Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Annual Report and Accounts

1st April 2014 - 31st March 2015

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

Care • Well-being • Partnership

Cheshire and Wirral Partnership NHS Foundation Trust

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

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Introduction by the Chairman and Chief Executive

David Eva - Chair

Sheena Cumiskey - Chief Executive

Welcome to this year's annual report where we provide an overview of what we've been up to at Cheshire and Wirral Partnership NHS Foundation Trust (CWP) between April 2014 and March 2015.

This year has been very eventful for CWP. 'CWP' stands for Care, Well-being and Partnership and we continue to strive for excellence in our vision: "leading in partnership to improve health and well-being by providing high quality care" and this year we have achieved significant recognition for our achievements.

We achieved top results in the Care Quality Commission (CQC) survey of mental health community services, which is based on the views of local people. The Trust achieved the highest Trust score in four of the nine areas covered in the survey – more than any of the other 56 Trusts who took part in the survey. We also achieved the highest number of questions with a 'better than expected' score, with a total of 11. In addition, our score in the overall experience of services category was the highest in the country, with almost a quarter of people rating CWP 10 out of 10. These results are particularly pleasing because they are based on what people who use our services think about our care.

Praise for CWP has come from many sources this year, the Trust was selected to host national and international visitors at two events showcasing best practice; an annual International Leadership Exchange, organised by the International Initiative for Mental Health Leadership (IIMHL) and a national mental health Positive Practice Collaborative event. Parliamentary Under Secretary of State at the Minister of Justice, Jeremy Wright, and Chester MP Stephen Mosley, visited and commended one of our drug and alcohol teams for the work they do to support people in the community, and one of our community mental health nurses was also recognised by Prime Minister David Cameron at a reception at 10 Downing Street for her commitment and dedication to her role. We also have a member of staff who was recognised as a Health Visitor Hero and published in Health Visiting Monthly.

Collectively, colleagues across CWP services have an impressive number of award nominations, shortlists, achievements and other accolades. The Trust was recognised as one of the best places to work in the 'HSJ Top 100 places to work' and was also re-accredited by

Investors in People. Our pioneering children's mental health website 'mymind.org.uk' won a national iNetwork Innovation Award, our older people's memory service was accredited as 'excellent' by the Royal College of Psychiatrists for its work assessing and diagnosing dementia, and Rosewood Integrated Services in Chester was shortlisted in 2014's Nursing Times Awards.

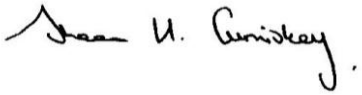
We are extremely proud of our staff who work tirelessly to improve services for our patients, however, we cannot stand still. We must continually seek ways to improve our services and we are committed to providing recovery orientated services that focus on enabling people to be the best that they can be. We recognise that this cannot be done in isolation, and the Trust continues to play an integral role in the drive towards integrated working and developing collaborative partnerships to deliver services.

New services that have been launched this year embody these collaborative principles. Through partnering with local charity, Visyon, the 16-19 service has tripled in capacity to support young people experiencing mental health issues in Macclesfield and Congleton. CWP is also working with Cheshire Police to lead Operation "Street Triage" - a new approach to policing incidents involving people with mental ill-health that helps reduce the number of people being arrested under section 136 of the Mental Health Act or being unnecessarily taken to hospital for treatment. We were also successful in our bid to NHS England to be part of a national Improving Access to Psychological Therapies for children and young people (CYP-IAPT) with third sector partner, Catch22.

This year has seen a number of changes to the services we provide. The Trust has successfully secured several new contracts to provide the 5-19 service in West Cheshire, a new stammering service for adults who live with a stammer in West Cheshire, as well as the Improving Access to Psychological Therapies (IAPT) service in Sefton. CWP was also successfully re-appointed as lead provider for the new Substance Misuse Service in Cheshire East with the introduction of an integrated service model that is provided collaboratively with 6 other local organisations. Unfortunately, we were at the same time unsuccessful in retaining contracts to provide drug and alcohol services for people in West Cheshire and Wirral. We continue to explore different ways of providing excellent care and have been chosen as one of eight pioneering NHS Trusts in the country to explore the benefits of mutualisation. Led by the Cabinet Office and Department of Health, the 'Mutuals in Health pathfinder programme' is a joint initiative to help NHS Trusts explore the benefits of mutualisation in response to The King's Fund review.

Ensuring that people who access our services, their families, our members and local communities are fully involved in the design and development of services is one of our core principles. We continue to champion co-production principles and have implemented a new participation model across the Trust to drive local involvement through dedicated teams of participation workers. This year, CWP became the first health Trust to adopt Young Advisors - a social enterprise model that empowers young people to influence local decision making and service improvement. We also launched a public consultation on the redesign of Podiatry services in West Cheshire in

December 2014. We have also welcomed feedback from the CQC and worked alongside local Healthwatch to improve our services. The CQC inspected CWP's out of hours GP service in West Cheshire and it met all of the standards - services were deemed safe, effective, caring, responsive to people's needs and well-led. At the heart of our work are our values the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment. We're working towards Zero Harm - continuous improvements in the delivery of safe and effective care. We want to support people to live fulfilling lives and are proud of the Trust's continued dedication to improving the health and well-being of our local communities. We want to thank our staff, Governors, the people who access our services and their carers and families for their support during the last year – we look forward to the challenges and opportunities during the next 12 months to make a difference to people's lives.



David Eva – Chair

Sheena Cumiskey – Chief Executive

Introduction by the Lead Governor

Anna Usherwood - Lead Governor

This year has been a busy one for CWP both in terms of Trust activity, and also for our Council of Governors. In June we had an election for 17 vacancies – half of the seats available - and I'm pleased to say we filled the majority of them.

We have said goodbye to some people, and we have had the pleasure of welcoming some new faces. I was delighted to be re-elected for a further term of 3 years in the service user and carer constituency. I find being a Governor is a challenging but very rewarding role. I am passionate about person-centred care and ensuring that the Trust is doing the right thing for local people. We, as a Council, act on behalf of our members to do the right thing and help influence positive change.

I would like to thank the following people for their contributions to the Trust and commitment to their members whilst they were in office; service user and carer Governors Rosalind Davison and Nicholas Ankers; public Governors Derek Seber, Derek Bosomworth and Eddie Salisbury; staff Governors Val McGee, Dr Laurie Van Niekerk and Gavin Newby.

I am very pleased to welcome the following people to the Council of Governors. In the service user and carer constituency, Chris Lynch and Helen Hall; public Governors Dion Cross and Richard Agar; staff Governors Kathy Bullen, Philip Mook, Janie Shaw, and Christina Evans and also our partnership Governors Iain Stewart from Wirral Clinical Commissioning Group (CCG) and Pam Smith from Western Cheshire CCG.

As part of our summer 2014 election, we also welcome back public Governors Peter Wilkinson, Robert Robertson and Michael Robinson; and service user and carer Governor Ann McGrath. I was also re-elected to stand and continue in the position of Lead Governor.

There are many other ways of being involved at CWP besides being a Governor and I would like to thank everyone who has worked alongside us in the last year. The Trust has approximately 15,000 members, 200 registered volunteers and 150 registered involvement representatives. Particular thanks and congratulations goes to our 'Going the Extra Mile' award winners for outstanding contributions to involvement; Claire Southerton, volunteering; Kevin Rowan, and team award; CWP and Olive Branch volunteers.

We all play our different parts at CWP, offering our experience and insight to make a difference to care and help the Trust to be even better. We are committed to enabling people from all walks of life to have a voice and an opportunity to get involved – particularly people who access our services, their carers and families.

We will continue to champion continuous improvement and positive change for our members and look forward to the year ahead. Thank you to everyone who has supported the Trust over the past year.

Anna M. Usherwood.

Anna Usherwood – Lead Governor

What's important to us

We are passionate about person centred care and enabling people to be the best that they can be. To do this we need to ensure that we put services around people and work with other providers to bring services together, meeting people's needs in a joined up way.
Sheena Cumiskey – Chief Executive

We have a collective responsibility to ensure that the best care is delivered to our patients. As an organisation, we need to have the courage and confidence to speak out when we see things that can be improved.
Andy Styring – Director of Operations

As an organisation, we want to support our staff to ensure continuous improvement in patient care. We want to make certain that the people who access our service receive the best possible outcomes.
Dr Anushta Sivananthan – Consultant Psychiatrist and joint Medical Director (Compliance, Quality and Assurance)

Central to all that we do is good communication and in particular taking the time to listen. To listen to our people, our partners and to those who access our services. These are the people who know what it takes to deliver great person centred care.
David Harris – Director of Human Resources and Organisational Development

We are committed to helping colleagues provide the best care possible within the resources available.
Tim Welch – Director of Finance

To ensure our work is person centred. As an organisation, we want to connect with people and get alongside them, helping them to be the best that they can be and living their lives to the full.
Avril Devaney – Director of Nursing, Therapies and Patient Partnerships

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About CWP

CWP Trust Headquarters at Redesmere

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was formed in 2002 and we celebrated our 10th anniversary on 1st April 2012. CWP achieved Foundation Trust status in June 2007.

Services

CWP provides a range of both mental health and physical health services. These include community based physical health care services in Western Cheshire, inpatient and community Mental Health services for adults and children, Learning Disability and Drug and Alcohol services within East Cheshire. The Trust also provides a range of specialist services within Liverpool, Bolton, Warrington, Halton and Trafford.

CWP has over 15,000 foundation Trust members and employs more than 3,000 staff across 95 sites, serving a population of over a million people.

What's great about CWP?

- We provide integrated care in the community and within inpatient settings based on best practice and outcomes.
- We are a recovery focussed organisation.
- Services are developed and led by clinical staff.
- We work in partnership with patients, staff and other organisations to deliver the highest quality care to people who access our services and their carers.
- We strive for clinical excellence by ensuring there is a framework to deliver quality improvements, the safety of patients and quality outcomes for service users.

Over 95% of the Trust's income comes from contracts with the following bodies:

- NHS Eastern Cheshire CCG
- NHS West Cheshire CCG
- NHS Wirral CCG
- NHS South Cheshire CCG
- NHS Vale Royal CCG
- NHS England
- Cheshire East Unitary Authority
- Cheshire West and Chester Unitary Authority
- Wirral Metropolitan Borough Council
- Trafford Council

Review of the Business

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 2015. In nearly eight 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 Operational Plan 2014/16 what we wanted to achieve during 2014/15. 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 2015

In the context of the challenging operating environment, the Trust has made good progress in delivering the strategy and continues to progress the two high level key strategic approaches - our approach to quality, the Zero Harm strategy and our approach to integration as set out in our Strategic Plan 2014/19. These are underpinned by five key strategic enablers, which are a mix of internally led transformation programmes and the external transformation programmes in which CWP continues to play a key role. The quality strategy and the overview of our locality clinical strategies set out our progress in implementing and further developing these two approaches.

While the Trust has had continued success in retaining existing business and attracting new business, it has faced competition from other organisations for the retention of some services. This has led to a loss of drug and alcohol services in the CWP West and Wirral localities. However, the Trust continues to work closely with the new providers to ensure patients continue to experience high quality services in the period of transition. The locality clinical strategies for CWP West and Wirral set out how this is happening locally and also the preparations for responding to these tenders again in future.

The Trust ended the financial year with a green governance rating and a Continuity of Services Risk Rating of 4 as assessed by the regulator of Foundation Trusts, Monitor.

Although the Trust is reporting a technical deficit for the year of £5.3m, this position includes items totalling £6.5m (these items are detailed in a note to the Statement of Comprehensive Income on page 147) that are not part of the normal operations of CWP and they are excluded from Monitor's financial assessment of the Trust. This meant that through robust monitoring and careful use of available resources that the Trust was able to achieve a surplus from normal operations of £1.2m.

The Trust's performance on recognised financial metrics can be demonstrated in the tables below:

Continuity of Services Risk Rating – Performance to 31st March 2015

Financial criteria	Metric	Performance	Rating
Capital Servicing Capacity	Capital Service Cover (times)	2.15 times	3
Liquidity	Liquidity Ratio (days)	24.14 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 2015/16 and beyond.
- The Trust was able to take advantage of £3.2m (£3,189,813) 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.
- There are no financing implications of any significant changes in the Trust's objectives and activities or its investment strategy.
- Further information on financial and other key performance indicators can be found on pages 15-16.

Statement on income
Although overall income has increased in 2014/15 by 0.77% in comparison with 2013/14, this financial year has seen a decline due to several factors, the main ones being the national deflator applied to the organisation's contracts, as well as the loss of some Public Health services such as the Drug and Alcohol services in West Cheshire and Wirral, referred to as Discontinued Operation in the Statement of Comprehensive Income. This has been offset by additional contract income secured for new services and other operating income.

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 Trust's 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 fixed assets
The net book value of property, plant and equipment has increased by £4.1m during the year from £63.8m to £67.9m. Of this, £10m relates to additions which have been offset by depreciation of £2m charged in the current financial year. A revaluation of the Trust's asset portfolio was carried out in 2014/15 in accordance with Royal Institute of Chartered Surveyors' (RICS) valuation guidance and International Accounting Standards (IAS). The review identified a net impairment of £4m for the year. £6m was charged to Operating Expenses in the Statement of Comprehensive Income, which has been offset by a £2m increase in the Trust's Revaluation Reserve. A detailed analysis of this can be found in note 11 of the accounts.

Statement on cash
The Trust ended the year with cash, bank balances and investments of £19.5m. This represents a £9.8m decrease over cash and bank balances held at the end of the previous year, largely due to fixed asset additions referred to above.

Pensions and other retirement benefits
The Trust's accounting policies for pensions and other retirement benefits for staff can be found in note 1.15 to the Accounts. Details of the remuneration and pension benefits of senior managers can be found in the Remuneration Report on pages 57-64.

Patient and staff surveys
See page 65 - 117 for patient surveys and pages 118-123 for staff surveys.
Complaints handling

During the reporting period a total of 219 complaints were received, compared with 220 for 2013/14. The Trust operates a triage system for managing complaints, namely red, amber

and green. Of the complaints received, 130 were green, 42 amber, 2 red, 37 from MP's and 8 concerns. In total the Trust has seen a small decrease of 1 in the number of complaints received during 2014/15 which continues to reflect the work done with services to encourage feedback from the people who use our services and our position as a high reporting Trust. As a Trust, we welcome all types of feedback - this enables us to continually 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 established a formal joint venture partnership with Ryhurst Limited called Villicare. This will support the Trust in providing high quality, effective estates management. CWP also has a formal partnership with Mental Health Matters with whom the Trust delivers primary care mental health services in Warrington. The Trust is developing partnerships with a number other providers (including Changing Lanes, Expanding Futures, Catch 22, Acorn Recovery Projects and Intuitive Recovery) to deliver drug and alcohol services in East Cheshire and Food Dudes, Healthbox and East Cheshire Trust in relation to the 5 – 19 Health and Wellbeing services in West Cheshire.

Going concern

Through its financial statements and performance risk indicators, the Trust continues to demonstrate a strong underlying financial position. The 2015/16 Annual Plan forecasts a break-even financial position when excluding discontinued operations. The Trust has an estimated cash balance of £7.3m at 31st March 2016 and has no concerns regarding the ability to service payments as and when they fall.

The Directors' opinion, therefore, is that the Trust is a going concern and they make the following disclosure as recommended by the Accounting Standards Board: 'After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future' and for this reason they continue to adopt the going concern basis in preparing the accounts.

The accounts included in this report have been prepared under a direction issued by Monitor under the National Health Service Act 2006. Please refer to the statement of Accounting Officer's responsibilities on page 133.

Activities in the field of research and development

CWP over the last year has recruited 571 people to National Institute of Health Research National Portfolio. The Trust has recently developed a Research Strategy for 2015/18 which sets out the aspiration for CWP to become an increasingly strong partner in conducting and implementing research to improve outcomes in mental health and community services. To enable us to do this, the strategy identifies three key priorities which are to raise the profile of CWP research internally and externally, strengthen links with external partners and to secure external funding from academia and/or industry.

Performance against key targets

The Trust had a number of external targets to achieve in 2014/15. The regulatory body /accountable organisation target details, required performance, and actual performance are listed below. The Trust was fully compliant will all targets for 2014/15.

Monitor Compliance Framework Targets 2014-15		
Target Title	**Required Performance**	**Actual Performance**
Care Programme Approach (CPA) patients - receiving follow up within 7 days of discharge	>95%	98.01%
Care Programme Approach (CPA) - having formal review within 12 months	>95%	95.00%
Minimising delayed transfers of care	<=7.5%	0.71%
Admissions to inpatient services had access to crisis resolution home treatment teams	>95%	97.97%
Meeting commitment to serve new psychosis cases by early intervention teams	>95%	113.82%
Data completeness: identifiers	>97%	99.56%
Data completeness: outcomes	>50%	83.83%
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Achieved
Community care - referral to treatment information	50%	100%
Community care - referral information	50%	96.50%
Community care - activity information	50%	90.73%
Risk of, or actual, failure to deliver mandatory services	Yes/No	No
CQC compliance action outstanding (as at 31 March 2015)	Yes/No	No
CQC enforcement action within last 12 months (up to 31 March 2015)	Yes/No	No
CQC enforcement notice currently in effect (as at 31 March 2015)	Yes/No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 March 2015)	Yes/No	No
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 March 2015)	Yes/No	No
Trust unable to declare ongoing compliance with minimum standards of CQC registration	Yes/No	No

Monitor Compliance Framework Targets 2014-15		
Target Title	**Required Performance**	**Actual Performance**
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	Yes/No	No

Regulatory Ratings

Continuity of Services Risk Rating
The continuity of services risk rating describes the risk of a provider of Commissioner Requested Services (CRS) failing to carry on as a going concern. This represents Monitor's view of the likelihood that a licence holder is, will be, or could be in breach of the continuity of services licence condition 3.

The Continuity of Services Risk Rating identifies the level of risk to the ongoing availability of key services. This is rated on a scale of 1-4 as follows:

4. Low risk - Monitor continues to monitor performance based on the size and risk.
3. Emerging or residual financial concern – Monitor may perform monthly monitoring.
2. The financial position is such that the provider of Commissioner Requested Services may be subject to investigation to see if it could be in breach of its CoS licence conditions.
   Monitor may also start taking an active role in ensuring the continuity of services using provisions in the relevant licence conditions, e.g. requesting the co-operation of the provider to assess risk to services; preventing the disposal of assets used in the provision of CRS.
1. As level 2 above and in addition in extreme cases Monitor may consider the level of risk represents financial distress and initiate contingency planning and/or other action to ensure continuity of services and access.

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.

The Risk Assessment Framework identities two levels of risk to the governance arrangements of the organisation:

- Green if no issues are identified
- Red where enforcement action is necessary

Across all quarters of 2014/15, the Trust achieved a Green governance risk rating and therefore successfully achieved the expected performance set out in its annual plan.

The Trust welcomes external inspections as an opportunity to learn and further improve its services where there are quality concerns. The Trust is currently compliant with all CQC standards.

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.

	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Continuity of Services Risk Rating	**4**	**4**	**4**	**4**	**4**
Governance Risk Rating	●	●	●	●	●

	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Financial Risk Rating	**3**	**3**	**3**	**N/A**	**N/A**
Governance Risk Rating	●	Amber/Green	Amber/Green	●	●
Continuity of service Risk Rating*	**4**	**N/A**	**N/A**	**4**	**4**

*Note, the Risk Assessment Framework came into effect from Q3 2013/14.

Trust Employees

The tables below set out a breakdown of the numbers of Trust staff

	Gender		
Employee Type	**No of Female Employees**	**No of Male Employees**	**Grand Total**
01 Non-Executive Directors	3	4	7
02 Executive Directors	3	4 *	7
03 Senior Managers	7	3	10
04 Managers	486	131	617
05 Other Employees	2190	555	2745
Total	2689	697	3386

	Gender	
Employee Type	**% of Female Employees**	**% of Male Employees**
01 Non-Executive Directors	42.86%	57.14%
02 Executive Directors	42.86%	57.14%
03 Senior Managers	70.00%	30.00%
04 Managers	78.77%	21.23%
05 Other Employees	79.78%	20.22%
Total	79.42%	20.58%

**Please note, although David Harris is listed as an Executive Director above, he is a non-voting member of the Board.*

Social community and human rights issues

The Trust continues to take social responsibility and human rights issues seriously and we were proud to have introduced the Living Wage this year which means that our lowest paid workers have benefited from an enhanced minimum hourly rate of pay. We believe that for a relatively modest investment the Trust will benefit from reduced staff turnover, improve loyalty and ultimately the care we give to patients.

We have renewed our Charter for Employers who are positive about mental health, which means that we seek to show a positive and enabling attitude to employees and job applicants with mental health issues and provide non-judgemental and proactive support to individual staff who experience mental health issues.

Our volunteers continue to add value to our services and their contribution to our recovery colleges is increasing. We commenced our peer support training programme this year and trained 10 people who access our services to become peer support volunteers in our mental health inpatient units. Through community engagement, experience and involvement we continue to enhance the profile and involvement of volunteers.

Vocational learning has continued to grow with increased staff engagement and wider partnership working. We have successfully delivered a pre-employment programme in partnership with Skills for Health Academy, local colleges and Job Centre Plus and following the success of previous apprenticeship programmes, we are implementing a further programme in Wirral and West localities. We have employed a total of 25 new apprentices across a range of services since the programme was introduced.

We offered in excess of 100 short term work shadowing placements to students from 16 years plus, across all service area with the aim of raising awareness of career opportunities that exist within the Trust and wider NHS.

The Trust is the first NHS Trust to have established a group of Young Advisors. Young Advisors are people aged between 15 and 24, who stimulate social action by showing community leaders and decision makers how to engage young people in community life, local decision making and improving services. Over the last 3 ½ years, following the development of a dedicated Participation Development post in East Cheshire CAMHS, the involvement of young people that both access our service and from the wider community has increased to one that is embedded in our day to day practices. A large part of this success was born out of the development of a young people's involvement group which enabled us to

work with young people to identify key themes and areas for service development and provide them with training to enable their involvement in our recruitment and selection processes.

Following on from this success, it was decided and agreed by CWP East Locality, that 12 young people from our existing group take part in 3 days Young Advisors training and, since their launch in November, they have not only continued to work with our services but have also been commissioned by outside agencies such as local CCGs, East Cheshire Council, Crewe Town Council, The Children's Society and Dementia Care on a total of 23 different projects ranging from sitting on the commissioning panel for Sexual Health Services in East Cheshire, completing a community mapping exercise and contributing to Crewe Town Council's "Vision for Crewe," and meeting with the local Dementia Care Steering Group to give a young person's perspective.

Other Disclosures in the Public interest

Information to and consultation with employees

A new People and Organisational Strategy has been developed this year which seeks to enable our people to be the best that they can be. This fits directly into the Trust's third Strategic Objective to be a model employer and having a caring, competent and motivated workforce. It identifies four strategic themes: our people, our leaders and our managers, our environment and our people services. We are currently in the process of developing an implementation plan that seeks to support and engage people to achieve results in all these areas.

We have developed a People and Organisational Development Strategy to support Integrated Care in West Cheshire. Through the fulfilment of this strategy, we will create an environment conducive to the delivery of effective integrated care and a framework which can be overlaid to any programme to ensure the creation and maintenance of accomplished integrated teams. See p 28 for further information about our staff engagement opportunities and consultations with staff undertaken during the year.

Policies in relation to disabled people

The Trust seeks to support job applicants and staff who have a disability – our commitment is set out in our approach to recruitment and we are proud to hold the disability symbol credited by Jobcentre Plus, which means we have signed up to interviewing all disabled applicants who meet the minimum criteria for a job vacancy and that we will make every effort when employees become disabled to make sure they stay in employment. We have also renewed our Charter for Employers who are positive about mental health. Our occupational health department continue to support individuals and advise managers about how to make reasonable adjustments to keep people in work.

Health and safety performance information and occupational health

During the past year the Health, Safety and Well-Being Sub-Committee has overseen the implementation of the 3rd year action plan of the Staff Health & Well Being Strategy. The strategy emphasis continues to be on embedding staff health and wellbeing throughout the Trust. Key headlines for this year include launching a pedometer challenge, participating in the NHS Games 2015, delivering two 'mood and food' themed study days and extending the role out of the resilience workshops to staff and managers across the Trust. In addition, the Trust has extended its innovation fund and actively supported 19 initiatives aimed at supporting staff health and wellbeing such as purchasing exercise equipment, picnic benches, training (nutrition), exercise classes (e.g. tai-chi), Santa Dash entry, football league fees, massage chair, sad lamp and water coolers. We hope to acquire the Health at Work Charter in May 2015 when we will be assessed and we are on schedule to launch our staff health assessment (MOT) programme in April 2015.

All staff can also continue to access support and advice from the in-house Occupational Health and Staff Support and Psychological Wellbeing Services and via access to other health and wellbeing initiatives such as the Staff Physiotherapy Service and the Healthy Minds Pathway.

Anti-Fraud
The Trust continued to work with the Local Anti- Fraud Specialist and the accountable officer remains the Director of Finance. This service is provided by Mersey Internal Audit Agency (MIAA). There were a number of investigations within the 2014/15 financial year, which were investigated in accordance with the Trust's Anti-fraud, Bribery and Corruption policy.

The Trust's anti-fraud work plan for 2015/16 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.

The Trust received a focussed quality assessment of compliance against NHS Protect standards for providers by NHS Protect in August 2014. The inspection focussed on two of the four standards – to Inform and Involve and to Hold to Account.

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 2014/15	£000's 2014/15	Number 2013/14	£000's 2013/14
Total non-NHS trade invoices paid in period	27,795	35,242	24,316	27,363
Total non-NHS trade invoices paid within target	26,455	33,742	22,996	25,971
Percentage of non-NHS trade invoices paid within target	95%	96%	95%	95%

Total NHS trade invoices paid in period	1,462	13,563	1,654	11,687
Total NHS trade invoices paid within target	1,412	13,472	1,523	11,196
Percentage of NHS trade invoice paid within target	97%	99%	92%	96%

Late Payment of Commercial Debt (Interest) Act 1998
The Trust did not incur any charges in relation to the late payment of commercial debt (interest) Act 1998 during the financial year (£nil - 2014/15).

Consultations
Between 8 December 2014 and 15 March 2015, CWP and West Cheshire Clinical Commissioning Group (WCCCG) conducted a joint public consultation into proposed changes to West Cheshire Podiatry Services. In addition to seven public meetings, CWP and WCCCG officers also attended a number of additional meetings, events and forums in order to discuss the proposals, share the consultation document and capture the thoughts and feelings of service users, carers and partners. The University of Liverpool has been engaged to produce an independent assessment of responses to the consultation. As part of the statutory requirements, the Cheshire West and Chester Health and Wellbeing Board Scrutiny Committee was provided with a presentation on the proposed changes and asked to consider the consultation process. NHS England also completed an assurance process before the consultation commenced.

Patient and public involvement activities
This is included in our membership section on pages 45 – 47.

Sickness absence data
At 5.76% the Trust overall level of sickness absence for 2014/15 was higher than the 2013/14 figure of 4.83%. This rise is considered to be due to improved accuracy of reporting of absence and also a rise in the amount of externally-driven change impacting upon our people. The Trust remains committed to ensuring the health and wellbeing of all and so will continue to pursue the range of good-practice initiatives that it has put in place for 2015/16.

Pension Liabilities
During the year there were 10 (year ended 31 March 2014 10) early retirements from the NHS Foundation Trust on the grounds of ill health. The additional pension liabilities of these ill health retirements will be £545,064 (year ended 31 March 2014 £692,315). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

Charging for information
The Trust continues to comply 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)
Information on data loss and confidentiality breaches can be found in our Annual Governance Statement on pages 134 - 141.

CWP's Strategy

CWP vision and strategic objectives

As part of the Trust's annual planning process the Board of Directors reaffirmed its vision and strategic objectives that mark the Trust's continued direction. The vision and strategic objectives are a key element of the planning process in setting out our organisational intentions and aspirations for the future.

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

Our strategic objectives

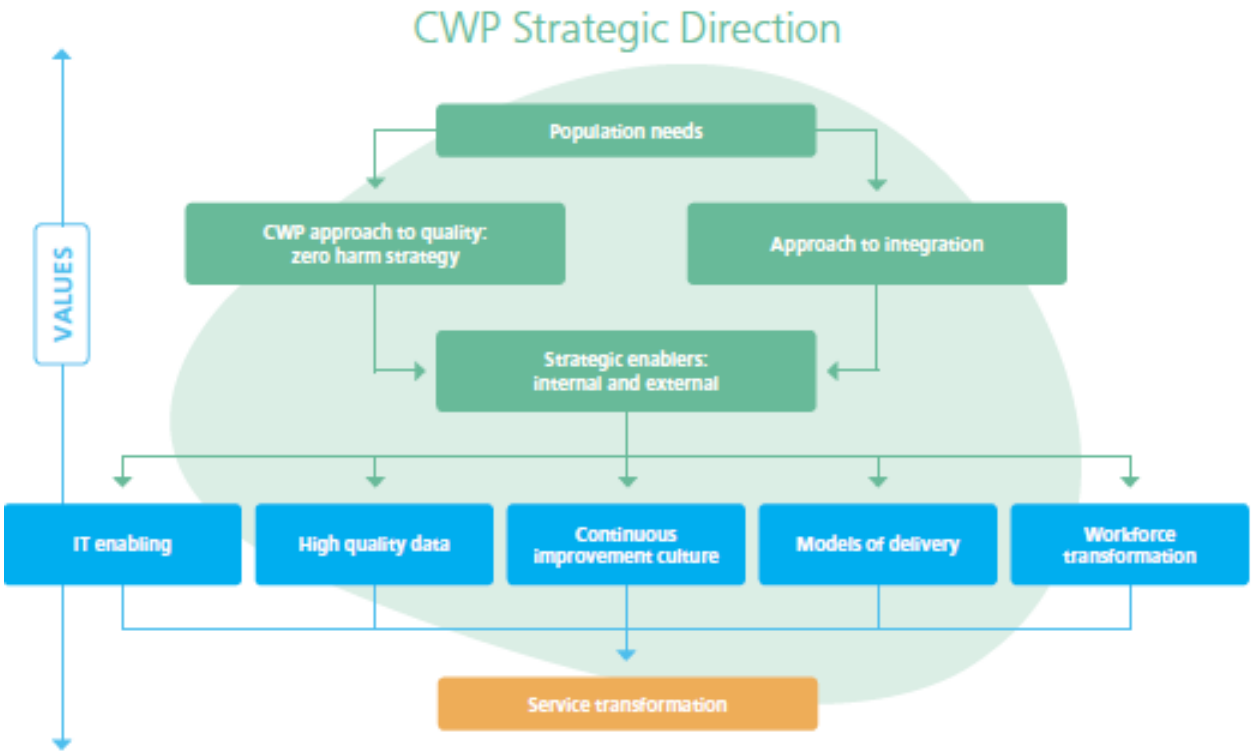
1. Deliver high quality, integrated and innovative services that improve outcomes.
2. Ensure meaningful involvement of service users, carers, staff and the wider community.
3. Be a model employer and have a caring, competent and motivated workforce.
4. Maintain and develop robust partnerships with existing 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 an open, progressive organisation that is about care, well-being and partnership.

