



Cornwall Partnership
NHS Foundation Trust

Annual Report and Accounts 2017/18



Cornwall Partnership NHS Foundation Trust

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Barbara Vann, Chair cutting the turf on Sowenna, our new adolescent mental health unit

1. Chair's introduction

It is a pleasure to introduce Cornwall Partnership NHS Foundation Trust's Annual Report for 2017/18, my third as Chair.

The last year has been really significant. We have completed a second year as an enlarged organisation following the transfer of Adult Community Services in April 2016. We have continued to integrate staff and services. The decision to extend our contract for an additional 12 months will allow us to make further progress, as we work with our partners to transform services through Shaping Our Future – Cornwall's Sustainability and Transformation Plan 2016-21.

All our staff have continued to work exceptionally hard and in February 2018, the care we provide our patients was rated as 'Outstanding' by the Care Quality Commission (CQC). Inspectors commented on our kind, caring, respectful staff; who treat patients with dignity and who are committed to helping them recover.

On behalf of the Council of Governors and Board of Directors, I would like to thank both volunteers and staff for their contribution. Our staff work incredibly hard to give patients a safe positive experience, and quick easy access to our services.

We will continue to develop career pathways and initiatives which set us apart as an employer of choice. This will ensure we are in a position to attract people who share our values and commitment to providing outstanding services.

During the year, we said farewell to two long-standing Non-Executive Directors: Yvonne Stephens and Neville Witham. During their tenure, they made a significant contribution to the Trust and I would like to take this opportunity to wish them well for the future.

In January 2018, I was delighted to hear the news that Dr Rohit Shankar had been awarded an MBE in the New Year's Honours. The award was recognition of his dedication in providing services for people with learning disabilities in Cornwall.

Dr Shankar is just one of the innovative staff we have in the Trust. There are lots of individuals across the organisation who are changing practice and services not just locally but nationally and sometimes internationally. Details of individual successes are set out throughout the report.

I am aware of the importance of establishing strong foundations to help ensure the long-term health and wellbeing of children and young people. I am enormously pleased that the integrated health centres have made it into the policies of Cornwall, in terms of health and education and I hope they will become mainstream. I was pleased to open the newest integrated health centres at Looe Community Academy and Wadebridge School in May 2017.

Students at both schools were enthusiastic about the new facilities which they felt were bright, friendly non-threatening places where they could discuss their mental and physical health needs and obtain expert information from health professionals.

I know that the new adolescent mental health unit, which is so desperately needed locally, and which we plan to open in May 2019, will be received with similar enthusiasm.

When writing last year, we had just received notification from NHS England that they would commission this service from us. Since receiving the news, we have been talking to young people, their parents and other partners about the look, feel and facilities which will be available. Young people have also chosen the name of the unit – Sowenna – which means welfare and success in Cornish. I think this epitomises the ethos the unit is striving for.

Sowenna will have 14 en-suite bedrooms including two high dependency beds. In addition, there will be dedicated education, therapy and recreational spaces including sports facilities. To help maintain the relationships which make a vital difference to a young person's recovery, the unit will include a public café and parental accommodation.

Twelve months on and at the end of March 2018, the Trust's Board of Directors signed off the business case for Sowenna. The total capital cost of the new unit is projected to be £11 million. I was pleased to formally signal the start of the build by cutting the first turf and look forward to the unit becoming operational at the start of 2019/20.

I am sure that Sowenna will offer a first-class clinical environment for young people and I look forward to providing news of its construction and opening in next year's report.

A handwritten signature in black ink, appearing to read 'B Vann', with a long horizontal line extending to the right.

Dr Barbara Vann, Chair

2. Performance Report



Phil Confue, Chief Executive
with Ruby Wax OBE at our
staff health and wellbeing
day at the Eden Project

2. Performance Report

Overview of performance

The performance overview provides a brief introduction to the Trust, its purpose, the key risks to the achievement of our objectives and how we have performed during the year.

Statement from the Chief Executive

It is great to look back and reflect on our successes, achievements and the challenges we have risen to in 2017/18.

I was delighted in November 2017 to host the second of the staff CARE Awards with BBC Radio Cornwall's Laurence Reed. The CARE Awards are a real reminder of the hard work, dedication and innovation of our staff who go above and beyond every day for our patients and their families. It is always a pleasure to have the opportunity to recognise and celebrate our achievements with staff.

