wirral. The Trust and The Olive Branch Recovery Communities will provide the new service, which will bridge the gap between drug and alcohol treatment and recovery.
High scores in national patient survey	CWP has achieved high scores in the national 2012 Care Quality Commission Community Mental Health Survey. The Trust achieved five 'Better' scores out of the nine service areas, a higher number than any other mental health Trust nationally. This included receiving one of the best scores for "overall care within the last 12 months. The five service areas are: medications, care co-ordinator, crisis care, day-to-day living, and overall care.
Pine Lodge receives 'outstanding' report	CWP's Pine Lodge short stay school in Chester, which provides therapeutic treatment for young people, was subject to an unannounced inspection by OFSTED. Inspectors focused on four key areas; achievement of pupils, quality of teaching and learning, effectiveness of leadership, and management and standards of behaviour. Pine Lodge, which provides services across the region, was 'outstanding' in all areas.
GP out of hours service highly rated	Positive feedback from local patients put Western Cheshire GP Out of Hours Service in the country's top five and made it runner-up in the North West, according to a nationwide survey carried out by the independent Primary Care Foundation. The CWP physical health service featured in the top four highest-scoring services for patient satisfaction with local people rating their experience as "good" or "very good."
Psychiatric Team of the Year	The adult cognitive assessment and intervention team at CWP has been named Psychiatric Team of the Year 2012 by the Royal College of Psychiatrists. The team is the first in the country to provide commissioned services for people with alcohol-related brain damage.
CWP highly commended in HSJ awards 2012	CWP has been highly commended in the "Patient Centred Care Category" of the HSJ Awards 2012. The child and adolescent mental health service were recognised for their "Next Steps" Goal Based Outcomes entry.



Meaningful involvement	
SOS card to help children in foster care	In May, Cheshire East Council teamed up with CWP colleagues to launch a new card scheme that will help children with disabilities, should they be separated from their foster carer. The card will be held by the child or young person, and should provide the emergency services with valuable and immediate information if the foster carer is injured or separated from them for any length of time.
CWP provides friendly services	In July, CWP achieved national 'You're Welcome' accreditation status in recognition of its work with young people within child and adolescent mental health services, based at Marsden House, Chester.
Volunteering Trafford awards	Trafford drug service, part of CWP and Addiction Dependency Solutions (ADS), was awarded the Organisation Supporting Volunteers Award at the Volunteering Trafford Awards 2012.
Carers' charter launches	In November, CWP pledged its commitment to ensuring that carers and families are fully recognised and supported in their role as carer, with the launch of the carer's charter. The aim of the charter is to recognise and acknowledge the essential role of a carer and provide support for their well-being. The charter pledges that the Trust will work in partnership with carers to capture their views, experiences, views and ideas to develop services.
Trust holds inspirational event on World Mental Health Day	The child and adolescent mental health service (CAMHS) held an inspirational event on World Mental Health Day to raise awareness of child and adolescent mental health. Both staff and service users from CAMHS's service gave a number of presentations to raise awareness of CWP achievements and the benefits of having a user-led service, which helps young people and families set their own goals for treatment as well as define how much progress they think they have made.
Exploring the 5 Ways to well-being	Richmond Fellowship has worked with CWP's mental health services for young people and adults to create a highly original animation "Take 5". The animation explores 5 individual themes to well-being: Connect, Take Notice, Keep Learning, Give and Be Active to improve physical and mental well-being. The individual stories can be watched on the CWPnhs youtube channel.
Awarding outstanding contribution	In November, CWP held a special Going the Extra Mile awards ceremony during its Annual Members meeting to celebrate the outstanding contribution made by volunteers, involvement representatives and staff.



Work, well-being and staff involvement	
CWP is a Mindful Employer	In May, Several regional organisations from across the North West, led by CWP, came together to support Mindful Employers at an event held in Manchester. The aim of the event was to reduce the costs associated with health related sickness absence and enable attendees to gather the latest best practice regarding health at work.
Recognition of service awards	In August we held our annual recognition of service award event for our long serving staff. This year four guests achieved over 40 years service and overall 109 staff clocked an amazing 2814 years between them. This year, in addition to our local Going the Extra Mile Awards, a national recognition scheme has been running to celebrate the extraordinary work staff in the NHS do every day. Members of the public and staff were invited to nominate their own personal NHS Heroes and CWP received 26 nominations in total for both individuals and teams.
Trust hosts conference for specialist CAMHS	The daylong conference, facilitated by the UK Nurse Consultants in CAMHS Network, was attended by over 100 delegates who enjoyed inspiring and informative workshops and talks as well as sharing good practice and new ways

nurses	of working.
Eliminating discrimination	The Trust was selected as one of only three NHS Trusts in the North West to become a member of the Stonewall National Lesbian, Gay and Bisexual (LGB) Health Champions Programme. For more on this and CWP's commitment to equality and diversity please read page 20.



Developing and maintaining partnerships	
Estates joint venture	Five companies were shortlisted by the Trust to become a potential strategic estate partner following a thorough competitive quality and financial assessment. The successful partner will work with the Trust over the next 15 years, via a 50:50 joint venture company, to ensure CWP's estate is maximised to support existing clinical services and Trust plans for service development.
Joint public health awareness event aims to tackle harmful drinking habits	CWP, East Cheshire NHS Trust, Cheshire East Council, and Cheshire and Merseyside Public Health Network (ChaMPs) joined forces as part of a new local campaign aimed to reduce alcohol related harm.
International acute care conference	CWP and Betsi Cadwaladr University Health Board organised their first annual conference to share knowledge and good practice. The two day conference, which was attended by over 100 delegates, was filled with inspiring and informative workshops and talks delivered by acute care experts.
CAMIAD provides valuable insight	CWP has worked in collaboration with the Campaign for Awareness of Mental Health Illness Among Debtors, spearheaded by North West insolvency practitioner Ian Williams, to deliver intensive training courses. The courses provide valuable insight into mental health issues facing those people struggling with debt.
A range of other partnerships with external organisations can be found in the 'significant partnerships and alliances' on page 12.	

Raising awareness of CWP and improving information	
New website launch	The Trust's website (www.cwp.nhs.uk) has been given a fresh new look. It now holds more detailed information on all services provided. CWP aims to work closely with referrers to provide a smooth transfer for patients needing access to our services. With this in mind, we are developing resources to make the referral process easier and our new website provides a range of information useful to local GPs, commissioners, clinicians and other referrers.
CWP celebrates its 10th anniversary	The Trust was created when parts of five local NHS bodies merged together in April 2002 and provides mental health, drug and alcohol and learning disability services to the people of Cheshire and Wirral.
Cheshire Health Record launches in Western Cheshire	The first phase of the Cheshire Health Record in Western Cheshire was completed. The pharmacy team at Bowmere Hospital, CWP now has access to a real time, read-only summary of the GP record from GP practices in Western Cheshire.

Business review (management commentary / operating and financial review)

The directors are pleased to provide readers with a fair review of the Foundation Trust's principal activities during the financial year, ending 31st March 2013. In nearly six years as a Foundation Trust we have sought to build further on the real benefits this status affords to continually improve the quality of health care provided. We set out in the Trust's Annual Plan what we wanted to achieve in the past year while recognising there are many other things that could be done. This report will inform the reader, fairly, of how we performed against that plan including what was achieved in full and targets that were exceeded or fell short.

The position of the Trust at the end of March 2013

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

- Robust monitoring and careful use of available resources meant that the Trust was able to achieve a surplus of £3.19m. This was ahead of plans set out at the beginning of the year. The Trust's performance on recognised financial metrics can be demonstrated in the table below:

Financial criteria	Metric	Performance	Rating
Achievement of Plan	EBITDA achieved (acronym for earnings before interest, taxes, depreciation & amortisation)	139.5%	5
Underlying Performance	EBITDA margin	6.2%	3
Financial Efficiency	Net return after financing	6.9%	5
Financial Efficiency	Income and Expenditure surplus margin	3.3%	5
Liquidity	Liquidity ratio	58.5 days	4
Overall rating			4

As CWP has Foundation Trust status it can take full advantage of this additional cash surplus in future years by setting plans to invest this into improving our estate for the benefit of services provided to our patients.

- We were wholly successful in managing the financial risks posed to ensure these did not have a detrimental effect on the financial performance of the Trust.
- A key feature of our financial performance was the ability of the Trust's services to deliver a very challenging efficiency programme. Efficiency savings are a fundamental part of NHS contracts going forward into 2013/14 and beyond.
- The Trust was able to take advantage of £3.4m (£3,438,411) of CQUIN (Commission for Quality and Innovation) non-recurrent funding to invest in a wide range of service quality enhancements outlined in the Quality Report.

Statement on income

Overall income increased in 2012/13 by 0.8% in comparison with 2011/12. This income offset the national deflator applied to our contracts and was achieved by non-recurrent funding to offset the Quality, Innovation, Productivity and Prevention Target levied by NHS Western Cheshire in prior years, alongside new contracts for Eating Disorders and service developments within our existing contracts, as well as additional training funding.

Section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income for any other purposes. The Foundation Trust can confirm that this

requirement has been met and that 100% of the income received relates to the provision of goods and services for the health service.

Statement on running costs

The Trusts' running costs increased in line with inflation and other NHS specific cost pressures. In addition and in line with movements to income, additional costs in relation to CQUIN projects, new service developments and efficiency schemes have contributed to in year expenditure movements.

Statement on assets

The net book value of property, plant and equipment has increased by £0.37m during the year from £59.98m to £60.35m. Of this £2.38m related to additions which were offset by depreciation of £1.92m in the current financial year. The Trust undertook a combined componentisation of its asset register in 2012/13 along with professional revaluation. The revaluation was carried out by DTZ Ltd and prepared in accordance with RICS valuation standards. Across Trust owned land and buildings, valuations down resulted in impairments of £2.47m through changes in market prices and valuations up by £2.38m for the same reason. The net effect was an overall reduction in value of £0.09m.

Statement on cash

The Trust ended the year with cash, bank balances and investments of £28.8m. This represents a £3.5m increase over cash, bank balances and bank balances held at the end of the previous year. The increase primarily reflects lower than anticipated capital expenditure and a higher than anticipated income and expenditure surplus.

Going concern

Through its financial statements and performance risk indicators, the Trust continues to demonstrate a strong underlying and improving financial position. The 2013/14 Annual Plan forecasts ongoing surpluses. The directors' opinion therefore is that the Trust is a going concern and 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

See page 109 for some of the major strategic risks that faced the organisation in 2012/13 and some future risks to follow.

Pensions and other retirement benefits

The Trust's accounting policies for pensions and other retirement benefits for staff can be found in note 1.16 to the Accounts. Details of the remuneration and pension benefits of senior managers can be found in the Remuneration Report on page 23.

Patient and staff surveys

See pages 70-71 for patient surveys and pages 17-19 for staff surveys.

Complaints handling

During the reporting period a total of 204 complaints were received, compared with 263 for 2011/12. The Trust operates a triage system for managing complaints, namely red, amber and green. Of the complaints received, 140 were green, 62 amber and 2 red. In total the Trust has received a 22% decrease in complaints within 2011/12 which reflects the work done with services to promote local resolution of complaints within 24 hours. As a Trust, we welcome all types of feedback - this enables us to learn and improve our services for the communities which we serve.

Significant partnerships and alliances entered into by the Trust

The Trust continues to work 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 an established, formal partnership with Addiction Dependency Solutions (ADS) with whom the Trust provides drug services in Trafford and is currently looking at other joint ventures with ADS and engaging ADS in discussions about the redesign of drug and alcohol services to make them fit for future. CWP also has a

formal partnership with Mental Health Matters with whom the Trust deliver primary care mental health services in Warrington.

CWP is also currently developing a partnership with a private organisation Ultrasis in order to develop and provide computerised CBT across industry higher education and primary care mental health services. The Trust has inherited a range of partnership arrangements through its merger with community/physical health services in Western Cheshire and is keen to develop these further in line with the integration agenda focusing on demand management initiatives and is currently exploring with Western Cheshire Clinical Commissioning Group programme budgeting as a method of managing this.

Development of services involving other agencies

In line with our focus on integration, CWP sees the development of services across pathways, involving partner organisations delivering parts of that pathway, (and demonstrated by the programme budgeting approach in Western Cheshire) as essential in delivering flexible, effective and valued services. For example, the Trust is working across acute hospitals and with clinical commissioning groups and local authorities to develop enhanced liaison psychiatry services in line with the Birmingham Rapid Assessment, Interface and Discharge (RAID) model, but working across and into community physical health services in all areas of the Trust. CWP are currently developing how we partnership with local third sector providers such as Advocacy in Wirral and others to revitalise the way we deliver community mental health services.

Looking forward

The Trust continues to operate from a sound and sustainable basis with a continuing focus on delivering high quality and cost effective services for patients and service users, however the complex operating environment present challenges, particularly around the continued drive on financial efficiency and the on-going challenges of the emphasis on competition alongside collaborative working. While we recognise competition drives standards and improvement, collaboration and partnership are key to ensure this happens effectively with the patient at the centre.

Understanding and analysing the local health economy and the external landscape is a crucial part of the annual business planning process for CWP looking forward. Locally, there is an emphasis on the move towards integrated working and developing collaborative partnerships to deliver services. Although the pace of development varies across the Trust footprint, CWP has identified that 2013-14 should be a year where health and social care becomes far more closely aligned and in some of our areas, fully integrated. This is in response to a local emphasis from clinical commissioning groups (CCGs) on developing and shaping services around the needs of patients, developing joint pathways to minimise waiting times, and ensuring that where possible, care and treatment takes place outside of hospitals with a focus on preventative services and outcomes.

The Trust Board recognise the challenges and potential opportunities that operating within the current local health economy provides, and the need to respond to these accordingly. In light of this the Board have reaffirmed the current Trust vision and strategic objectives as fully demonstrable of the strategic direction of the Trust for the 2013-16 Plan. The Trust vision of *'Leading in partnership to deliver high quality care'* continues to encapsulate the Trust's position as a values based organisation with care central to all its operation and the 7 strategic objectives set out clearly on page 7 indicate how the Trust intends to achieve its vision.

CWP are highly aware of the ever evolving local health economy. CWP operates over a wide geographical footprint and therefore responds to a diverse population and socio-economic and political factors while remaining a competitive force within local markets.

Performance against key targets

The Trust had a number of external targets to achieve in 2012/13. The regulatory body /accountable organisation target details, required performance, and actual performance are listed below:

Monitor Compliance Framework Targets		
Target Title	Required Performance	Actual Performance
Care Programme Approach (CPA) patients - receiving follow-up contact within seven days of discharge	95%	96%
Care Programme Approach (CPA) patients - receiving follow-up contact within seven days of discharge - having formal review within 12 months	95%	96%
Minimising delayed transfers of care	≤7.5%	0.96%
Admissions to inpatients services had access to crisis resolution home treatment teams	95%	97%
Meeting commitment to serve new psychosis cases by early Intervention teams	95%	138%
Data Completeness: identifiers	97%	99%
Data Completeness: outcomes	50%	91%
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Achieved
Community care - referral to treatment information	50%	76%
Community care - referral information	50%	69%
Community care - activity information	50%	81%
Community care - demographic information (<i>shadow reporting</i>)	TBC	90%
Community care - end of life information (<i>shadow reporting</i>)	TBC	83%
Risk of, or actual, failure to deliver mandatory services	Yes/No	No
CQC compliance action outstanding (as at 31 Dec 2012)	Yes/No	No
CQC enforcement action within last 12 months (up to 31 Dec 2012)	Yes/No	*Yes
CQC enforcement notice currently in effect (as at 31 Dec 2012)	Yes/No	No
Minor CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Dec 2012)	Yes/No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Dec 2012)	Yes/No	*Moderate concerns noted at Eastway against outcomes 4,7,13,16 & 21
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 Dec 2012)	Yes/No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	Yes/No	No
Has the Trust been inspected by CQC (in the quarter ending 31 Dec 2012)	Yes/No	Yes
If so, did the CQC inspection find non compliance with 1 or more essential standards	Yes/No	*Yes
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	Yes/No	No

*For more information about the moderate concerns and CQC inspections please turn to pages 80-81.

Regulatory ratings

Commentary

Monitor uses the Trust's annual plans, in-year quarterly submissions and relevant third party reports to assign risk ratings for finance and governance. Monitor uses these ratings to assess risk to compliance with the Trust's Authorisation, to guide the intensity of monitoring and signal to the NHS Foundation Trust the degree of concern with the specific issues identified and evaluated.

Monitor requires NHS Foundation Trusts to report in-year, normally on a quarterly basis (dependent upon the outcome of its rating). The submission is split into the following areas:

- **Finance**
- **Governance**

Financial Risk Rating

Financial risk ratings are allocated using a scorecard which compares key financial information across all Foundation Trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the highest. When assessing financial risk, Monitor will assign quarterly and annual risk ratings using a system which looks at four criteria:

- achievement of plan;
- underlying performance;
- financial efficiency; and
- liquidity.

The risk rating is forward-looking and is intended to reflect the likelihood of an actual or potential financial breach of the Foundation Trust's Terms of Authorisation. The rating system is on a scale of 1-5 as follows:

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

Monitor uses the term governance to describe the effectiveness of an NHS Foundation Trust's leadership. They use performance measures such as whether Foundation Trusts are meeting national targets and standards as an indication of this, together with a range of other governance measures described below.

- Legality of constitution
- Growing a representative membership
- Appropriate board roles and structures
- Cooperation with NHS bodies and local authorities
- Clinical quality
- Service performance (healthcare targets and standards)
- Other risk management processes
- Provision of mandatory services

The rating scale is a four point scale as follows:

- Red - Likely or actual significant breach of Terms of Authorisation
- Amber-red - Material concerns surrounding Terms of Authorisation
- Amber-green - Limited concerns surrounding Terms of Authorisation
- Green - No material concerns

The Trust's governance risk rating in 2011/12 changed in Quarter 2 from green to red following the Care Quality Commission undertaking a review of compliance at two of the Trust's learning disability units.

The Trust however ended the year with a risk rating adjusted to green and therefore did achieve the expected performance set out in its annual plan for 2011/12.

The Trust achieved the expected performance set out in its annual plan for 2012/13, however following the moderate concerns raised by CQC inspection it has been agreed with Monitor that the governance risk rating would be amber/green for quarter 4. Please turn to pages 80-81 for information on the CQC inspections and subsequent Trust actions.

Quality Governance Framework

The Quality Account sets out the Trust's commitment to setting quality improvement priorities that the Trust intends to continue to review its performance against in future years, and to sustain improvements to quality. This strategy is supported by an ongoing/ quarterly self assessment by the Board, as per the Monitor quality governance framework, to assure the Board that strategies are in place to support the quality agenda, and at Trust level the development of an operating framework in 2012/13.

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 2012/13.

	Annual Plan 2012/13	Q1 2012/13	Q2 2012/13	Q3 2012/13	Q4 2012/13
Financial risk rating	3	3	3	3	4
Governance risk rating	●	●	●	●	Amber /Green
Mandatory services	●	●	●	●	●

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial risk rating	3	4	4	4	3
Governance risk rating	●	●	●	Amber/Red	●
Mandatory services	●	●	●	●	●

Staff engagement

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. Informal discussions take place on a regular basis and a framework of committees and local joint meetings is in place. Together, these ensure that the views of staff representatives can be fed into decision making. Achievements in 2012/13 included:

- The 2012 staff survey was the second in which all Trust staff were given the opportunity to comment upon how they viewed the Trust as an employer; 52% chose to return completed questionnaires.
- Established in mid 2011 in order to increase the extent to which clinical staff can get involved in helping ensure that management addresses issues which are of most major concern to them, the Investing in Staff group continued to meet during 2012/13. Its biggest achievement was the complete redevelopment of the Trust's (non medical) Staff Appraisal Policy, approved in September, 2012. This was the first time in which one of the Trust's HR policies had been revised in this way – with clinical staff taking the lead.
- In order to achieve significant levels of costs reductions, a number of internal restructuring programmes took place during the course of the year. Although it was necessary to reduce considerably the numbers of established jobs within the Trust, managers were able to do that by working closely with trades unions and staff – one result being keeping to an absolute minimum the numbers of compulsory redundancies.
- The Trust adopted its first staff health and well-being strategy during 2012/13 and has begun the process of implementing the supporting action plans. Key elements of this thus far have been the launch of a web based 'well being' resource accessible by all staff (and including the facility to develop personalised well-being programmes) and running a further cohort of resilience training for managers of services about to be affected by a significant organisational change programme.

Summary of performance – results from the NHS staff survey

Based on staff responses across a number of questions in the NHS staff survey, the overall measure of CWP staff engagement score out of 5.00 (the higher score the better) was a slight improvement in 2012/13, as below:

2011/12		2012/13		Trust change
Trust	National average	Trust	National average	
3.66	3.61	3.75	3.7	+2%

Summary of how the 4 scores in which CWP received the *highest* ratings in the 2011 survey have either improved (+) or deteriorated (-) in the 2012 survey. (Changes of less than 5% are not statistically significant):

Top 4 Ranking Scores	2011/12		2012/13		Trust change
	Trust	National Average	Trust	National Average	
% of staff satisfied with the quality of care they provide	88%	87%	84%	83%	-4%
% of staff who feel	92%	90%	89%	90%	-3%

their role makes a difference to service users					
% of staff saying that the last time they saw an error or near miss, it was reported	94%	95%	95%	92%	+1%
% of staff saying that the last time they experienced physical violence at work, it was reported	94%	90%	88%	85%	-6%

The summary below shows how the 4 *bottom* ranked scores from the 2011 survey have either improved or deteriorated in the 2012 survey. (Changes of less than 5% are not statistically significant:

Bottom 4 Ranking Scores	2011/12		2012/13		Trust % change
	Trust	National Average	Trust	National Average	Trust change
% of staff considering that communication between senior managers and staff is effective	25%	27%	36%	38%	+11%
% of staff considering that senior managers try to involve staff in important decisions	27%	29%	32%	32%	+5%
% of staff considering that senior managers act on staff feedback	30%	32%	26%	29%	-4%
% of staff having felt unwell as a result of work related stress	33%	31%	44%	41%	+11%***

***NB Difference in score is deterioration.

The summary below shows the top and bottom ranked scores from the 2012 survey, comparing CWP with national average scores:

Top 4 ranking scores	Trust	National average
Staff recommendation of the Trust as a place to work or receive treatment	3.71*	3.54
% of staff receiving equality and diversity training in the last 12 months	75%	54%
% of staff receiving Health & Safety training in the last 12 months	83%	69%

% of staff receiving training on good patient / service user experience in the last 12 months	59%	46%
% of staff receiving Health & Safety training in the last 12 months	82%	73%

*NB this score is a composite measure, assessed on responses across a number of questions in the survey, on a score range of 1-5. High is positive.

Bottom 5 ranking scores	Trust	National average
% of staff receiving an appraisal or review in the last 12 months	68%	85%
% of staff believing that the Trust has a clear vision for the future	45%	51%
% of staff feeling that learning & development activity has helped with their career	35%	41%
% of staff feeling that senior managers act on staff feed back	25%	29%

Results in the 2012/13 survey, included significant 'year on year' improvements in respect of the numbers of staff completing training on equality / diversity and infection control. However, the most notable were in respect of the numbers of staff indicating that they felt able to do their job to a standard they are pleased with (an increase of 19%) and those satisfied with the extent to which the Trust values their work (10% increase).

As changes in year on year survey results showing more than a 5% variance are statistically significant, it is clear from the tables above that there are a number of issues for the Trust to address during the next 12 months with regard to performance comparisons with other NHS organisations. However, building on the overall positive results from the 2012/13 staff survey, immediate attention in 2013/14 will be given to continuing work on increasing the incidence and quality of staff appraisals (which was also a key focus of action during 2012/13), ensuring that staff are re-assured as to the future direction of the Trust within the wider context of the restructured NHS nationally and pressing on with leadership development activities already in train.

As in previous years, the Trust wide Investing in Staff Group will take the lead on future action planning.

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 or the Health, Safety and Staff Well-being Sub-committee.

Equality and diversity

Personal Fair and Diverse Practice

CWP is committed to delivering personal fair and diverse services for communities across the whole of the Trust's service delivery geographic footprint. We recognise the different needs of communities and always look to develop services in line with this principle to ensure the care we provide is accessible to all. The Trust believes passionately in creating positive and diverse workplaces for all our staff. We recognise the value employees from all backgrounds bring to their role and the importance of having teams that reflect the diversity of the community they serve. The Trust has continued to develop its diversity agenda with the creation of its first Personal Fair and Diverse Strategy (which incorporates the Trust's three Equality Objectives set in 2011) in line with our obligations under the Equality Act 2010. Taking each in turn:

Improving our data quality

We have data collection systems in place but they are either not yet fully designed to collect information about protected characteristics or the data sets are not always complete. Therefore the Trust's systems do not fully help the Trust turn data into information and make intelligent use of it. There is more work to be done in developing our systems and practice so that we always know the impact of our services on people with different protected characteristics and we can demonstrate this.

Working with our communities

We have identified that people from the deaf/hard of hearing community do not access our services in proportion to those that live locally and that gypsies and travellers and people from the lesbian, gay, bisexual and trans (LGBT) communities do not access health services well in general. We have begun to improve the access of people from those groups to our services by working with commissioners and communities and developing our approach once people are first referred, that work will need to continue. In addition, our services will improve their engagement with local communities as part of service development and improvement work.

Developing our staff

Particular efforts have been made over the last 12 months to increase the number of staff undertaking equality and diversity training. As a consequence, managers and staff across the Trust understand the principles of equality and diversity and the duties placed on public sector organisations. In the main, services aim to deliver bespoke individualised care to patients that meet their specific needs including any protected characteristics. However, in order to deliver personal, fair and diverse services every time, we will be looking to continually develop our workforce so that all employees have the confidence to challenge and change the way that our services are established and monitored at every level. Over the next five years we will deliver a leadership and development framework that supports staff at every level to champion diversity and human rights. Over the last 12 months, in addition to having published our Personal, Fair and Diverse Strategy the Trust's main achievements around equality include:

- Receiving 'excelling' and 'achieving' grades for some services as part of the Equality Delivery System Community Assessment.
- Staff survey results indicating a 23% increase in the number of staff completing Equality and Diversity training, putting us well above the average achieved by all mental health Trusts in the country .
- Being awarded entry into the Stonewall Health Champions Scheme, focusing on continuing to develop workplaces and services to benefit all lesbian, gay and bisexual people.
- Being one of only 32 Trusts in the UK entered into the National Stonewall Health Index.
- Delivering (pilot) training on transgender children to multi agency services and sharing best practice on transgender service development and record keeping at external events and with regional health providers.
- Engaging over a third of disabled staff in the Trust in developing and improving the sensitivity of the Trust's own recruitment and selection practices, with successful outcomes being fed back to staff.