These 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.

Our fundamental priority is to ensure that the population we serve receives high quality, safe, effective, compassionate and recovery orientated services that value the expertise of service users and carers themselves.

In response to learning from the Francis public inquiry and supplementary reports, the Trust adopted the Department of Health's 6 Cs (Care, Compassion, Competence, Communication, Courage and Commitment) as our Trust values. The 6 Cs demonstrate the Trust's emphasis on the quality of services for patients and carers and highlight the qualities that the Trust looks for in its staff. We have been developing initiatives to ensure that the 6Cs are embedded in all that we do.

The strategy for the Trust set out in the Strategic Plan 2014/19 remains largely reflective of the Trust's current position and strategic direction. The Trust has two high level strategic drivers. These are our approach to quality - the delivery of our zero harm strategy, and our approach to integration across all our localities. Underpinned by a series of enablers and our locality clinical strategies, the approach had essentially been developed in conjunction with stakeholders to provide momentum for the service redesign and transformation required to meet the needs of our population and our commissioner's strategic intentions, while detailing the local focus on quality and patient experience. Ensuring patients and carers remain at the centre of the care process remains our top priority. Our strategic approach is reflected in the diagram below


CWP Strategic Direction
VALUES
Population needs
CWP approach to quality: zero harm strategy
Approach to integration
Strategic enablers: internal and external
IT enabling
High quality data
Continuous improvement culture
Models of delivery
Workforce transformation
Service transformation

CWP's Business Model

The environment in which the Trust operates continues to be complex and is rapidly changing. The Trust's geographical boundaries coupled with complex commissioning arrangements and the continuing significant financial and demographic demands means the Trust's operating landscape continues to be challenging.

There is widespread recognition of the challenges across the Trust's geography and the Trust continues to maintain good relationships with all commissioners. There is agreement amongst partners of the need to progress plans for integration and to develop new ways to deliver services through collaborative partnerships and new models of care. These integrated services are patient-centred and empower and support people who access our services and their carers to make informed decisions about their health.

The current Trust strategy described on pages 22 - 23 means that the Trust is well placed to respond to the direction set out in the 5 Year Forward View and the principles therein of preventing poor health, empowering patients and engaging communities are reflected in the Trust approach. In particular, the Trust has sought to work closely with local CCGs during the 2015/16 contracting round on a number of issues including achieving parity for people with mental health needs, transforming the care of patients with learning disabilities, further developing integrated physical community services, driving efficiency and negotiating for retention of the deflator which has caused a reduction in the level of resource invested in mental health year on year.

The 5 Year Forward View sets out the requirement for CCGs to invest to at least the level of growth they have received in mental health services. Progress has been made in developing and agreeing service development and improvement plans to facilitate the introduction of access and waiting time standards, encouraging investment in adequate and effective levels of liaison psychiatry and community child and adolescent mental health services (CAMHS), and the delivery of the Crisis Care Concordat.

Additionally, the Trust continues to drive the development of community based specialist teams for children and young people with eating disorders and is committed to exploring ways to reduce reliance on inpatient care for people with learning disabilities or autism.

The Trust also seeks to work together with partners to continue to progress integrated physical community services. This is building on work undertaken in the past year where the Trust has worked closely with the local authority to offer smooth pathways of care across services through the integration of mental and physical health services, providing a 'team around the patient' approach. This has included the implementation of the nine locality integrated teams bringing together health and social care services in the community, around groups of general medical practices to provide person-centred care. A second phase will see the extension of the specialities to include mental health services.

CWP commenced the clinical strategies process in 2013/14 to better reflect the different needs of the people accessing our services in Wirral, West Cheshire and East Cheshire. As part of the 2015/16 planning cycle, the clinical strategies have been subject to local refresh to take account of performance against strategy milestones and subsequent local and national developments to ensure a responsive, partnership oriented and patient-centred approach to service planning on a local level. The clinical strategies have a number of cross cutting themes, these include: enhancing partnership working to develop integrated services; implementing our zero harm strategy with a focus on continuous improvement in quality of care; the strategies also seek to develop evidence based care pathways with outcomes.

The locality clinical strategies continue to underpin the Trust Operational Plan and are reliant on an effective infrastructure and enablers to underpin the delivery of safe, effective and patient-centred care. The key enablers are: people and organisational development; capacity and environment; and better use of technology.

The Trust was pleased to be selected as a pathfinder as part of a national 'Mutuals in Health Pathfinder Programme' jointly led by the Cabinet Office and Department of Health in November 2014. Since then CWP staff, staff side representatives, people who access our services and carers have been working alongside expert advisors to explore the potential of mutualisation. We are particularly interested to explore whether mutualisation provides the conditions to further strengthen the involvement of staff and people who access our services in decision making and whether this would therefore be a way of improving patient and staff experience. This work continues to develop.

CWP is an integral part of two of the NHS England selected vanguard areas, Wirral and West Cheshire. The vanguard areas will be expected to spend the next year establishing the new models of care- multispecialty community providers (or MSCPs) and primary and acute care systems (or PACS) as set out in the NHS Five Year Forward View.

The financial strategy of the Trust is to ensure that it remains a viable Foundation Trust as a going concern so that sustainable and effective services can continue to be delivered. The strategy supports and underpins the clinical service strategies and the efficiency requirements that are needed as a result of the NHS income the Trust receives, and to provide for investment in innovation and quality where required. It also seeks to cover risks where they are known.

The Trust continues to maintain its strong position as a provider of high quality value for money services against a continued backdrop of financial, legislative and commissioning changes.

Further detail about the Trust's Strategy can be found at http://www.cwp.nhs.uk/our-publications/reports

Principal Risks and Uncertainties

There are a number of strategic, operational and financial risks to the delivery of our plans which we seek to ensure there is appropriate mitigation in pace. Three strategic risks were deemed to be the most significant to the overall delivery of Trust plans. These are:

- Fragmentation of commissioning leading to fragmented patient pathways.
- Capacity and skills of the workforce to respond to emerging and new models of care provision and evidence based interventions.
- Loss of current services due to risks associated with the market environment and the potential for commissioners to seek further competitive tendering for clinical services.

The common elements of these strategic risks are their interfaces with the Trust's local health economy partners including both commissioners and other providers. The Trust will work both internally and externally with partners to mitigate the impacts of these risks moving forward.

The corporate assurance framework is reviewed at each one of the Board of Directors meetings as a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the Trust achieving its strategic objectives, in relation to the quality of its services and safeguarding patient safety. The Trust's current (and therefore future) operational risks are set out below:

- Managing physical healthcare (including falls)
- Ligature and environmental risk management programmes
- Consistent implementation of safeguarding practices and procedures
- Consistency and quality of investigation process following serious incidents and implementation of learning
- Data quality and measurement to better inform service and clinical care delivery

In developing the Trust's financial model for 2015/16, a number of financial risk areas have been identified. These are:

- The financial gap created by drug and alcohol contract retraction.
- New drugs recently approved by Medicines and Healthcare Products Regulatory Agency (MHRA) and the Committee for Medicinal Products for Human Use (CHMP).
- Significant investment in IT to support the Trust's ongoing strategy.
- Contract pressures and the need for the Trust to continue to clearly outline the case for appropriate funding to commissioners going forward. Benchmarking data and value statements will be utilised to support this.
- Non-achievement of efficiency plans.
- Achievement of new Waiting time targets for IAPT (improved access to psychological therapies) and early intervention of psychosis.

The Annual Governance Statement on pages 134 - 141 describes the Trust Integrated Governance Strategy, setting out the approach to risk management and the mitigation of current and potential risks to the delivery of the Trust strategy.

Staff Engagement

Commentary on the Trust's approach to staff engagement

The annual staff survey continues to be one of the key mechanisms to engage with staff and for the second year running the Trust has opted to survey all staff rather than a representative sample.

Please refer to pages 118 to 123 for more detail on this year's staff survey results.

The Trust has introduced the Staff Friends and Family Test which has provided encouraging feedback that staff would recommend CWP as a place to work and to receive care.

Our partnership agreement goes from strength to strength and our staff side colleagues continue to support engagement with members. Staff side are members of all major committees task and finish groups and attend local management meetings as well as informal meetings.

Our communications department issue weekly news bulletins and quarterly newsletters and our intranet continues to be developed to ensure that it provides information, news and views in an accessible format and encourages staff feedback.

CWP Education has facilitated a number of key engagement events over the past year including successful Innovations in Practice Education Event in February, which brought together a range of professionals from a number of organisations to share best practice.

A number of Schwartz Rounds were held and a new round commenced in March – this is a multidisciplinary opportunity for clinical and non-clinical staff to discuss emotive and social issues that can arise in patient care.

The Trust has run a number of road shows throughout the year led by members of the Executive Team. They were designed to both disseminate information about key initiatives and to gather the views and ideas from staff. More are due to be run - one of the key themes will be promoting the Zero Harm Campaign and our values.

Engagement with staff on more specific topics has been held throughout the year. For example, following the ward review undertaken in 2013, follow up events have been held with Ward Mangers to evaluate progress against the action plan and Q and A sessions have been held with Team Mangers.

Engagement events are taking place with recruiting managers to find out what we can do to improve our recruitment services and meet the challenges of ensuring we have the right number of quality applicants applying for jobs in an ever competitive market.

Details of any consultations with staff

The Trust has undertaken a number of consultations with staff affected by change this year. Drug and Alcohol Services in East successfully won the tender to continue to deliver services across East Cheshire. The Trust was disappointed to have been unsuccessful in the tender process to retain our Drug and Alcohol services in Wirral and West Cheshire and affected staff were consulted with regarding their transfer of employment to other providers. Consultation is ongoing in relation to integration in West Cheshire where staff are relocating to work in multi-disciplinary teams co-located with colleagues from Cheshire West and Chester Council. We are looking forward to providing an IAPT service in Sefton effective from 1st April 2015 having successfully bid for this service earlier in the year.

Sustainability Report

Sustainability Development and Climate Change

A sustainable society is one that meets the needs of the present generation and does not compromise the ability of future generations to meet their own needs. Living within our environmental limits is one of the central principles of sustainable development. One implication of not doing so is climate change.

Sustainable development addressing the mitigation of climate change in the Trust continues to be an integral part of CWP's ongoing Environmental Strategy.

The Trust is guided, via its Environmental Strategy Steering Group, by the Sustainable Development Strategy for the Health, Public Health and Social Care System 2014-2020. This document outlines the vision for a sustainable health and care system by reducing carbon emissions, protecting natural resources, preparing communities for extreme weather events and promoting healthy lifestyles and environments.

The three goals of the Sustainable Development Strategy 2014-2020 are:

Goal 1: A healthier environment

Goal 2: Communities and services are ready and resilient for changing times and climates

Goal 3: Every opportunity contributes to healthy lives, healthy communities and healthy environments

CWP is also committed to protect, conserve and improve the environment, through carbon reduction, by working in partnership with staff, service users and visitors; our partners in the wider public sector, charities and social enterprises; and private sector specialists.

Waste recycling management
During 2014-15 a number of developments have taken place improving the Trust's performance in this area including:

- Continuing to work closely with our general waste contractors including introducing 'shared' general and recycling bins in some office areas.
- Achievement of over 95% recycling/recovery of general waste. Plastics, glass, cardboard, paper and aluminium are processed and recycled back to the market and the residue is recovered as waste-derived fuel.
- CWP healthcare/clinical waste is sent for treatment by alternative technologies.
- Income from metal and printer cartridge recycling has increased over 2014-15, benefitting the Trust and local charities.
- Since June 2014 CWP has operated WARP-it, an online resource re-use portal designed to make effective use of furniture and equipment declared 'surplus' saving a significant amount in avoided procurement, waste costs and staff time.
- Obsolete medical equipment and out-of-date supplies no longer classed as serviceable for use within the NHS but still safe have been donated to various projects and initiatives such as CWP's link hospital at Kisiizi in Southern Uganda and the Ebola crisis relief effort.

Energy management
Effective energy management is key to delivering against national and local targets. Over 2014-15, the Trust built on and consolidated work to date, as well as introducing new measures including:

- A new Building Management System (BMS) has been implemented to remotely monitor and control environmental conditions within inpatient wards, including heating, ventilation both mechanical and natural.
- Investment in combined heat and power (CHP) on the Countess of Chester Health Park.
- Benefit of combined heat and power (CHP) at Springview Hospital, Clatterbridge Health Park and Millbrook Unit, Macclesfield.
- Feasibility studies into Biomass Technology.
- Renewable energy at Bowmere via photo voltaic panels.
- Plans being developed for Springview Hospital to have improved control systems for heating ventilation and hot water together with improved ventilation heat recovery.

Travel, transport and access
The Trust has reviewed its transport arrangements across its footprint and has made a number of changes to improve services, reduce costs and increase sustainability delivery of transport functions.

Transformational and sustainable technologies
The IT Enabled Service Transformation Programme has a portfolio of projects, whose aim is to harness technology to provide staff with the tools to boost care and workforce capacity and enable service redesign. The redesign and transformation element supports the Trust sustainability agenda in a number of projects including:

- Reduction in the need for staff to travel.
- Improving data sharing with partner organisations.
- Updating the IT equipment – by deploying modern tablet and laptop devices to replace the power-hungry desk top units.
- Remote patient monitoring.
- Introduction of Programme Management software to enable the standardisation of process and real time access to schemes and their status.

Emergency preparation, resilience and response

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. These could be anything from severe weather to an infectious disease outbreak or a major transport accident. Under the Civil Contingencies Act (2004), NHS organisations and subcontractors must show that they can deal with these incidents while maintaining services to patients. This work is referred to in the health services as ‘emergency preparation, resilience and response’ (EPRR).

During 2014/2015 a number of emergency planning activities were carried out including:

- We are now part of a wider contingency bed plan to support other areas in a reciprocal arrangement (in partnership with other NHS trusts: 5 Boroughs, Calderstones, Greater Manchester West, Lancashire Care and Mersey Care as well as 3rd party provider Partnerships in Care).

- An Emergency Planning and Business Continuity Sub-committee is in place, chaired by the Service Director for CWP West, which oversees the Trust’s emergency preparedness and business continuity arrangements.

- We have upgraded our Major Incident room facilities across all our key locations.

- We continued to develop business continuity plans across the organisation to ensure that critical services can be maintained in the event of a significant disruption.

- We convened our Major Incident team in tests and practice events, including when there was disruption at one of our in-patient units, loss of telephony in Chester and to manage the effects of the nationwide industrial action. Additionally, we participated in a number of events including:

    - Exercise Cypress: a multi-agency exercise with Cheshire Police, Cheshire Fire & Rescue, North West Ambulance Service, Urenco, NHS England, Public Health England (PHE) as well Government departments and other local NHS Trusts.

    - Exercise Kaiser: to test our bed contingency plan alongside other North West NHS Trusts and third parties providers.

- This has ensured that we fulfil our legal requirements under the Civil Contingencies Act (2004) and ensures that Cheshire and Wirral Partnership NHS Foundation Trust meets its vision to provide the best care in the right place.

- The Trust submitted an assurance report for external review by NHS England local area team in November 2014, following which no concerns were identified.

- In 2015/2016 we will also continue to work with local NHS and non-NHS partners to develop plans to respond to and recover from significant incidents and emergencies.

Equality and Diversity Report

Personal Fair and Diverse Practice

CWP remains 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 overall vision of CWP is "*Leading in partnership to improve health and well-being by providing high quality care'*, with the adoption of the 6Cs forming the Trust's values. Therefore, staff showing care, compassion, courage, communication, competence and commitment demonstrate 'how' we will achieve our vision. Integral to supporting the achievement of the CWP vision and values are the Equality and Diversity objectives:

Equality Objectives Action Plan: The Trust has a four year equality objectives action plan that sets out our key objectives and the measures the Trust will use to gauge our performance against them

- Improve our intelligence
- Working with communities
- Developing our staff

In addition to these measures the Trust has the following:

Equality Analysis: A robust approach to policy making to ensure that all new and due for review policies, procedures and service redesign are subject to equality analysis (equality impact assessment under previous legislative terminology), to ensure that they do not discriminate against people who share a protected characteristic under the Equality Act 2010.

Equality & Diversity Groups: The Trust has a number of Equality & Diversity groups to take forward the equality and diversity agenda;, the main group is the Trustwide Equality and Diversity Group which meets quarterly and three Equality and Diversity Locality Partnership Groups, information from these groups is cascaded to each via the Trust E&D locality leads. Information and updates from these groups is presented to the various CWP committees and forums.

Equality Delivery System 2 (EDS2) is the benchmarking tool that helps the Trust, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, the Trust can also be helped to deliver on the public sector equality duty (PSED).

Interpretation and Translation, in 2014/15 the Trust reviewed how it will aim to provide a full range of interpreting and translation services for non-English speaking service users and carers who need communication support including Black and Minority Ethnic (BME), deaf and visually impaired and learning disabilities service users and carers.

The review involved working in partnership with various partner organisations and staff across the Trust to obtain their views on how the Trust can develop interpretation and translation services. From the review the Trust developed:

- Best Practice Guidance for using interpreting and translation services
- An interpreting and translation services flowchart, which provides information on various organisations and types of interpreting and translation support to staff service users and carers.

"Two Ticks" status The Trust maintains its "Two Ticks" status. The symbol is a recognition given by Jobcentre Plus to employers who have agreed to make certain positive commitments regarding the employment, retention, training and career development of disabled people.

Mindful Employer The Trust maintains the Mindful Employer Charter. Mindful Employer provides employers with easier access to information and support in relation to supporting staff who experience stress, anxiety, depression and other mental health conditions.

Developing our staff

Over the last 12 months the Trust has continued to make improvements in developing its staff, including the number of staff having equality and diversity training which now stands at 90%. 92% of CWP staff also reported in the 2014 staff survey that there is equality of opportunity for career development promotion, the national average for mental health/learning disability trusts is 86%

A full statutory data report outlining the demographic makeup of our service users and staff can be found at our website www.cwp.nhs.uk

Directors Report

Contents

Board Membership

The Board is responsible for determining the Trust's strategy and business plans, budgets, policy determination, audit and monitoring arrangements. It is also responsible for all regulatory and control arrangements, senior appointments and dismissal arrangements and approval of the annual report and accounts. It acts in accordance with the requirements and ensures compliance against the Foundation Trust Provider Licence.

The Directors of Cheshire and Wirral Partnership NHS Foundation Trust and their positions during 2014/2015 were:-

Chair and Non-Executive Directors

- David Eva – Chair
- Rebecca Burke-Sharples – Non-Executive Director
- Fiona Clark – Non-Executive Director
- Lucy Crumplin – Non-Executive Director
- Ron Howarth – Non-Executive Director / Senior Independent Director
- Mike Maier – Non-Executive Director / Deputy Chair
- Stephen McAndrew – Non Executive Director
- Dr James O'Connor – Non-Executive Director

Executive Directors

- Sheena Cumiskey – Chief Executive
- Dr Faouzi Alam – Consultant Psychiatrist and joint Medical Director (Effectiveness and Medical Workforce).
- Avril Devaney – Director of Nursing, Therapies and Patient Partnerships
- Dr Anushta Sivananthan – Consultant Psychiatrist and joint Medical Director (Compliance, Quality and Assurance)
- Andy Styring – Director of Operations
- Tim Welch – Director of Finance
- David Harris – Director of Human Resources and Organisational Development (Non-Voting Director)

Changes to the Board during 2014/2015

Following the conclusion of the tenure of a Non-Executive Director in October 2013, the Nominations Committee commenced the process to appoint to this vacancy. The Trust used an external search consultant to identify potential candidates for this position. Interviews were held on the 31st March 2014 and the interview process included representatives of the Council of Governors. This process identified two very strong candidates. The Council of Governors took the decision to appoint Dr James O'Connor and approved his appointment at the Council meeting held on 17th April 2014. The appointment took effect from 1st May 2015.

Stephen McAndrew, Non-Executive Director resigned from his position in May 2014. Given that the Council of Governors had so recently concluded a recruitment process for a Non-Executive Director position (April 2014) as described above and that the Council had, as part

of this process identified a second strong candidate, the Nominations Committee agreed that the position be offered to this individual. The appointment of Rebecca Burke-Sharples was formally approved by the Council of Governors on the 7th July 2014 and Rebecca took up post with effect from 1st August 2014.

Balance, Completeness and Appropriateness of the Board

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 the Licence and board roles, structures and capacity. The latter states that 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 strategic and operational plans, and that a management structure is in place to deliver strategic objectives for the next five years.

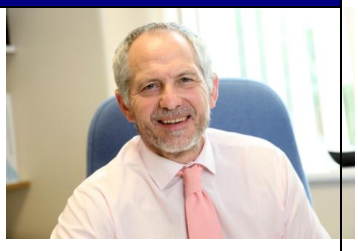
Our Non-Executive Directors

Non-Executive Directors are appointed for a term of three years unless otherwise terminated earlier by either party in accordance with Paragraph 21 of the Trust Constitution. Continuation of a Non-Executive Directorship is contingent on satisfactory performance.

Non-Executive Directors may be re-appointed at intervals of no more than three years. In accordance with the Code of Governance, Non-Executive Directors who have been in office for six years or more are subject to annual review undertaken by the Nominations Committee. Annual reviews also consider the continued independence of Non-Executive Directors.

Paragraph 21 of the Trust's constitution sets out the procedure for the removal of Non-Executive Directors by the Council of Governors.

Paragraph 26 and Annex 7 of the Trust's constitution and Section G4 of the Provider Licence sets out the circumstances that would disqualify an individual from holding a directorship.

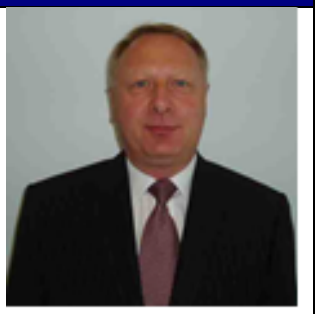
David Eva	**Chairman appointed to former NHS Trust April 2002. Re-appointed from October 2012-December 2015 (Independent)**	
Experience	• National Delivery Team Manager, Unionlearn • Member of Liverpool City Region Employment and Skills Board • North West Apprenticeship Champion • Member of the Greater 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	 david.eva@cwp.nhs.uk tel: 01244 397371

Qualifications & Memberships	• Physiology and Biochemistry BSc, MSc • Postgraduate Diploma in Regeneration	

Rebecca Burke-Sharples	**Independent Non-Executive Director – appointed August 2014**	
Experience	• Retired NHS Chief Executive with over 32 years of experience, as a nurse and manager • Member of the Bristol Royal Infirmary Independent Public Enquiry panel • Previously undertaken national policy work in the field of Paediatric Intensive Care Nursing • Awarded the CBE in 2002 for services to Nursing and Healthcare management	 Rebecca.BurkeSharples@cwp.nhs.uk Tel: 01244 397371
Qualifications & Memberships	• Fellow of Liverpool John Moores University • Vice Chairman of Chester Zoo (NEZS)	

Fiona Clark	**Independent Non-Executive Director - appointed March 2004, reappointed July 2008, reappointed July 2011, reappointed July 2013- June 2016.**	
Experience	• Held a number of senior strategic positions in the voluntary sector. • Specialist Lay Member of the First Tier Tribunal – Health, Education and Social Care Chamber (Mental Health). • Non Legal Member, Employment Tribunals • Disability Qualified Member of the First Tier Tribunal – Social Entitlement Chamber • 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	 fiona.clark@cwp.nhs.uk Tel: 01244 387371
Qualifications & Memberships	• Registered General Nurse • Registered Midwife • BA (Dual Hons) Human Resource Management and Business Administration (First Class) • MA Medical Ethics and Law (Keele)	

Lucy Crumplin	Independent Non-Executive Director – appointed August 2013	
Experience	• More than ten years management consultancy experience for public and private sector clients working for KPMG, PA Consulting Group, Hedra plc and independently • Business change and project management experience • Former Chief Human Resources Officer for a Local Authority • Director, Tiger Bright Ltd – HR and management consultancy service • Experience as a school governor	 lucy.crumplin@cwp.nhs.uk Tel: 01244 397371
Qualifications & Memberships	• English Literature and Psychology, BA Hons • Human Resources Consulting, MSc • Chartered Institute of Personnel and Development (CIPD) qualified • Prince 2 (Project Management) Registered Practitioner	

Ron Howarth	Independent Non-Executive Director, Senior Independent Director - appointed to former NHS Trust June 2006, appointment extended June 2010, reappointed November 2010, reappointed November 2012, re-appointed November 2014.	
Experience	• Retired Commercial Banker. Latterly a director of Corporate Banking RBS / NatWest group North West Region • Former Non- Executive Director and Chair of the Audit Committee, Cheshire Area Probation Board – organisation subsequently becoming Cheshire & Greater Manchester Community Rehabilitation Company Ltd. • 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)	 ron.howarth@cwp.nhs.uk Tel: 01244 397371
Qualifications & Memberships	• 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)	

Mike Maier	Independent Non-Executive Director, Deputy Chair - appointed March 2011, re-appointed March 2014 – February 2017.	
Experience	• 30 years experience in industry, chiefly in international manufacturing in the building products and ophthalmic sectors • Former European Finance Director, Pilkington Group Ltd • Former Head of Finance Shared Services, Yodel • Significant experience in mergers and acquisitions, restructuring, internal controls, systems development, strategic planning and cash management	 mike.maier@cwp.nhs.uk Tel: 01244 397371
Qualifications & Memberships	• BA Hons Economics • Institute of Chartered Accountants in England and Wales (ACA) since 1981	

Stephen McAndrew	Independent Non Executive Director, Deputy Chair (until Sept 2013) & Senior Independent Director (until May 2014) - appointed April 2004, re- appointed July 2008, re-appointed April 2013. Resigned May 2014.	
Experience	• 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	• 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	

Dr James O'Connor	Independent Non-Executive Director – appointed May 2014	
Experience	• General Practitioner since 1978 retired in 2012 • Medical Director of Community Services, intermediate care and PCT from 2000 retired in 2012 • Numerous other roles including Clinical Assistant in Medicine for the Elderly and rehabilitation, Local medical Secretary and National representative of Clinical Leaders in the North West	 Email:- James.O'Connor@cwp.nhs.uk Tel: 01244 397371
Qualifications & Memberships	• MB ChB, DRCOG. • BMA Member	

Our Executive Directors

Sheena Cumiskey	Chief Executive - appointed February 2010	
Experience	• 31 years experience in the NHS, 19 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 Board • Member of Health Education England North West Board	 sheena.cumiskey@cwp.nhs.uk Tel: 01244 3973710
Qualifications & Memberships	• BA Hons • General Management Training Scheme graduate • Member of the Institute of Health Service Managers	

Dr. Faouzi Alam	Consultant Psychiatrist and Joint Medical Director (Effectiveness and Medical Workforce) – appointed October 2013	
Experience	• 19 years' experience as a Doctor	 faouzi.alam@cwp.nhs.uk Tel: 01244 397267
Qualifications & Memberships	• MD, specialist in renal medicine • MRC Psych • CCT in Adult and Liaison Psychiatry	

Avril Devaney	Director of Nursing, Therapies and Patient Partnerships - appointed January 2003	
Experience	• 31 years experience working in Mental Health and Drug and Alcohol Services • 12 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 CWP Challenging Stigma Campaign since 2004 • Member of Local Safeguarding Children Boards • Vice Chair of National Mental Health Nurse Directors Forum • Received Honorary MA from University of Chester in March 2014 for services to CWP and mental health care in Uganda	 avril.devaney@cwp.nhs.uk Tel: 01244 397374
Qualifications & Memberships	• 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	

Anushta Sivananthan	Consultant Psychiatrist and Joint Medical Director (Compliance, Quality & Assurance) – appointed August 2010	
Experience	• 16 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	 anushta.sivananthan@cwp.nhs.uk Tel: 01244 397374
Qualifications & Memberships	• MBChB • MRCPsych • Diploma in Geriatric Medicine • North West Leadership Award (2013) for Quality and Innovation	

Andy Styring	Director of Operations - appointed May 2009	
Experience	• Lifelong experience of living with and alongside people with learning disabilities • 35 years as a 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	 andy.styring@cwp.nhs.uk Tel: 01244 397267

Qualifications & Memberships	• Registered nurse (learning disabilities)	

Tim Welch	**Director of Finance – appointed April 2013**	
Experience	• Over 20 years in the NHS with 12 years experience as a Director • Previously Deputy Chief Executive and Director of Finance at Blackpool Teaching Hospitals NHS Foundation Trust and, • Director of Finance at City & Hackney Teaching Primary Care Trust • Started career as a graduate financial management trainee	
Qualifications & Memberships	• Chartered Public Finance Accountant • BSc (Hons)	tim.welch@cwp.nhs.uk Tel: 01244 397377

David Harris	**Director of Human Resources and Organisational Development (Non-Voting Director) – appointed 1st September 2014**	
Experience	• 22 years of working in a range of public sector organisations • Particular experience in the development, implementation and management of organisational change. • Former member of the Civil Service Fast Stream Scheme	
Qualifications & Memberships	• MA (Cantab) • Chartered Fellow of the Charted Institute of Personnel and Development • AQuA Fellow in Improvement Science • Advanced Diploma in Executive Coach Mentoring • Qualified Coach-Mentor Supervisor	Email: david.harris@cwp.nhs.uk Tel: 01244 393106

Board Performance and Significant Commitments

The performance of the Board, its committees and individual Directors is reviewed in a number of ways:

- Board members and the wider Senior Management Team undertook an externally facilitated assessment of risk appetite and tolerances in February 2014. This assessed the profile of the Board and their collective view of risks. This was externally facilitated by a group specialising in supporting organisations to better understand and manage their risks.
- Individual appraisal and performance development planning (Executives and Non-Executives). Non-Executive Directors with terms of Office of six years or more are also subject to review by the Nominations Committee of the Council of Governors.
- All committees and sub-committees of the Board undertake an annual review of effectiveness to review the adequacy of the corporate governance framework and committee structure. This feeds into the internal review of Board effectiveness for 2014/15 which is currently in progress.
- A specific review of committee effectiveness is undertaken by the Audit Committee, the Quality Committee and the Operational Board.
- The appraisal of the Chair is led by the Senior Independent Director in a process agreed and supported by the Council of Governors.
- Several members of the Board (Executive and Non-Executive) are currently undertaking an externally facilitated development programme focusing on collective leadership.
- Board development session held to focus on human factors, leadership and team effectiveness.
- The Trust expects to undertake an external review of governance in accordance with the Monitor Well-led framework and the Risk Assessment Framework in Q3 of 2015/16. This will follow the CQC assessment of the well-domain framework as part of the Chief Inspector of Hospitals inspection in June 2015.