We are very lucky to have many talented, innovative and creative people in the Trust and I would like to take this opportunity to thank all our staff and volunteers for all they do.

During September and October 2017, the first full inspection of the Trust's services was undertaken by the Care Quality Commission (CQC). The Trust and previous provider of Adult Community Services – Peninsula Community Health – were both previously inspected in 2015. It is the CQC's usual practice to give Trusts with large newly joined services an opportunity to assimilate and evolve services before undertaking a follow-up inspection.

The CQC published its inspection report in February 2018. This saw our overall rating change from 'Good' to 'Requires Improvement'. There were a number of positives in the report including our rating for caring being given as 'Outstanding' and responsive as being 'Good'. As a Chief Executive and nurse, of all the areas the CQC assess, the most important and the one where you want to receive a rating of 'Outstanding' is in the domain of caring. Our staff should be rightly proud that this has been recognised. Only a small percentage of Trusts achieve this rating.

Our individual service areas fared differently during the inspection, with mental health and learning disability services rating as 'Good'

overall, although some work is still required to improve our community mental health teams and child and adolescent mental health services. The opening of our new adolescent mental health unit – Sowenna – in May 2019 means that, for the first time, we will have access to the full range of child and adolescent mental health services in county. This, alongside investment into a crisis service for children and adolescents in 2018/19, will help us respond to some of the CQC's recommendations.

Fettle House, our mental health inpatient rehabilitation service, maintained its 'Outstanding' rating and is viewed as a national leader in this area. It is also gratifying that our staff feel they are heard and that we have an open culture of quality improvement.

In March 2018, we opened a second rehabilitation ward in Redruth. Cove Ward will provide fast-track rehabilitation and the additional capacity within our adult mental health services should prevent people having to travel out of county for psychiatric care, well ahead of the NHS England target of 2020.

Adult Community Services, which were previously provided by Peninsula Community Health, were rated overall as 'Requires Improvement'. The CQC report highlighted that while staff were committed to providing high quality care, there was an inconsistency in approach and a failure to follow national guidance on best practice.

Inspections by the CQC are an invaluable way to receive an independent overview and quality check of our services. It is hugely useful in helping us improve and would cost many thousands of pounds if a private consultancy was to do something similar.

The Trust has responded to issues raised within the report and a robust governance process has been introduced including an additional Board CQC Committee to seek assurance of the timely delivery of action plans. The CQC will be undertaking a process of re-inspection of the areas where they identified breaches of Regulations.

2. Performance Report

Against this backdrop, as in previous years, the Trust has continued to experience high demand for its services, operating above its contracted levels of activity in the majority of clinical areas during 2017/18. We have consistently reported within target for the new Single Oversight Framework. Details of our performance are set out later in this section under the heading – Review of non-financial performance.

The Trust achieved a small surplus of £0.8 million for 2017/18, excluding Sustainability and Transformation Funding (STF). NHS Improvement (NHSI) has allocated STF of £4.3 million to us during the year, resulting in a reported surplus of £5.1 million in our annual accounts.

Throughout the year, we have continued to work with our partners across the health and social care community as part of Shaping Our Future – Cornwall's Sustainability and Transformation Plan.

At the end of the year, we participated in 'Gold Command' which was called by our colleagues at the Royal Cornwall Hospitals Trust in response to an extended period of sustained pressure on the whole system. This allowed us to work collaboratively to improve performance and to meet operational targets.

In response to feedback from our unqualified staff and the recruitment challenges which are being faced nationally, we are developing innovative local solutions to 'grow our own' staff. In previous years we have supported a small number of staff to qualify as nurses with the Open University. We are currently supporting 30 staff to train as either Registered Mental Nurses (RMNs) or Registered General Nurses (RGNs). We are also exploring how we can bring in psychology trainees through the Clinical Associate Psychologist roles to bolster resources in our integrated community health teams.

Throughout the year our staff have also continued to develop and deliver innovative solutions. Current examples include the use of pressure mapping mats to manage and treat pressure injuries in patients' own homes; our continence service has developed Femeze to help women with pelvic organ prolapse; and Dr Shankar's work on epilepsy is currently the subject of international interest.

Our staff have risen to numerous challenges this year, but never lose sight of the patient. I hope everyone who reads this report is proud of our staff and their commitment to the high standards of care we want to give and which the people of Cornwall and the Isles of Scilly deserve.