A full statutory data report outlining the demographic makeup of our service users and staff can be found on the Trust website www.cwp.nhs.uk alongside an analysis of areas identified for development.

Sustainability/climate change

CWP is committed to improving and sustaining carbon reduction across all of its operations. A Carbon Management Strategy is in place from 2010-15 with the target of 7% reduction in energy achieved in 2012. An Environment Strategy Action Schedule monitors measured progress on carbon reduction Co2 Emissions, the major factor in climate change. Adaptation planning in response to the threats of climate change is included in CWP sustainable development planning.

The key principles outlined in the Trust's strategy have committed, and currently are on target, to exceed the 10% carbon reduction target proposed in the NHS Carbon Reduction Strategy for England: "Saving Carbon, Improving Health" published in January 2009.

CWP has improved sustainability and adaptation to climate change in many areas throughout 2012 and has a strategy in place that reports and monitors:

Energy Management

- Investment in a Building Management System (BMS) to read gas and electricity meters remotely.
- Investment in combined heat and power (CHP) on the Countess of Chester Health Park site.
- Biomass Technology
- Renewable energy at Saddlebridge
- Review of Springview Unit for more efficient lighting and condenser boilers
- Millbrook to have CHP
- Identifying older types of lighting and renewal programme.

Waste and Recycling

- A review of all waste streams in CWP has resulted in a reduction of waste through promotion of increased recycling.
- Clinical healthcare waste evaluated and reclassified to use low carbon technologies.
- Waste streams such as metal reclamation have been utilised as a resource and income generator for the Trust in 2012.
- 35% increase in paper, card and printer cartridges recycled
- Re- use and recycling of Trust furniture office items has increased 45 % over 2012. Surplus Office furniture and equipment is re-used by teams across the Trust. A "Swap Shop" Tool is available for staff on the environment intranet page, saving £10k to £15k per year on budgets.

Transport and Co2 Reduction

- Transport rationalisation and review of Trust journeys.
- Review of Taxi service provision resulting in a more efficient and cost effective service.

Staff Engagement Sustainable Development and Reduction of Carbon

- Annual bike purchase scheme in 2012 saw an uptake of over 50 applications from CWP staff. As well as promoting healthier travel to work option and reduced Co2 by not using transport, there has also been improved storage and cycle facilities at Bowmere Hospital, Chester and the Millbrook Unit, Macclesfield.
- Staff engagement has improved during 2012/13 with a regular environment section in the weekly e-news bulletin. This is also a monthly "market place" environment display at all Trust Inductions.
- Opportunities for training in "Environment Awareness in the Office" takes place bi-monthly for administration staff as part of learning and development.
- An Eco Rep handbook has been published for staff in collaboration with public sector carbon management project.
- There are 45 eco representatives across the Trust. Eco representatives meet four times a year to discuss campaigns and projects.

Carbon management is subject to monitoring and measuring mechanisms that form part of the Carbon Reduction and Sustainable Development Plan. Information is reported into the Environment Strategy Sub-Committee using a carbon measurement recording tool managed by the CWP Energy Manager.

In line with the NHS reporting target 'CWP set base year from 2007 reducing Co2 emissions by at least 10% by 2015', CWP Energy Carbon tonnage was 3947.10 in 2007 and is now measured at 2840.48 representing a reduction of 1106.62 tonne of carbon in the last four years.

CWP has continued to develop partnerships and networks with other public sector bodies and services throughout 2012 on sustainable projects and has been working on developing the NHS good Citizenship Model 3 assessment. Carbon reduction strategies for mitigating effects of climate change in 2013/14 include:

- Paper, cardboard and printer cartridges projects are on target to offset CWP total tonnage of general waste from 62% at base year 2007 to 95% by 2015.
- Printer rationalisation project replacement.

The Trust fully embraces the ethos of sustainable development in all its forward planning and adaptation in respect of the risks and challenges that we face with the impacts of climate change and sustainable development and aims to improve and consolidate our carbon reduction over time.

Remuneration Report

Tables showing the remuneration and pension benefits of senior managers have been audited and follow this section.

The Remuneration and Terms of Service Committee (RTSC) determines the remuneration of all members of the Trust's Executive Management Team. The Committee is required to ensure levels of individual remuneration are sufficient to attract, retain and motivate directors of the quality required to run Trust successfully, but without paying more than is necessary for that purpose. In ensuring that, the Committee considers the recommendations made by national pay review bodies, local pay market forces and, from time to time, commissions its own benchmarking review. Within the Trust, executive pay is fixed at specified pay points: there is no pay band or incremental pay progression.

The Trust's normal practice is that all executive management team members are employed on indefinite contracts, with a notice period of 3 months (6 months for the chief executive). However, following the resignation of the director of finance, the Trust appointed an interim director of finance for the period January to March 2013, until a newly recruited director of finance was able to take up post (April 2013). No special payments were made to the resigning director of finance, who served a full contractual notice period.

Performance objectives are determined for the chief executive and each other executive management team member annually and approved by the committee. Membership of the remuneration and Terms of Service Committee comprises the Trust Chair and all non-executive directors. Four meetings of the Committee were held during 2012/13, with committee members attendances as follows:

Non Executive Directors	July 2012 Meeting	December 2012 Meeting	January 2013 Meeting	March 2013 Meeting
D Eva (Chair)	Yes	Yes	Yes	Yes
F Clark	Yes	No	Yes	Yes
R Howarth	Yes	Yes	Yes	Yes
G Owen	Yes	Yes	Yes	Yes
M Maier	Yes	Yes	Yes	Yes
S McAndrew	Yes	Yes	Yes	Yes

Audited Remuneration of Senior Managers	31 March 2013			31 March 2012		
	Salary in bands of £5,000	Other Remuneration in bands of £5,000	Benefits in Kind to the nearest £100	Salary in bands of £5,000	Other Remuneration in bands of £5,000	Benefits in Kind to the nearest £100
S Cumiskey – Chief Executive	140-145	0	0	140-145	0	0
R Francké – Director of Finance and Deputy Chief Executive	80-85	0	3500	105-110	0	4,400
Dr A Sivananthan – Medical Director Compliance, Quality and Regulation	25-30	125-130	0	25-30	115-120	0
Dr A Cotgrove – Medical Director Effectiveness and	25-30	145-150	0	25-30	145-150	0

Medical Workforce						
A Devaney – Director of Nursing, Therapies and Patient Partnership	85-90	0	7000	85-90	0	6,400
A Styring – Director of Operations	45-50	0	0	55-60	0	0
D Eva – Chairman	40-45	0	0	40-45	0	0
F Clark – Non Executive Director	10-15	0	500	10-15	0	800
R Howarth – Non Executive Director	15-20	0	0	15-20	0	0
C Kirk – Non Executive Director	1-5	0	0	10-15	0	0
M Maier – Non Executive Director	10-15	0	0	10-15	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

Please note that benefits in kind relate to leased cars and childcare provided by the NHS Foundation Trust.

	31 March 2013	31 March 2012
Band of Highest Paid Directors Total Remuneration (£000)	170-180	170-180
Median Total Remuneration (£)	27,624	27,685
Ratio	6.4	6.3

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest-paid director in the financial year 2012/13 was £175,350

This was 6.4 times the median remuneration of the workforce, which was £27,624. In 2012/13, three employees received remuneration in excess of the highest-paid director.

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

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 2013.	Lump sum at age 60 related to accrued pension at 31 March 2013.	Cash Equivalent Transfer Value at 31 March 2013.	Cash Equivalent Transfer Value at 31 March 2012.	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
S Cumiskey - Chief Executive	0-2.5	0-2.5	50-55	150-155	919	862	12

R Francké – Director of Finance and Deputy Chief Executive	0-2.5	0-2.5	20-25	70-75	366	341	6
Dr A Sivananthan – Medical Director Compliance, Quality and Regulation	10-12.5	30-32.5	35-40	115-120	617	424	170
Dr A Cotgrove – Medical Director Effectiveness and Medical Workforce	12.5-15	40-42.5	70-75	220-225	1,522	1,138	326
A Devaney – Director of Nursing, Therapies and Patient Partnership	7.5-10	27.5-30	40-45	125-130	729	523	178

- Please note Non Executive Directors do not receive pensionable remuneration.
- 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. A CETV is 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 benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end period.
- In the budget of 23rd March 2011, HM Treasury confirmed that they were considering a review of the basis for the calculation of CETVs payable for public service and schemes, including the NHS Pension Scheme. That review is now complete and revised guidance was issued on the 26th October 2011, NHS Pensions have applied the most recent actuarial factors produced by Government Actuary Department (GAD) with effect from 8th December 2011.

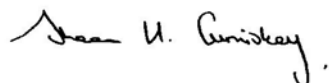
It is a requirement under PES (Public Expenditure System) (2012) 17, issued on 20th December 2012 that the Foundation Trust discloses in the Annual Report all material off payroll engagements:-

Table 1: For off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31st January 2012

Number in place on 31 January 2012	Nil
Number that have since arisen	Nil
Number that have come to an end	Nil
Total	Nil

Table 2: For all new off-payroll engagements between 23rd August 2012 and 31st March 2013, for more than £220 per day and more than 6 months

Number in new engagements	Nil
Number for whom Tax & NI assurances has been accepted and received	Nil
Number for whom Tax & NI assurances has been accepted and not received	Nil
Number that have been terminated as a result of assurances not being received	Nil
Total	Nil



Sheena Cumiskey
Chief executive

Date: 29th May 2013

Public interest disclosures

Information to and consultation with employees

The Trust continues to take its responsibilities for informing and consulting with staff very seriously. In addition to the existing framework of regular consultation meetings (both formal and informal) and the Trust meeting all aspects of its statutory obligations in respect of bringing about changes within the workplace, staff side representatives have been routinely invited to participate in a wide range of Trust projects. Particular developments over the last 12 months include staff side involvement in a pilot programme looking to tackle mental ill health within the workplace and offering staff side a seat at meetings of the East Cheshire Integrated Care Programme's Workforce Steering Group.

Equalities and disabled employees

The Trust's duties under the Equality Act 2010 extend and cover all employees of the Trust across all nine protected characteristics:

- Age
- Disability
- Gender Reassignment (Trans)
- Marriage/Civil Partnership
- Pregnancy/Maternity
- Race
- Religion or Belief (including lack of belief)
- Sex
- Sexual Orientation

To fulfil our duties we ensure our recruitment practices, diversity training and working practices are fair for all and reflect the diversity of the communities we serve. This section of the report summarises the diversity monitoring data for staff. Using data taken from the Trust's Electronic Staff Record (ESR), it identifies possible trends/ patterns for further consideration. Since carrying out an Equality data audit in 2011 and communicating to staff how we utilise equality monitoring data to improve working practices and services, the quality of our workforce data has continued to improve particularly around the disclosure of sexual orientation and disability status.

Staff profile highlights

Headlines: As of June 2012, CWP employed 3400 people of which:

- 79.0% are women
- 21.1% are aged under 35 and 16.5% are aged over 55
- Across Cheshire West & Chester, Cheshire East, Wirral and Trafford we have between 2.5% - 7.2% of our staff from Black Minority and Ethnic Communities depending on where staff are located across the Trust.
- 4.9% of staff have disclosed that they consider themselves to have a disability, 78.7% of staff have told us they do not consider themselves to have a disability with the remainder either unknown or have chosen not to disclose.
- 72.4% of staff have disclosed as Heterosexual and 1.3% as Lesbian, Gay or Bisexual with the remainder unknown or chose not to disclose.
- 56.9% of staff consider themselves Christian, 8.4% as Atheists and the third biggest group at 6.2% choosing to define their religion as Other not included on the list available (this list includes Atheism, Buddhism, Christianity, Hinduism, Islam, Judaism and Sikhism). 28.1% of staff either didn't answer the question or choose not to disclose their religion or belief.

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.

The Trust's Health, Safety and Well-Being Sub Committee has continued to meet regularly throughout the year and, as part of its remit, fulfils the role of the statutory Safety Committee. A framework of local support meetings is in place, with minutes being submitted to full sub-committee meetings.

Although changes in Fire Regulations have required some consistent attention, the main focus of Health, Safety and Well-Being Sub-Committee members over the last year has been on the early implementation of the first 12 month action plan developed to support the Trust's Staff Health & Well Being Strategy, approved in May 2012.

With the overarching aim of moving further toward creating a working environment that optimises staff health and well-being and enables employees to enjoy work and perform at their best, the objectives of the Staff Health and Well-being strategy are to:

- promote the 5 ways to well-being by implementing changes to policy and practice;
- introduce systems to improve staff health and well-being in specific areas;
- take actions that enable CWP to lead the way as an exemplar employer; and
- introduce support that enables our employees to be innovators.

The main implementation activity has been launching a web based well-being resource accessible by all Trust staff and their immediate family members (and including the facility to develop personalised well being programmes) and the running of a further cohort of resilience training for managers of services about to be affected by a significant organisational change programme. In addition, the Trust's occupational health service has:

- overseen the running of a pilot Physiotherapy service for CWP staff;
- overseen the running of a pilot staff mental health well-being pathway, expediting the treatment of staff within one service area of the Trust reporting personal mental ill-health. The impact of this has been such that consideration is now being given to extending the service to cover all Trust staff; and
- been one of the first occupational health services nationally to meet the accreditation assessment criteria of a new quality assurance standard (SEQOHS)

Anti-Fraud

The Trust continued to work with the Local Counter Fraud Specialist 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 2012/13 financial year, which were investigated in accordance with the Trust's Anti-Fraud, Corruption and Bribery, Policy and Response Plan. The Trust's Anti-fraud work plan for 2013/14 includes work across four areas of Anti-fraud activity as directed by NHS Protect. The Trust actively encourages its staff to use its whistle blowing policy where they have concerns.

Better payment practice code

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.

Item	Number 2012/13	£000 2012/13	Number 2011/12	£000 2011/12
Total non-NHS trade invoices paid in period	23,107	24,351	24,098	27,079
Total non-NHS trade invoices paid within target	20,911	22,580	22,986	25,187
Percentage of non-NHS trade invoices paid within target	91	92	95	95
Total NHS trade invoices paid in the period	1,397	11,661	1,474	12,898
Total NHS trade invoices paid within target	1,162	10,719	1,388	12,789
Percentage of NHS trade invoices paid within target	83%	92%	94%	99%

Consultations

In line with the Trust's commitment to positive engagement with all parts of our local community, as set out within the Trust's Involvement Strategy 2011-2016 and CWP's approach to the Equality Delivery System, two public consultations were held this year.

The first was the public consultation on the redesign of Adult Community Mental Services held 10 September to 3 December 2012. All engagement plans were shared with the local overview and scrutiny committees (now called Health and Well-being Committees), commissioners and the Strategic Health Authority to ensure that we were within the best practice guidelines for consultation as set out by the Home Office and the principles for engagement on service change in the NHS Act (Section 242).

- Six public meetings and three additional drop-in sessions were held across Cheshire and Wirral with over 200 people in attendance.
- 3,000 hard copies of the consultation document were distributed with information on the consultation sent to local GP Patient Participation Groups, voluntary and community sector organisations.
- Over 15,000 members and a personal letter and factsheet sent or given to all service users potentially affected by the change.
- 239 responses were received and independently analysed by Liverpool University.

In January, the Board agreed to the implementation of the StAR (Stepped Approach to Recovery) model of care and redesign of community mental health services. The decision was supported by detailed transition, implementation and evaluation plans and assurance that feedback from the public and staff consultation exercises were incorporated into these plans.

In January 2013, CWP began a formal public consultation with regards to proposed changes to the way in which Learning Disability Services are delivered. The 12 week consultation focused upon service users and their families and carers, partner organisations, local GPs and other stakeholders. A consultation document was sent to all registered service users and shared with the wider community. A number of public meetings and presentations also took place, with the results of the consultation due to be presented to the May 2013 Board for consideration.

Patient and public involvement activities

Cross referenced in the membership section on page 55.

Sickness absence data

Sickness absence performance in 2012/13 is 4.93%. At 4.93%, the overall Trustwide level of sickness absence for 2012/13 was slightly below the 2011/12 figure of 5.03%. This is the first time since gaining Foundation Trust status that the annual figure has been below 5% and reflects the efforts made over the last 12 months to achieve a reduction.

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 NHS Information Governance rules)

There were no serious and untoward incidents involving loss or disclosure of person-identifiable data from April 2012 to March 2013.

Corporate social responsibility – social, community and environmental matters

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 has a range of environmentally friendly initiatives to support our sustainability strategy, refer to page 21 for more.

- During 2012 the "CWP Charity" received a number of donations to help support 'Insight – recovery through research', the challenging stigma campaign and Kisiizi hospital in South West Uganda. This included £220 from Laura Taylor, 21, who raised money to help raise awareness

and pledge support to challenging stigma following her aunt's diagnosis of bi-polar. Laura organised an evening of fun to raise money for CWP's Springview Hospital based in Clatterbridge, Wirral.

- Maureen Wilkinson, consultant psychiatrist, spent time teaching at two summer schools in Copenhagen. 'Community Mental Health for Developing Countries' and 'Migration and Mental Health' were taught to audiences from all over the world, working in health services in developing countries, disasters or conflict situations.
- Pine Lodge Short Stay School supported the 3rd World Hope, a charity set up to build centres for Orphans in Malawi. Cake and jewellery made by the young people went on sale and they managed to raise £55.00 with all proceeds going to 3rd World Hope. The school also held a celebration day earlier in the year; the focus was on celebrating the achievements of young people throughout the year.
- All printer cartridge recycling proceeds made during 2012/13 were donated to local charity "Chapter", a Chester area project to support people with long-term mental-health problems back into work or education. Charity support through recycling also included donated furniture to the British Heart Foundation, wardrobes to St Vincent De Paul and shelving and storage to the Wilfred Owen Art Gallery. CWP has also donated filing cabinets to Bebington High School and two-seater sofas and tables to Market St Youth Project Birkenhead. A pool table has also been donated to Birkenhead Boys Youth Club.
- During the course of 2012/13, CWP worked in close partnership with Job Centre Plus and Skills for Health. The Trust was able to run a skills training programme for long term unemployed people. 80% of the people who attended it have subsequently been able to find a job.

NHS FT Code of Governance

Council of Governors

The Council of Governors is responsible for fulfilling its statutory duties (of appointing, removing and deciding the term of office (including remuneration) of the chair and non executive directors (NEDs), approving the appointment of the chief executive, appointing and removing the Trust's external 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 2012 and March 2013 the Council of Governors met on 6 occasions and attendance is indicated on the table below.

Public Governors (elected)	Area	Tenure	From	To	Council of Governors meetings attended 2012/13
Bosomworth, Derek (term commenced Dec 2011)	Cheshire East	3 years	2011	2014	5 out of 6
Coad, Tim (term commenced Oct 2010)	Cheshire West & Chester	3 years	2010	2013	6 out of 6
Cooper, Kathy (term commenced Oct 2010)	Wirral	3 years	2010	2013	4 out of 6
Griffin, Julie (term ended Oct 2012)	Wirral	3 years	2009	2012	1 out of 4
Mayne, Stanley (elected Aug 2012)	Wirral	3 years	2012	2015	2 out of 2
Robertson, Rob (elected May 2012)	Cheshire West and Chester	3 years	2011	2014	4 out of 4
Robinson, Michael (elected May 2012)	Cheshire West and Chester	3 years	2011	2014	2 out of 4
Salisbury, Eddie (term	Wirral	1 year 3 years	2010 2011	2011 2014	3 out of 6

commenced Dec 2011) <i>previously a Service User and Carer Governor</i>					
Seber, Derek (term commenced Dec 2011)	Out of Area	3 years	2011	2014	5 out of 6
Wilkinson, Peter (term commenced Dec 2011)	Cheshire East	3 years	2011	2014	6 out of 6
Service user and carer Governors (elected)					
Ankers, Nicholas (term commenced Dec 2011)		3 years	2011	2014	5 out of 6
Campbell, Jean (term commenced Oct 2010)		3 years	2010	2013	3 out of 6
Davison, Rosalind (elected Aug 2012)		3 years	2012	2015	1 out of 2
Harland, Richard (re-elected Aug 2012)		1 year 3 years	2011 2012	2012 2015	4 out of 6
Jarrold, Phil (term commenced Dec 2010)		3 years	2010	2013	5 out of 6
Jones, Brenda (re-elected Aug 2012)		3 years 3 years	2009 2012	2012 2015	3 out of 6
Lee, Tong Hing (resigned June 2012)		3 years 3 years	2007 2010	2010 2013	0 out of 3
McGrath, Ann (re-elected Dec 2011)		8 months 3 years	2011 2011	2011 2014	4 out of 6
Usherwood, Anna (term commenced Dec 2011)		3 years 3 years	2008 2011	2011 2014	6 out of 6
Staff Governors (elected)					
Staff Governors (elected)	Class				
Irving, Peter (term commenced Oct 2010)	Nursing	3 years	2010	2013	3 out of 6
Lillie, Clive (term ended Oct 2012)	Nursing	1 year	2011	2012	3 out of 4
Newby, Gavin Dr (term commenced Dec 2011)	Clinical Psychology	3 years	2011	2014	4 out of 6
Odiyoor, Mahesh Dr (resigned Feb 2013)	Medical	3 years	2011	2014	4 out of 6
Welton, Sarah (term commenced Oct 2010)	Therapies	3 years	2010	2013	3 out of 6
Partnership Governors (appointed)					
Partnership Governors (appointed)	Organisation				

Dawson, Jane (term ended 31/03/2013)	Western Cheshire Primary Care Trust	2 years	2011	2013	4 out of 6
Callcott, John (term ended 31/03/2013)	Wirral Primary Care Trust	3 years	2010	2013	1 out of 6
Dowding, Brenda (term commenced Oct 2009)	Cheshire West & Chester Council	3 years 3 years	2009 2012	2012 2015	4 out of 6
Gilchrist, Phil (term commenced Oct 2010)	Wirral Metropolitan Borough Council	3 years	2010	2013	2 out of 6
Lea, O'Mahoney, Maurice (term commenced Oct 2010)	Staff side	3 years	2010	2013	2 out of 6
Wilson, Ken (term commenced Oct 2010)	Universities	3 years 3 years	2007 2010	2010 2013	4 out of 6
Wray, John (term commenced July 2010)	Cheshire East Council	3 years 3 years	2009 2012	2012 2015	4 out of 6

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 2012/13 is shown below:

Director	Council of Governors meetings attended 2012/13
Non executive	
Clark, Fiona	2 out of 5
Eva, David (Chair)	5 out of 5
Howarth, Ron	4 out of 5
Kirk, Carol	1 out of 2
Maier, Mike	1 out of 5
McAndrew, Stephen (Deputy Chair and Senior Independent Director)	1 out of 5
Owen, Grahame	1 out of 5
Executive	
Cotgrove, Andy	2 out of 5
Cumiskey, Sheena (Chief Executive)	5 out of 5
Devaney, Avril	3 out of 5
Francké, Ros	3 out of 5
Hull, Wendy (Interim Director of Finance)	1 out of 1
Sivananthan, Anushta	3 out of 5
Styring, Andy	2 out of 5

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 up until July 2012. From August to March 13 there were 6 (including the chair)
- Executive directors – 6 (including the chief executive)

In April 2013, the Council of Governors approved the reappointment of two non-executive directors for a third term. The Council of Governors also approved the commencement of the recruitment process to appoint two new non-executive directors, one to commence in July 2013 to fill the current vacant post (following the resignation of one non-executive director) and another to commence in November 2013, following the conclusion of the current non-executive director's term of office. The Nominations Committee of the Council of Governors have been appointed to undertake this process. Full details will be provided in the Annual Report 2013/14

In December 2012, the Nominations Committee of the Board of Directors agreed to undertake to appoint a new Director of Finance, following the resignation of the current post holder. An interim Director of Finance was appointed to cover the period between January 2013 and March 2013. The new Director of Finance took up post on 1st April 2013.

Non executive directors			Executive directors
Name	Date of appointment	Length of appointment	
David Eva - chair	1st December 2009	3 years - to 30 th November 2012, extended to Dec 2013. Re-appointed 1 st Oct 2012 - 31 st Dec 2015.	Sheena Cumiskey – chief executive
Fiona Clark	1st July 2008	3 years - to 30 th June 2011. Re-appointed 1 st July 2011 - 30 th June 2013.	Ros Francke director of finance – deputy chief executive
Ron Howarth	1st November 2010	2 years - to 30 th October 2012. Reappointed for 2 years until 31 st October 2014.	Avril Devaney – director of nursing, therapies and patient partnership
Carol Kirk	1 st January 2009	3 years- to 31 st December 2011. Re-appointed 1 st January 2012- 31 st December 2015. Resigned July 2012.	Andy Styring – director of operations
Mike Maier	1st March 2011	3 years - to 1 st March 2014.	Anushta Sivananthan – joint medical director compliance and quality regulation
Stephen McAndrew -	1st July 2008	3 years - re-appointed	Andy Cotgrove – joint

deputy chair & senior independent director		1 st July 2011 to 31 st July 2013.	medical director effectiveness and medical workforce
Grahame Owen	1st November 2010	3 years - to 30 th Nov 2013.	Wendy Hull – interim director of finance


Directors' attendance at meetings during the year - possible and actual - has been recorded as below.