The significant commitments and interests of the Chair and the other Directors other are detailed in the pen portraits shown on pages 35 to 42 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 email via details on the Trust's website www.cwp.nhs.uk, or via the Head of Corporate Affairs on 01244 397469.

Quality Governance Reporting

The Board undertakes a quarterly and annual self-assessment of its quality governance arrangements by reviewing Monitor's Quality Governance Framework against the following domains:

- Strategy
- Capabilities and culture
- Processes and structure
- Measurement

The key elements that underpin the Trust's quality governance arrangements include:

- The review of early warning frameworks by the Board of Directors to identify the potential for deteriorating standards in the quality of care and to give a detailed view of the Trust's overall performance. This includes assessment of the quality of performance information through the review of a monthly performance dashboard report detailing the Trust's quality and safety performance by reporting on compliance in achieving key local and national priorities.

- Routine assurance is obtained on compliance with Care Quality Commission registration requirements through Care Quality Commission inspections to check that fundamental standards of quality and safety are being met and Mental Health Act 1983 monitoring and review visits. The Trust also has an internal compliance visit programme in place to routinely assess compliance with these standards of quality and safety.

The Trust ended 2014/15 with a Governance rating of Green as confirmed in the Strategic Report. The Annual Governance Statement on p134 provides a full description of the arrangements in place to govern service quality.

Disclosure to the Auditors

Each individual who is a member of the Board at the time the Directors' Report was approved confirms:

- So far as the member is aware, there is no relevant audit information of which Cheshire and Wirral Partnership NHS Foundation Trust's external auditors are unaware; and

- That the member has taken all steps that they ought to have taken as a member in order to make themselves aware of any relevant audit information and to establish that Cheshire and Wirral Partnership NHS Foundation Trust's external auditors are aware of that information.

The Trust has not made any political donations and there have been no important events since the end of the financial year. The Trust does not provide any services outside of the UK.

NHS Foundation Trust Code of Governance

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

Board Statement

The Directors consider that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess Cheshire and Wirral Partnership NHS Foundation Trust's (CWP) performance, business model and strategy. The Trust's strategy, vision and strategic objectives are outlined on pages 22 to 23 within the Strategic Report.

Membership & Engagement

The Trust has continued to build on its commitment to establish a representative Foundation Trust membership, where members are informed about the organisation and have the opportunity to engage with the Trust and become involved. This makes CWP a stronger, more responsive and better organisation.

Eligibility requirements for membership
Staff, service users, 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 localities 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
- 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

Number of members
At the end of March 2015 the Trust had 14,728 members. This can be broken down into the following constituencies and classes:

- 1,736 service user and carers
- 9,475 public members:
    - 2,861 Wirral
    - 3,017 Cheshire West
    - 2,152 Cheshire East
    - 1445 Out of area
- 3,517 staff:
    - 1,691 nursing (registered and non-registered)
    - 990 non-clinical (including volunteers)
    - 525 therapies
    - 198 clinical psychology
    - 113 medical.

The membership strategy
The new Communications and Engagement Strategy 2014/17 encompasses both the involvement and membership strategies. The Council of Governors has a Membership and Development Sub-Committee to oversee membership development, which reviews the membership profile annually and agrees the target areas for recruitment and engagement The committee also receives regular reports on engagement activities, such as the annual members' meeting, the members' magazine and wider involvement activities including updates from Involvement Taskforce.

A core objective of the strategy is 'involvement', which includes three campaigns to raise awareness of involvement opportunities and increase participation in under-represented areas; to support people to access suitable and fulfilling roles that make a difference; and to identify two-way communication to enable governors to engage with members.

The overall aim is to maintain overall numbers of members but to particularly target the following 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.

Membership engagement
CWP has several programmes of work that use a variety of approaches to communicate, consult and engage with members. The aim is ensure that members, governors, volunteers and involvement representatives feel informed and engaged so they can be meaningfully involved in the Trust.

- **Patient and public involvement**

Funds have been devolved from central services to introduce local participation resource. Each locality now has dedicated participation teams to promote and support local involvement in services.

Members have been provided with information on the range of different opportunities to get involved with the Trust. There are currently 150 members signed up as Involvement Representatives who are engaged in a wide range of activities such as project groups,

audits and inspections and staff recruitment. In November, CWP was the first health Trust in the country to adopt the Young Advisors social enterprise model to empower young people to influence local decision making and service improvement.

- **Communications**

A membership magazine is sent either electronically or by post to all members. Members also get direct emails about elections and other information that may be of interest such as surveys and event invites. There is a dedicated 'get involved' section on the Trust website www.cwp.nhs.uk and Twitter that have been used to further engage with people with an interest in CWP @cwpnhs and young people through @mymindfeed and www.mymind.org.uk

- **Annual Members' Meeting and awards**

This year's Annual Members Meeting was combined with CWP's 'Going the Extra Mile' Awards and Big Book of Best Practice event on the 30 September 2014 at Crewe Alexandra Football Club, East Cheshire. 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. It also provided an opportunity for all members, including staff, to receive information including the annual report and annual plan presentations on the financial and economic factors affecting the performance of the Foundation Trust.

- **Engagement activity and partner events**

Staff across the Trust, along with Governors and Involvement Representatives, have attended a large number of events throughout the year and have been actively involved in the various communities across the Trust's footprint. This year CWP launched new Tea and Talk events to provide local people with an informal opportunity to engage with the Trust and Governors. Other activities include the 'Just so' festival, Chester Pride and various events linked to the integration agenda such as stakeholder panels and patient voice forums.

- **Engagement in volunteering activities**

CWP has 190 volunteers who are currently active across the Trust in various roles, which include recovery sponsors, peer support workers, meet and greet, gardening, activity groups, group work facilitation and pets as therapy volunteers as well many other roles. 68% of our volunteers are current or recent service users or carers. CWP hosts the Expert Patient Programme in East 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.

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

Council of Governors

The Council of Governors is responsible for fulfilling its statutory duties which principally are holding the Non-Executive Directors to account, 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. The Governors are also responsible for communicating with members and ensuring that the interests of the community served by the Trust are appropriately represented.

The Trust continues to support Governors to develop and improve ways of communicating with Members. A number of networking events have been established with the purpose of encouraging Members, the Public and Governors to discuss Trust issues and share views.

Members may also contact Governors via the Governor email account (governor@cwp.nhs.uk).

The names and contact details of our current Governors can be found on the Trust website (www.cwp.nhs.uk). Governors are able to communicate the views of Members and the Public to the Board of Directors via Council of Governors meetings and via the planning seminars established specifically to enable Governors to have a greater influence on Trust Plans. Please also refer to the Membership section of this report for further information on the work of the Membership and Development Sub Committee of the Council of Governors.

The Council of Governors meets at least three times a year in public. The significant commitments and interests of the Governors are detailed on the Council of Governors Register of Interests. This is available on the Trust website - www.cwp.nhs.uk.

The composition of the Council of Governors from the 30th September 2014 following the Annual Members Meeting is:

- Public – 7 Governors
- Service users and carers – 12 Governors
- Staff - 7 Governors
- Partnership – 8 Governors

The table below gives the names of those who occupied the position of Governor between 1st April 2014 and 31st March 2015, 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 2014 and March 2015 the Council of Governors met on five occasions and attendance is indicated on the table below.

Public Governors (elected)	Area	First appointed	Most recent / Current Tenure	Notes	Council of Governors meetings attended 2014/15
Agar, Richard	Wirral	Sept 2014	2014-2017		2 out of 2
Bosomworth, Derek	Cheshire East	December 2011	2011–2014	Term ended Sept 2014	1 out of 3
Cross, Dion	Cheshire East	Sept 2014	2014-2017		1 out of 2
Mayne, Stanley	Wirral	Nov 2012	2012 - 2015		4 out of 5
Robertson, Rob	Cheshire West and Chester	May 2012	2014 - 2017		5 out of 5
Robinson, Michael	Cheshire West and Chester	May 2012 3 years	2014 - 2017		3 out of 5
Salisbury, Eddie	Wirral	2010	2011 –2014	Term ended Sept 2014	3 out of 3
Seber, Derek	Out of Area	December 2011	2011 –2014	Resigned 5th April 2014	0 out of 0
Wilkinson, Peter (Deputy Lead Governor)	Cheshire East	Dec 2011	2014-2017		4 out of 5

Service user and carer Governors (elected)	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2014/15
Ankers, Nicholas	December 2011	2011 –2014	Term ended Sept 2014	3 out of 3
Bennett, Deborah	May 2013	2013 - 2016		0 out of 5
Crouch, Brian David	Dec 2013	2013 - 2016		5 out of 5
Davison, Rosalind	Nov 2012	2012 –2015	Resigned April 2014	1 out of 1
Hall, Helen	Jan 2015	2014-2017		0 out of 1
Harland, Richard	Nov 2011	2012-2015		5 out of 5
Jarrold, Phil	Dec 2010	2013-2016		5 out of 5
Jones, Brenda (Deputy Lead Governor)	Oct 2009	2012-2015		3 out of 5
Lynch, Chris	Sept 2014	2014-2017		2 out of 2
McGrath, Ann	Feb 2011	2014-2017		3 out of 5
McQuarrie, Ferguson	Oct 2013	2013-2016		5 out of 5
Usherwood, Anna (Lead Governor)	Sept 2008	2014-2017		5 out of 5

Staff Governors (elected)	Class	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2014/15
Buckley, Steven	Therapies	Oct 2013	2013-2016		3 out of 5
Bullen, Kathy	Clinical Psychology	Sept 2014	2014-2017		2 out of 2
Doble, Jill	Therapies	Oct 2013	2013-2016		4 out of 5
Evans, Christina	Nursing	Jan 2015	2013-2016		0 out of 1
McGee, Val	Non-Clinical	May 2012	2011-2014	Term ended Sept 2014	0 out of 3
Mook, Phillip	Non-Clinical	Sept 2014	2014-2017		1 out of 2
Newby, Gavin Dr	Clinical Psychology	December 2011	2011-2014	Resigned May 2014	0 out of 1
Shaw, Janie	Nursing	Sept 2014	2012-2015		2 out of 2
Van Niekerk, Laurie Dr	Medical	May 2013	2011-2014	Term ended Sept 2014	0 out of 3

Partnership Governors (appointed)	Organisation	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2014/15
Dowding, Brenda	Cheshire West & Chester Council	April 2009	2012-2015		4 out of 5
Gilchrist, Phil	Wirral Metropolitan Borough Council	October 2010	2013-2016		5 out of 5
Lea, O'Mahoney, Maurice	Staff side	October 2010	2013-2016		1 out of 5
Smith, Pam	West Cheshire CCG	March 2014	2013-2016		3 out of 4
Stewart, Iain	Wirral CCG	Dec 2013	2013-2016		4 out of 5
Wilson, Ken	Universities	June 2007	2013-2016		2 out of 5
Wray, John	Cheshire East Council	July 2010	2012-2015		4 out of 5

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 and are invited to attend to present reports on topical issues.

Directors, and in particular Non-Executives, also come together regularly with Governors and Members at consultation, information and training events and seminars. Directors and Non-Executive Directors also regularly attend sub-committee meetings of the Council of Governors as well as attending other meetings such as locality forums. Directors' attendance at meetings of the Council of Governors during 2014/15 is shown below.

Director	Council of Governors meetings attended - 2014/15
Non-Executive Director	
Burke-Sharples, Rebecca	3 out of 4
Clark, Fiona	4 out of 5
Crumplin, Lucy	4 out of 5
Eva, David (Chair)	3 out of 5
Howarth, Ron	3 out of 5
Maier, Mike (Deputy Chair wef September 2013)	5 out of 5
McAndrew, Stephen (Deputy Chair until Sept 2013 and Senior Independent Director)	0 out of 1
O'Connor, Dr James	3 out of 4
Executive Director	
Alam, Dr Faouzi	2 out of 5
Cumiskey, Sheena (Chief Executive)	4 out of 5
Devaney, Avril	3 out of 4
Sivananthan, Dr Anushta	1 out of 5
Styring, Andy	2 out of 5
Welch, Tim	2 out of 5

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
Non-Executive Directors				
Burke-Sharples, Rebecca***	7 out of 8	3 out of 4	1 out of 4	
Clark, Fiona*	9 out of 11	5 out of 7	4 out of 6 (Chair until Jan 15)	
Crumplin, Lucy ***	10 out of 11		5 out of 6	
Eva, David	10 out of 11			
Howarth, Ron	11 out of 11	6 out of 7	4 out of 6	
Maier, Mike	11 out of 11	7 out of 7		
McAndrew, Stephen	1 out of 2	1 out of 1		
Dr Jim O'Connor	8 out of 10		6 out of 6	
Directors				
Alam, Dr Faouzi (Joint MD)	5 out of 11		4 out of 6	8 out of 11
Cumiskey, Sheena	11 out of 11		5 out of 6	10 out of 11
Devaney, Avril	9 out of 11		3 out of 6	10 out of 11

Sivananthan, Dr Anushta (Joint MD)	8 out of 11		4 out of 6	7 out of 11
Styring, Andy**	8 out of 11		5 out of 6	8 out of 11
Welch, Tim	10 out of 11		1 out of 6	9 out of 11

* Fiona Clark (Non-Executive Director) is not a formal member of the Audit Committee. However attends regularly as Chair of the Quality Committee.

**Andy Styring attendance at the Board was affected by a short period of planned sickness leave.

*** Denotes attendance at Quality Committee although not formal members.

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. Between April 2014 and March 2015 the committee's members were Governors - Anna Usherwood, Peter Wilkinson, Phil Gilchrist, John Wray, Rob Robertson, Jill Doble, Maurice Lea-O'Mahoney and Brian Crouch.

During 2014/15, the committee met on four occasions. The purpose of these meetings was to oversee the appointment of Non-Executive Directors and undertake annual review of current Non-Executive Directors.

The members of the Nominations Committee act on behalf of the Council of Governors. However, all decisions are presented to and agreed by the full Council. Further provisions as the appointment and removal of the Chair and other Non-executive Directors are set out in Annex 7 of the Trust's Constitution.

The Directors report describes the process undertaken to appoint the Non-Executive Director positions.

Nominations Committee of the Board of Directors in respect of Executive Director appointments.

This is also chaired by the Trust's Chair, David Eva. The members are all the other Non-Executive Directors plus the Chief Executive (unless the position of Chief Executive is being appointed to). This Committee has not held a meeting in 2014/15 as there have not been any Executive appointments to appoint to in the period.

For 2015/16, the Nominations Committee of the Board and the Remuneration Committee of the Board will merge to become the Nominations and Remuneration Committee.

Audit Committee

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 Audit Committee is also required to consider any significant issues in relation to the financial statements, operations and compliances and how these issues have been addressed.

During 2014/2015 the Chair of the Audit Committee was Non-Executive Director Mike Maier. Between April 2014 and May 2014 the members were Ron Howarth and Stephen McAndrew. From August 2014, the members were Ron Howarth and Rebecca Burke-Sharples. The attendance of Audit Committee members at its meetings is shown in the table on pages 51 - 52.

Work of the Committee in 2014/15

During the year, the Audit Committee focused on the work of the internal and external audit teams including anti-fraud and the implementation of the Trust's Integrated Governance strategy (means of internal control and risk management). Additionally, the Committee has focused on financial reporting. The Committee also reviewed the controls and assurances of a key strategic risk at each meeting

The Audit Committee received assurance on compliance with the NHS Foundation Trust Code of Governance which provided evidence of compliance against all provisions within the code and has received assurance on compliance with the Trust Provider Licence.

The Committee considers that it has fully and effectively discharged its duties under the Terms of Reference extended to it by the Trust Board. The terms of reference are reviewed annually and were most recently reviewed at the March 2015 meeting.

Financial Reporting

In order to undertake the principle duties assigned to them, Audit Committee members have specifically discussed and reviewed financial reporting and possible financial statement risks and mitigations.

The Trust is required under International Accounting Standard 1 to draw attention to key areas of the financial statements where the underlying estimates, judgements and assumptions used in exercising professional judgement may create a significant risk of causing material uncertainty at the end of the reporting period (31st March 2015).

When recording income, expenditure and the carrying values of assets and liabilities, management will make a series of informed and complex estimates, assumptions and judgements based on the key information available at the time. This is the basis upon which a number of significant values are reported within the financial statements.

On the 3rd March 2015, The Audit Committee was presented with management responses to a summary of generic financial risks which may be subject to estimation technique, judgement and uncertainty used in the preparation of the Trust's financial statements. The key risks and management responses to those risks centre around the value of property, plant and equipment and material provisions held within its financial statements. An overview of the risks is set out below.

Risk
The Trust capitalises purchases which should be classified as revenue and expensed in the year (and vice versa) along with the calculation of, and movement in, the valuation of assets incorrectly accounted for and recorded in the Statement of Comprehensive Income and the Statement of Financial Position.

Management Response
The Trust periodically reviews all of its transactions coded to both revenue and capital with a value greater than £5k. A review of any expenditure greater than this threshold against the recognition criteria identified in the Trusts accounting policy for Property, Plant & Equipment is then used to assess the appropriate accounting treatment.

Changes to the value of the Trust's estate is informed by a professional valuation made in accordance with the RICS red book and accounted for under IAS 16. The Trusts asset register records and details all movements in a non-current asset, including revaluation, which is reconcilable to both the professional valuation and the Statement of Financial Position.

Risk
Not all provisions are recorded in the Statement of Financial Position, and of those that are recorded, the quantitative assessment is not based on sound judgement.

Management Response
The Trust reviews all present obligations as a result of past events, which may require settling at a future point, in accordance with IAS 37. Typically provisions of significance reported by the Trust relate to redundancy and restructuring costs, which undergo a stringent, thorough and comprehensive legal and human resource process in order to substantiate the values recorded in the Statement of Financial Position.

Other risk areas covered included Debtors, Stock, Creditors, Income, Payroll and Financial Statement Disclosures.

Additionally, Audit Committee members received a further report explaining the outcome of the 2014/15 revaluation of property exercise and resulting fixed asset impairment. This paper also explained the issue of discontinued operations resulting from the loss of contracts during 2014/15.

During the year, the Audit Committee has also reviewed the strategic risk register and has undertaken specific in depth reviews into a number of strategic risks including the serious incidents risk, the mandatory training risk and the physical health care risk. The Committee also specific reviewed the escalation frameworks in place and early warning metrics in line with the integrated governance strategy. These reviews specifically focused on the robustness of risk treatment plans, gaps and controls and timescales for achievement of risk target scores.

Internal Audit
The Trust's internal auditors for the reporting period were Mersey Internal Audit Agency (MIAA). Their remit was to provide assurance to management that system controls exist and are performing well enough to identify, manage and mitigate any risk of error or fraud.

MIAA were reappointed following a tender process conducted in January 2015 for a three year contract. MIAA provided both internal audit and counter fraud services to the Trust during the financial year

The Internal Audit Plan work programme is informed by, and constructed through, a combination of intelligence gathering around both organisational and clinical risk issues as determined by the Trust Risk Register and Assurance Framework. The Audit Committee is satisfied that the programme of reviews for the coming year adequately addresses the

strategic priorities of the Trust, is driven by the Board assurance framework and reflects an appropriate balance between clinical and operational (including financial) risk factors.

The Audit Committee have received an update on the progress of the internal audit plan at each meeting. Audit Committee members were also advised of the findings of individual audits with a focus on any areas of high risk highlighted and these have been subject to follow up and further reporting to the Audit Committee. Following receipt of audit reports, the Committee has directed audit resources to complete follow-up reviews and to perform detailed reviews into specific issues and high risk areas where considered necessary.

External Audit

Following a tender process concluding early in 2014, the Trust's external auditor for the period April 2014 to March 2015 has been KPMG. The value of this service is £139,100 over three years. This process was led by the Council of Governors, informed by the Audit Committee. In their engagement letter KPMG state that their liability and that of their members, partners and staff (whether in contract, negligence or otherwise) shall not exceed £2m 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. The Trust's auditor has not provided any non-audit services to the Trust during 2014/15.

As this is the first year of the new external audit contract, the effectiveness of the external audit process will be reviewed following completion of the 2014/15 audit. A review of effectiveness was undertaken with the previous external auditors via a meeting with the Audit Committee Chair.

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.

Remuneration Report

Contents

Remuneration Report

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

As described earlier in this report, from 2015/16, the Nominations Committee and the Remuneration Committee will merge to become the Nominations and Remuneration Committee.

Two meetings of the Committee were held during 2014/15, with committee members attendances as follows:

Director	Remuneration Committee - NEDs
David Eva	2
Rebecca Burke-Sharples	1
Fiona Clark	2
Lucy Crumplin	2
Ron Howarth	2
Mike Maier	2
Dr James O'Connor	2

Annual Chair's Statement
The major decisions made by the Remuneration Committee in respect of senior managers remuneration were:

- To agree that Executive Director salaries should receive a 1% non-consolidated pay award

This decision was undertaken in line with the 1% non-consolidated payment/allowance which was awarded to staff that were on the maximum of their pay band on 31st March 2013.

There were no further substantial changes to senior managers' remuneration.

Senior Managers remuneration policy
The Remuneration and Terms of Service Committee 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 the 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.

As at 31st March 2015, there is no obligation for the Trust regarding early termination of executive team members' contracts.

The Trusts normal practice is that all Executive team members are employed on indefinite contracts with a notice period of three months (six months for the chief executive). The Trust has adopted the Agenda for Change pay structure and job evaluation processes. This has been taken into account in determining Directors remuneration. The Consultation and Negotiation Partnership Committee (CNPC) undertake the role of consulting with employees on matters of pay and remuneration.

Performance objectives are determined for the chief executive and each other executive management team member annually. Each executive team member receives an annual appraisal and regular management reviews to ensure objectives are achieved. These are

also appraised and approved by the Committee. Membership of the Remuneration and Terms of Service Committee comprises the Trust Chair and all non-executive directors. The Chief Executive attends the Remuneration Committee in an advisory capacity, except for meetings that consider her own remuneration or terms and conditions of service. The pay of executive team members is not performance related.

There is no performance related pay or any other components included in any remuneration packages for Trust senior managers.

The 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 2014/15 was £155,921.

This is 5.6 times the median remuneration of the workforce, which was £27,866. In 2014/15, two employees received remuneration in excess of the highest-paid Director.

	31 March 2015	31 March 2014
Band of Highest Paid Directors Total Remuneration	155-160	160-170
Median Total Remuneration (£)	27,866	27,901
Ratio	5.6	5.8

Service Contract obligations
There are no obligations to the Trust set out in service contracts.

Payment for loss of office
As described above, in addition to the notice period agreed for executive directors and the chief executive, there is a locally agreed policy on notice periods for senior managers Band 8 and 9 Senior Managers are required to provide a notice period of 3 months. There have been no payments for loss of office in year.

Statement of consideration of employment conditions elsewhere in the Foundation Trust.
Any decision on senior manager remuneration is taken in the context of employment conditions elsewhere in the Trust. The 1% non- consolidated increase in remuneration for senior managers reflected the same award that was made to staff on the maximum of their pay band.

Off payroll requirements policy

The Trust is required to disclose details of any highly paid and/or senior off-payroll engagements in the following categories:

1. For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months;

2. For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months; and

3. For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015.

For all of the above categories, there have been no off-payroll arrangements in 2014/15 which require disclosure. This was also a nil return in 2013/14.

The Trust's policy on disclosure of off-payroll engagements is to include only those engagements which temporarily cover substantive posts within the Trust's staffing structure.

In the reporting period, 10 governors received expenses totalling £3598.62.

Senior Mangers Remuneration and Pension Entitlements

The Remuneration Report for Senior Managers **2014/2015**	(a)	(b)	(c)	(d)	(e)	(f)
Name and title	**Salary & Fees** **(bands of £5,000)**	**Taxable Benefits** **(to the nearest £100)**	**Annual Performance Related Benefits** **(bands of £5,000)**	**Long Term Performance Related Benefits** **(bands of £5,000)**	**Pension Related Benefits** **(bands of £2,500)**	**Total** **(bands of £5,000)**
S Cumiskey - Chief Executive	145-150	0	0	0	0	145-150
T Welch - Director of Finance	120-125	0	0	0	0	120-125
A Devaney - Director of Nursing	90-95	7,300	0	0	0	95-100
A Styring - Director of Operations	95-100	0	0	0	0	95-100
A Sivananthan - Medical Director	155-160	0	0	0	17.5-20	175-180
F Alam - Medical Director	135-140	0	0	0	0	135-140
D Harris - Director of HR and OD	45-50	0	0	0	30-32.5	80-85
D Eva - Non Executive Director	40-45	0	0	0	0	40-45
F Clarke - Non Executive Director	10-15	0	0	0	0	10-15
R Howarth - Non Executive Director	10-15	0	0	0	0	10-15
J O'Connor - Non Executive Director	10-15	0	0	0	0	10-15
R Burke-Sharples - Non Executive Director	10-15	0	0	0	0	10-15
L Crumplin - Non Executive Director	10-15	500	0	0	0	10-15
M Maier - Non Executive Director	15-20	0	0	0	0	15-20

Please Note: For the period 1/12/2014 to 31/03/2015, Julie Critchley temporarily occupied the role of Director of Operations during a period of planned absence, for the current Director Of Operations Andy Styring. The additional payment totalled £2,108.

Total Pension Entitlements Disclosure of Senior Managers

2014/2015

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real Increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2014 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2015 £000	Employers Contribution to Stakeholder Pension £000
S Cumiskey - Chief Executive	0-2.5	0-2.5	55-60	165-170	988	36	1,051	0
T Welch - Director of Finance	0-2.5	0-2.5	30-35	95-100	461	20	493	0
A Devaney - Director of Nursing	0	0	45-50	135-140	787	3	811	0
A Sivananthan - Medical Director	0-2.5	2.5-5	45-50	135-140	705	43	767	0
F Alam - Medical Director	0-2.5	0	10-15	35-40	182	3	190	0
D Harris - Director of HR and OD	0-2.5	0	30-35	0	293	17	329	0

The Remuneration Report for Senior Managers

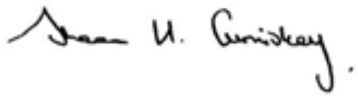
2013/2014	(a)	(b)	(c)	(d)	(e)	(f)
Name and title	**Salary & Fees (bands of £5,000)**	**Taxable Benefits (to the nearest £100)**	**Annual Performance Related Benefits (bands of £5,000)**	**Long Term Performance Related Benefits (bands of £5,000)**	**Pension Related Benefits (bands of £2,500)**	**Total (bands of £5,000)**
S Cumiskey - Chief Executive	145-150	0	0	0	5-10	150-155
T Welch - Director of Finance	120-125	0	0	0	(35)-(40)	80-85
A Devaney - Director of Nursing	90-95	7,000	0	0	10-15	110-115
A Styring - Director of Operations	55-60	0	0	0	0	55-60
A Sivananthan - Medical Director	160-165	0	0	0	60-65	225-230
F Alam - Medical Director	65-70	0	0	0	15-20	85-90
D Harris - Director of HR and OD	0	0	0	0	0	0
D Eva - Non Executive Director	40-45	0	0	0	0	40-45
F Clarke - Non Executive Director	10-15	600	0	0	0	10-15
R Howarth - Non Executive Director	10-15	0	0	0	0	10-15
J O'Connor - Non Executive Director	0	0	0	0	0	0
R Burke-Sharples - Non Executive Director	0	0	0	0	0	0
L Crumplin - Non Executive Director	5-10	100	0	0	0	5-10
M Maier - Non Executive Director	15-20	0	0	0	0	15.20

Total Pension Entitlements Disclosure of Senior Managers

2013/2014

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real Increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2013 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2014 £000	Employers Contribution to Stakeholder Pension £000
S Cumiskey - Chief Executive	0-2.5	2.5-5	50-55	160-165	919	49	988	0
T Welch - Director of Finance	0-2.5	0-2.5	30-35	95-100	452	(1)	461	0
A Devaney - Director of Nursing	0-2.5	2.5-5	45-50	135-140	729	42	787	0
A Sivananthan - Medical Director	2.5-5	10-12.5	40-45	130-135	617	75	705	0
F Alam - Medical Director	0-2.5	2.5-5	10-15	35-40	135	22	182	0
D Harris - Director of HR and OD	0	0	0	0	0	0	0	0

Signed :



Sheena Cumiskey – Chief Executive

27th May 2015

Quality Account – 2014/2015

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Quality Account

2014/15

Quality at CWP – 2014/15 in pictures

Vision:

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

Introduction

***Quality Account*s 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 people who access services from harm and injury, and providing treatment in a safe environment.

