Cheshire and Wirral Partnership NHS
NHS Foundation Trust

Annual Report and Accounts 2015-16

1st April 2015 – 31st March 2016

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 the Chief Executive

David Eva - Chairman

Sheena Cumiskey - Chief Executive

This year has been very eventful for CWP with services being recognised for an inspiring number of achievements and accolades. We were thrilled to be rated 'good' overall and 'outstanding' for care by the Care Quality Commission (CQC) following a Trustwide inspection of all services. The CQC report showed services were 'good' for being responsive, well-led and effective and 'required improvement' for safe. Of the 14 core services inspected, inpatient services for people with learning disabilities and/or autism were rated 'outstanding' – an extremely rare accomplishment. The results are a great reflection on the high quality of care delivered by our services, the professionalism and caring nature of our staff. Whilst we are delighted with the results, by no means are we complacent. This was a huge team effort and we are continuously looking at ways to improve our services and support people to be the best they can be. We describe our work in response to the CQC inspection within the performance report, on pages 22 to 23.

As part of the national Five Year Forward View, CWP has been selected to be part of two of 50 New Care Model vanguard sites nationally – Healthy Wirral and West Cheshire Way – to lead the way in improvement and integration of services. The Trust also welcomes the new national strategy that sets out mental health priorities in England including the need for physical and mental health to be treated of equal importance. We are keen to transform care for local people and work towards a culture of zero harm by making continuous improvements in the delivery of safe and effective care. This includes playing a key role in building the right support for people with learning disabilities and/or autism across Cheshire and Merseyside in line with national plans. Through our continued commitment to collaborative partnerships with other care providers and our local communities, our aim is to provide sustainable and truly person-centred services. We will continue to act as a voice for mental health and ensure that people who access our services, their carers and families are at the heart of our plans and actions, driving positive change to enable people to have a good start in life, stay well and age well.

In common with many other health trusts nationally, CWP is experiencing an increase in demand on services and financial pressures. This year has seen a number of changes to the services we provide. The Trust has made investments into the improvement of care into the refurbishment of Croft Ward for people with dementia in East Cheshire, wards at our

Springview site in Wirral and £9.2 million into a new state of the art centre for young people with mental health issues in West Cheshire. This year, the Trust was recognised as one of the HSJ Top 100 places to work for the second year running and shortlisted for the Best Mental Health Trust to work in. We received a second gold star from the National Carers Trust for our commitment to improving support for unpaid carers and their families. From a leadership perspective, we were delighted that Sheena was nominated and named as Chief Executive of the Year at the 2015 Health Service Journal (HSJ) Awards, and for Avril Devaney, director of nursing and therapies, to be awarded an MBE in the New Year's Honours list for her services to nursing of people with mental health problems. She was also recognised as one of the most inspirational leaders in nursing and healthcare by the Nursing Times. One of our colleagues, Alex Haydock, clinical nurse specialist, has also been awarded the prestigious title of Queen's Nurse in recognition of the positive impact he makes to patients' lives.

We continue to keep our 'future in mind' by supporting young people across Cheshire and Wirral and beyond. Our short stay school for students accessing in-patient mental health services has been named 'outstanding' for the third time running by Ofsted. Young people in West Cheshire are also now able to receive mental and physical health support from health professionals online at www.mywell-being.org.uk without necessarily needing to be referred into clinical services. The Street Triage team has once again been recognised for its collaborative working with Cheshire Police in the recent North West Coast Research and Innovation Awards 2015 and was highly commended in the National Positive Practice Awards 2015. Street Triage has shown a 92% reduction in the number of people detained under section 136 of the Mental Health Act.

During this time we have also broken new ground in new ventures having been chosen by NHS England, alongside Primary Care Cheshire, to manage Ellesmere Port's Westminster GP Surgery - a first for CWP. In partnership with Phillips and West Cheshire Clinical Commissioning Group, we launched a new state-of-the-art telehealth programme to support people to self-care across Cheshire and have challenged ourselves to maximise and develop our use of technology in other areas. The Trust has also taken part in a number of ground-breaking research projects having become the first research organisation to sign up to a study that combats adverse effects of anti-psychotic medication on myocarditis (inflammation of the heart), as well as a worldwide study into a new drug to help reduce the damage that Alzheimer's does to the brain.

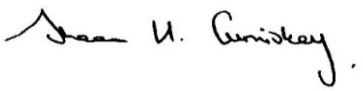
We continue to explore different ways of providing excellent care and ensuring that people who access our services, their families, our members and local communities are fully involved in the design and development of services is one of our core principles. We continue to champion co-production principles and held a successful event this year to explore the future of involvement and recovery in providing person-centred care. At the heart of our work are our values, the 6Cs: Care, Compassion, Competence, Communication, Courage and Commitment. 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 would like to thank our staff, Governors and all our service users 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.

This is David's last Annual Report as he is leaving CWP at the end of May after nearly 14 years as Chairman of the Trust and, in view of this, he would like to add some final words;

My time as Chairman of CWP has been extremely enjoyable and, despite the many pressures and changes the NHS has faced, I have always been secure in knowing that the staff of CWP put patients and the service they deliver first and continue to do their best. The many accolades and awards that CWP has received over the years are testament to the dedication and commitment of the staff and the tremendous input from our service users and carers. I have been very proud to be CWP Chairman and to have served during a time that mental health services have gradually (and at times painfully!) begun to receive the notice and status that they deserve. Mental health services are still far from achieving parity of esteem or funding, but I hope that they are now on the right trajectory!

I remain a local resident and will be watching with interest the developments in the health and social care economy of Wirral and Cheshire. I wish you all the very best in these challenging times.

Signed



David Eva – Chairman ***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. We have had a very busy time with elections and I'm pleased to say we filled the majority of our vacancies to provide us with a vibrant Council.

We have said goodbye to some people, and we have had the pleasure of welcoming some new faces. I would like to thank the following Governors for their contributions to the Trust and commitment to their members whilst they were in office; Service User and Carer Governors Brenda Jones, Charlotte Peters Rock, Deborah Bennett and Richard Harland; Public Governor Dion Cross; Staff Governor Steve Buckley. We also said goodbye to John Wray, Partnership Governor for East Cheshire Council. Brenda Dowding, who was a Partnership Governor, sadly passed away at the end of her term of office. She had been a very dedicated Governor and is sadly missed.

I am very pleased to welcome the following people to the Council of Governors. In the Service User and Carer constituency, Joan Roberts, Dr Gladys Archer and Charlotte Arrowsmith; Public Governor Robert Walker; Staff Governor Dr Keerthy Raju, our Partnership Governor Carol Gahan from Cheshire West and Chester Council and Liz Durham, Partnership Governor for East Cheshire Council . I would also like to welcome back Stanley Mayne as Public Governor and Janie Shaw as Staff Governor having been re-elected.

Non-Executive Director, Ron Howarth also left the Board of Directors following the conclusion of his terms of office in October 2015. The position was filled by Sarah McKenna (nee Reiter), following an appointment process led by Governors.

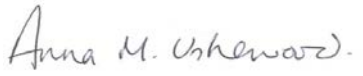
Being a Governor is a challenging but very rewarding role. I am passionate about person-centred care and ensuring that the Trust is doing the right thing for local people. We, as a Council, act on behalf of our members to do the right thing and champion the voices of some of the most vulnerable people in society.

David Eva's final term of office as Chairman of CWP comes to an end in June 2016, so the last few months of 2015/16 have been busy with the recruitment process for a new Chair. The results of this process will be announced early in the new financial year. In the meantime, I want to thank David for his major contribution to improving the lives of people in Wirral and Cheshire during his nearly 14 years with CWP. We wish him well in his future role as Chair at Lancashire Care NHS Foundation Trust.

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. 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. The Trust has over 14,000 members, around 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, the Young Advisors from East Cheshire Child and Adolescent Mental Health Services and to volunteer, Andrew Billington.

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 Usherwood – Lead Governor

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Overview

About CWP

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) was formed in 2002 and achieved Foundation Trust status in June 2007.

The Trust provides a range of services throughout Wirral and Cheshire, including mental health, substance misuse, learning disability and community physical health services. These services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who access our services, their carers and families. The Trust also provides specialist services within Liverpool, Sefton, Bolton, Warrington, Halton and Trafford.

In **West Cheshire** CWP provides services in: Adult Mental Health, Learning Disability, Child and Adolescent Mental Health and Physical Health including a GP Out of Hours Service.

In **Wirral** CWP provides services in: Adult Mental Health, Learning Disability and Child and Adolescent Mental Health.

In **East Cheshire** CWP provides services in: Adult Mental Health, Substance Misuse, Learning Disability and Child and Adolescent Mental Health.

In **Warrington** CWP provides Eating Disorder and Primary Care Mental Health Services.

In **Trafford** CWP provides Learning Disability Services and an Eating Disorder Service.

In **Halton** CWP provides an Eating Disorder Service.

In **Bolton** CWP provides an Eating Disorder Service.

In **Sefton, Southport and Formby** CWP provides Primary Care Mental Health Services.

CWP has over 14,000 foundation Trust members and employs more than 3,000 staff across 95 sites, serving a population of over a million people.

- 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 94.5% of the Trust's income comes from the following bodies:

- NHS West Cheshire CCG
- NHS Wirral CCG
- NHS England
- NHS Eastern Cheshire CCG
- NHS South Cheshire CCG
- NHS Vale Royal CCG
- Cheshire West and Chester Council
- Health Education England
- Cheshire East Council
- NHS South Sefton CCG
- Trafford Council
- NHS Southport and Formby CCG
- Wirral Council
- NHS Warrington CCG

The Directors are pleased to provide readers with a review of the Foundation Trust's principal activities during the financial year, ending 31st March 2016. In nearly nine 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 2015/16 what we wanted to achieve during 2015/16. 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.

Chief Executive's statement

The Trust has continued to perform well despite the ongoing challenges of the operating environment. The CQC inspection of core services undertaken in June 2015 resulted in an overall rating of 'good' and 'outstanding' for care. The CQC report showed services were 'good' for being responsive, well-led and effective and 'required improvement' for safe. Our follow up work in this area is described more fully on pages 22 to 23.

The Trust has achieved all regulatory targets in 2015/16 with the exception of the 18 week access target for improving access to psychological therapies (IAPT) which was marginally underachieved in Q3 and Q4 2015/16. Significant work has been undertaken to address this issue which is described in more detail later in the Performance Report. We anticipate that we will achieve this standard from Q1 2016/17. In order to maintain a focus on this area, CWP has identified the ensuring continuous improvement of IAPT services as one of its six priority areas for 2016/17.

Despite the continuously challenging financial position both nationally and locally, the Trust has performed satisfactorily, ending 2015/16 with a small surplus from normal operations and a financial sustainability risk rating (FSRR) of 4. Our financial performance in 2015/16 is described in further detail on pages 17-19. We anticipate 2016/17 to be equally as challenging financially; however, in continuing to deploy our effective financial stewardship, we seek to mitigate these risks in a range of ways and in working closely with partners in the local health economy to ensure the delivery of patient centred, effective and caring services within the available resource.

Key risks and issues

The Trust continues to face a number of risks in delivering its objectives moving forward. These are a mixture of clinical, quality and financial risks and are described below.

Clinical and Quality Risks

Risks to quality are identified using a planned and systematic approach as part of the Trust's corporate assurance framework and integrated governance framework. This assesses organisation-wide risks to quality, which consequently informs mitigation plans. The top three risks to quality for the Trust and the plans to mitigate them are:

- Risk of harm to patients due to a lack of staff competency to manage changing physical conditions.

The Trust's physical health network will identify control measures and improvement actions to the organisation-wide physical health assurance framework, informed by assurances and gaps reported by all localities who attend this network meeting. The network will also co-ordinate a number of quality improvement projects on physical healthcare risks, e.g. falls management and pressure ulcer care.

- Risk of harm to patients due to ligature points and environmental risks within the inpatient setting.

The Trust will approve an organisation-wide capital programme that will be aligned with operational environmental risk descriptions, including wider components of the Trust's capital strategy that impact on patient safety, e.g. required standards for seclusion facilities. The programme will be subject to quality impact assessments to inform prioritisation throughout the year. Further, 'Share Learning bulletins' (our clinical communications tool) will be produced as emerging risks are identified in specific clinical areas/ facilities, in order to mitigate environmental risks on an organisation-wide basis.

- 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.

Deployment of phase two of an approved data quality improvement framework will include implementation of a 'team naming' process workflow to improve data quality around the consistent naming of teams, across finance services, people services and clinical systems. Local data quality improvement working groups will be established to drive up data quality locally.

Risks to the financial plan

The Trust has identified a number of financial risks for the Trust in delivery of its 2016/17 plans. These include the recent loss of vanguard funding, contract pressures, non-achievement of Integrated Provider Hub (IPH) expectations, drugs expenditure and IT investment. All risks have mitigating actions to minimise any impact on the financial plan. The greatest financial risk for the Trust in 2016/17 is the weaker cash position towards the end of the financial year. The Trust is pursuing options available to ensure that this returns to a more healthy level during the course of the year.

Going concern

Through its financial statements and performance risk indicators, the Trust continues to demonstrate a strong underlying financial position. Although our Operational Plan is forecasting a deficit position of £1.9m for 2016/17, it is expected that this will return to at least a break even position in 2017/18. The Trust has an estimated cash balance of £233K at 31st March 2017 and has no concerns regarding the ability to service payments as and when they fall during 2016/17.

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 83.

Performance Analysis

The position of the Trust at the end of March 2016

The Trust has an integrated governance strategy in place for managing Trust performance. Despite the continually challenging operating environment, the Trust has continued to perform well in delivering the Trust's strategy.

The Trust ended the financial year with a green governance rating and a Financial Sustainability Risk Rating (FSRR) of 4 as assessed by the regulator of Foundation Trusts, Monitor. The FSRR replaced the Continuity of Services Risk Rating metrics in August 2015. Performances against both risk rating metrics are therefore shown below.

Financial Performance

Although the Trust is reporting a technical deficit for the year of £2.0m, this position includes items totalling £2.2m (these items are detailed in a note to the Statement of Comprehensive Income on page 149) 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 £0.2m.

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 2016/17 and beyond. The Trust was also successful in managing the financial risks posed to ensure these did not have a detrimental effect on the overall financial performance.

The Trust was able to take advantage of £3.2m 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.

Looking forward, there are no financial implications of any significant changes in the Trust's objectives and activities, or its investment strategy for 2016/17.

The Trust's performance on recognised financial metrics is shown in the tables below:

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

Financial criteria	Metric	Performance	Rating
Capital Servicing Capacity	Capital Service Cover (times)	1.59 times	2
Liquidity	Liquidity Ratio (days)	16.52 days	4
Overall Rating			**3**

Financial Sustainability Risk Rating – Performance to 31st March 2016

Financial criteria	Metric	Performance	Rating
Capital Servicing Capacity	Capital Service Cover (times)	2.01 times	3
Liquidity	Liquidity Ratio (days)	0.11 days	4
Income and Expenditure Margin	Surplus as % of total operating and non-operating income	0.1%	3
Income and Expenditure Margin Variance	Income and expenditure margin % variance against annual plan	0.1%	4
Overall Rating			**4**

Income

Although overall income has increased in 2015/16 by 4% in comparison with 2014/15, this financial year has again seen a national deflator applied to the organisation's contracts. This has been offset by additional contract income secured for new services and other operating income.

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.

Fixed assets
The net book value of property, plant and equipment has increased by £8.4m during the year from £67.9m to £76.3m. Of the £10.6m additions, £9.2m relates specifically to the construction of the Trusts CAMHS T4 unit (Ancora House), due to be operational at the end of summer 2016. Depreciation of £2.1m has been charged in the current financial year. A detailed analysis of this can be found in note 13 of the accounts.

Cash position
The Trust ended the year with cash, bank balances and investments of £9.5m. This represents a £9.9m 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 1.3 to the Accounts. Details of the remuneration and pension benefits of senior managers can be found in the Remuneration Report on pages 60 to 68.

Overseas Operations
Cheshire and Wirral Partnership NHS Foundation Trust had no overseas operations in 2015/16.

Operational performance

CWP produces a monthly organisation-wide performance dashboard report, which provides an overview of the Trust's performance against quality, workforce and financial indicators. In order to effectively use and triangulate this information, CWP has commenced a programme of 'deep dive' reviews at the Board, which will continue and form part of the 2016/17 Board business cycle. These reviews will triangulate information, both internally generated across these indicators and also comparing with external benchmarks provided by NHS Benchmarking. This external triangulation uses weighted populations to normalise the data and enable comparison. The Board dashboard continues to be refined and reflects the current range of KPIs required to monitor performance. This is to ensure the Board has appropriate assurance on the delivery of the Trust's objectives and the Operational Plan.

The Trust had a number of external targets to achieve in 2015/16 and counts these as the key targets for measuring operational performance. The regulatory organisation target details, required performance, and actual performance are listed below.

Monitor Compliance Framework Targets 2015-16		
Target Title	**Required Performance**	**Actual Performance**
Care Programme Approach (CPA) patients - receiving follow up within 7 days of discharge	>95%	98.4%
Care Programme Approach (CPA) - having formal review within 12 months	>95%	96.9%
Minimising delayed transfers of care	<=7.5%	1.2%
Admissions to inpatient services had access to crisis resolution home treatment teams	>95%	98.0%
Meeting commitment to serve new psychosis cases by early intervention teams	>95%	110.6%
Meeting commitment to serve new psychosis cases by early intervention teams *NEW measure (scored from Q4 2015/16)**	>50%	88.7% (Q4 only)
Improving Access to Psychological Therapies - Patients referred within 6 weeks *NEW measure (scored from Q3 2015/16)**	>75%	78.9% (Q3 + Q4 only)
Improving Access to Psychological Therapies - Patients referred within 18 weeks *NEW measure (scored from Q3 2015/16)**	>95%	93.8% (Q3 + Q4 only)
Data completeness: identifiers	>97%	99.6%
Data completeness: outcomes	>50%	85.0%
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%	98.5%
Community care - activity information	50%	87.3%
Risk of, or actual, failure to deliver mandatory services	Yes/No	No
CQC compliance action outstanding (as at 31 March 2015)	Yes/No	Yes - *This will remain red until the CQC reassess the Trust despite the required actions being completed as anticipated*
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

Monitor Compliance Framework Targets 2015-16		
Target Title	**Required Performance**	**Actual Performance**
Trust unable to declare ongoing compliance with minimum standards of CQC registration	Yes/No	No
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	Yes/No	N/A

* Denotes a new indicator for 2015/16.

The Trust was required to report against the new improving access to psychological therapies (IAPT) waiting time standard targets at 6 weeks (75%) and 18 weeks (95%) in Q3 and Q4 of 2015/16. The position against the target of 95% of referrals into IAPT services being seen and treated within 18 weeks was 93.1% in Q3 and 94.5% in Q4, both performing below the 95% target. The underperformance against the overall quarterly target primarily relates to CWP East, and in particular, Eastern Cheshire CCG. The reason for the under performance is the impact of sustained efforts to reduce the waiting list for this service, in line with national requirements.

Immediate action has been identified to address the under achievement of the target going forward. This includes regular monitoring, development of forecasting tools, the purchase of CBT software and the identification of staff to further support services within the East Cheshire locality. Performance has been steadily improving month-on-month, and it is expected that the target of 95% will be achieved in Q1 2016-17.

The Trust was fully compliant with all other regulatory targets for 2015/16. Performance on other key targets including financial and workforce related targets are described in other sections of this report. Further information in relation to regulatory ratings can be found within the regulatory ratings section of the Accountability Report starting on page 27.

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. Further information about the Trust's CQC inspection in 2015 can be found below on pages 22 to 23.

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.

The table below sets out the Trust performance and ratings in line with the continuity of service risk rating, the financial sustainability risk rating (from August 2015) and the governance risk rating for all quarters in 2015/16. The performance for 2014/15 is also included in a separate table below for comparison.

	Annual Plan 2015/16	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Continuity of Services Risk Rating	**3**	**3**	**N/A**	**N/A**	**N/A**
Financial Sustainability Risk Rating*	**3**	**N/A**	**3**	**3**	**4**
Governance Risk Rating	●	●	●	●	●

	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	●	●	●	●	●

*Note - the revised Risk Assessment Framework came into effect from 01/08/15.

Clinical and Quality performance

Care Quality Commission (CQC) inspection

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 Trust has participated in one investigation or review by the Care Quality Commission during 2015/16, which was in relation to a routine inspection of core services. This inspection took place in June 2015, in line with the new inspection framework and the commitment to inspect all mental health trusts by December 2016. The inspection covered 14 core services across the Trust. The overall ratings for the Trust were published in an inspection report published on 3 December 2015.

Overall rating for services at this Provider	Good
Are Services safe?	Requires improvement
Are Services effective?	Good
Are Services caring?	Outstanding
Are Services responsive?	Good
Are Services well-led?	Good

Of the core services inspected, inpatient services for people with learning disabilities and/ or autism were rated 'outstanding' – which is a rare accomplishment. 10 core services were rated 'good', including wards for older people with mental health problems; long stay/ rehabilitation mental health wards for working age adults; child and adolescent mental health wards; community mental health services for all ages and people with learning disabilities and/ or autism, crisis services and health based places of safety, community physical health services for adults, and 'end of life' services. The services rated as 'requires improvement' were acute wards for adults of working age and psychiatric intensive care units, community health services for children, young people and families, and forensic inpatient/secure wards.

The key areas for improvement related to the following key themes:

- Mental Health Act
- Mixed sex guidance implementation
- Seclusion facilities and documentation
- Records management for Children's and Young Peoples physical health services
- Staffing levels in Community Physical Health services
- Clinical risk management

The Trust is expecting the Care Quality Commission to revisit services identified as 'Requiring Improvement' during Quarter 1 2016/17 to revisit the ratings awarded.

A robust action plan was developed in response to the regulatory actions identified, which was agreed with the Care Quality Commission and subsequently implemented. All actions have been completed by 31 March 2016 as agreed with the Care Quality Commission. A re-inspection is expected during quarter 1 of 2016/17 to review the actions taken, the outcome of which will update the current rating for services at the Trust.

Complaints and Compliments

The Trust uses learning from complaints and compliments as a further means of measuring performance. During the reporting period a total of 237 complaints were received in 2015/16, compared with 219 for 2014/15. The Trust operates a triage system for managing complaints, namely red, amber and green. Of the complaints received, 193 were green, 38 amber and 6 red. There have also been a total of 42 MP contacts during this period.

Overall the Trust has seen a small increase of 8% in the number of complaints received during 2015/16 which continues to reflect the work done with our services to encourage feedback from the people who use our services. As a Trust, we welcome all types of feedback. This enables us to continually improve our services for the communities which we serve. We recorded 4285 compliments in 2015/16 through a mix of verbal, written and face to face from service users, carers, families and external organisations. This figure has increased from 2014/15 when we recorded 3466 compliments.

Activities in the field of research and development

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting 82 clinical research studies in all of its clinical service units during 2015/16. 112 clinical staff participated in approved research during 2015/16. These staff participated in research covering 18 specialties and also research covering management training.

CWP has increased 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. Over the last three years, CWP has been associated with 98 research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

This year CWP participated in its first Phase 1 clinical research study. This was a study of a vaccine in Alzheimer's Disease. The Trust has been working closely with the Royal Liverpool and Broadgreen University Hospitals NHS Trust's Phase 1 Clinical Research Unit, which was the first NHS unit to be awarded Phase 1 accreditation. Over 1,500 patients were screened to identify patients for the study. It is hoped that the Trust can continue to contribute to research work in this specialised area.

Social, community and human rights issues

The Trust continues to reiterate our commitment to social responsibility, human rights and playing a positive role in the community, through the services we offer and through our staff as members of the community. CWP remains committed to delivering personal, fair and diverse services for communities and 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. A four year equality objectives action plan sets out our key objectives and the measures the Trust will use to monitor delivery. The equality champions network within each locality actively promote equality and diversity within their areas and support the delivery of the equality objectives.