Director	Board of directors	Audit Committee	Quality committee	Operational board
Fiona Clark	6 out of 8		5 out of 6	
Dr Andy Cotgrove	8 out of 8		3 out of 6	10 out of 11
Sheena Cumiskey	8 out of 8		4 out of 6	9 out of 11
Avril Devaney	6 out of 8		4 out of 6	11 out of 11
David Eva	8 out of 8			
Ros Francké	8 out of 8		1 out of 4	8 out of 9
Ron Howarth	8 out of 8	5 out of 5		
Wendy Hull	1 out of 1	1 out of 1		2 out of 2
Carol Kirk	2 out of 2		1 out of 1	
Stephen McAndrew	6 out of 8		3 out of 6	3 out of 11
Mike Maier	8 out of 8	5 out of 5		
Grahame Owen	8 out of 8	5 out of 5		8 out of 11
Dr Anushta Sivananthan	7 out of 8		4 out of 6	9 out of 11
Andy Styring	8 out of 8		5 out of 6	8 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 from October 2012	
Experience	<ul style="list-style-type: none"> • North West Regional Manager, Union Learn • Member of Liverpool City Region Employment and Skills Board • North West Apprenticeship Champion • Member of the Greater Manchester Employment and Skills subgroup • Former Chairman of Wirral and West Cheshire NHS Trust, 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"> • 29 years experience in the NHS, 17 years at Chief Executive level • Former Chief Executive of both commissioning and provider organisations • Worked at strategic and operational levels within the NHS • Chair of North West Leadership Academy • Member of North West Emerging Leaders Steering Group 	
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, reappointed July 2011	
Experience	<ul style="list-style-type: none"> • Advisor – The Tuberosus Sclerosis Association • Disability Qualified panel member, HM Courts and Tribunals Service – Social Security and Child Support Appeals • Employment Tribunals member • 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 joint 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. 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 	

<p>Qualifications & Memberships</p>	<p>improvement. Led on a number of service developments and redesign within Tier 4 CAMHS.</p> <ul style="list-style-type: none"> • Long-standing interest in research including designing a randomised controlled trial for a treatment intervention for young people who self-harm. Has 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 Development Groups, including Depression in Young People (2002-2005), Self Harm (2004), Borderline Personality Disorder (2007-2008) and Psychosis with Substance Misuse (2008-date). • Member of the Royal College of Psychiatrists Child and Adolescent Faculty Executive. <ul style="list-style-type: none"> • MBChB 1982 • MRCPSych 1989 • MSc 1993 	
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Avril Devaney Director of Nursing, Therapies and Patient Partnerships - appointed January 2003		
<p>Experience</p>	<ul style="list-style-type: none"> • 29 years experience working in Mental Health and Drug and Alcohol Services • Nine 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 • Member of Local Safeguarding Children Boards • Vice Chair of National Mental Health Nurse Directors Forum • Worked with local and national media including TV, radio and press 	
<p>Qualifications & Memberships</p>	<ul style="list-style-type: none"> • Registered Nurse (Mental Health) • Diploma in Counselling • MSc in Health and Social Care (research subject): Nursing Leadership and Organisational Change) • Trustee on The Jamie Devaney Memorial Fund – supporting mental health care in Uganda 	


Ros Francké		Director of Finance - appointed May 2006 until January 2013
Experience	<ul style="list-style-type: none"> • Director for the Trust for the past seven 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 	


Wendy Hull		Interim Director of Finance – appointed January 2013-March 2013
Experience	<ul style="list-style-type: none"> • Held 6 Director of Finance posts. • Significant expertise in financial recovery and organisation turnaround. • Freelance Director of Finance for last two years. 	
Qualifications & Memberships	<ul style="list-style-type: none"> • BA Hons • Fellow of the Institute of Chartered Management Accountants (FCMA) 	

Ron Howarth		Non Executive Director - appointed June 2006, appointment extended June 2010, reappointed November 2010, reappointed November 2012
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 Committee, Cheshire Area Probation Board • Former non executive director (latterly Chair of the Board), Wirral Partnership Homes Ltd – a registered Social Landlord • Former non executive director and Chair of Finance, Liverpool & Manchester Design Initiative Limited (a Registered Charity promoting local design capability) 	
Qualifications & Memberships	<ul style="list-style-type: none"> • Former Independent member – Birkenhead and Wallasey Primary Care Trust NHS Agenda for Change Implementation Project Team • ACIB (Associate of the Chartered Institute of Bankers) • Associate member, Globecon (International Corporate Finance & Capital Markets training organisation) 	

Stephen McAndrew		Non Executive Director, Deputy Chair and Senior Independent Director - appointed April 2004, re- appointed July 2008, reappointed July 2011	
Experience	<ul style="list-style-type: none"> Commercial Director, Healthcare at Home Limited Business Development Director, GSTS Pathology LLP 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"> 30 years experience in industry, chiefly in international manufacturing in the building products and ophthalmic sectors European Finance Director, Pilkington Group Ltd Head of Finance Shared Services, Yodel 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 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 and joint Medical Director (Compliance, Quality & Assurance) – appointed August 2010	
Experience	<ul style="list-style-type: none"> • 14 years as Consultant Old Age Psychiatrist • Clinical Director for Older Peoples' Services, West Cheshire • Trust-wide 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	
Experience	<ul style="list-style-type: none"> • Lifelong experience of 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's 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 		
Qualifications & Memberships	<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 in a number of ways:

- During 2012, the Board undertook a 360 appraisal via Foresight Partnership of all executives and non executives.
- Individual appraisal and performance development planning (executives and non executives).
- Preparation of annual reports by key governance committees (received by the Board of Directors).
- Review of committee effectiveness of the Audit Committee
- Review of Corporate Governance arrangements in December 2011 highlighted a number of areas of best practice in Board arrangements.

The Chair's and other Directors other significant commitments are detailed in the pen portraits shown on pages 35 to 40 and within the Board of Directors' register of interests. Members of the public can gain access to the Board of Directors' and Council of Governors' 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 Head of Corporate Affairs on 01244 397469.

Code of governance (including disclosures)

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 formal meetings based on a corporate performance report and other reports from directors Reports from 'external' bodies are also routinely reviewed 	Comply
A.1.6	<ul style="list-style-type: none"> The Board receives 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 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	standards. This was reviewed and updated in 2012.	
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 considered independent. It also currently has five executive directors which includes the post of medical director shared by two people 	Comply
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

Code ref	Code requirement – Trust position	Comply or Explain
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 The Lead Governor was appointed in 2012. 	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 	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 are invited to attend Council meetings as appropriate and frequently attend as observers A Board of Directors to Council of Governors meeting was held on 2nd May 2012 	Comply
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 process is in place for the Council of Governors to confirm the 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	The 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	

Code ref	Code requirement – Trust position	Comply or Explain
	balance of skills and experience within the NHS Foundation Trust and on the Board.	
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 directors 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 has taken full account of Board assessments to help evaluate the balance of skills, knowledge and experience of Board members 	Comply
C.1.3	<ul style="list-style-type: none"> • The Trust's chair is chair of both Nominations Committees except where his appointment or performance is under review 	Comply
C.1.4	<ul style="list-style-type: none"> • The responsible 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 responsible nominations committee approved the reappointment of two non - executive directors in 2012 • The nominations committee also undertook a further non- executive director recruitment process. It prepared a job specification taking into account the Board of Directors' views to meet the requirements of the post. This recruitment was unsuccessful in appointing. • 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

Code ref	Code requirement – Trust position	Comply or Explain
C.1.9	<ul style="list-style-type: none"> During 2012/13, one interim executive post was appointed to. This was the interim director of finance from January to March 2013. 	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	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.	
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	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.	
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"> The Trust's governance manual provides 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 Head of Corporate Affairs (inc company secretary role) 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
D.1.3	<ul style="list-style-type: none"> The Board of Directors regularly review Trust performance information The Council of Governors receives appropriate supporting information to enable it to fulfil its role. 	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 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"> Individual appraisal and performance development planning is undertaken at least annually Preparation of annual reports by key governance committees is routinely undertaken The Trust has an internal audit programme in place monitoring governance systems in addition to a successful NHSLA inspection in year The Trust also completes a quarterly assessment of Quality Governance Standards, as part of our quarterly returns to Monitor 	Comply
D.2.2	<ul style="list-style-type: none"> The Council of Governors has adopted a set of key performance indicators to help assess their collective performance The Council has reviewed the user/carer and public constituencies of its composition policy Governors have contributed to the development of the Annual Plan 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>	
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

Code ref	Code requirement – Trust position	Comply or Explain
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. Consideration is also given by the Board as to whether such developments should be brought to the attention of the public 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 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
F.1.4	<ul style="list-style-type: none"> The Trust has an established annual planning cycle that includes governor involvement The Board of Directors regularly present 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 annual governance statement, supported by its internal auditors and Audit Committee A statement of internal control is included in the Trust's annual report 	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, one of the committee's members is CCAB qualified 	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 continues to promote raising fraud awareness throughout the Trust. This has included regular email alerts on possible fraud incidents. Staff are made aware via the corporate governance manual and staff handbook how to raise, in confidence, concerns about possible improprieties 	Comply
F.3.5	<ul style="list-style-type: none"> In February 2009, following a competitive tendering process, the Council of Governors re-appointed the Trust's external auditors for a further period of 2 years to March 2014 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

Code ref	Code requirement – Trust position	Comply or Explain
F.3.7	<ul style="list-style-type: none"> The Trust’s auditor provided non-audit services (consultancy) in this year for a review of Corporate Governance and review of Quality Governance arrangements In respect of this non-audit work the Trust ensured the auditors’ independence 	Comply
G – Relations with stakeholders	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.	
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 sub group of the Council of Governors. The Involvement strategy is monitored by the Involvement Taskforce which reports the Board of Directors. The overlap and interface between the Trust and any local consultative forums already in place (e.g. health and well-being scrutiny committees and Local Involvement Networks) is addressed via Governors, the Involvement and Governance teams. Patients/service users and carers are represented throughout the Trust’s governance structure; via membership on some subcommittees 	Comply
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 regular news bulletin to Governors called “Chair’s Posting” 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 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 	Comply

Code ref	Code requirement – Trust position	Comply or Explain
	Board of Directors in context e.g. member engagement during the annual planning process	
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 collaborative relationships The Board has reviewed the effectiveness of these process and relationships. 	Comply

Audit Committee

During 2012/13, the Chair of the Audit Committee was non executive director Ron Howarth. Its other members were non executives Grahame Owen, and Mike Maier. The attendance of audit committee members at its meetings is shown in the table on page 35.

The over-arching 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 scrutiny 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 Anna Usherwood, Brenda Jones, Peter Wilkinson, Derek Seber, Phil Gilchrist and John Wray. During 2012/13, the committee met on two occasions. At these two meetings the purpose was to oversee the appointment of non executive directors and at one of its meetings to review the chair's performance against his objectives.

- 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 met twice to consider the appointment process for the Director of Finance and then to agree the appointment recommendation. The number of meetings and individual attendance by directors at nominations committees – possible and actual - is shown below:

Director	Nominations Committee - NEDs
Fiona Clark	1 out of 2
David Eva	2 out of 2
Ron Howarth	2 out of 2
Carol Kirk	2 out of 2
Mike Maier	2 out of 2
Stephen McAndrew	2 out of 2
Grahame Owen	2 out of 2
Sheena Cumiskey	2 out of 2

Membership

The Trust has continued to build on its commitment to establish a representative Foundation Trust membership, which is informed about the organisation and has the opportunity to become involved in a wide variety of activities. This makes 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:

- Service Users and Carers
- Public
- Staff.

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 have accessed Trust services in the past 12 months, are eligible to join the Trust as a 'service user/carer' member. Service users or carers who have received care or treatment from the Trust more than 12 months ago, are eligible to join the Trust as general public members.

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 the geographic boundaries of the three main Local Authority areas served by the Trust. There is also an 'out of area' class.

Public members are assigned to one of the following classes dependent upon the area in which they reside:

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

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 people 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 2013 the Trust had 15,013 members.

This can be broken down into the following constituencies and classes:

1,667 were in the service user and carers' constituency.

10,034 of whom were public members:

- 3,037 Wirral
- 3,147 Cheshire West and Chester
- 2,310 Cheshire East
- 1,540 Out of area.

3,258 were staff:

- 114 medical
- 1,579 nursing - registered and non registered
- 483 therapies
- 905 non-clinical staff
- 177 clinical psychology.

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 oversee a membership development plan which includes targeted areas in order to ensure that CWP membership is representative of the local population.

In particular, the Trust's membership development plan has highlighted the following target areas:

- Service Users and Carers
- Public members from Cheshire East
- Males (All ages)
- Young people aged 11 -16
- Older people aged 65 and over.

Whilst CWP's membership is broadly representative of the diverse communities it serves, there is a continued commitment to engage further with minority ethnic communities and other harder to reach groups including the gypsy / traveller communities, the Lesbian, Gay, Bisexual and Transgender (LGBT) communities and also those who have hearing difficulties. Trust staff liaise 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 1,601 public members who are aged between 11 and 21.

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:

- **Engage**

The Trust publishes a quarterly membership magazine which is sent either electronically or through the post to all members. The magazine provides information about the Trust, its services and the people who provide them.

- **Annual members' meeting and involvement awards**

The Trust's Annual Members Meeting and 'Going the Extra Mile' Awards were held on the 26 November 2012 at the Mercure Chester Abbots Well Hotel in Chester. The event was attended by over 100 members of the Trust and recognised the contributions of staff, volunteers and involvement representatives to developing the work of the Trust.

- **Engagement activity and partner events**

The Involvement Team along with Governors and Lived Experience Advisors have attended a large number of events throughout the year and have been actively involved in the various communities across the Trust's footprint.

Activities have focused upon communicating with CWP members, as well as with other members of the public and numerous local community groups, and providing information and updates on the wide variety of opportunities to be actively involved in the work of the Trust.

- **Engagement in volunteering activities**

CWP has 144 volunteers who are currently active across the Trust in various roles, which include recovery sponsors, peer mentors, meet and greet, gardening, activity groups, group work facilitation and pets as therapy volunteers as well many other roles. 67% of our volunteers are current or recent service users or carers. Volunteers underpin CWP's commitment to our overall aims and objectives and can assist in social inclusion, community participation and involvement. In addition to this, CWP has recently agreed to host the Expert Patient Programme in South Cheshire, which is a self-management programme for people who are living with a long term health condition. Courses are delivered by trained lived experience volunteer tutors.

- **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. The Trust's Involvement Strategy explains the different roles available as an involvement representative, lived experience advisor, expert advisor. A number of members have subsequently signed up to the Trust's Involvement Register and are engaged in a wide range of activities.

Service users and carers with lived experience of the services provided by CWP are involved in a variety of strategic meetings, task and finish groups, and other opportunities to represent the views of local people within CWP. They are also an active participant in the majority of recruitment and selection of staff interviews, where representatives have a place on the interview panel.

- **Involvement strategy**

Implementation of the 2011-2016 Involvement Strategy began in 2011/12 via an Involvement Action Plan Group and work has continued during 2012/13. The strategy aims to ensure that members, governors, volunteers, involvement representatives, lived experience advisors and expert advisors develop, learn more about and become even more involved in the Trust.

Members who wish to communicate with Governors can do so via email to governor@cwps.nhs.uk or via the Head of Corporate Affairs on 01244 397469.

Quality Account

2012/13

Introduction

Quality Accounts are annual reports to the public, from providers of NHS services, about the quality of services they provide. They also offer readers an opportunity to understand what providers of NHS services are doing to improve the care and treatment they provide.

Quality in the NHS is described in the following ways:

Patient safety

This means protecting service users from harm and injury, and providing treatment in a safe environment.

Clinical effectiveness

This means providing care and treatment to service users, that improves their quality of life.

Patient experience

This means ensuring that service users have a positive experience of their care, and providing treatment with compassion, dignity and respect.

The aim in reviewing and publishing performance about quality is to enhance *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback received by the Trust.

To help meet this aim, CWP produces quarterly *Quality Reports* on the Trust's priorities to show improvements to quality during the year. This is so that CWP can *regularly* inform its staff, service users, carers, the public, commissioners of NHS services, and local scrutineers, of 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 Reports* are published on CWP's website.

Part 1.

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



I am delighted to welcome you to CWP's *Quality Account* 2012/13. This report is our opportunity to share information with you about the quality of the services we provide, and to describe our plans for delivering further improvements to those services over the next 12 months.

Our vision is 'leading in partnership to improve health and well-being by providing high quality care'. The following *Quality Account* describes many achievements in providing this high quality care. These achievements demonstrate action on the commitments made in our *Quality Account* 2011/12, as well as many other quality improvements and positive changes to our services.

This year, we have demonstrated improved service user experience by successfully achieving last year's patient experience quality improvement priority. 78% of service users who responded to the *Care Quality Commission's* 'national patient survey of people's experiences of community mental health services' rated their overall care as good, which is better than the average performance across all other mental health Trusts and one of the best scores nationally. Also, 83% of service users who responded to the Trust's inpatient survey rated the service they received as good or excellent. Furthermore, these scores are an improvement on last year, and is feedback which helps us to continue to improve the quality of services we deliver.

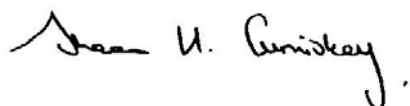
Like other care organisations, we are subject to checks by the *Care Quality Commission* to ensure we are meeting national standards. These findings are shared with the public. We welcome this scrutiny, as it helps us to make improvements to our services. Any concerns are acted on immediately, with action plans submitted to the *Care Quality Commission* within the required timeframe. During the year, we have had the benefit of reviews of compliance at three of our assessment and treatment unit for learning disability service users. Greenways and Kent House met all the essential standards of quality and safety reviewed. Eastway met two of the seven essential standards reviewed – we have responded rapidly to the *Care Quality Commission's* findings of five moderate concerns. This response is detailed in section 2 of the report.

The Operating Framework for the NHS in England 2012/13 tells us: "The scale and nature of (the quality and productivity) challenge (requires) the NHS to make up to £20 billion of efficiency savings by 2014/15 to invest in meeting demand and improving quality... all parts of the NHS will need to take bold, long term measures in 2012/13 to secure sustainable change." In June, I attended an *NHS Confederation* conference in Manchester, where I had the opportunity to listen to inspirational speakers talking about the challenges ahead and, importantly, how we have the ability to meet those challenges based on our past performance. At CWP, we aim to meet these challenges by working in partnership with our service users and carers, staff, clinical commissioning groups and partner organisations, to deliver the highest quality care. Specifically, we have been working on a number of cost improvement programmes to generate over £13million worth of savings over the next three years. The Trust's approach is to look at how, in partnership, we can redesign services to improve outcomes for people, at the same time as making them more cost effective and contributing to the savings required. How we are monitoring this programme, as one of our patient safety priorities for 2013/14, is detailed in section 2 of the report.

We know that 2013/14 will be also bring other challenges and changes for all NHS services. On 1 April 2013, clinical commissioning groups, led by general practitioners, become responsible for health care funds, and will decide how to commission services in the future. We are therefore developing plans in partnership with our local clinical commissioning groups to best serve the needs of the people we care for. Earlier in the year, Robert Francis QC, chairman of the *Mid Staffordshire NHS Foundation Trust* public inquiry, published his final report with recommendations to change culture and make sure patients are put first, by creating a common patient centred culture across the NHS. CWP is carefully considering the recommendations of the report and will be responding to these findings. There will be a formal response that will go through our committee structure to the Board. This will identify the learning for CWP and the actions we need to take to further improve our quality of care. Alongside this, we will be considering the work of current groups to see how we might embed learning from the report into work already underway. We will also be looking for examples of good practice that encompass the themes from the report that we can share with partners and stakeholders.

The following *Quality Account* reflects our ambition to deliver continuous quality improvement in all our services, whilst meeting these challenges. In recognising this, I would like to thank our staff, and other partners who work with us, for their continued dedication and professionalism in working together to ensure that the Trust continues to improve the quality of the services we provide.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate.

A handwritten signature in black ink, reading "Sheena U. Cumiskey". The signature is written in a cursive style with a large initial 'S' and a long tail on the 'y'.

Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality



CWP strives for clinical excellence by ensuring there is a framework to deliver quality improvements, safety of patients, and positive outcomes for service users. It is thanks to the efforts and contribution of staff across the organisation that we have delivered achievements against priorities for quality improvement set out in last year's *Quality Account*, and also secured *Commissioning for Quality and Innovation (CQUIN)* income that was linked to a number of these priorities. One particular example of *CQUIN* delivery is CWP's partnership with the *Countess of Chester Hospital NHS Foundation Trust*, in piloting a new and innovative nursing service for people with dementia on medical and surgical wards. The service is delivered in line with the national *Living Well With Dementia* strategy, which places importance on good quality hospital care for patients with dementia. It has demonstrated an improvement in the care and outcomes for patients (please see section 2 of the report).

The quality improvement priorities we have set in this year's *Quality Account* are ambitious, and build on the work started in previous years. CWP has demonstrated improvements to *outcomes* for our service users, to help them to achieve *recovery*, which is CWP's approach to helping people to be the best they can and want to be. This year's theme is *tackling health inequalities*, which is a key focus in *The NHS Outcomes Framework*. The continuing development of patient pathways, and analysis of outcomes to help reduce inequalities, as set out in the *NHS Commissioning Board's 'Everyone Counts: Planning for Patients 2013/14'*, is a feature of all of our quality priorities this year, in particular our clinical effectiveness priority. The clinical effectiveness of the advice, assessments and treatments we offer, and delivery of the most up to date and high quality evidence based care, will enable us to improve the efficiency and effectiveness of our services, and continue to provide users of our services with a positive therapeutic experience.

This *Quality Account* demonstrates how we:

- Learn from the experience of other Trusts, both good and bad, to ensure that safety is maintained, improved upon, and that action can be taken to prevent recurrence of similar issues.
- Benchmark with other Trusts, to improve our own performance and the quality of our services.
- Participate in national audits, such as the *National prescribing observatory for mental health*, to help improve our prescribing practice.
- Contribute to data for the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness*, so that we can learn from the investigation of deaths taken from a national sample to improve the care and treatment we provide.
- Implement best practice, to help continuously improve the effectiveness of our services and improve outcomes for service users.

These are all important factors in quality improvement and you can read more about them in the rest of this report. This *Quality Account* aims to demonstrate the measures we are taking to improve the quality of patient care and the services we provide. I hope it inspires confidence in our services and shows how important quality improvement and patient safety are to CWP.



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

Quality improvement priorities for 2012/13

CWP has achieved all the quality improvement priorities it set in last year's *Quality Account*.

Below is a summary of how the Trust achieved these priorities, which were monitored throughout the year in the Trust's quarterly *Quality Reports*, which are presented at the Trust's Board meetings and are available on the CWP website.

Patient safety priority for 2012/13

CWP said it would:

Improve patient safety standards across inpatient and community mental and physical health services by undertaking an ongoing check of key standards relating to patient safety.

Because:

The results of ongoing checks help to inform actions to be taken to improve these key standards of patient safety to:

- ensure that all patients have safe and therapeutic care;
- standardise the provision of care to all service users;
- deliver better outcomes of care.

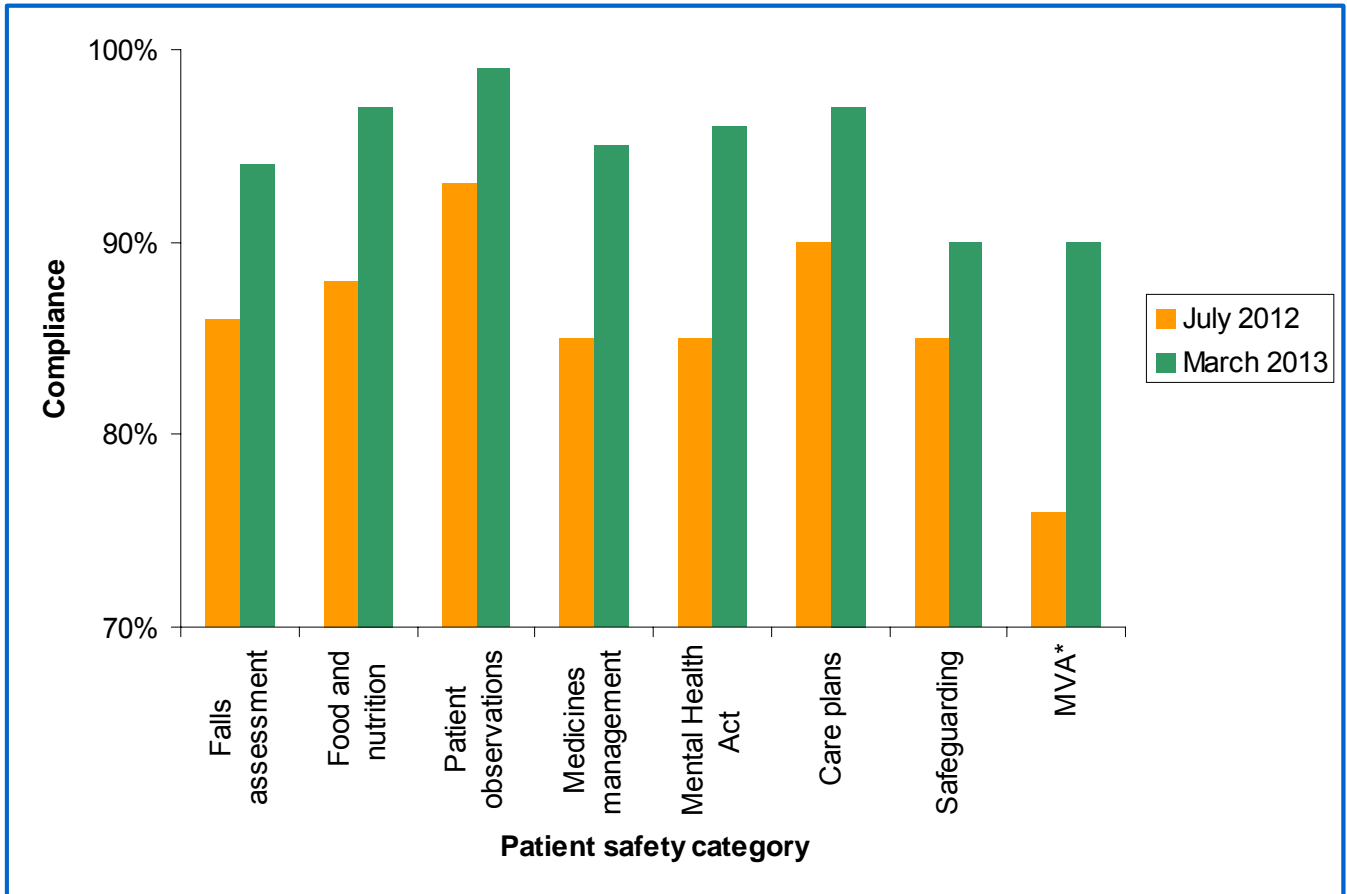
CWP is committed to delivering better outcomes of care, by ensuring people with mental health problems get the right treatment and support for their mental and physical health needs. This is also one of the objectives contained in the Government's mental health outcomes strategy.

CWP achieved this priority by:

Inpatient mental health and learning disability services:

- Undertaking checks of compliance with safety standards on each inpatient ward, every other month throughout 2012/13 – commencing July 2012. The checks were undertaken on five inpatient records by a 'peer' ward manager from another ward.
- Developing improvement plans where compliance was not 100%. The results and improvement plans were displayed on a poster on each ward, so that staff, patients, carers, relatives, and visitors were able to see how the ward was performing and what it was doing to improve care.
- Improving the overall compliance with each category of patient safety at the end of the year compared to the start of the year – see the graph below.