Clinical effectiveness
This means providing care and treatment to people who access services that improves their quality of life.

Patient experience
This means ensuring that people who access services 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 Report*s on the Trust's priorities to show improvements to quality during the year. This is so that CWP can regularly inform people who deliver services for the Trust, people who access the Trust's services, carers, the public, commissioners of NHS services, and local scrutineers, of quality initiatives and to 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 'easier read' accessible versions of the *Quality Account* and the Trust's *Quality Report*s, are published on CWP's website.

Part 1.
Statement on quality from the Chief Executive of the NHS Foundation Trust

I am delighted to present CWP's Quality Account 2014/15. Our Board has always been committed to making quality the focus of everything that we do and this year has been no different. Through our 'Zero Harm' approach to quality, which you can read more about later in this report, we are striving to find ways of continuously improving quality. This report is very important to CWP, as it allows us to account for the quality of our services to all of our stakeholders. We welcome this opportunity to take an honest look at how well we have performed during the year and to outline future improvements we aim to make in order to contribute to the national pledge of the NHS offering the highest quality, most person centred care anywhere in the world.

Only by offering the most person centred care will we truly understand and meet each person's whole needs. This is something I feel very strongly about, so it was a great pleasure to be able to present to delegates at the 'Mental Health: Better, Faster and Earlier Help' conference held in Manchester during March 2015. I spoke to delegates about how, in the face of a growing strain on the NHS as a whole, we can preserve quality services. At CWP, we are aspiring to achieve this through our aforementioned Zero Harm quality plans, which will be our focus for a number of years. We have described our approach to quality in our strategic plan 2014 – 2019. Our aim is to ensure continuous improvement across the nationally recognised areas of quality by committing to achieving:

- Continuous reductions in avoidable harm and making measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.
- Continuous improvements in health outcomes for people accessing the Trust's services by engaging staff to improve and innovate.
- Continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

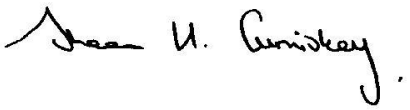
This report shares with you how we have fulfilled this commitment to continuously improving the quality of care to everyone who accesses our services during 2014/15. It also shares how our long term strategic approach to quality will support more innovative, collaborate and creative ways of working, in line with the NHS England's 'Five Year Forward View'.

Looking forward to next year, CWP has been invited by a number of national bodies to share our Zero Harm approach to quality to help others learn from our experiences. This includes Health Education England, NHS Providers, NHS Improving Quality, NHS England and the Academic Health Science Networks. Also looking forward, in June 2015 the Care Quality Commission will be undertaking an announced inspection of CWP, as part of its schedule to inspect all Trusts. The inspection team will be visiting all inpatient wards and a large number of the Trust's community mental and physical health services. It is a real opportunity for CWP to show how well we deliver high quality, integrated and innovative services that improve outcomes for the people who use our services. It will also be an opportunity for us to learn more about how we can make our services even better.

The delivery of safe, quality care is supported by ensuring that there are the right numbers of staff with the right skills. Our Board of Directors recognises the importance of this in achieving high quality care and as such has delivered on the national commitment to monitor ward staffing during the course of 2014/15. We will continue to publish staffing levels and will put improvement plans in place where any shortfalls are identified.

As ever, none of the improvements in the work that we do, as described in this report, could have been delivered without the commitment of all the people who deliver services for CWP, the involvement of people who access our services and carers, and other partners who work with us. I would like to thank them all for their continued dedication and professionalism in working together to ensure that the Trust continues to improve the quality of the services we provide. Through collaboration, learning and sharing knowledge and experience, we have achieved real improvements in the way we deliver care. A number of these improvements are demonstrated in the results from the annual national patient and staff surveys, which are described in this report. In particular, everyone in CWP was absolutely delighted with our outstanding national patient survey results this year. People who access our services rated us among the top performing NHS Trusts in the country when it comes to their views about the quality of care they had received. This year's surveys are a chance to show that we took all feedback on board and have strived to provide an even better quality of service since.

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



Sheena Cumiskey
Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust

Statement from the Medical Director – executive lead for quality

CWP believes that quality is everybody's business – that is why our Quality Account describes the work we are doing not just within the Trust with the commitment of our staff and the involvement of people who access our services, but also with partner organisations in our local services. The Trust's Zero Harm ambitions, which are being delivered under the campaign title of 'Stop, Think, Listen' (which you can read more about later in this report), form the bedrock of how we aspire to continuously improve quality. The campaign aims to support staff in delivering the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. This includes supporting staff to promote best practice and celebrate success in delivering good outcomes. In September 2014, our 'Best Practice Showcase' event returned for another year, where truly excellent examples of improving the care we deliver were shared – just some of these are described later in this report. Now we have laid the foundations, in 2015/16 we have even more ambitions for quality as we start to implement many more of our Zero Harm plans. We will ensure that we maintain our focus across all of our services on patient safety, improved clinical effectiveness and outcomes and positive experience of our care.

Through our quality plans, we aim to develop our organisational culture around measurement of outcomes and experiences that matter to people who access our services, and ensuring that we continuously learn and improve. I had the pleasure of speaking at the national 'Quality Conference' in March 2015, where I presented CWP's work in relation to 'Building Human Factors into Organisational Learning and Quality Improvement'. Human Factors is about providing safer care through continuous improvement, a positive patient safety culture, and understanding risk taking behaviours. We have so far trained more than 150 staff in Human Factors, and more importantly our staff, through making pledges, have implemented their learning within the teams in which they work to promote safe and effective day-to-day service delivery. Our approach to Human Factors in 2015/16 will be to develop team based working, as we recognise that this is the foundation for excellent care. It will have clinical leadership and decision-making at its heart to ensure we sustain safe and effective care.

Despite the extremely challenging national and local financial position, CWP is focused on maintaining and enhancing existing levels and quality of services. One of my roles is to ensure that service quality and patient safety are not impacted upon by cost improvement and efficiency plans. CWP believes that cost effectiveness should result from high quality services, which have a focus on delivering good outcomes and which add value to people accessing our services.

The Trust has embraced benchmarking this year to a greater extent than it has before, the benefits being that we can compare our performance with others to help us to deliver best practice in relation to quality. In particular, we participated in NHS Benchmarking Network's 'Mental Health Benchmarking 2014'. This demonstrated that CWP was in the lowest 25% of participating mental health trusts for its prevalence of serious incidents, which is an encouraging indication that staff are routinely noticing and reporting comparatively more lower harm (including no harm) patient safety incidents. This approach provides staff with opportunities to learn from error provoking situations to reduce the likelihood of more serious incidents of harm. During 2014/15, we have focused on reducing the number of specific types of harm related incidents, including harm from falls and avoidable pressure ulcers. For each of these, we have used a range of improvement approaches which have allowed us to establish a baseline from which to measure improvement and to identify actions to make a difference. We have made a lot of progress in each of these areas. We have seen an increase in the total number of reports of these incidents, but with a reduction in the number of serious incidents which again is an encouraging indication that staff are

learning from the reporting of these types of incidents. However, in keeping with our long term 'continuous improvement' focus, we accept that we can do even better and will continue to prioritise these areas throughout 2015/16.

We have developed an internal research strategy during the year, identifying structures to support external working partnerships (for example with the Academic Health Science Networks) that will focus on areas of real need including care of the frail elderly, those with chronic conditions and dementia. This will help us to implement research in practice and to rapidly adopt innovative treatments. One example of innovation in CWP is our unique CAMHS website Mymind.org which was highly commended in the 'Innovation in CAMHS' category at the 'Positive Practice in Mental Health Awards' in Sheffield in October 2015. The website – which impressed the judges with the interactive and modern resources it provides to young people who access our services, carers and professionals – is a fantastic example of what thinking outside the box can achieve. Throughout 2015/16 we will continue to maximise opportunities to translate research, training and clinical expertise to meet the healthcare challenges of the future.

You can read more about the measures we are taking to improve the quality of patient care and the services we provide in the remainder of this *Quality Account*. I hope you enjoy the report and that it 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 2014/15

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 Report*s, which are presented at the Trust's Board meetings and are available on the CWP website.

Patient safety priority for 2014/15

CWP said it would:

Achieve a continuous reduction in unnecessary avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.

CWP achieved this priority by:

- Providing 'Human Factors' training to over 150 CWP staff. The training improves staff understanding of error provoking situations, how Human Factors relates to their role and spreads the **implementation of safer practices** across the Trust. In raising this awareness, it will help to reduce unnecessary avoidable harm and embed a **culture of patient safety** in CWP.
- Education CWP trainers attending the Human Factors training to ensure that its principles are embedded into essential learning programmes.

- Investing in 'Quality Surveillance Support Managers' to provide staff with support for monitoring the **quality and safety of care**. They do this by evaluating themes across quality and performance information, including recommendations following a review of incidents. This will help to improve learning from current and previous experience of health care delivery to further improve **patient safety**.
- Evaluating its suicide prevention strategy to strengthen measures in place that aim to **reduce the number of serious incidents** of self harm or harm to others by reviewing the existing staff training programme. CWP has also redesigned its own suicide prevention assurance framework to align with the regional strategic 'zero suicide' strategy.
- Recruiting to the role of 'Effective Care Planning Lead'. The role leads in the delivery of a Trustwide care planning and risk management programme, which includes staff education and strategic document development. A Trustwide review of existing care planning practices is in place to promote safe and effective day to day services which are **person centred**, focus on **recovery** and include co-produced, holistic assessments. This will help the Trust to become **outcome orientated**, providing increased local assurances, **dynamic risk assessments** and care plans that are developed with people who access the Trust's services that acknowledge their needs, strengths and aspirations.

- Attending a five day 'Advanced Team Training Programme for Safety' to support the delivery of the Trust's **Zero Harm** strategy.

Clinical effectiveness priorities for 2014/15

CWP said it would:
Achieve a continuous improvement in health outcomes for people using the Trust's services by engaging staff to improve and innovate.

CWP achieved this priority by:
- Developing **clinical networks** to drive forward **outcome measurement** linked to **care pathways**.
- The implementation of a '**Healthcare Quality Improvement Team**' to support staff with **continuous improvement** from the outputs of clinical audits and specifically focusing on the embedding of **team/ ward learning** and the **spread of excellence**.
- Distributing *British Medical Journal* **quality improvement licences** to 100 staff to provide staff with recognised **improvement methodology** tools. This will enable **learning opportunities** from the results of quality improvement work that they have undertaken to increase the ability to share **best practice** and to **learn** when things do not deliver hoped for improvements.
- Adding a "Your good ideas" link on the Trust's Intranet page for staff. This populates an **innovation register** and Ideas are considered by a panel to make a decision on whether they will be developed further and receive any development funding. This will help to **spread innovative practices that improve outcomes** for people accessing the Trust's services.
- Sharing **85 good practice stories** with others through the Trust's best practice site. The best practice stories were featured in the Trust's second **Big Book of Best Practice** and was showcased at the annual Best Practice showcase event on 30 September 2014 which was opened by Fiona Bruce MP. A special edition of the Quality Report was also created to focus on a number of best practice stories and to share some of the **outcomes** achieved.
- Effective Service Managers working with locality Service Directors to refresh and build a **continuous improvement framework** into the locality clinical strategies.
- Launching an **innovation competition**. Accepted ideas were added to the innovation register and development funding awarded to those ideas with the greatest potential to **improve quality**, make processes and provision more **effective** or **improve patient experience**.
- Working with the *Royal College of Nursing* in developing a publication in relation to the Zero Harm funded *Complex Recovery Assessment and Consultation* (*CRAC*) team which is due to be published in May 2015.

Patient experience priority for 2014/15

CWP said it would:
Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

CWP achieved this priority by:
- Being placed top in the country in the *Care Quality Commission* **National Patient Survey** (for community mental health services). The Trust was 'better than expected' on more than 10 questions which were spread across various aspects of care covered within the survey.
- Incorporating the **6Cs values** of Care, Competence, Compassion, Commitment, Communication and Courage into staff appraisal documentation to help staff to deliver **compassion in practice**.
- Incorporating the Trust's values (6Cs) into each of its job adverts to help with **values based recruitment** centred around care and compassion.
- Appointing an Organisational Development practitioner to ensure that values are central to the delivery of a new People and Organisational Development strategy.
- Receiving positive feedback from people accessing the Trust's services, and others, via the 'Friends and family' test about CWP services. **93%of people said they were 'extremely likely' or 'likely' to**

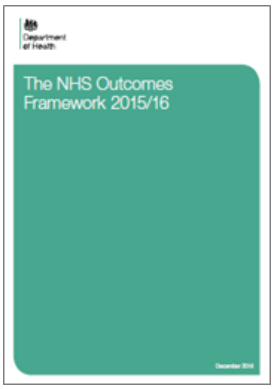
recommend CWP services. Further work is being undertaken to ensure that the Friends and Family test is embedded into routine practice to improve response rates.

Quality improvement priorities for 2015/16

As a three year continuous quality improvement programme,
CWP is continuing to implement the current quality improvement priorities that it selected in 2014/15 for 2015/16 also and until at least 2016/17.

These priorities have been developed and chosen based on:

- Identified risks to quality in-year, this includes from feedback such as complaints and outputs from investigations into serious incidents.
- What is relevant, based on general feedback received throughout the year, to people who access the Trust's services, people who deliver the Trust's services and stakeholders such as commissioners and other scrutineers.
- National priorities:
  - Protecting people who use NHS services from **avoidable harm**, achieving **better health outcomes** for patients and ensuring that people have a **positive experience** of care are detailed in The *NHS Outcomes Framework 2015/16*.
  - The Trust's continuing response to the independent report *Berwick review into patient safety: Recommendations to improve patient safety in the NHS in England* (August, 2013) which calls for the NHS to continually reduce patient harm through reflection and learning. This review focuses on preventing avoidable unnecessary harms and unwarranted variations in the quality of healthcare. National evidence suggests, and one of the principles of the *Berwick review* recommendations is, a focus on **better care** rather than quantitative targets. As such, the three quality priorities **do not set targets** – instead they **aspire to deliver continuous improvement year-on-year**.



- Specific feedback received in-year from the outputs of the assessment and monitoring of quality provision across all localities, and the work of the *Quality Committee* and the *Patient Safety & Effectiveness Sub Committee*.

The quality priorities identified for achievement in 2015/16 have been set out in the Trust's strategic and operational plans, including how they link to the Trust's corporate and locality strategic objectives. This process of integrating the Trust's quality priorities with forward planning processes allows the Trust's quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

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

Progress against a plan for the delivery of the quality improvement priorities will be reported to the *Quality Committee* every two months and regular updates will be included in the Trust's quarterly *Quality Report* which is reported 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:

- People who access the Trust's services and carers, for example through receipt of feedback through activities such as patient and carer surveys.
- Staff and senior clinicians, for example through discussion at the Trust's corporate governance meetings and clinical engagement and leadership forums.

- 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 priority for 2015/16

Priority for quality improvement:

Achieve a continuous reduction in avoidable harm and make measurable progress to embed a culture of patient safety in CWP, including through improved reporting of incidents.

Rationale for selection of this priority:

This quality priority reflects the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture. It also reflects the *NHS Constitution*, the *NHS Outcomes Framework* and one of *NHS England*'s objectives for 2015/16 to protect people who use NHS services from avoidable harm. This includes taking action to identify those groups known to be at higher risk of suicide than the general population, such as people in the care of mental health services and criminal justice services. The Berwick review on patient safety, '*A promise to learn – a commitment to act*', recommends a continual reduction in patient harm through reflection and learning. All health care professionals have a responsibility to report incidents of actual or potential harm. Improved reporting of incidents helps to better identify risks and provides better opportunities to improve patient safety. In addition, raising awareness of conditions which support error and unsafe situations, through the promotion of the understanding of 'human factors' will help to reduce avoidable harm.

How progress to achieve the priority will be measured:

- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices.
- Evaluation of incident reporting by staff in relation to the reported number of actual or potential harm events, and improvement actions identified to continuously increase all incident reporting – in particular the number/ proportion of 'no harm' incidents.
- Evaluation of the themes identified as recommendations following the review of serious incidents, and improvement actions identified to continuously decrease recurrent themes/ increase in new learning themes, to further improve systems and processes.
- Evaluation of the unnecessary avoidable harm identified following the review of serious incidents, and improvement actions identified to embed and sustain learning from these events.
- Evaluation of the Trust's suicide prevention strategy, to strengthen measures in place that aim to reduce the number of suicides and incidents of serious self harm or harm to others, including effective crisis response.

Clinical effectiveness priority for 2015/16

Priority for quality improvement:

Achieve a continuous improvement in health outcomes for people accessing the Trust's services by engaging staff to improve and innovate.

Rationale for selection of this priority:

This quality priority reflects one of the Trust's strategic goals of delivering high quality, integrated and innovative services that improve outcomes. Freeing the NHS to innovate in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2015/16. One of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is that interventions should lead to the maximum number of people achieving good outcomes and positive recovery and the smallest

number of people experiencing adverse outcomes. This quality priority aims to ensure that systems within the Trust promote, support and facilitate delivery of best practice day to day and learn from outcomes, whether positive or adverse, to ensure that service delivery consistently delivers best practice.

How progress to achieve the priority will be measured:

- Continuous improvement in the collection and reporting of outcomes from the measurement of care pathways.
- Evaluation of staff receiving training and development in techniques and approaches in relation to continuous improvement.
- Continuous increase in the number of good practice stories published internally through the Trust's dedicated intranet site that celebrates and promotes good practice.
- Continuous improvement in the number of positive media stories published externally about the Trust.
- 'Innovation register' demonstrates continuous improvement in the number of innovative practices that are registered and also evidence of spread.
- Evaluation of the outputs of clinical audit activity, through action plans, that identify recommendations to spread good practice and accelerate excellence.
- Re-audit, or equivalent monitoring, demonstrates sustained good practice and spread excellence to other areas.
- Continuous improvement in the number of publications, e.g. articles, reviews, quality improvement reports, research reports, developed by the Trust that are successfully published.

Patient experience priority for 2015/16

Priority for quality improvement:

Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

Rationale for selection of this priority:

Ensuring that people have a positive experience of care is one of the Government's ambitions for the health service for 2015/16. Also, one of the indicators of the Trust's strategic goal of having an aspiration of 'zero harm' that drives the Trust's culture is the prevention of unacceptable variations in healthcare experience. Compassionate care and patient experience are just as important as clinical outcomes. People who need the support of healthcare services expect to be treated with compassion, respect and dignity. To enable excellent care, the workforce needs to have the right values, skills and training. Achieving a continuous improvement in health outcomes requires healthcare services to measure, understand and respond to the needs and preferences of patients and communities locally through a regular programme of feedback looking at how people feel about the care they receive.

How progress to achieve the priority will be measured:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) work programme and 'values group' to review that they are supporting the workforce to have the right values, skills and training to enable excellent care and improvement actions identified to continuously improve this.
- Evaluation of the NHS patient survey in relation to the proportion of people, across all areas of care, who rate their experience as excellent or very good, and improvement actions identified to improve this.
- Evaluation of NHS staff survey results in relation to whether staff would recommend their place of work to a family member or friend as a high quality place to receive treatment and care, and improvement actions identified to continuously improve this.

- Evaluation of ‘Friends and family’ test for patients results for community and mental health services and improvement actions identified to continuously improve these.
- Evaluation of local surveys, focus groups and real time experience collection, conducted to measure the experience of people who access the Trust’s services, carers, and people who deliver services for the Trust, and improvement actions identified to achieve continuous improvements in people’s experiences.
- Evaluation of patient experience feedback/ complaints and improvement actions identified to improve key areas, including reports regarding the appropriateness and effectiveness of communication.

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 Account*s nationally.

Common content for all *Quality Account*s 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, people who use the Trust's services, 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
- 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

At the start of 2014/15, Cheshire and Wirral Partnership NHS Foundation Trust was commissioned to provide or sub-contract 99 relevant health services. Cheshire and Wirral Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care 99 of these relevant health services. At the end of 2014/15 there were 92 relevant health services provided or sub-contracted. The income generated by the relevant health services reviewed in 2014/15 represents 95 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2014/15.

CWP has reviewed 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.

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 has engaged people who access its services, carers, people who work for the Trust, and other partners in a wide variety of local survey activity to inform and influence the development of its services.

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

The *Care Quality Commission*'s (*CQC*) national patient survey was published in September 2014. It gave CWP a valuable insight into what people who use the Trust's community mental health services thought about their care. The *CQC* report also provided an indication of the Trust's progress since the last survey in 2013. The Trust received 256 responses from a sample of 850 people who accessed the Trust's community mental health services, which represented a 30% response rate.

CWP performed 'better' in four areas out of nine national service areas when compared with other trusts – organising care, planning care, crisis care and in the overall views and experiences.

Local CWP surveys

Carers survey

This survey was launched during **carer awareness week** on 9 June 2014. 2100 questionnaires were distributed, 228 surveys were completed, the overall response rate was 11%. It was positive to note that 72% of carers felt that they had been treated with dignity and respect, further that 61% of those who responded agreed that staff did listen and respond to their concerns. However, only 41% of respondents felt they had been given adequate information about how to access CWP out of hours emergency services. CWP was disappointed with the response rate, despite best efforts to engage with carers. As an action point, a project is in place to explore how the Trust can get better engagement: 'Next Steps in Patient Engagement'.

Trustwide inpatient survey

Inpatient surveys were provided to the various CWP inpatient sites where at the time of the survey **234** inpatients were accommodated. A total of 142 (**60%**) patients completed the survey, this is compared to 47% in 2013. There were significant improvements which relate directly to improved patient experience compared to last year, 61% of people felt fully and mostly involved about making decisions about their care. 80% of people felt that they had been treated with compassion whilst 72% of people felt they had been treated with compassion and dignity and respect most of the time. Only 54% of people felt that there were enough groups and activities to keep them occupied. Improvement plans are in place.

Learning from experience and feedback from people who access the Trust's services

Learning from experience

- The main learning themes from serious incidents identified during the year have been around training, communication, care planning and documentation. An effective care planning lead has been employed to train and strengthen the skills of staff in the effective formulation and use of care planning, linked to risk assessment. The Trust is reviewing a number of key policies to address the learning identified to ensure clarity around training needs, communication and recording systems.
- The Trust has updated its complaints policy following an evaluation of how it handles complaints. It demonstrated that the Trust needed to put the person making the compliant more central to the process. It found that those people who made a complaint reported that they did not always feel that their questions had been answered and addressed appropriately. Further, some people reported that their complaints took a long time to be investigated. In response to this, the Trust has updated its policy to ensure the person making the complaint is central and continually kept updated through the process.
- Learning from a claim has identified that the Trust needs to ensure that when people are promoted and their role includes a supervisory component that they receive appropriate training to ensure they have the necessary skills to carry out the additional responsibility.
- As a result of an incident and associated inquest resulting in a 'Report to Prevent Future Deaths' (Regulations 28 of the Coroners (Investigations) Regulations 2013), the Trust has incorporated learning to ensure an integrated approach to therapeutic observation practice. This includes the rationale for changing a patient's observation levels being clearly recorded within the clinical note entry, and identifying the standard that a record of exceptions in relation to the observation policy, including the transition to general observations, should be planned with the patient, and where appropriate discussed with the patient's family/ carers.

Feedback from people who access the Trust's services

CWP welcomes compliments and comments from people who access the Trust's services 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 2014/15, CWP has seen a **35% increase** compared with 2013/14 in the number of compliments received from people who access the Trust's services and others about their experience of the Trust's 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 feedback from people who access the Trust's services.

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 Board meetings held in public 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.
Examples of feedback from people who access the Trust's services include:

"Thank you for all the time that you have spent looking after our child and us in very difficult times. We were so worried he would not cope well away from home but with all the staff's support he not only coped but has become such a strong young person. Thank you for finding our son for us. There are not enough 'thank you's in the world for that."
Child and Adolescent Mental Health Services – CWP West

"We cannot fault the care, it has been so professional. Excellent feedback received all along the way, meetings, phone calls etc. It has been particularly useful receiving letters with pictures detailing our daughter's progress and activities. Christmas and birthday pictures and feedback were particularly appreciated. There are no losers here, only winners, it is very much appreciated."
Learning Disability Services – CWP East

"I was truly moved by the wonderful care she received from you. It makes me well up to think about how you looked after her and loved her. When she came to you she was angry and confused and had a difficult time settling but over the months, with your compassion and patience, I think she really knew how lucky she was and was much more at peace. Throughout her illness I felt that you looked after me as well. You were always so kind on the phone to me and in person when I visited. I know that my sister feels exactly the same and we both feel blessed that she spent her final months with you. I know that it was difficult looking after her in her final days, but we are so thankful that you did this even though it was hard for you all… I can never thank you enough for what you did for all of us."
Adult Mental Health Services – CWP Wirral

"I have benefited from your tireless effort in helping those people in need of a multi-skilled person on order to help them and I include myself as one such person, who you have literally saved from an early grave at the very least… I have you to thank for my renewed effort in improving myself… Thank you for all your efforts to help me, I mean that from the bottom of my heart."
Drug and Alcohol Services – CWP Wirral

"Thank you for all your care and help over the last few weeks. It has been appreciated by myself and my wife. The prompt response to our phone calls, and the evening and night visits, have been most reassuring. You are all doing a splendid job, and I do not know how we would have coped without you all."
Community Care Teams – Physical Health West

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 people accessing healthcare services. It is at the heart of providing the necessary changes in practice to ensure that CWP is delivering efficient, person focused, high quality care and treatment.

National clinical audits and national confidential enquiries

National clinical audits

CWP takes part in national audits in order to compare findings with other NHS Trusts to help CWP identify necessary improvements to the care provided to people accessing the Trust's services.

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 2014/15 **4** national clinical audits and **1** national confidential enquiry covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2014/15 the Trust participated in **75%** national clinical audits and **100%** national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in. There was one national audit (National Prescribing Observatory for Mental Health – Antipsychotic prescribing in people with learning disabilities), which CWP did not participate in. This was because there was significant overlap between this national audit and the NHS Improving Quality "Winterbourne Medicines Programme" project, for which the Trust has been chosen as a pilot site.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2014/15 are as follows:

- National prescribing observatory for mental health – Topic 12b: prescribing for people with a personality disorder
- National prescribing observatory for mental health – Topic 9c: Antipsychotic prescribing in people with learning disabilities
- National audit of schizophrenia
- National Confidential Inquiry into Suicide and Homicide by People with Mental illness
- National clinical audit of cardio-metabolic assessment for inpatients

The national clinical audits that the Trust participated 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: Topic 12b: Prescribing for people with a personality disorder	**100%**	Report published. The Trust is in the process of developing locality action plans.
National audit of schizophrenia	**83%**	Report published. The Trust has set up two task and finish groups to focus on specific standards for quality improvement, namely: physical monitoring and interventions, including prescribing of medication and their side effects and psychological therapies and family intervention. The Trust's action plan will be published on the website by the end of May 2015, as required by the *Royal College of Psychiatrists*.
National clinical audit of cardio-metabolic assessment for inpatients	**100%**	Report awaited from *NHS England*, and action plan will be developed when it is received.
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 **3** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2013/14 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 reports of **5** completed local clinical audits were reviewed in 2014/15 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title of local CWP clinical audit	Action/s taken
Medicines management	▪ Raised awareness of low molecular weight heparin and lithium patient safety alerts on inpatient wards. ▪ Improved the provision of information given to inpatients about side effects of medicines. ▪ Reviewed good prescribing practice summaries given to doctors on induction.
Neuroimaging as part of assessment and	This audit demonstrated that the Cheshire East Memory Assessment Service is complying with the recommended standards set by *NICE* and the *Memory*

Title of local CWP clinical audit	Action/s taken
diagnosis of dementia	*Services National Accreditation Programme*. A re-audit is to be scheduled at a later date to assess whether the good practice is continuing.
Dual diagnosis	▪ Improvement plans identified to improve compliance with training. ▪ Identification of a Trustwide lead for dual diagnosis. ▪ Revision of dual diagnosis policy. ▪ Recommendation to re-establish Clinical Networks and supplement with new ones, with dual diagnosis being a cross cutting theme across all to ensure continuous learning and improvement in patient outcomes.
Record keeping	▪ Reviewed compliance with record keeping standards and developed an action plan to further improve standards. ▪ A review of how CWP undertakes the record keeping audit has been completed. Each area will complete a monthly record keeping audit.
Peri and post natal checklist	▪ Recording of secondary diagnosis codes now reflect peri/ post natal status which will enable easier identification of this cohort of patients. ▪ Recording of last menstrual period is now recorded for all patients in order to calculate the estimated date of delivery.

National and local CWP clinical audits are reviewed as part of the annual 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 Trust has an infection prevention and control (IPC) audit programme, to support the enhancement of cleanliness of the care environment, to identify good IPC practice and areas for improvement. The Trust also monitors and analyses patient safety standards through the completion of the national safety thermometer tool and local inpatient and community safety metrics audits.

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 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was **882**.

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 **84** clinical research studies in all of its clinical service units during 2014/15.

There were **184** clinical staff participating in approved research during 2013/14. These staff participated in research covering **21** medical specialties and also research covering management training.

CWP has been increasing staff involvement in clinical research to help increase the use of new evidence in the future. The number of principal investigators in CWP has increased over the last year and more clinicians are actively involved in research. Also, over the last three years, CWP has been associated with 197 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.

One project CWP has been engaged in is a trial of an antibiotic which aims to both reduce negative symptoms in schizophrenia but also reduce the damage to the brain in the early stages of the disease.

NICE guidance

The *National Institute for Health and Care Excellence* (*NICE*) provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Many CWP specialists are involved in the production of national guidelines for *NICE*.

CWP monitors the implementation of all types of applicable *NICE* guidance, and overall is fully or partially compliant with over **100%** of all applicable key priorities in this guidance.