Phillip Confue, Chief Executive

24 May 2018

2. Performance Report

The purpose and activities of the Trust

The Trust provides a range of mental health and physical health services to children and adults across Cornwall and the Isles of Scilly. Services delivered in the community and from our community hospitals include:

- adult mental health, learning disability and dementia services
- physical health services for adults
- children's mental health, learning disability and physical health services

We are among the largest local employers with over 3,000 staff who work in our hospitals and community services.

As an NHS provider Trust, we operate under a licence from Monitor (NHS Improvement), the regulator for health services in England. Our licence has a number of conditions and our compliance against these is assessed using a variety of methods. Monitor (NHS Improvement) works closely with the independent regulator of health and social care in England, the Care Quality Commission (CQC). Registration with the CQC is one of the conditions of our licence. All of our sites are registered without condition.

Our children's short break houses are separately registered with OFSTED (Office for Standards in Education, Children's Services and Skills).

Details of all the inspections carried out by both the CQC and OFSTED in 2017/18 are detailed in Section 3: Quality Report.

Kernow Clinical Commissioning Group holds the main contract for the Trust's services. Other services are provided for NHS England, Cornwall Council, and Northern, Eastern and Western Devon Clinical Commissioning Group.

We have a strong track record of successful service and financial delivery. This is underpinned by a growing reputation in the field of research and innovation. The quality achievements of our clinical teams in 2017/18 are provided in Section 3: Quality Report.

A brief history of the Trust

On 1 April 2002, Cornwall Partnership NHS Trust was established as the principal provider of mental health and learning disability services in Cornwall and the Isles of Scilly.

In March 2010, the Trust achieved its Foundation Trust status, operating in accordance with Section 35 of the National Health Service Act 2006.

The Trust took over the provision of community health services to children and young people in Cornwall and the Isles of Scilly on 1 April 2011 effectively doubling the size of the organisation.

On 1 April 2016, the Trust again doubled in size with the award of a two-year contract for the delivery of Adult Community Services. In October 2017, the Trust was notified that it had been awarded a 12-month extension of the contract until 31 March 2019. The contract includes the provision of services from 13 community hospitals.

In submitting its application to provide these services the Trust worked alongside the Royal Cornwall Hospitals NHS Trust and Kernow Community Interest Company under a Memorandum of Understanding (MOU) to ensure the provision of integrated services for the residents of Cornwall and the Isles of Scilly.

Our strategic plan

The strategic vision of the Trust is to deliver high quality care. This sits at the heart of all our activities as an NHS provider trust. The operational, strategic and economic challenges facing the health and social care economy are all considered in the development of our strategic plans.

The Trust has five corporate objectives, which are reviewed annually. The Trust's objectives are:

- to deliver high quality, safe and accessible services
- to maximise the potential of our workforce to deliver high quality patient care
- to achieve best value and ensure the Trust is sustainable and financially sound into the future

2. Performance Report

- to diversify and develop services that meet commissioner and patient needs and expectations
- to improve health and wellbeing by working in partnership to create life opportunities for our patients

The Board of Directors monitors delivery of the Trust's strategic plan. Our strategic plan is underpinned by a number of supporting strategies which are available on our website – www.cornwallft.nhs.uk.

The delivery of individual Trust strategies is monitored by the Quality and Governance Committee and the Performance Finance and Investments Committee which are sub-Committees of the Board of Directors.

As a foundation trust our ability to involve people in how we improve and develop the services which support them ensures we are in a position to deliver long-term improvements and better health outcomes for our local community. Each year, we consult our Foundation Trust members on the quality of our clinical services. Their feedback is reviewed by the Council of Governors and helps inform our future business plans.

Our plan in action: summary of performance

The following narrative details the activities undertaken to deliver each objective.

In the 2017/18 financial year, the Trust identified three major risks to the delivery of strategic objective one and one major risk in relation to strategic objective two. Details of the major risks and key performance indicators to mitigate these are summarised in Section 4: Accountability Report under the heading Major Risks.

Objective 1: To deliver high quality, safe and accessible services

The delivery of high quality, safe and accessible services which meet the expectations of our patients as well as our regulators and commissioners is fundamental.