From 1 April 2015, the Trust has been required to demonstrate how we are addressing race equality issues in a range of staffing areas, through the new nine-point Workforce Race Equality Standard (WRES) metric. The Trust WRES action plan demonstrates progress against a number of indicators of workforce equality and this is presented to the Trustwide

Equality & Diversity Group with exceptions to progress escalated to the People Organisational Development Sub Committee, within the committee governance structure.

The Trust aims 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 Trust monitors the usage of interpretation and translation services on a quarterly basis and compiles an annual report.

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

CWP has 155 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. 65% of those involved are service users or carers.

Vocational learning has continued to grow with increased staff engagement and wider partnership working. We continue to increase the number of work shadowing and apprenticeship opportunities on offer and we have further plans to continue to deliver on our commitment to our social responsibilities by offering more work placements, traineeships and supporting unemployment schemes to widen access to employment. In 2016/17 the Trust will also collaborate with other providers and higher education institutions to develop a range of apprenticeships within CWP and in the wider health and social care economy. In part, this will mitigate the financial risk posed by the imposition of the national apprenticeship levy but it will also open up career pathways and routes into the organisation.

Cheshire and Wirral Partnership NHS Foundation 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 five years, following the development of a dedicated Participation Development Worker post in Central and East Cheshire, the involvement of young people that both access our services and those across 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 Listen Up! involvement group which enabled us to work with young people to identify key themes and areas for service development and to provide them with training to enable their involvement in our recruitment and selection processes.

More recently, the Young Advisors have been taking part in work to address an issue they have highlighted from the outset of their involvement work. This concerned the lack of awareness of mental health issues and how to address young people

presenting to A&E in crisis, to a GP surgery with mental health issues, or having a stay on a paediatric ward because of mental health difficulties. This work was commissioned by East Cheshire CCG and has involved the planning and delivery of over 10 training sessions, co-produced with clinicians from East Cheshire CAMHS. This has since grown further and the group were commissioned by East Cheshire CCG and South Cheshire CCG to produce a report on young people's views and experiences of the CAMHS tier system, by running their own focus groups and collecting service user feedback.

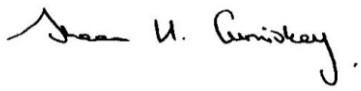
The Young Advisers have also worked with leads in the Emotionally Healthy Schools project pilot across Cheshire, delivering training to professionals around their experiences and advising on how to treat a young person when they have self-harmed. The work of the Young Advisors has progressed and has grown significantly with a new Young Advisors Co-ordinator post recently being created to create additional capacity, particularly to prepare more involvement representatives from the Listen Up! groups to be become Young Advisors.

Environmental matters

The Trust continues to be fully committed to minimising any impact of Trust activities on the environment. Some examples of how the Trust does this include:

- 'Warpit', CWP's online resource re-use portal introduced June 2014 is designed to make effective use of furniture, consumables and equipment assets declared 'surplus' to needs.
- Internal recycling and trading of items have saved CWP teams on costs instead of purchasing new goods.
- CWP has partnered with ten local charity partners and has donated over 1,500 items that would have been deemed as waste.
- The waste management team are continuing to work closely with our general waste contractors by developing and introducing segregated waste options for internal recycling points in many areas of the Trust. This is an ongoing programme rolling out over the next two years. It enables staff to contribute to the recycling process at all levels.
- Achievement of over 97% recycling/recovery of general waste. Plastics, glass, cardboard, paper and aluminium are all processed and recycled back to the market and the residue is recovered as waste-derived fuel by our current contractor for general waste
- Healthcare/clinical waste is sent for treatment by alternative technologies enabling energy to be derived from the process and resold back to the market.
- Revenue income from metal and printer cartridge recycling has increased over 2015/16, benefitting the Trust waste programme and local charities.

Signed



Sheena Cumiskey – Chief Executive

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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 Corporate Governance Manual sets out the schedule of matters reserved for Board.

In accordance with the Trust Constitution, the Directors of Cheshire and Wirral Partnership NHS Foundation Trust and their positions during 2015/2016 were:-

Chair and Non-Executive Directors

- David Eva – Chair
- Rebecca Burke-Sharples – Non-Executive Director
- Fiona Clark – Non-Executive Director / Senior Independent Director (from November 2015)
- Lucy Crumplin – Non-Executive Director
- Ron Howarth – Non-Executive Director / Senior Independent Director (Until October 2015
- Mike Maier – Non-Executive Director / Deputy Chair
- Sarah McKenna (née Reiter) – Non Executive Director (From December 2015)
- 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 Partnership (absent for adoption leave from September 2015 to March 2016)
- Dr Anushta Sivananthan – Consultant Psychiatrist and joint Medical Director (Compliance, Quality and Assurance)
- Andy Styring – Director of Operations
- Tim Welch – Director of Finance and Deputy Chief Executive
- David Harris – Director of People and Organisational Development (Non-Voting Director)
- Stephen Scorer – Interim Director of Nursing, Therapies and Patient Partnership (covering adoption leave detailed above from September 2015 – March 2016)

Changes to the Board during 2015/2016

Senior Independent Director and Non-Executive Director Ron Howarth completed his final terms of office in October 2015.

In advance of this tenure completion, the Nominations and Remuneration Committee of the Council of Governors commenced the process to appoint to the position. Governors utilised an external search consultant to identify potential candidates for this position and interviews

were held on the 21st September 2015 involving representatives of the Council of Governors, and involvement representatives.

Following this process, the Nominations and Remuneration Committee recommended a candidate for appointment. The Council of Governors approved this appointment at their meeting on 2nd December 2015 and Sarah McKenna (nee Reiter) was duly appointed as Non-Executive Director for a three year term of office from this date.

Following a short extension of tenure agreed by the Council of Governors in December 2014, May 2016 will see the conclusion of the final term of office of Chairman, David Eva.

The Nominations and Remuneration Committee has been working during 2015/16 to appoint to this position. The Committee used an external search consultant to identify potential candidates for this position and to support Governors in the appointment process. Advice on the levels of remuneration for Non Executives and the Chair was also provided. This included focus groups with Executives, Non-Executives and Governors to help develop the job description and person specification for the role.

After several stages of the selection process, interviews were held on the 21st March 2016. The formal interview panel comprised of all Nominations and Remuneration Committee. Members and key stakeholders including Executives, Non-Executives, involvement representatives, young advisors, Governors and staff were involved in other assessment activities with the candidates earlier in the day.

After the rigorous selection process, the Nominations and Remuneration Committee selected a candidate for recommendation for appointment to the Council of Governors. The Council of Governors subsequently formally approved the appointment of Mike Maier, current Deputy Chair as Trust Chair at their meeting on 12th April 2016. This appointment takes effect from 1st June 2016 for a three year term of office.

The Nominations and Remuneration Committee recently recommended a short extension to the final tenure of Non-Executive Director, Fiona Clark, to the Council of Governors. This was approved in April 2016, extending Fiona Clark's final terms of office until December 2016. This was in view of exceptional circumstances including the appointment of the new Chair and to maintain Board stability during this time.

Following the departure of Ron Howarth in October 2015, Fiona Clark was appointed to the role of Senior Independent Director which she commenced in November 2015 after the conclusion of a selection process agreed by the Lead Governor.

Executive Director Avril Devaney, Director of Nursing, Therapies and Patient Partnership left the Trust for a period of adoption leave between October 2015 and March 2016. This position was filled on an interim basis by Stephen Scorer, following a recruitment process agreed by the Nominations and Remuneration Committee of the Board.

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. All Non-Executive Directors are considered to be independent.

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	Independent Chairman appointed to former NHS Trust April 2002. Re-appointed October 2012-December 2015, extended to May 2016
Experience and Significant Commitments • 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 **Qualifications & Memberships** • Physiology and Biochemistry BSc, MSc • Postgraduate Diploma in Regeneration	 david.eva@cwp.nhs.uk tel: 01244 397371

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

Qualifications & Memberships

- Fellow of Liverpool John Moores University
- Vice Chairman of Chester Zoo (NEZS)

Rebecca.BurkeSharples@cwp.nhs.uk

Tel: 01244 397371

Fiona Clark	Independent Non-Executive Director - reappointed July 2008, reappointed July 2011, reappointed July 2013- June 2016, extended to Dec 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

Qualifications & Memberships

- Registered General Nurse
- Registered Midwife
- BA (Dual Hons) Human Resource Management and Business Administration (First Class)
- MA Medical Ethics and Law (Keele)

fiona.clark@cwp.nhs.uk

Tel: 01244 387371

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

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

lucy.crumplin@cwp.nhs.uk

Tel: 01244 397371

Ron Howarth	Independent Non Executive Director: Tenure concluded October 2015

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)

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)

Tel: 01244 397371

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

Qualifications & Memberships

- BA Hons Economics
- Institute of Chartered Accountants in England and Wales (ACA) since 1981

mike.maier@cwp.nhs.uk

Tel: 01244 397371

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

Qualifications & Memberships

- MB ChB, DRCOG.
- BMA Member

james.oconnor@cwp.nhs.uk

Tel: 01244 397371

Sarah McKenna (nee Reiter)	Independent Non Executive Director – appointed December 2015
Experience • Work across both the public and private sectors in roles in Asia, Australia and the UK. • strong public service mindset, having held policy posts within healthcare during periods of major reform including the decentralisation of mental health in Australia and later serving as Deputy Chief of Staff, for the Victorian Government overseeing unparalleled infrastructure investment. • Regional leadership of one of the world's largest marketing professional services groups, FutureBrand, and successfully founding the Northeast based management consultancy Evidence to Action. **Qualifications & Memberships** • Master of Arts, Political and International Affairs, University of New England, NSW, Australia • Practicing Management Consultant Certification (Singapore) • Bachelor of Arts, Victoria University, Melbourne, Australia.	 sarah.mckenna cwp.nhs.uk Tel: 01244 397371

Our Executive Directors

Sheena Cumiskey	Chief Executive - appointed February 2010
Experience • Over 30 years experience in the NHS, 20 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 • Named as CEO of the Year at the 2015 Health Service Journal (HSJ) Awards **Qualifications & Memberships** • BA Hons • General Management Training Scheme graduate • Member of the Institute of Health Service Managers	 sheena.cumiskey@cwp.nhs.uk Tel: 01244 3973710

Dr. Faouzi Alam	Consultant Psychiatrist and Joint Medical Director (Effectiveness and Medical Workforce) – appointed October 2013

Experience

- 20 years' experience as a Doctor

Qualifications & Memberships

- MD, specialist in renal medicine
- MRC Psych
- CCT in Adult and Liaison Psychiatry

faouzi.alam@cwp.nhs.uk

Tel: 01244 397267

Avril Devaney	Director of Nursing, Therapies and Patient Partnership - appointed January 2003

Experience

- Over 30 years' experience working in Mental Health and Drug and Alcohol Services
- 14 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
- Received MBE in January 2016 for services to nursing of people with mental health problems'

Qualifications & Memberships

- 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
- 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

avril.devaney@cwp.nhs.uk

Tel: 01244 397374

Stephen Scorer	Interim Director of Nursing, Therapies and Patient Partnership – September 2015 – March 2016

Experience

- 30 years' experience in NHS and Local Authority settings
- Last 5 years as the Deputy Director of Nursing at Tees, Esk and Wear Valleys NHS Trust
- Previously held a range of clinical and managerial positions including as General Manager

Qualifications & Memberships

- Registered Nurse (Mental Health)
- BA(Hons) Psychology
- PG Dip Management Studies
- PG Cert Leadership and Innovation
- Certified Lead for Lean Transformation systems (NETS)

Dr. Anushta Sivananthan	Consultant Psychiatrist and Joint Medical Director (Compliance, Quality & Assurance) – appointed August 2010

Experience

- Over 15 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

Qualifications & Memberships

- Registered nurse (learning disabilities)

andy.styring@cwp.nhs.uk

Tel: 01244 397267

Tim Welch	Director of Finance – appointed April 2013

Experience

- Over 20 years in the NHS with over 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

- Fellow of the Chartered Institute of Public Finance and Accountancy
- BSc (Hons) Biochemistry

tim.welch@cwp.nhs.uk

Tel: 01244 397377

David Harris	Director of People 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

david.harris@cwp.nhs.uk

Tel: 01244 393106

Board Performance and Significant Commitments

The Trust has reviewed the performance of the Board, its committees and individual Directors during 2015/16 in the following ways:

- Board members undertook an externally facilitated assessment of Board effectiveness in October 2015. The external facilitator was Deloitte LLP. This organisation has no other connection to the Trust. The review reflected on the qualities and skills brought to the Board by individual members and on how effective the Board are in discharging their duties. This session was externally facilitated and an action plan is in place to respond to gaps and areas to improve which in turn will inform a Board development plan for 2016/17.
- All Executive and Non Executives receive annual individual appraisals. Non-Executive Directors with terms of office of six years or more are also subject to review by the Nominations and Remuneration 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 informs any changes to the committee structure, corporate governance manual and integrated governance framework which are also reviewed annually.
- 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 a programme led by AQUA on Board oversight of care and patient safety.
- The Trust achieved a rating of 'Good' from the assessment of the 'Well Led' domain of the CQC inspection. This has informed the specification for the Trust's external well led governance review which will be undertaken in Q2 2016/17.

The significant commitments and interests of the Chair and the other Directors other are detailed in the pen portraits shown on pages 31 to 39 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.

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.

Political donations

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.

Better payment practice code

The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers. We are required to pay all undisputed invoices within 30 calendar days of receipt of goods, or a valid invoice (whichever is later), unless other payment terms have been agreed. To meet compliance with this target at least 95% of invoices should be paid within 30 days, or within the agreed contract term. The Trust's performance against target is summarised in the table below.

Item	Number 2015/16	£000's 2015/16	Number 2014/15	£000's 2014/15
Total non-NHS trade invoices paid in period	24,652	34,227	27,795	35,242
Total non-NHS trade invoices paid within target	21,780	31,586	26,455	33,742
Percentage of non-NHS trade invoices paid within target	88%	92%	95%	96%

Total NHS trade invoices paid in period	1,418	10,589	1,462	13,563
Total NHS trade invoices paid within target	1,287	9,752	1,412	13,472
Percentage of NHS trade invoice paid within target	91%	92%	97%	99%

Enhanced 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:

- a quarterly self-assessment to provide assurance that governance arrangements are contemporary and fit for purpose. To further strengthen this rigour, and in support of the rigorous review of specific aspects of governance, CWP applies indicative scoring against each quality area/ well-led domain. Applying this scoring methodology increases transparency of the current Trust position and acts as an early warning framework in relation to emerging risks/ gaps. This also mitigates risks that have been identified nationally from 'well-led governance reviews' to-date in relation to minimal interrogation of 'green' key performance indicators and data quality.
- an assessment of quality performance information via the 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 also through Mental Health Act 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 2015/16 with a Governance rating of Green as confirmed in the Performance Report. The Annual Governance Statement on pages 84 to 91 provides a full description of the arrangements in place to govern service quality.

The Quality Account, found from page 96 onwards, contains more detail about CWP's performance and achievements in relation to quality during 2015/16.

Patient Care

Information on how the Trust is continually working to prioritise and improve patient care is included throughout the Annual Report.

- Information about key health care targets is included within the Performance Report from page 13.
- The Quality Account includes information on how the Trust is monitoring the quality of healthcare and progress towards meeting local and national targets. See pages 113 to 123 for the specific detail.

- Pages 22-23 of the Performance Report summarises the Trust's response to the recommendations made by the CQC as a result of their inspection in June 2015.
- The Quality Account gives an overview of some of the work done over the past year by the Trust's services to improve the quality of the service they provide. Please see pages 124 to 126 for the detail of this.
- Improvements made as a result of the 2015 staff survey results are shown within the staff report on pages 78 to 80.
- Information on complaints handling and compliments received is included within the performance report on page 23. Additional information in relation to feedback from people who use the Trust's services is also included within the Quality Report from page 96 onwards.
- Some of the highlights of CWP's year, including those which demonstrate excellence in patient care, are included below.

Highlights of the year

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

Alex Haydock, clinical nurse specialist, has been awarded the prestigious title of Queen's Nurse in recognition of the positive impact he makes to patients' lives. The title is awarded by the Queen's Nursing Institute (QNI) and Alex will be formally presented with his award in a ceremony in London later in 2016.

Alex works for CWP's 16-19 Child and Adolescent Mental Health Service (CAMHS) and his QNI title indicates a commitment to high standards of patient care and continually improving practice. As one of only a handful of Queen's Nurses working in adolescent mental health, he plans to use this role to highlight the importance of community mental health nursing in this field.

The West Joint Therapy Services team, which is an integrated therapy service between the Countess of Chester Hospital (CoCH) and CWP won the Leonie Kenny Award for Inspirational Leadership at the Countess of Chester's Celebration of Achievement Awards.

Head of Joint Therapies Alison Swanton, who nominated the team for the award, said: "*I am so thrilled that the therapists have won and that their hard work has been recognised. The secret of this success is attributable to all staff in therapy services, but the key has been the inspirational leadership by the team of 3 lead therapists*."

Joint Therapy Services incorporates Dietetics, Occupational Therapy, Physiotherapy, Speech and Language Therapy and Paediatric Therapy. The service was established in January 2014 and has just received confirmation that it will be made permanent after the team successfully fulfilled objectives set by CWP and CoCH Executives.

A team of eating disorder specialists from CWP have launched CreatingHopeTogether.com – a brand new website providing information and online resources for people with an eating disorder, their families, healthcare professionals and the wider general public.

The new site, developed by clinical experts contains a number of inventive and creative features designed to support people with an eating disorder. This includes a dedicated 'Cook-Along' video page to help the viewer plan and prepare nutritious meals, with advice around how to reduce anxiety when preparing and eating food. There is also a 'Sanctuary' area, providing a variety of ideas for days out, crafts, games and relaxation techniques.

Avril Devaney was personally awarded her MBE by HM Queen Elizabeth II at a recent ceremony at Buckingham Palace. Avril, Director of Nursing, Therapies and Patient Partnership was named in the New Year's Honours List for 'Services to Nursing of People with Mental Health Problems'. Avril said*: "We had an amazing day at the palace. Everyone was helpful and kind and I felt very privileged to stand before the Queen. Working in mental health services has always been much more than a job to me and it was a lovely surprise to have my contribution recognised in this way. I look forward to continuing to work in mental health services in Cheshire and Wirral."*

In October 2015 Avril was also recognised by the Nursing Times as one of nursing and healthcare profession's most inspirational leaders.

The Acquired Brain Injury (ABI) Service has introduced new support groups for people who experience fatigue due to brain injury or stroke in Chester. The fatigue management groups will provide a supportive environment for people to explore their experiences of fatigue and learn ways of managing it. CWP clinical specialist, Bernie Walsh, said: "*Fatigue is one of the most common symptoms following a brain injury with up to 68% people feeling sudden exhaustion, reduced mental ability and an overwhelming lack of energy. Post stroke/brain injury fatigue is difficult to define and is often misunderstood."*

CWP has been recognised for its collaborative working with other services in the recent North West Coast Research and Innovation Awards 2015. The Street Triage team were selected as the outstanding example of inter-agency working from over 120 nominations received, for its work with Cheshire Constabulary in providing mental health support to incidents where the police are called.

CWP teamed up with Cheshire Police in a new approach to policing incidents involving people with mental ill-health. At the time of the award being received in December 2015, over 1600 referrals had been received and without the intervention from the team a further 247 incidents would have ended up in accident and emergency services – a significant saving to already stretched NHS resources.

Overall Street Triage has shown a 92% reduction in the number of people detained under section 136 of the Mental Health Act as a result of the added insight of having a qualified mental health specialist on duty with the police to assist in assessing the best course of action.

CWP celebrated all that is positive in mental health at the National Positive Practice in Mental Health Awards 2015.

Shortlisted in four categories, the Children and Adolescent Mental Health Service (CAMHS) team won an award for Digital Technology/Social Media relating to their innovative work on CWP's CAMHS website for young people (MyMind.org.uk). Additionally, CWP West mental health nurse and West Cheshire Clinical Commissioning Group patient leader Julie Sheen took home the award for Unsung Nursing Hero.

Lesley Dougan, the lead for the CAMHS MyMind website, said: "The MyMind team are immensely proud of winning the digital technology and social media category in this year's Positive Practice in Mental Health Awards, and of the East Young Advisors for being highly commended! This is co-production at its best!"

This year, for the Takeover challenge CWP held a full day of events, involving young people from CAMHS across the Trust footprint.

Young people from Maple Ward, Bowmere Hospital and Pine Lodge in Chester donned hard hats and hi-vis jackets for a full site tour of the state of the art CAMHS build, due to open next year. Young people have been involved in all aspects of the project and also took part in painting the mock bedroom, which is an on-site demonstration of how the 30 bedrooms will look when finished.

Leading the tour was Dan Allmark, Head of Capital and Property Management at CWP, Chris Tonge, Villicare LLP General Manager and Steve van den Hoek, Project Manager from Eric Wright Construction. They have welcomed young people using CAMHS services along to the site for several visits to get a feel for how the build is coming along

Chris says, “It was great to see the level of interest and interaction from all of those involved in the Takeover Day. I think that we got as much out of the day as the young people who came to site. There is a great commitment from the Trust, Villicare, and wider Project Team to engage as much as possible with the young people from the CAMHS service – it is, after all, their building!”

In the afternoon, CAMHS staff and young people got together to share their best practice in involvement and participation, before grilling a panel of senior leaders about their plans for the future of CAMHS services.

In August, Croft Ward officially re-opened after refurbishment. The official re-opening event saw music of years gone by played on the bunting clad ward as patients, loved ones, friends and staff enjoyed high tea on vintage china. A Dementia Friend session was also held to promote understanding of the condition and the ways that people can help others to live well with dementia in the community. Judy Round, carer of her late husband, was invited to officially re-open the ward. She says: “*My family experienced first-hand the care and compassion that all the staff have in abundance. That together with a newly refurbished ward will make it a very special place to be for families living with Alzheimer’s and dementia in the future*.”

CWP used nationally recognised guidance alongside input from patients and carers to design the 15 bed ward to support people with dementia across East Cheshire. The ward now has an open plan activity area, private bedrooms as well as a spacious dining room with doors opening onto a patio and garden area. The décor is themed ‘Memory Lane’ to provide a reminiscent environment in line with current thinking around improving outcomes for people with memory issues.

Sheena Cumiskey, Chief Executive of Cheshire and Wirral Partnership NHS Foundation Trust, has been named as CEO of the Year at the 2015 Health Service Journal (HSJ) Awards. Sheena's entry was endorsed by a wide range of people working in mental health and the wider NHS, and included her many and varied roles including her work with the NHS Leadership Academy.

During 2015/16, CWP was officially accredited with the Workplace Wellbeing Charter Mark. The Charter Mark, awarded to CWP by independent charity Health@Work, was received by the Trust following a recent inspection in which CWP was able to demonstrate its commitment to the health and wellbeing of its staff. During the inspection, staff across a range of services were asked to rate a number of aspects that they consider to be important to their health and wellbeing in the workplace. The Charter focuses on three key areas - leadership, culture and communication. The Trust was officially deemed strong enough in all areas to receive the accreditation.

THE WORKPLACE WELLBEING CHARTER
NATIONAL AWARD for ENGLAND™

Stakeholder relations

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 continues to utilise the formal joint venture partnership with Ryhurst Limited, 'Villicare.' In 2015/16 Vilicare has driven the development of Ancora House, the new CAMHS unit. In 2016/17 Villicare will continue to support the Trust in providing high quality, effective estates management.

CWP also has partnerships with Mental Health Matters with whom the Trust delivers primary care mental health services in Warrington. The Trust has also developed partnerships with a number other providers including Insight Healthcare, Police & Crime Commissioner for Mental Health Street Triage & pharmacies and GPs throughout East Cheshire to provide substance misuse contracts.

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.

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

- Service Users and Carers
- Public
- Staff

Anyone aged over 11 or over is eligible to join the Trust as a member.