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.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2014/15 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 2015/16 and for the following 12 month period available by request from the Trust's Safe Services Department: http://www.cwp.nhs.uk/pages/1-what-we-do

The maximum income available in 2014/15 was £3,206,157 and the Trust received £3,189,813 for the *CQUIN* goals achieved. The total monies available in 2015/16, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £3,239,463

Below are three examples of the positive impacts that *CQUIN goals* have had on the quality of care.

A CQUIN undertaken in the East locality was to improve the management of fatigue in a group of patients from the Acquired Brain Injury (ABI) service. The aim of the CQUIN was to improve the participants' management of their fatigue rather than to change the nature or severity of fatigue. This CQUIN was aimed at group interventions and delivery of cost effective interventions. The education and therapeutic sessions covered the following areas: what is fatigue, brain injury and fatigue, medication, diet, activity planning and pacing, sleep and rest, relationships and mood, putting it into practice and planning for the future. An inclusion of a fatigue rating scale was used to gain an understanding of the participant's self-perception of the magnitude and impact of their fatigue. Fatigue group intervention has proven to be highly successful in educating and teaching long term management strategies to ABI patients with fatigue. Peer support has provided insight and a sharing of experiences for patients. The service now has a successful treatment package that will be a rolling programme run 3-4 times yearly as the caseload indicates. The ABI service has released clinical treatment time within the overall case load

by reducing what would have been 42 individual sessions into one set of 7 sessions. Both goals of reducing the daily impact of fatigue and improving long term management were met.

A CQUIN undertaken the Wirral locality involved linking in with the Merseyside Fire and Rescue Service (MFRS). The MFRS offers free home checks to those people who are vulnerable, many of whom will be known to CWP services. To maximise the benefit of these checks, CWP was asked to put a system into place to identify those that met the criteria for a home safety check, and to gain consent for those that meet these criteria to share their information with the Fire Service, and to make a referral in respect of as many people as possible. Further, the CQUIN included a system whereby MFRS can securely share details of those clients that have received a home safety check, where it is deemed that intervention from a service that CWP provides would be appropriate. In Quarter 3, 877 people accessing CWP's services were recorded as high risk. 681 of these addresses had previously been visited by MFRS; 625 of those visits were older than 12 months. 534 of the visits were older than 24 months and 196 had not been visited by MFRS. MFRS completed 157 home safety fire checks during quarter 4, with 14 people being identified as high risk, and were referred to the Prevention Team, for further intervention. In Quarter 4 there were 623 people who met the criteria for a MFRS home safety fire check were referred through by CWP to MFRS. In July 2015, MFRS will let CWP know the number of unique people that met the criteria for a MFRS check and were offered a HFSC and where it was refused.

A CQUIN was developed in a mental health team in the West locality to explore those patients on Care Programme Approach (CPA) and the communication with General Practitioners. The focus was on the patients on CPA and ensuring that there is an up to date good quality care plan, that this has been shared with the GP, and that it included the diagnosis codes for all primary and secondary mental health physical health diagnoses, medications prescribed and monitoring requirements, physical health condition and ongoing monitoring and treatment needs. The final audit of the care plans in quarter 4 demonstrated that 98.8% of care plans audited contained all the agreed components.

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 2014/15.

The Trust has participated in **3** investigations or reviews by the Care Quality Commission during 2014/15, which were in relation to the following areas;

Review of compliance: GP Out of Hours Service
Follow up review of compliance: Springview
Follow up review of compliance: Bowmere

The review of compliance to the GP Out of Hours Service was an announced inspection as part of the Care Quality Commission's new inspection programme to test their future approach . The Care Quality

Commission undertook a pilot inspection to West Cheshire Primary Health GP services and as such the CWP GP Out of Hours Service was also included in their inspection programme.

To get to the heart of patients' experiences of care, the Care Quality Commission now always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

As the inspection to GP Out of Hours Services was part of the Care Quality Commission's pilot programme outcome ratings were not assigned, however, it was found that the service was **compliant** with the requirements of the Care Quality Commission across all key questions.

During 2013/14, the Care Quality Commission had identified minor concerns during a review of compliance at Springview Hospital in relation to:

Outcome 5 – meeting nutritional needs
Outcome 21 – records

The follow up review of compliance in 2014/15 confirmed that, following actions taken, the Trust was **compliant** with the requirements of the Care Quality Commission in relation to Springview Hospital.

During 2013/14, the Care Quality Commission had identified minor concerns during a review of compliance at Bowmere Hospital in relation to:

Outcome 21 – records

The follow up review of compliance in 2014/15 confirmed that, following actions taken, the Trust was **compliant** with the requirements of the Care Quality Commission in relation to Bowmere Hospital.

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 2014/15 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:
100% 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 that all areas of the toolkit are compliant at level 2/ 3 with the exception of clinical coding which is at level 1. The Trust is undertaking an options appraisal to identify the best option to improve and sustain best practice in relation to data collection and clinical coding thus enabling the Trust to make better use of the data/ information available to inform service development. This will also enable the Trust to provide richer data to commissioners. The overall score for 2014/15 was 94%.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2014/15 by the *Audit Commission*.

Statement on relevance of data quality and actions to improve data quality
Good quality information underpins the effective delivery of the care of people who use NHS services 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:

Continue to implement the data quality framework during 2015/16 to address the following areas –

1) Review quality of data in national and mandatory submissions and feedback areas for improvement to localities and their management structure through locality analysts.
2) Monitor on a weekly basis data quality issues through the data quality dashboard. Engage with clinical systems and business intelligence teams and clinical system user groups in feeding back themes and patterns in data quality for improvement.
3) Further embed locality analysts in management structure as a point of contact for data quality issues and promote best practice across the organisation.
4) Promote use of outcome measures in the organisation for both national and internal reporting.

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 2014/15*

Indicator	Required performance	Actual performance
Data completeness – community services: ▪ Referral to treatment information ▪ Referral information ▪ Treatment activity information	 50% 50.0% 50.0%	 **100%** **96.5%** **90.7%**
Care Programme Approach (CPA) patients: ▪ Receiving follow-up contact within seven days of discharge ▪ Having formal review within 12 months	 95.0% 95.0%	 **97.9%** **95.0%**
Minimising mental health delayed transfers of care	≤7.5%	**0.7%**
Admissions to inpatients services had access to crisis resolution home treatment teams	95.0%	**97.9%**
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	**113.8%** 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	97.0%	**99.6%**
Data completeness: outcomes for patients on CPA	50.0%	**83.8%**

*Quality Account*s are required to report against a core set of quality indicators provided by *The Health and Social Care Information Centre*. This allows readers to compare performance common across all *Quality Account*s nationally. These are detailed in the following table.

Performance against quality indicators: 2013/14 – 2014/15

		Reporting period					
		2014/15			2013/14		
Quality indicator	**Related NHS Outcomes Framework Domain**	**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 Enhancing quality of life for people with long-term conditions	Quarter 1 **95.9%**	Quarter 1 **97.0%**	Quarter 1 **93 – 100%**	Quarter 1 **97.7%**	Quarter 1 **97.7%**	Quarter 1 **94.1 – 100%**
		Quarter 2 **97.5%**	Quarter 2 **97.3%**	Quarter 2 **94.6 – 99.2%**	Quarter 2 **98.1%**	Quarter 2 **97.7%**	Quarter 2 **90.7 – 100%**
		Quarter 3 **99.1%**	Quarter 3 **97.3%**	Quarter 3 **94.9 – 99.6%**	Quarter 3 **96.9%**	Quarter 3 **97.1%**	Quarter 3 **77.2 – 100%**
		Quarter 4 **99.3%**	Quarter 4 **Not available until June 2015***	Quarter 4 **Not available until June 2015***	Quarter 4 **98.7%***	Quarter 4 **97.4%**	Quarter 4 **93.3 – 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 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 2014/15 is **achieving at least 95.0%** rate of patients followed up after discharge, CWP performance for 2014/15 is **97.9%**). The Trust has taken the following action to improve this percentage, and so the quality of its services, by 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 **98.8%**	Quarter 1 **98%**	Quarter 1 **33 – 100%**	Quarter 1 **99.7%**	Quarter 1 **98.0%**	Quarter 1 **74.5 – 100%**
		Quarter 2 **98. 1%**	Quarter 2 **98.5%**	Quarter 2 **95.3 – 99.8%**	Quarter 2 **97.9%**	Quarter 2 **98.6%**	Quarter 2 **89.8 – 100%**
		Quarter 3 **98.5%**	Quarter 3 **97.8%**	Quarter 3 **82.5 – 100%**	Quarter 3 **98.5%**	Quarter 3 **98.6%**	Quarter 3 **85.5 – 100%**

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		Quarter 4 **96.5%**	Quarter 4 **Not available until June 2015***	Quarter 4 **Not available until June 2015***	Quarter 4 **98.9%***	Quarter 4 **98.2%**	Quarter 4 **75.2 - 99.3%**
		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 2014/15 is **achieving at least 95.0%** of all admissions gatekept, CWP performance for 2014/15 is **97.9%**). The Trust has taken the following action to improve this percentage, and so the quality of its services, by 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 15; and (ii) 16 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) 0.04%***	**Not available via HSCIC indicator portal***		**(i) 1.51%***	**Not available via HSCIC indicator portal***	**Not available via HSCIC indicator portal***
		(ii) 6.74%*	**Not available via HSCIC indicator portal***		**(ii) 6.61%***	**Not available via HSCIC indicator portal***	**Not available via HSCIC indicator portal***
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is current using internal information systems. 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. The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					

		Reporting period					
		2014/15			2013/14		
Quality indicator	**Related NHS Outcomes Framework Domain**	**CWP performance**	**National average**	**National performance range**	**CWP performance**	**National average**	**National performance range**
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	**68%**	**66%**	**36 – 93%**	**69%**	**65%**	**38 – 94%**
		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 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	**8.2/ 10**	**Not available** CQC guidance states "it is not possible to compare trusts overall" however the CQC states that CWP's performance is "about the same" for the "Health and social care workers" section of the survey		**87.8%**	**85.8%**	**80.9 – 91.8%**
		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 developing an action plan to address areas of improvement identified in the survey.					
Incidents (i)The number and, where available, rate of patient safety	Treating and caring for people in a safe environment and protecting them from avoidable harm	**(i) 1089/ bed rate 29.2 ****	**Not available until February 2016****	**Not+ available until February 2016****	**(i) 3108/ bed rate 32.2**	**(i) 2325/ bed rate 28.8*****	**(i) 401 – 6609/ bed rate 18.8 - 33.9**
incidents reported within the Trust during		**(ii) 368/ 33.8%****	**(ii) Not available until**	**(ii) Not available until**	**(ii) 1089/ 33.4%**	**(ii) 486/ 20.3%*****	**(ii) 3 – 2081/ 0.2 – 48.4%**

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2014/15			2013/14		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or (iii) death			**February 2016****	**February 2016****			
		(iii) 33/ 3.0%**	**(ii) Not available until February 2016**	**(iii) Not available until February 2016**	**(iii) 37/ 1.2%**	**(iii) 18/ 1%*****	**(iii) 0 – 76/ 0 – 4.7%**
		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 data is analysed and published by the NHS Commissioning Board Special Health Authority. 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. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services, by encouraging the reporting of incidents through it "learning from experience" report produced for staff three times a year. The NHS Commissioning Board Special Health Authority 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. **Represents data for 01/04/14 to 30/09/14, data for 01/10/14 to 31/03/15 will be available in April 2016 ***The national average has been calculated only counting Trusts that have provided the full years data.					

(*) denotes:
Performance for 2014/15 (and 2013/14 where applicable) 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 data source of the performance that is stated is the Trust's information systems.

Part 3.
Other information

An overview of the quality of care offered by CWP – performance in 2014/15

Below is a summary of CWP's performance, during 2014/15, against previous years' quality improvement priority areas approved by Board as part of the Trust's *Quality Account*s. 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.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
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	**9291 incidents**	**9213 incidents**	**7598 incidents**
			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 2014/15), based on national comparative data reported to the NHS Commissioning Board Special Health Authority.		
iii. Strengthen hand decontamination procedure compliance	2008/09	Equipping staff with the skills to undertake effective hand decontamination minimises the risk of cross infection to service users and staff	NHS Staff Survey scores *Training:* **81%** (national average 72%) *Availability of hand washing materials:* **59%** (national average 55%)	NHS Staff Survey scores *Training:* **89%** (national average 72%) *Availability of hand washing materials:* **60%** (national average 54%)	NHS Staff Survey scores *Training:* **87%** (national average 75%) *Availability of hand washing materials:* **N/A**
			Data source = National NHS Staff Survey Co-ordination Centre. The *NHS National Staff Survey* results include the percentage of staff saying that they have received training, learning, or development in infection control. Staff receive training on infection prevention and		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
			control at induction, essential 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 2014/15.		
Clinical effectiveness					
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	***Dementia:*** *CWP compliance* **88.7%** *CWP target* 88.6% – ***Psychosis:*** *CWP compliance* **89.9%** *CWP target* 87.9%	***Dementia:*** *CWP compliance* **89.9%** *CWP target* 83.6% – ***Psychosis:*** *CWP compliance* **98.0%** *CWP target* 88.2%	***Dementia:*** *CWP compliance* **65.1%** *CWP target* 57.3% – ***Psychosis:*** *CWP compliance* **84.2%** *CWP target* 90.9%
			Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2014/15. The above figures for 2013/14 reflect CWP's monthly submissions up to and including January 2015.		
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	**94% compliance** with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2012/13. The denominator	**97% compliance** with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2013/14. The denominator	**97% compliance** with the patient having their BMI calculated on admission Performance was measured once during the year as part of the Trust's patient safety priority for 2014/15.

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
			was 560.	was 642.	The denominator was 596.
			Data source = local patient safety metrics data. The *'physical health check undertaken within 6 hours of admission'* part of this indicator reported in previous years was removed as this is no longer a requirement of the local patient safety metrics.		
iii. Develop integrated care pathways	2009/10	Seamlessness between primary and secondary care promotes a joined up approach, and improves the continuity and quality of care	Care pathways and associated 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	Care pathways and associated care bundles developed for: - dementia assessment - chronic obstructive pulmonary disease - diabetes - heart failure	During the year the Trust has developed a pathway template to regularly monitor progress with the development of care pathways and the reporting of outcomes from measurement of these pathways. These pathways are based on NICE guidance and collect the minimum data required to ensure a quality service is being delivered.
Patient experience					
Patient experience	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	**5% increase** compared with 2011/12 This does not include patient experience feedback reported by Physical Health West, as these	**4% increase** compared with 2012/13 This does not include patient experience feedback reported by Physical Health West, as these	**33% increase** compared with 2013/14 This does not include patient experience feedback reported by Physical

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
			were not included in previous years' performance. Physical Health West received 350 patient experience contacts in 2012/13.	were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2013/14.	Health West, as these were not included in previous years' performance. Physical Health West received 358 patient experience contacts in 2014/15.
			Data source = the Trust's incident reporting system (Datix). For 2014/15 the changes in patient feedback are: Concerns = **17% decrease** PALS contacts = **53%% decrease** Comments/ suggestions = **53% decrease** Compliments = **35% increase** Complaints = **38% increase** The continued increase in complaints suggests that the Trust has a learning and an open and transparent culture, as this is one recognised indicator that people accessing the Trust's services and those close to them are not fearful of complaining due to the consequences (A review of the NHS hospitals complaints system: Putting patients back in the picture, 2013). The increase in compliments could be explained by targeted training that has focused on recording positive feedback to ensure the sharing of good practice. Targeted and focused work will be planned to improve PALS contacts during the next financial year.		
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	**6 complaint quality assurance reviews**	**2 complaint quality assurance reviews**	**2 complaint/ serious incident quality assurance reviews**
			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. Fewer reviews were held in 2014/15, however in total 4 complaints cases reviewed, in addition to 4 serious incidents reviews.		
iii. Measure	2008/09	Patient satisfaction	National	National	National

Quality indicator	Year identified	Reason for selection	CWP performance		
			2012/13	2013/14	2014/15
patient satisfaction levels		is an important measure of the quality of the care and treatment delivered by the Trust	Patient Survey score **75%** (better than the average performance across all other mental health Trusts) Responses = 224 – CWP inpatient survey **80%** of service users rated the service they received as '**good**' or '**excellent**' Responses = 86	Patient Survey score **78%** (better than the average performance across all other mental health Trusts) Responses = 284 – CWP inpatient survey ***75%** of service users rated the service they received as '**good**' or '**excellent**' Responses = 110	Patient Survey score **78%** (better than the average performance across all other mental health Trusts) Responses = 256 – CWP inpatient survey **74**% service users rated the service they received as '**good**' or '**excellent**' Responses = 142
					***On further review of the information available following the 2013/14 Quality Account, the overall response was 75%.

Monitor requires mental health foundation Trusts, for external assurance of their *Quality Accounts*, to ensure a review by independent auditors of two mandated indicators and one local indicator chosen by the council of governors. The independent auditor's report, at *Annex D*, details the findings of the review of the mandated indicators. *Annex E* details the definitions of the indicators.

Mandated indicators

- Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay.
- Admissions to acute wards gatekept by Crisis Resolution Home Treatment Teams.

Locally selected indicator

Waiting times for psychological therapies – this was chosen by the council of governors in order to understand the current position given that this is a national indicator for 2015/16.

Additional information on improving the quality of CWP's services in 2014/15

Below is a selection of the work over the past year that some of the Trust's services have undertaken to improve the quality of the services they provide. The Trust's quarterly *Quality Report*s provide more information about the quality of the services provided by CWP throughout the year.

Improving **patient safety**

CWP has recognised the importance of **continuous quality improvement** and invested in **#CWPZeroHarm**. Zero Harm is an aspiration of *continuously improving the quality of care by tackling unwarranted risks and variation*. The update detailed in "Quality improvement priorities for 2014/15" shows the work that CWP has done to implement its Zero Harm strategy.

Dr Anushta Sivananthan, consultant psychiatrist and medical director stated: *"CWP wants to respond proactively to national reports including Francis, Keogh and Berwick by promoting the highest safety standards across the Trust and ensuring that we harness good ideas. Our aim is for the maximum number of people to achieve good outcomes and positive recovery, with the smallest number of people experiencing adverse outcomes."*

Older People's Memory Service West was **accredited as excellent** by the *Royal College of Psychiatrists* in the final report of the 'Memory Services National Accreditation Programme' (MSNAP). The *Older People's Memory Service West*'s team consists of professionally trained staff providing assessment, diagnosis and treatment for people with a range of memory problems. The team also offers support for those with memory problems and their carers. The MSNAP programme 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**. Accreditation assures staff, service users and carers, commissioners and regulators of the quality of the service being provided. Some of the positive aspects mentioned on the report are listed below:

- The review team were impressed with the use of 'non-NHS' type furniture in the unit.
- The patients and carers spoken to on the review day felt welcome, recognised, that they were given plenty of time, and that there is good involvement of family members.
- Patients and carers described the service, and all staff including the receptionist as "first class".
- Patients and carers reported having freedom to make choices during the diagnostic process.
- The post-diagnostic groups were running exceptionally well and if people were unable to attend, 1:1 post-diagnostic work was offered.

The College of Social Work and the Royal College of General Practitioners produced a report in which the West Locality "Altogether Better" programme was used as a case study to demonstrate how to deliver health and social care integration together. The integrated community care teams are drawn from a broad range of professionals from the statutory and independent sectors: GPs, social workers, pharmacists, practice nurses, district nurses, community matrons, and community therapy, community mental health and reablement staff, among others. The teams are responsible for identifying older people at high risk of an unnecessary admission to hospital or long-term care and finding alternatives which enable people to live independently and healthily at home

wherever possible. They offer a variety of interventions: care management, intermediate care, reablement, urgent response and end of life care. Each team covers a practice population of 30,000 to 50,000 and provides urgent response "step up" care to prevent unnecessary hospital admissions and "step down" care to speed up discharge and promote rehabilitation and reablement.

Improving **clinical effectiveness**

CWP was shortlisted as finalists at the *National Nursing Times Awards 2014*, in the category of 'Nursing in Mental Health'. The awards recognised individuals or teams who had developed initiatives that **improved the delivery of mental healthcare**. The finalists were from both NHS and independent organisations from any care setting. All finalists had demonstrated the benefits of their work in terms of **improved quality of life** or increased independence of their patient or client group. The Trust's submission was for the *Rosewood Integrated Services* who foster a **recovery** approach on the unit and work with people who access our services to achieve their own individual goals.

The *Community Nursing Service,* part of *Physical Health West*, transformed their service in order to provide people who access services with the **best care every time** in relation to the care and treatment provided for the management of Chronic Oedema. The service transformation is being achieved by adopting a multi-faceted approach that illustrates the pillars of good care, incorporating:

- *Care:* Ensuring a **best practice** approach acknowledges the duty of care that professionals have to **improve outcomes**.
- *Compassion:* The needs of the patient population is essential to address the holistic often complex needs.
- *Competence:* Highly specialist nurses undergoing accredited training to equip them to act as link nurses. Training is also being provided to all qualified staff caring for such patients, to equip them with **fundamental skills to improve patient care**.
- *Communication:* Between patient and healthcare professionals. The aim is to eventually provide training to all care providers to join things up and work as a team to **improve patient care**.
- *Courage:* Is essential to address care provision and **drive change**. Some patients had received treatment for years with little or no improvement.
- *Commitment:* Ongoing improvement. The Trust has committed financially and individuals have committed time to **improve the care** they provide.

The process has given staff the skills to improve patient care and to provide the best care every time. It is envisaged that this will lead to job satisfaction, cost minimisation and most importantly **improved quality of life**.

The *HSJ Awards* recognise initiatives that **deliver excellence and innovation**. By shining a spotlight on cutting-edge innovations and best practice, the awards give impetus to improving the quality of healthcare in the UK. *CAMHS MyMind* was '**Highly Commended**' at this year's *HSJ Awards* in the Innovation in Mental Health category. This means the Trust were second place nationally in a category that included all areas of Mental Health, not just CAMHS.

CWP was part of a joint project with other organisations to support the implementation of the *NICE* guidelines in mental health and learning disability services. Smoking amongst people with mental illness has remained largely unchanged for the past 20 years compared to the trend in the general population despite research showing that 60% of people with a mental illness want to stop

smoking. The Trust cares about providing a **safe**, **smokefree environment** for all people who access services, people who deliver care, and visitors. CWP held an event for staff to share learning from the launch of the Trust's Nicotine Management Policy. The collaboration of CWP, *South London and Maudsley NHS Foundation Trust* and *Public Health England* aims to encourage other organisations to make positive changes in their services.

Improving **Patient experience**

CWP organised an open afternoon for carers to attend Bowmere Hospital. Carers are vital partners in the provision of mental health and social care services. 1.5 million people care for someone with a mental illness in the UK. That is one in every forty people, or one in four of the UK's six million carers. Carers are increasingly being recognised for their expertise and knowledge, and the fact that they can be essential partners in the treatment and recovery processes. Indeed, caring rarely stops when the person cared for enters acute care services. Carers are often integral to a person's support system, and their input and support can substantially improve that person's chances of **recovery**. The carers event helped promote *'Triangle of Care'* which is a therapeutic alliance between the person accessing services, the staff member and carer that promotes **safety**, supports **recovery** and sustains **well-being**. Helen Bainbridge, Carer Experience and Recovery Lead said *"A key achievement… was to have a range of providers from the Voluntary Sector covering the whole age spectrum and specialists in Mental Health. Organisations included Cheshire Young Carers, Cheshire Carer's Centre, Making Space, Alzheimer's Society, Age UK (Cheshire)."*

The Trust's Mental Health Act team has continued its training sessions with local Police forces, encouraging organisations to work as a team for people accessing the Trust's services. Most recently the team has worked with police officers from *Merseyside Police*. Upton Police Station was used as a training location with the objective of the session to update officers' knowledge and understanding of the Mental Health Act and other related legislation. Inspector Nye Audas, Wirral Critical Incident Manager said: *"The sessions invoked some unexpected and probing questions from officers. Having yourselves there with such expert knowledge of MHA issues and historic Wirral issues at Arrowe Park Hospital was extremely helpful and informative for the officers and myself attending. I have had positive feedback from all of the sessions that took place."*

CWP was one of 57 NHS mental health providers in England that participated in the *Care Quality Commission*'s (*CQC*) Community Mental Health Survey for 2014. Questionnaires were sent to 850 people who accessed community mental health services from CWP and responses were received from 256 people, a response rate of 30%. The questionnaire asked them to answer questions about different aspects of their care and treatment. Based on the responses received, the CQC then gave each NHS trust a score out of 10 for each question (the higher the score the better). CWP came top of the leader board nationally as it was one of only two trusts that scored '**better than expected**' on more than 10 questions and in both cases these questions were spread across various aspects of care covered within the survey. Sheena Cumiskey, Chief Executive commented "*These results are a great reflection on the quality of care delivered by our community mental health services and show the commitment and fantastic work that our staff do every day."*

Annex A: Glossary

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

Altogether Better
The Altogether Better programme was established across Cheshire West and Chester and is intended to promote public sector reform, redesigning services around the needs of citizens, improving outcomes, reducing duplication and waste and so saving significant sums of public money.

BMJ Quality Improvement Licences
BMJ Quality is an online service that supports individuals and teams through healthcare improvement projects and on to publication. The tools include interactive workbooks, learning modules, tools, and resources to help make healthcare improvement simple.

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

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

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

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

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

Care Quality Commission – CQC
The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

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

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

Clinical commissioning group – CCG
Clinical Commissioning Groups are groups of GPs that are responsible for designing and commissioning/ buying local health and care services in England.

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

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

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

Community physical health services
Health services provided in the community, for example health visiting, school nursing, podiatry (foot care), and musculo-skeletal services.

Crisis
A mental health crisis is a sudden and intense period of severe mental distress.

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

Dual diagnosis
The term dual diagnosis is used to describe the co-morbid condition of a person considered to be suffering from a mental illness and a substance misuse problem. Dual diagnosis is also used to describe someone who has been diagnosed with more than one mental health problem.

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

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

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

Healthcare Quality Improvement Team
A team within CWP to support and enable staff with continuous improvement specifically using the results of clinical audits. The team will also focus on ensuring this learning is embedded in practice to assist in the spread of learning and excellence in patient care.

Healthcare Quality Improvement Partnership
The Healthcare Quality Improvement Partnership was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

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

Human Factors
This is a way of enhancing clinical performance through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation on human behaviour and abilities, and application of that knowledge in clinical settings

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

Mental Health Act 1983
The Mental Health Act 1983 is a law that allows the compulsory detention of people in hospital for assessment and/ or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/ or treatment because they are a risk to themselves or a risk to others. People who are detained have rights to appeal against their detention.

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

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

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

NHS Commissioning Board Special Health Authority
Responsible for promoting patient safety wherever the NHS provides care.

NHS Constitution
The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

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

National prescribing observatory for mental health
Run by the Health Foundation, Royal College of Psychiatrists, its aim is to help specialist mental health services improve prescribing practice through quality improvement programmes including clinical audits.

National Staff Survey
An annual national survey of NHS staff in England, co-ordinated by the Care Quality Commission. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS.

Neuroimaging
This is where images (sacns) of the brain are produced by non-invasive techniques (as computed tomography (CAT scan) and magnetic resonance imaging (MRI Scan).

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

Peri-post natal
This relates to a period around childbirth, especially the five months before the baby is born and up to approximately six weeks after the birth.

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

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

Quarter
One of four three month intervals, which together comprise the financial year. The first quarter, or quarter one, means April, May and June.

Recovery
The concept of recovery is about people staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking. Focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

Registration
From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

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

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

Secondary care
Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental health services are included in secondary care.

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

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

Service users/ patients/ people who use services
Anyone who uses, requests, applies for or benefits from health or local authority services.

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

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

Strategy
A plan explaining what an organisation will do and how it will do it.

Tier 4 CAMHS
Specialist assessment and treatment services for young people with complex mental health needs, which includes psychiatric inpatient provision and intensive community focussed services.

The Health and Social Care Information Centre
The Health and Social Care Information Centre is a data, information and technology resource for the health and care system.

The Triangle of Care
The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. The guide outlines key elements to achieving this as well as examples of good practice. It recommends better partnership working between service users and their carers, and organisations.

Zero Harm
A Strategy which aims to reduce avoidable harm and embed a culture of patient safety in CWP

Annex B: Comments on CWP Quality Account 2014/15

Statement from Governors

A statement from the Lead Governor will be in the forward of the Annual Report. This year has been a busy one for CWP both in terms of Trust activity, and also for our Council of Governors. The Council of Governors had the opportunity to discuss the draft 2014/15 Quality Account at their meeting on 7 April 2015. The Governors were able to hear more about the progress of the Zero Harm Strategy as part of the quality priorities and furthermore were able to hear and discuss the content of the Quality Accounts for 2014/15 at a presentation at the meeting on 7 April 2015.

Due to experiences in previous years the Governors began early discussions about the selection of the local indicator; this enabled some further exploration about the range of indicators for audit and enabling and improved basis for selection. At the Council of Governors meeting held on the 7 April it was agreed that waiting times for psychological therapies would be selected as the local Indicator – this was chosen by the Council of Governors in order to understand the current position given that this is a national indicator for 2015/16.

Governors play a key role in influencing and informing Trust strategy and have been fully involved in the development of the Trust strategic plan and operational plan and fully support the Trust as it seeks to achieve its ambitions and objectives.

Comments by CWP's commissioners

West Cheshire Clinical Commissioning Group Commentary

We are committed to commissioning high quality services from our providers and we make it clear in our contract with this Trust the standards of care that we expect them to deliver. We manage their performance through progress reports that demonstrate levels of compliance or areas of concern. It is through these arrangements that the accuracy of this Quality Account has been validated.

The Trust has performed well against the majority of goals within their CQUIN scheme. We acknowledge that the National Safety Thermometer pressure ulcer improvement target was not achieved. The target set was an ambitious one, and regular assurances received in year of the Trust's processes in reporting of pressure ulcers have ensured no concerns in this area. We continue to commend the Trust for their excellent work in relation to reporting and learning from pressure ulcer incidents.