We were disappointed to learn in February 2018 that our overall rating with the Care Quality Commission (CQC) had changed from 'Good' to 'Requires Improvement' for the domains of safe, effective and well-led. We were rated as 'Good' for responsive and 'Outstanding' for caring. This altered the Trust's overall rating to 'Requires Improvement'.

In their report the CQC inspectors paid tribute to the Trust's staff who they found to be caring and conscientious. A rating of 'Outstanding' for caring sees the Trust join the six per cent of NHS acute and mental health care services nationally to achieve this rating according to the CQC's report: The state of health care and adult social care in England 2016/17.

The Trust has put in place detailed governance processes and action plans to address the areas highlighted in the CQC's inspection report. This includes the establishment of a new Board of Directors' CQC Committee to receive assurance against delivery of the action plans.

One of the ways we are responding to the recommendations made by the CQC is to ensure all incident data is shared and discussed at the Operational Services' Clinical Quality Assurance Groups (CQAG). These discussions will be minuted and actions disseminated.

Our focus on incident reporting continued in year and we have maintained our benchmarked reporting position with the National Reporting and Learning System (NRLS). The NRLS is a national database which collates anonymous incident information from NHS organisations to enable national trends to be identified and to inform the development of patient safety resources. Our open reporting culture places us in good stead to share learning and continually improve our services.

The 'Listen, Learn, Act: Closing the Loop' sessions were established in 2017/18, to share the learning from incidents, identify themes and identify any required changes to practice. These sessions will be held on a monthly basis throughout 2018/19.

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During 2017/18 the Trust remained an active participant in the patient safety programme and members of the Board of Directors continued to participate in regular safety walkrounds. Information from events, alongside data from our internal reporting systems for incidents and complaints, local and national surveys and the external assurances provided by our regulators, helps to ensure patient experience remains at the heart of our business.

In May 2017, the Board of Directors self-assessed against the Quality Governance Framework. The Quality Governance Framework, uses a scoring system which ranges from 0.0 (meets or exceeds expectations) to 4.0 (does not meet expectations). In the self-assessment, the Trust scored itself 0.5 points against the question 'does the Board actively engage patients, staff and other key stakeholders on quality'. In response, the Board of Directors sought more active and meaningful engagement with patients, carers and families. One of the ways this has been achieved is through the regular presentation of a patient story at the Board of Directors' meeting. Each Board of Directors' meeting also receives a report on patient experience, safety and quality. This includes information on contacts with the Patient Advice and Liaison Service (PALS), complaints, incidents, the Friends and Family and Test and safe staffing data.

Patients and carers regularly have the opportunity to provide feedback on the quality of our services. The main conduit for all feedback is the Trust's Patient Experience Team which incorporates PALS. The aim of PALS is to respond to concerns before they become a complaint. The information provided helps the Trust to identify areas for service improvements.

The location and condition of the premises the Trust operates from have an impact on patient experience. The Trust's Estates Strategy sets out our strategic aim to provide estates and facilities which are safe, suitable, in the right location and which offer best value, business resilience and sustainability.

A large proportion of the estate which the Trust operates from is owned by NHS Property Services (NHSPS). NHSPS is a limited company, established in April 2013, wholly-owned by the Secretary of State for Health.

Following the completion of the significant transaction in April 2016, the Trust commissioned a building conditions survey and fire safety review of the community hospitals used to provide adult community services. These assessments identified a number of safety and outstanding maintenance concerns. Edward Hain Community Hospital was closed by the previous provider, Peninsula Community Health (PCH), due to fire safety concerns and the inpatient beds have remained closed since this date.

In July 2016, the number of beds at Fowey Hospital was reduced to five, following infection prevention control recommendations. This made the safe staffing levels untenable and led to the interim closure of the facility. National benchmarks recommend that, to be effective, wards should have a minimum of 16 beds.

In February 2017, the Trust consolidated staff from St Barnabas Community Hospital in Saltash into the community hospital at Liskeard. This led to the interim closure of the inpatient beds and minor injury unit.

The Trust has continued to engage with stakeholders in each locality to discuss the wider health and social care needs of the community and how these can be best met. This work is framed within the wider context of Shaping Our Future – the local Sustainability and Transformation Plan (STP).

During the year, backlog maintenance and refurbishment works were undertaken at Launceston, Falmouth and Camborne/Redruth Community Hospitals by NHS Property Services.