Compliance with safety standards:

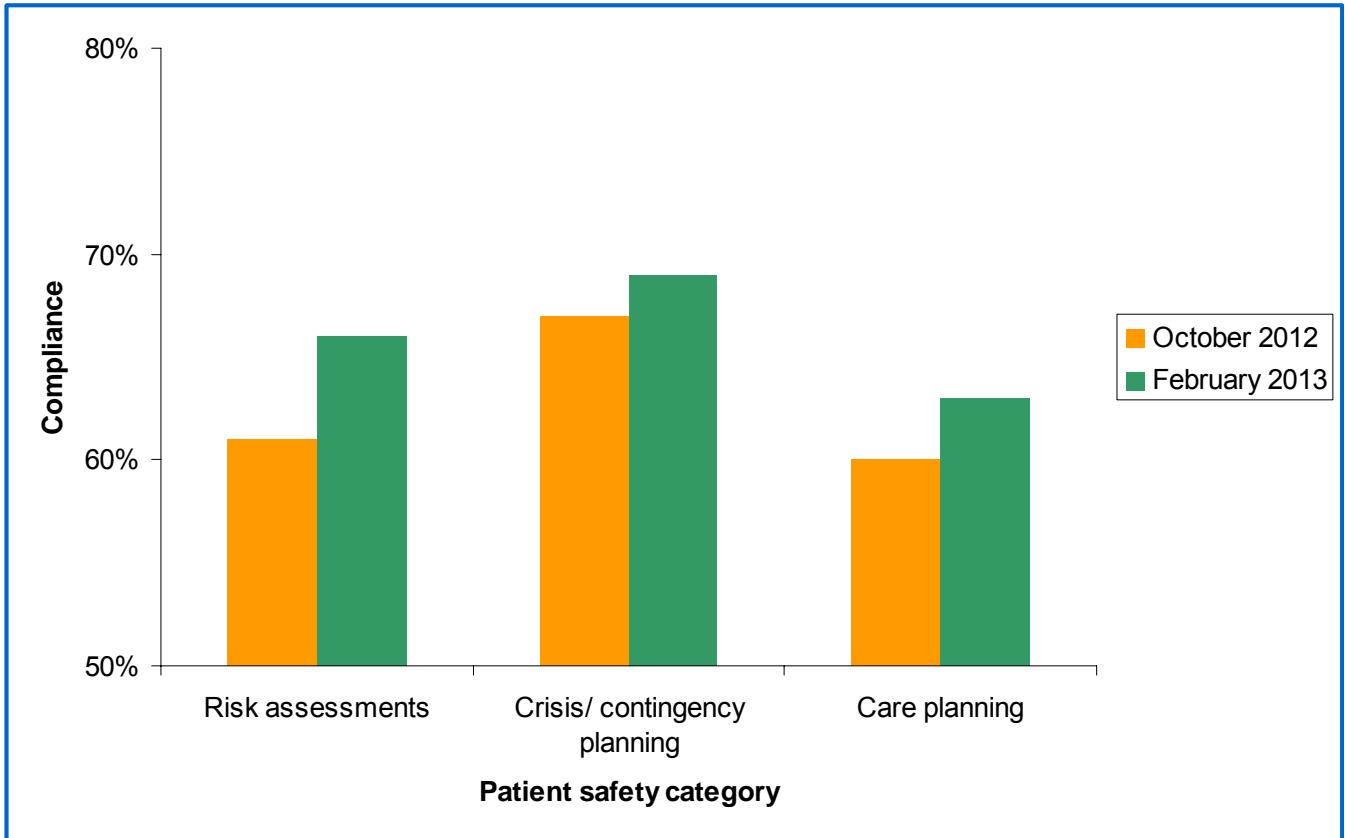


*Management of violence and aggression

Community mental health and learning disability services:

- Rating the quality of care plans, clinical risk assessments, and crisis plans of ten service users, every two months across all adult mental health and learning disability community teams – commencing October 2012. These were undertaken by a ‘peer’ team manager from another community team.
- Developing improvement plans where care plans, clinical risk assessments, and crisis plans were rated as requiring improvement.
- Improving the average, overall compliance with each category of patient safety at the end of the year, compared to the start of the year – see the graph below.

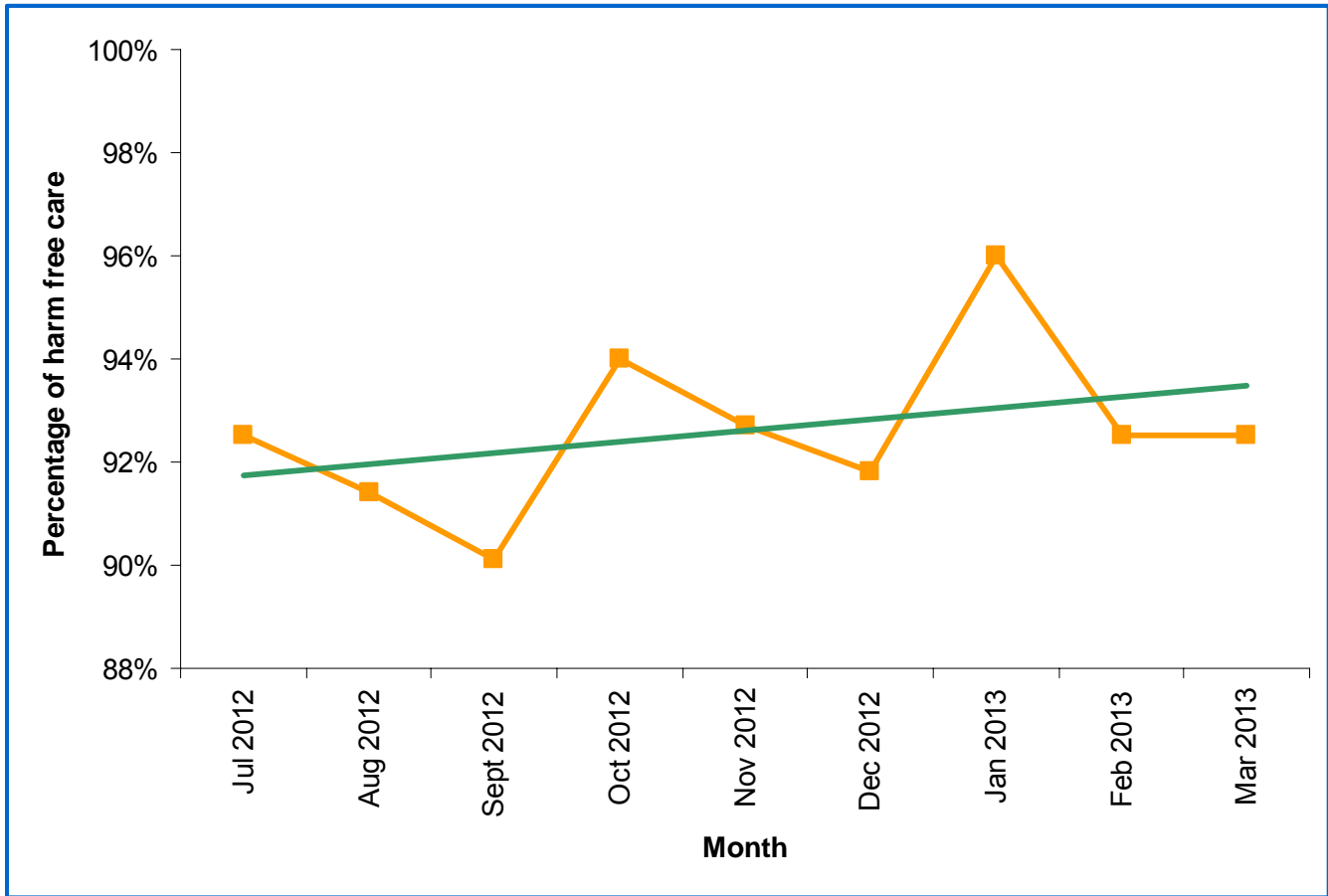
Quality of risk assessments, crisis/ contingency plans, care plans:



Community physical health services:

- Measuring levels of care on a monthly basis on four outcomes: pressure ulcers; falls; venous thromboembolisms; and urinary tract infections in patients with catheters – using the *NHS Safety Thermometer*. This is a national *Commissioning for Quality and Innovation* goal which aims to facilitate the delivery of harm free care over time.
- Improving the level of harm free care over time, from the baseline at July 2012 to March 2013 – see the graph below.

Levels of harm free care:



Clinical effectiveness priorities for 2012/13

CWP said it would:

Enhance the effectiveness of clinical services through implementation of the Trust's clinical effectiveness strategy.

Because:

Systematic implementation of *NICE* guidelines helps to:

- facilitate continuing improvement and effectiveness of the Trust's services;
- improve outcomes for service users and promote their recovery;
- facilitate a culture of reflective practice and innovation amongst the Trust's workforce.

CWP achieved this priority by:

- Appointing nearly 40 *NICE* champions with responsibility for education, development of pathways, identifying audits of practice, and development of action plans to improve compliance with *NICE* guidance.
- Receiving presentations from *NICE* champions on dementia, feverish children, bipolar disorder, and schizophrenia, at the Trust's *clinical effectiveness network* meeting. Health care professionals were able to compare their practice as a result of the presentations. This led to discussions to identify ways to improve delivery of *NICE* guidance and therefore improve service user and carer experience.
- Receiving a presentation from an implementation consultant from *NICE* about the support which is available to *NICE* champions within the Trust.
- Developing work plans, available on the Trust's intranet for all staff to access, detailing how *NICE* champions plan to assess and improve the implementation of guidance.
- Improving overall compliance with *NICE* guidance. During the year, compliance with guidance applicable to mental health and learning disability services improved from 66% full compliance to 76%. Compliance with guidance applicable to community physical health services improved from 75% full compliance to 84%. See *part 2: information on participation in clinical research – NICE guidance* for more details.

CWP said it would:

Enhance the effectiveness of priority care pathways across the Trust, by developing and delivering care bundles for dementia care, and community physical healthcare, to improve outcomes.

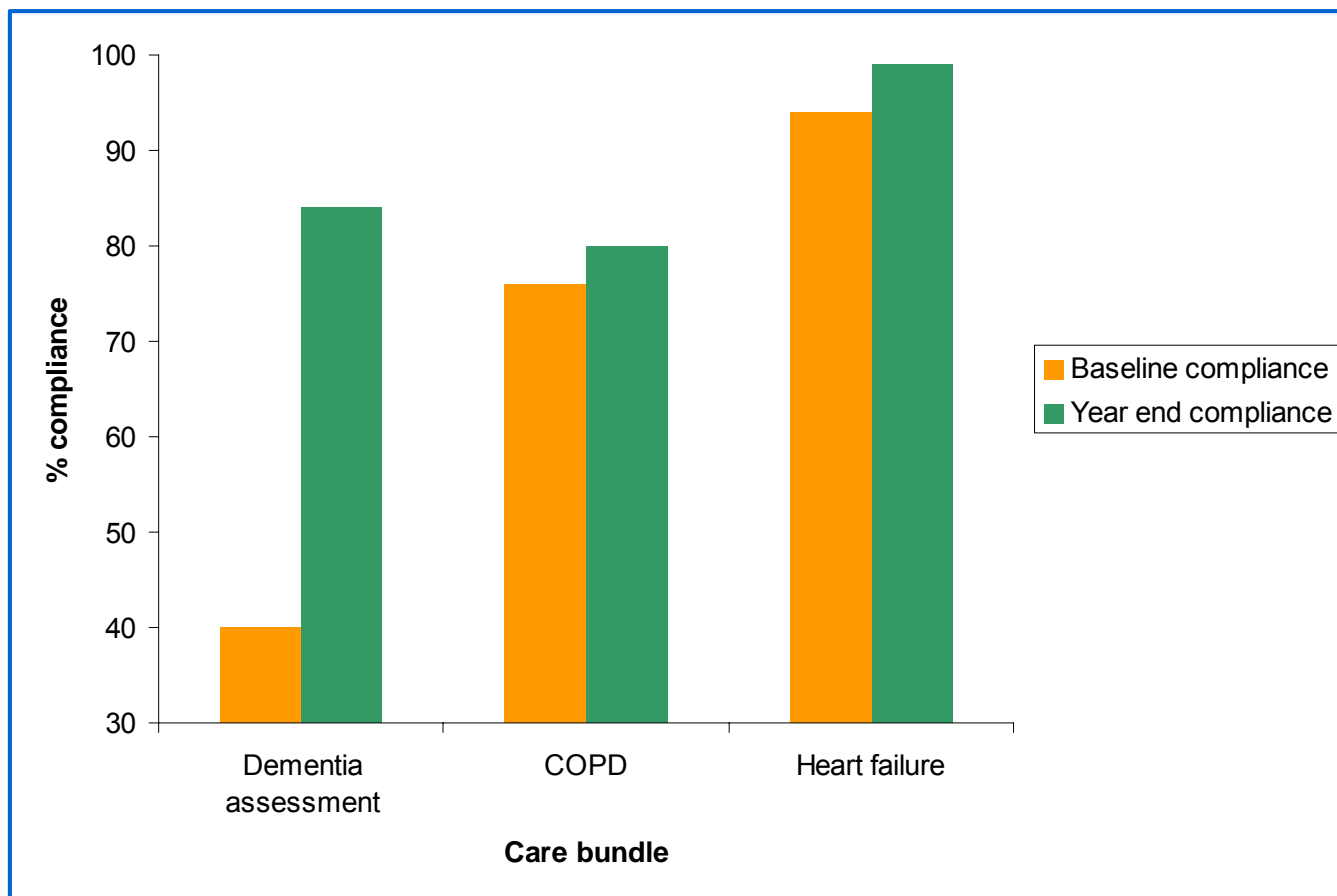
Because:

Care bundles are evidence based ways of delivering safe and effective care to service users to improve outcomes. Care bundles, which include patient reported outcome measurement, demonstrates the degree of recovery, and improvement to quality of life unique to each service user. This gives a wider picture of the quality of care that CWP delivers.

CWP achieved this priority by:

- Developing care bundles for the following diagnosis areas: chronic obstructive pulmonary disease (COPD); heart failure; diabetes; and dementia assessment. This was in conjunction with stakeholders such as GP networks/ leads, *Countess of Chester Hospital NHS Foundation Trust*, commissioners, and the *Hospital at Home* service.
- Measuring and reporting compliance with the dementia assessment, COPD, and heart failure care bundles during the year to measure effectiveness. At the end of the year, all outcome measures showed a higher degree of compliance by the implementation of the care bundle – see the graph below.

Compliance with care bundle effectiveness standards:



- Developing a diabetes pathway to support GP referrals for the completion of an annual diabetic health check for housebound patients.

Patient experience priority for 2012/13

CWP said it would:

Improve service user experience, by monitoring positive indicators of patient experience. Focus was placed upon medication, dignity, and the implementation of quality standards on patient experience as developed by *NICE*.

Because:

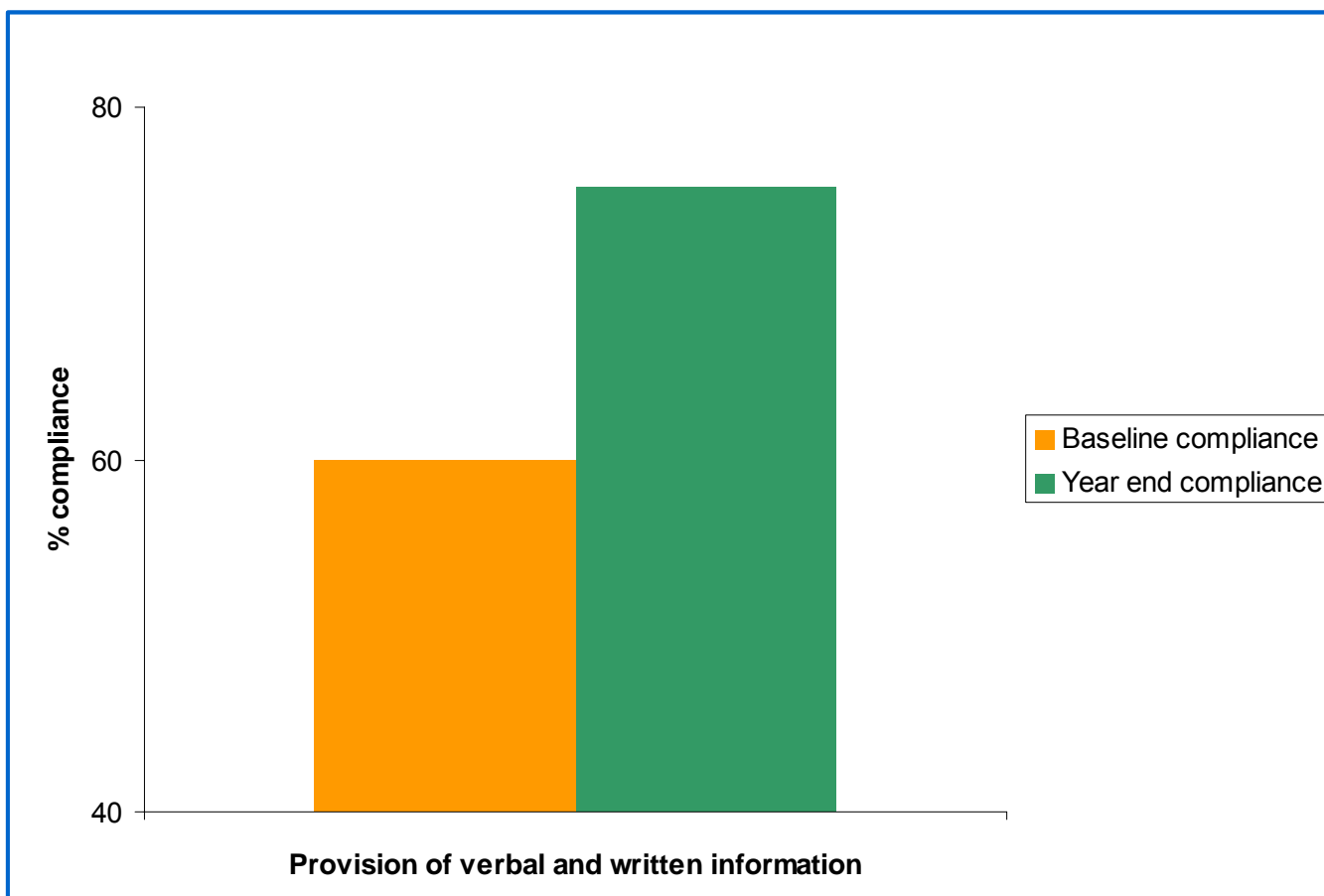
Understanding the experience of service users, and their carers, is fundamental to identify areas for improvement, and highlighting good practice which can be shared across the wider health economy. Listening to service users and their carers about their experience provides personal, accurate, and timely feedback on the quality of the services that the Trust provides, and enables CWP to be more flexible and responsive to individual need. By improving the patient experience in this way, CWP can:

- encourage better health outcomes;
- improve satisfaction;
- increase service users' adherence to treatment;
- use resources more efficiently;
- develop a culture that continuously views care through the eyes of CWP's service users and their carers.

CWP achieved this priority by:

- Measuring the provision of verbal and written information on medications to service users as part of the Trust's *CQUIN* goal in this area – see the graph below.

Documentation of the provision of verbal and written information on medications to service users:



- Achieving an improved score, for the information given about medication in a way that is easy to understand. In the National Patient Survey in 2011, this scored 6.2/ 10, improving to a score of 7.6/ 10 in 2012.
- Achieving an improved score, for people reporting that they have been treated with dignity and respect by staff. In the National Patient Survey in 2011 this scored 9.2/ 10, improving to a score of 9.6/ 10 in 2012. In the Trust's carers survey conducted in 2012, 83% of carers expressed that they are treated with dignity and respect by staff.
- Undertaking an assessment of the Trust's performance against *NICE* quality standards on patient/ service user experience in adult NHS services and adult mental health, to inform the activity required to enable CWP to provide evidence based advice to deliver a good experience of care for the people who use the Trust's services.

Quality improvement priorities for 2013/14

CWP has set four quality improvement priorities for 2013/14.

Previous years' priorities, in 2011/12 and 2012/13, were selected to bring about improvements to *outcomes* and to help achieve *recovery* respectively.

This year, the focus is on '**tackling health inequalities**', a priority in the *NHS Outcomes Framework*. Achievement of these priorities will help to reduce avoidable variations in the quality of care and improve outcomes.

How progress to achieve the quality improvement priorities will be reported:

The Trust's *Quality Committee* has approved a plan for the delivery of quality improvement priorities, including milestones for delivery, over each quarter of 2013/14. Progress against these milestones will be reported to the *Quality Committee* and regular updates will be included in the Trust's quarterly *Quality Report* which is reported to the Board, and shared widely with partner organisations, governors, members, local groups and organisations as well as the public.

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

All of the priorities were identified through regular feedback and engagement, and by taking into account the views of:

- Patients and carers, for example through receipt of feedback through activities such as patient surveys.
- Staff and senior clinicians, for example through discussion at the Trust's corporate governance meetings.
- Lived experience advisors, for example through participation in involvement activity and engagement with the Trust's *involvement taskforce*.
- Stakeholders and the wider public, for example through activities such as formal consultations.
- Commissioners of NHS services, through contract negotiation and monitoring processes.
- Local scrutineers, for example through feedback from visits to services.

Patient safety priorities for 2013/14

Priority for quality improvement:

Improve the safety, effectiveness, and efficiency of patient care and services, through the development of a dashboard to monitor safety and quality indicators during the transition and after the community mental health team and learning disability service redesigns

Rationale for selection of this priority:

In response to the *NHS Operating Framework 2012/13*, which details the scale and nature of efficiency savings that all parts of the NHS need to make, CWP has identified how the redesign of services can improve outcomes for people – focusing on recovery with individualised goals – at the same time as making services more cost effective. To do this, the Trust's clinicians have led a review of CWP's community mental health teams and learning disability services. The reviews were subject to consultation, using information from national and local evidence regarding the needs of these groups of service users, including the *national patient survey of people's experiences of community mental health services* – see *part 2: information on the review of services – reviewing the results of local and national patient surveys* for details. It is important to monitor compliance with safety and quality measures during the transitions and afterwards in order to mitigate potential adverse impacts and demonstrate that service users are receiving the required level of support in accordance with their needs. A dashboard is a method of consolidating and arranging these measures in one place so that care can be reported and monitored, as detailed below.

How progress to achieve the priority will be measured:

- Safety and quality measures will be agreed, collected and analysed using existing information systems.
- Surveys and focus groups will be conducted to measure patient/ carer/ staff experience.

- Outcomes will be collected from the measurement of care pathways.

How progress to achieve the priority will be monitored:

- Safety and quality measures will be reported to the *Quality Committee* in the inpatient and community quality dashboards, collected during the transition and implementation of the community mental health team and learning disability service redesigns.
- The *Quality Committee* will receive and monitor service improvement and development plans to mitigate, and in response to, identified potential adverse impacts.
- Monitoring of performance of these measures by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Priority for quality improvement:

Improve patient safety and experience through the development of Trust 'never events' and implementation of associated preventative, positive, and patient focused 'always events'

Rationale for selection of this priority:

'Always events' describe evidence based elements of care provision, and markers of optimal patient experience, which should happen for all interventions for all service users all of the time. In turn, this prevents 'never events' from happening – which are serious, mainly preventable patient safety incidents, or a failure to work with people during every contact with them to provide a positive experience of care. Giving staff the skills and competence to deliver 'always events' will help the Trust to put into practice the Department of Health's vision and strategy for delivering a culture of compassionate care, called *Compassion in practice*. This document sets out '6Cs' of value and behaviour, which are care, compassion, competence, communication, courage and commitment.

How progress to achieve the priority will be measured:

- Trust 'never events' will be prioritised, agreed and associated 'always events' identified for measurement, using existing information systems.
- Support required to ensure the competence to deliver these measures will be identified, made available, and implemented.
- Methodology to measure compliance with the priority 'never events' will be agreed and implemented.

How progress to achieve the priority will be monitored:

- Baseline compliance levels with the 'never events' measures will be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will identify, approve and monitor improvement targets.
- Where ongoing monitoring identifies non-compliance with 'never events', this will be escalated for performance improvement and managed/ monitored in line with the Trust's 'operating framework'.
- Monitoring of performance in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Clinical effectiveness priority for 2013/14

Priority for quality improvement:

Improve outcomes by implementing clinically effective practice through the development of evidence based care pathways, including transitional pathways

Rationale for selection of this priority:

Care pathways are evidence based ways of delivering clinically effective care to all of the Trust's service users, that promotes their recovery. Integrated care pathways ensure seamless care for service users, including transition between pathways and care providers. Measuring clinical and patient/ carer reported outcome and experience measures as part of these care pathways ensures the quality of care is monitored, variation in quality standards and inequality is reduced, and adherence to treatment increased. Linking this priority to the patient experience priority for 2013/14 will also enhance the way that CWP's contracted activity is monitored and reviewed. By monitoring the cost of care and treatment alongside these pathways will inform work with commissioners to develop future funding models.

How progress to achieve the priority will be measured:

- Clinical and service pathways will be prioritised, agreed and developed.
- Markers to measure outcomes and the clinical and cost effectiveness of clinical practice will be identified, including:
 - evidence based quality standards
 - clinical outcome measures
 - patient/ carer reported outcome measures
 - patient experience measures
 - *Payment by Results* care cluster outcome measures
- The measures will be collected and analysed using existing information systems.

How progress to achieve the priority will be monitored:

- Compliance levels with the identified pathway measures will be reported to the *Patient Safety and Effectiveness Sub Committee*.
- Compliance levels with the priority clinical pathways identified for monitoring as part of service redesigns will also be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will receive and monitor progress against remedial actions where agreed standards are not being met.
- Monitoring of performance by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Patient experience priority for 2013/14

Priority for quality improvement:

Improve service user and carer experience, by *developing and implementing patient/ carer reported outcome measures and patient experience measures across care pathways – linked to Payment by Results*

Rationale for selection of this priority:

Understanding the experience of service users, and their carers, is fundamental to identifying areas for improvement, and highlighting good practice which can be shared across the wider health economy. Listening to service users and their carers about their experiences provides personal, accurate, and timely feedback on the quality and effectiveness of the services that the Trust provides, to enable CWP to be more flexible and responsive to individual need. Encouraging the development of a culture that continuously views care through the eyes of CWP's service users and their carers:

- informs Board meetings and Governor meetings, to ensure that they remain focused on improving the experience of the Trust's service users and carers;
- encourages better health outcomes;
- improves satisfaction;
- helps the Trust to further understand the impact of service change; and
- enables a more efficient and appropriate use of resources by costing care, linked to the *Payment by Results* payment framework, according to the level of need and treatment required to work towards recovery.

How progress to achieve the priority will be measured:

- Patient/ carer reported outcome measures, patient experience measures, and *Payment by Results* care cluster outcome measures will be identified for the priority care pathways identified as part of the clinical effectiveness priority for 2013/14.
- The measures will be developed and collected, using existing information systems where possible.

How progress to achieve the priority will be monitored:

- Patient/ carer feedback will be reported to the *Patient Safety and Effectiveness Sub Committee* as part of the monitoring of compliance levels with Trust priority care pathway measures.
- Improvements to patient/ carer reported outcomes and experience, identified for monitoring as part of the Trust's priority care pathways, will be reported to the *Quality Committee* in the quality dashboards.
- The *Quality Committee* will also receive a report on improvements to patient/ carer reported outcomes and experience from each locality at the end of 2013/14.
- Monitoring of performance by including them in the 'corporate performance report' monitored by the Board, senior clinicians and managers.