We note the continued commitment and investment to the creation of a Zero Harm approach to quality within the Trust. We have received further assurances this year against progress in implementing this programme, and are pleased to see momentum building, with staff attending Human Factors training, and focus now turning to team/ward based intelligence to inform improvements in the quality of care.

We raised concerns in year with regards to Improving Access to Psychological Therapies access and waiting times. We commend your swift response in involving NHS England to assist with data capture issues, and your service manager's leadership in identifying the root cause of the apparent problems that were reportedly affecting access to this important proactive service.

You reported to us the receipt of a Regulation 28 Coroner's letter relating to the death of a service user. Regulation 28 letters request action to be taken in order to prevent future deaths. We have received assurance of remedial actions that the Trust has committed to; we will continue to monitor the implementation of this plan during 2015/16

We note your Board of Directors commitment to the importance of monitoring staffing levels, and commend the Trust Board for their decision to approve the over recruitment of nurses to reflect turnover rates, and so maintain staffing at a safe level on wards. We have included community care teams staffing levels in your quality reporting requirements for 2015/16 and hope to see the safe staffing commitment of the Board extended to the community nursing teams.

Healthwatch undertook an Enter and View visit to Bowmere Hospital during quarter 4 of 2014/15. We were really pleased to see a positive report from this visit. Healthwatch noted good evidence of staff on all wards working closely; excellent cleanliness throughout the hospital; staff spoke of strong commitment to involve and support carers and families. You have provided assurance that the ward/team level work being undertaken through the Zero Harm Programme will aim to ensure such good practice is maintained.
We acknowledge the hard work of your staff in this past year and recognise the national awards and commendations you have received for various areas of both physical and mental health care. Of particular note was your excellent achievement in leading the field of 57 NHS mental health providers and attaining the highest scores within the Care Quality Commission's Community Mental Health Survey 2014.
We support the priorities that the Trust has identified for the forthcoming year and look forward to continuing to work in partnership with you to assure the quality of services commissioned in 2015-16.

CWPFT Quality Account 2014/15 - Commentary from NHS South Cheshire CCG and NHS Vale Royal CCG

NHS South Cheshire Clinical Commissioning Group (CCG) and NHS Vale Royal Clinical Commissioning Group (CCG) welcome the opportunity to provide commentary on Cheshire and Wirral Partnership NHS Foundation Trust (CWPFT) performance through the organisations Quality accounts for 2014/15.

We confirm that we have reviewed the information contained within the Quality Account and this reflects a fair, representative and balanced overview of the quality of care in CWPFT and includes the mandatory elements required. CWPFT should be commended for once again achieving the quality improvement priorities as set the previous year. The focus of monitoring clinical effectiveness, patient safety and patient experience is evident throughout the Quality Account.

In last year's commentary we highlighted that we would like to have seen more emphasis on how Compassion in Practice (6C's) will be implemented. It was gratifying to see detail not only about how the 6C's values are being incorporated but also that CWPFT were top in the country in the 2014 CQC Community Health Survey across many aspects of care.

CWPFT continue to undertake engagement work with service users and carers and this was represented well in the Quality Account. The use of feedback for those that have accessed services demonstrates the impact that the staff and services have on service users and carers and how the Trust has made care improvements.

The Quality Account does not seem to address the issue around choice and how this would be implemented. It would have been useful to understand CWPFT's strategic objectives about how they plan on transforming access to appropriate services.

It is noted that CWPFT continues to take part in national and local audits and that it plans to continue work around specific standards for quality improvement around physical health monitoring, intervention, prescribing of medication and psychological therapies. We look forward to viewing the Trusts action plans and promoting it via the CWPFT website demonstrates a strong commitment to transparency.

CWPFT has engaged in quality improvements using the CQUIN framework and reported positive impacts from a selection of CQUIN goals. While the success stories are appreciated it would have been of interest to understand the reasons for non-achievement of CQUINS also. We will continue to have a collaborative approach to the development of future CQUINs and ensure that they are meaningful, deliverable and have a positive impact on patient care, outcomes and experience.

In 2015/16 we look forward to continuing working closely with CWPFT in an open and collaborative manner to strengthen our relationship and to develop and improve the quality of services for our local population.

Statement from Wirral Clinical Commissioning Group *Quality Account sent May 7 2015 -* As of 28 May 2015 – CWP is awaiting this information

Statement from Wirral Council Scrutiny Committee *Quality Account sent May 7 2015 -* As of 28 May 2015 – CWP is awaiting this information

Statement from West Cheshire Council Scrutiny Committee *Quality Account sent May 7 2015 -* As of 28 May 2015 – CWP is awaiting this information

Statement from East Cheshire Council (HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE RESPONSE) *Quality Account sent May 7 2015*

Letter received 20 May 2015 informing the Trust that the Committee were unable to offer a response in view of the general election and the need to elect new committee members.

healthwatch Cheshire West

Healthwatch Cheshire West has worked in partnership with Cheshire and Wirral Partnership NHS Foundation Trust (CWP) in 2014/15 and has developed effective working relationships with both leaders and frontline staff at the hospital in our role as constructive critical friend.

We have carried out a number of activities in 2014/15 which have enabled us to monitor the quality and experience of patient care at the hospital including;

- Enter and View visits to Bowmere Hospital
- Project work looking at discharge arrangements for mental health patients
- Meetings with senior nursing staff, communication and engagement leads
- Community engagement activity at CWP sites
- Involvement of patients using CWP services in our Mental Health Citizens' Panel
- Supporting patient consultation regarding the redesign of Podiatry services

Healthwatch Cheshire West feels that this quality account broadly reflects our experience of working in the Trust and the feedback that we have gathered from patients in 2014/15. We commend Cheshire and Wirral Partnership NHS Foundation Trust for its work in the following areas:

- For setting high targets in terms of avoidable harm
- For its work publishing staffing levels
- For developing training, in particular the 'Human Factors' programme
- For setting deliberate aims in regard to improving patient experience including implementation of the 6Cs programme
- The development of Clinical Research projects
- Achievement against CQUIN targets

Healthwatch is particularly pleased to see that areas flagged for improvement, have been identified with objectives in place that can be measured in follow up.

Performance – With reference to CQC's comments on [the Trust] ***"performing well competitively"*** (2014 Community mental health Survey) Healthwatch Cheshire West feels that more could be made of these findings and that information could be included to explain to the lay person what this data means in comparison to other trusts, including perhaps some examples of the 38 questions asked.

CWP's own carers study highlights that, ***"…only 41% of respondents felt that they had been given adequate information about how to access CWP out of hours service."*** During three Enter and View visits to the Accident and Emergency department at the Countess of Chester it became clear to Healthwatch representatives that not were members of the public unaware of how to access CWP out of hours service, but also some staff in A&E appeared unaware and couldn't provide patients with the necessary signposting information. Healthwatch Cheshire West feels that increasing awareness across organisations should be a priority.

National Patient survey – it is noted that these scores appear to have levelled off and is of concern in terms of the Trust's aims of continual improvement. We further note that 74% of service users rated the service they received as 'good' or 'excellent' which in isolation is very positive, but it would be useful to know how the other 26% of patients rated the service. On reflection Healthwatch Cheshire West feels that a full and detailed percentage breakdown would be useful; would not take up that much additional space in the report and would demonstrate openness and transparency.

Additional information section – we feel that this section is particularly well written with valuable information and has a good use of pictorial images.

Buildings and grounds – We feel the account should include a section on buildings and grounds and that this should include any planned developments.

National Confidential Enquiries section – We feel that these sections are difficult to read and understand and could be rewritten with more clarity.

Jonathan Taylor - Chief Executive Officer - Healthwatch Cheshire West

Healthwatch Cheshire East

It is extremely factual and comprehensive and clearly outlines your Trusts competencies in this area. There is a date error in the carers survey section on page 14-should it read carers

awareness week 9th June 2014. As it reads June 2015 at the moment. On pg 22 Independent Assessments of CWP- alongside the CQC reports, could there also be links to other bodies who have reviewed your services- e.g. Healthwatch Cheshire East did an independent review of the Millbrook Unit and produced a report.

Annex C: 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 2014/15;
- 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 2014 to 28 May 2015
    - Papers relating to Quality reported to the Board over the period April 2014 to 28 May 2015
    - Comments from West Cheshire Clinical Commissioning Group and South and Vale Royal Clinical Commissioning Group received on 27 May 2015.
    - Feedback from Local Healthwatch organisations – Feedback received from Healthwatch West 12 May 2015. Healthwatch East 20 May 2015. The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the period of April 2014 to March 31 2015. Published April 2015
    - The 2014 national patient survey – received by the Trust 2014
    - The 2014 national staff survey - received by the Trust 2014
    - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2014/2015 published April 2015.
    - CQC Intelligent Monitoring Tool October 2014.

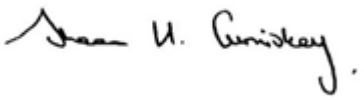
The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;

- 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 27 May

Date May 27 2015, Chair of the meeting



Date: May 27 2015, Chief Executive

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

Independent auditor's report to the council of governors of Cheshire and Wirral Partnership NHS Foundation Trust on the 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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care
- Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper and page numbers if necessary.

We refer to these national priority indicators collectively as the '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 criteria set out in the 'NHS foundation trust annual reporting manual' issued by 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 is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual'
- the quality report is not consistent in all material respects with the sources specified in the Statement of directors' responsibilities for the quality report and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual', and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period April 2014 to 28 May 2015
- papers relating to quality reported to the board over the period April 2014 to 28 May 2015
- feedback from Commissioners (West Cheshire, South Cheshire and Vale Royal)
- feedback from governors
- feedback from local Healthwatch organisations, dated 12/05/15 and 20/05/15
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, published April 15.
- the 2014 national patient survey,
- the 2014 national staff survey,
- Care Quality Commission Intelligent Monitoring Report, dated October 2014 and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated March 2015.

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 2015, 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, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller 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 affect 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 of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included governance over quality or non-mandated indicators, 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 2015:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual'
- the quality report is not consistent in all material respects with the sources listed above and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.

KPMG LLP

Chartered Accountants, Manchester

28 May 2015

Annex E: Definitions of the performance measure indicators

Patients on Care Programme Approach (CPA) followed up within 7 days of discharge from psychiatric inpatient stay (national performance indicator)
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.

Admissions to acute wards gatekept by Crisis Resolution Home Treatment Teams (national performance indicator)
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.

Waiting times for psychological therapies (local performance indicator)
The available national guidance that is currently available does not provide all the information required to produce the indicator (for example, it does not define how the denominator/ numerator are to be identified) therefore the Trust has made assumptions about how to do this. The information provided to the independent auditors included patients seen for the first time within 6 weeks of referral, between 6 and 18 weeks and over 18 weeks. This is summarised with the percentage seen within 6 weeks with a target of 75% and those seen within 18 weeks with a target for 95%.

Staff Survey

Contents

Staff Survey

The CWP Staff Survey enables us to help our people to be the best that they can be. It does this by providing data for us to monitor staff satisfaction and opinion annually across a range of measures and by enabling us to benchmark ourselves against other similar NHS organisations. This year's survey was accessible to all employees in the last quarter of 2014 and the results were collated by the approved external contractors at Quality Health. Our use of Quality Health to receive the questionnaire data and transform it into anonymised Trust information assures its confidentiality and impartiality and was available to us in phases throughout February and March 2015.

The range of measures used include core questions set by the Care Quality Commission (CQC) on Personal Development; Your Job; Your Managers; Your Organisation; Your Health, Wellbeing and Safety at Work; Occupational Health; Leadership and Career Development; and Patient Experience.

The results received show us the Trust-wide picture. This data is interrogated further to enable all employees to see the results of their collective feedback both Trust-wide and at locality level. Action plans will then be created both locally and Trust-wide to address any improvements required. The outcomes of these are monitored by the People and Organisational Development Sub-Committee, which reports outcomes directly through to the Operations Board.

A common issue has been the communication of these plans and feedback about successes around the Trust. This year, actions and successes will be communicated as per the Communications and Engagement Strategy, utilising the intranet and other feedback mechanisms available to us based on recent focus groups held about how best to maximise the effectiveness of our communications.

In addition to this, there is a lot of work continuously being completed around the Trust as part of our overall strategy that would answer concerns raised and issues highlighted through the Staff Survey. We must now seize the opportunity to link these more overtly to staff survey responses.

Focus will also be placed on the role of our managers – from Board level to line – to ensure that they appreciate the important role they play as messengers for the Trust. Consistent, repeated messages via our managers strengthens the message, gives credibility and confidence, and begins to create line of sight for all staff between their actions, the actions they see others take, the Trust's strategy and our direction of travel.

In this way, we seek to enable people to be the best that they can be, to drive better two-way communication, to increase engagement and involvement, and to increase staff satisfaction and positive opinion.

Summary of performance – results from the 2014 NHS staff survey

The Trust undertook a full census staff survey again in 2014. The response rates compared with 2013 are as below;

Response Rate				
2013 Survey		**2014 Survey**		**Variation**
Trust	**National Average**	**Trust Score**	**National Average**	**Trust Change**
45%	50%	44%	44%	-1%

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 deterioration in 2014/15, as below:

Engagement Score				
2014 Survey		**2013 Survey**		**Variation**
Trust Score	**National Average**	**Trust Score**	**National Average**	**Trust Change**
3.78	3.71	3.77	3.72	-0.01%

Summary of how the 4 scores in which CWP received the *highest* ratings of all Mental Health Trusts in the 2013 survey have either improved (+) or deteriorated (-) in the 2014 survey. (Changes of less than 5% are not statistically significant):

Movement of 2013 Top Ranked Results in 2014					
Key Finding	**2013 Survey**		**2014 Survey**		**Variation**
Top 4 Ranking Scores	**Trust Score**	**National Average**	**Trust Score**	**National Average**	**Trust Change**
KF13. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	19%	26%	20%	19%	1%
KF26. Percentage of staff having equality and diversity training in last 12 months	78%	67%	68%	67%	-10%
KF27. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	93%	89%	92%	86%	-1%
KF10. Percentage of staff receiving health and safety training in last 12 months	86%	75%	75%	73%	-11%

The summary below shows how the 4 *bottom* ranked scores from the 2013 survey have either improved or deteriorated in the 2014 survey. (Changes of less than 5% are not statistically significant):

Movement of 2013 Bottom Ranked Results in 2014					
Key Finding	**2013 Survey**		**2014 Survey**		**Variation**
Bottom 4 Ranking Scores	**Trust Score**	**National Average**	**Trust Score**	**National Average**	**Trust Change**
KF14. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	91%	92%	90%	92%	-1%
KF21. Percentage of staff reporting good communication between senior management and staff	30%	31%	29%	30%	-1%
KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	80%	82%	81%	82%	+1%
KF7. Percentage of staff appraised in last 12 months	86%	87%	86%	88%	No change

The summary below shows the overall top 5 improved scores of the 2014 staff survey;

2014 Survey			
Most Improved Scores	**2013 Score**	**2014 Score**	**Trust Change**
Appraisal left staff feeling that their work is valued by their organisation	63%	67%	+3%
Appraisal helped agree clear objectives for their work	79%	82%	+4%
Appraisal helped staff to improve how they did their job	60%	63%	+3%
Agreed that staff are informed about errors, near misses and incidents that happen in the organisation	45%	48%	+3%
Agreed that they are satisfied with the quality of care they give	86%	88%	+2%

The summary below shows the top and bottom ranked scores from the 2014 survey, comparing CWP with national mental health trust average scores:

2014 Survey		
Top 5 Ranking Scores	**Trust Score**	**National Average**
KF12. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	20%	26%
KF27. Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	92%	86%
KF1. Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	82%	76%
KF19. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	18%	21%
KF2. Percentage of staff agreeing that their role makes a difference to patients	91%	89%

2014 Survey		
Bottom 5 Ranking Scores	**Trust Score**	**National Average**
KF13. Percentage of staff reporting errors, near misses or incidents witnessed in the last month	90%	92%
KF6. Percentage of staff receiving job-relevant training, learning or development in last 12 months	81%	82%
KF21. Percentage of staff reporting good communication between senior management and staff	29%	30%
KF7. Percentage of staff appraised in last 12 months	86%	88%
KF22. Percentage of staff able to contribute towards improvements at work	70%	72%

Accepting that significant statistical change is one of 5% or more, the results of the latest survey show that there are very few areas which would suggest cause for concern as a result of a large shift within a year. The most significant movement has been the fall in the level of annual training in health and safety and equality and diversity subjects. All Trust staff are required to undertake this training but less frequently than the 12 monthly measure of the key finding. This was a conscious decision by the Trust to allow time for more role based training for staff.

Three out of the five most improved scores show a clear improvement in the quality and effectiveness of appraisal conversations. The Trust is slightly below average in terms of the incidence of appraisals and this will be an area to focus on throughout 2015.

For most other results, the challenge for the Trust will be to continue to build on the overall positive results but also to ensure that locality survey data is analysed and action plans are developed and owned accordingly.

Highlights of the Year

Highlights of the Year

CWP has achieved a great deal this year. Below are some examples of the Trust's achievements.

Top rating in national community mental health survey
The Trust achieved top results in the Care Quality Commission survey of mental health community services, which is based on the views of local people. CWP achieved the highest Trust score in four of the nine areas covered in the survey – more than any of the other 56 Trusts who took part in the survey. In addition, the Trust's score in the overall experience of services category was the highest in the country, with almost a quarter of people rating CWP 10 out of 10.

Mental health street triage project launched
Operation "Street Triage" was launched in partnership with Cheshire Police. The project sees a team of mental health community nurses accompanying dedicated police officers during 999 and 101 call-outs to offer advice and assist in reducing the number of people being arrested under section 136 of the Mental Health Act or being unnecessarily taken to hospital for treatment.

Memory service highly rated in national body report
Wirral Memory Assessment Service was ranked third in the country for meeting accreditation standards by the Memory Services National Accreditation Programme (MSNAP). The service provides assessment for people who have suspected or diagnosed memory problems, including problems with forgetfulness, confusion, language and behaviour following referral from GPs and social care professionals.

New substance misuse service for people of East Cheshire
A new integrated substance misuse service was launched in East Cheshire in collaboration with Acorn Recovery Project, Intuitive Recovery, Catch22, Expanding Futures and Emerging Horizons. The new service model will enable CWP and its partners to better serve the needs of the local population and achieve continuous improvement in the number of people recovering from drug and alcohol misuse.

New speech and language service in West Cheshire
The Trust launched the new speech therapy service for adults who currently live with a stammer. Stammering is a complex communication difficulty which affects approximately 1% of the UK adult population. Therapy is aimed at helping people to understand their stammer and work towards finding ways to manage it more effectively.

Top performance for CWP mental health service in West Cheshire
CWP has been recognised as providing one of the top performing primary mental health services (IAPT) in England. The West Cheshire service was identified as performing particularly well in relation to general access and recovery rates, improving access for people over the age of 65 and waiting times.

Older people's memory service recognised as excellent
The West Cheshire Older People's Memory Service has been accredited as 'Excellent' by the Royal College of Psychiatrists for its work assessing and diagnosing dementia. Following its latest review, the service now holds the highest level of accreditation possible within the Memory Services National Accreditation Programme (MSNAP).

Innovative children's mental health website receives national recognition
CWP was highly commended at two national awards ceremonies for its innovative children's mental health website. Mymind.org.uk was highly commended in the 'Innovation in Mental Health' category at the Health Service Journal (HSJ) Awards 2014 and in the 'Innovation in CAMHS' category at the Positive Practice in mental Health Awards. The project also won the Innovative Access to Public Services category at the iNetwork Innovation Awards 2014.

Young voices at the heart of new health and wellbeing service
A comprehensive health and wellbeing service for 5-19 year olds was launched in West Cheshire. The new service is engaging with young people, their families and schools to find out what they would like to see as part of this new exciting service so it fits their individual needs and lifestyles.

Young people 'Take Over' CWP
Young people took over CWP's Trust Board for national Takeover Day (21 November) and Children's Rights Month. This year nine young people from CAMHS spent the morning visiting key decision makers before chairing a Board meeting in the afternoon.

First health trust to adopt 'Young Advisors'
CWP was the first health trust in the country to adopt the Young Advisors social enterprise model to empower young people to influence local decision making and service improvement. 12 young people who access child and adolescent mental health services have now completed nationally accredited training to form an established group of Young Advisors for CWP.

NHS Sustainability Day
Patients, staff and volunteers gave NHS Sustainability Day the 'green thumbs-up' by planting over 175 native local cherry, hazel and willow trees at the Countess of Chester Country Park. The trees were donated NHS Forest and OxTreeGen.

Recovery festival
Over 100 patients, families and carers gathered for CWP's first 'Recovery Festival' at CWP's Jocelyn Solly Resource Centre and Lime Walk House and Gardens, in Macclesfield. The day was organised in collaboration between patients, staff and carers and highlighted the broad range of recovery focussed activities and opportunities that are available.

CWP showcase young people's mental health service at Wirral wellbeing festival
CWP, raised awareness for this year's World Mental Health Day (10 October) by challenging stigma around young people's mental health issues at Wirral's Arts and Minds Festival. CAMHS delivered a host of demonstrations and activities, with over 100 people visiting the team throughout the event.

Mental health services shortlisted for Nursing Times Awards 2014
Rosewood Integrated Services, based at Bowmere Hospital were shortlisted finalists in the Nursing in Mental Health category at the Nursing Times Awards 2014. The service was nominated for being at the forefront of rehabilitation and recovery services for adults with severe and enduring mental health conditions with complex needs.

Best Practice at CWP
The MP for Congleton Fiona Bruce joined over 220 patients, carers, staff and partners at the CWP Best Practice Showcase and Annual Members' Meeting. The event which aimed to promote what good healthcare looks like, and celebrated the achievements of the Trust over the last year in delivering high quality care for patients and carers.

Minister of Justice praises drug and alcohol team
Parliamentary Under Secretary of State at the Minister of Justice, Jeremy Wright, and Chester MP Stephen Mosley visited the West Cheshire drug and alcohol service and praised the team for the work they do to support people in the community.

Local efforts to support the Ebola crisis in Sierra Leone
CWP teamed up with St Anselm's College in Oxton to send essential medical supplies to their twinned school in Makeni, Sierra Leone, to help with the Ebola outbreak. The Trust provided gloves, aprons, and masks amongst other items to tackle the medical crisis.

Regional award for inspirational drug and alcohol project
Annie Lynn, CWP alcohol associate was honoured at the Merseyside Recovery Awards 2014 for her outstanding creativity in service delivery. The award was for her 'Footsteps to Recovery' – a visual project providing inspiration to service users seeking support for substance misuse.

Methadown May
A month-long methadone reduction initiative led to almost 60 litres of the drug being saved across Wirral. 'Methadown May' encouraged service users in Wirral to reduce their methadone intake by between two and five milligrams throughout the month of May.

CWP one of the best places to work
CWP has been recognised as one of the best places to work in the health service by the Health Service Journal (HSJ). The annual HSJ Best Places to Work top 100 list, acknowledged the Trust for its high record of providing job-relevant training, learning and development to staff.

CWP celebrates 2423 years of service
The Trust held its annual celebration of long service, honouring a total of 86 staff who have achieved 2423 years of continuous NHS service.

CWP nurse celebrated at Downing Street
Jane Brand, from CWP's Community Mental Health team was recognised by Prime Minister David Cameron for her commitment and dedication to her role at a reception at 10 Downing Street.

Care packs donated to local homeless people at Christmas
Over 200 care packs filled with toiletries were distributed across shelters in Cheshire and Wirral following a CWP staff donation campaign. Staff have been collecting items such as shower gel, toothbrushes, wipes and deodorant in support of the Trust's Care Wash Pack Campaign – the organisation's drive to help local homeless people during the festive period.

Mental health services for young people tripled for young people in East Cheshire
Mental health services for young people in the Macclesfield and Congleton area were tripled in size to meet local demand. By working in partnership with local charity Visyon, CWP secured funding that will allow up to three times as many young people to be seen each year who are in need of support.

Smokefree Masterclass
Representatives from 40 mental health Trusts from across the UK, joined CWP, South London and Maudsley NHS Foundation Trust and Public Health England to host a national master class, to share good practice and learning in implementing smokefree guidance within mental health and learning disability services on World Mental Health Day (10 October).

Best practice in mental health showcased in West Cheshire
The Trust co-hosted a national event with West Cheshire CCG to highlight best practice in primary care mental health services across the UK. The event was underpinned by the willingness of the two hosts to share experiences about the Integrated Provider Hub – an innovative partnership Cheshire West and Chester Council.

Local mental health team visit Uganda hospital
Staff from CWP flew out to South East Africa to help provide mental health support at Kisiizi Hospital in Uganda – a hospital the Trust has been supporting since 2010. A specialist team spent 11 days during October working closely with staff in Kisiizi Hospital's mental health unit, assisting with ward, community clinic and home visit duties.

CWP hosts international visitors
CWP was selected by the Department of Health to host visitors from across the world as part of the annual International Leadership Exchange, organised by the International Initiative for Mental Health Leadership (IIMHL). The exchange presented the opportunity to share innovative ways of working with visitors from Australia, New Zealand and Ireland.

Free fitness sessions to boost mental health and well-being

A new scheme was launched in East Cheshire for people with mental health conditions to take part in free personalised fitness sessions. The tailored sessions delivered by CW1 CrossFit, in a drive to improve physical and mental well-being. The project has been given the go ahead with funding from Active Cheshire.

European Antibiotic Day

Special events took place in November in Ellesmere Port, Winsford and Chester to raise awareness of European Antibiotic Day. Residents received advice and information as part of a campaign to stop the overuse of antibiotics.

Free healthy cookery Sessions from CWP

CWP helped put healthy eating back on the menu with free healthy cooking skills sessions at Ellesmere Port Healthy Living Centre. The skills based sessions are designed to put the fun back in to healthy eating, showing how easy it can be.

Calling all carers

'Looking after me' courses were delivered by CWP in Vale Royal and East Cheshire to help carers gain control of their own caring situation, gaining self confidence in their role and enjoying what life has to offer. The courses are part of the Expert Patients Programme and are co-taught by past participants who have lived experience of being a carer.

Breastfeeding friendly picnic

CWP's Health Visiting team hosted a Breastfeeding Friendly Picnic at Chester Cathedral. Over 200 families attended the picnic and enjoyed the array of exhibition stalls and child-friendly activities that were on offer throughout the day.

CWP staff get behind Stoptober campaign with local visits
The West Cheshire Smoking Cessation Service hit the road in its support of Stoptober, appearing at various local venues in a bid to encourage local smokers to take on the challenge of 28 smoke-free days throughout October.

Services show their support at Chester Pride 2014
A host of services from CWP were on hand to show their support and provide vital health and well-being advice at the Chester Pride Festival. Staff from CWP's smoking cessation service were present to promote Stoptober, while the health promotion service added to the flavour of the occasion with a healthy mocktail bar.

Statements by the Accounting Officer

Statement of Accounting Officers Responsibilities
Annual Governance Statement
Auditors opinion and certificate

Statement of Accounting Officers Responsibilities

Statement of the chief executive's responsibilities as the accounting officer of Cheshire and Wirral Partnership NHS Foundation Trust

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

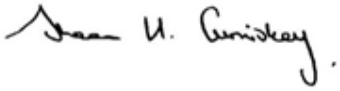
Under the NHS Act 2006, Monitor has directed Cheshire and Wirral Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs Cheshire and Wirral 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:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

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

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

Signed 

Chief Executive – Date: 27th May 2015

Annual Governance Statement

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*.

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 2015 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
The Trust has an integrated governance strategy in place, which incorporates the risk management process for the Trust. This strategy acts as guidance and as a framework for all staff to operate within by describing the management of risk appropriate to their authority and duties. At an executive leadership level, the Chief Executive has delegated operational responsibility for oversight of the risk management process to the Medical Director (Compliance, Quality and Regulation), whilst each executive director is accountable for managing the strategic risks that are related to their portfolio. Executive directors, as strategic risk owners, can discharge accountability to risk leads within their portfolio, for example associate directors or other senior managers. The process for the management of risk locally involves each locality having their own risk registers, with the accountable officers for risk management being the Clinical Director and Service Director of each locality. The locality risk register is reviewed within the local governance structure, with risks managed and monitored within the locality but escalated appropriately, dependent on the severity of the risk. The Operational Board receives the locality risks via the monthly performance dashboard and more in-depth reports periodically throughout the year.

The committees of the board are responsible for overseeing strategic risks outlined within the strategic risk register and corporate assurance framework and therefore provide additional assurance on the risk management process. The Quality Committee has overarching responsibility for the risk management process and therefore reviews the strategic risk register at each meeting. The Quality Committee will refer any risks to the Operational Board as appropriate, particularly where there are identified resource requirements to address the risk/s. The Audit Committee is responsible for oversight and internal scrutiny of the risk management process and discharges these functions through the use of internal and external auditors. The internal audit plan is developed in collaboration with the strategic risk register. In addition, each Audit Committee meeting undertakes an in-depth review on a selected strategic risk, the controls and assurances in place, mitigations identified, and the impact of these on the residual risk rating and outstanding controls and assurances ahead of reaching the target risk rating.

As well as guidance in the integrated governance strategy, training is provided to staff to equip them with the skills to manage risk appropriate to their authority and duties, as identified in the Trust's training needs analysis. As part of leadership development, there is regular risk management training to the Board of Directors and senior managers. Risk management and awareness training sessions to other staff are delivered as part of the Trust's essential learning programmes. It is recognised that sound risk management requires the identification, celebration and building on evidence of success, therefore the Trust supports staff to learn from good practice. A three times yearly learning from experience report is produced which reviews learning from incidents, complaints, concerns, claims, compliments and other sources of feedback. Additionally, a quarterly quality report is produced which provides a highlight of what the Trust is doing to continuously improve the quality of care and treatment that its services provide to people who use its services. These reports are received at the Board of Directors meeting, the Quality Committee and locality governance meetings.