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. People who have received care or treatment from the Trust more than 12 months ago, or cares for someone who has, are eligible to join the Trust as general public members.

Public

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 live:

- 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 2016 the Trust had 14,659 members. Whilst there are 69 less overall, compared to 2014/15, there was a positive shift in proportion of service user and carer members, a key target group, with 94 more than the previous year. Membership is broken down into the following constituencies and classes:

- 1,830 service user and carers
- 9,317 public members:
    - 2,793 Wirral
    - 2,972 Cheshire West
    - 2,114 Cheshire East
    - 1,438 Out of area

- 3512 staff:
    - 1722 nursing (registered and non-registered)
    - 1018 non-clinical (including volunteers)
    - 422 therapies
    - 241 clinical psychology
    - 108 medical
    - 1 other

The membership strategy

The 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 plans.

A core objective of the strategy is 'involvement' which includes three campaigns to raise awareness of involvement opportunities and increase participation in underrepresented 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 particularly target the following areas:

- Service users and carers
- People in Cheshire East
- Males (all ages)
- Young people aged 11-16
- Older people aged 60 and over.

This year, 136 service user/carers were recruited, 31 people from Cheshire East, 46 males, 12 young people aged 11-16 and 28 people aged 60 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, lesbian, gay, bisexual and transgender (LGBT) communities and also those who have sensory 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 to ensure that members, governors, volunteers and involvement representatives feel informed and engaged so they can be meaningfully involved in the Trust.

In order to strengthen the awareness and understanding of the range of membership opportunities available, a suite of information materials were co-produced which included a new membership registration form both hard copy and online. This work was shortlisted for Best Visual Brand Award by the Association for Healthcare Communications and Marketing.

Get involved and make a difference

- Become a member
- Become a Governor
- Become an Involvement Representative
- Become a volunteer

In the last year, 51 new people have signed up to involvement and over 400 existing members have actively updated their details on our membership database. There has also been a greater interest in people seeking to become governors with more nomination requests than previous years, more frequently contested seats and reduced number of vacant seats on the Council of Governors.

Patient and public involvement

Each locality now has a dedicated participation team to promote and support local involvement in services and drive membership recruitment. Members have been provided with information on the range of different opportunities to get involved with the Trust. There are currently 285 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. This is a 90% increase on last year.

In November, CWP held a successful event to take a fresh look at involvement and recovery to fully embed the ethos of person-centred care, involvement and participation into the culture of CWP. The agenda for the day was co-produced to inform strategic direction through collaborative discussion with over 60% of people who attended were people with lived experience of services.

Communications

A new membership magazine was re-launched this year called CWP Life to replace both our membership newsletter; Engage and our staff newsletter; CWPeople, to create a one-stop publication for all Trust news and information. CWP Life has been designed and produced in collaboration with people who access our services, carers, staff and our governors to make

sure that it is full of meaningful and relevant content. Over 200 people provided feedback and inputted into the development of this magazine. It is sent either electronically or by post to all members and is also available online.

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 social media has been used to further engage with people with an interest in CWP.

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 1 October 2015 at Crowne Plaza in Chester, West Cheshire. The event was attended by over 200 members of the Trust and recognised the contributions of staff, volunteers and involvement representatives to developing the work of the Trust. It also provides 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.

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

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.

Income disclosures required by Section 43(2A) of the NHS Act 2006

Although overall income has increased in 2015/16 by 4% in comparison with 2014/15, this financial year has again seen a national deflator applied to the organisation's contracts. 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.

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.

Council of Governors
The Council of Governors (COG) 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 and providing opportunities for members to feed in information to influence and shape Trust plans. Governors do this in a variety of ways including networking events and meetings in community venues.

Many Trust Governors are active in their local area and promote a dialogue between members, Governors and the Trust. The Governor question time at COG meetings is often well utilised by governors as a vehicle for member queries and feedback. Governors are able to communicate the views of members and the public to the Board of Directors via Council of Governors meetings and also via the planning seminars established specifically to enable Governors to have a greater influence on Trust Plans.

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. 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 per 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 1st October 2015 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 a position of Governor between 1st April 2015 and 31st March 2016 including 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 2015 and March 2016 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 2015/16
Agar, Richard	Wirral	Sept 2014	2014-2017		5 of 5
Mayne, Stanley	Wirral	Nov 2012	2015 - 2018		5 of 5
Robertson, Rob	Cheshire West and Chester	May 2012	2014 - 2017		4 of 5
Robinson, Michael	Cheshire West and Chester	May 2012	2014 - 2017		3 of 5
Walker, Robert	Cheshire East	June 2015	2014-2017	Elected in By-election	3 of 4
Wilkinson, Peter	Cheshire East	Dec 2011	2014-2017		2 of 5

Service user and carer Governors (elected)	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2016/17
Bennett, Deborah	May 2013	2013 - 2016	Resigned Jan 2016	0 of 5
Crouch, Brian David	Dec 2013	2013 - 2016		4 of 5
Hall, Helen	Jan 2015	2014-2017	Elected in By-election	2 of 3
Harland, Richard	Nov 2011	2012-2015	Term ended Oct 2015	1 of 3
Jarrold, Phil	Dec 2010	2013-2016		5 of 5
Jones, Brenda	Oct 2009	2012-2015	Resigned April 2015	0 of 1
Lynch, Chris	Sept 2014	2014-2017		4 of 5
McGrath, Ann	Feb 2011	2014-2017		5 of 5
McQuarrie, Ferguson	Oct 2013	2013-2016		5 of 5
Usherwood, Anna (Lead Governor)	Sept 2008	2014-2017		5 of 5

Staff Governors (elected)	Class	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2015/16
Buckley, Steven	Therapies	Oct 2013	2013-2016	Resigned June 2015	0 of 1
Bullen, Kathy	Clinical Psychology	Sept 2014	2014-2017		4 of 5
Doble, Jill	Therapies	Oct 2013	2013-2016		4 of 5
Evans, Christina	Nursing	Jan 2015	2013-2016	Elected in By-election	0 of 5
Mook, Phillip	Non-Clinical	Sept 2014	2014-2017		4 of 5
Shaw, Janie	Nursing	Sept 2014	2015-2018		4 of 5

Partnership Governors (appointed)	Organisation	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2015/16
Dowding, Brenda	Cheshire West & Chester Council	April 2009	2012-2015	Resigned April 2015	0 of 1
Durham, Liz	Cheshire East Council	2015	2018	WEF Jan 2016	0 of 1
Gilchrist, Phil	Wirral Council	October 2010	2013-2016		4 of 5
Lea, O'Mahoney, Maurice	Staff side	October 2010	2013-2016		2 of 5
Smith, Pam	West Cheshire CCG	March 2014	2013-2016		4 of 5
Stewart, Iain	Wirral CCG	Dec 2013	2013-2016		0 of 5
Wilson, Ken	Universities	June 2007	2013-2016		3 of 5
Wray, John	Cheshire East Council	July 2010	2012-2015	Term Ended Nov 2015	3 of 3

Members of the Board of Directors regularly attend meetings of the Council of Governors in order to understand Governors' views. The Chief Executive has a standing invitation to attend all meetings of the Council. All Directors receive the Council's papers for review 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 2015/16 is shown below.

Director	Council of Governors meetings attended - 2015/16
Non-Executive Directors	
Burke-Sharples, Rebecca	5 of 5
Clark, Fiona	3 of 5
Crumplin, Lucy	4 of 5
Eva, David (Chair)	5 of 5
Howarth, Ron	2 of 3
Maier, Mike	5 of 5
O'Connor, Dr James	5 of 5
McKenna (née Reiter), Sarah	1 of 2
Executive Directors	
Alam, Dr Faouzi	2 of 5
Cumiskey, Sheena (Chief Executive)	4 of 5
Devaney, Avril *(adoption leave Sept 15-March 16)*	0 of 3
Harris, David	1 of 5
Sivananthan, Dr Anushta	0 of 5
Styring, Andy	3 of 5
Welch, Tim	3 of 5
Scorer, Stephen (between Sept 15-March 16 covering adoption leave see above)	1 of 2

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

Governors have not exercised their power under paragraph 10C** of schedule 7 of the NHS Act 2006 to require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the foundation trust's performance of its functions or the directors' performance of their duties (and deciding whether to propose a vote on the foundation trust's or directors' performance), during the financial year.

Director	Board of Directors	Audit Committee	Quality committee	Operational board
Non-Executive Directors				
Burke-Sharples, Rebecca**	8 of 10	5 of 7	5 of 6	
Clark, Fiona	8 of 10		5 of 6 (Chair until Jan 15)	
O'Connor, Dr James***	9 of 10	4 of 7	4 of 6 (Chair from Jan 15)	
Crumplin, Lucy	9 of 10		4 of 6	
Eva, David	8 of 10			
Howarth, Ron	4 of 5	5 of 5	4 of 4	

Director	Board of Directors	Audit Committee	Quality committee	Operational board
Maier, Mike	10 of 10	7 of 7		
McKenna (née Reiter), Sarah	3 of 4	0 of 1		
Executive Directors				
Alam, Dr Faouzi (Joint MD)	9 of 10		3 of 6	5 of 11
Cumiskey, Sheena***	10 of 10	1 of 7	4 of 6	9 of 11
Devaney, Avril*	3 of 3		2 of 3	4 of 5
Harris, David	9 of 10		4 of 6	9 of 11
Scorer, Stephen*	7 of 7		2 of 3	5 of 6
Sivananthan, Dr Anushta (Joint MD)	8 of 10		5 of 6	8 of 11
Styring, Andy	10 of 10		5 of 6	8 of 11
Welch, Tim	8 of 10	2 of 7	2 of 6	11 of 11

*Avril Devaney attendance at the Board was affected by a period of planned adoption leave. Cover was provided by Interim Director of Nursing, Stephen Scorer
** Denotes attendance at Quality Committee although not formal members. Dr James O'Connor attended 3 of the 4 reported Audit Committee meetings in attendance only.
*** Denotes annual attendance at Audit Committee although not formal member.

Nominations and Remuneration Committees

The Trust has two Nominations and Remuneration Committees:

The Nominations and Remuneration Committee of the Council of Governors
Ordinarily, this is chaired by the Trust's Chair, David Eva. However, as from January 2016, the Committee was overseeing the appointment for the Trust Chair; the Committee was chaired by Fiona Clark, Non-Executive Director and Senior Independent Director.

Between April 2015 and March 2016 the Committee's members were Governors - Anna Usherwood, Phil Gilchrist, Rob Robertson, Jill Doble, Maurice Lea-O'Mahoney, Brian Crouch, Peter Wilkinson (until September 2015) and John Wray (until November 2015).

During 2015/16, the Committee met on seven occasions. The purpose of these meetings was to oversee the appointment of a Non-Executive Director, the Trust Chairman and undertake annual reviews of current Non-Executive Directors.

The members of the Nominations and Remuneration 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 to the Chair and Non-Executive Director positions during the year.

Nominations and Remuneration Committee of the Board of Directors
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 met three times in 2015/16.

The Nominations and Remuneration Committee oversaw the process for the interim appointment of the Director of Nursing, Therapies and Patient Partnership which covered a period of adoption leave for the substantive post holder, Avril Devaney.

Further information on the work of this Committee can be found in the Remuneration Report on page 60.

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 compliance and how these issues have been addressed.

During 2015/16 the Chair of the Audit Committee was Non-Executive Director Mike Maier. Between April 2015 and October 2015 the members were Ron Howarth and Rebecca Burke-Sharples.

In January 2016, Sarah McKenna (née Reiter) was appointed as the third member of the Audit Committee. The attendance of Audit Committee members at its meetings is shown in the table on pages 54 to 55.

Work of the Committee in 2015/16
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 key strategic risks at several meetings.

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 also 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 2016 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 2016).

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 1st March 2016, 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 accounting treatment 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.

There was no change to the value of the Trust's estate as a result of revaluation during the financial year.

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.

As part of its responsibilities to monitor operational and compliance matters, 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 physical health care risk and cyber risk. The process of in-depth review of individual risk has now passed to the Quality Committee. The Audit Committee will continue to review the strategic risk register on a quarterly basis and is able to recommend areas for further scrutiny to the Quality Committee. The Chair of Quality Committee attends the Audit Committee on a regular basis to enhance the co-working of the two Committees.

The Committee has maintained regular oversight of the Trust's financial position and the ongoing impact of the discontinued operations on the Trust's central costs. The Committee has also monitored issues impacting on the Trust's cash position and will continue to receive assurances on the mitigations to improve on this position in 2016/17.

In 2015/16, the Audit Committee has also reviewed Trust arrangements for allowing staff and other individuals where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. The Committee have reviewed the arrangements for raising and escalating concerns via the 'Freedom to Speak Up' guardian and has received assurance on the processes in place and data on trends over the last three years.

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 anti- 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 has 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

Appointed by the Council of Governors in 2014 following a tender process co-led by Governors and the Audit Committee, the Trust's external auditor for the period April 2015 to March 2016 has been KPMG. The tender value of this service was £139,100 over three years until March 2017. 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 of more than £5k 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 2015/16.

The effectiveness of the external audit process was reviewed by the Director of Finance and other key staff following the 2014/15 audit process. A similar process will follow for 2015/16 and an overview of this review will be provided to the Council of Governors for information in their capacity as the Trust's appointing body for external audit. The Council of Governors will use this information and the output from the 2014/15 audit to review the overall service provided by the auditors as part of preparations for the end of the current external audit contract in March 2017.

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

Annual Chair’s Statement
Senior Managers Remuneration Policy
Senior Managers Remuneration and Pension Entitlements
Other disclosures in the public interest

Annual Statement on Remuneration

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

Three meetings of the Nominations and Remuneration Committee of the Board were held during 2015/16, with committee members attendances as follows:

Director	Nominations and Remuneration Committee of the Board
David Eva	3 of 3
Rebecca Burke-Sharples	2 of 3
Fiona Clark	2 of 3
Lucy Crumplin	2 of 3
Ron Howarth	2 of 3
Mike Maier	3 of 3
Dr James O'Connor	3 of 3
Sarah McKenna (née Reiter)	0 of 1

The Director of People and Organisational Development has also been in attendance at the Committee to provide advice and expert guidance.

Annual Chair's statement on remuneration

There were no major decisions or substantial changes to senior managers' remuneration in 2015/16.

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 2016, there is no obligation for the Trust regarding early termination of executive team members' contracts.

The Trust's 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 Nominations and Remuneration Committee comprises the Trust Chair and all Non-Executive directors. The Chief Executive attends the 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.

None of the CWP Executive Directors serve as a Non-Executive Director elsewhere.

Fair Pay Disclosure

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 remuneration of the highest-paid director in the financial year 2015/16 was £169,294. This is 6.2 times the median remuneration of the workforce, which was £27,090.

In 2015/16, three employees received remuneration in excess of the highest-paid Director.

	31 March 2016	31 March 2015
Band of Highest Paid Directors Total Remuneration	165-170	155-160
Median Total Remuneration (£)	£27,090	£27,866
Ratio	6.2	5.6

There are two executives who were paid more than £142,500 in 2015/16. For the purposes of this disclosure, pay is defined as salary and fees, all taxable benefits and any annual or long term performance related bonuses (of which there were none during the year).

The annual earnings of the two executives above who have exceeded the £142,500 threshold reflect the going market rate and additional payments for clinical related activities. The Trust is satisfied that this remuneration is reasonable given the exceptional requirements of the respective roles following the applied level of scrutiny of the Trusts Nominations and Remuneration Committee.

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.

Payment for past senior managers
There have been no pay obligations for past senior managers in 2015/16.

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

Disclosure of pension entitlements
On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of Cash Equivalent Transfer Value (CETV) figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.

Note to the Remuneration Table
The Remuneration table below comprises both payments to (Salary and Fees) and benefits received in the year (Taxable Benefits) or accruing (Pension Related Benefits) to Senior Managers. Taxable benefits and pension related benefits are not payments to Senior Managers in the year.

Salary is the gross salary paid/payable to the senior manager. Taxable benefits are the gross value of benefits before tax. The value shown in pension related benefits is the annual increase in pension entitlement from participating in the NHS Pension Scheme. The annual increase is derived from estimated increases in pension and lump sum entitlement, calculated independently of the Trust by the NHS Pensions Scheme.

Notes to the Remuneration table describe any part year effects of individuals being included within the Senior Managers Remuneration Table and the HMRC method of calculating Pension Related Benefits.

Senior Managers Remuneration and Pension Entitlements

The Remuneration Report for Senior Managers

2015/2016	(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	5-7.5	150-155
T Welch - Director of Finance	120-125	2,300	0	0	17.5-20	145-150
A Devaney - Director of Nursing	80-85	8,000	0	0	0	85-90
A Styring - Director of Operations	95-100	0	0	0	0	95-100
A Sivananthan - Medical Director	165-170	0	0	0	0	165-170
F Alam - Medical Director	135-140	0	0	0	5-7.5	145-150
D Harris - Director of HR and OD	80-85	0	0	0	77.5-80	160-165
S.Scorer – Interim Director of Nursing	45-50	1,400	0	0	77.5-80	125-130
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	5-10	0	0	0	0	5-10
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	300	0	0	0	10-15
M Maier - Non Executive Director	15-20	0	0	0	0	15-20
S.Reiter – Non Executive Director	5-10	0	0	0	0	5-10

Please Note: *For the period 17/08/2015 to 11/03/2015, Stephen Scorer temporarily occupied the role of Director of Nursing during a period of planned absence, for the current Director of Nursing Avril Devaney. Payments to the host trust Tees, Esk & Wear Valleys NHS Foundation Trust totalled £68,295 including on-costs.*

**See explanatory note on page 63.*

Total Pension Entitlements Disclosure of Senior Managers

2015/2016

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 2016 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2016 (bands of £5,000) £000	Cash Equivalent Transfer Value at 1 April 2015 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2016 £000	Employers Contribution to Stakeholder Pension £000
S Cumiskey - Chief Executive	0-2.5	2.5-5	55-60	170-175	1,051	34	1,098	0
T Welch - Director of Finance	0-2.5	0	35-40	95-100	493	17	516	0
A Devaney - Director of Nursing	0	0	45-50	135-140	811	3	823	0
A Sivananthan - Medical Director	0	0	40-45	130-135	767	0	746	0
F Alam - Medical Director	0-2.5	0	10-15	35-40	190	10	202	0
D Harris - Director of HR and OD	2.5-5	0	35-40	0	329	52	386	0
S Scorer – Interim Director of Nursing	2.5-5	10-12.5	20-25	60-65	328	80	412	0

Please note: *On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0% to 2.8%. This rate affects the calculation of Cash Equivalent Transfer Value (CETV) figures in this report. Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension scheme are based on the previous discount rate and have not been recalculated.*

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

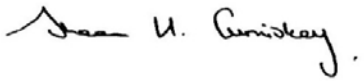
Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Real Increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000) £000	Cash 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

Note 1: *Pension related benefits shows the annual increase in pension entitlement, expressed in bands of £2,500. The figure includes those benefits accruing from membership of the NHS pension scheme, calculated using the method set out in s229 of the Finance Act 2004.*

The calculation shows the increase in the annual rate of pension and the amount of lump sum that would be payable to those named above, if they were entitled to access their pension at the 31st March 2016 compared to the 31st March 2015 (after adjusting for inflation and multiplying by a standard capitalisation factor) less any contributions made by the Executive or any transferred in amounts.

Signed :

Sheena Cumiskey – Chief Executive



Other Disclosures in the Public interest

Late Payment of Commercial Debt (Interest) Act 1998
The Trust did incur 1 charge of £86.67 in relation to the late payment of commercial debt (interest) Act 1998 during the financial year (£nil - 2014/15).

Consultations
Following the public consultation into the review and redesign of the Podiatry Service undertaken in 2014/15, an independent report was published in March 2015 by the University of Liverpool. The report showed that the majority of responses approved the CWP's favoured plan for podiatry service redesign. There was also broad agreement with prioritising treatment of patients with moderate/high level needs. The redesigned service has now been live for six months and has seen waiting times reduced from 104 weeks to 56 weeks for an appointment.

There were no further public consultations undertaken in 2015/16.

Patient and public involvement activities
This is included in our membership section on page 47.

Pension Liabilities
For the year ending 31 March 2016, there were 6 early retirements (31 March 2015 - 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 £354,464 (year ended 31 March 2015 £545,064). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

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 page 84.

Payment of governor expenses
At the end of March 2016, there were 29 governors in office. In 2015/16, 13 governors received expenses totalling £4,786.07. This compares to 10 governors receiving expenses totalling £3,598.62 in 2014/15.

Staff Report

Trust Employees - Staff numbers
Staff policies and actions
Off-payroll engagements
Staff Survey – Commentary
Staff Survey – Summary of Performance

Trust Employees – staff numbers

Analysis of average staff numbers

The table below providers an overview of average staff numbers for 2015/16 and for comparison, 2014/15.

Average number of employees (WTE basis)	Permanent Number	Other Number	2015/16 Total Number	2014/15 Total Number
Medical and dental	134	0	134	130
Ambulance staff	0	0	0	0
Administration and estates	695	0	695	666
Healthcare assistants and other support staff	226	0	226	227
Nursing, midwifery and health visiting staff	1,444	0	1,444	1,391
Nursing, midwifery and health visiting learners	0	0	0	0
Scientific, therapeutic and technical staff	507	0	507	560
Healthcare science staff	0	0	0	0
Social care staff	3	0	3	4
Agency and contract staff	0	41	41	56
Bank staff	0	181	181	162
Other	0	0	0	0
Total average numbers	**3,009**	**222**	**3,231**	**3,196**
Of which:				
Number of employees (WTE) engaged on capital projects	0	0	**0**	0

The tables below set out a breakdown of the numbers of Trust staff by gender at the 2015/16 year end;

Employee Type	No of Female Employees	No of Male Employees	Grand Total
01 Non-Executive Directors	4	3	7
02 Executive Directors	3	4*	7
03 Senior Managers	8	5	13
04 Managers	504	131	635
05 Other Employees	2290	593	2883
Total	2809	736	3545

Employee Type	% of Female Employees	% of Male Employees
01 Non-Executive Directors	57.14%	42.86%
02 Executive Directors	42.86%	57.14%
03 Senior Managers	61.54%	38.46%
04 Managers	79.37%	20.63%
05 Other Employees	79.43%	20.57%
Total	79.24%	20.76%

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

Sickness absence data
At 5.37% the Trust overall level of sickness absence for 2015/16 was lower compared to the 2014/15 figure of 5.76%.

Staff policies and actions

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 advises managers about how to make reasonable adjustments to keep people in work.

Information to and consultation with employees
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 78 to 80 for more detail on this year's staff survey results.

The Trust continues to use the Staff Friends and Family Test which shows that the majority of respondents would recommend CWP as a place to work and to receive care.

Our partnership agreement with staff side colleagues' remains strong and is a priority for the Trust. Staff side are members of all major committees and task and finish groups and attend local management meetings as well as informal meetings.

Following a review of internal communication channels involving over 200 staff, several opportunities for improvement were identified. Using this insight, the staff newsletter and membership magazine were merged to launch a new people-focussed Trust magazine, CWP Life. Staff are encouraged to contribute to the weekly e-bulletin and a new locality newsletter has been trialled in Wirral to provide locally relevant and engaging information. A new 'Share Learning Bulletin' was also implemented to disseminate important lessons learned relating to quality and patient safety and help drive up standards across the Trust. The language used in these bulletins is checked with clinicians to ensure content is meaningful

and practical. This year, a new staff intranet was introduced, CWP net, to empower staff to provide most up to date information about their service or area.

The Trust has run a number of road shows throughout the year led by members of the Executive Team and Locality Directors. In response to last year's feedback, more sessions were held this year with a total of seven across the Trust to improve the likelihood of colleagues being able to attend. They were designed to provide opportunities for two-way communication and engagement, for staff to learn more about Trust and locality priorities as well as ask the leadership team any questions they may have. These have proven to be very successful with 99% staff saying that they would attend again. Roadshows continue into 2016/17 with a focus on the outcomes of the CQC inspection.