Statements of assurance from the board

The purpose of this section of the report is to provide formally required evidence on the quality of CWP's services. This allows readers to compare content common across all *Quality Accounts* nationally.

Common content for all *Quality Accounts* nationally is contained in a shaded double line border like this.

Information on the review of services

CWP provides the following services, in partnership with commissioners, local authorities, voluntary/independent organisations, service users and carers:

- Inpatient mental health services across Cheshire and Wirral
- Community mental health services across Cheshire and Wirral
- Specialist tier 4 CAMHS services across the North West
- Drug and alcohol services across Cheshire and Wirral and drug services in Trafford
- Inpatient learning disability services across Cheshire and Wirral
- Community learning disability services across Cheshire, Wirral, and Trafford
- Eating disorder services across areas of the North West
- Low secure services for people with mental health and learning disabilities across the North West
- Community physical health services in Western Cheshire

During 2012/13, Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub-contracted **104** relevant health services.

Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in **104** of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents **100** per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2012/13.

CWP has been able to successfully review the data on the quality of its services in the following ways during the year.

Contract review and monitoring

CWP works together with its commissioners to review and update the quality requirements in its contracts annually, to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice. Through contract monitoring meetings, assurance is provided that the Trust's performance in relation to improving quality of care is on track. Many of CWP's healthcare teams have delivered presentations at these meetings to show commissioners how they have worked to improve the quality and outcomes of the care that they deliver.

Reviewing the results of local and national patient surveys

To improve the quality of services that CWP delivers, it is important to 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 (CQC)*.

The national patient survey of people's experiences of community mental health services

The *CQC's national patient survey* was published in September 2012. It gave CWP a valuable insight into what service users of the Trust's community mental health services thought about their care. The *CQC* report also provides an indication of the Trust's progress since the last survey in 2011. The Trust received 284 responses from a sample of 830 service users, representing a 34% response rate, which is an increase of 5%. Responses from the survey highlighted the following achievements:

- Five 'better' scores out of nine national service areas when compared with other Trusts – for medications, care co-ordinator, crisis care, day-to-day living, and overall care. This is a higher number of better scores than any other mental health Trust nationally. The 'better' score for medications shows the effectiveness of including this as a quality improvement priority (in response to the results in this area in last year's *national patient survey*), in last year's *Quality Account*, see *part 2: quality improvement priorities for 2012/13 – patient experience priority for 2012/13* for details.
- One of the best scores (**78%**) for the 'overall care' service area – see *part 3: an overview of the quality of care offered by CWP – performance in 2012/13* for details.
- The national average in the four other areas: health and social care workers, talking therapies, care plan, and care review.

Whilst CWP has improved year-on-year, areas for further improvement are being built into the community mental health service redesign proposal – see *part 2: quality improvement priorities for 2013/14 – patient safety priority for 2012/13* for details – to ensure that the Trust continually seeks ways to improve its services.

Local CWP patient surveys

The Trust has engaged its service users, carers, staff and other partners in a wide variety of local survey activity to inform and influence the development of its services. This has included an information governance survey, a survey on medication usage, service level experience and satisfaction activity, a Trustwide carers' survey, and a Trustwide inpatient survey. The Trustwide inpatient survey continues to drive forward improvements in service user experience by capturing what they think about their care and treatment. All service users in inpatient wards at the Trust were offered the opportunity to participate in this, and lived experience advisors went on to the wards to assist service users with completing the survey and listening to their views. For learning disability inpatient service users, a patient stories approach was used to facilitate their contribution. In total, the Trust received 78 responses. **83%** of service users rated the service they received as 'good' or 'excellent', which is an improvement compared with the previous year (80%).

Learning from experience and patient feedback

CWP acknowledges areas where it needs to make changes to improve care. This is called 'learning from experience'. It focuses on patient feedback, showing that service users are not fully satisfied with services, or through the reporting of incidents by staff when they witness events that caused actual harm or had the potential to cause harm. The Trust also follows its own *The management of internal and external recommendations policy*, to ensure that it learns from other NHS organisations when things go wrong, by reviewing and learning from external recommendations.

Examples of learning from experience

- Following an investigation into a serious untoward **incident** of the care and treatment of a patient with a pressure ulcer, additional cameras have been purchased. *NICE* guidance recommends that pressure ulcer assessment should be supported by photography. There are now more cameras available to district nursing teams, to assess and monitor the progress of pressure ulcers using photographic evidence.
- Following a **claim** relating to an injury to a member of staff who responded to a psychiatric emergency but was not trained in the management of violence and aggression, policy and practice were amended, to identify that staff can only be selected as part of the emergency team if they have attended mandatory training. This will ensure that CWP is compliant with health and safety guidance and all staff deliver safe care at all times.
- Following a **complaint** about a service user fall on a ward, a communication/ handover tool was incorporated in to physical health training for staff, so that key information can be passed to other NHS organisations, such as ambulance Trusts, when referring service users for physical health intervention.

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 CWP does well, and to share this best practice across the Trust. During 2012/13, CWP has seen a **11% increase**, compared with the previous year, in the number of compliments received from service users and others about their experience of the Trust's services. This does not include compliments received by the Community Care Western

Cheshire (community physical health services) clinical service unit – in 2012/13, they received 251 compliments.

“Thank you so much for all the work you did with my mum. You treated her with care, compassion and dignity, giving her a sense of hope. What you do is amazing and we are all so thankful.”

[Community Care Western Cheshire](#)

“You probably won’t remember me, but, I certainly remember you, for your care, professionalism, and tenacity, which has resulted, in the last 6 weeks, in completely changing my life, for the significant better! In fact, you have given me my life back!”

[Adult Mental Health Services](#)

“The best service I’ve been involved with since my alcohol problem started 6 years ago. Very helpful staff, understanding and always supportive and provide excellent advice.”

[Drug and Alcohol Services](#)

“I thank all the staff for the support you have given me over the last few weeks. I feel a lot better now and I really appreciate the help I’ve had. Thank you all again.”

[Learning Disability Services](#)

“Member of staff (name anonymised) involved important members of my family in my sessions and helped them to understand what I was going through when I could not explain it to them myself. This was particularly helpful in aiding me to set up a support system of my own that I can use now and in the future. I now feel like I have a strong set of strategies to deal with my emotions and different ways that I can look at problems in my life. I can now constructively deal with emotions and memories and turn them into something positive.”

[Child & Adolescent Mental Health Services](#)

CWP’s *Learning from Experience* report, which is produced three times a year, reviews learning from incidents, complaints, concerns, claims and compliments including Patient Advice and Liaison Service contacts. These are all rich sources of service user feedback. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so actions can be taken to prevent potential 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 *Learning from Experience* reports are shared with the public, via CWP’s public Board meetings and via the Trust’s website, and also with CWP’s partner organisations, demonstrating the Trust’s commitment to being transparent in how it learns lessons and makes improvements.

Reviewing the results of clinical audit

Healthcare professionals who provide care use clinical audit to check that the standards of care they provide is of a high quality. Where there is a need for improvement, actions are identified to improve the delivery of care, which is described on the following pages.

Information on participation in clinical audits and national confidential enquiries

The purpose of clinical audit is to improve the quality of care provided to service users. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, service user focused, high quality care and treatment.

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*, which funds them. CWP's policy is to take part in all of the clinical audits contained on this programme, as it allows the Trust to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to 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, taken from a national sample, in order to improve clinical practice.

During 2012/13 **3** national clinical audits and **1** national confidential enquiry covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2012/13 the 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 the Trust was eligible to participate in during 2012/13 are as follows:

- National prescribing observatory for mental health
- National audit of psychological therapies for anxiety and depression
- Parkinson's audit
- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2012/13, 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 (registered cases for these audit programmes means cases registered within CWP)	
National prescribing observatory for mental health	<p style="text-align: center;">Screening for metabolic side effects of antipsychotic drugs = 100%</p> <p>Action taken to improve the quality of healthcare provided:</p> <ul style="list-style-type: none"> ▪ As a result of reviewing this audit, the Trust has agreed minimum standards for physical health monitoring with primary care providers as part of shared care arrangements for patients on antipsychotic drugs. <p style="text-align: center;">—</p> <p style="text-align: center;">Prescribing antipsychotics for people with dementia = 100%</p> <p>Action taken to improve the quality of healthcare provided:</p> <ul style="list-style-type: none"> ▪ As a result of reviewing this audit, the Trust will be including the requirement for documentation of risks/ benefits of using antipsychotics

	Cases submitted as a percentage of registered cases
	and consideration of factors that may aggravate behavioural and psychological symptoms in dementia as part of the ongoing development of the dementia pathway – see <i>part 2: quality improvement priorities for 2012/13 – clinical effectiveness priority for 2012/13</i> for details.
National audit of psychological therapies for anxiety and depression	100% Data collection completed, results will not be available until later in 2013/14 to inform action planning.
Parkinson's audit	100% Action taken to improve the quality of healthcare provided: <ul style="list-style-type: none"> A study day has been held for all interested professionals to provide education and training in the management of Parkinson's.
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (registered cases for this audit programme means cases from a national sample, not from within CWP)	
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 2012/13 and the Trust intends to take the actions identified in the table above to improve the quality of healthcare provided.

Local CWP clinical audits

The Trust has a specific and comprehensive infection prevention and control (IPC) audit programme. This has included more than 260 local audits, undertaken by Modern Matrons with the support of the Trust's facilities and IPC teams. These audits observe IPC practice, including environmental and clinical practice checks. In addition, over 100 audits have been undertaken by the IPC team across inpatient clinical areas and within community physical and mental health settings. These audits support the enhancement of cleanliness of the care environment, identify good IPC practice and identify areas for improvement. In 2012/13, Community Care Western Cheshire clinics achieved more than 90% compliance with IPC standards, compared with less than 40% in 2011/12.

In addition, service level clinical audits are conducted by individual healthcare professionals and teams, pharmacy services, and medical trainees, evaluating aspects of care that they have selected as being important to them and their teams. These clinical audits are reviewed and reported to frontline staff through clinical service meetings. All clinical audit projects are registered with the Trust's clinical audit team. In total, 43 clinical audits were registered and completed during 2012/13.

As well as national clinical audits, Trustwide (local) clinical audits are prioritised each year. These audits are conducted by individual healthcare professionals or teams with support from the clinical audit team. They are reviewed as part of the Trustwide clinical audit programme, and are reported to the Trust's *Patient Safety & Effectiveness Sub Committee*, which is a delegated sub committee of the Board chaired by the Medical Director – Executive Lead for Quality.

The reports of 20 local clinical audits were reviewed in 2012/13 and Cheshire and Wirral Partnership intends to take the following actions to improve the quality of healthcare provided:

1. 'Advancing Quality' in mental health and learning disability: dementia and psychosis

See *part 3: an overview of the quality of care offered by CWP – performance in 2012/13* for details.

2. NHS Safety Thermometer

See *part 2: quality improvement priorities for 2012/13 – patient safety priority for 2012/13* for details.

3. Patient safety metrics – inpatient and community

See part 2: quality improvement priorities for 2012/13 – patient safety priority for 2012/13 for details.

4. Record keeping

CWP undertakes an annual Trustwide 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 the end of June 2013, CWP will issue bulletins to all general managers to highlight improvements required to ensure that:

- the current prescription sheet records sufficient detail;
- recording of professionals' details is improved;
- alteration to written records are appropriately documented;
- the recording of diagnosis is improved; and
- recording of information sharing issues have been discussed with the patient is improved.

5. NICE audit programme – diabetes

This clinical audit measured compliance with *NICE* guidance regarding the assessment and management of diabetic service users referred with psychological problems associated with their diagnosis. The results have demonstrated that the Trust is working in accordance with *NICE* guidance. Additionally, patients' psychological problems are managed effectively by advice and assessment via referral to stepped care services.

6. Musculo skeletal services – outcome measures

This clinical audit measured the use of outcome measures in the musculo skeletal physiotherapy service. As a result of reviewing this audit, CWP has:

- Identified further training for musculo skeletal physiotherapy staff on the use and recording of outcome measures.
- Identified systems to record the number of patient contacts on the front of patient health care records.
- Identified that clinical supervision sessions with staff should:
 - identify and monitor the number of patients where it is clinically inappropriate to carry out outcome measurement;
 - include an assessment of compliance with recording outcome measures for a sample of discharged patients.

7. Absent Without Leave [AWOL]

This clinical audit assessed compliance with the Trust's *missing person's policy and procedures*, that sets out standards to facilitate the safe return of missing service users from inpatient areas, or as a result of agreed and escorted or unescorted leave. As a result of reviewing this audit, CWP has:

- Reviewed the Trust's *missing persons policy and procedures* to strengthen areas identified in the audit as requiring improvement. This now includes a Trust-wide checklist ensuring all necessary procedures, including risk assessment, are completed consistently.
- Reviewed the Trust's *incident reporting and management policy* and system to incorporate learning from the audit. This now includes changes to the categorisation of incident severity based on the nature of absconding.

8. Pressure ulcers

Pressure ulcers continue to be a significant issue across the NHS. This clinical audit reviewed: monthly pressure ulcer figures; if the patient was on the correct treatment; and whether they had been reviewed by a CWP tissue viability nurse, if required. As a result of reviewing this audit, CWP has:

- Raised awareness of the need to ensure patients are provided with the *NICE* patient information leaflet on pressure ulcer management.
- Identified that clinical supervision sessions with staff should evaluate pressure ulcer training requirements through on an ongoing basis.
- Made the wound formulary/ guidelines available on the CWP intranet site.
- Identified a *NICE* champion to undertake a pathway audit of patients with a pressure ulcer, from admission or referral into CWP's care, to discharge or transfer out of CWP's care.

9. Medicines management audit

The Trust's pharmacy team undertake audits as part of programmes specific to their areas of work. In addition, CWP audits its *medicines policy* and processes on an annual basis, across all inpatient wards and community mental health teams to review, in line with *Department of Health* requirements, the effectiveness of its systems to ensure that medicines are handled in a safe and secure manner. Overall, the results have improved compared to those reported in 2010 and 2011. As a result of reviewing this audit, CWP has:

- Circulated to prescribers the key points from the Trust's *medicines policy* that require improvement, relating to the security and storage of medicines and medications, prescriptions and amendments.
- Circulated a medicines bulletin outlining critical medicines, the process for obtaining critical medicines out of hours, and the process for reporting when medicines have been omitted.
- Reviewed the Trust's *rapid tranquilisation policy* and reminded staff of the policy requirements.
- Developed medication dosing charts for clear display in clinic rooms.

10. Medicines reconciliation

This audit measures compliance with the Trust's *medicines reconciliation policy*. The aim of medicines reconciliation is to ensure patient safety by comparing and reviewing medicines prescribed on admission to those that the patient was taking before admission. As a result of reviewing this audit, CWP:

- Has identified that medicines reconciliation will be carried out by a pharmacist if a pharmacy technician is not available.
- Will review the content of mandatory training and doctors' induction training by September 2013.
- Has sent a bulletin to staff to ensure their awareness of the importance of completing all sections of the prescription chart.

11. Do not attempt resuscitation (DNAR)

The Trust's *do not attempt resuscitation policy* (DNAR) provides a framework for making decisions with service users and carers that safeguards their interests, respects their choices and maintains their dignity. This audit reviewed the documentation procedure in relation to DNAR orders and assessed the communication of decisions. As a result of reviewing this audit, by the end of June 2013, CWP will:

- Issue a bulletin to all inpatient areas and community teams to ensure that weekly reviews are adhered to and that documentation in relation to DNAR order is transferred with the patient should their place of care change.
- Make a patient/ carer information leaflet available.

12 & 13. Safeguarding children and adults in vulnerable circumstances

CWP undertakes an annual audit of compliance with its policies for safeguarding and promoting the welfare of children and young people, and vulnerable adults, and for ensuring that they are protected from harm. This year's audits have focused on cases where a child or adult has been referred to social care as part of the safeguarding process. As a result of reviewing this audit, by the end of June 2013 CWP will raise awareness amongst staff to ensure that:

- When children are referred as part of the safeguarding process, an outcome from social services is sought.
- They provide copies of written reports to the Trust's safeguarding team, and document each case according to Trust policy.

14. Self harm

Service users who self harm are assessed by the Trust's liaison psychiatry teams when they present at the accident and emergency departments in the general acute NHS Trusts. This audit reviewed compliance with *NICE* guidance for patients who presented to liaison psychiatry teams with self harm, along with a short patient survey. As a result of reviewing this audit, by the end of June 2013, CWP will:

- Consider ways to ensure that a care plan is provided for each service user who self harms, that is discussed with family members where appropriate, and includes a crisis plan.
- Schedule a re-audit to assess the whole service that patients who self harm receive, including the quality of assessments.

15. Care planning for physical health

This audit measured compliance with *NICE* guidance on schizophrenia in relation to primary and secondary care responsibilities for the monitoring of physical health and promotion of recovery. The results showed a marked improvement on compliance with the *NICE* guidance since the previous audit. As a result of reviewing this audit, by the end of June 2013, CWP will send a bulletin to all community

mental health teams, reminding care co-ordinators to encourage service users to attend their GP surgery at least annually for health screening.

16. *Unexpected deaths*

This audit analysed incidents of unexpected deaths of patients between 1 April 2010 and 30 September 2012, using local and national data, to identify trends in inpatient and community deaths and the number of recorded inquest outcomes of suicide. As a result of reviewing this audit, CWP has:

- Included the themes from the audit within the Trust's quality priorities for 2013/14.
- Agreed the identification of a programme of care pathway audits and case controls during 2013/14.
- Agreed to incorporate the findings from the audit into the Trust's *suicide prevention strategy*.

17. *Mental Health Act 1983 – section 136*

Section 136 of the Mental Health Act is used by the police to take people appearing to suffer from a mental disorder, or in an immediate need of care, to a place of safety, usually a hospital, for their own safety or for the safety of others. This audit reviewed the completion of documentation and the waiting time for mental health assessments at places of safety. As a result of reviewing this audit, by the end of August 2013, CWP will:

- Review the section 136 out of hours pathway and out of hours escalation policy to identify improvements in compliance with the two hour timeframe for staff attending mental health assessments.
- Review the detentions of known (to CWP) patients, under section 136 of the Mental Health Act, to identify lessons in order to avoid future detentions under section 136 and to also improve crisis/contingency care planning.
- Review the arrangements with general acute Trusts and places of safety for patients that are not medically fit for assessment.

18. *Communication between health visitors and GPs*

This audit reviewed the timeliness and effectiveness of the communication between health visitors and GPs. As a result of reviewing this audit, CWP has:

- Included link health visitor contact details in the quarterly newsletter sent to all GP practices.
- Confirmed that all health visitors have up to date GP contact details.
- Implemented systems to monitor health visitor attendance at GP practices and incidents in relation to communication between health visitors and GPs.
- Included the communication pathway in the induction for all new health visitors.

19. *Standard outpatient letter*

Following all routine outpatient appointments, a standard letter, using an agreed template, is sent to the service user's GP, to ensure continuity of care, treatment and the management of clinical risk. This audit reviewed compliance with the use of the template. As a result of reviewing this audit, CWP has:

- Re-circulated the standard template to all clinicians and reminded them of policy and expected practice.
- Included an audit of the quality of standard letters on the 2013/14 clinical audit programme.

20. *Electro convulsive therapy*

This audit reviewed the standards of care provided to service users undergoing electro convulsive therapy (ECT), against national accreditation standards relating to patient safety, dignity and compliance with the law in relation to the process of administration of ECT, to ensure that service users receive high quality treatment and positive outcomes. The audit results contributed to the Trust's clinic in Wirral being accredited as 'excellent'. See *part 3: other information – additional information on improving the quality of CWP's services in 2011/12* for details. As a result of reviewing this audit, in 2013/14 CWP will peer review its other clinics against these same standards, Trust policy, and NICE guidance.

Information on participation in clinical research

The *NHS Constitution* makes it clear that 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.

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

The number of patients receiving relevant health services provided or sub-contracted by Cheshire and Wirral Partnership NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 507.

Participation in clinical research demonstrates Cheshire and Wirral Partnership NHS Foundation Trust's commitment to improving the quality of care it offers and to making its contribution to wider health improvement. CWP's 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 80 clinical research studies in all of its clinical service units during 2012/13.

There were 195 clinical staff participating in research approved by a research ethics committee at Cheshire and Wirral Partnership NHS Foundation Trust during 2012/13. These staff participated in research covering 22 medical specialties.

CWP has been increasing staff involvement in clinical research to help increase the use of new evidence in the future. Also, over the last three years, CWP has been associated with 125 research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS. The Trust's 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

Many CWP specialists are involved in the production of national guidelines for the *National Institute of Health and Clinical Excellence (NICE)*. One member of staff has been awarded a Fellowship of NICE in support of her innovative work in the effective management of bipolar disorder. This ambassador role is being linked with the development of a pathway of interventions in the treatment of bipolar disorder, and a collaborative partnership with Expert Centres in Europe. This provides an opportunity for education and training for staff that will ultimately benefit service users and carers by optimising interventions for individuals with bipolar disorder.

CWP monitors the implementation of all types of applicable NICE guidance, and overall is fully or partially compliant with over 99% of all applicable guidance. The one exception relates to a commissioning issue in relation to the prescription of medication for the treatment of dementia, which is not compliant due to lack of funding. This has now been resolved and prescribing will commence in April 2013.

Mental health and learning disability services

Type of NICE guidance	Full compliance	Partial compliance	Non compliance	Total
Clinical guideline	26	14	0	40
Public health interventions	19	5	0	24
Interventional procedures	2	0	0	2
Technology appraisal	14	0	1	15
Patient safety	1	0	0	1
Total	62 (76%)	19 (23%)	1 (1%)	82

Type of NICE guidance	Full compliance	Partial compliance	Non compliance	Total
Clinical guideline	41	7	0	48
Public health interventions	20	5	0	25
Interventional procedures	1	0	0	1
Total	62 (84%)	12 (16%)	0 (0%)	74

Some of the reasons CWP cannot declare full compliance with some of the guidelines includes:

Internal restrictions – in such instances, an action plan is in place, which is monitored locally by the Clinical Director of the service, and at a Trust level by the *Patient Safety and Effectiveness Sub Committee*.

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

The Trust’s *NICE champions* – see *part 2: priorities for improvement – clinical effectiveness priorities for 2012/13* for details – will continue to further progress compliance with *NICE* guidance, including with commissioners, as part of the continuing implementation of the Trust’s *clinical effectiveness strategy*.

Information on the use of the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework enables commissioners to reward excellence, by linking a proportion of the Trust’s income to the achievement of local, regional, and national quality improvement goals. Participation in *CQUIN* indicates that CWP, with its commissioners, is actively engaged in quality improvements. *CQUIN* goals are reviewed through the contract monitoring process as discussed earlier in the report.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust’s income in 2012/13 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period available by request from the Trust’s Clinical Governance Department: <http://www.cwp.nhs.uk/pages/1-what-we-do>

The Trust received £2,064,933 for the goals that it achieved for 2011/12. The Trust received £3,438,614 for the goals that it achieved for 2012/13. For 2012/13, this was invested in 27 quality improvement programmes across the Trust. Below are three examples, and the positive impacts they have had on the quality of care:

- *Rehabilitation day care*

Rehabilitation day care is provided across four day care centres in Western Cheshire, to support community dwelling older people with physical frailty and/ or dementia. As a result of this quality improvement programme, access to strength and balance classes has been improved, including to venues closer to patients’ homes, and also at a day centre for patients with significant dementia.

- *The Complex Recovery Advice and Consultation service*

This service aims to enhance existing care pathways and clinical skills to improve interventions for those patients who need more than a brief acute intervention. As a result of this quality improvement programme, multi-agency working has improved and existing clinical pathways have been clarified, to ensure that service users receive the most appropriate care, from the most appropriate source, in assisting in their recovery.

- *The introduction of recovery mentor posts to the Early Intervention Service and Community Mental Health Teams on Wirral*

Recovery mentors have personal experience of mental health difficulties and can therefore provide additional assistance to service users in achieving their potential socially and personally, including support with employment. Staff and service users have fed back that having an “expert by experience” as part of the team has brought benefits such as providing additional skills in relation to debt management, benefit advice, and access to community resources. The recovery mentor posts are also working directly with self-esteem and motivational issues, using the ‘recovery star’ outcome measure to plan and achieve individual goals.

The total monies available in 2013/14, upon successful achievement of all the agreed *CQUIN* goals, is £3,440,200.

Information relating to registration with the Care Quality Commission and periodic/ special reviews

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

<http://www.cqc.org.uk/directory/rxa>

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**. The Trust has **no conditions** on its registration.

The *Care Quality Commission* has **not** taken enforcement action against the Trust during 2012/13.

The Trust has participated in special reviews or investigation by the *Care Quality Commission* relating to the following areas during 2012/13:

Review of compliance: Kent House

Review of compliance: Greenways

Review of compliance: Eastway

This was a review of compliance with the *Care Quality Commission’s* essential standards of quality and safety.

The Trust was **compliant** with the requirements of the *Care Quality Commission* relating to the reviews at Kent House and Greenways.

The Trust was **compliant** with the requirements of the *Care Quality Commission* relating to the review at Eastway in relation to:

Outcome 1 – respecting and involving people who use services

Outcome 9 – management of medicines

The *Care Quality Commission* identified **moderate concerns** in the review of compliance at Eastway in relation to:

Outcome 4 – care and welfare of people who use services

Outcome 7 – safeguarding people who use services from abuse

Outcome 13 – staffing

Outcome 16 – assessment and monitoring the quality of service provision

Outcome 21 – records

The Trust intends to take the following action to address the conclusions or requirements reported by the *Care Quality Commission* which related to the Trust:

1. Establish effective clinical and managerial leadership for the ward and learning disability service unit.
2. Undertake a review of internal assurance systems to assess compliance and mechanisms for escalation of risks within the Trust.
3. Review internal systems to ensure that “responsible clinicians” are section 12 approved, and appropriate communication and handover processes are in place to support continuity of care should the responsible clinician change.
4. Review the Trust’s management of violence and aggression and seclusion policies.
5. Ensure that there is full multi disciplinary team involvement within patient review meetings.
6. Communicate to supervisors that clinical supervision includes the monitoring of the implementation of care plans of all patients, and checking of all clinical documentation.
7. A review of all training requirements in relation to staff on the ward, specifically in relation to record keeping, safeguarding and autism.
8. Ensure that assessment of therapeutic activity on inpatient units is incorporated into the Trust’s programme of the review of inpatient safety metrics undertaken every two months.
9. Undertake a review of all patients’ medication on the ward to include plans for medications taken on an “as required” basis.
10. Review training on a Trustwide basis for the management of challenging behaviour, and consider adopting 'Approach' training as accredited by the *British Institute of Learning Disabilities*.