The risk and control framework

The risk management strategy is an integral component of the integrated governance strategy. The key elements include:

- A corporate assurance framework that is used by the Board of Directors as a planned and systematic approach to the identification of risk (or change in risk), evaluation and control of risk/s that could hinder the Trust achieving its strategic objectives. The assurance framework document contains information regarding internal and external assurances that strategic objectives are being met.
- Each organisational strategic objective in the corporate assurance framework features and identifies risks which the organisation is engaging with at any one time, which is indicative of the Trust's risk appetite. The Board of Directors in accepting new risks to organisational strategic objectives assesses, evaluates (through its receipt, review and approval of the corporate assurance framework) and determines its appetite for the risks by review of risk treatment (control) plans against target risk ratings where applicable.

The board undertakes a quarterly and annual self-assessment of its quality governance arrangements by reviewing Monitor's Quality Governance Framework against the following domains:

- Strategy
- Capabilities and culture
- Processes and structure
- Measurement

The key elements that underpin the Trust's quality governance arrangements include:

- The review of early warning frameworks by the Board of Directors to identify the potential for deteriorating standards in the quality of care and to give a detailed view of the Trust's overall performance. This includes assessment of the quality of performance information through the review of a monthly performance dashboard report detailing the Trust's quality and safety performance by reporting on compliance in achieving key local and national priorities.
- Routine assurance is obtained on compliance with Care Quality Commission registration requirements through Care Quality Commission inspections to check that fundamental standards of quality and safety are being met and Mental Health Act 1983 monitoring and review visits. The Trust also has an internal compliance visit programme in place to routinely assess compliance with these standards of quality and safety.

For the year ended 31 March 2015 and up to the date of approval of the annual report and accounts, the Trust's assessment against the Monitor quality governance standards is 'Green' overall (summative score risk 1.5) – i.e. meets or exceeds expectations; many

elements of good practice; no major omissions (no concerns regarding the Trust's quality governance arrangements).

Risks to data security are managed and controlled by the processes outlined within the Trust's information governance policy, which is scrutinised annually via the Information Governance Toolkit as a mandatory annual assessment of information governance performance. The 'Information governance' section of this statement provides further information.

Some of the organisation's in-year major risks, including significant clinical risks, how they are being managed and mitigated include:

- Risk of harm to patients due to lack of staff competency to manage changing physical conditions.
  A specific assurance framework for this risk has been developed and the risk treatment plan is being monitored by the Trust's Patient Safety & Effectiveness Sub Committee.
- Risk of harm to patients due to ligature points and environmental risks within the inpatient setting.
  A board approved capital programme is in place for implementation in 2015/16. Locality risk registers monitor this for impact locally. Additionally, a suicide prevention action group continues to meet every two months to promote a more joined up and flexible response by the workforce to environmental and clinical risk management.
- Risk of harm to patients and staff due to staffing levels across inpatient services in the three localities.
  A comprehensive staffing review was discussed by the January 2015 meeting of the Board of Directors to complement the requirements of the National Quality Board. Its recommendations will continue to be progressed through a programme board.
- Adults, children and young people are not protected through practitioners not implementing safeguarding practice and principles.
  A specific assurance framework for this risk has been developed and the risk treatment plan is being monitored by the Trust's safeguarding group. This will be reported on an ongoing basis to the Quality Committee via a safeguarding exception report.
- The inability of staff to manage the occurrences of slips, trips and falls of patients, resulting in patient injury.
  A falls task and finish group, reporting to the Trust's Patient Safety & Effectiveness Sub Committee, has met throughout the year to implement remedial plans for falls prevention and management specific actions such as environmental improvements and training. It is envisaged that the target risk score will be achieved early in 2015/16, at which point the residual elements of this risk will be placed with other strategic risks in relation to environment and physical healthcare/ pathways.
- Risk of harm to patients due to CARSO risk assessment not being completed as per policy.
  An effective care planning lead was appointed in 2014/15 to facilitate achieving synergies between clinical risk assessment and care planning, thereby promoting consistency in the completion of CARSO risk assessments. The Trust's care co-ordination policy will be reviewed, approved and implemented in 2015/16 and will reflect clinical risk standards.
- Risk of not being able to deliver safe and effective services due to inadequate attendance on mandatory training. This may result in harm to patients, litigation claims and breach of legislation.
  The risk treatment plan has been monitored during the year by the Operational Board, People and Organisational Development Sub Committee and via an in-depth review by the Audit Committee. Reports during 2014/15 have identified improvements in essential learning compliance trustwide. A systematic review of the current programme, including induction, is being undertaken in 2015/16 and will inform a review of the Trust's training

needs analysis, which will be approved and monitored by the Trust's people and organisational development sub committee.

- Data quality may have an adverse impact on external (regulatory, contractual) monitoring and governance ratings and on effective internal decision making regarding service planning and development.
  A data quality improvement framework was developed and approved in 2014/15. An implementation plan will be approved in 2015/16, by the Trust's Operational Board, to assure of the operationalisation of the framework.
- Risk of adverse clinical incident or regulatory action due to dual record keeping systems (electronic and paper) and quality of recording.
  The Trust's Records and Clinical Systems Group correlates clinical systems priorities with dual record keeping risks in order to mitigate these risks, which is monitored by the Trust's Patient Safety & Effectiveness Sub Committee. Throughout 2015/16, the Trust's IT Enabled Service Transformation Programme Board will also look at processes to mitigate this risk.
- Risk of harm to patients, carers and staff as well as reputational and litigation risks due to a. unable to show consistent investigation of incidents, b. unable to show learning from actions of incidents, claims etc. is cascaded, c. unable to be assured investigations are carried out in a timely manner, d. inability to communicate in a timely manner with partners.
  A meeting was held during 2014/15 between the Trust and its main commissioners to jointly review how to manage and mitigate this risk during 2015/16. It has been agreed to align Trust and clinical commissioning group policies to the NHS England framework published in April 2015. The contract monitoring processes that have been agreed will introduce capacity in the system in order to manage and mitigate the main components of this risk.

The organisation's future risks and how they will be managed and mitigated are detailed in the Trust's strategic plan for 2014/19. These are:

- Fragmentation of commissioning leading to fragmented patient pathways.
  Existing discussions and engagement with commissioners and partner organisations, linked to the Trust's clinical strategy, will continue in 2015/16, including across key complex patient pathways and populations, and to take account of extensive change in commissioning structures.
- Capacity and skills of the workforce to respond to emerging and new models of care provision and evidence based interventions.
  A people and organisational development strategy will be developed in 2015/16 to inform the risk treatment plan for this risk, which will include a programme of education and learning interventions designed to meet clinical and non-clinical skills and knowledge needs.
- Loss of current services due to risks associated with the market environment and the potential for commissioners to seek further competitive tendering for clinical services.
  A service improvement framework to guide localities has been developed and will be implemented during 2015/16. This will mitigate governance issues associated with sub contracted services and will introduce consistency to mitigate the potential volatility associated with this risk

Outcomes against the management and mitigation of these risks are/ will be assessed by the Board of Directors by receipt of controls, assurances, and risk treatment plans to address gaps, to review the adequacy of assurances provided to mitigate the impact of the risk. The Audit Committee contributes to assessment against the management and mitigation of risks by reviewing the effectiveness of the Trust's integrated governance arrangements and internal control across whole of the Trust. Each Audit Committee meeting

undertakes an in-depth review on a selected strategic risk, the controls and assurances in place, mitigations identified, and the impact of these on the residual risk rating and outstanding controls and assurances ahead of reaching any identified target risk rating.

The board undertakes an annual self-assessment of its compliance with Monitor's provider licence conditions for foundation trusts. This includes the licence provision for NHS foundation trust governance arrangements (condition 4). This confirms compliance with this condition as at the date of this statement and it is anticipated that compliance with this condition will continue for the next financial year. The principal control measures in place are the effective operation of the Trust's integrated governance strategy, the operation of which is assessed annually by the Trust's Quality Committee in reviewing its effectiveness over the previous year, and validation of the annual corporate governance statement, as required by NHS foundation trust condition 4(8)(b). These control measures ensure that the Trust is able to assure itself of compliance in relation to:

- the effectiveness of governance structures;
- the responsibilities of directors and sub committees;
- reporting lines and accountabilities between the board, its sub committees and the executive team;
- the submission of timely and accurate information to assess risks to compliance with the Trust's licence; and
- the degree and rigour of oversight the board has over the Trust's performance.

Risk management is embedded in the activity of the organisation and integrated into core Trust business in the following ways:

- Robust links between the integrated governance strategy and the Trust's performance improvement/ review framework to describe the accountability arrangements and the actions that will be taken should risk/ performance issues be judged as requiring escalation.
- Ongoing review of trustwide and locality risk registers.
- Promotion of an open and just culture where all incidents and near misses are formally reported and appropriately investigated, with support for staff to report actual and potential errors so that learning and improvement can take place.
- Learning from incidents through aggregated analysis, regular feedback to staff and review of lessons learned.
- Ensuring risk assessments are conducted consistently, as outlined in the integrated governance framework.
- Having a robust annual clinical audit programme informed by risk.
- Ensuring that equality assessments are conducted on all new service developments and Trust policies.

The Trust's incident reporting and management policy describes how incident reporting is handled across the Trust, including how incident reporting is openly encouraged. The Trust has embedded the principles of 'Being Open' (National Patient Safety Agency, 2009) guidance into Trust practice and the contractual 'Duty of Candour' (Specific Condition 35, Standard NHS Contract).

The Trust produces a learning from experience report three times per year to monitor incident reporting and includes quantitative and qualitative analysis of numbers, types and severity of incidents reported per clinical speciality and location.

Public stakeholders are involved in managing risks which impact on them in the following ways:

- Annual planning events, which encourage engagement in setting strategic priorities.
- Consultation with public stakeholders on major service redesigns.

- Involvement of the Foundation Trust membership and Council of Governors membership.
- Patient and public involvement in the sub committees within the governance structure.
- Learning from experience where feedback is received from comments, concerns, complaints and compliments received from both patients and public stakeholders.

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 organisation's 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 UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources
The board reviews the financial position of the Trust on a monthly basis. This includes the achievement of efficiency targets. The Trust assesses its performance on the use of resources against Monitor's key ratios such as the continuity of services risk rating. There is a scheme of delegation in place and the key sub committees of the board as part of the governance structure. The Trust also utilises internal audit to review business critical systems over a rolling programme using a risk based approach.

Information governance
There have been two serious incidents relating to information governance in 2014/15, these were breaches of confidentiality that were reportable to the Information Commissioner's Office since they were classified as Level 2 in the Information Governance Incident Reporting Tool. Both incidents were email related and originated from non-clinical support services. In May 2014, a spreadsheet was emailed to another organisation containing personally identifiable staff information. The data involved was: name; address; and employment details. The number of data subjects potentially affected was 59. Individuals were notified by post. In June 2014, an email was sent intended for a member of staff but a member of the public's email address was selected in error. The data involved was: name; address; NHS number; and clinical information. The number of data subjects potentially affected was 2. Individuals were notified by post. The Trust considered these incidents to be serious and implemented specific targeted training for 100% of non-clinical support services staff and sent reminders to all Trust staff to be vigilant when emailing information. The Information Commissioner investigated the serious incidents and advised that regulatory action was not necessary due to the Trust's prompt remedial action.

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 assure the board that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data, the following steps have been put in place:

- Development of the quality priorities contained within the Quality Report are based on feedback received throughout the year from people who use and work for the Trust's services and the Trust's wider stakeholder groups. These quality priorities are integrated with the Trust's forward planning processes to allow consultation and effective communication across the Trust and wider stakeholder groups. It also ensures a robust audit trail to document the process of setting quality priorities, including being able to evidence feedback and constructive challenge.
- The receipt of quarterly Quality Reports by the board to evaluate progress towards delivery of the quality priorities. Through quarterly review of the Trust's self-assessment of compliance with Monitor's Quality Governance Framework, the board identifies on a regular basis how quality drives the overall Trust strategy. This is supported by a review by board of the corporate performance dashboard report and exception reporting from the Quality Committee of the Trust's quality dashboard. The Quality Committee includes in its business cycle a review of the quarterly Quality Report and is the delegated committee that identifies any necessary action plans required to manage the risks associated with their delivery. The Quality Report is also shared widely with partner organisations, governors, members, local groups and organisations, as well as the public.
- The Chief Executive confirms that on behalf of the board the information presented in the Quality Report is accurate.
- The board ensures that the governance processes around the presentation and scrutiny of the Quality Report are robust and as per regulations, receiving independent/ external audit assurance of this. The Chairman and Chief Executive confirm, on behalf of the board, that to the best of their knowledge and belief that the directors have complied with their responsibilities and requirements in preparing the Quality Report
- The limited assurance report audit conducted by the independent auditors to the Council of Governors on the annual Quality Report includes a review and report against the Trust's policies and plans in ensuring quality of care provided, systems and processes, people and skills, and quality metrics focussing on data collection, use and reporting.

The Trust does not currently report any elective waiting time data.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the 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 and the quality committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Department of Health requirements, the assistant director of Internal Audit has provided me with an overall assessment of compliance with the Assurance Framework requirements. Based upon the review conducted, it is concluded that the organisation has achieved 'Level A' (no significant internal control issues) i.e. an Assurance

Framework has been established which is designed and operating to meet the requirements of the Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation. The 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 are all identified.
2. There is evidence that the board has been appropriately engaged in developing and maintaining the assurance framework.
3. The framework is fit for purpose: that is it provides the board with evidence based assurances on the way in which it manages the organisation at a strategic level.

This review has been presented in a report to the Audit Committee and the board. It details that assurances have been identified from a range of internal and external sources, e.g. internal audit, Care Quality Commission compliance/ monitoring visits, the Trust's compliance visits, external audit and clinical audit/ quality improvement/ assurance mechanisms. It details that the Quality Committee reviews the strategic risk register at each meeting and has overarching responsibility for risk, with consideration given to the potential impact on strategic objectives and therefore the Assurance Framework.

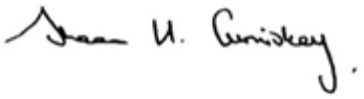
The review of the assurance framework across the year, alongside the board agenda, has identified the following areas for development:

- Ensuring that the board agenda and minutes continue to adequately record and reflect discussion, challenges and debate in respect of the assurance framework.
- The escalation of risks from the wider organisation needs to be further developed to ensure that the Trust is confident of the connection through to board level. This particularly to attest to the effectiveness of processes for the three localities. The Operational Board should therefore continue to receive and scrutinise operational risks.

Conclusion

Following my review of the effectiveness of internal control, I conclude and confirm that no significant internal control issues have been identified and that the internal control system supports the achievement of the NHS Foundation Trust's strategic plans and objectives.

Signed



Chief Executive

27th May 2015

Auditors Opinion and Certificate

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST ONLY

Opinions and conclusions arising from our audit

1 Our opinion on the financial statements is unmodified

We have audited the financial statements of Cheshire and Wirral Partnership NHS Foundation Trust for the year ended 31 March 2015. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of the Trust's income and expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15.

2 Our assessment of risk of material misstatement

In arriving at our audit opinion above on the financial statements the risk of material misstatement that had the greatest effect on our audit was as follows:

Valuation of land and buildings - £67.87 million

Refer to Audit Committee Report, Plant, Property and Equipment accounting policy note 11 to the financial statements showing financial disclosures.

The risk: Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost of a modern equivalent asset that has the same service potential as the existing property (MEAV). There is significant judgment involved in determining the appropriate basis (EUV or MEAV) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation and the condition of the asset.

For 2014/15 a revaluation of all of the land and buildings, except assets held for sale, was undertaken by an external valuer. This involved the physical inspection of the assets by the external valuer where new properties have been brought within the Trusts responsibility and where material capital spend has been incurred on existing assets since the last valuation in 2013. As a physical inspection of other assets was not performed, there is a risk that the valuation may not reflect the current use or condition of those assets.

Our response: In this area our audit procedures included:

- assessing the competence, capability, objectivity and independence of the Trust's external valuer and considering the terms of engagement of, and the instructions issued to, the valuer for consistency with the requirements of the NHS Foundation Trust Annual Reporting Manual;

- based on our knowledge of the sector, critically assessing the appropriateness of the valuation bases and assumptions (including cost indices, underlying replacement cost assumptions). This included challenging the valuer on key assumptions and methodology based on a set of key questions developed and applied consistently across our FT audits. We also completed a high level sense check of the overall valuation compared to our expectations by reference to the Trust's estates strategy and other property records held by the Trust;
- critically assessing the basis upon which any impairments to land and buildings have been recognised in the financial statements, including treatment of economic impairment, in line with the FT Annual Reporting Manual; and
- considering the adequacy of the Trust's disclosures about the key judgements and degree of estimation involved in arriving at the valuation.

3 Our application of materiality and an overview of the scope of our audit

The materiality for the financial statements was set at £3.0m, determined with reference to a benchmark of total operating income (of which it represents 2%). We consider total income to be more relevant than a surplus-related benchmark.

We report to the Audit Committee any uncorrected identified misstatements exceeding £150,000, in addition to other identified misstatements that warrant reporting on qualitative grounds.

Our audit of the Trust was undertaken to the materiality level specified above and was all performed at the Trust's headquarters in Chester.

4 Our opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts is unmodified

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

5 We have nothing to report in respect of the matters on which we are required to report by exception

Under ISAs (UK and Ireland) we are required to report to you if, based on the knowledge we acquired during our audit, we have identified other information in the annual report that contains a material inconsistency with either that knowledge or the financial statements, a material misstatement of fact, or that is otherwise misleading.

In particular, we are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our audit and the directors' statement that they consider that the annual report and accounts taken as a whole is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy; or
- the *Audit Committee report* does not appropriately address matters communicated by us to the audit committee.

Under the Audit Code for NHS Foundation Trusts we are required to report to you if in our opinion:

- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

- the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

We have nothing to report in respect of the above responsibilities.

Certificate of audit completion

We certify that we have completed the audit of the accounts of Cheshire and Wirral Partnership NHS Foundation Trust in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Respective responsibilities of the accounting officer and auditor

As described more fully in the Statement of Accounting Officer's Responsibilities on page 132-133 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the UK Ethical Standards for Auditors.

Scope of an audit of financial statements performed in accordance with ISAs (UK and Ireland)

A description of the scope of an audit of financial statements is provided on our website at www.kpmg.com/uk/auditscopeother2014. This report is made subject to important explanations regarding our responsibilities, as published on that website, which are incorporated into this report as if set out in full and should be read to provide an understanding of the purpose of this report, the work we have undertaken and the basis of our opinions.

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Amanda Latham
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE
28 May 2015

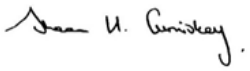
Annual Accounts

Forward to the Accounts
Statement of Comprehensive Income
Statement of Financial Position
Statement of Taxpayers' Equity
Statement of Cash Flows
Notes to the Accounts

Foreword to the

Accounts

These financial statements for the year ended 31 March 2015 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 Secretary of State, directed.



Sheena Cumiskey - Chief Executive Date: 27th May 2015

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	**Year ended 31 March 2015**	Year ended 31 March 2014
		£000	£000
Operating income from patient care activities	3	**146,830**	147,355
Other operating income	4	**8,163**	5,261
Operating expenses	5	**(157,781)**	(148,205)
OPERATING (DEFICIT) / SURPLUS		**(2,788)**	4,411
Finance income - bank interest		**106**	126
Finance expenses	8	**(185)**	(207)
Public Dividend Capital dividends payable	9	**(2,006)**	(1,939)
(DEFICIT) / SURPLUS FROM CONTINUING OPERATIONS		**(4,873)**	2,391
Deficit from discontinued operations and the gain/(loss) on disposal of discontinued operations	3 & 5	**(472)**	(591)
SURPLUS / (DEFICIT) FOR THE YEAR		(5,345)	1,800
Other Comprehensive Income			
Items that will not be reclassified subsequently to profit and loss			
Gain from transfer by absorption	11.1	**0**	1,751
Impairments	11.1	**(397)**	(288)
Revaluations		**2,330**	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR		(3,412)	3,263

The notes on pages 151 to 178 form part of these Accounts.

An analysis to reconcile the Trust's operating surplus as defined by the independent regulator, Monitor, with the presentation of the Trusts financial statements as prescribed by international accounting standards is shown below:

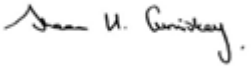
(Deficit)/Surplus for the financial year (as stated above)	(5,345)	1,800
Add back		
Non current asset impairments	6,065	753
Redundancy	(555)	1,754
Discontinued operations	472	591
One-off costs resulting from damage to Saddlebridge Unit	546	0
Adjusted Surplus for items excluded from Monitor's risk rating framework.	1,183	4,898

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2015

	NOTE	31 March 2015 £000	31 March 2014 *Restated* £000
NON-CURRENT ASSETS			
Property, plant and equipment	11	**67,870**	63,802
CURRENT ASSETS			
Trade and other receivables	12	**6,904**	6,576
Cash and cash equivalents	13	**19,468**	29,218
Non-current assets held for sale		**260**	260
Total Current Assets		**26,632**	36,054
TOTAL ASSETS		**94,502**	99,856
CURRENT LIABILITIES			
Trade and other payables	14	**(12,914)**	(10,763)
Tax (PAYE) and Social Security payables	14	**(2,179)**	(2,326)
Borrowings	15	**0**	(167)
Deferred income	16	**(293)**	(412)
Provisions for liabilities	17	**(584)**	(2,044)
Total Current Liabilities		**(15,970)**	(15,712)
NET CURRENT ASSETS		**10,662**	20,342
TOTAL ASSETS LESS CURRENT LIABILITIES		**78,532**	84,144
NON-CURRENT LIABILITIES			
Borrowings	15.1	**0**	(2,168)
Provisions for liabilities	17.1	**(750)**	(782)
Total Non-Current Liabilities		**(750)**	(2,950)
TOTAL ASSETS EMPLOYED		**77,782**	**81,194**
FINANCED BY TAXPAYERS' EQUITY:			
Public dividend capital	21	**36,181**	36,181
Revaluation reserve		**10,359**	8,619
Retained earnings		**31,242**	36,394
TOTAL TAXPAYERS' EQUITY		**77,782**	**81,194**

The notes on pages 151 to 178 form part of these Accounts.

The financial statements on pages 146 to 178 were approved by the Board on 27th May 2015 and signed on its behalf by Sheena Cumiskey, Chief Executive.

Signed:  Date: 27/5/15

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve	Retained Earnings	Total
	£000	£000	£000	£000
Year Ended 31 March 2015				
Taxpayers' Equity at 1 April 2014, as previously stated	**36,181**	**8,619**	**36,394**	**81,193**
Total Comprehensive Income for year ended 31 March 2015:				
Transfers by modified absorption: gains on 1 April transfers from demising bodies	0	0	0	**0**
Surplus for the year	0	0	(5,345)	**(5,345)**
Transfers by modified absorption: transfer between reserves	0	0	0	**0**
Impairments	0	(397)	0	**(397)**
Revaluation PPE	0	2,330	0	**2,330**
Transfer to retained earnings on disposal of assets	0	(51)	51	**0**
Public Dividend Capital Received	0	0	0	**0**
Other reserve movements	0	(142)	142	**0**
Taxpayers' Equity at 31 March 2015	**36,181**	**10,359**	**31,242**	**77,781**
Year Ended 31 March 2014				
Taxpayers' Equity at 1 April 2013, as previously stated	**35,849**	**8,772**	**32,978**	**77,599**
Total Comprehensive Income for year ended 31 March 2014:				
Transfers by modified absorption: gains on 1 April transfers from demising bodies	0	0	1,751	**1,751**
Surplus for the year	0	0	1,800	**1,800**
Transfers by modified absorption: transfer between reserves	0	321	(321)	**0**
Impairments	0	(288)	0	**(288)**
Transfer to retained earnings on disposal of assets	0	(24)	24	**0**
Public Dividend Capital Received	332	0	0	**332**
Other reserve movements	0	(162)	162	**0**
Taxpayers' Equity at 31 March 2014	**36,181**	**8,619**	**36,394**	**81,194**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2015

	NOTE	Year ended 31 March 2015 £000	Year ended 31 March 2014 £000
CASH FLOWS FROM OPERATING ACTIVITIES			
Operating Surplus/(Deficit) from continuing operations		**(2,788)**	4,411
Operating Surplus/(Deficit) from discontinued operations		**(472)**	(591)
OPERATING SURPLUS/(DEFICIT)		**(3,260)**	3,820
Depreciation	11.1	**2,122**	3,230
Impairments	11.1	**6,239**	753
Reversal of Impairments		**(173)**	0
Loss/(Gain) on disposal		**33**	(51)
Decrease/(Increase) in trade and other receivables		**(328)**	(1,455)
Increase in trade and other payables		**2,068**	286
(Decrease)/Increase in other current liabilities		**(119)**	272
(Decrease)/Increase in provisions		**(1,511)**	723
NET CASH INFLOW FROM OPERATING ACTIVITIES		**5,071**	7,578
CASH FLOWS FROM INVESTING ACTIVITIES			
Interest received		**106**	327
Payments for property, plant and equipment		**(10,510)**	(5,455)
Proceeds from disposal of property, plant and equipment		**90**	268
NET CASH (OUTFLOW) FROM INVESTING ACTIVITIES		**(10,314)**	(4,860)
CASH FLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		**0**	332
Capital element of finance lease		**(2,335)**	(156)
Interest element of finance lease	8	**(166)**	(188)
Public dividend capital dividend paid	9	**(2,006)**	(1,939)
NET CASH (OUTFLOW) FROM FINANCING ACTIVITIES		**(4,507)**	(1,951)
DECREASE / (INCREASE) IN CASH AND CASH EQUIVALENTS		**(9,750)**	766
CASH AND CASH EQUIVALENTS AT 1 APRIL		**29,218**	28,452
CASH AND CASH EQUIVALENTS AT 31 MARCH	13	**19,468**	**29,218**

The notes on pages 151 to 178 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 HM Treasury. Consequently, the following financial statements have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2014/15 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.

Cheshire and Wirral Partnership NHS Foundation Trust Charitable Funds balances have not been consolidated into these financial statements even though the NHS foundation trust is a Corporate Trustee and the Charity represents a subsidiary as per IFRS 10. This is due to the immaterial effect of the transactions, assets and liabilities in the year on the primary statements of the Trust as a whole.

Where the IASB has issued amendments to standards, NHS foundation trusts should apply those amendments in accordance with the applicable timetable, but should not seek to early-adopt any changes. Changes to standards issued by the IASB which have not yet been adopted are:

- IFRS 09 Financial Instruments
- IFRS 13 Fair Value Measurement
- IFRS 15 Revenue from contracts with customers
- IAS 36 (amendment) - recoverable amount disclosures
- Annual Improvements 2012
- Annual Improvements 2013
- IAS 19 (amendment) - employer contributions to defined benefit pension schemes
- IFRIC 21 Levies

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. These accounts have been prepared on a going concern basis.

1.2 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the NHS foundation trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. Such estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. While estimates and underlying assumptions are continually reviewed, actual results may differ from such estimates. Revisions to accounting estimates are recognised in the year that such revisions occur. The following critical judgements have been made in applying the NHS foundation trust's accounting policies:
- Determination of an appropriate carrying value for Property, Plant and Equipment. Detailed in Note 1.7 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.
- The Trust's assessment of income due from NHS Litigation Authority in respect of costs incurred following an incident at Saddlebridge which occurred during 2014/15.

1.3 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.

1.4 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, 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.

1.5 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.

Drug & Alcohol services in Wirral and West Cheshire were separate identifiable areas of key activity within CWP, which represented a separate and significant major line of business to the Trust in both localities. The service transferred to the voluntary sector in February 2015. The primary statements and notes to the accounts are reflective of the discontinued operation in 2013/14 and 2014/15.

1.6 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
- 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
- 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.

Note 1.6 continues on next page

1.6 Property, Plant and Equipment (continued)

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 a componentised MEA basis was carried out at 31st March 2015 by the NHS foundation trust's valuers DTZ, (Member of the Royal Institute of Chartered Surveyors). Each asset has 4 components made up as follows:

- Building Fabric - 1 to 90 years
- Services - 1 to 30 years
- External Works - 1 to 50 years
- Land - infinite

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. Any impairment loss is accounted for at this point. 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

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 additional future economic benefits deriving from the cost incurred to replace a component of such item will flow to the trust and the cost of the item can be reliably determined. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. All other expenditure that does not generate additional future economic benefits or service potential is recognised as an expense in the period in which it is incurred.

Note 1.6 continues on next page

1.6 Property, Plant and Equipment (continued)

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 1.7 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 on a componentised basis as assessed by the NHS foundation trust's professional valuers.

Equipment is depreciated evenly over its estimated remaining life which is considered not to be materially different from the period of consumption of economic benefits as follows:
Plant and Equipment 1 - 15 years
Transport Equipment 1 - 5 years
Information Technology 1 - 10 years
Furniture and Fittings 1 - 5 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 concerned, 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 clear 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 arising from a clear consumption of economic benefits or service potential are reversed if the circumstances that gave rise to the original loss subsequently reverse.

Note 1.6 continues on next page

1.6 Property, Plant and Equipment (continued)

All other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

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.

Accounting for Joint Arrangements

The Trust has entered into a joint arrangement with Ryhurst Ltd. The arrangement, titled Villicare LLP, has been established to support the Trust in providing high quality, effective estates management.

A review of Villicare LLP's management arrangements and ownership structure has concluded that the joint arrangement is to be accounted for as a joint operation within the Trusts financial statements for the financial year 2014/15.

Joint operations are arrangements in which the Trust has joint control with one or more other parties and has rights to the assets, and obligations for the liabilities, relating to the arrangement. The Trust includes within its financial statements its share of assets, liabilities, income and expenses.

Intangible Asstets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trusts business, or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is only capitalised as an intangible asset when deemed material.

Intangible assets are recognised initially at cost, comprising all directly attributable costs, and then subsequently held at fair value, with gains and losses treated in the same way as property, plant and equipment. Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery

1.7 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'; the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Non-current assets held for sale are valued at the lower of existing carrying amount and 'fair value less costs to sell' and depreciation ceases to be charged. Assets are derecognised when all material sale contract conditions have been met.