Several events have been held this year to engage people and share good practice across the Trust. These include the annual members meeting and Best Practice Event, at which teams present to colleagues the innovative work they have been doing. The 11 Million Takeover Day, a local event within the CAMHS services was followed by an opportunity for young people to meet with some of our senior executives and governors to talk about some of the issues that are important to them. An engagement event was also held for both staff and people who access services, or care for someone who does, to discuss the future of involvement and recovery at CWP. CWP Education has facilitated a number of key engagement events over the past year that has included internal and external stakeholders. The Trust again hosted a regional coaching conference which highlighted the importance of conversation and dialogue and received positive feedback.

Schwartz Rounds continue to be run with success. This is a multidisciplinary opportunity for clinical and non-clinical staff to discuss emotive and social issues that can arise in patient care.

2015/16 has also seen the development of the Trust 'Big Conversation' programme. In 2016/17 this initiative will draw together all of the ways that the Trust currently involves its people, as well as finding new ways of doing so. This will major on enabling their voice to be heard more loudly and clearly so that staff feel that they are truly involved in shaping the future direction of the Trust.

Details of any consultations with staff

There have been no large scale staff consultations undertaken in 2015/16. Below are some examples of local consultations that have occurred during the year:

- West Cheshire Healthy Living Centre

In January 2016 Cheshire West and Chester Council advised that in their role as commissioner that it was their intention to decommission the Healthy Living service effective from 31st March 2016. This service employed ten staff across two sites (Plas Dinas and Civic Way) who provided lifestyle and health advice to service users across Chester and Ellesmere Port. Given that this was a service decommission, TUPE was not applicable and resulted in formal consultation as per the management of change process which resulted in the redundancy of six members of staff.

- Smoking Cessation and Weight Management

In October 2015, CWP were advised that following its unsuccessful tender for the Integrated Wellness contract encompassing Smoking Cessation and Weight Management service these had been awarded, by BRIO leisure in their role as commissioner to More Life (Weight Management) and Quit 51 (Smoking Cessation). Following this commissioning decision the Trust commenced formal consultation that resulted in the TUPE of 12 staff in total to these organisations.

- Therapies Admin Review

In August 2015 the Trust commenced a joint consultation process with Countess of Chester Hospital covering the administration support function provided by both organisations within Therapy services. This review encompassed reviewing work flows and job roles to identify efficiencies that could be made from having one 'back office function' within the service.

- Out of Hours

Following the implementation of NHS 111 in March 2016 the Trust reviewed its own rotas for triage nurses and nurse clinicians working within West's GP Out of Hours to ensure that it adequately met the demands placed upon it. The result of this was the commencement of formal consultation affecting all staff (12) regarding shift patterns to extend service cover.

- Audlum and Wrenbury District Nursing

On 1st November 2015 following the conclusion of an internal management of change process, three members of staff were TUPE'd to East Cheshire NHS Trust following the realignment of community nursing provider services to match the commissioning footprint.

Health and safety and occupational health and wellbeing

The occupational health department have a vision for staff health and well-being and that is:
"Healthy Workplace, Healthy Workforce, enabling all to achieve optimum wellbeing at work"

The Health & Wellbeing of CWP staff is of paramount importance, which is why the health and wellbeing activities outlined below were implemented to allow staff to engage in workplace initiatives as part of an effective work-life balance and ultimately to encourage better health in and out of work and to help prevent sickness, stress and other related absence.

A range of activities have been provided in 2015/16. These include Dry January, pedometer challenge, Workplace Charter and Assessment Award, Great Cycle challenge, participation in the NHS games and staff health checks across localities.

A range of work has been undertaken to improve approaches to health and safety in the Trust. These include:

- Health, Safety & Security (HSS) Assessments – 28 have been carried out with no major issues reported.
- Cardinus Workstation Programme was launched in November 2015, 2800 members of staff were invited to take part, and 75% have now been completed. Standard and specialised equipment is provided in a catalogue on the intranet for staff to access.
- There has been a reduction in RIDDOR incidents reported to HSE for the 3rd year running and lowest number since recording commenced.
- Clinical Alert System (CAS) - received 97 alerts compared to 129 of the previous year.

Health and Safety issues in the Trust are monitored by the Health, Safety & Wellbeing sub-committee meeting. In 2016/17 the sub Committee will be reconfigured and will now meet twice a year with work being taken forward in localities in the intervening periods. A separate Workforce Health and Wellbeing Group will also be launched, reporting into our People and Organisational Development sub-committee within the governance structure.

Anti-Fraud
As described in the Audit Committee report, the Trust's anti-fraud services are provided by MIAA. The Accountable Officer for anti-fraud is the Director of Finance. There were a number of investigations within the 2015/16 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 2016/17 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 Audit Committee review and receive assurances on the delivery of the anti-fraud service.

Expenditure on consultancy
Consultancy costs for 2015/16 totalled £100,000. Costs in 2014/15 were £545,000 denoting a significant decrease in spend.

Reporting high off- payroll engagements

Off-payroll arrangements are those where individuals, either self-employed or acting through a personal service company, are paid more than £220 per day and the engagement lasts longer than six months. The Trust is working to ensure that any off payroll arrangements are in line with NHS Improvement guidelines.

All off-payroll engagements are subject to internal discussion regarding the appropriate treatment of income tax, national insurance and superannuation contributions.

These include payments made to GPs. A review of the Trust's pay arrangements to GPs is currently under review, with an outcome due early 2016/17.

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

1. For all (new and existing) off-payroll engagements as of 31 March 2016, for more than £220 per day and that last for longer than six months;

	Number of engagements
Number of existing engagements as of 31 March 2016	**64**
Of which:	
Number that have existed for between one and two years at the time of reporting	5
Number that have existed for between two and three years at the time of reporting	16
Number that have existed for between three and four years at the time of reporting	43
Number that have existed for four or more years at the time of reporting	0
Number that have existed for less than one year at the time of reporting	0

2. For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2015 and 31 Mar 2016, for more than £220 per day and that last for longer than six months.

	Number of engagements
Number of new engagements, or those that reached six months in duration between 01 April 2015 and 31 March 2016	5
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and national insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
Number for whom assurance has been received	0
Number for whom assurance has not been received	0
Number that have been terminated as a result of assurance not being received	0

Each of the 5 engagements that reached six months in duration between 1st April 2015 and 31st March 2016, are progressively being migrated across to the Trust's payroll in line with HMRC and DH guidance.

3. Off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2015 and 31 Mar 2016

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

Exit Packages

Reporting of compensation schemes - exit packages 2015/16

Within the period 1st April 2015 until 31st March 2016, 16 exit packages totalling £596,000 were agreed. The 16 packages included 13 compulsory redundancies totalling £492,000. The number of other departures agreed included one voluntary redundancy and two mutually agreed resignation totalling £104,000.

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	0	0	**0**
£10,001 - £25,000	6	1	**7**
£25,001 - 50,000	4	1	**5**
£50,001 - £100,000	3	1	**4**
£100,001 - £150,000	0	0	**0**
£150,001 - £200,000	0	0	**0**
>£200,000	0	0	**0**
Total number of exit packages by type	**13**	**3**	**16**
Total resource cost (£)	£492,000	£104,000	£596,000

Exit packages: other (non-compulsory) departure payments

Within the period 1st April 2015 until 31st March 2016, 3 exit packages totalling £104,000 were agreed. The 3 packages included 2 mutually agreed resignations totalling £36,000 and voluntary redundancy totalling £68,000.

	2015/16		2014/15	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	1	68	1	67
Mutually agreed resignations (MARS) contractual costs	2	36	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0

Total	**3**	**104**	**1**	**67**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Staff Survey - Commentary

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

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 2015 and the results were collated by the approved external contractors at Quality Health. Our use of Quality Health to receive the questionnaire data and translate it into anonymised Trust information ensures its confidentiality and impartiality. This information was made available to us in phases throughout February and March 2016.

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 are then created both locally and Trust-wide to address any improvements required. The outcomes of these are monitored by the People and Organisational Development (OD) Sub-Committee, which reports outcomes directly through to the Operational Board.

In addition to this, significant work is being delivered across the Trust as part of our overall People and Organisational Development Strategy that addresses many of the issues highlighted through the Staff Survey. Our firm intention is to link this action more overtly to staff survey responses so that staff can see what is being done as a result of the feedback they give us.

Focus will be placed on the role of our managers, from Board level to line manager level, 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. This responsibility will also extend to our HR Service Partners who are a key link for localities on all workforce matters. Their role is to work alongside locality management teams to oversee delivery of the staff survey plan for their locality and contribute to reporting back to the People and OD Sub-Committee.

In this way, we seek to enable our 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 2015 NHS staff survey

The Trust undertook a full census staff survey again in 2015. The response rates compared with 2014 are as below:

Response Rate				
2014 Survey		**2015 Survey**		**Variation**
Trust	National Average	Trust Score	National Average	Trust Change
44%	44%	49%	41%	+5%

Based on staff responses across a number of questions in the NHS staff survey, the overall measure of CWP staff engagement score out of 5.00 (the higher score the better) was a slight improvement in 2015/16, as below:

Engagement Score				
2014 Survey		**2015 Survey**		**Variation**
Trust Score	National Average	Trust Score	National Average	Trust Change
3.77	3.72	3.83	3.81	+0.06%

Summary of scores in which CWP received its *highest* ratings compared to all Mental Health Trusts in the 2015 survey.

National comparison - top results	2015 result	% above national result
How satisfied are you with your level of pay?	45%	7%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	71%	6%
When patients / service users ask a doctor an important question, they get answers that can be clearly understood.	70%	6%
I would recommend my organisation as a place to work.	61%	5%
Do other colleagues demonstrate the values at work?	76%	5%
Patients / service users receive consistent information about their treatment from different staff members.	73%	5%

Summary of scores in which CWP received its *lowest* ratings compared to all Mental Health Trusts in the 2015 survey.

National comparison - negative results	2015	% below national result
I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	52%	5%
Senior managers here try to involve staff in important decisions.	29%	4%
I know who the senior managers are here.	81%	3%
Senior managers act on staff feedback.	27%	3%
I have a comfortable work space.	67%	3%
It is too noisy in my work area.	45%	3%

The summary below shows the overall most improved scores of the 2015 staff survey

Most improved areas	2015	% change from 2014
During the last 12 months have you felt unwell as a result of work related stress? (NO)	63%	22%
My training, learning and development has helped me to deliver a better patient / service user experience.	79%	18%
My training, learning and development has helped me to do my job more effectively.	81%	15%
My training, learning and development has helped me to deliver a better patient / service user experience.	76%	14%
My training, learning and development has helped me stay up-to-date with professional requirements.	86%	11%
It helped me to improve how I do my job.	74%	11%

The Trust has seen the largest marked improvements within the areas of 'work related stress', where 22% more staff said 'No' they have not felt unwell due to work related stress. Whilst this is extremely positive and against the national trend, the Trust is undertaking a health needs assessment of its workforce to inform the creation of a new Workforce Wellbeing strategy.

Other positive improvements relate to workforce training and development, specifically how it has enabled staff to undertake their role and the impact this has had upon patient care. Over the last 12 months, Education CWP has worked hard to meet the development needs of the workforce. Plans have been agreed to build upon this success further with the introduction of a Learning Needs Analysis which will align training needs on a locality by locality basis.

The summary below shows areas of decline from 2014 survey results

Most declined areas	2015	% change from 2014
Were any training, learning or development needs identified?	68%	-6%
I am satisfied with the quality of care I give to patients / service users.	84%	-4%
I am able to deliver the care I aspire to	67%	-4%
I am confident that my organisation would address my concern.	59%	-4%
I receive regular updates on patient / service user experience feedback in my directorate / department (e.g. via line managers or communications teams).	52%	-4%
I am able to access the right learning and development materials when I need to.	59%	-4%
In the last 12 months have you had a conversation with your manager about fulfilling your potential at work?	58%	-4%

** Quality Health advise that changes of less than 5% are not statistically significant

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.

Future priorities and targets

The priority for the Trust going forward will be to continue to build on the overall positive results set out above, but also to ensure that locality survey data is analysed and action plans are developed and owned accordingly. Each locality will be asked to identify three main areas for improvement and these will be monitored by locality senior management and fed back to the People and OD Sub-Committee.

Taking a Trust-wide view, a focus will be placed on the following:

- How to further improve on the **staff engagement score**. The “Big Conversation” initiative will be the main vehicle for addressing this.
- Ensure that key messages upwards and downwards are **communicated** more effectively.
- Ensure that staff are aware of the organisation’s policy and process for **raising concerns** about unsafe clinical practice
- Undertake further work on the **quality of training** and its relevance to staff, particularly in relation to patient/service user experience.
- Ensure that staff at all levels are **involved in improvement** work where appropriate and have responsibility for maintaining the momentum of positive change.
- **Share positive results** with staff.
- Acting on staff feedback in the Staff Survey **– “you said, we did”.**

These actions will form part of our overall People and OD Strategy delivery plans. Progress against plans will be monitored via the People & OD Sub-Committee with periodic reporting to Operational Board to highlight areas of progress / escalate concerns.

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. The Trust has complied with the Code and all required disclosures can be found within this Annual Report.

Regulatory Ratings

Continuity of Services Risk Rating (to 31st July 2015)

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, with 4 representing the lowest risk and 1, the greatest level of risk.

Financial Sustainability Risk Rating (from 1st August 2015)

Through the revision of the Risk Assessment Framework in 2015/16, the Continuity of Services Risk Rating was replaced by the Financial Sustainability Risk Rating which describes the risk of a provider of commissioner requested services (CRS) ceasing to be a going concern and its overall financial efficiency. This rating represents Monitor's view of the likelihood that a licence holder is, will be or could be in breach of the CoS licence Condition 3 and/or the provisions of the NHS foundation licence Condition 4 (governance) which relate to finance.

The Financial Sustainability Risk Rating identifies the level of financial risk a foundation trust faces to the ongoing delivery of key NHS services and its overall financial efficiency. The rating ranges from 1, the most serious risk, to 4, the lowest risk. A rating indicating serious risk does not necessarily represent a breach of the provider licence. Rather, it reflects the degree of financial concern Monitor have about a provider and consequently the frequency with which they will monitor it.

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 identifies two levels of risk to the governance arrangements of the organisation. A rating of Green deems no issues are identified. A Red rating identifies where enforcement action is necessary

Across all quarters of 2015/16, the Trust achieved a Green governance risk rating and therefore successfully achieved the expected performance set out in its annual plan. This is detailed further in the Performance Report on page 21.

Statements by the Accounting Officer

Statement of Accounting Officers Responsibilities
Annual Governance Statement
Auditor’s 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 of Cheshire and Wirral Partnership NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

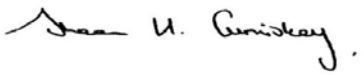
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- 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



Sheena Cumiskey - Chief Executive

Date: 25th May 2016

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 2016 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 responsibility 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 and the framework set out in the Trust's integrated governance strategy. The Operational Board receives the locality risks via the monthly performance dashboard and more in-depth reports that are scheduled periodically throughout the year as part of its business cycle.

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 and corporate assurance framework. In addition, the Audit Committee undertakes periodic reviews of risk treatment processes for individual risks on an escalation/ enquiry basis.

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, including through various forums in the Trust (e.g. Board development sessions, the Clinical Engagement & Leadership Forum and Quality Committee) there is regular risk management training and awareness for 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 programme.

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 best 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 access 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 Trust's risk management strategy is an integral component of the overarching 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.

- For 2015/16 in particular, assurance was obtained on compliance with Care Quality Commission (CQC) registration requirements through a comprehensive CQC-led inspection in June 2015, to check and confirm that fundamental standards of quality and safety are being met. Routine assurance on compliance with CQC registration compliance requirements is also received through CQC Mental Health Act 1983 monitoring and review visits throughout the year. The Trust also has an internal

compliance visit programme in place to routinely assess compliance with these standards of quality and safety. Collectively these assurance mechanisms have confirmed that the Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

For the year ended 31 March 2016 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). This is supported and complemented by a current 'Good' rating associated with the CQC Well-led domain (the equivalent of Monitor's quality governance standards).

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 (with a risk score of 20), how they are being managed and mitigated include:

- Risk of harm to patients due to lack of staff competency to manage changing physical conditions.

  The physical healthcare assurance framework is currently under review to identify management and mitigation plans in response to emerging physical healthcare risk areas from local learning and also external learning. The clinical risks are being reviewed by the Patient Safety & Effectiveness Sub Committee.

- Risk of harm to patients due to ligature points and environmental risks within the inpatient setting.

  Each ward area has a full environmental risk assessment report and a colour coded ligature map which risk rates areas of the inpatient setting. Locality risk registers are monitoring these risks for impact locally whilst the strategic risk register receives assurances from the trustwide Suicide Prevention Clinical Environmental Group.

- Risk of breach of CQC regulation in respect of adherence to the Mental Health Act and lack of robust governance in relation to recommendations from CQC MHA commissioner visits

  An improvement plan has been developed, which forms part of the overall CQC action plan reporting to the Quality 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.

  This risk is being treated according to the gaps identified in relation to the Trust's self-assessment in the Measurement domain of the Monitor Quality Governance Framework, which reports quarterly to the board.

The organisation's in-year major risks and other risks detailed in the Trust's strategic risk register at year-end also form the Trust's future risks. How these will be managed and mitigated are detailed above and in the Trust's corporate assurance framework, strategic plan for 2014/19 and operational plan for 2016/17. At the end of this reporting period, two risks were being scoped as potential future risks. These were the risk of insufficient levels of cash being readily available to the Trust to meet day-to-day operational requirements, resulting in potential adverse financial performance and potential regulatory

issues; and the risk of failure to achieve mandated Monitor (NHS Improvement) performance targets for Improving Access to Psychological Therapies services. These will be scoped in accordance with the Trust's integrated governance strategy and if they are deemed to meet the threshold for being a risk to the Trust's strategic objectives, will be treated/ mitigated through the Trust's corporate assurance framework process.

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 risks. The Quality Committee undertakes individual in-depth reviews of 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 Audit Committee also 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 (supported by periodic reviews of risk treatment processes for individual risks on an escalation/ enquiry basis, as described previously).

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.

As part of the Trust's annual operational plan submission, the board is required to confirm a number of declarations in accordance with Section 5 – Continuity of Services (Condition 7) of the licence concerning the availability of resources and directives to the licensee to ensure appropriate access to resources to deliver services. Due to factors, including the impact of funding reductions to income and expenditure plans, the board has agreed that the following declaration be made: '*After making enquiries the Directors of the Licensee have a reasonable expectation, subject to what is explained below, that the Licensee will have the Required Resources available to it after taking into account in particular (but without limitation) any distribution which might reasonably be expected to be declared or paid for the period of 12 months referred to in this certificate. However, they would like to draw attention to the following factors which may cast doubt on the ability of the Licensee to provide Commissioner Requested Services*'.

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

- The Trust's performance improvement/ review framework is an integral component of the overarching integrated governance strategy, which describes the accountability arrangements and the actions that will be taken should risk/ performance issues be judged as requiring escalation.
- Ongoing review and scrutiny of trustwide and locality risk registers.
- Promotion of an open and just culture, with support for staff to report actual and potential incidents/ errors so that learning and improvement can take place, informed by appropriate investigation.
- Learning from incidents through aggregated analysis, regular feedback to staff and review of lessons learned. This is supported by the Trust's learning from experience report (produced 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.
- Ensuring risk assessments are conducted consistently, as outlined in the integrated governance framework.
- Having a robust annual healthcare quality improvement (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/ regulatory 'Duty of Candour' (Specific Condition 35, Standard NHS Contract/ Regulation 20 of the Health and Social Care Act).

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.

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 financial sustainability 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

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. The Trust's Information Governance Assessment Report score overall for 2015/16 was 94% and was graded green (satisfactory). All areas of the Information Governance Toolkit attained level 2/3. Internal Audit has awarded a 'significant assurance' opinion for the Information Governance Toolkit for the last three consecutive years.

There has been one serious incident relating to information governance in 2015/16, this was a breach of confidentiality that was reportable to the Information Commissioner's Office (ICO) since it was classified as Level 2 in the Information Governance Incident Reporting Tool. A member of staff accidentally left a notebook in a patient's home which contained personally identifiable information. The notebook was returned to the Trust immediately and affected individuals were informed. The data involved were names and demographic details. The number of data subjects potentially affected was 210, with 77 data subjects confirmed to be actually affected. Individuals were notified by post. The Trust considered these incidents to be serious and all staff were reminded of the importance of confidentiality via the weekly staff bulletin, particularly around vigilance when visiting patients' homes. The Information Commissioner investigated this incident 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 access and deliver 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 quality performance issues (aligned to the five quality of service domains defined by the CQC) detailed in the Trust's locality data packs. 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.

This assures the quality and accuracy of waiting time data by:

- Undertaking weekly reviews of waiting lists, including cleansing, to ensure clinical appropriateness.

- Implementing patient tracking lists at service level.

- Undertaking data quality checks.

The risks to the quality and accuracy of this data are associated with the potential for inaccurate capture, which are being mitigated through the establishment of task and finish groups to improve the effectiveness of clinical and administrative processes.

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 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's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board. The review provided a 'significant assurance' opinion from Internal Audit, and has given assurance that:

1. The structure of the Assurance Framework meets the requirements.

2. There is Board engagement in the review and use of the Assurance Framework.

3. The quality of the content of the Assurance Framework demonstrates clear connectivity with the Board agenda and external environment.

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, associated with risks that are reflective of the NHS and external environment. It also details that the Audit Committee and Quality Committee both provide assurances in respect of risks presented on the Assurance Framework.

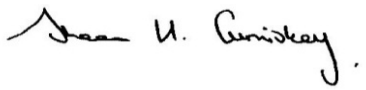
The review of the assurance framework across the year, alongside the board agenda, has identified the following areas for development:

- The board should consider its assurance expectations in terms of committees and how it uses the updates provided in conjunction with the Assurance Framework itself.
- The assurances recognised within the Assurance Framework should be reviewed to ensure they remain focused at board level and include the reporting route to board and regularity.

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



Sheena Cumiskey - Chief Executive

25th May 2016

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 2016 set out on pages 147 to 184. In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2016 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 2015/16.

2 Our assessment of risks 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 is unchanged from 2014/15 as follows:

Valuation of land and buildings - £76.35 million (2014/15: £67.87 million) ⟷

Refer to page 56 (Audit Committee Report), note 1.6 of the accounting policies and note 13 of the financial disclosures.

The risk: Land and buildings are initially recognised at cost. Non-specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets, where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) of a modern equivalent asset that has the same service potential as the existing property (MEAV). An impairment review is carried out each year to ensure that the carrying amounts of assets are not materially different from their fair/current values, with a full valuation every five years and an interim desk-top valuation after three years.

For 2015/16, the Trust contacted external valuers DTZ (now Cushman and Wakefield) to confirm that the value of their buildings had not changed materially since the prior year. The valuer provided a forecast index for 31 March 2016, and calculated the uplift for the Trust's estate to be 5.3% after potential obsolescence was taken into consideration. When applied to the carrying value of all Trust buildings, this represented an immaterial increase in value and hence the Trust opted not to recognise this increase in 2015/16. There is risk that the calculation of the potential uplift is based on inappropriate assumptions. There is also a risk that the land and buildings value in the accounts may not reflect any changes in the current use or condition of these assets since the last formal valuation.

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 cost indices provided by the valuer;
- checking the calculation of the potential change in value performed by the client and agreeing the index used in the calculation to evidence provided by the external valuer; and

- seeking confirmations from the Trust's internal Estates team that there have been no significant changes in use to assets in 2015/16.

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

The materiality for the financial statements was set at £3m (2014/15: £3m), determined with reference to a benchmark of income from operations (of which it represents 1.9% (2014/15: 2%)). We consider income from operations to be more stable than a surplus-related benchmark.