The Trust has made the following progress by 31 March 2013 in taking such action:

1. An interim lead for the Trust’s learning disability service unit has been identified and a substantive clinical director appointed.
2. *Mersey Internal Audit Agency* has conducted an audit in respect of the assurance processes in place to assess the Trust’s compliance with the *Care Quality Commission’s* “essential standards of quality and safety”. A report is in the process of being finalised and an action plan will be developed in response to any recommendations for enhancements.
3. The Trust’s human resources processes have been strengthened to ensure that all appointed locum consultant staff are on the specialist register (or in the case of higher trainees, within three months of their Certificate of Completion of Training).
4. A challenging behaviour ‘task and finish’ group has been established, with responsibility for reviewing the Trust’s management of violence of aggression policy in line with the implementation of a challenging behaviour clinical pathway. The seclusion policy has been reviewed in light of specific findings and recommendations and has been communicated to all staff across the Trust. The policy also includes the implementation of a seclusion care bundle.
5. The ward now has the full involvement of the multi disciplinary team in all patient review meetings and this is being monitored through regular review of patient review documentation.
6. A communication has been sent to ward staff to ensure that supervision includes the monitoring of care plans and the quality of documentation.
7. There is a robust training plan in place to ensure that all staff receive appropriate training in line with the mandatory and specific requirements of their role.
8. The review of therapeutic activity has been incorporated into the Trust’s programme of the review of inpatient safety metrics undertaken every two months.
9. A review of all medication plans on the ward, including the use of medications taken on an “as required” basis, was undertaken by the Trust’s chief pharmacist.
10. The Trust has reviewed the training for the management of challenging behaviour and with effect from 1 April 2013 will implement a revised *British Institute of Learning Disabilities* accredited training programme.

Information on the quality of data

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 2012/13 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:
99.9% for admitted patient care;
100% for out patient care.

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:
100% for admitted patient care; and
100% 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 2012/13 was 93% and was graded red.

The Trust was unable to achieve a 'satisfactory' rating overall because an audit of clinical coding, based on national standards, attained level 1 (all the requirements of the toolkit are required to score at least level 2). An improvement action plan, ensuring the development of a clinical coding policy and mandating the collection of secondary diagnosis data, has been submitted to the Board, which if successfully implemented will return the Trust to a 'satisfactory' rating in July 2013 when the results are submitted to the Information Governance Toolkit.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust **not** subject to the *Payment by Results* clinical coding audit during 2012/13 by the *Audit Commission*.

Statement on relevance of data quality and 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:

Implementation of a data quality framework plan during 2013/14 to address the following areas –

1. Improvements in data quality of mandatory submissions – the *Mental Health Minimum Data Set* and the *Commissioning Data Set* – through circulation of weekly data quality dashboard, liaison with clinical systems and operational colleagues, and attendance at key meetings such as the CAREnotes champions user group.

2. Improvements to the Trust's reporting techniques, through systematic review of externally published data quality reports, such as *Secondary Uses Service* dashboards, in order to feed back issues.
3. Targeted work with services and teams demonstrating areas of underperformance, offering support through dedicated locality analysts, signposting staff outliers to CAREnotes training, and reviews of teams who consistently fall short of data quality standards.
4. Data quality improvements in *Payment by Results* cluster accuracy and rates, through publishing weekly performance reports and development of the Trust's *Payment by Results* intranet site, to act as knowledge portal for the Trust.

Performance against key national priorities and quality indicators

CWP is required to report its performance with a list of published key national priorities, against which the Trust is judged. CWP reports its performance to the Board and the Trust's regulators throughout the year. Actions to address any areas of underperformance are put in place where necessary. These performance measures and outcomes help CWP to monitor how it delivers its services.

Performance against key national priorities from the Monitor *Compliance Framework 2012/13*

Indicator	Required performance	Actual performance
Data completeness – community services:		
▪ Referral to treatment information	50%	76%
▪ Referral information	50%	69%
▪ Treatment activity information	50%	81%
▪ Patient identifier information	50%	90%
▪ Patients dying at home/ care home	50%	83%
Care Programme Approach (CPA) patients:		
▪ Receiving follow-up contact within seven days of discharge	95%	96%
▪ Having formal review within 12 months	95%	96%
Minimising mental health delayed transfers of care	≤7.5%	0.96%
Admissions to inpatients services had access to crisis resolution home treatment teams	95%	97%
Meeting commitment to serve new psychosis cases by early intervention teams	95%	138% CWP has over-performed against this target. This means that the Trust has seen more new cases than the national target in line with local need.
Data completeness: identifiers	97%	99%
Data completeness: outcomes for patients on CPA	50%	91%

This year, the *Department of Health* has identified how *Quality Accounts* should be strengthened through the introduction of mandatory reporting against a small, core set of quality indicators, provided by *The Health and Social Care Information Centre*. This allows readers to compare performance common across all *Quality Accounts* nationally. These are detailed in the following table.

Performance against quality indicators: 2011/12 – 2012/13

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care	Preventing people from dying prematurely	Quarter 1 96.8%	Quarter 1 97.5%	Quarter 1 94.9 – 100%	Quarter 1 99.4%	Quarter 1 96.7%	Quarter 1 78.4 – 100%
		Quarter 2 97.3%	Quarter 2 97.2%	Quarter 2 89.8 – 100%	Quarter 2 96.2%	Quarter 2 97.3%	Quarter 2 90.3 – 100%
	Quarter 3 98.1%	Quarter 3 97.6%	Quarter 3 92.5 – 100%	Quarter 3 98.2%	Quarter 3 97.4%	Quarter 3 60.0 – 100%	
	Quarter 4 96.2%	Quarter 4 97.3%	Quarter 4 93.6 – 100%	Quarter 4 99.1%	Quarter 4 97.6%	Quarter 4 92.4 – 100%	
	Enhancing quality of life for people with long-term conditions	Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2012/13 is achieving at least 95% rate of patients followed up after discharge, CWP performance for 2012/13 is 96%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 					
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 99.7%	Quarter 1 98.0%	Quarter 1 83.0 – 100%	Quarter 1 100%	Quarter 1 97.0%	Quarter 1 37.2 – 100%
		Quarter 2 97.6%	Quarter 2 98.1%	Quarter 2 84.4 – 100%	Quarter 2 100%	Quarter 2 97.3%	Quarter 2 29.8 – 100%
		Quarter 3 95.3%	Quarter 3 98.4%	Quarter 3 90.7 – 100%	Quarter 3 100%	Quarter 3 97.7%	Quarter 3 75.7 - 100%
		Quarter 4 91.5%	Quarter 4 98.6%	Quarter 4 20.0 – 100%	Quarter 4 100%	Quarter 4 97.7%	Quarter 4 89.6 – 100%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for					

		Reporting period					
		2012/13			2011/12		
Quality indicator	Related NHS Outcomes Framework Domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
		production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and Monitor (target for 2012/13 is achieving at least 95% of all admissions gatekept, CWP performance for 2012/13 is 97%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts. 					
The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) 0%*	Not available until December 2013*		(i) 0%	(i) 10.2%	(i) 0 – 25.8%
		(ii) 0%*			(ii) 0%	(ii) 11.4%	(ii) 0 – 22.9%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust has achieved 0% for this quality indicator (0% or decreasing over time represents good performance). Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge. Readmission rates are an effective measure of treatment across the entire patient pathway across all sectors of health and social care.					
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care	70%	63%	21 – 95%	65%	60%	22 – 96%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by the National NHS Staff Survey Co-ordination Centre. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Developing an action plan to address areas of improvement identified in the survey. 					
"Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker	Enhancing quality of life for people with long-term conditions Ensuring that people have a positive experience of care	89.6%	86.6%	82.6 – 91.8%	87.8%	86.8%	81.9 – 91.4%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by Quality Health Ltd on behalf of the Care Quality Commission. The Trust achieved a performance better than the national average for this quality indicator. The Trust has taken the following action to improve this percentage, and so the quality of its services, by: <ul style="list-style-type: none"> Developing an action plan to address areas of improvement identified in the survey. 					

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
(i) Number of patient safety incidents reported within the Trust, and (ii) Percentage of such patient safety incidents that resulted in severe harm or death	Treating and caring for people in a safe environment and protecting them from avoidable harm	Quarters 1 and 2 (i) 1929** 2012/13 (i) 3738**	Quarters 1 and 2 (i) 1970** 2012/13 Not available until September 2013**	Quarters 1 and 2 (i) 22 – 6903** 2012/13 Not available until September 2013**	(i) 2157	(i) 3777	(i) 68 – 12465
		Quarters 1 and 2 (ii) 0.6%** 2012/13 (ii) 1.8%**	Quarters 1 and 2 (ii) 1.6%** 2012/13 Not available until September 2013**	Quarters 1 and 2 (ii) 0 – 9.4%** 2012/13 Not available until September 2013**	(ii) 0.7%	(ii) 1.1%	(ii) 0 – 6.0%
<p>Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. For 2011/12, the Trust's internal auditors verified the processes for incident management, and gave an independent opinion of 'significant assurance'. The data is analysed and published by the <i>NHS Commissioning Board Special Health Authority</i>. The national data stated relates to mental health Trusts only. The Trust's reporting of patient safety incidents is comparable with the middle 50% of reporters, and has increased reporting Trustwide during the last two years. The Trust has taken the following action to improve this number/percentage, and so the quality of its services, by:</p> <ul style="list-style-type: none"> Encouraging the reporting of incidents through a "Learning Lessons, Changes in Practice" publication produced for staff three times a year. 							

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2012/13			2011/12		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		The Trust's severity of reported patient safety incidents is lower than the national average (all mental health Trusts). The <i>NHS Commissioning Board Special Health Authority</i> encourages higher reporting of patient safety incidents that do not result in severe harm or death, as it provides an opportunity to reduce the risk of future incidents.					

(*) denotes:

Performance for 2012/13 is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC) Quality Accounts* section within their indicator portal.

The Trust's information systems indicate that for 2012/13, CWP performance is (i) 0% and (ii) 0%

(**) denotes:

Quarters 1 and 2 only – performance against quarters 3 and 4 is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendment Regulations 2012*.

The data source is *The Health and Social Care Information Centre (HSCIC) Quality Accounts* section within their indicator portal.

The Trust's information systems indicate that for 2012/13, CWP performance is (i) 3738 and (ii) 1.8%

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2012/13

Below is a summary of CWP's performance, during 2012/13, against previous years' quality improvement priority areas approved by Board as part of the Trust's *Quality Accounts*. The performance compares historical (over the past three years) and/ or benchmarking data where this is available. This demonstrates the Trust's commitment to setting quality improvement priorities, each year in its *Quality Account*, that it intends to continue to review its performance against to demonstrate sustained improvements to quality.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
Patient safety					
i. Improving learning from patient safety incidents by increasing reporting	2008/09	Research shows that organisations which report more usually have stronger learning culture where patient safety is a high priority	4% decrease compared with 2009/10	31%* increase compared with 2010/11 This does not include incidents reported by CCWC, as these were not included in previous years' performance. CCWC reported 1,035* incidents in 2011/12.	4% increase compared with 2011/12 This does not include incidents reported by CCWC, as these were not included in previous years' performance. CCWC reported 1,360 incidents in 2012/13.
			Data source = the Trust's incident reporting system (Datix). The number of the Trust's reported incidents for each of these years is comparable with the middle 50% of reporters, tending towards the highest 25% of reporters (in 2012/13), based on national comparative data reported to the <i>NHS Commissioning Board Special Health Authority</i> .		
ii. Create a better safety culture by achieving level 2 NHSLA accreditation	2008/09	NHSLA Accreditation provides an independent assessment of compliance against national safety priorities	NHSLA level 2 compliant	NHSLA level 2 compliant	NHSLA level 1 compliant
			The Trust took a decision at Board level to be assessed at level 1, following the Trust becoming responsible for providing community physical health care services in Western Cheshire, necessary to ensure policy reconciliation. The outcome of the independent assessment was compliance with 50/50 standards related to national safety priorities.		
iii. Strengthen hand	2008/09	Equipping staff with the skills to	NHS Staff Survey scores	NHS Staff Survey scores	NHS Staff Survey scores

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
decontamination procedure compliance		undertake effective hand decontamination minimises the risk of cross infection to service users and staff	<p><i>Training:</i> 82% (national average 63%)</p> <p><i>Availability of hand washing materials:</i> 70% (highest 20% of all mental health Trusts)</p>	<p><i>Training:</i> 76% (national average 68%)</p> <p><i>Availability of hand washing materials:</i> 65% (highest 20% of all mental health Trusts)</p>	<p><i>Training:</i> 81% (national average 72%)</p> <p><i>Availability of hand washing materials:</i> 59% (national average 55%)</p>
<p>Data source = National NHS Staff Survey Co-ordination Centre.</p> <p>The <i>NHS National Staff Survey</i> results include the percentage of staff saying that they:</p> <ul style="list-style-type: none"> - have received training, learning, or development in infection control (including guidance on hand washing); - always have hand washing materials available. <p>Staff receive training on infection prevention and control at induction, mandatory training/ learning, and bespoke training to all community and ward staff where necessary. Audits are also undertaken by the Trust's Infection Prevention and Control Team, incorporating questions in relation to hand decontamination, on a rolling basis. Every inpatient area and every clinic Trustwide was audited in 2012/13.</p>					
Clinical effectiveness					
i. Implement the Advancing Quality programme for dementia and psychosis	2009/10	'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	<p>The Trust participated in regional meetings to develop the Advancing Quality programme in mental health and learning disability services</p> <p>–</p> <p>Population data submitted to the Advancing Quality programme, to inform the reporting of benchmarking data across the</p>	<p>Dementia:</p> <p><i>CWP compliance</i> 88%</p> <p><i>Regional compliance (range)</i> 63% – 98%</p> <p>–</p> <p>Psychosis:</p> <p><i>CWP compliance</i> 82%</p> <p><i>Regional compliance (range)</i> 73% – 99%</p>	<p>Dementia:</p> <p><i>CWP compliance</i> 88.7%</p> <p><i>CWP target</i> 88.6%</p> <p>–</p> <p>Psychosis:</p> <p><i>CWP compliance</i> 89.88%</p> <p><i>CWP target</i> 87.9%</p>

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
			North West region		
			<p>Data source = Clarity Informatics</p> <p>There is up to a six month delay in reporting of compliance data relating to 2012/13. The above figures for 2012/13 reflect CWP's monthly submissions up to and including December 2012, and do not provide regional compliance, as this is unavailable until July 2013.</p> <p>* Full year figure, not available in Quality Account 2011/12.</p>		
ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI)	2008/09	The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met	<p>82% compliance with full or partial completion of physical health examination, including BMI</p> <p>Performance was measured once during the year as part of the Trust's clinical audit programme for 2010/11. The denominator was 107.</p>	<p>87% compliance with physical health check undertaken within 6 hours of admission</p> <p>–</p> <p>85% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured throughout the year as part of the Trust's patient safety priority for 2011/12. The denominators were 1017 and 1102 respectively for physical health checks and BMI.</p>	<p>90% compliance with physical health check undertaken within 6 hours of admission</p> <p>–</p> <p>94% compliance with the patient having their BMI calculated on admission</p> <p>Performance was measured once during the year as part of the Trust's patient safety priority for 2012/13. The denominators were 103 and 560 respectively for physical health checks and BMI.</p>
			<p>Data source = local clinical audit data.</p> <p>During 2012/13, physical health in mental health training and workplace support has been provided. A community physical health assessment tool has been introduced on CAREnotes.</p> <p>CWP has also been actively involved in developing and piloting an electronic course on physical health in mental health, along with the other mental health Trusts in the region.</p>		
iii. Develop integrated care pathways	2009/10	Seamlessness between primary and secondary	Baseline determined, including	Care pathways and associated	Care pathways and associated care bundles

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
		care promotes a joined up approach, and improves the continuity and quality of care	scoping existing pathways, determining outcome measures collected as part of them, and producing a framework for their development	care bundles developed for: - urinary catheter care - wound care - pressure ulcer care - dementia memory assessment - early intervention in psychosis - structured assessment and treatment in learning disabilities - Obsessive Compulsive Disorder in young people	developed for: - dementia assessment - chronic obstructive pulmonary disease - diabetes - heart failure
All outcome measures for the care bundles identified as priorities for 2012/13 showed a higher degree of compliance by implementation of the care bundle, see <i>part 2 – clinical effectiveness priority for 2012/13.</i>					
Patient experience					
i. Increase patient experience feedback - <i>the types of feedback measured include concerns/ PALS contacts, comments, complaints, and compliments</i>	2008/09	Understanding the experience of service users, and their carers, is fundamental to being able to provide high quality services and to identify areas for improvement	14% increase compared with 2009/10	19%* increase compared with 2010/11 This does not include patient experience feedback reported by CCWC, as these were not included in previous years' performance. CCWC received 264 patient experience contacts in 2011/12.	5% increase compared with 2011/12 This does not include patient experience feedback reported by CCWC, as these were not included in previous years' performance. CCWC received 350 patient experience contacts in 2012/13 which is a 33% increase on the previous year's performance

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
			<p>Data source = the Trust's incident reporting system (Datix).</p> <p>For 2012/13, the changes in patient feedback are: Concerns = 35% increase PALS contacts = 6% decrease Comments/ suggestions = 63% increase Compliments = 11% increase Complaints = 22% decrease</p> <p>The continuing downward trend in complaints, and the increase in compliments received, is in accordance with <i>Department of Health</i> guidance. This trend indicates the effectiveness of the Trust's complaints system, patient experience mechanisms, approach to local resolution of concerns, and appropriate response to comments.</p>		
ii. Improvement of complaints management and investigation processes	2008/09	Complaints handling and investigations should be of a high quality and robust so that any improvements are highlighted and cascaded throughout the Trust in order to continually improve services and share best practice	<p>6 complaint quality assurance reviews</p> <p>–</p> <p>The Trust's complaints policy was reviewed in February 2011 to introduce specific timescales for complaints resolution to improve performance management of complaints responses</p>	<p>6 complaint quality assurance reviews</p> <p>–</p> <p>Compliance with complaints resolution timescales: 98%</p>	<p>2 complaint quality assurance reviews</p> <p>–</p> <p>Compliance with complaints resolution timescales: 96%</p>
			<p>Complaint quality assurance reviews are led by a Non Executive Director, and provide internal assurance of the quality and robustness of complaints management and investigation processes.</p> <p>–</p> <p>Compliance with complaints resolution timescales includes those complaints that were subject to a valid extension to the prescribed timescale.</p>		
iii. Measure patient satisfaction levels	2008/09	Patient satisfaction is an important measure of the quality of the care and treatment delivered by the Trust	<p>National Patient Survey score 72% (average performance compared with all other mental health Trusts)</p>	<p>National Patient Survey score 75% (better than the average performance across all other mental health Trusts)</p>	<p>National Patient Survey score 78% (better than the average performance across all other mental health Trusts)</p>

Quality indicator	Year identified	Reason for selection	CWP performance		
			2010/11	2011/12	2012/13
			Responses = 236 – CWP inpatient survey 73% of service users rated the service they received as 'good' or 'excellent'	Responses = 224 – CWP inpatient survey 80% of service users rated the service they received as 'good' or 'excellent'	Responses = 284 – CWP inpatient survey 83% of service users rated the service they received as 'good' or 'excellent'
			Responses = 79	Responses = 86	Responses = 110
<p>Data sources = Quality Health Ltd and internal patient survey data respectively</p> <p>The National Patient Survey score for 2010/11 and 2011/12 represents how service users rated the care received from CWP. The National Patient Survey score for 2012/13 represents how service users scored receiving good overall care from NHS mental health services in the last 12 months.</p>					

(*) denotes:

adjustments to 2011/12 data – these numbers represent a snapshot at the time of publication of the report and were subject to change, for example: re-categorisation or inclusion of incidents following receipt of further information since the previous report, delay in receipt of patient experience contacts.

Monitor requires mental health foundation Trusts, for external assurance of their *Quality Accounts*, to ensure a review by independent auditors of two mandated indicators. The independent auditor's report, at *Annex C*, details the findings of the review of the mandated indicators.

Mandated indicators

1) 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

All patients discharged to their place of residence, care home, residential accommodation, or to non psychiatric care must be followed up within 7 days of discharge. All avenues need to be exploited to ensure patients are followed up within 7 days of discharge. Where a patient has been discharged to prison, contact should be made via the prison in-reach team. Exemptions:

- Patients who die within 7 days of discharge may be excluded.
- Where legal precedence has forced the removal of the patient from the country.
- Patients transferred to NHS psychiatric inpatient ward.
- CAMHS (children and adolescent mental health services) are not included.

2) Admissions to inpatient services had access to crisis resolution home treatment teams.

In order to prevent hospital admission and give support to informal carers CR (crisis resolution)/ HT (home treatment) are required to gatekeep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gatekept by a crisis resolution team if they have assessed the service user before admission and if the crisis resolution team was involved in the decision making-process, which resulted in an admission.

Admissions from out of the trust area where the patient was seen by the local crisis team (out of area) and only admitted to this trust because they had no available beds in the local areas. CR team should assure themselves that gatekeeping was carried out. This can be recorded as gatekept by CR teams. Exemptions:

- Patients recalled on Community Treatment Order.

- Patients transferred from another NHS hospital for psychiatric treatment.
- Internal transfers of service users between wards in the trust for psychiatry treatment.
- Patients on leave under Section 17 of the Mental Health Act.
- Planned admission for psychiatric care from specialist units such as eating disorder unit are excluded.

In addition, in 2012/13 NHS Foundation Trusts were required to obtain assurance through substantive sample testing over the number of patient safety incidents that occurred within Trust, and the percentage of such incidents that resulted in severe harm or death.

Patient safety incidents reported to the National Reporting and Learning Service (NRLS), where degree of harm is recorded as 'severe harm' or 'death', as a percentage of all patient safety incidents reported. The number of patient safety incidents recorded as causing severe harm/ death as described above.

The 'degree of harm' for patient safety incidents is defined as follows:

- 'severe' – the patient has been permanently harmed as a result of the patient safety incident, and
- 'death' – the patient safety incident has resulted in the death of the patient.

In addition, in 2012/13 NHS Foundation Trusts were required to obtain assurance through substantive sample testing over the number of patient safety incidents that occurred within Trust, and the percentage of such incidents that resulted in severe harm or death.

Additional information on improving the quality of CWP's services in 2012/13

Below is a selection of the work over the past year that some of the Trust's services, as detailed in *part 2 – information on the review of services*, have undertaken to improve the quality of the services they provide. The Trust's quarterly *Quality Reports* provide more information about the quality of the services provided by CWP throughout the year.

Improving Patient safety

In July, the Clatterbridge ECT [electro convulsive therapy] clinic, Wirral, was accredited as excellent by the *ECT Accreditation Scheme [ECTAS]* run by the *Royal College of Psychiatrists* 'Centre for Quality Improvement'. *ECTAS* recognises excellence in standards relating to patient safety, dignity and compliance with the law in relation to the process of administration of ECT.

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In November, CWP was successful in being assessed by the *NHS Litigation Authority* risk management standards at level 1. One of the aims of the *NHS Litigation Authority* scheme is to promote a proactive approach to improvement in patient safety. Level 1 assesses whether the process for managing risks has been described and documented in the Trust's policies for risk management. The Trust achieved a score of 50/ 50. This score is not regularly achieved by Trusts, and confirms that key Trust policies are of the highest standard to ensure patient safety. During the assessment, the *NHS Litigation Authority* assessor praised the Trust's policies, was very impressed by the standard of the processes described in them, and that they were easy to follow and unambiguous.

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CWP's Rosewood intensive rehabilitation unit at Bowmere Hospital, Chester – which serves adults with severe and enduring mental health issues with complex needs – has successfully achieved the *Accreditation for Inpatient Mental Health Services [AIMS]*. It is a standards based accreditation programme, run by the *Royal College of Psychiatrists*, designed to improve the safety and quality of care in inpatient mental health wards. Accreditation is awarded through a comprehensive process of review which acknowledges high standards of organisation and patient care. It assures staff, service users, carers, commissioners, and regulators, of the quality of services being provided. In addition, Cherry ward at Bowmere Hospital, Chester, received its *AIMS* re-accreditation in November 2012, and was accredited as excellent.

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CWP has continued with its series of 'patient safety walkrounds' across its inpatient wards. One of the executive team attends the ward to meet with staff and ask a series of open ended questions to promote discussion about patient safety issues. A number of positive themes have been identified, including staff reporting that they feel comfortable reporting incidents as a means of improving patient safety. Actions that have been undertaken in response to discussions with wards includes a review of key patient safety policies to make them clearer and more user friendly.

Improving Clinical effectiveness

CWP has supported *Mid Cheshire Hospitals NHS Foundation Trust* with developing leaflets for patients, in an accessible format, relating to "Going for a blood test" and "Having an ECG". CWP provided support to the learning disability actors featured in the leaflets, and provided expertise around the wording and agreeing what pictures to use.

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Meadowbank ward, at Springview Hospital, Wirral, has introduced life history books, to help patients recall their memories with their loved ones, carers and staff. *NICE* guidelines for dementia recognise the benefits and clinical effectiveness of reminiscence and opportunities to discuss memories before dementia progresses to a point where they are forgotten. Information and pictures are gathered about the person, in collaboration with family members, and used as a display book to support interaction during visits from the person's loved ones and carers, and to support staff in interacting with patients.

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The effectiveness of multi-family groups for relatives of carers who have experienced a first episode of psychosis has been identified in randomised controlled trials, which demonstrated that the groups reduce pressure on carers and improve family satisfaction with services. Between 19 April and 17 June, the West Cheshire early intervention in psychosis team implemented an eight week carer's group, covering subjects such as medication, occupational therapy, and psychological interventions. Six members of the team participated in developing the carer's group and in attending the sessions. All of the carers agreed that it had been helpful getting to know other people, and being able to talk to them about common themes.

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On 25 April 2012, the older people's memory assessment service, based at Chester, was accredited as excellent by the Royal College of Psychiatrists' Memory Services National Accreditation Programme [MSNAP]. The service is one of only 19 of the 52 services involved in the programme to achieve the 'accredited with excellence' status. MSNAP works with services to assure and improve the quality of memory services for people with memory problems and dementia. It engages staff in a comprehensive process of review, through which good practice and high quality care are recognised, and services are supported to identify and address areas for improvement.

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At the annual *College of Mental Health Pharmacy* national conference in September, CWP's clinical pharmacy technician presented a poster in the clinical audit category entitled "benzodiazepine and hypnotic prescribing from admission to discharge in acute adult care". Showcasing pharmacist and pharmacy technicians' contributions to improving the use of medicines in mental health is a key part of the conference. The poster won first prize. The abstract of the work will be published in the *Clinical Pharmacist* journal.