Note 1.7 continues on next page

1.7 Non-Current Assets Held For Sale (continued)

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.

1.8 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 so as to achieve a constant rate of return for the lessor over the life of the lease. 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. The lease liability is de-recognised when the liability is discharged, cancelled or expires.

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 added to lease rentals on a straight-line basis and charged to operating expenses over the lease term.

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.9 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 1.8).

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, prepayments, 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.

1.9 Financial Assets and Financial Liabilities (continued)

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, finance leases and provisions under contract.

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.

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.

1.10 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 1.18 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.

1.11 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation 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.

1.12 Clinical Negligence Costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. The contribution is charged to operating expenses. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. Amounts in respect of these cases are not provided for in these financial statements but the total value of the clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at Note 17.2 but is not recognised in the NHS foundation trust accounts.

1.13 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.

1.14 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. Employers pension cost contributions are charged to operating expenses as and when they become due. 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.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill health. The full amount of the liability for the additional costs is charged to operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

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:

1.15 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.

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.

1.16 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.

1.17 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.

1.18 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 relevant net assets of the NHS foundation trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated 'pre audit' and is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.19 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.

1.20 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.

1.21 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.

1.22 Consolidation

Following HM Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established as the Trust is the corporate trustee of the linked NHS charity ('CWP Charity'), effectively it has the power to exercise control so as to obtain economic benefits. However, the transactions are immaterial in the context of the Trusts and transactions have not been consolidated. details of the transactions of the charity are included in the related parties' note.

2. Operating Segments

All activity at Cheshire and Wirral Partnership NHS Foundation Trust is healthcare related and a large majority of the Trust's income is received from within UK Government departments. The main proportion of the operating expenses are payroll related and are for the staff directly involved in the provision of health care and the indirect and overhead costs associated with that provision. The Trust operates primarily in Cheshire and the Wirral with some services delivered across the North West of England. Therefore, it is deemed that the business activities which earn the revenues for the Trust and in turn incur the expenses are one provision, which is it deemed appropriate to identify as a single segment, namely 'health care'.

The Trust identifies the Trust Board (which includes all Executive and Non-Executive Directors) as the Chief Operating Decision Maker (CODM) as defined by IFRS 8. Monthly operating results are reported to the Trust Board. The financial position of the Trust in month and for the year to date are reported , along with projections for the future performance and position, as a position for the whole Trust rather than as component parts making up the whole. The Trust board does not have separate directors for particular service areas or divisions. The Trust's external reporting to Monitor (the regulator) is on a whole Trust basis, which also implies the Trust is a single segment.

All decisions affecting the Trust's future direction and viability are made based on the overall total presented to the Board; the Trust is satisfied that the single segment of healthcare is appropriate and consistent with the principles of IFRS 8.

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 2015	Year ended 31 March 2014 Restated
	£000	£000
NHS Foundation Trusts	352	383
NHS Trusts	33	22
Clinical Commissioning Groups (CCG's) & NHS England	138,773	134,792
Department of Health	0	22
Local Authorities	12,265	17,683
Non-NHS Other	1,190	988
	152,613	153,890
Of which relates to:		
- Continuing Operations	146,830	146,961
- Discontinued Operations	5,783	6,929

Note 1 - £151,413,000, of the income recorded above has arisen from Commissioner Requested Services (£153,296,000 2013/14)
Note 2 - 2013/14 NHS Foundation Trust income restated to exclude income in relation to staff recharges transferred to other operating income.

4. Other Operating Income

	Year ended 31 March 2015	Year ended 31 March 2014 Restated
	£000	£000
Research	284	188
Education and training	2,996	2,738
Non-patient care services to other bodies	1,663	1,681
Other income	3,047	1,048
Reversal of impairment of Property, Plant and Equipment	173	0
	8,163	5,655
Of which relates to:		
- Continuing Operations	8,163	5,655
- Discontinued Operations	0	0

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.

Note 2 - 2013/14 other income restated to include staff recharges income transferred from operating income from patient care activities.

5. Operating Expenses

Operating expenses comprise:

	Year ended 31 March 2015	Year ended 31 March 2014
		Restated
	£000	£000
Services from NHS Foundation Trusts	1,814	2,050
Services from NHS Trusts	1,501	1,550
Services from CCG's and NHS England	335	286
Services from other NHS bodies	509	251
Services from Non NHS bodies (Note 3)	1,295	382
Employee expenses - Executive directors	675	596
Employee expenses - Non-executive directors	124	116
Employee expenses - Staff	125,648	122,007
Drug costs	2,117	1,765
Rentals under operating leases - minimum lease payments	1,822	1,643
Supplies and services - clinical	2,410	1,738
Supplies and services - general	1,593	1,359
Establishment	1,996	1,876
Research	244	278
Transport	2,857	3,216
Premises	7,540	8,025
Increase/(Decrease) in bad debts provision (Note 4)	(299)	539
Depreciation on property, plant and equipment	2,122	3,230
Impairments of land and buildings (Note 1)	6,239	753
Internal audit	71	68
Statutory auditors' fees (Note 2)	58	72
Other statutory auditors' services	0	31
Clinical negligence	279	253
Loss on disposal of land and buildings	33	0
Legal fees	269	251
Consultancy services (Note 3)	545	335
Redundancy costs	(555)	1,754
Training	879	570
Insurance	316	298
Other	1,599	433
	164,036	155,725
Of which relates to:		
- Continuing Operations	157,781	148,205
- Discontinued Operations	6,255	7,520

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 56 of the Annual Report.
Note 3 - 2013/14 restated for reclassification of expenditure previously recorded under 'consultancy services', now shown under 'services from non NHS bodies' to aid comparison with classification in 2014/15.
Note 4 - 2013/14 balances restated for revisions to impairment of receivables

6 Operating Leases

These primarily comprise leases for office equipment, premises and transport which are charged to operating expenses in Note 5 above. No individual leases are considered significant for separate disclosure.

6.1 Payments recognised as an expense

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Minimum lease payments	1,822	1,643

6.2 Total future minimum lease payment commitments

	Year ended 31 March 2015		Year ended 31 March 2014	
	Land and Buildings	Other Leases	Land and Buildings	Other Leases
	£000	£000	£000	£000
Payable :				
Within 1 year	963	309	902	411
Between 1 and 5 years	1,674	270	1,311	461
After 5 years	262	0	227	0
	2,899	579	2,440	872

7. Employee Costs and Numbers

7.1 Employee costs

	Year ended 31 March 2015	Year ended 31 March 2014
	£000	£000
Salaries and wages	**103,812**	**101,835**
Social Security costs	**7,214**	**7,248**
Employer contributions to NHS Pensions Scheme	**12,018**	**11,795**
Agency / contract staff	**3,550**	**1,979**
	126,594	**122,857**

Note 1 - The executive directors remuneration is disclosed in the Remuneration Report, see page 60 to 66 of the Annual Report.

Note 2 - Employee costs shown above are included within Employee Expenses for both Executive Directors and Staff (£126.323m), Research (£0.215m) and Other (£0.056m) in note 5 to the accounts.

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 2015			
Exit package cost band			
<£10,000	2	0	2
£10,001 - £25,000	0	0	0
£25,001 - £50,000	1	0	1
£50,001 - £100,000	0	1	1
£100,001 - £150,000	0	0	0
Total number of exit packages by type	**3**	**1**	**4**
Total resource cost (£000's)	**40**	**67**	**107**

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
Year ended 31 March 2014 - Restated			
Exit package cost band			
<£10,000	1	0	1
£10,001 - £25,000	1	0	1
£25,001 - £50,000	1	0	1
£50,001 - £100,000	0	2	2
£100,001 - £150,000	1	0	1
Total number of exit packages by type	**4**	**2**	**6**
Total resource cost (£000's)	**181**	**115**	**297**

Note 1 - the cost of exit packages for the year ending 31st March 2015 reflects the programme of clinical and corporate service redesigns delivered during the year. The figure above reflects those packages that have been agreed in year. The action taken will generate recurrent savings going forward.

Note 2 - 2013/14 figures have been restated to reflect only those exit packages which have been formally agreed in year.

7. Employee Costs and Numbers

7.3 Average monthly number of employees

	Year ended 31 March 2015	Year ended 31 March 2014
	Number	Number
Medical and dental	**130**	134
Administration and estates	**666**	646
Healthcare assistants and other support staff	**227**	200
Nursing, midwifery and health visiting staff	**1,391**	1,349
Scientific, therapeutic and technical staff	**560**	554
Social care staff	**4**	4
Bank and agency staff	**218**	212
	3,196	3,099

Note 1 - The average monthly number of employees is shown on a whole time equivalent basis and of these over 95% have permanent contracts with the NHS foundation trust.

Directors Remuneration

	Year ended 31 March 2015	Year ended 31 March 2014 Restated
	£000	£000
Directors Remuneration	928	851
Employer contributions to the pension scheme	95	91
	1,023	942

Note 1 - 2013-14 has been restated to include non executive directors

The highest paid director in 2014-15 received a salary in the bracket of £155,000 - £160,000. The highest paid director in 2013-14 received a salary in the bracket of £160,000 - £165,000. Full disclosure is given in the remuneration report.

	Year ended 31 March 2015	Year ended 31 March 2014
Total number of directors to whom benefits are accruing under defined benefit schemes	8	6

7.4 Retirements due to ill-health

During the year there were 10 (year ended 31 March 2014, 10) early retirements from the NHS foundation trust on the grounds of ill-health. The additional pension liabilities of these ill-health retirements will be £545,064 (year ended 31 March 2014, £692,315). The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

7.5 Pension Liability

Cheshire and Wirral Partnership NHS Foundation Trust estimates its employer contributions for 2015-16 will be £12.0m. The published annual accounts of the NHS pension scheme in 2013-14 disclosed a liability for the whole scheme of £337bn an increase of £53bn. As the NHS Pension Scheme is an unfunded scheme these liabilities are underwritten by the Exchequer. Employer contribution rates in 2015-16 will increase from 14% to 14.3%.

8. Finance Expenses

	Year ended 31 March 2014	Year ended 31 March 2014
	£000	£000
Unwinding of discount on provisions	**19**	19
Finance leases	**166**	188
	185	207

9. Public Dividend Capital Dividends payable

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 £2,006,000 (year ended 31 March 2014, £1,939,000).

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 2015 the NHS foundation trust had 88 (year ended 31 March 2014, 100) separate losses and special payments totalling £120,000 (year ended 31 March 2014, £107,000). Most of these were in relation to damage and losses in respect of buildings and property.

	Year ended 31 March 2015		Year ended 31 March 2014	
	Numbers	**£000**	**Numbers**	**£000**
LOSSES:				
Losses of cash due to:				
other causes (note 1)	4	0	2	0
Bad debts and claims abandoned				
other	8	4	2	11
Damage to buildings, property (Inc. stores)				
vandalism, arson, theft, fraud etc.	48	38	85	12
drug & vaccine losses	8	4	0	0
other	1	0	0	0
TOTAL LOSSES	69	46	89	23
SPECIAL PAYMENTS:				
Ex gratia payments in respect of:				
loss of personal effects	13	2	6	1
personal injury with advice	2	67	2	62
other employment payments	2	4	0	0
other	2	1	3	21
TOTAL SPECIAL PAYMENTS	19	74	11	84
TOTAL LOSSES AND SPECIAL PAYMENTS (note 2)	88	120	100	107

Note 1: The four cases identified were for a total value of £123

Note 2: none of the payments made during the year totalled more than £300,000 which would require further analysis

11. Property, plant and equipment

11.1 Year ended 31 March 2015

	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 2014	9,162	53,765	3,953	1,115	179	2,572	586	71,332
Additions purchased	0	6,153	3,906	156	0	129	102	10,446
Impairments charged to revaluation reserve	(181)	(1,128)	0	0	0	0	0	(1,309)
Reversal of impairments credited to the revaluation reserve	310	602	0	0	0	0	0	912
Reclassifications	0	7,182	(7,182)	0	0	0	0	0
Revaluations	676	(10,795)	0	0	0	0	0	(10,119)
Disposals / derecognition	(39)	(91)	0	0	0	0	0	(130)
Cost or Valuation at 31 March 2015	**9,928**	**55,688**	**677**	**1,271**	**179**	**2,701**	**688**	**71,132**
Depreciation at 1 April 2014	0	5,175	0	769	108	1,030	448	7,530
Provided during the year	0	1,654	0	61	9	342	56	2,122
Impairments charged to operating expenses	41	6,198	0	0	0	0	0	6,239
Reversal of impairments credited to operating income	(2)	(171)	0	0	0	0	0	(173)
Revaluations	(39)	(12,410)	0	0	0	0	0	(12,449)
Disposals / derecognition	0	(7)	0	0	0	0	0	(7)
Depreciation at 31 March 2015	**0**	**439**	**0**	**830**	**117**	**1,372**	**504**	**3,262**
Net book value								
Purchased at 1 April 2014	9,162	47,113	3,953	346	71	1,542	138	62,325
Finance Lease at 1 April 2014	0	1,477	0	0	0	0	0	1,477
Total at 1 April 2014	9,162	48,590	3,953	346	71	1,542	138	63,802
Purchased at 31 March 2015	9,928	55,249	677	441	62	1,329	184	67,870
Finance Lease at 31 March 2015	0	0	0	0	0	0	0	0
Total at 31 March 2015	**9,928**	**55,249**	**677**	**441**	**62**	**1,329**	**184**	**67,870**

11. Property, plant and equipment

11.1 Year ended 31 March 2014

	Land	Buildings	Assets under construction	Plant and equipment	Transport equipment	Information technology	Furniture & fittings	Total
			Restated					
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or Valuation at 1 April 2013	8,687	50,455	3,794	922	121	1,799	535	66,313
Adjustment (note 1)	0	0	(1,660)	0	0	0	0	(1,660)
Transfers by absorption - Modified	475	1,276	0	0	0	0	0	1,751
Additions purchased	0	0	4,766	193	58	773	51	5,841
Additions Leased	0	128	0	0	0	0	0	128
Impairments charges to operating expenses	0	(753)	0	0	0	0	0	(753)
Impairments charged to revaluation reserve	0	(288)	0	0	0	0	0	(288)
Reclassifications	0	2,947	(2,947)	0	0	0	0	0
Cost or Valuation at 31 March 2014	**9,162**	**53,765**	**3,953**	**1,115**	**179**	**2,572**	**586**	**71,332**
Depreciation at 1 April 2013	0	2,222	1,660	726	102	848	402	5,960
Adjustment (note 1)	0	0	(1,660)	0	0	0	0	(1,660)
Provided during the year	0	2,953	0	43	6	182	46	3,230
Depreciation at 31 March 2014	**0**	**5,175**	**0**	**769**	**108**	**1,030**	**448**	**7,530**
Net book value								
Purchased at 1 April 2013	8,687	46,822	2,134	196	19	951	133	58,942
Finance Lease at 1 April 2013	0	1,411	0	0	0	0	0	1,411
Total at 1 April 2013	8,687	48,233	2,134	196	19	951	133	60,353
Purchased at 31 March 2014	9,162	47,113	3,953	346	71	1,542	138	62,325
Finance Lease at 31 March 2014	0	1,477	0	0	0	0	0	1,477
Total at 31 March 2014	**9,162**	**48,590**	**3,953**	**346**	**71**	**1,542**	**138**	**63,802**

Note 1:
A first time valuation of Saddlebridge LSU was commissioned on 31/03/2011 while still under construction but substantially completed. The result was £1,660k impairment between construction costs & EUV.

This remained within AUC GDC through to interim revaluation year 2012/13, at which point all backlog depreciation including impairments should have been written out. This has been corrected in 2014/15 so that the accounts, financial statements & asset register are fully reconciled & in balance.

11.2 Joint Arrangements

Villicare LLP has been established as a Limited Liability Partnership (LLP) strategic estates partnership between Cheshire & Wirral Partnership NHS FT and Ryhurst Ltd. The partnership's primary purpose is to make available the estate needed to help CWP deliver efficient clinical services.

Villicare LLP's registered address and principal place of business is Rydon House, Station Road, Forest Row, East Sussex, RH18 5DW, England.

The partnership currently has 2 subsidiaries, Villicare (Nominee No.1) Ltd and Villicare (ProjectCo. No1) LLP. It is anticipated that further subsidiaries will be created as and when new business opportunities arise.

The Trust's share of Villicare LLP's income, expenditure, assets and liabilities are accounted for in accordance with the relevant IFRS's/IAS's in the Trust's accounts.

The Trust has entered into a joint arrangement with Ryhurst Ltd (50:50). The arrangement, titled Villicare LLP, has been established to support the Trust in providing high quality, effective estates management.

Related Party Transactions. Joint Arrangements

	2014/15 Current Assets £'000	2014/15 Current Liabilities £'000	2014/15 Income £'000	2014/15 Expenditure £'000
Villicare LLP - consisting of:				
Cheshire & Wirral Partnership NHS FT	20	(10)	125	(116)
Ryhurst Ltd	20	(10)	125	(116)
Total	40	(20)	250	(232)

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 2015	31 March 2014
	£000	£000
Buildings	**0**	1,477

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 2015	31 March 2014
	£000	£000
Buildings	**0**	61

Note - the finance lease in relation to Springview MHU ceased on 9th March 2015. Depreciation is included under buildings in note 11.1.

11.4 Net book value of land and buildings

	31 March 2015	31 March 2014
	£000	£000
Freehold	**64,297**	53,984
Long leasehold	**440**	2,064
Short leasehold	**440**	44
TOTAL	**65,177**	56,092

11.5 Capital Commitments

Commitments under capital expenditure contracts at 31 March 2015 were £1,415,436 (31 March 2014, £4,061,000).

12. Trade and other receivables - current

	31 March 2015	*Restated* 31 March 2014
	£000	£000
NHS receivables	**2,385**	3,687
Non-NHS trade receivables	**1,539**	1,566
Provision for impairment of receivables (note 2)	**(244)**	(543)
Prepayments	**1,031**	872
Accrued income	**1,947**	779
VAT receivables	**246**	215
TOTAL	**6,904**	6,576

Note 1 - There were no non-current trade and other receivables.
Note 2 - 2013/14 balances restated for revisions to impairment of receivables.

12.1 Receivables past their due date but not impaired

	31 March 2015	31 March 2014 *Restated*
	£000	£000
By up to three months (Note 1)	**831**	1,428
By three to six months	**303**	201
By more than six months	**213**	143
TOTAL	**1,347**	1,772

Note 1 - 2013/14 balances restated for revisions to impairment of receivables.

12.2 Provision for impairment of receivables

	31 March 2015	*Restated* 31 March 2014
	£000	£000
Balance at 1 April	**543**	4
Amount written off during the year	**0**	0
Amount recovered during the year	**(531)**	(2)
Increase in receivables impaired (note 1)	**232**	541
Balance at 31 March	**244**	543

Note 1 - 2013/14 balances restated for revisions to impairment of receivables.

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 2015	31 March 2014
	£000	£000
Balance at 1 April	**29,218**	28,452
Net change in year	**(9,750)**	766
Balance at 31 March	**19,468**	29,218
Made up of -		
Cash with the Government Banking Service (GBS)	**13,337**	6,856
Cash with commercial banks and cash in hand	**1,131**	2,362
Current investments	**5,000**	20,000
Cash and cash equivalents as in Statement of Financial Position and Statement of Cash Flows	**19,468**	29,218

14. Trade and other payables - current

	31 March 2015	31 March 2014 *Resated*
	£000	£000
NHS payables	**1,854**	872
Other trade payables - revenue	**3,520**	3,857
Other trade payables - capital	**800**	864
Other payables	**1,191**	1,348
Accruals	**5,549**	3,822
Tax Due	**2,179**	2,326
TOTAL	**15,093**	13,089

Note 1 - There are no non - current trade and other payables balances.
Note 2 - 2013/14 balances restated for revisions to impairment of receivables.

15. Borrowings - current

	31 March 2015	31 March 2014
	£000	£000
Obligations under a finance lease	0	167

15.1 Borrowings - non-current

	31 March 2015	31 March 2014
	£000	£000
Obligations under a finance lease	0	2,168

Note 1 - The finance lease obligation in 2013/14 related to a property from which the NHS foundation trust delivers Adult Mental Health and Older Peoples Services. The lease ended on the 9th March 2015.

15.2 Finance lease obligations

Amounts payable under finance leases: minimum lease payments

	31 March 2015	31 March 2014
	£000	£000
Within one year	0	343
Between one and five years	0	1,372
After five years	0	1,688
Less future finance charges	0	(1,068)
Present value of minimum lease payments	0	2,335
Included in:		
Current borrowings	0	167
Non-current borrowings	0	2,168
	0	2,335

16. Deferred income - current

	31 March 2015	31 March 2014
	£000	£000
Deferred income	**293**	412

Note 1 - There is no non-current deferred income

17. Provisions for liabilities - current

	31 March 2015	31 March 2014
	£000	£000
Pensions relating to other staff	**71**	71
Legal claims	**161**	153
Redundancy	**224**	1,104
Restructurings	**128**	386
Other	**0**	330
TOTAL	**584**	2,044

17.1 Provisions for liabilities - non-current

	31 March 2015	31 March 2014
	£000	£000
Pensions relating to other staff	750	782
TOTAL	**750**	782

17.2 Movement of provisions for liabilities

	Pensions relating to other staff	Legal claims	Redundancy	Restructuring	Other	**Total**
	£000	£000	£000	£000	£000	**£000**
At 1 April 2014	**853**	**153**	**1,104**	**386**	**330**	**2,826**
Arising during the year	**19**	**119**	**235**	**0**	**0**	**373**
Utilised during the year	**(70)**	**(46)**	**(183)**	**(258)**	**0**	**(557)**
Reversed unused	**0**	**(65)**	**(932)**	**0**	**(330)**	**(1,327)**
Unwinding of discount	**19**	**0**	**0**	**0**	**0**	**19**
At 31 March 2015	**821**	**161**	**224**	**128**	**0**	**1,334**
Expected timing of cash flows:						
Within one year	71	161	224	128	0	**584**
Between one and five years	350	0	0	0	0	**350**
After five years	400	0	0	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

Note 3 - At 31 March 2015 £1,132,906 (31 March 2014, £1,072,000) 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 2015 the NHS foundation trust has a contingent liability in respect of non-clinical negligence claims with the NHS Litigation Authority (NHSLA) of £159,270 (31 March 2014, £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 NHS and local authority commissioners and the way in which those commissioners are financed. Financial assets and liabilities, see below, are generated by day-to-day operational activities rather than being held to change the risks facing the NHS foundation trust in undertaking its activities.

The NHS foundation trust holds the following financial assets and liabilities are measured at amortised cost:

	31 March 2015	31 March 2014 *Restated*
	£000	£000
Financial Assets		
Loans and Receivables -		
NHS receivables	**2,385**	3,687
Non-NHS trade receivables (net of provision for impaired receivables)	**1,295**	1,023
Accrued income	**1,947**	779
Cash at bank and in hand, and short term investments	**19,468**	29,218
TOTAL	**25,095**	34,708
Financial Liabilities		
Other Financial Liabilities -		
NHS payables	**1,854**	872
Other trade payables - revenue	**3,520**	3,857
Other trade payables - capital	**800**	864
Other payables	**1,191**	1,348
Accruals (Note 2)	**5,549**	3,822
Deferred Income	**293**	412
Finance lease obligations	**0**	2,335
TOTAL	**13,207**	13,510

Note 1 - The fair value of financial assets and liabilities shown above is not considered to be significantly different from book value.
Note 2 - 2013/14 balances restated for revisions to impairment of receivables.

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. 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 £26,632,000. 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 Clinical Commissioning groups and NHS England, 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. As stated above the majority of NHS foundation trust's net operating expenses are financed via NHS commissioners from resources voted annually by Parliament.

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 Independent Trust 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 2015 the NHS foundation trust held £14,695 (31 March 2014, £14,714) 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 2015	31 March 2014
	£000	£000
Public Dividend Capital at 1 April	**36,181**	35,849
New Public Dividend Capital received	**0**	332
Public Dividend Capital at 31 March	**36,181**	**36,181**

Note - Further information on public dividend capital can be found above in Note 1.19.

22.1 Related Party Transactions

Ultimate Parent
Cheshire and Wirral Partnership NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. Monitor, the Independent Regulator of NHS Foundation Trusts has the power to control the NHS foundation trust within the meaning of IAS 27 ' Consolidated and Separate Financial Statements' and therefore can be considered as the NHS foundation trust's parent. Monitor does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts which are then included within the Whole of Government Accounts. Monitor is accountable to the Secretary of State for Health. The NHS foundation trust's ultimate parent is therefore HM Government.

Whole of Government Accounts (WGA) Bodies
All government bodies which fall within the whole of government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes, for example, all NHS bodies, all local authorities and central government bodies.

During the year the NHS foundation trust has had transactions with the following related party organisations;

		Year Ended 31 March 2015			
Name of Related Party	Relationship / Reason for Disclosure	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Alzheimer's Society	Member of Council of Governors	4	0	0	0
Arch Initiatives	Member of Council of Governors	27	43	0	0
Care Quality Commission	Member of Council of Governors	5	72	5	0
Cheshire East UA	Member of Council of Governors	2,330	159	287	0
Cheshire West and Chester Council	Member of Council of Governors	4,386	587	605	0
Cheshire West and Chester UA	Member of Council of Governors	0	0	0	0
CLRN (recorded as RLBG)	Member of Council of Governors	216	0	0	0
Countess of Chester Hospital NHSFT	Member of Council of Governors	572	1,298	102	122
CWP Charity	Board of Directors	0	0	8	0
East Cheshire NHS Trust	Member of Council of Governors	13	939	2	48
Eastern Cheshire CCG	Member of Council of Governors	14,624	0	70	773
Head Injured People in Cheshire	Member of Council of Governors	0	0	0	0
Health and Social Care Ambassador Royal & Broadgreen Hospital	Member of Council of Governors	0	0	0	7
Health Education England NW Board	Board of Directors	2,890	0	0	0
HM Revenue and Customs	Member of Council of Governors	0	0	0	0
Metropolitan Borough of Wirral	Member of Council of Governors	0	0	0	0
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	16	96	2	17
NHS Business Services Authority	Member of Council of Governors	0	0	0	148
NHS Pensions Agency	Member of Council of Governors	0	19,232	0	1,604
North of England Zoological Society (Chester zoo)	Board of Directors	0	1	0	0
Royal College of Psychiatrists	Member of Council of Governors	0	45	0	6
South Cheshire CCG	Member of Council of Governors	14,256	0	125	24
The Walton Centre NHS FT	Board of Directors	15	0	1	0
Trafford Borough Council	Member of Council of Governors	1,265	0	231	0
Vale Royal CCG	Member of Council of Governors	8,014	4	74	4
Western Cheshire CCG	Member of Council of Governors	45,850	58	480	0
Wirral Borough Council	Member of Council of Governors	4,587	233	121	0
Wirral CCG	Member of Council of Governors	34,192	1	142	7
Wirral Community NHS Trust	Member of Council of Governors	855	524	123	530
Wirral University Teaching Hospital NHSFT	Member of Council of Governors	57	947	94	74

Note - Payments made to the key decision makers within the organisation are disclosed in the Remuneration table which is shown on pages 63 and 65 of the Annual Report

22.1 Related Party Transactions

Year Ended 31 March 2014

Name of Related Party	Relationship / Reason for Disclosure	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Alzheimer's Society	Member of Council of Governors	4	0	0	0
Arch Initiatives	Member of Council of Governors	0	34	0	21
Care Quality Commission	Member of Council of Governors	0	70	0	0
Cheshire East UA	Member of Council of Governors	5,823	109	12	0
Cheshire West and Chester Council	Member of Council of Governors	0	0	0	0
Cheshire West and Chester UA	Member of Council of Governors	4,743	319	613	58
CLRN (recorded as RLBG)	Member of Council of Governors	0	0	0	0
Countess of Chester Hospital NHSFT	Member of Council of Governors	697	1,159	421	257
CWP Charity	Board of Directors	0	0	0	0
East Cheshire NHS Trust	Member of Council of Governors	21	1,081	9	28
Eastern Cheshire CCG	Member of Council of Governors	12,999	0	0	0
Head Injured People in Cheshire	Member of Council of Governors	0	5	0	0
Health and Social Care Ambassador Royal & Broadgreen Hospital	Member of Council of Governors	0	0	0	0
Health Education England NW Board	Board of Directors	2,733	7	0	0
HM Revenue and Customs	Member of Council of Governors	0	0	214	0
Metropolitan Borough of Wirral	Member of Council of Governors	5,430	183	593	3
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	1	115	0	14
NHS Business Services Authority	Member of Council of Governors	0	989	0	626
NHS Pensions Agency	Member of Council of Governors	0	86	0	0
North of England Zoological Society (Chester zoo)	Board of Directors	0	0	0	0
Royal College of Psychiatrists	Member of Council of Governors	0	65	0	8
South Cheshire CCG	Member of Council of Governors	12,683	0	0	0
The Walton Centre NHS FT	Board of Directors	0	0	0	0
Trafford Borough Council	Member of Council of Governors	2,009	0	274	0
Vale Royal CCG	Member of Council of Governors	8,172	0	0	0
Western Cheshire CCG	Member of Council of Governors	44,698	93	0	0
Wirral Borough Council	Member of Council of Governors	0	0	0	0
Wirral CCG	Member of Council of Governors	34,395	119	0	2
Wirral Community NHS Trust	Member of Council of Governors	925	916	132	328
Wirral University Teaching Hospital NHSFT	Member of Council of Governors	60	1,484	55	223

The Trust is the corporate trustee of CWP Charity (Registered Charity No. 1050046). The charitable fund accounts have not been consolidated into these accounts as the transactions are considered immaterial in the context of the Trust. The provisional turnover of the charity in 2014/15 was £25,704 and its net assets were £352,080. The Trust provides a financial administration service for the charity for which the charity paid £6,235 in 2014/15. An annual report and audited accounts of the Trust's charity (covering the period reported in these accounts) will be available from 31 January 2016 and may be accessed via the Charity Commission website at www.charity-commission.gov.uk

Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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