We report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £150,000 (2014/15: £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 Code of Audit Practice is unmodified

In our opinion:

- the parts of the Remuneration and Staff Reports to be audited have been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2015/16; and
- the information given in the Annual 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&I) 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 section in the annual report describing the work of the audit committee does not appropriately address matters communicated by us to the audit committee.

Under the Code of Audit Practice 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 2015/16, 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.

In addition we are required to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

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 Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Respective responsibilities of the accounting officer and auditor

As described more fully in the Statement of Accounting Officer's Responsibilities on page 81 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.

Respective responsibilities of the Trust and auditor in respect of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General (C&AG), as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The C&AG determined this criterion as necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2016.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

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

25 May 2016

Quality Account 2015/16






Quality at CWP
2015/16 in pictures

Vision:

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

Introduction

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

Quality in the NHS is described in the following ways:

Patient safety
This means protecting 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 introduce this year's annual Quality Account. This report is an important way for CWP to report on quality and to show improvements in the services we deliver to the people we serve. This year has seen the development of a new safety management system for CWP, which will be implemented in 2016/17 and beyond to complement and strengthen the improvement focus of our quality priorities reported on later in this report. Dr Sivananthan, Medical Director & Executive Lead for Quality, describes this new development in more detail in her foreword.

Most readers will be aware that in June 2015, CWP welcomed the Care Quality Commission (CQC) to the Trust. In its role as the independent regulator of health and social care in England, the CQC inspected the treatment, care and support that our services provide. We saw this as a real opportunity for us to show how well we deliver high quality, integrated and innovative services that improve outcomes for the people who access our services. We also saw it as an opportunity for us to learn more about how we can make our services even better. It was a comprehensive, announced inspection that took place over the course of one week, although the reality is that the whole process involved many months of effort. As such, on behalf of the Board, I'd like to acknowledge the support and dedication of all of our staff during the process. Their commitment to quality and their ethos of placing the person accessing our services at the centre of all that they do is a real testament to their dedication and professionalism. This was demonstrated by the CQC rating us as 'outstanding' for the care delivered by our services, which is their best rating, with a 'good' rating overall. Specifically, of the 14 core services inspected, inpatient services for people with learning disabilities and/ or autism were rated 'outstanding' – an extremely rare accomplishment. The CQC's report pointed out many areas of best practice, which should provide assurance to those accessing our services. There were also areas rated as 'requiring improvement', these are detailed in *Part 2* of this report, alongside details of the actions we have taken. The CQC will re-assess these areas during the early part of 2016/17, with our aspiration being to move those areas that required improvement to 'good' as a minimum.

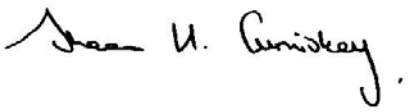
The Board, from speaking with the people who deliver our services, is always struck by their commitment to aim for the best of the CQC's ratings. We all know what 'outstanding' care looks like and what we expect, usually as most of us have all needed to access NHS services at one time or another. It's about 'what really matters to me' and not just 'what is the matter with me'. CWP embraces what really matters to people accessing our services, their carers and their families. A really good example of this was the launch of our brand new Eating Disorders Service website, CreatingHopeTogether.com. The website, which contains a host of online resources for people with an eating disorder, their families, healthcare professionals and the wider general public, includes a number of innovative features, such as dedicated 'Cook-Along' videos and a 'Sanctuary' area, providing ideas for days out, crafts, games and relaxation techniques. Small practical things such as this can make a real difference and is evidence of our drive to deliver personalised care and services for people – you can see more examples like this throughout the report.

To help us be even better at delivering personalised care, in collaboration with our partners across the health and care system, my executive colleagues and I have continued to make progress with the NHS's own plan for the future, the Five Year Forward View. This is about investment in transforming models of

care, and has a simple aim of delivering care in better ways, through more integrated care and out-of-hospital services. At CWP we recognise that we must work differently to best deploy our resources, our people, and our passion for high quality services and care. By doing so, we will reach more of the people we serve as part of an NHS that does not recognise organisational boundaries, though does reward consistently good patient outcomes and experiences. It is this focus on quality that is at the heart of our own clinical strategies.

Embarking on a period of significant change, whilst working within a limited financial budget, will make 2016/17 a challenging year, but I have no doubt that all of our people who directly and indirectly contribute to the delivery of services at CWP and in partnership with others, will rise to this challenge and will continue to contribute significantly to every patient experience. It will also be critical to work with people who access our services, their carers and families, the Foundation Trust's Council of Governors, commissioners and other stakeholders, to continue to build on quality improvements to our services. Together, all these stakeholders play a vital role in influencing and shaping the future plans of the Trust.

I hope that by reading this report you find it informative and stimulating and can get an understanding of the breadth of the services that CWP provides, as well as a flavour of our commitment to the people we serve. 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

Every day, the people who deliver care across the range of CWP's services have the privilege and responsibility of providing this care through their contacts with thousands of people across all ages, with acute or long term chronic illnesses, in inpatient and outpatient clinical areas, as well as in people's own homes. Wherever this care is provided, it is delivered by people who are united in an ambition to ensure the highest levels of safety and quality. At CWP we believe that this ambition is only delivered through continued scrutiny of the services we provide and by ensuring that there is a focus on continuous improvement, including looking at best practice and innovations within and outside the NHS. This directly supports the '25 year vision for the NHS' to be a safer health system with an improvement culture.

CWP is open to learning from all sources of insight. Through our quarterly Quality Report, the Board receives a selection of the hundreds of compliments received by our teams. The Board also receives other feedback from people who access our services, including through patient stories and complaints, as well as learning from external reports. As such, the Board recognises that we sometimes do not meet the standards that we set ourselves. We therefore welcome these rich sources of information to help us in our ambition of providing the best care in the right place and at the right time.

To support us with this ambition, during the year and as part of our ongoing 'Zero Harm' approach to continuously improving quality, the Board and our Quality Committee approved a 'safety management system'. This ambitious programme provides CWP with an opportunity to implement, in a systematic way, resilient systems to help us to listen, to learn, to improve and to raise the bar on quality. Over the course of the next two years, each team will be taken through the programme, with priority given to those teams with the greatest potential for quality improvement as indicated by a number of qualitative measures. A new healthcare quality improvement team will implement the programme as part of continuous improvement cycles. They will look at each team's safety and quality related information in order to help them to respond and continuously improve. Each team will receive an improvement report to help them, with advice and support to implement identified improvements, including peer support and coaching.

As well as this planned quality improvement work with each of our teams, last year we took an improvement focus to reduce the number of specific types of incidents which have the potential to cause harm. This year I personally sponsored a quality improvement project to reduce prone position (face down) restraint incidents by enabling and giving our staff the confidence to manage challenging behaviour through de-escalation techniques. Through collaboration, learning, sharing knowledge, and listening and responding to the experience of people who access our services, we have achieved real improvements in the way we deliver care to people presenting with challenging behaviour. We have seen a decrease in the total number of reports of these incidents and also overall incidents of restraint, accompanied by an increase in the use of de-escalation techniques. This demonstrates that our staff are learning from incidents by reflecting on their practice and behaviours, and using feedback from patients. It is important that we continually improve the quality of our care and services, as well as measuring any changes to ensure we are improving outcomes for the people who access our services. This is one example of many that shows our staff are embracing our Zero Harm campaign, which is about supporting people to deliver the best care possible, as safely as possible and in doing so reducing unwarranted avoidable harm. We were especially pleased that the CQC in their inspection report recognised our investment in staff through Zero Harm and our commitment to improving quality of services, supported by good governance structures.

Finally, I would like to express my thanks to everyone who made our annual 'Best Practice Showcase' event its usual success. Held in September 2015, a number of excellent examples of improving the care we deliver were shared – just some of these are described later in this report. I hope you enjoy reading about them. The event was followed by our Annual Members Meeting, where over 120 people attended to hear about our work in the previous year and look forward to our further developments. The afternoon finished on a great high with our annual 'Going the Extra Mile' awards, which provided a fantastic opportunity for us to celebrate and to thank staff, volunteers and involvement representatives for the excellent contribution they make to the work of CWP in helping to improve people's lives.

Dr Anushta Sivananthan
Medical Director & Consultant Psychiatrist
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 2015/16

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

Below is a summary of how CWP 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 2015/16

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:
- ✓ Demonstrating a comparative increase in the ratio of 'no harm' to 'harm' reporting of incidents. This is a positive indicator of the Trust's patient safety culture – that it is taking opportunities to learn from incidents that have not resulted in harm before actual harm events happen.
- ✓ Increasing overall reporting by 39%, demonstrating a stronger learning culture where patient safety is a high priority.
- ✓ Reducing incidents of prone position (face down) restraint, which can cause harm to patients and staff, by 50% as a result of a quality improvement project that has enabled and given staff the confidence to manage challenging behaviour through de-escalation techniques.
- ✓ Aligning the Trust's suicide prevention strategy with that of the Cheshire-Merseyside strategy. Education on suicide reduction/ prevention has been contributing to putting the strategy into operation, including suicide awareness training for all clinical support workers.

Clinical effectiveness priority for 2015/16

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:
- ✓ Holding an innovation competition for which 40 ideas were submitted. These ideas are currently being developed.
- ✓ The Effective Care Planning lead developing and commencing a Trustwide programme of education sessions targeting all clinical staff groups to improve the quality and effectiveness of care plans.
- ✓ Developing new care pathways, as detailed in *Part 3*.
- ✓ Establishing a Healthcare Quality Improvement team, which has completed a number of quality improvement projects.

Patient experience priority for 2015/16

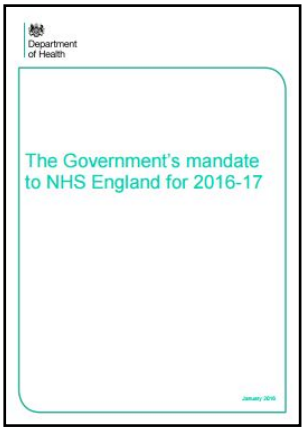
CWP said it would:
Achieve a continuous improvement in people's experience of healthcare by promoting the highest standards of caring through implementation of the Trust's values.

CWP achieved this priority by:
- ✓ Achieving a 25% increase in patient feedback to better understand the experience of people accessing the Trust's services, which is fundamental to being able to provide high quality services and to identify areas for improvement.
- ✓ Using an online survey to gather feedback on what the Trust's values mean to people who deliver the Trust's services.
- ✓ Raising awareness of the Friends and Family Test (FFT) throughout the Trust.
- ✓ Sending questionnaires to people who have raised a concern/ made a complaint to evaluate how they believe their complaints/ concerns were dealt with. Learning from this will be incorporated into the Trust's education needs and shared through 'sharelearning' bulletins.
- ✓ Making pledges, as part of the "Takeover Challenge", to promote a focus on the rights of young people in delivering healthcare to this group of people who access the Trust's services.
- ✓ Providing 'Triangle of Care' training to promote the essential role of carers as part of providing care.

Quality improvement priorities for 2016/17

As a continuous quality improvement programme linked to the Trust's 5-year strategic plan 2014/19, CWP is continuing to implement the current quality improvement priorities that it selected in 2014/15 for 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:
  - Helping to create the safest, highest quality health and care services, through the demonstration of improvements detailed in *The NHS Outcomes Framework*, which is the Government's "mandate" to the NHS.
  - 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 that there should be, and one of the principles of the *Berwick review* recommendations is, a focus on **better care** rather than quantitative targets. As such, the quality improvement priorities **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*.

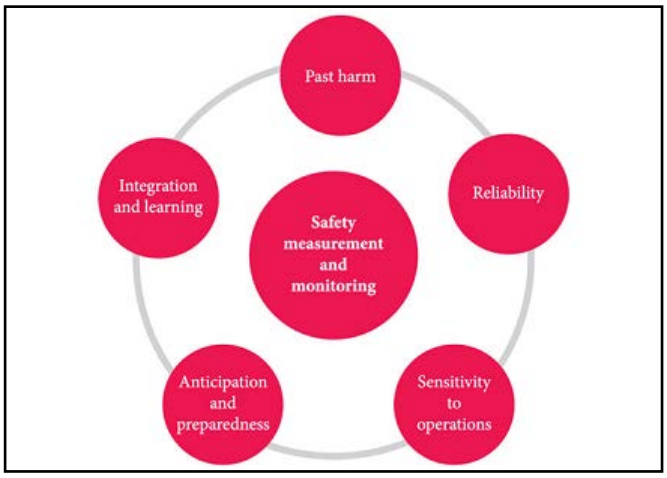
The quality priorities identified for achievement in 2016/17 have been set out in the Trust's strategic and operational plans, including how they link to the Trust's corporate and locality strategic objectives. This process of integrating the Trust's quality priorities with forward planning processes 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 Improvement 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, their carers and families, 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 activities 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.

How progress to achieve the priorities will be measured:
As described in *Part 1*, as part of the Trust's ongoing 'Zero Harm' approach to continuously improving quality, the Board and the Quality Committee approved a 'safety management system'. This safety management system is based on an evidence-based means of measuring and monitoring safety so that continuous improvement actions can be identified (*Vincent C, et al. BMJ Qual Saf 2014;0:1–8. doi:10.1136/bmjqs-2013-002757*). As a result, this year, as well as setting a number of areas for overall continuous quality improvement, a number of **goal driven measures** aligned to the dimensions of the Trust's safety management system, and to the Trust's forward operational plan for 2016/17, have been set. These goals were the outputs from a "masterclass" session that the Board of Directors attended in March 2016, where CWP showcased some of its successes related to its strategic Zero Harm patient safety approach, and then went on to reflect on how to demonstrate, in an even better way, that quality of care is continuously improving across the Trust.



Patient safety priority for 2016/17

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* and one of *NHS England*'s objectives for 2016/17 to protect people who access NHS services from avoidable harm. This includes taking action to identify vulnerable groups in the general population, including people with mental health problems, learning disabilities and autism. The Government has set out goals to support the NHS to be the world's largest learning organisation. 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:

Goal driven measure 1 for **patient safety**:

Measure: Demonstrable improvement in the alignment of the Trustwide incident reporting profile to the Heinrich ratio every four months.

Baseline: Heinrich ratio (proportion of serious:moderate:low harm incidents) for the period April 2016 – July 2016.

Improvement target: For the period December 2016 – March 2017, the Heinrich ratio to improve to 1:3:300 or better and to improve by 10% better than the baseline performance in relation to reporting of low/ no harm incidents.

Source: Incident reporting data in the Trust's incident reporting system as presented in the 'Learning from Experience' report.

Goal driven measure 2 for **patient safety**:

Measure: Demonstrable improvement in the completeness and quality of handovers between wards and home treatment teams.

Baseline: SBAR (a communication tool that can be used during transfers of patients which is evidence based to decrease the incidence of harm) completion for the period June 2016.

Improvement target: For the period March 2017, SBAR completion to improve by 10% (this will include a qualitative review of content).

Source: Transfer of care data and SBAR documents in the Trust's care records system.

Continuous improvement measures for **patient safety**:

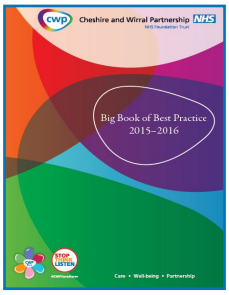
- Evaluation of staff receiving training and development in safe, organisational human factors practices and the spread of the implementation of these practices, including through learning from the review of serious incidents.
- Evaluation of the themes identified as recommendations following the review 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 through incident reporting and 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.
- Monitoring of team safety performance and safety improvement plans using the Trust's safety management system.

Clinical effectiveness priority for 2016/17

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. Supporting innovation, research and growth in order to get the best health outcomes for patients is also one of the Government's ambitions for the health service for 2016/17. 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:

Goal driven measure for **clinical effectiveness**:

Measure: Demonstrable improvement in service level health related outcome ratings each quarter.

Baseline: Aggregated Trustwide number of indicators of positive variance in relation to aggregated service level health related outcome ratings for the period April 2016 – May 2016.

Improvement target: For the period February 2017 – March 2017, the number of indicators of positive variance in relation to aggregated service level health related outcome ratings to improve by 10% compared to the baseline performance.

Source: Outcome reporting data set in the Trust's locality data packs.

Continuous improvement measures for **clinical effectiveness**:

- Continuous improvement in the collection and reporting of outcomes from care delivery processes.
- 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 and externally through the Trust's dedicated best practice and outcomes portal.
- 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 healthcare quality improvement activities, through recommendations to reduce unwarranted variations in the quality of healthcare via continuous improvement plans.
- 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 2016/17

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:

Securing measurable improvement in people's experience of health services is one of the Government's objectives for the NHS for 2016/17. 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:

Goal driven measure for **patient experience**:

Measure: Demonstrable increase in the uptake of the Friends and Family Test each quarter.

Baseline: Aggregated Trustwide uptake for the period April 2016 – May 2016.

Improvement target: For the period February 2017 – March 2017, the Trustwide uptake to improve by 10% or better.

Source: Friends and Family Test reporting data set in the Trust's locality data packs.

Continuous improvement measures for **patient experience**:

- Evaluation of the outputs of the Trust's 6Cs (care, compassion, courage, communication, competence and commitment) and organisational development work programme 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 patient survey activity 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. This includes evaluation of 'Friends and family' test (for patients) results and improvement actions identified to continuously improve these.
- 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 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.

These quality priorities are set out in the Trust's 'Zero Harm' quality improvement strategy, progress will be monitored throughout 2016/17 in the Trust's quarterly 'quality improvement report', and will also be put forward as the Trust's three priorities/ pledges for 2016/17 towards the NHS England "Sign up to Safety" campaign.

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 access 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
- Substance misuse services in Eastern Cheshire
- Primary/ general medical and care services in Ellesmere Port (West Cheshire)

During 2015/16 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 92 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2015/16 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 2015/16.

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 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 deliver the Trust's services, and other partners in a wide variety of survey activity to inform and influence the development of its services.

The National Staff Survey is also used to review and improve staff experience, which in turn can bolster improvements to patient care. The results also inform local and national assessments of the quality and safety of care, and how well organisations are delivering against the standards set out in the NHS Constitution. Trusts are asked to provide the following specific survey result indicators, as a baseline to demonstrate future progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

KF19 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

White	18%
Black and minority ethnic	18%

KF27 – Percentage believing that the trust provides equal opportunities for career progression or promotion

White	92%
Black and minority ethnic	89%

Further information can be found at: http://webstore.cwp.nhs.uk/diversity/wres-indicators-2015.pdf

The WRES detailing the NHS Staff Survey results for 2015 will be published on the Trust's website in July 2016. The *Trust's People & Organisational Development Sub Committee* will identify improvement plans in relation to these indicators.

Learning from experience

- The main learning themes from serious incidents identified during the year were around training, communication, care planning and documentation. The Trust undertook a quality improvement project during the year to accelerate restraint reduction. As described above in *Quality improvement priorities for 2015/16*, this approach was found to be successful in driving up quality, and is an approach that the Trust is going to continue to use in other safety critical areas of care.
- Learning from a clinical negligence claim relating to a serious incident that occurred identified that a relevant 'near miss' with learning that could have contributed to preventing the serious incident had not been reported. This is why the Trust continues to promote 'no harm' and 'near miss' incident reporting and is a goal driven quality improvement priority for 2016/17.
- As a result of an inquest, the Trust has reviewed how it liaises with the third sector and other organisations in relation to undertaking investigations and sharing findings to ensure that learning across organisations can be maximised. Further work is currently being undertaken to develop joint protocols for more joined up and effective working when undertaking investigations across organisations.
- As a result of feedback from people who have raised issues or complaints, the complaints team has developed a case management approach. This helps as people have one person to liaise with and it offers a more consistent approach in managing complaints. An emerging theme is families reporting that they are not being fully involved in care decisions and that they are often not listened to. This is particularly relevant when consent is not provided and staff do not feel they can engage with families and carers. Work is ongoing in relation to data protection to ensure that families and carers can be included as much as possible.

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 2015/16, CWP has seen a continued **19% increase** compared with 2014/15 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:

"I honestly don't know where I'd be now if I hadn't come to you, you have helped me so much that words can't begin to describe how thankful I am. You've changed my life when once I felt I could never be happy, you always made me feel comfortable and accepted when nobody else made me feel like that. Thank you so much for sticking by me through everything."
Child and Adolescent Mental Health Services, CWP East

"Just a note to say thank you for looking after my dad, thank you for the support and the cups of tea."
Older People Services, CWP West

"I cannot praise the nurses and carers highly enough. They treated my husband not only with kindness and care but with a gentleness and respect that I had hardly hoped for. They were outstanding. My husband passed away peacefully at home shortly after a comforting visit from the caring team."
Physical Health Services, CWP West

"All staff helpful: Doctors, Nurses, Carers, Tea Lady and Laundry Lady. I could not speak highly enough. I don't think you can improve. Keep up the good work you do already."
Adult Mental Health, CWP Wirral

"Thank you to all the staff! Due to your professional input, we have seen a vast improvement our son's life and you have helped us in recognising an underlying problem that has now been diagnosed. Your service is extremely valuable and reassuring to us."
Learning Disability Services, CWP Wirral

"Can't believe the difference its made just speaking to someone over the phone. I was so worried about my telephone appointment but the therapist made me feel so at ease. Thank you."
Improving Access to Psychological Therapies Services, CWP East

Duty of Candour

Duty of Candour is a regulation that providers of health and social care should follow to ensure that they are open and transparent with people who access and use services, and people acting lawfully on their behalf, in relation to care and treatment – including when things go wrong. A review of CWP's practice has been undertaken in relation to Duty of Candour. Compliance has so far demonstrated areas of good practice which can be shared across the Trust, as well as areas where improvements can be made. Early improvement actions identified include reviewing compliance through locality governance meetings, providing scenarios for staff to help better understand application of the duty as it relates to incidents of moderate harm, and provision of support materials so that when staff document their application of the duty, it demonstrates and complements a person-centred approach to care delivery.

On 9 March 2016, a league table identifying levels of openness and transparency within NHS trusts and foundation trusts was published, entitled the "Learning from Mistakes League". CWP was rated as having 'Good' levels of openness and transparency, ranked in position 68 out of 231 trusts.

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 2015/16 **six** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2015/16 the Trust participated in **100%** national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2015/16 are as follows:

- National Prescribing Observatory for Mental Health: Topic 13b: Prescribing for ADHD in children, adolescents and adults
- National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification
- National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder

- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit
- NHS England: Physical health assessment of patients with severe mental illness
- UK Parkinson's Audit

The national clinical audits that the Trust participated are listed below alongside the number of cases submitted to each audit.

CWP also participated in the National Sentinel Stroke Audit led by the *Countess of Chester Hospital NHS Foundation Trust*.