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Groups run by the East Cheshire primary care *Improving Access to Psychological Therapies* service, as recommended by *NICE*, have demonstrated improvement in symptoms over the period of the groups, for example improvements in mood, reduced depression/ anxiety, increased self esteem, and better stress management.

Improving Patient experience

A 'big health day' was held in Crewe in June 2012, for people with learning disabilities and their carers. It was a way of finding out how people with learning disabilities view health services and how services can

be made better. Many service users who attended previous big health days came to the event, who demonstrated a noticeable improvement in their understanding of their own health and well-being, and taking on board healthy messages. Service users also fed back that health checks by GPs were being undertaken more routinely and more comprehensively.

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The resource of a dedicated participation development post within Cheshire CAMHS has been extremely beneficial, not only by increasing the numbers of parents/ carers and young people taking part in participation and involvement opportunities within CAMHS, but also by providing a valuable opportunity for service users to engage with the service and the personal benefit they can receive. 28 registered CAMHS involvement representatives, of which 9 were young people. By November 2012, this had risen to 91 involvement representatives, made up of 33 young people.

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HM Courts and Tribunals Service and CWP have jointly produced an easy read photographic leaflet to explain the magistrates' court process to people with learning disabilities. The leaflet was also developed in partnership with Justices of the Peace, *Cheshire Probation Trust*, and *G4S* security services. It has been circulated to learning disability teams nationally and magistrates' court colleagues, so that individuals can go through the leaflet with defendants prior to any first court appearance to help reduce the level of stress. It complements the easy read leaflet already available for CWP service users with learning disabilities: 'Going to the Police Station'. Both publications, along with all other information leaflets developed by CWP, are available on the Trust's website:

www.cwp.nhs.uk/our-publications

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To achieve improvements in practice to self harm services for young people, CWP's clinical nurse specialist for adolescent self harm facilitated a series of eighteen focus groups, with six young people, both inpatients and outpatients, and six service user stories, to capture their views about their treatment and experiences. The themes from these discussions were used to inform developments in practice. This included the introduction of self harm feedback forms, and development of a patient passport to reduce the potential for duplication in the number of assessments during crisis.

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The specialist dementia nursing service on wards, provided by two CWP specialist dementia nurses to medical and surgical wards at the *Countess of Chester Hospital*, has received excellent and positive feedback from ward staff, patient and carers, as well as improving identification of patients with dementia or cognitive impairment, reducing length of stay in hospital, and helping more patients to be discharged back to their own homes, either straight from the *Countess of Chester Hospital* or after a period of rehabilitation or respite. The new service is delivered in line with the national dementia service, and aims to help improve the care and outcomes for patients with dementia.

Annex A:

Comments on CWP Quality Account 2012/13

CWP has included contributions internally from its staff, senior clinicians and managers, involvement representatives, and the Council of Governors, in developing this *Quality Account*. Externally, CWP offered all of its local scrutineers the opportunity to comment – commissioners; local *Healthwatch* organisations; and the local health and well-being scrutiny committees. The contribution of local scrutineers is key to the *Quality Account* assurance process. Their contribution assures the public that the information presented in the *Quality Account* is accurate and fairly interpreted, and that the range of services described and priorities for improvement are representative. Through the Trust's quarterly *Quality Report*, CWP has engaged with its local scrutineers throughout the year, to assist them in developing a better informed comment, and to regularly discuss healthcare matters with CWP and their stakeholders, including service users.

The following comments were returned from its local scrutineers. Following the return of these comments, no amendments were required to be made to CWP's *Quality Account* 2012/13.

Comments by CWP's commissioners

Statement from West Cheshire Clinical Commissioning Group

As a new commissioning organisation we have continued on the path of our predecessor organisation, Western Cheshire Primary Care Trust, in our commitment to commission high quality services for our local population. Our contract with this Trust for 2012/13 detailed the level and standard of care expected, along with the assurances required in year to monitor and manage their performance. Bi-monthly Quality & Performance meetings are held with the Trust and it is through this arrangement that the accuracy and validity of this Quality Account has been checked.

We have received assurances and monitored the progress in the delivery of the Trust's 3 Quality Improvement Priorities for 2012/13, and congratulate the Trust on their successful achievement of these. We welcome the improvements that have been seen in patient safety across mental health and physical health care service provision, both within in-patient and community settings. Of particular note is the steady increase, in year, of levels of harm free care, demonstrated through reporting against the NHS Safety Thermometer.

A number of serious incidents relating to pressure ulcers were reported in 2012/13; it is vital that the learning from the investigations is embedded into practice. We expect that any future investigations into pressure ulcers take account of previous learning and identify any failure in applying previous lessons learnt.

The Trust has had challenges in achieving the required timescales for always providing investigation reports into serious incidents. We commend the Trust for investing additional resources to manage this problem.

We understand the challenges the Trust has faced this year in attaining target levels of compliance with the children's safeguarding training programme. We acknowledge the effort made to achieve training targets by the end of March in this critical area, which supports the quality of care provided to some of our most vulnerable patients. We know that training databases and processes have been reviewed to better manage this training programme in future.

The Trust has performed well against the majority of goals set in the Commissioning for Quality and Innovation Schemes. However, the Trust did not achieve the expected level of performance against one element of the Challenging Behaviour Pathway goal in the Learning Disability Assessment and

Treatment unit. The end of year milestone for this goal was reviewed to reflect learning outcomes following the Care Quality Commission inspection.

The account shows a significant reduction from previous years in the number of complaints that have been through a quality assurance process by a non-executive director, we expect to see this number increased from 2 in 2013/14.

We welcome plans for service improvements identified through an audit of Unexpected Deaths. We see from the Quality Account that learning from this audit is reflected in a number of initiatives: Trust's quality priorities for 2013/14; clinical audit programme; and Trust's Suicide Prevention Strategy.

We support the focus on tackling health inequalities within the Trust's quality improvement priorities identified for the forthcoming year, and look forward to continuing to work in partnership with the Trust to assure the quality of services commissioned in 2013/14.

Statement from Wirral Clinical Commissioning Group

As a commissioner, Wirral Clinical Commissioning Group is committed to commissioning high quality services from Cheshire Wirral Partnership Trust and we take 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. The quality account in our opinion reflects quality performance in 2012/13 and highlights priorities for 2013/14.

We are reassured by the Trust board continuing to regularly review service risks against the recommendations in the Francis report into Mid Staffordshire Trust and Winterbourne view and that it is taking remedial action where necessary.

We congratulate the Trust in achieving all the quality improvement priorities that were set out in last year's quality account. These included:

Patient safety – this was achieved by undertaking an on-going check of key standards relating to patient safety.

Clinical effectiveness – by appointing nearly 40 NICE champions with the responsibility for education, development pathways and identifying audits of practice.

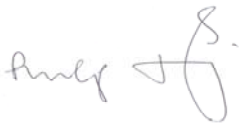
Patient experience – focus was placed upon medication, dignity and the implementation of quality standards on patient experience as developed by NICE.

We acknowledge that this has been a challenging year for the Trust and there are a number of concerns that have been highlighted. The CQC review of compliance at Eastway is disappointing. We will expect to see the recommendations outlined in the action plan to be fully implemented this year.

The non-achievement of the Information Governance toolkit at level 2. This provides an overall measure of the quality of the data systems, standards and processes in place within an organisation. With the implementation of policies and the mandatory data collection being undertaken. We are confident that this will be at a satisfactory rating in July 2013.

Completion of root cause analyses following a serious incident within the 45 day timeframe remains a challenge to the Trust. With a focus on the achievement of this standard, we look forward to seeing evidence of significant improvement in 2013/14.

We are pleased to see from this quality account the high profile given to continuous quality improvement in Cheshire Wirral Partnership Trust. Wirral CCG looks forward to continuing to work with the Trust to assure the quality of services commissioned in 2013/14.



**Phil Jennings-Chair
Wirral Clinical Commissioning Group**

Statement from Eastern Cheshire, South Cheshire, and Vale Royal Clinical Commissioning Groups

NHS South Cheshire Clinical Commissioning Group (NHS SC CCG), NHS Vale Royal Clinical Commissioning Group (NHS VR CCG) and NHS Eastern Cheshire Clinical Commissioning Group (NHS EC CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisation's Quality Accounts for 2012/13.

We acknowledge the hard work and commitment of CWPFT staff to ensure patients remain at the centre of care. As healthcare commissioners, we are dedicated to commissioning high quality services from our providers and are encouraged that CWPFT are focused on patient safety, experience and the reduction of health inequalities. We also look forward to the implementation of a quality and safety dashboard. In addition, compliance with safety standards shows a positive upward trend in 2012-13, which is essential in ensuring the best possible outcomes for patients.

As outlined in their 2012/13 Quality Account CWPFT has continued to demonstrate improvement across the quality domains over the past year. The Trust continues to benchmark favourably with other Mental Health Trusts in terms of patient satisfaction from those who have accessed services and progress has been made against key areas of the National Patient Survey.

We are pleased to see the positive performance against CQUIN goals for 2012/13 and we hope that our collaborative approach to developing the 2013/14 schemes will promote continued improvement in the areas invested in during 2013/14.

We would like to highlight that CWPFT have positively engaged in the CCG Caring Together Programme/Integrated Neighbourhood/Extended Practice teams and the redesign of services to integrate and ensure care is focused around patient need, which is vital going forward in the new health landscape. We were pleased to note that CWPFT held a 'big health day' in Crewe, for people with learning disabilities and their carers. Assuring the CCGs that client's views and comments within our locality have been taken into account to improve services and their commitment to capturing real time patient feedback.

The Trust commitment to improve its NICE compliance rate is clear in the Quality Account, and we look forward to working with the Trust during the next year to overcome the obstacles preventing full adherence of the guidelines. Praise is given particularly in regard to NICE champions who seem to have had a positive impact on outcomes. This has been through education and involvement in audit to ensure improved compliance with NICE guidance since 2010/11.

We are pleased to note that national and local audits have been applied and action plans implemented to address issues to improve patient care. An example to highlight is the audit of unexpected deaths of patients where outcomes include: identifying a programme of care pathway audits and incorporating the themes from the audit within the Trusts quality priorities for 2013/14

We acknowledge the work that CWPFT have undertaken in regards to compliance to policy. However, we would like to see an increased focus on outcome measures such prevention of falls, improvement in the physical health of patients, evidence of fewer medication errors rather than just evidence of compliance with the policies. In regards to the staff survey, reference has been made within the Quality Account; however we would have liked to have seen more evidence around outcomes.

As a specialist mental health and learning disability Trust we would have also have expected some narrative around transforming care following the Winterbourne View Inquiry.

The CCGs have close working relationships with CWPFT and meet regularly to receive reports about the quality and performance of services and look forward to future joint collaborative working.



**Simon Whitehouse, Chief Officer
NHS South Cheshire CCG and NHS Vale Royal CCG**

Comment by Healthwatch Wirral

Healthwatch Wirral cannot submit a commentary for CWP Quality Account as Healthwatch Wirral CIC has only been in existence since 1 April 2013.

A LINK response was requested but unfortunately no response was received.

Karen Prior
Healthwatch Wirral Manager

No further comments received from local scrutineers.

Annex B:

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 as amended 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:

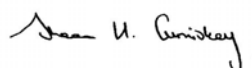
- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012/13;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to June 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
 - Feedback from the commissioners dated 03/05/2013, 17/05/2013 and 23/05/2013
 - Feedback from governors dated 17/04/2013
 - Feedback from Local Healthwatch organisations dated 09/05/2012
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15/05/2013
 - The 2012 national patient survey
 - The 2012 national staff survey
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2012/13
 - CQC quality and risk profiles dated 02/04/2012, 31/05/2012, 30/06/2012, 31/07/2012, 30/09/2012, 30/11/2012, 31/01/2013, 28/02/2013 and 31/03/2013.
- 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, noting the modified limited assurance opinion on 100% enhanced Care Programme Approach patients;
- 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. We will continue to strive to improve the quality of data the Trust collects.

By order of the Board at the meeting held on 29th May 2013.



Date: 29th May 2013, Chair of the meeting



Date: 29th May 2013, Chief Executive

Annex C:

Independent Auditor's Limited Assurance 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 to perform an independent assurance engagement in respect of Cheshire and Wirral Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the 'Quality Report') and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 in the Quality Report that have been subject to limited assurance consist of the following national priority indicators as mandated by Monitor:

1. 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital; and
2. Admissions to inpatient services had access to crisis resolution home treatment teams.

We refer to these national priority indicators collectively as the "specified indicators".

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 assessment criteria referred to in Annex B of the Quality Report (the "Criteria"). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual ("FT ARM") 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 Quality Report does not incorporate the matters required to be reported on as specified in Annex 2 to Chapter 7 of the FT ARM;
- the Quality Report is not consistent in all material respects with the sources specified below; and
- the specified indicators have not been prepared in all material respects in accordance with the Criteria.
- We read the Quality Report and consider whether it addresses the content requirements of the FT ARM, and consider the implications for our report if we become aware of any material omissions.
- We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:
- Board minutes for the period April 2012 and up to the date of signing this limited assurance report (the period).
- Papers relating to Quality reported to the Board over the period.
- Feedback from the Commissioners:

West Cheshire Clinical Commissioning Group dated 17/05/13;

NHS South Cheshire Clinical Commissioning Group, NHS Vale Royal Clinical Commissioning Group and NHS Eastern Cheshire Clinical Commissioning Group joint feedback dated 23/05/13; and

Wirral Clinical Commissioning Group dated 03/05/13.

- Feedback from Governors in the form of meeting minutes from the Council of Governors meeting on 17/04/13.
- Feedback from local Healthwatch organisations (No feedback was received from Cheshire East Healthwatch, Cheshire West & Chester Healthwatch or Wirral Healthwatch).
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 15/05/2013.
- The 2012 CQC national patient survey dated February 2013.
- The 2012 national NHS staff survey.
- Care Quality Commission quality and risk profiles dated 02/04/12; 31/05/12; 30/06/12; 31/07/12; 30/09/12; 30/11/12; 31/01/13; 28/02/13; 31/03/13.
- The Director of Internal Audit's Annual Opinion and Annual Report 2012/13.

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

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. 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 '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:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators.
- Making enquiries of management.
- Limited testing, on a selective basis, of the data used to calculate the specified indicators back to supporting documentation.
- Comparing the content requirements of the FT ARM to the categories reported in the Quality Report.
- 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

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements

and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and the Directors' interpretation of the Criteria in Annex B of the Quality Report.

The nature, form and content required of Quality Reports are determined by Monitor. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts/organisations/entities.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Cheshire and Wirral Partnership NHS Foundation Trust.

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 2013,

- The Quality Report does not incorporate the matters required to be reported on as specified in annex 2 to Chapter 7 of the FT ARM.
- The Quality Report is not consistent in all material respects with the documents specified above.
- The specified indicators have not been prepared in all material respects in accordance with the Criteria.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP

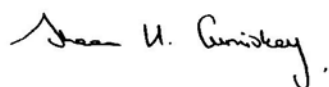
Chartered Accountants
101 Barbirolli Square
Lower Mosley Street
Manchester
M2 3PW

29 May 2013

The maintenance and integrity of the Cheshire and Wirral Partnership NHS Foundation Trust's website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.

Foreword to the Accounts

These financial statements for the year ended 31 March 2013 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.



Sheena Cumiskey - chief executive

Date: 29th May 2013

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.

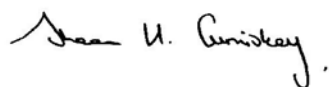
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- 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: 29th May 2013

Annual Governance Statement (AGS) - April 2012 to March 2013

1. Scope of responsibility

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

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 Cheshire and Wirral Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Cheshire and Wirral Partnership NHS Foundation Trust for the year ended 31 March 2013 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 Unit 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 Unit. 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 Unit risk processes, will be escalated to the Clinical Governance Department, for consideration of inclusion on the corporate risk register.

The Foundation Trust 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 based on the National Patient Safety Agency (NPSA) training and runs at regular intervals within each financial year.

An important aspect of risk management is the Foundation Trust's capacity to learn. The Trust 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. Every four months (trimester) 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 Units based on these analyses. This report is received and discussed at Board of Directors, Quality Committee and the Clinical Service Unit governance meetings. There is also an accompanying 'Learning Lessons, Changing Practice' publication, which highlights key lessons that need to be shared across the Trust. This is circulated to wards and teams to ensure learning is shared.

The Foundation Trust also publishes a quarterly 'Quality Report', which highlights best practice that can be shared across the organisation, to ensure learning from good practice takes place.

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 Foundation Trust;
- 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 internal and external documents, including:

- The Foundation Trust's annual plan;
- The Foundation Trust's Operating Framework;
- Corporate Governance Manual;
- Regulatory documents and standards e.g. Monitor's Compliance Framework, Care Quality Commission (CQC) Essential Standards of Safety, NHS Litigation Authority Risk Management Standards

In relation to quality governance arrangements, the Board receives a monthly Corporate Performance Report, which provides the Board with routine information on:

- Quality dashboard information for inpatient and community services;
- The monthly Quality & Risk Profile published by the 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);
- 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 Foundation Trust. 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 Board has undertaken an assessment of Monitor's quality governance standards in year and has undertaken this assessment quarterly to ensure a robust system of internal control is maintained.

The Foundation Trust 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 Foundation Trust;
- 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 Trust's Information Governance Policy, which is scrutinised annually via the Information Governance Toolkit.

Some of the major strategic risks that faced the organisation in 2012/13 were as follows:

Workforce Risk- Risk of not meeting internal targets set with Mandatory Employee Learning Programme (MEL) due to operational pressures - The MEL framework was reviewed and an updated version agreed by Operational Board. Performance reporting intensity has increased with reports to Board of Directors, Operational Board and included as part of performance reviews. The Electronic Staff Record (ESR) Self serve module has been rolled out across the Trust so that, from April, 2012, all managers can make MEL training bookings directly, track & monitor the training completions of their own team members and access progress reports designed by them. Other mechanisms to deliver training e.g. e-learning opportunities have been increased.

Clinical Risk- The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury – Falls incidents and trends are monitored on an ongoing basis and the Trust has implemented the Royal College of Physicians Fallsafe programme across older adult wards as a pilot from December 12 to March 13 to assess the impact on falls prevention and management.

Regulatory/reputational Risk- Risk of breach of terms of authorization due to external scrutiny- In November 2012, the CQC visited Eastway LD Assessment & Treatment Unit. The report of the CQC's inspection was published 23rd January 2013 and outlined 5 moderate concerns on 7 of the standards assessed during the visit. These were Care and welfare of those who use services, safeguarding, staffing, assessing and monitoring the quality of service provision and records. The Trust was deemed compliant in the areas of medicines management and respecting and involving people who use services. The Trust has an action plan in place, which is monitored internally at Board of Directors and Quality Committee.

Some future risks are as follows:

Financial and Quality Risk- The significant savings to be made in NHS in the next few years, which will potentially impact on Trust staff and provision and quality of services provided.

The Foundation Trust is having on-going discussions with commissioners and newly formed Clinical Commissioning Groups. Cost Improvement Plans are in place and these are impact assessed to ensure that there is not a significant adverse impact to patient care. The Foundation Trust is working with other Trusts locally as part of the QIPP agenda.

Contractual Risk- Timeliness of SUI Reporting and completion of action plans within agreed timeframes - The Foundation Trust has made significant improvements in the quality of the investigations being undertaken (as per feedback from commissioners). In order to improve the timeliness the Foundation Trust is investing in additional training for staff and a protected resource to support investigations across the Foundation Trust.

Risk management is embedded into the activity of the organisation via the following examples:

- Having an Operating Framework in place with clear accountability and performance mechanisms;
- Ongoing review and scrutiny of local and strategic risks registers;
- Having a just and fair 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 Foundation Trust;
- 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 Foundation Trust policies and;
- Ensuring that impact assessments are conducted on all new service developments across the Foundation Trust.

The Foundation Trust has an Engagement Strategy in place, so that patient, carer and public involvement is key to help the organisation 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;
- By making changes to practice when appropriate from feedback received from Patient Advice and Liaison Service (PALS) comments, concerns and complaints received.

The Foundation Trust 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 into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control Measures are in place to ensure that all the organisations obligations under equality, diversity and human rights legislation are complied with.

The Foundation Trust 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 weather projects, 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 Foundation Trust on a monthly basis. This includes the achievement of efficiency targets and other performance measures.

The Foundation Trust assesses its performance on the use of resources against Monitor's key ratios such as the financial risk rating. 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 Foundation Trust also utilises its internal audit services to review business critical systems over a rolling programme using a risk based approach. This culminates in the delivery of the Director of Audit opinion on the effectiveness of the system of internal control at the Foundation Trust (further information is included in section 7).

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) 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 Foundation Trust in relation to Quality;
- The Board have formally signed off the Quality Account and will ensure that it receives the same level of scrutiny as the Foundation Trust's financial accounts i.e. the Foundation Trust 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 Trust'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 are ongoing reports to the Board of Directors and other internal groups within the Trust. Progress against targets within the Quality Accounts is also reported to commissioners and shared with patients groups, governors and put in the public domain, via the Trust's website, on a regular basis.

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 NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to 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 internal 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.

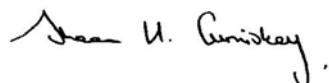
The Head of Internal Audit has provided me with a positive opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. This review has given assurance that:

1. 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;
2. There is evidence that the Board had been appropriately engaged in developing and maintaining the assurance framework;
3. The objectives are sufficiently strategic, well balanced and across all areas of activity;

4. 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;
5. The risks are sufficiently strategic/high level and complete (i.e. are potential risks and not just residual risks);
6. The key controls have been identified and evaluated with regard to their effectiveness to manage risk;
7. Potential sources of assurance have been identified;
8. Results of real assurances have been included in the framework, which includes positive assurances, and gaps in control and/or assurance identified where appropriate;
9. 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;
10. 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;
11. Significant issues arising from the assurance framework are being escalated to the Board and can be traced through the Board agenda;
12. Arrangements are in place and are being followed to address gaps in control and/or gaps in assurance where the Board deems that appropriate;
13. The framework informs appropriate declarations made in the Annual Governance statement, including significant control issues, in line with national guidance.

No internal control issues, which would have a significant impact on the achievement of organisational objectives, were identified during the period April 2012 to March 2013. Strategically significant risks are always highlighted and monitored through the assurance framework processes.

Signed:



Sheena Cumiskey
Chief Executive

Date: 29th May 2013

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 for the year ended 31 March 2013 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and the related notes. The financial reporting framework that has been applied in their preparation is the NHS Foundation Trust Annual Reporting Manual 2012/13 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 [set out within Annex C, page 102] the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13. Our responsibility is to audit and express an opinion on the financial statements in accordance with the National Health Service 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 Board of Governors of Cheshire and Wirral Partnership NHS Foundation Trust in accordance with paragraph 24 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, of the state of the NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure and cash flows for the year then ended 31 March 2013; and
- have been prepared in accordance with the NHS Foundation Trusts Annual Reporting Manual 2012/13.

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 Trusts Annual Reporting Manual 2012/13; 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 2012/13 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 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, on any aspect, our opinion on the Quality Report.

Certificate

We certify that we have completed the audit of the financial statements 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
101 Barbirolli Square
Lower Mosley Street
Manchester
M2 3PW

Notes:

- (a) The maintenance and integrity of Cheshire and Wirral Partnership NHS Foundation Trust's 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.
- (b) 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 2013

		Year ended 31 March 2013	Year ended 31 March 2012
	NOTE	£000	£000
Operating income from patient care activities	3	154,921	152,844
Other operating income	4	6,482	7,175
Operating expenses	5	<u>(155,535)</u>	<u>(153,455)</u>
OPERATING SURPLUS		5,868	6,564
Finance income - bank interest		268	300
Finance expenses	8	(382)	(402)
Public Dividend Capital dividends payable	9	<u>(2,563)</u>	<u>(2,468)</u>
SURPLUS FOR THE YEAR		3,191	3,994
Other Comprehensive Income			
Impairments		(2,119)	0
Revaluations		2,378	0
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		<u>3,450</u>	<u>3,994</u>

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

		31 March 2013	31 March 2012
	NOTE	£000	£000
NON-CURRENT ASSETS			
Property, plant and equipment	11	<u>60,353</u>	<u>59,986</u>
CURRENT ASSETS			
Trade and other receivables	12	5,850	4,878
Short term investments	13	0	10,000
Cash and cash equivalents	13	<u>28,452</u>	<u>15,257</u>
Total Current Assets		34,302	30,135
Non-current assets held for sale		477	674
TOTAL ASSETS		<u>95,132</u>	<u>90,795</u>
CURRENT LIABILITIES			
Trade and other payables	14	(10,541)	(10,727)
Tax (PAYE) and Social Security payables		(2,405)	(2,411)
Borrowings	15	(340)	(340)
Deferred income	16	(140)	(128)
Provisions for liabilities	17	(1,290)	(171)
Total Current Liabilities		<u>(14,716)</u>	<u>(13,777)</u>
NET CURRENT ASSETS		<u>19,586</u>	<u>16,358</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>80,416</u>	<u>77,018</u>
NON-CURRENT LIABILITIES			
Borrowings	15.1	(2,023)	(2,005)
Provisions for liabilities	17.1	(794)	(864)
Total Non-Current Liabilities		<u>(2,817)</u>	<u>(2,869)</u>
TOTAL ASSETS EMPLOYED		<u>77,599</u>	<u>74,149</u>
FINANCED BY TAXPAYERS' EQUITY:			
Public dividend capital	21	35,849	35,849
Revaluation reserve		8,772	8,674
Retained earnings		32,978	29,626
TOTAL TAXPAYERS' EQUITY		<u>77,599</u>	<u>74,149</u>

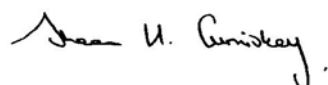
The notes on pages 119 to 146 form part of these Accounts.