		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 13b: Prescribing for ADHD in children, adolescents and adults	**62**	Report published. CWP has developed two action plans; one for adults and one for CAMHS, both of which are identifying improvements to the Trust's electronic ADHD clinical pathway.
National Prescribing Observatory for Mental Health: Topic 14b: Prescribing for substance abuse: alcohol detoxification	**48**	Data submitted; report to be published in June 2016. Action planning will then follow.
National Prescribing Observatory for Mental Health: Topic 15a: Prescribing Sodium Valproate in bipolar disorder	**119**	Data submitted; report to be published in June 2016. Action planning will then follow.
NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis audit	**50**	Data submitted; report to be published end of April 2016. Action planning will then follow.
NHS England: Physical health assessment of patients with severe mental illness Cardio metabolic assessment and treatment for patients with psychoses: [1]Inpatients [2]Community early intervention patients [3]Communication with General Practitioners	 [1]**100** [2]**69** [3]**135**	Data submitted; report to be published end of April 2016. Action planning will then follow.
UK Parkinson's Audit	**20**	Data submitted; report to be published in May 2016. Action planning will then follow.
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 **six** national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2015/16 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 **seven** completed local clinical audits were reviewed in 2015/16 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
Effective Care Planning & Risk Assessment	▪ Development of an effective care planning e-learning module as an additional learning tool for clinical staff. ▪ Modification of the Physical Health in Mental Health training programme to include a specific version for clinical staff working in the community setting. ▪ Physical health diagnosis codes and descriptions are now routinely entered into clinic letters. ▪ Pilot of a Positive Behavioural Support Plans for Inpatients training programme. ▪ The doctors' induction programme on risk assessment has been updated to reflect Zero Harm, person-centred care and a focus on patients' needs, strengths and aspirations. ▪ The Trust's Care Planning policy has been updated to provide staff with guidance on supporting service users in preparing Advance Statements. ▪ An effective care planning 'z-card' information leaflet has been developed which includes fundamentals of the effective care planning process, examples of care plans and links for national and local organisations. ▪ The Recovery Colleges are working to introduce courses to support Advance Statements.
NHS Improving Quality: Winterbourne Medicines Programme	▪ Awareness raising of the challenging behaviour pathway. ▪ Benchmarking of the Trust's pathway against *NICE* guidelines. ▪ Development of an aide memoire which includes challenging behaviour quality standards on medicines management and psychosocial management. ▪ Providing the *NICE* information leaflet "People with Learning Disabilities and behaviour that challenges" to people accessing CWP's services and carers.
Crisis Care	▪ Improvements to contingency plans for patients, especially around person centred care planning. ▪ Promotion of attendance on effective care planning training and the complementary person-centred thinking training. ▪ Implementation of a system to review the care plans of all patients who present to Street Triage in order to improve contingency arrangements and highlight of risk factors.
Challenging Behaviour and Restraint Reduction	▪ Identification of a number of enabling actions to support staff to deliver safe and effective care for managing challenging behaviour. ▪ Improvements to documentation, including for reflective reviews.
Seclusion	▪ Review of seclusion documentation. ▪ Upgrade to CAREnotes to facilitate recording of seclusion episodes.
Community Treatment Orders (Supervised Community Treatment)	▪ A review of the Mental Health Act training package to strengthen gaps highlighted in the audit. ▪ Mental Health Act administrators now attend locality meetings to provide further support to clinicians in the areas of Mental Health Act practice.
Record keeping	▪ A review of the Trust's e-learning package around essential record keeping standards to strengthen gaps highlighted in the audit.

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 2015/16 that were recruited during that period to participate in research approved by a research ethics committee was **504**.

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 **82** clinical research studies in all of its clinical service units during 2015/16.

There were **112** clinical staff participating in approved research during 2015/16. These staff participated in research covering **18** 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 **98** 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.

This year CWP participated in its first Phase 1 clinical research study. This was a study of a vaccine in Alzheimer's Disease. The Trust has been working closely with the *Royal Liverpool and Broadgreen University Hospitals NHS Trust*'s Phase 1 Clinical Research Unit, which was the first NHS unit to be awarded Phase 1 accreditation. Over 1,500 patients were screened to get the patients onto the study. CWP achieved its target recruitment. The Trust's Older People's Clinical Director was the Principal Investigator and CWP hopes that there will be a further study on this vaccine and that it will be continuing to work in this specialised area.

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 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 2015/16 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 2016/17 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 2015/16 was £3,236,666 and the Trust received £3,201,666 for the *CQUIN* goals achieved. The total monies available in 2016/17, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £3,240,529.

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 2015/16.

The Trust has participated in **1** investigation or review by the Care Quality Commission during 2015/16, which was in relation to the following area:

Routine inspection of core services

This inspection took place in June 2015, in line with the new inspection framework and a commitment to inspect all mental health trusts by December 2016. The inspection covered 14 core services across the Trust. The overall ratings for the Trust were published in an inspection report published on 3 December 2015.

Overall rating for services at this Provider	Good
Are Services safe?	Requires improvement
Are Services effective?	Good
Are Services caring?	Outstanding
Are Services responsive?	Good
Are Services well-led?	Good

Of the core services inspected, wards for people with learning disabilities or autism were rated 'outstanding' – which is a rare accomplishment. 10 core services were rated 'good': community-based mental health services for older people; specialist community mental health services for children and young people; wards for older people with mental health problems; long stay/ rehabilitation mental health wards for working age adults; community mental health services for people with learning disabilities or autism; community health services for adults; mental health crisis services and health-based places of safety; child and adolescent mental health wards; community-based mental health services for adults of working age; and end of life care. The services rated as 'requires improvement' were community health services for children, young people and families; acute wards for adults of working age and psychiatric intensive care units; and forensic inpatient/ secure wards.

A robust action plan was developed in response to the regulatory actions identified, which was agreed with the Care Quality Commission and subsequently implemented. All actions have been completed by 31 March 2016 as agreed with the Care Quality Commission. A re-inspection is expected during quarter 1 of 2016/17 to review the actions taken, the outcome of which will update the current rating for services at the Trust.

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 2015/16 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 outpatient 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 outpatient 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 score overall for 2015/16 was **94%** and was graded **green** (satisfactory).

All areas of the Information Governance Toolkit attained level 2/ 3. Internal Audit has awarded a 'significant assurance' rating for the Information Governance Toolkit for the last three consecutive years.

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2015/16 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 access 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 2016/17 to address the following areas –

1) The quality of data in national and mandatory submissions and feedback areas for improvement to localities and their management structure through locality analysts.
2) Data quality issues through a weekly data quality dashboard, engaging 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 embedding of locality analysts in the management structure as a point of contact for data quality issues and promotion of best practice across the organisation.
4) Promotion of the use of outcome measures in the organisation for both national and internal reporting.

Performance against key national quality indicator targets

CWP is required to report its performance with a list of published key national measures of access and outcome, against which the Trust is judged as part of assessments of its governance. 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 quality outcomes help CWP to monitor how it delivers its services.

Performance against key national quality indicator targets from the Monitor *Risk assessment framework August 2015*

Indicator	Required performance threshold	Actual performance
Data completeness: community services, comprising:		
▪ Referral to treatment information	50.0%	**100.0%**
▪ Referral information	50.0%	**98.5%**
▪ Treatment activity information	50.0%	**87.3%**
Care Programme Approach (CPA) patients, comprising:		
▪ Receiving follow-up contact within seven days of discharge	95.0%	**98.4%**

Indicator	Required performance threshold	Actual performance
▪ Having formal review within 12 months	95.0%	**96.9%**
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50.0%	**88.7%** (quarter 4)
Improving access to psychological therapies (IAPT): ▪ People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	**78.9%** (quarters 3 and 4)
▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	**93.8%** (quarters 3 and 4)
Minimising mental health delayed transfers of care	≤7.5%	**1.2%**
Admissions to inpatients services had access to crisis resolution/ home treatment teams	95.0%	**98.0%**
Meeting commitment to serve new psychosis cases by early intervention teams	95.0%	**110.6%** 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).
Mental health data completeness: identifiers	97.0%	**99.6%**
Mental health data completeness: outcomes for patients on CPA	50.0%	**85.0%**

*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: 2014/15 – 2015/16

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period: 2015/16 – CWP performance	2015/16 – National average	2015/16 – National performance range	2014/15 – CWP performance	2014/15 – National average	2014/15 – 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 **97.5%**	Quarter 1 **97.0%**	Quarter 1 **88.9 – 100%**	Quarter 1 **95.9%**	Quarter 1 **97.0%**	Quarter 1 **93 – 100%**
		Quarter 2 **99.6%**	Quarter 2 **96.8%**	Quarter 2 **83.4 – 100%**	Quarter 2 **97.5%**	Quarter 2 **97.3%**	Quarter 2 **94.6 – 99.2%**
		Quarter 3 **97.7%**	Quarter 3 **96.9%**	Quarter 3 **50.0 – 100%**	Quarter 3 **99.1%**	Quarter 3 **97.3%**	Quarter 3 **94.9 – 99.6%**
		Quarter 4 **97.6%**	Quarter 4 **Not available until June 2016***	Quarter 4 **Not available until June 2016***	Quarter 4 **99.4%**	Quarter 4 **97.2%**	Quarter 4 **93.1 – 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 2015/16 is **achieving at least 95.0%** rate of patients followed up after discharge, CWP performance for 2015/16 is **98.4%**). The Trust has taken the following action to improve this percentage, and so the quality of its services: 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 **96.9%**	Quarter 1 **96.3%**	Quarter 1 **18.3 – 100%**	Quarter 1 **98.8%**	Quarter 1 **98%**	Quarter 1 **33.0 – 100%**
		Quarter 2 **98.0%**	Quarter 2 **97.0%**	Quarter 2 **48.5 – 100%**	Quarter 2 **98. 1%**	Quarter 2 **98.5%**	Quarter 2 **95.3 – 99.8%**
		Quarter 3 **99.3%**	Quarter 3 **97.4%**	Quarter 3 **61.9 – 100%**	Quarter 3 **98.5%**	Quarter 3 **97.8%**	Quarter 3 **82.5 – 100%**
		Quarter 4 **97.6%***	Quarter 4 **Not available until June 2016***	Quarter 4 **Not available until June 2016***	Quarter 4 **97.0%**	Quarter 4 **98.1%**	Quarter 4 **59.5 – 100%**

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
		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 2015/16 is **achieving at least 95.0%** of all admissions gate kept, CWP performance for 2015/16 is **98.2%**). The Trust has taken the following action to improve this percentage, and so the quality of its services: 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) 9.40%*** **(ii) 6.53%***	**Not available via HSCIC indicator portal***		**(i) 0.04%*** **(ii) 6.74%***	**Not available via HSCIC indicator portal***	
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information held on 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.					
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	**71%**	**68%**	**18 – 93%**	**68%**	**66%**	**36 – 93%**
		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	Enhancing quality of life for people with long-term conditions Ensuring that people have a positive experience of care	**Not available**			**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	

Quality indicator	Related NHS Outcomes Framework Domain	Reporting period					
		2015/16			2014/15		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
with a health or social care worker						same" for the "Health and social care workers" section of the survey	
		Cheshire and Wirral Partnership NHS Foundation Trust does not have a performance score against this quality indicator for 2015/16.					
Incidents (i) The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or (iii) death	Treating and caring for people in a safe environment and protecting them from avoidable harm	**** (i) 2713/ bed rate 49.2**	**** (i) 2456/ bed rate 38.0**	**** (i) 8 – 6723/ bed rate 6 – 84**	**(i) 2081/ bed rate 19.7**	**(i) 2456/ bed rate 38.0**	**(i) 539 – 5852/ bed rate 0 – 92.5**
		**** (ii) 8/ 0.3%**	**** (ii) 9/ 0.4%**	**** (ii) 0 - 74/ 0 – 2.5%**	**(ii) 51/ 2.5%**	**(ii) 9/ 0.4%**	**(ii) 0 – 122/ 0 - 2.9%**
		**** (iii) 37/ 1.4%**	**** (iii) 18/ 0.8%**	**** (iii) 0 – 95/ 0 – 3.2%**	**(iii) 65/ 3.1%**	**(iii) 17/ 0.7%**	**(iii) 0 – 74/ 0 – 3.7%**
		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 has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through it "learning from experience" report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data. **Represents data for 01/04/2015 to 30/09/2015, data for 01/10/2015 to 31/03/2016 will be available in April 2017.					

(*) denotes:
Performance for 2015/16 (and 2014/15 where applicable) is not available or 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 as Trust performance where *HSCIC* data is not available is the Trust's information systems.

Part 3.
Other information

An overview of the quality of care offered by CWP – performance in 2015/16

Below is a summary of CWP's performance, during 2015/16, 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 approach 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		
			2013/14	2014/15	2015/16
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	**9213 incidents**	**7598 incidents**	**10560 incidents**
			Data source = the Trust's incident reporting system (Datix).		
ii. 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:* **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***	NHS Staff Survey scores *Training:* **N/A*** *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. ***The NHS Staff Survey Advisory Group reviewed these questions for their usefulness and relevance for the 2014/15 and 2015/16 surveys and decided not to include in the survey.		
iii. Care Programme Approach (CPA) patients	2008/09	Preventing people from dying prematurely	**97.9%**	**97.9%**	**98.4%**
			Data source = The Trust's information systems.		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
receiving follow-up contact within seven days of discharge from psychiatric inpatient care					
Clinical effectiveness					
i. Implement the Advancing Quality programme for dementia and psychosis	2009/10	'Advancing Quality' measures clinical and patient reported outcomes to determine the level of care that patients have received, benchmarked against a set of agreed 'best practice' criteria	***Dementia:*** *CWP compliance* **89.9%** *CWP target* 83.6% **–** ***Psychosis:*** *CWP compliance* **98.0%** *CWP target* 88.2%	***Dementia:*** *CWP compliance* **64.0%** *CWP target* 57.3% **–** ***Psychosis:*** *CWP compliance* **84.2%** *CWP target* 90.9%	***Dementia:*** *CWP compliance** **60.7%** (to-date) *CWP target* 57.3% **–** ***Psychosis:*** *CWP compliance** **83.8%** (to-date) *CWP target* 90.9%
			Data source = Clarity Informatics There is up to a six month delay in reporting of compliance data relating to 2015/16. *These figures for 2015/16 reflect CWP's monthly submissions up to and including January 2016.		
ii. Physical health checks for all inpatient service users, including Body Mass Index (BMI)	2008/09	The monitoring of a service user's physical health is a priority to ensure that a service user's physical health needs are being met	**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 was 642.	**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. The denominator was 596.	**99.5% compliance** with the patient having their BMI calculated within the previous week Performance was measured every two months as part of the Trust's patient safety priority for 2015/16. The denominator was 639.
			Data source = local patient safety metrics data. The *'physical health check undertaken within 6 hours of admission'* and *'the patient having their BMI*		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			calculated on admission' parts of this indicator reported in previous years were removed as these are 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: 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.	Additional pathways were developed during 2015/16 to facilitate a reduction in unwarranted variation in the following areas of care: ▪ Acute care ▪ Bipolar disorder ▪ ADHD
Patient experience					
i. 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	**4% increase** compared with 2012/13 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 350 patient experience contacts in 2013/14.	**33% increase** compared with 2013/14 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 410 patient experience contacts in 2014/15.	**25% increase** compared with 2014/15 This does not include patient experience feedback reported by Physical Health West, as these were not included in previous years' performance. Physical Health West received 118 patient experience contacts in 2015/16.
			Data source = the Trust's incident reporting system (Datix). For 2015/16 the changes in patient feedback are: Concerns = **40% increase** PALS contacts = **33% decrease** Comments/ suggestions = **57% increase**		

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			Compliments = **35% increase** Complaints = **10% 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 suggests that targeted training focused on recording positive feedback to ensure the sharing of good practice has had an impact. 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	**2 complaint quality assurance reviews**	**2 complaint/ serious incident quality assurance reviews**	**6 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.		
iii. Measure patient satisfaction levels	2008/09	Patient satisfaction is an important measure of the quality of the care and treatment delivered by the Trust	National 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	National 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	National Patient Survey score **N/A**** – CWP inpatient survey **N/A****

Quality indicator	Year identified	Reason for selection	CWP performance		
			2013/14	2014/15	2015/16
			'**good**' or '**excellent**' Responses = 110	as '**good**' or '**excellent**' Responses = 142	
			*****On further review of the information available following the 2013/14 Quality Account, the overall response was 75%. **The Trust does not have these specific survey results to report for 2015/16.		

Monitor requires mental health foundation Trusts, for external assurance of their *Quality Account*s, 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 gate kept 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 2015/16

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**

As part of the Trust's **Zero Harm** strategy, Locality Data Packs (LDPs) have been developed to provide team managers with safety and quality information to celebrate and promote areas of good practice and identify areas for continuous improvement. Teams receive these packs every two months. Feedback has been very positive. One example is the Crisis and Reablement Team, which cares for patients who are experiencing a new health crisis and are at risk of hospital admission. The team manager has found the introduction of the LDPs a useful way of focussing on safety critical areas of care. Particular areas of focus relating to patient safety have been the investigation of serious incidents, the number of complaints, and the number of compliments. By incorporating the LDPs as a standing agenda item at the team meeting, it has ensured that essential safety and quality issues are discussed and addressed.

At the second **Patient First: Preventing Harm – Improving Care conference** held in London on 12 November, CWP's Associate Director of Safe Services, who is a Human Factors expert advising *Health Education England*, gave a presentation entitled "Human Factors: solutions, not problems". Over 2,800 professionals were in attendance across the two days of the conference, with some delegates travelling from other countries to attend. The presentation focused on CWP's proactive response to tackling the patient safety challenge using Human Factors training to empower staff to deliver safe and effective care and to build a culture of zero harm.

Wirral Electro Convulsive Therapy (ECT) clinic has demonstrated that they meet national guidelines and standards and were awarded accreditation by the *ECT Accreditation Service* (*ECTAS*). The Wirral clinic has been **accredited with continuing excellence** for Year 1 of the three year cycle. Accreditation with continuing excellence covers a period of three years subject to a satisfactory annual review. *ECTAS* works with ECT services to assure and improve the quality of the administration. The *Care Quality Commission* uses *ECTAS* accreditation as one of the information sources to direct its inspection activities in its assessment of mental health services. Learning and innovations from this accreditation are being spread beyond the participating service to other services within the Trust.

Improving **clinical effectiveness**

CWP's Early Intervention teams participate in the North West's *Advancing Quality* programme for First Episode Psychosis and were recognised for the quality of care they provide. Although the care given to a patient is tailored to individual needs, clinicians from across the region have agreed a number of key things which – if carried out at the same time and in the same way for every patient – will help to ensure the **best possible outcomes**; these are what Advancing Quality refer to as Clinical Process Measures. For 2015/16, CWP's Early Intervention team was recognised as the **third best** in the region for meeting these standards.

CWP is extending its existing Criminal Justice Liaison Service following a successful bid to *NHS England*. From 1 October 2015, a number of CWP community mental health practitioners will be located as part of an extended team into Middlewich and Blacon police custody suites and in Chester, Crewe and Macclesfield Magistrates Courts. Mental health support will also be provided to Chester Crown Court as part of this new initiative. The practitioners will be in place Monday to Friday to help support individuals who come into contact with local criminal justice services across Cheshire. In line with national recommendations to ensure people with suspected mental health problems are assessed more quickly when they are held by police, this **proactive and innovative service** will enable CWP to provide a whole range of mental health services working in partnership with the police and courts within Cheshire.

In order to provide 'joined up thinking' within the Tier 4 Child and Adolescent Mental Health Services (CAMHS), CWP's Young People's Centre – comprising Pine Lodge, Maple ward and Chester Eating Disorder Service (CHEDS) have offered in-house mental health training to staff working in inpatient care once a month. Staff were encouraged to become confident in developing new skills and ways of working with young people and their families.

A training programme was devised with sessions on various topics and theories. Staff then used a 'reflecting team' approach to apply the theories to direct clinical cases. Sessions also offered staff practical support and included topics such as 'meal time management' for young people with eating disorders; 'engaging parents and carers' in their young person's treatment; and 'risk management' and 'care planning approaches'.

Staff whose experience has been working in Learning Disability Services or with Adult Mental Health Services have gained a greater understanding of child and adolescent development which has helped them to continue to provide high quality robust, competent and compassionate care when working with this population of young people.

Improving **patient experience**

In November 2015, CWP took part in the national event called "Takeover Day". This is an annual event that promotes children's rights and encourages their voices to be heard. *Takeover Challenge* sees organisations across England invite children and young people to 'take over' their job roles and be involved in decision making. It promotes Article 12 of the *United Nations Convention on the Rights of the Child*, which says all **children should have a say in matters that affect them**. CWP has participated in the event for the past three years. One of CWP's Young Advisors formally opened the event for 2015 and gave an overview of CWP's involvement. Each year sees young people taking over management in their local area and also being given the opportunity to meet with CWP managers and members of the Board of Directors to raise some of the issues that are important to them. 2015/16 saw young people from CAMHS being fully involved in the event and also young people being represented from Learning Disability CAMHS, Substance Misuse Services and the Cheshire Eating Disorder Service.

CWP has received a second gold star from the national *Carers Trust*, recognising the Trust's commitment to improving support for unpaid carers and their families. Since becoming one of the first members of the *Carers Trust*'s 'Triangle of Care' scheme, staff have completed self-assessment audits and created action plans to work towards a three way partnership between the service user, the main carer and the professional. Specialised carer awareness training for front line staff has been delivered, and teams have been encouraged to develop stronger partnership working with a range of local carer support organisations including services to support both young

carers and adults.

The recognition comes after the launch of the new Care Act which launched on 1 April 2015. The Act strengthens the rights of all voluntary and unpaid carers to request a carer's assessment via the local authority, who are keen to identify carers at an earlier stage, recognise the contribution they make and offer support to enable the unpaid carer to sustain their caring role and support their own health and wellbeing.

Staff on Cherry ward have introduced weekly sessions to provide people with dementia opportunities to spend time with their loved ones in a supportive and structured environment. The group's aims were to stimulate the recall of memories, through communication and interaction. The 'Weekly Sparkle' reminiscence newspaper is a tool to aid reminiscence therapy. This includes a variety of topics such as 'this week in history', music reminiscence, and quizzes. The group has also been opened up to carers. Picture resources and items are used as memory prompts and discussion aids, to enable staff to support people on a one to one and group basis.

The group has had a very positive impact on people's experience of care, who have been observed to dance and sing to the music played and express their enjoyment. There has also been positive feedback from carers who have also enjoyed being part of the group, reporting that it has given them a topic of conversation to discuss with their relative.

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.

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.

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.

Duty of Candour
This is Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

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.

Heinrich ratio
The Heinrich ratio relates to the number of incidents that do not result in harm to the number that result in minor harm, and the number resulting in major harm. This is written as a ratio based on 1 case of major harm – 300:30:1.

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 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.

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.

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

Secondary 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 access services
Anyone who accesses, 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.

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.

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.

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

Annex B: Comments on CWP Quality Account 2015/16

Statement from Governors

A statement from the Lead Governor will be in the foreword 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 2015/16 Quality Account at their meeting on 12 April 2016. 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 Account for 2015/16.

Governors began early discussions about the selection of the local indicator; this enabled exploration about the range of indicators for audit and enabling and robust basis for selection. At the Council of Governors meeting held on 12 April 2016 it was agreed that waiting times for psychological therapies would be selected again as the local Indicator – this was chosen by the Council of Governors in order to further understand the Trust position given Trust performance during 2015/16 and the introduction of this as a national indicator in 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

NHS Eastern Cheshire Clinical Commissioning Group commentary

NHS Eastern Cheshire Clinical Commissioning Group (ECCCG) welcomes the opportunity to provide feedback and commentary to Cheshire and Wirral Partnership Foundation Trust's (CWPFT) Quality Account for 2015/16.

ECCCG acknowledges the continued hard work and commitment shown to ensuring patient safety throughout 2015/16. Undoubtedly these initiatives have led to increased patient safety, better patient journey and experience.

The Trust has invested a good deal of time and expertise in order to improve service user and carer experience over the past year. The Trust has launched several initiatives this year which include the ongoing work with their Zero Harm approach to continuously improving quality. CWP have invested in a new healthcare quality improvement team who have been charged with implementing a programme of continuous improvement cycles looking at safety and quality related issues.

We are pleased with the overall performance with the Trust's CQUINs for 2015/16 and we again look forward to working collaboratively with the Trust to improve upon their performance even further.

We are pleased to see that the Trust has been proactive in developing a set of key quality improvement priorities for the coming year (2016/17) which are both robust and clearly driven by reducing harm, increasing the patient experience. Although the Trust has identified the main learning themes from serious incidents during the year the CCG would like to have seen more follow up work on the key themes which have been identified as communication. The CCG feels this is an area of work that needs to be addressed as a quality priority for 2016/17.

Overall the Trust's account has fairly represented their ongoing commitment to improving the quality of services it offers. During the coming year the Trust will need to maintain this momentum and continue their focus on development and pursue further improvements.

NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group commentary

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's (CWPFT) performance through the organisation's Quality Account for 2015/16.

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. It also is pleasing to see that CWP have used a number of sources to develop the quality improvement priorities. These identified priorities have been set out in the Trust's strategic and operational plans and also have a link to the Trust's corporate and locality strategic objectives giving ownership across the organisation.

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. This is especially evident in the commitment shown to staff wellbeing.

In June 2015 The Care Quality Commission performed its routine inspection of core services within CWPFT. The ratings of "Outstanding" and "Good" are recognised accomplishments. The services rated as "requires improvement" were acute wards for adults of working age and psychiatric intensive care units, community health services for children, young people and families, and Forensic inpatient/secure wards. However it should be noted that during the Care Quality Commission inspection, community services provided in South Cheshire and Vale Royal were not included. It is reassuring that robust action plans are reported as developed and actions are progressing.

It is noted that CWPFT continues to take part in national and local audits and plans to continue work around specific standards for quality improvement around physical health monitoring, intervention, prescribing of medication, interventions for psychosis, and Parkinson's disease. We look forward to viewing the Trust's action plans and publishing on 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. 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 2016/17 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.

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 regular 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.

Commissioners in West Cheshire commend the Trust, and all staff, on the excellent outcome following the Care Quality Commission inspection that took place during June 2015. Being rated 'Good' overall, achieving 'Outstanding for Care', and also the 'Outstanding' rating for their inpatient services for people with learning disabilities and/or autism, are great achievements, and a valuable source of assurance to us of the quality of the care delivered to our population.

The Trust has performed well against the majority of goals within their CQUIN scheme. We acknowledge that some difficulties were experienced in agreeing shared working arrangements with our local Hospital at Home service. Assurances received at the end of the year indicate that the Trust will continue to seek a mutually agreeable approach with partner organisations to ensure the physical health care needs of long stay patients, in adult mental health care wards, in Bowmere Hospital, are met.

Following concerns highlighted with the Trust regarding quality of care plans and risk assessments, we were assured by the plans to develop and deliver a Trust wide programme of education sessions, targeting all clinical staff groups, to improve the quality and effectiveness of care plans. As this programme has now been delivered, we hope to see a reduction in repeat incident themes going forward, to demonstrate the effectiveness of this training.

The Trust's efforts to increase patient feedback and better understand the experience of people accessing the Trust's services, is noted and welcomed. We have raised the comparatively low return rate, of Friends and Family Test Surveys, as being an area where extra focus may be required, and so look forward to seeing this rate increase during 2016/17.

We note the introduction of goal driven measures in this year's Quality Accounts. In particular, those being implemented within the patient safety priority areas; extended use of the SBAR reporting tool to improve handovers between ward and the home treatment teams, and the targets to improve the incident reporting profile within the Trust. We look forward to receiving in year updates against these, and the other stated, quantitative measures.

In light of recent self-harm incident trends, we acknowledge the Trust's focus on continuous improvement measures in the area of patient safety. In particular, the planned evaluation of the Trust's suicide prevention strategy is well received. The plan to strengthen measures already in place that aim to reduce the number of suicides, incidents of serious self-harm or harm to others, and provide effective crisis response, is felt to be an appropriate focus.

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 2016-17.

Statement from Scrutiny Committees

Wirral Metropolitan Borough Council

The Families and Wellbeing Policy and Performance Committee undertake the health scrutiny function at Wirral Council. The Committee has established a Panel of Members (the Health and Care Performance Panel) to undertake on-going scrutiny of performance issues relating to the health and care sector. Members of the Panel met on 10th May 2016 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Cheshire and Wirral Partnership Trust for the opportunity to comment on the Quality Account 2015/16. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Overview

Members acknowledge the approach of continuous improvement which has been adopted by the Trust. However, the reliance on narrative and the lack of more specific targets for the 2015/16 priorities mean that measurement of achievement is difficult to assess. Although the general approach of continuous improvement has again been adopted for 2016/17, the introduction of some 'goal driven measures' is welcomed. While accepting that some of the content of the Quality Account is prescribed for Foundation Trusts, it is also suggested, that for future years, a greater emphasis on outcomes for patients may be helpful.

Members very much appreciate the performance of the Trust as highlighted by the outcome of the CQC inspection which took place in June 2015. Members congratulate the Trust on the overall rating of 'Good' supplemented by the 'Outstanding' rating for Caring, which demonstrates the quality of the services provided.

Priorities for Improvement for 2016/17

In general, Members support the selection of the priorities for 2016/17, which are a continuation of those selected for 2015/16. It is agreed that the implementation of long-term priorities is more likely to lead to continuous and sustainable improvement.

Friends and Family Test

Although data is included to report the percentage of staff who would recommend the Trust as a provider of care to their family or friends, the equivalent data for patients is not presented. It would be beneficial for patient's Friends and Family Test data to be included in the Quality Account. Similarly, although the patient experience priority for 2016/17 includes an aim to increase the uptake of the Friends and Family Test, there is not a target to improve the outcomes from the patient's Friends and Family Test.

Performance against key national quality indicator targets

Members acknowledge the performance of the Trust in achieving the threshold for all of the key national quality indicators. Members also welcome that the Trust has exceeded the national average for all of the core set of indicators provided by the Health and Social Care Information Centre.

Patient and carer satisfaction surveys

The 2014/15 Quality Account referred to a local carer's survey. It is understood that the results of satisfaction survey data could not be included in the 2015/16 Quality Account because the number of responses fell below the acceptable threshold. It is hoped that actions will be put in place to ensure that response rates are improved.

Other issues

<u>Waiting times</u>

Members are aware of the growth in demand and the pressure on mental health services at a national level, particularly so for children and young people. At a local level, there is anecdotal evidence of some difficulties for young people in accessing the CAMHS service. As waiting times are related to quality, it is suggested that consideration could be given to the inclusion of waiting times as an indicator of quality in the future.

<u>Availability of specialist beds</u>

It is understood that the availability of specialist mental health and dementia beds is an ongoing challenge for mental health Trusts. Therefore, a commentary on availability of specialist mental health and dementia beds may be a helpful indicator of service quality in future years.

Statement from Healthwatch organisations

Healthwatch Cheshire West

Healthwatch Cheshire West (HWCW) values the opportunity to comment on these quality accounts. CWP continues to be the main Hospital Trust supporting mental health; over our whole area; and providing other services in the Chester, Chester Rural and Ellesmere Port area.

In regard to the document Healthwatch Cheshire West would like to make the following comments:

- **We welcome the positive statement from Chief Executive** – *"To build on quality improvements to our services. Together all stakeholders play a vital role in influencing and shaping the future plans of the Trust."*
- **Implementation of Safety Management System and a New Healthcare Quality Improvement Team** – We feel that this looks positive and demonstrates proactive delivery of change.
- **Part 2 Priorities for Improvement** – We feel that this section could be expanded on; in particular a focus might include more detail on actions taken to reduce the incidents of restraint including reference to recent guidance, e.g. *Reducing incidents of restraint: Embrace the principles and guidance 'Positive and Proactive Care*' *and 'A Positive and Proactive workforce' providing a framework to radically transform culture, leadership and professional practice - to deliver care and support which keeps people safe, and promotes recovery.* Such information could be presented as a matrix demonstrating training or examples of training materials used.
- HWCW would like to see reference in this document to policies that the Trust has reviewed over the year – in particular where changes in legislation have impacted on change.
- HWCW would like to see the document include greater patient centred detail/ information *e.g. what changes/ improvements have been made over the period in relation to patient choice, training courses therapy options and access.*
- We feel that the section on patient feedback is a positive inclusion and something which other local trusts could copy as an idea.
- It is pleasing that an explanation (summary) of the CQUIN framework has been included prior to the detail on targets. This is something else that could be noted and included by other trusts.
- HWCW notes the inclusion of *'Additional information on improving the quality of CWP's services in 2015/16.'* We feel that this is a very positive section of the report. HWCW would like to see this section expanded to include other hospital related news, projects and plans including building improvements and community activity and engagement. *e.g. recent apprentice sharing views video.*
- We feel that the included glossary is valuable to the reader but feel that this itself needs to be more detailed, *e.g. What is the 'Heinrich ratio?'*

Healthwatch Cheshire West feels that overall the document is positive, well produced and gives a good and fair account of service. It is pleasing that a summary/ explanation to information has been given to most sections.

Healthwatch Wirral

Healthwatch Wirral thank CWP for the opportunity to comment on the annual Quality Account for the Trust.

Healthwatch Wirral decline to comment on the Quality Account due to the timescales involved but would like to inform the reader that HW Wirral have been invited by the Trust to be involved in the Mental Health Concordat which is a multi-agency group. HW also have representation on the Learning from Experience group formed by CWP.

HW would recommend to the Trust that possible quarterly meetings, relating to the Quality Account, would mean that HW could provide a meaningful contribution to the Quality Account.

Healthwatch Cheshire East

Healthwatch Cheshire East welcomes the opportunity to comment on the Cheshire and Wirral Partnership (CWP) Quality Account 2015/16.

Healthwatch Cheshire East acts as the champion for the voice of the consumer and as such our comments and views on this report focus on how CWP have involved and listened to their consumers views (patients and carers).

We acknowledge the positive response from the Trust to us sharing patient feedback and experiences that they have posted as a “Your Story” on our website and the fast response time from the Trust to resolve issues for the patient and their carers’ in order to improve their experiences.

We would also like to acknowledge the importance the Trust have with regard to PLACE visits and improving the patient experience; we are pleased to contribute to this aim as key partners. A note of contribution from Healthwatch in the report would highlight this relationship very well and demonstrate the positive working relationship we have.

We would also like to highlight the work and contribution given by the Young Advisers and would like to acknowledge their work with us on our Children and Young People’s Mental Health Project; we look forward to working together on future projects.

We recognise that there have been significant challenges for the Trust during 2015/2016 and value the relationship that Healthwatch Cheshire East and the Trust have. We look forward to continue working with the Trust during 2016-2017 to enable our community to have a powerful voice helping to shape and improve these services for the future.

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 2015/16;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period February 2016 – May 2016
  - Papers relating to Quality reported to the Board over the period April 2015 to May 2016
  - Feedback from commissioners: East Cheshire Clinical Commissioning Group 03/05/2016, South Cheshire Clinical Commissioning Group and Vale Royal Clinical Commissioning Group received 15/05/2016. Feedback from West Clinical Commissioning Group received 17/05/2016. Comments from Wirral Commissioning Group received (not received as of 17/05/2016)
  - Feedback from governors dated 27/04/2016
  - Feedback from local Healthwatch organisations: Healthwatch Cheshire West received 11/05/2016, Healthwatch Wirral received 16/05/2016, Healthwatch Cheshire East 16/05/2016.
  - Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16/05/2016.
  - 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 2015 – March 2016. Published May 2016.
  - The 2014 national patient survey published on 22 May 2015;
  - The 2015 national staff survey – received by the Trust 2015.
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 2015/2016.
  - CQC Intelligent Monitoring Tool February 2016.

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

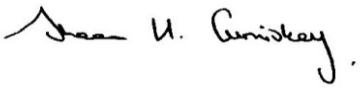
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report. We will continue to strive to improve the quality of data the Trust collects.

By order of the Board at the meeting held on 25th May 2016

Chair of the meeting

25th May 2016



Chief Executive

25th May 2016

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 2016 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following two national priority indicators (the indicators):

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

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 Detailed Guidance for External Assurance on Quality Reports 2015/16 ('the Guidance'); 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 Guidance.

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 and papers for the period April 2015 to May 2016;
- papers relating to quality reported to the board over the period April 2015 to May 2016;
- feedback from commissioners received between the 3 May 2016 and 17 May 2016;
- feedback from governors received on 27 April 2016;
- feedback from local Healthwatch organisations received between the 11 May 2016 and 16 May 2016;
- feedback from Overview and Scrutiny Committee received on 16 May 2016;

- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2014 national patient survey published on 22 May 2015;
- the 2015 national staff survey published on 23 February 2016;
- the 2015/16 Head of Internal Audit's annual opinion over the trust's control environment; and
- the February 2016 CQC Intelligent Monitoring Report.

Feedback from Wirral CCG was requested on 22 April 2016 and is expected to be received by 27 May 2016.

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 the 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 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. 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 indicator;
- 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.

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 the non-mandated indicator, which was 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 2016:

- 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 Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been 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 Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
Manchester

25 May 2016

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 gate kept 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 gate keep all admission to psychiatric inpatient wards and facilitate early discharge of service users. An admission has been gate kept 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 gate kept 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.

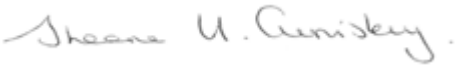
Waiting times for psychological therapies (local performance indicator)
75% of people referred to the IAPT programme will be treated within 6 weeks of referral, and 95% of people within 18 weeks of referral. All measures are for treatment episodes completed in the reporting period. A completed treatment episode is an episode with at least two attended treatment contacts.

Annual Accounts

Foreword to the accounts

Cheshire and Wirral Partnership NHS FT

These accounts, for the year ended 31 March 2016, have been prepared by Cheshire and Wirral Partnership NHS FT in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name **Sheena Cumiskey**
Job title **Chief Executive**
Date **25 May 2016**

Statement of Comprehensive Income

	Note	2015/16 £000	2014/15 £000
Operating income from patient care activities	3	153,964	146,830
Other operating income	4	7,624	8,163
Total operating income from continuing operations		**161,588**	**154,993**
Operating expenses	5, 8	(160,140)	(157,781)
Operating surplus/(deficit) from continuing operations		**1,448**	**(2,788)**
Finance income	11	64	106
Finance expenses	12, 20	(68)	(185)
PDC dividends payable		(2,284)	(2,006)
Net finance costs		**(2,288)**	**(2,085)**
Surplus/(deficit) for the year from continuing operations		**(840)**	**(4,873)**
Surplus/(deficit) on discontinued operations and the gain/(loss) on disposal of discontinued operations	12	**(1,152)**	**(472)**
Surplus/(deficit) for the year		**(1,992)**	**(5,345)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	-	(397)
Revaluations	13.2	-	2,330
Total comprehensive income/(expense) for the period		**(1,992)**	**(3,412)**

The Notes on pages 154 to 184 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:

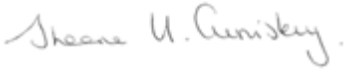
(Deficit)/Surplus for the financial year (as stated above)	**(1,992)**	(5,345)
Add back		
Non current asset impairments	**0**	6,065
Redundancy	**518**	(555)
Discontinued operations	**1,152**	472
One-off costs resulting from damage to Saddlebridge Unit	**540**	546
Adjusted Surplus for items excluded from Monitor's risk rating framework.	**218**	1,183

Statement of Financial Position

	Note	31 March 2016 £000	31 March 2015 £000
Non-current assets			
Property, plant and equipment	13	76,346	67,870
Investments in associates (and joint ventures)		1	1
Total non-current assets		**76,347**	**67,871**
Current assets			
Trade and other receivables	14	7,101	6,904
Non-current assets for sale and assets in disposal groups	15	260	260
Cash and cash equivalents	16	9,535	19,468
Total current assets		**16,896**	**26,632**
Current liabilities			
Trade and other payables	17	(14,088)	(15,093)
Other liabilities	18	(1,607)	(293)
Borrowings	19	(6)	-
Provisions for liabilities	20	(889)	(584)
Total current liabilities		**(16,590)**	**(15,970)**
Total assets less current liabilities		**76,653**	**78,532**
Non-current liabilities			
Borrowings	19	(134)	-
Provisions for liabilities	20	(729)	(750)
Total non-current liabilities		**(863)**	**(750)**
Total assets employed		**75,790**	**77,782**
Financed by			
Public dividend capital		36,181	36,181
Revaluation reserve		10,090	10,359
Available for sale investments reserve		-	-
Income and expenditure reserve		29,520	31,242
Total taxpayers' equity		**75,790**	**77,782**

The notes on pages 154 to 184 form part of these accounts.

The financial statements on pages 148 to 184 were approved by the Board on 25th May 2016 and signed on its behalf by Sheena Cumiskey, Chief Executive.

Signed 

Date **25 May 2016**

Statement of Changes in Equity for the year ended 31 March 2016

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2015 - brought forward	**36,181**	**10,359**	**-**	**-**	**-**	**31,242**	**77,781**
Surplus/(deficit) for the year	-	-	-	-	-	(1,992)	**(1,992)**
Other transfers between reserves	-	-	-	-	-	-	**-**
Transfer to retained earnings on disposal of assets	-	(36)	-	-	-	36	**-**
Other reserve movements	-	(233)	-	-	-	233	**-**
Taxpayers' and others' equity at 31 March 2016	**36,181**	**10,090**	**-**	**-**	**-**	**29,519**	**75,789**

Statement of Changes in Equity for the year ended 31 March 2015

	Public dividend capital £000	Revaluation reserve £000	Available for sale investment reserve £000	Other reserves £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2014 - brought forward	**36,181**	**8,619**	**-**	**-**	**-**	**36,394**	**81,193**
Taxpayers' and others' equity at 1 April 2014 - restated	**36,181**	**8,619**	**-**	**-**	**-**	**36,394**	**81,193**
Surplus/(deficit) for the year	-	-	-	-	-	(5,345)	**(5,345)**
Impairments	-	(397)	-	-	-	-	**(397)**
Revaluations	-	2,330	-	-	-	-	**2,330**
Transfer to retained earnings on disposal of assets	-	(51)	-	-	-	51	**-**
Other reserve movements	-	(142)	-	-	-	142	**-**
Taxpayers' and others' equity at 31 March 2015	**36,181**	**10,359**	**-**	**-**	**-**	**31,242**	**77,781**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. Additional PDC may also be issued to NHS foundation trusts by the Department of Health. A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves - AHFS reserve
The balance of this reserve relates to the difference between historic cost and the revalued amount for Field House which is currently recorded as an asset held for sale in the Statement of Financial Position.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the NHS foundation trust.

Statement of Cash Flows

	Note	2015/16 £000	2014/15 £000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations		1,448	(2,788)
Operating surplus/(deficit) from discontinued operations		(1,152)	(472)
Non-cash income and expense:			
Depreciation and amortisation	5	2,154	2,122
Impairments	7	-	6,239
Reversals of impairments		-	(173)
(Gain)/loss on disposal of non-current assets	5	-	33
(Increase)/decrease in receivables and other assets		(200)	(328)
Increase/(decrease) in trade and other payables		(1,370)	2,068
Increase/(decrease) in other current liabilities		1,314	(119)
Increase/(decrease) in provisions		265	(1,511)
Net cash generated from/(used in) operating activities		**2,459**	**5,071**
Cash flows from investing activities			
Interest received		66	106
Purchase of property, plant, equipment and investment property		(10,123)	(10,510)
Sales of property, plant, equipment and investment property		-	90
Net cash generated from/(used in) investing activities		**(10,057)**	**(10,314)**
Cash flows from financing activities			
Capital element of finance lease rental payments		(2)	(2,335)
Interest paid on finance lease liabilities		(48)	(166)
PDC dividend paid		(2,284)	(2,006)
Net cash generated from/(used in) financing activities		**(2,334)**	**(4,507)**
Increase/(decrease) in cash and cash equivalents		**(9,932)**	**(9,750)**
Cash and cash equivalents at 1 April		**19,468**	**29,218**
Cash and cash equivalents at 31 March	16	**9,536**	**19,468**

The notes on pages 154 to 184 form part of these Accounts

Notes to the Accounts

Note 1 Accounting policies and other information

Basis of preparation
For the purposes of these financial statements, Monitor, the independent regulator of NHS foundation trusts, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the FT Annual Reporting Manual (ARM) which shall be agreed with the Secretary of State. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2015/16 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

Monitor was replaced by NHS Improvement from the 1st April 2016.

Accounting convention
These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Going concern
These accounts have been prepared on a going concern basis. After making enquiries, the Board of Directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Critical accounting estimates and judgements
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 1.6 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 20.

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.

Note 1.1 Interests in other entities

Charitable Funds
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.

Note 1.1 Interests in other entities (continued)

Joint operations - Villicare LLP

The Trust has a 50% equity stake in a joint operation with Ryhurst Ltd. Villicare LLP, has been established to support the Trust in providing high quality, effective estates management. A review of Villicare LLP's management arrangements, ownership structure and operations in 2015/16 concluded that the arrangement should be accounted for as a joint operation. This is consistent with the accounting treatment in 2014/15. Joint operations are arrangements in which the trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The trust includes within its financial statements its share of the assets, liabilities, income and expenses.

Note 1.2 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 trust is contracts with commissioners in respect of health care services. Where income is received for a specific activity which is to be delivered in a subsequent 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.

Note 1.3 Expenditure on employee benefits

Short-term employee benefits

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.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

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

Note 1.4 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.5 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 financial statements are reflective of the discontinued operation in 2014/15 and 2015/16.

Note 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 be provided 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
• individually or collectively, items have a cost of at least £5,000. In order for items to be aggregated, they should have broadly similar purchase and disposal dates and remain under single management control
• it forms 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 large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
All property, plant and equipment is measured subsequently at valuation. Fair values are determined as follows:

• land and non-specialised buildings - market value for existing use
• specialised buildings - depreciated replacement cost
• surplus property, plant and equipment with no plan to bring back into use - fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.
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). 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.

The properties have been valued using the Depreciated Replacement Cost (DRC) approach. The DRC will be subject to the prospect and viability of the continued occupation and use by the client. The valuer confirms that the market value for readily identifiable alternative uses would not be higher than the existing use value reported. Upon cessation of the existing use by the client the market value would be materially lower.

The DRC approach assumes that the asset would be replaced with a modern equivalent, not a building of identical design, with the same service potential as the existing asset. The modern equivalent may well be smaller than the existing asset, for example due to technological advances in plant and machinery.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation
Items of property, plant and equipment are depreciated on a straight line basis over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. 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.

Note 1.6 Property, plant and equipment (continued)

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses. In this event, revaluation gains are recognised in operating income to the value of the previous charge in operating expenses.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the FT ARM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating income and the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

Non Current Assets Held for Sale
Assets intended for disposal are reclassified as 'held for sale' once all of 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 must be highly probable ie:

- management are committed to a plan to sell the asset
- an active programme has begun to find a buyer and complete the sale
- the asset is being actively marketed at a reasonable price
- the sale is expected to be completed within 12 months of the date of classification as 'held for sale', and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell' and depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor. In that event, the donation/grant is deferred within liabilities and is carried forward to future financial years until the condition is satisfied.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.6 Property, plant and equipment (continued)

Useful Economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings	1	90
Plant & machinery	1	15
Transport equipment	1	5
Information technology	1	10
Furniture & fittings	1	5

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the foundation trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the of the trust's 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

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

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. Inventories are charged to operating expenses but are reviewed on an annual basis for any material change.

Note 1.9 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.
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.

Note 1.10 Financial assets and financial liabilities
Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as 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, ie, 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 described in note 1.11.

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 are categorised as fair value through income and expenditure, loans and receivables or available-for-sale financial assets. 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.

Loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, prepayments, accrued income and other receivables.

The NHS foundation trust's loans and receivables are recognised initially at fair value, net of transactions 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.

Note 1.10 Financial assets and financial liabilities (continued)

Financial liabilities

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.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs in the Statement of Comprehensive Income.

Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from discounted cash flow analysis.

Impairment of financial assets

At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at “fair value through income and expenditure” are impaired. Financial assets are impaired and impairment losses are recognised if, and only 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 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.

Note 1.11 Leases

Finance leases
Where substantially all 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 produces a constant periodic rate of interest on the outstanding liability.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost 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 term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings
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.

Note 1.12 Provisions

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the expenditure required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

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. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 20 but is not recognised in the NHS foundation trust's financial statements.

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 under which the 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.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable. Contingent liabilities are not recognised, but are disclosed, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital and Public dividend capital dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the 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 Services (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 on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

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 the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Corporation tax

The 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 Trust is potentially within the scope of Corporation Tax but there is no tax liability arising in respect of the current financial year.

Note 1.17 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.

Note 1.18 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. However, they are disclosed in a separate note to the financial statements in accordance with the requirements of HM Treasury's FReM (see note 25).

Note 1.19 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure) (see note 26).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.20 Early adoption of standards, amendments and interpretations
No new accounting standards or revisions to existing standards have been early adopted in 2015/16.