The financial statements on pages 105 to 146 were approved by the Board on
signed on its behalf by Sheena Cumiskey, Chief Executive.

and

Signed:

Date: 29th May 2013



STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve	Retained Earnings	Total
	£000	£000	£000	£000
<u>Year Ended 31 March 2013</u>				
Taxpayers' Equity at 1 April 2012, as previously stated	35,849	8,674	29,626	74,149
Total Comprehensive Income for year ended 31 March 2013:				
Retained surplus for the year	0	0	3,191	3,191
Impairments	0	(2,119)	0	(2,119)
Revaluations - PPE	0	2,378	0	2,378
Transfer to retained earnings on disposal of assets	0	(48)	48	0
Other reserve movements	0	(113)	113	0
Taxpayers' Equity at 31 March 2013	35,849	8,772	32,978	77,599
<u>Year Ended 31 March 2012</u>				
Taxpayers' Equity at 1 April 2011, as previously stated	35,849	8,802	25,505	70,156
Total Comprehensive Income for year ended 31 March 2012:				
Retained surplus for the year	0	0	3,994	3,994
Transfer of the excess of current cost depreciation over historical cost depreciation to retained earnings	0	(128)	127	(1)
Taxpayers' Equity at 31 March 2012	35,849	8,674	29,626	74,149

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

		Year ended 31 March 2013	Year ended 31 March 2012
	NOTE	£000	£000
CASH FLOWS FROM OPERATING ACTIVITIES			
OPERATING SURPLUS		5,868	6,564
Depreciation	11.1	1,922	1,365
Impairments	11.1	352	0
(Increase) / decrease in trade and other receivables		(906)	(1,437)
Increase / (decrease) in trade and other payables		(192)	1,012
(Decrease) / increase in other current liabilities		12	(305)
Decrease in provisions		1,027	(224)
NET CASH INFLOW FROM OPERATING ACTIVITIES		<u>8,083</u>	<u>6,975</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		204	242
Purchase of other financial assets		0	(10,000)
Sale of other financial assets		10,000	7,000
Payments for property, plant and equipment		(2,382)	(2,928)
Proceeds from disposal of property, plant and equipment		197	0
NET CASH (OUTFLOW) / INFLOW FROM INVESTING ACTIVITIES		<u>8,019</u>	<u>(5,686)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Interest element of finance leases		(344)	(374)
Public dividend capital dividend paid		(2,563)	(2,468)
NET CASH OUTFLOW FROM FINANCING ACTIVITIES		<u>(2,907)</u>	<u>(2,842)</u>
DECREASE IN CASH AND CASH EQUIVALENTS		13,195	(1,554)
CASH AND CASH EQUIVALENTS AT 1 APRIL		15,257	16,811
CASH AND CASH EQUIVALENTS AT 31 MARCH	13	<u><u>28,452</u></u>	<u><u>15,257</u></u>

The notes on pages 119 to 146 form part of these Accounts.

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 the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13 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, unless otherwise stated, in dealing with items considered material in relation to the accounts.

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 2013/14.

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 2013 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 accounts.

- IFRS 07 Financial Instruments: Disclosures (amendment)
- IFRS 09 Financial Instruments
- IFRS 10 Consolidated Financial Statements
- IFRS 11 Joint Arrangements
- IFRS 12 Disclosure of Interests in Other Entities
- IFRS 13 Fair Value Measurement
- IAS 12 Income Taxes (amendment)
- IAS 01 Presentation of financial statements, on other comprehensive income
- IAS 27 Separate Financial Statements
- IAS 28 Associates and joint ventures
- IAS 19 Employee Benefits
- IAS 32 Financial Instruments: Presentation (amendment)

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment 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.

Note 1.3 continues on the next page.

1.3 Critical Accounting Judgements and Key Sources of Estimation Uncertainty (continued)

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 1.7 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 17 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 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 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.

1.5 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.

1.6 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.

1.7 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. 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 31st March 2013 by the NHS Foundation Trust's valuers DTZ, (Member of the Royal Institute of Chartered Surveyors). DTZ were also commissioned to restructure the Trusts asset register to comply with the requirements of accounting standard IAS16. The effect was to separate each significant part of an asset into 4 components (componentisation) with each having a different life determination.

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.

Note 1.7 continues on the next page.

1.7 Property, Plant and Equipment (continued)

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 and depreciation ceases upon this reclassification (see Note 1.8 below). 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:

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 recognised in operating income 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. Impairments arise from a loss or consumption of economic benefits or service potential.

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.

Note 1.7 continues on the next page.

1.7 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.

1.8 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.

1.9 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.

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.

1.10 Inventories

IAS 2 prescribes the accounting treatment for inventories & permits recognising inventories in operating expenses. From 2010/11 all inventories are now charged to operating expenses but are reviewed on an annual basis for any material change. Partially completed contracts for patient services are not accounted for as inventory work-in-progress.

1.11 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 1.9).

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.

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.

Note 1.11 continues on next page.

1.11 Financial Assets and Financial Liabilities (continued)

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 2.35% in real terms.

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.

1.12 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 1.19 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.

1.13 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 the discount rates published and mandated by HM Treasury except for early retirement and injury benefit provisions which both use HM Treasury's pension discount rate of 2.35% in real terms.

1.14 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.

Note 1.14 continues on next page.

1.14 Clinical Negligence Costs (continued)

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 17.2. 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.

1.15 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.

1.16 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 Pensions website at www.nhsbsa.nhs.uk/pensions. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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 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 cost contribution payable to the Scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) 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 formal actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes have been suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision. Employer and employee contribution rates are currently being determined under the new scheme design.

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. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2013, is based on detailed membership data as at 31 March 2010 updated to 31 March 2013 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

Note 1.16 continues on the next page.

1.16 Pension Costs (continued)

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions

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 for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as 'pension commutation'.

Pensions' Indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

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 effectively through illness or infirmity.

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. For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Additional Voluntary Contributions (AVCs)

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contribution (FSAVC) providers.

1.17 Taxation

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.

Note 1.17 continues on the next page.

1.17 Taxation (continued)

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.

1.18 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.

1.19 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 20.

1.20 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 within the meaning of IAS 32.

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.

1.21 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.

1.22 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 18.

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.

	Operating Income	Operating Expenses	Non- operating Income and Expenditure	Surplus
Year ended 31 March 2013	£000	£000	£000	£000
Service Lines				
Adult Mental Health and Older Peoples Services (AMH/OPS):				
North West	-	25,949	-	-
South East	-	28,030	-	-
Wirral	-	24,338	-	-
Learning Disabilities Services (LD)	-	15,063	-	-
Child and Adolescent Mental Health Services (CAMHS)	-	17,674	-	-
Drug and Alcohol Services	-	11,828	-	-
Community Care Western Cheshire	-	30,379	-	-
	<u>161,403</u>	<u>153,261</u>	<u>4,951</u>	<u>3,191</u>
	Operating Income	Operating Expenses	Non- operating Income and Expenditure	Surplus
Year ended 31 March 2012	£000	£000	£000	£000
Service Lines				
Adult Mental Health and Older Peoples Services (AMH/OPS):				
North West	-	24,009	-	-
South East	-	29,514	-	-
Wirral	-	26,585	-	-
Learning Disabilities Services (LD)	-	14,415	-	-
Child and Adolescent Mental Health Services (CAMHS)	-	16,541	-	-
Drug and Alcohol Services	-	11,485	-	-
Community Care Western Cheshire	-	29,542	-	-
	<u>160,019</u>	<u>152,091</u>	<u>3,934</u>	<u>3,994</u>

Note 1 - Non-operating Income and Expenditure comprises interest received, finance expenses, depreciation, impairment and PDC dividend payable and cannot be apportioned across service lines.

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.

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 2013	Year ended 31 March 2012
	£000	£000
NHS Foundation Trusts	328	386
NHS Trusts	44	131
Primary Care Trusts	145,587	143,089
Department of Health	53	52
Local Authorities	7,640	8,230
Non-NHS Other	1,269	956
	<u>154,921</u>	<u>152,844</u>

Note 1 - 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 £154,696,000 (year ended 31 March 2012, £152,572,000) is derived from the provision of protected services and £225,000 (year ended 31 March 2012, £272,000) 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 2013	Year ended 31 March 2012
	£000	£000
Research	175	351
Education and training	2,685	2,600
Non-patient care services to other bodies	2,097	2,600
Other income	1,525	1,624
	<u>6,482</u>	<u>7,175</u>

Note 1 - 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

The NHS Foundation Trust is no longer required to report on the Private Patient Cap. The statutory limitation on private patient income in section 44 of the National Health Service Act 2006 was repealed with effect from 1st October 2012 by the Health and Social Care Act 2012.

5. Operating Expenses

Operating expenses comprise:

	Year ended 31 March 2013	Year ended 31 March 2012
	£000	£000
Services from NHS Foundation Trusts	1,966	1,958
Services from NHS Trusts	1,701	2,008
Services from other NHS bodies	922	520
Employee expenses - Executive directors	545	595
Employee expenses - Non-executive directors	116	127
Employee expenses - Staff	122,472	120,404
Drug costs	2,600	3,565
Rentals under operating leases - minimum lease payments	1,911	1,498
Supplies and services - clinical	1,923	1,879
Supplies and services - general	1,162	969
Establishment	3,356	4,171
Research	200	318
Transport	258	186
Premises	9,602	10,812
Increase/(Decrease) in bad debts provision	0	(4)
Depreciation on property, plant and equipment	1,922	1,365
Impairments of land and buildings (Note 1)	352	0
Internal audit	92	74
Statutory auditors' fees (Note 2)	71	71
Other statutory auditors' services (Note 3)	27	7
Clinical negligence	198	185
Legal fees	267	218
Consultancy services	839	252
Redundancy costs	1,434	717
Training	717	901
Insurance	246	247
Other	636	412
	<u>155,535</u>	<u>153,455</u>

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 49 of the Annual Report.

Note 3 - Other statutory auditors' services relate to taxation advice and support.

6. Operating Leases

These primarily comprise leases for office equipment, premises and transport which are charged to operating expenses in Note 5.

6.1 Payments recognised as an expense

	Year ended 31 March 2013	Year ended 31 March 2012
	£000	£000
Minimum lease payments	<u>1,911</u>	<u>1,498</u>

6.2 Total future minimum lease payment commitments

	Year ended 31 March 2013		Year ended 31 March 2012	
	Land and Buildings	Other Leases	Land and Buildings	Other Leases
	£000	£000	£000	£000
Payable :				
Within 1 year	590	488	751	520
Between 1 and 5 years	889	561	1,621	449
After 5 years	422	0	584	0
	<u>1,901</u>	<u>1,049</u>	<u>2,956</u>	<u>969</u>

7. Employee Costs and Numbers

7.1 Employee costs

	Year ended 31 March 2013	Year ended 31 March 2012
	£000	£000
Salaries and wages	101,857	99,495
Social Security costs	7,252	7,144
Employer contributions to NHS Pensions Scheme	11,680	11,404
Agency / contract staff	2,411	3,208
	<u>123,200</u>	<u>121,251</u>

Note 1 - Key management are the executive directors whose remuneration is disclosed in the Remuneration Report, see pages 23-26 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 non-executive directors being excluded from this note, and also the cost 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 1.16.

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 2013			
Exit package cost band			
<£10,000	2	6	8
£10,001 - £25,000	0	12	12
£25,001 - £50,000	0	10	10
£50,001 - £100,000	5	4	9
£100,001 - £150,000	1	1	2
Total number of exit packages by type	8	33	41
Total resource cost	£516,000	£918,000	£1,434,000

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Year ended 31 March 2012			
Exit package cost band			
<£10,000	0	0	0
£10,001 - £25,000	2	1	3
£25,001 - £50,000	3	2	5
£50,001 - £100,000	8	1	9
Total number of exit packages by type	13	4	17
Total resource cost	£717,000	£140,000	£857,000

Note 1 - the cost of exit packages for the period ending 31st March 2013 reflects the programme of clinical and corporate service redesigns delivered during the year. The action taken will generate recurrent savings going forward.

7.3 Average number of employees

	Year ended 31 March 2013	Year ended 31 March 2012
	Number	Number
Medical and dental	138	138
Administration and estates	652	639
Healthcare assistants and other support staff	176	143
Nursing, midwifery and health visiting staff	1,404	1,389
Scientific, therapeutic and technical staff	545	553
Social care staff	4	5
Bank and agency staff	185	185
	3,104	3,052

Note 1 - 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 7 (year ended 31 March 2012, 4) early retirements from the NHS Foundation Trust on the grounds of ill-health. The additional pension liabilities of these ill-health retirements will be £224,000 (year ended 31 March 2012, £554,000). 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 2013	Year ended 31 March 2012
	£000	£000
Unwinding of discount on provisions	22	28
Finance leases	360	374
	382	402

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 £2,563,000 (year ended 31 March 2012, £2,468,000).

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 2013 the NHS Foundation Trust had 155 (year ended 31 March 2012, 163) separate losses and special payments totalling £170,000 (year ended 31 March 2012, £124,000). 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 2013**

	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 2012	9,486	51,984	1,976	935	157	1,240	565	66,343
Additions purchased	0	0	1,818	5	0	559	0	2,382
Impairments	(867)	(1,279)	0	0	0	0	0	(2,146)
Reversal of Impairments	26	1	0	0	0	0	0	27
Reclassifications	0	0	0	0	0	0	0	0
Revaluations	42	(251)	0	0	0	0	0	(209)
Disposals	0	0	0	(18)	(36)	0	(30)	(84)
Cost or Valuation at 31 March 2013	8,687	50,455	3,794	922	121	1,799	535	66,313
Depreciation at 1 April 2012	0	2,717	1,660	697	131	765	387	6,357
Charged during the year	0	1,740	0	47	7	83	45	1,922
Impairments	20	332	0	0	0	0	0	352
Reversal of impairments	0	0	0	0	0	0	0	0
Revaluations	(20)	(2,567)	0	0	0	0	0	(2,587)
Disposals	0	0	0	(18)	(36)	0	(30)	(84)
Depreciation at 31 March 2013	0	2,222	1,660	726	102	848	402	5,960
Net book value								
Purchased at 1 April 2012	9,486	47,794	316	238	26	475	178	58,513
Finance Lease at 1 April 2012	0	1,473	0	0	0	0	0	1,473
Total at 1 April 2012	9,486	49,267	316	238	26	475	178	59,986
Purchased at 31 March 2013	8,687	46,822	2,134	196	19	951	133	58,942
Finance Lease at 31 March 2013	0	1,411	0	0	0	0	0	1,411
Total at 31 March 2013	8,687	48,233	2,134	196	19	951	133	60,353

11.1 Year ended 31 March 2012

	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 2011	9,693	47,061	4,717	890	157	997	565	65,741
Additions purchased	0	841	1,824	45	0	243	0	2,953
Reclassifications	(207)	4,082	(4,565)	0	0	0	0	(690)
Cost or Valuation at 31 March 2012	9,486	51,984	1,976	935	157	1,240	565	68,004
Depreciation at 1 April 2011	0	1,609	1,660	654	125	709	251	6,669
Charged during the year	0	1,124	0	43	6	56	136	1,365
Reclassifications	0	(16)	0	0	0	0	0	(16)
Depreciation at 31 March 2012	0	2,717	1,660	697	131	765	387	8,018
Net book value								
Purchased at 1 April 2011	9,693	43,918	3,057	236	32	288	314	57,538
Finance Lease at 1 April 2011	0	1,534	0	0	0	0	0	1,534
Total at 1 April 2011	9,693	45,452	3,057	236	32	288	314	59,072
Purchased at 31 March 2012	9,486	47,794	316	238	26	475	178	58,513
Finance Lease at 31 March 2012	0	1,473	0	0	0	0	0	1,473
Total at 31 March 2012	9,486	49,267	316	238	26	475	178	59,986

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. It is an accounting standard (FRS15) and HM Treasury requirement that fixed assets are subject to interim and full professional revaluations every 3 and 5 years respectively. The 2012/13 interim revaluation undertaken by DTZ Ltd resulted in impaired property, plant and equipment values of £2,498,000 (protected £2,458,000, unprotected £40,000) and enhanced values of £2,404,000 (protected £2,375,000, unprotected £29,000) the overall net impairment being £94,000.

	31 March 2013		31 March 2012	
	Land	Buildings	Land	Buildings
	£000	£000	£000	£000
Protected assets	8,563	38,876	9,355	39,175
Non protected assets	124	9,357	131	10,092
	8,687	48,233	9,486	49,267

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 2013	31 March 2012
	£000	£000
Buildings	<u>1,411</u>	<u>1,473</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 2013	31 March 2012
	£000	£000
Buildings	<u>61</u>	<u>61</u>

11.4 Net book value of land and buildings

	31 March 2013	31 March 2012
	£000	£000
Freehold	54,815	56,169
Long leasehold	1,990	2,229
Short leasehold	<u>115</u>	<u>355</u>
TOTAL	<u>56,920</u>	<u>58,753</u>

11.5 Capital Commitments

Commitments under capital expenditure contracts at 31 March 2013 were £822,000 (31 March 2012, £128,000).

12. Trade and other receivables - current

	31 March 2013	31 March 2012
	£000	£000
NHS receivables	1,536	1,265
Non-NHS trade receivables	939	1,156
Provision for impairment of receivables	(4)	(4)
Prepayments	958	850
Accrued income	2,097	1,433
VAT receivables	324	178
TOTAL	<u>5,850</u>	<u>4,878</u>

Note 1 - There were no non-current trade and other receivables.

12.1 Receivables past their due date but not impaired

	31 March 2013	31 March 2012
	£000	£000
By up to three months	757	512
By three to six months	91	45
By more than six months	76	70
TOTAL	924	627

12.2 Provision for impairment of receivables

	31 March 2013	31 March 2012
	£000	£000
Balance at 1 April	4	8
Amount written off during the year	0	0
Amount recovered during the year	0	(5)
Increase in receivables impaired	0	1
Balance at 31 March	4	4

13. 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 2013	31 March 2012
	£000	£000
Balance at 1 April	15,257	16,811
Net change in year	13,195	(1,554)
Balance at 31 March	28,452	15,257
Made up of -		
Cash with the Government Banking Service (GBS)	5,972	3,848
Cash with commercial banks and cash in hand	2,480	1,409
Current investments	20,000	10,000
Cash and cash equivalents as in Statement of Financial Position and Statement of Cash Flows	28,452	15,257

14. Trade and other payables - current

	31 March 2013	31 March 2012
	£000	£000
NHS payables	1,148	305
Other trade payables - revenue	3,256	2,625
Other trade payables - capital	478	479
Other payables	1,031	750
Accruals	4,628	6,568
TOTAL	<u>10,541</u>	<u>10,727</u>

Note 1 - There are no non - current trade and other payables balances.

15. Borrowings - current

	31 March 2013	31 March 2012
	£000	£000
Obligations under a finance lease	<u>340</u>	<u>340</u>

15.1 Borrowings - non-current

	31 March 2013	31 March 2012
	£000	£000
Obligations under a finance lease	<u>2,023</u>	<u>2,005</u>

Note 1 - 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%.

15.2 Finance lease obligations

Amounts payable under finance leases: minimum lease payments

	31 March 2013	31 March 2012
	£000	£000
Within one year	340	340
Between one and five years	1,360	1,360
After five years	11,772	12,106
Less future finance charges	(11,109)	(11,461)
Present value of minimum lease payments	<u><u>2,363</u></u>	<u><u>2,345</u></u>
Included in:		
Current borrowings	340	340
Non-current borrowings	<u><u>2,023</u></u>	<u><u>2,005</u></u>
	<u><u>2,363</u></u>	<u><u>2,345</u></u>

15.3 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 four 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 15.1. 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 2012/13 the NHS Foundation Trust had a Prudential Borrowing Limit approved by Monitor of £29,700,000 (2011/12, £27,300,000). The NHS Foundation Trust has not borrowed against this limit.

In 2012/13 the NHS Foundation Trust had a working capital facility limit approved by Monitor of £5,000,000 (2011/12 £5,000,000). The actual working capital facility for 2012/13 was £5,000,000 (2011/12 £5,000,000). The NHS Foundation Trust had no requirement to draw on this facility during the year. The four ratio tests and the NHS Foundation Trust's performance against them is set out below:

Financial ratios	Actual 2012/13	Approved 2012/13	Actual 2011/12	Approved 2011/12
Minimum Dividend Cover	3.2	>1	3.2	>1
Minimum Interest Cover	n/a	>3	n/a	>3
Minimum Debt Service Cover	21.6	>2	21.2	>2
Maximum Debt Service to Revenue	0.22%	<2.5%	0.23%	<2.5%

16. Deferred income - current

	31 March 2013	31 March 2012
	£000	£000
Deferred income	<u><u>140</u></u>	<u><u>128</u></u>

Note 1 - There is no non-current deferred income.

17. Provisions for liabilities - current

	31 March 2013	31 March 2012
	£000	£000
Pensions relating to other staff	90	78
Legal claims	116	93
Redundancy	691	0
Restructurings	393	0
TOTAL	<u><u>1,290</u></u>	<u><u>171</u></u>

17.1 Provisions for liabilities - non-current

	31 March 2013	31 March 2012
	£000	£000
Pensions relating to other staff	794	864
TOTAL	<u><u>794</u></u>	<u><u>864</u></u>

17.2 Movement of provisions for liabilities

	Pensions relating to other staff	Legal claims	Other	Total
	£000	£000	£000	£000
At 1 April 2012	942	93	0	1,035
Arising during the year	20	82	1,084	1,186
Utilised during the year	(76)	(47)	0	(123)
Reversed unused	(24)	(12)	0	(36)
Unwinding of discount	22	0	0	22
At 31 March 2013	884	116	1,084	2,084

Expected timing of cash flows:

Within one year	90	116	1,084	1,290
Between one and five years	394	0	0	394
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 2013 £325,000 (31 March 2012, £502,000) is included in the provisions of the NHSLA in respect of the clinical negligence liabilities of the NHS Foundation Trust.

18. Contingent Liabilities

At 31 March 2013 the NHS Foundation Trust has a contingent liability in respect of non-clinical negligence claims with the NHS Litigation Authority (NHSLA) of £76,000 (31 March 2012, £92,000).

19. 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.

Note 19 continued on the next page.

19. Financial Instruments (continued)

The NHS Foundation Trust holds the following financial assets and liabilities:

	31 March 2013	31 March 2012
	£000	£000
Financial Assets		
Loans and Receivables -		
NHS receivables	1,536	1,265
Non-NHS trade receivables (net of provision for impaired receivables)	935	1,152
Accrued income	2,097	1,433
VAT receivables	324	178
Cash at bank and in hand, and short term investments	28,452	25,257
TOTAL	33,344	29,285
Financial Liabilities		
Other Financial Liabilities -		
NHS payables	1,148	305
Other trade payables - revenue	3,256	2,625
Other trade payables - capital	478	479
Other payables	1,031	750
Accruals	4,628	6,568
Finance lease obligations	2,363	2,345
TOTAL	12,904	13,072

Note 1 - The fair value of financial assets and liabilities shown above is not considered to be significantly different from book value.

19.1 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 13. 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.

19.2 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 £32,999,000. 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, 1% of income is from non-NHS customers.

19.3 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 15.3.

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.

20. Third Party Assets

At 31 March 2013 the NHS Foundation Trust held £18,533 (31 March 2012, £24,708) 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.

21. Movement in Public Dividend Capital

	31 March 2013	31 March 2012
	£000	£000
Public Dividend Capital at 1 April	35,849	35,849
New Public Dividend Capital received	0	0
Public Dividend Capital at 31 March	35,849	35,849

Note - Further information on public dividend capital can be found above in Note 1.20.

22. 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.

Note 22 continued on the next page.

22. Related Party Transactions (continued)

During the year the NHS Foundation Trust has had transactions with the following related party organisations;

Year Ended 31 March 2013

Name of Related Party	Relationship / Reason for Disclosure	Income	Expenditure	Receivables	Payables
		£000	£000	£000	£000
Alzheimer's Society	Member of Council of Governors	0	0	0	0
Arch Initiatives	Member of Council of Governors	0	66	0	0
Care Quality Commission	Member of Council of Governors	0	70	0	0
Central and Eastern Cheshire PCT	Member of Council of Governors	35,046	343	564	0
Cheshire East UA	Member of Council of Governors	4,030	122	359	2
Cheshire West and Chester UA	Member of Council of Governors	831	586	70	34
Cheshire Area Probation Service	Member of Council of Governors	0	0	0	0
Countess of Chester Hospital NHSFT	Member of Council of Governors	305	1,199	149	472
East Cheshire NHS Trust	Member of Council of Governors	2	939	2	87
HM Revenue and Customs	WGA body and material balance	0	7,252	0	2,406
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	0	83	0	24
Metropolitan Borough of Wirral NHS Business Services Authority	Member of Council of Governors	1,121	270	58	44
NHS Pensions Agency	WGA body and material balance	0	11,680	0	1,516
Royal College of Psychiatrists	Member of Council of Governors	0	52	0	22
Trafford Borough Council	WGA body and material balance	2,121	7	186	7
Tribunals Service	Board of Directors	0	0	0	0
Unionlearn	Board of Directors	0	0	0	0
University of Liverpool	Member of Council of Governors	0	278	0	39
Western Cheshire PCT	Member of Council of Governors	66,658	617	1,129	180
Wirral Community NHS Trust	WGA body and material balance	887	751	121	107
Wirral Mind	Member of Council of Governors	0	0	0	0
Wirral PCT	Member of Council of Governors	40,184	2	491	43
Wirral University Teaching Hospitals NHSFT	WGA body and material balance	10	1,174	0	381

Note 22 continued on the next page.

22. Related Party Transactions (continued)

Year Ended 31 March 2012

Name of Related Party	Relationship / Reason for Disclosure	Income	Expenditure	Receivables	Payables
		£000	£000	£000	£000
Alzheimer's Society	Member of Council of Governors	0	0	4	0
Arch Initiatives	Member of Council of Governors	0	103	0	0
Care Quality Commission	Member of Council of Governors	0	70	0	0
Central and Eastern Cheshire PCT	Member of Council of Governors	35,231	368	342	15
Cheshire East UA	Member of Council of Governors	4,174	167	9	78
Cheshire West and Chester UA	Member of Council of Governors	764	551	47	13
Cheshire Area Probation Service	Member of Council of Governors	0	0	60	0
Countess of Chester Hospital NHSFT	Member of Council of Governors	321	956	174	256
East Cheshire NHS Trust	Member of Council of Governors	0	957	0	320
HM Revenue and Customs	WGA body and material balance	0	7,144	0	2,410
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	18	131	18	73
Metropolitan Borough of Wirral	Member of Council of Governors	1,289	295	56	0
NHS Business Services Authority	WGA body and material balance	0	1,923	0	378
NHS Pensions Agency	WGA body and material balance	0	11,404	0	1,388
Royal College of Psychiatrists	Member of Council of Governors	0	77	0	0
Trafford Borough Council	WGA body and material balance	2,451	15	751	8
Tribunals Service	Board of Directors	0	0	1	0
Unionlearn	Board of Directors	0	0	1	0
University of Liverpool	Member of Council of Governors	0	609	19	0
Western Cheshire PCT	Member of Council of Governors	64,761	2	738	1,517
Wirral Community NHS Trust	WGA body and material balance	1,914	1,041	121	107
Wirral Mind	Member of Council of Governors	0	76	0	0
Wirral PCT	Member of Council of Governors	40,351	125	491	43
Wirral University Teaching Hospitals NHSFT	WGA body and material balance	44	1,181	6	2,506

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, and as such is regarded as a related party. 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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