Note 1. 21 Standards amendments and interpretations in issue but not yet effective or adopted
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 11 (amendment) - acquisition of an interest in a joint operation
- IAS 16 (amendment) and IAS 38 (amendment) - depreciation and amortisation
- IAS 16 (amendment) and IAS 41 (amendment) - bearer plants
- IAS 27 (amendment) - equity method in separate financial statements
- IFRS 10 (amendment) and IAS 28 (amendment) - sale or contribution of assets
- IFRS 10 (amendment) and IAS 28 (amendment) - investment entities applying the consolidation exception
- IAS 1 (amendment) - disclosure initiative
- IFRS 15 - revenue from contracts with customers
- Annual improvements to IFRS: 2012-15 cycle
- IFRS 9 - financial instruments

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.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2015/16	2014/15
	£000	£000
Mental health services		
Cost and volume contract income	4,720	4,939
Block contract income	109,476	105,715
agreements)	5,002	9,953
Clinical income for the secondary commissioning of mandatory services	-	-
Other clinical income from mandatory services	4,483	4,519
Community services		
Community services income from CCGs and NHS England	24,928	24,821
Community services income from other commissioners	5,036	2,517
All services		
Other clinical income	319	150
Total income from activities	**153,964**	**152,613**

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2015/16	2014/15
	£000	£000
CCGs and NHS England	142,141	138,773
Local authorities	8,911	12,265
Other NHS foundation trusts	349	352
NHS trusts	518	33
Non NHS: other	2,045	1,190
Total income from activities	**153,964**	**152,613**
Of which:		
Related to continuing operations	153,964	146,830
Related to discontinued operations	-	5,783

Note 4 Other operating income

	2015/16	2014/15
	£000	£000
Research and development	236	284
Education and training	3,203	2,996
Non-patient care services to other bodies	2,171	1,663
Reversal of impairments	-	173
Income in respect of staff costs where accounted on gross basis	1,213	1,220
Other income	800	1,827
Total other operating income	**7,624**	**8,163**
Of which:		
Related to continuing operations	7,624	8,163
Related to discontinued operations	-	-

Note 4.1 Income from activities arising from commissioner requested services

Under the terms of its provider license, the trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2015/16	2014/15
	£000	£000
Income from services designated as commissioner requested services	149,968	148,533
Income from services not designated as commissioner requested services	3,996	4,080
Total	**153,964**	**152,613**

Note 5 Operating expenses

	2015/16	2014/15
	£000	£000
Services from NHS foundation trusts	1,244	1,589
Services from NHS trusts	1,404	1,501
Services from CCGs and NHS England	330	335
Services from other NHS bodies	291	509
Purchase of healthcare from non NHS bodies	1,631	1,295
Employee expenses - executive directors	795	675
Remuneration of non-executive directors	127	124
Employee expenses - staff	128,296	125,648
Supplies and services - clinical	2,646	2,410
Supplies and services - general	1,761	1,593
Establishment	1,653	1,996
Research and development	181	244
Transport	2,418	2,857
Premises	7,472	7,540
Increase/(decrease) in provision for impairment of receivables	120	(299)
Drug costs	2,118	2,117
Rentals under operating leases	2,739	1,822
Depreciation on property, plant and equipment	2,154	2,122
Impairments (note 1)	-	6,239
Audit fees payable to the external auditor		
audit services- statutory audit (note 2)	65	48
other auditor remuneration (external auditor only)	12	10
Clinical negligence	432	279
Loss on disposal of non-current assets	-	33
Legal fees	226	269
Consultancy costs	100	545
Internal audit costs	67	71
Training, courses and conferences	575	879
Patient travel	49	63
Redundancy	518	(555)
Hospitality	3	6
Insurance	308	316
Other services, eg external payroll	256	225
Losses, ex gratia & special payments	132	130
Other	1,169	1,400
Total	**161,292**	**164,036**
Of which:		
Related to continuing operations	160,140	157,781
Related to discontinued operations	1,152	6,255

Note 1 - Impairments of land and buildings in 2014/15 are losses arising on valuation reviews which could not be offset against revaluation reserves.

Note 2 - External audit fees include 2014/15 VAT

Note 6 Limitation on auditor's liability

The limitation on auditors' liability for external audit work is £2m (2014/15: £2m).

Note 7 Impairment of assets

	2015/16	2014/15
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-	6,066
Total net impairments charged to operating surplus / deficit	**-**	**6,066**
Impairments charged to the revaluation reserve	-	397
Total net impairments	**-**	**6,463**

Following the revaluation of the trusts estate in 2014/15 an impairmant of £6.066M was recorded in the statement of comprehensive income. This was due to a decrease in the market value of trust owned assets. There has been no revaluation increases, decreases or impairments recorded in the trusts accounts for 2015/16

Note 8 Employee expenses

			2015/16	2014/15
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	105,743	644	**106,387**	103,812
Social security costs	7,122	-	**7,122**	7,214
Employer's contributions to NHS pensions	12,548	-	**12,548**	12,018
Termination benefits	518	-	**518**	(555)
Agency/contract staff	-	3,196	**3,196**	3,550
Total gross staff costs	**125,931**	**3,840**	**129,771**	**126,039**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**125,931**	**3,840**	**129,771**	**126,039**
	-	-	**-**	-

Note 1 - Employee costs shown above are included within Employee Expenses for both Executive Directors and Staff (£129.091m), Research (£0.162m), Redundancy (£0.518m).

Note 8.1 Retirements due to ill-health

During 2015/16 there were 6 early retirements from the trust agreed on the grounds of ill-health (10 in the year ended 31 March 2015). The estimated additional pension liabilities of these ill-health retirements is £355k (£545k in 2014/15).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 8.2 Directors' remuneration

The aggregate amounts payable to directors were:

	2015/16	2014/15
	£000	£000
Salary	1008	928
Taxable benefits	13	8
Employer's pension contributions	92	95
Total	**1,113**	**1,031**

Note 1 - The executive directors remuneration is disclosed in the Remuneration Report, see page 61 to 68 of the Annual Report.

Note 9 Pension liability

Cheshire and Wirral Partnership NHS Foundation Trust estimates its employer contributions for 2016-17 will be £12.7m. The published annual accounts of the NHS pension scheme in 2014-15 disclosed a liability for the whole scheme of £391bn 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 increase from 14% to 14.3%.

Note 10 Operating leases

Cheshire and Wirral Partnership NHS FT as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Cheshire and Wirral Partnership NHS FT FT is the lessee.

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.

	2015/16 £000	2014/15 £000
Operating lease expense		
Minimum lease payments	2,739	1,822
Total	**2,739**	**1,822**

	31 March 2016 £000	31 March 2015 £000
Future minimum lease payments due:		
- not later than one year;	1,750	1,272
- later than one year and not later than five years;	1,246	1,944
- later than five years.	232	262
Total	**3,228**	**3,478**
Future minimum sublease payments to be received	-	-

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2015/16 £000	2014/15 £000
Interest on bank accounts	64	106
Total	**64**	**106**

Note Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2015/16 £000	2014/15 £000
Interest expense:		
Finance leases	49	166
Total interest expense	**49**	**166**

Note 12 Discontinued operations

	2015/16 £000	2014/15 £000
Operating income of discontinued operations	-	5,783
Operating expenses of discontinued operations	(1,152)	(6,255)
Gain on disposal of discontinued operations	-	-
(Loss) on disposal of discontinued operations	-	-
Total	**(1,152)**	**(472)**

Note 13 Property, plant and equipment - 2015/16

	Land	Buildings	Assets under construction	Plant & equipment	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2015 - brought forward	**9,928**	**55,688**	**677**	**1,271**	**179**	**2,701**	**688**	**71,132**
Additions	-	1,166	9,221	56	-	150	37	**10,630**
Derecognition	-	-	-	(464)	(8)	(681)	(244)	**(1,397)**
Valuation/gross cost at 31 March 2016	**9,928**	**56,854**	**9,898**	**863**	**171**	**2,170**	**481**	**80,365**
Accumulated depreciation at 1 April 2015 - brought forward	**-**	**439**	**-**	**830**	**117**	**1,372**	**504**	**3,262**
Provided during the year	-	1,659	-	86	9	365	35	**2,154**
Derecognition	-	-	-	(464)	(8)	(681)	(244)	**(1,397)**
Accumulated depreciation at 31 March 2016	**-**	**2,098**	**-**	**452**	**118**	**1,056**	**295**	**4,019**
Net book value at 31 March 2016	**9,928**	**54,756**	**9,898**	**411**	**53**	**1,114**	**186**	**76,346**
Net book value at 1 April 2015	**9,928**	**55,249**	**677**	**441**	**62**	**1,329**	**184**	**67,870**

Note 13 Property, plant and equipment - 2014/15

	Land	Buildings	Assets under construction	Plant & equipment	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2014 - as previously stated	**9,162**	**53,765**	**3,953**	**1,115**	**179**	**2,572**	**586**	**71,332**
Valuation/gross cost at 1 April 2014 - restated	**9,162**	**53,765**	**3,953**	**1,115**	**179**	**2,572**	**586**	**71,332**
Additions - purchased/ leased/ grants/ donations	-	6,153	3,906	156	-	129	102	**10,446**
Impairments	(181)	(1,128)	-	-	-	-	-	**(1,309)**
Reversals of impairments	310	602	-	-	-	-	-	**912**
Reclassifications	-	7,182	(7,182)	-	-	-	-	**-**
Revaluations	676	(10,795)	-	-	-	-	-	**(10,119)**
Disposals/Derecognition	(39)	(91)	-	-	-	-	-	**(130)**
Valuation/gross cost at 31 March 2015	**9,928**	**55,688**	**677**	**1,271**	**179**	**2,701**	**688**	**71,132**
Accumulated depreciation at 1 April 2014 - as previously stated	**-**	**5,175**	**-**	**769**	**108**	**1,030**	**448**	**7,530**
Accumulated depreciation at 1 April 2014 - restated	**-**	**5,175**	**-**	**769**	**108**	**1,030**	**448**	**7,530**
Provided during the year	-	1,654	-	61	9	342	56	**2,122**
Impairments	41	6,198	-	-	-	-	-	**6,239**
Reversals of impairments	(2)	(171)	-	-	-	-	-	**(173)**
Revaluations	(39)	(12,410)	-	-	-	-	-	**(12,449)**
Disposals/Derecognition	-	(7)	-	-	-	-	-	**(7)**
Accumulated depreciation at 31 March 2015	**-**	**439**	**-**	**830**	**117**	**1,372**	**504**	**3,262**
Net book value at 31 March 2015	**9,928**	**55,249**	**677**	**441**	**62**	**1,329**	**184**	**67,870**
Net book value at 1 April 2014	**9,162**	**48,590**	**3,953**	**346**	**71**	**1,542**	**138**	**63,802**

Note 13.1 Property, plant and equipment financing - 2015/16

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2016									
Owned	9,928	54,756	-	9,898	411	53	980	186	**76,212**
Finance leased	-	-	-	-	-	-	134	-	**134**
NBV total at 31 March 2016	**9,928**	**54,756**	**-**	**9,898**	**411**	**53**	**1,114**	**186**	**76,346**

Note 13.1 Property, plant and equipment financing - 2014/15

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2015									
Owned	9,928	55,249	-	677	441	62	1,329	184	**67,870**
NBV total at 31 March 2015	**9,928**	**55,249**	**-**	**677**	**441**	**62**	**1,329**	**184**	**67,870**

Note 13.2 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 partnerships 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 Trusts 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.

Related Party Transactions 2015/16

	2015/16 Current Assets £'000	2015/16 Current Liabilities £'000	2015/16 Income £'000	2015/16 Expenditure £'000
Villicare LLP - Consisting of:				
Cheshire and Wirral Partnership NHS FT	333	(352)	185	(205)
Ryhurst Ltd	333	(352)	185	(205)
Total	**666**	**(704)**	**370**	**(409)**

Related Party Transactions 2014/15

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

Note 14 Trade receivables and other receivables

	31 March 2016 £000	31 March 2015 £000
Current		
Trade receivables due from NHS bodies	3,398	2,385
Other receivables due from related parties	1,236	1,257
Provision for impaired receivables	(156)	(244)
Prepayments (non-PFI)	658	1,030
Accrued income	1,321	1,945
Interest receivable	-	2
VAT receivable	117	246
Other receivables	528	282
Total current trade and other receivables	**7,101**	**6,903**

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

Note 14.1 Provision for impairment of receivables

	2015/16 £000	2014/15 £000
At 1 April as previously stated	**244**	**543**
Prior period adjustments	-	-
At 1 April - restated	**244**	**543**
At start of period for new FTs	**-**	**-**
Transfers by absorption	-	-
Increase in provision	144	232
Amounts utilised	(208)	-
Unused amounts reversed	(24)	(531)
At 31 March	**156**	**244**

Note 14.2 Analysis of impaired receivables

	31 March 2016	31 March 2015
Ageing of impaired receivables	**£000**	**£000**
0 - 30 days	26	-
30-60 Days	2	-
60-90 days	2	-
90- 180 days	7	-
Over 180 days	119	244
Total	**156**	**244**
Ageing of non-impaired receivables past their due date		
0 - 30 days	2,011	527
30-60 Days	300	165
60-90 days	49	139
90- 180 days	179	303
Over 180 days	131	213
Total	**2,670**	**1,347**

Note 15 Non-current assets for sale and assets in disposal groups

	2015/16					2014/15
	Intangible assets	Property, plant & equipment	Investments in associates & joint ventures	Investment properties	Total	Total
	£000	£000	£000	£000	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**-**	**260**	**-**	**-**	**260**	**260**
Prior period adjustment						**-**
NBV of non-current assets for sale and assets in disposal groups at 1 April - restated	**-**	**260**	**-**	**-**	**260**	**260**
NBV of non-current assets for sale and assets in disposal groups at 31 March	**-**	**260**	**-**	**-**	**260**	**260**

Note 16 Cash and cash equivalents movements

During the course of the year, cash has been held in instant access account with CitiBank, RBS (Government Banking Services) and Lloyds commercial. Cash has also been held on deposit with the National Loans Fund, with a maximum maturity of one month per deposit placed. All accounts attract interest at rates based on LIBOR or equivalent market or public sector rates. The carrying amounts are equivalent to their fair value.

	2015/16	2014/15
	£000	£000
At 1 April	**19,468**	**29,218**
At 1 April (restated)	**19,468**	**29,218**
Net change in year	(9,933)	(9,750)
At 31 March	**9,535**	**19,468**
Broken down into:		
Cash at commercial banks and in hand	72	1,131
Cash with the Government Banking Service	9,463	13,337
Deposits with the National Loan Fund	-	5,000
Total cash and cash equivalents as in SoFP	**9,535**	**19,468**

Note 16.1 Third party assets held by the NHS foundation trust

Cheshire and Wirral Partnership NHS FT held cash and cash equivalents which relate to monies held by the the foundation trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2016	31 March 2015
	£000	£000
Bank balances	13	15
Total third party assets	**13**	**15**

Note 17 Trade and other payables

	31 March 2016 £000	31 March 2015 £000
Current		
NHS trade payables	1,258	1,854
Amounts due to other related parties	1,905	1,758
Other trade payables	908	1,762
Capital payables	1,165	800
Social security costs	2,264	2,179
Other payables	1,250	1,191
Accruals	5,338	5,549
Total current trade and other payables	**14,088**	**15,093**

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

Note 18 Other liabilities

	31 March 2016 £000	31 March 2015 £000
Current		
Deferred goods and services income	1,607	293
Total other current liabilities	**1,607**	**293**

Note 19 Borrowings

	31 March 2016 £000	31 March 2015 £000
Current		
Obligations under finance leases	6	-
Total current borrowings	**6**	**-**
Non-current		
Obligations under finance leases	134	-
Total non-current borrowings	**134**	**-**

Note 19 Finance leases

Note 19.1 Cheshire and Wirral Partnership NHS FT as a lessor

There are no receipts due to the trust as a lessor under any finance lease agreements.

Note 19.2 Cheshire and Wirral Partnership NHS FT as a lessee

Obligations under finance leases where Cheshire and Wirral Partnership NHS FT is the lessee.

	31 March 2016 £000	31 March 2015 £000
Gross lease liabilities	**476**	**-**
of which liabilities are due:		
- not later than one year;	106	-
- later than one year and not later than five years;	370	-
Finance charges allocated to future periods	(336)	-
Net lease liabilities	**140**	**-**
of which payable:		
- not later than one year;	6	-
- later than one year and not later than five years;	134	-

The trust has a five year lease agreement as a lessee with Konica Minolta for the provision of trust multifunctional devices.

Note 20 Provisions for liabilities and charges analysis

	Pensions - other staff	Other legal claims	Re-structurings	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2015	**821**	**161**	**128**	**224**	**-**	**1,334**
Arising during the year	20	110	242	-	397	**769**
Utilised during the year	(67)	(96)	(67)	(204)	-	**(434)**
Reversed unused	-	(19)	(31)	(20)	-	**(70)**
Unwinding of discount	19	-	-	-	-	**19**
At 31 March 2016	**793**	**156**	**272**	**-**	**397**	**1,618**
Expected timing of cash flows:						
- not later than one year;	64	156	272	-	397	**889**
- later than one year and not later than five years;	256	-	-	-	-	**256**
- later than five years.	473	-	-	-	-	**473**
Total	**793**	**156**	**272**	**-**	**397**	**1,618**

Note 1 - The provision for pensions is based on actuarial estimates provided by the NHS Business Services Authority - Pensions Division.

Note 2 - The provision for legal claims is based on information provided by the NHS foundation trust's solicitors and the NHS Litigation Authority (NHSLA) and largely relates to excesses that are expected to be paid. Settlement of these claims is generally anticipated to be within one year.

Note 3 - At 31 March 2016 £1,275,168 (31 March 2015, £1,132,906) is included in the provisions of the NHSLA in respect of the clinical negligence liabilities of the NHS foundation trust.

Note 21 Clinical negligence liabilities

At 31 March 2016, £1,275k was included in provisions of the NHSLA in respect of clinical negligence liabilities of Cheshire and Wirral Partnership NHS FT (31 March 2015: £1,133k).

Note 22 Contingent assets and liabilities

	31 March 2016 £000	31 March 2015 £000
Value of contingent liabilities		
NHS Litigation Authority legal claims	(84)	(159)
Gross value of contingent liabilities	**(84)**	**(159)**
Net value of contingent liabilities	**(84)**	**(159)**

NHSLA legal claims relate to a number of outstanding non clincal claims aginst the trust at 31st March. The calculation is the NHSLAs estimate of settlement based on the balance of probability. The timing of cash flows is expected to be in 2016/17.

Note 23 Contractual capital commitments

	31 March 2016 £000	31 March 2015 £000
Property, plant and equipment	481	1,415
Total	**481**	**1,415**

Note 24 Financial instruments

Note 24.1 Financial risk management

24.1 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.

24.2 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 £17,025,000. 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, less than 1% of income is from non-NHS customers.

24.3 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.

25 Third Party Assets

At 31st March 2016 the NHS Foundation Trust held £12,531 (31st March 2015 £14,695) 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

Note 26 Financial assets

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total £000
Assets as per SoFP as at 31 March 2016					
Trade and other receivables excluding non financial assets	7,100	-	-	-	**7,100**
Cash and cash equivalents at bank and in hand	9,535	-	-	-	**9,535**
Total at 31 March 2016	**16,635**	**-**	**-**	**-**	**16,635**

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available-for-sale £000	Total £000
Assets as per SoFP as at 31 March 2015					
Trade and other receivables excluding non financial assets	5,627	-	-	-	**5,627**
Cash and cash equivalents at bank and in hand	19,468	-	-	-	**19,468**
Total at 31 March 2015	**25,095**	**-**	**-**	**-**	**25,095**

Note 26.1 Financial liabilities

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2016			
Obligations under finance leases	140	-	**140**
Trade and other payables excluding non financial liabilities	14,088	-	**14,088**
Other financial liabilities	1,607	-	**1,607**
Total at 31 March 2016	**15,835**	**-**	**15,835**

	Other financial liabilities £000	Liabilities at fair value through the I&E £000	Total £000
Liabilities as per SoFP as at 31 March 2015			
Trade and other payables excluding non financial liabilities	12,914	-	**12,914**
Other financial liabilities	293	-	**293**
Total at 31 March 2015	**13,207**	**-**	**13,207**

Note 26.2 Maturity of financial liabilities

	31 March 2016 £000	31 March 2015 £000
In one year or less	15,835	13,207
Total	**15,835**	**13,207**

Note 26.3 Losses and special payments

	2015/16		2014/15	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses (note 1)	3	-	4	-
Bad debts and claims abandoned	8	8	8	4
Stores losses and damage to property	77	7	57	42
Total losses	**88**	**15**	**69**	**46**
Special payments				
Ex-gratia payments	14	117	19	74
Total special payments	**14**	**117**	**19**	**74**
Total losses and special payments	**102**	**132**	**88**	**120**

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 2016 the NHS foundation trust had 102 (year ended 31 March 2015, 88) separate losses and special payments totalling £132,000 (year ended 31 March 2014, £120,000). Most of these were in relation to damage and losses in respect of buildings and property.

Note 1 : The three cases identified were for a total value of £114.

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

Note 27 Related parties

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

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

During the year the NHS foundation trust has had transactions with the following related party organisations;

Year Ended 31 March 2016

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	193	18	41	0
Care Quality Commission	Member of Council of Governors	0	78	0	0
Cheshire East UA	Member of Council of Governors	3,024	193	537	83
Cheshire Police	Member of Council of Governors	16	1	- 0	9
Cheshire West and Chester UA	Member of Council of Governors	3,849	579	460	73
CLRN	Member of Council of Governors	218	0	0	0
Countess of Chester Hospital NHSFT	Member of Council of Governors	616	1,074	373	166
CWP Charity	Board of Directors	0	0	8	0
East Cheshire NHS Trust	Member of Council of Governors	46	1,025	8	170
Eastern Cheshire CCG	Member of Council of Governors	16,688	37	95	194
Health Education England NW Board	Board of Directors	3,173	0	37	157
HM Revenue and Customs	Member of Council of Governors	0	0	117	2,264
Liverpool John Moore's University	Member of Council of Governors	1	2	0	0
Making space	Member of Council of Governors	0	53	0	0
Mid Cheshire Hospitals NHSFT	Member of Council of Governors	32	83	19	21
NHS Business Services Authority	Member of Council of Governors	0	0	0	154
NHS Pensions Agency	Member of Council of Governors	0	19,672	0	1,726
NIHR, Local Comprehensive Clinical Network	Member of Council of Governors	0	0	8	0
North of England Zoological Society (Chester zoo)	Board of Directors	0	1	0	0
Royal College of Psychiatrists	Member of Council of Governors	0	38	0	13
Royal Liverpool & Broadgreen Hospitals	Member of Council of Governors	0	6	0	16
South Cheshire CCG	Member of Council of Governors	13,804	6	310	72
The Walton Centre NHS FT	Board of Directors	13	1	1	0
Trafford Borough Council	Member of Council of Governors	1,325	71	107	0
Vale Royal CCG	Member of Council of Governors	7,980	0	89	81
Western Cheshire CCG	Member of Council of Governors	47,178	130	1,178	454
Wirral Borough Council	Member of Council of Governors	784	255	237	323
Wirral CCG	Member of Council of Governors	34,084	77	257	370
Wirral Community NHS Trust	Member of Council of Governors	922	339	116	96
Wirral University Teaching Hospital NHSFT	Member of Council of Governors	44	661	41	207

Note - Payments made to the key decision makers within the organisation are disclosed in the Remuneration table which is shown on pages 64 and 66 of the Annual Report

Note 27 Related parties (continued)

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	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	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

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 2015/16 was £25,704 and its net assets were £294,780. The Trust provides a financial administration service for the charity for which the charity paid £5,956 in 2015/16. An annual report and audited accounts of the Trust's charity (covering the period reported in these accounts) will be available from 31 January 2017 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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