In March 2018, the Trust opened an additional 15 psychiatric inpatient beds at Longreach House in Redruth. The beds will provide intensive rehabilitation to patients as they prepare for discharge. The investment in the additional beds aims to eliminate the need for unnecessary out of county mental health care well ahead of the NHS England target of 2020/21 in line with the recommendation of the Five Year Forward View for Mental Health.

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Objective 2: To maximise the potential of our workforce to deliver high quality patient care

Recruiting and retaining the right staff by investing in them and their careers will ensure we continue to be able to deliver high quality care to our patients.

In February 2018, the Care Quality Commission (CQC) paid tribute to our staff who they found to be caring and conscientious, increasing the Trust's rating for care from 'Good' to 'Outstanding'. This sees the Trust join just two per cent of adult social care, six per cent of NHS acute hospital and mental health care services, and four per cent of GP practices rated as 'Outstanding' for care nationally as set on the Care Quality Commission's report, The state of health care and adult social care in England 2016/17.

We celebrated the achievements of our staff at the second Staff CARE Awards in November 2017. The event provides an annual showcase for the outstanding contribution of our staff to the delivery of high quality patient care and our values.

The overall strategic direction is set out in the Trust's Organisational Development Strategy which is available on the Trust's website – www.cornwallft.nhs.uk. Our focus is on leadership, values, behaviours and culture. Oversight of human resources is undertaken by the Board of Directors at their meetings when they review details of the number of staff in post, vacancies and sickness levels.

The Trust's Establishment Control Group ensures all vacancies are scrutinised and that we recruit the right number of staff into the right posts. We are embedding values-based recruitment in the Trust in order to build a solid foundation of staff who share our values and are committed to providing high quality care to our patients.

To aid staff retention, we aim to unlock career pathways and support staff to develop their skills, so they can grow and progress within the Trust. To retain knowledge and experience within the Trust and increase our capacity to offer flexible working options, we encourage staff to return to work after a career break or early retirement.

Individual development aspirations are identified through the annual appraisal process and personal development plans. The Trust refreshed its appraisal process in 2017/18 to include a focus on continuous learning, quality improvement, sharing best practice and talent management. In the 2017 national staff survey, 92 per cent of staff had received an appraisal and the majority considered it to be of a high quality.

Staff who are keen to progress from unregistered to registered practitioners are able to access a range of care development initiatives. The Trust is currently developing apprenticeship pathways for staff in entry level roles. These will allow progression through to a degree level qualification and registration as a health professional. In 2017, the Trust supported 60 staff to complete the ILM Level 5 leadership development programme. A further five participated in the Nye Bevan programme, run by the NHS Leadership Academy, or the King's Fund top leaders' programme.

The Trust's Health and Wellbeing Strategy details our commitment to looking after and improving the health and welfare of staff. We know that staff who are happy and have a healthy workplace are better placed to provide high quality care to our patients.

In February 2018, the Trust received notification that it had retained its Healthy Workplace Silver Award. The award recognises the efforts of the Trust to support the health and wellbeing of its staff. Cornwall Council's Health Workplace Team awards bronze, silver and gold level awards, based on the achievements of the organisation throughout the year. The retention of the silver award reflects the ongoing efforts of our staff engagement programme.

Following an extensive campaign over the winter months, 45 per cent of staff had opted to receive a flu vaccination. This is a marked improvement on the uptake in previous years. In addition, 80 health assessments, six mindfulness workshops and six building resilience workshops were delivered to staff. Funded by our Improving Working Lives scheme, over 20 staff bases received deliveries of free fruit during the 2017/18 financial year.

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A health and wellbeing event at the Eden Project was attended by over 130 staff from all levels of the Trust. In addition to interactive sessions on singing, mindfulness and desk yoga, the day also included a key note speech from Ruby Wax, OBE.

Occupational health services continue to be provided for the Trust by the Royal Cornwall Hospital NHS Trust. More information on the support provided to staff is set out in Section 4: Accountability Report – Staff Report.

Staff perception of the importance the Trust places on their health and wellbeing has improved. In the 2017 national staff survey, 28 per cent of staff, compared to 25 per cent in 2015, felt that the Trust takes positive action on health and wellbeing.

During 2017/18, 4.85 per cent of staff were absent from work, a reduction compared to 5.17 per cent in 2016/17. This equates to 55,350 whole time equivalent days lost in 2017/18. As part of our commitment to supporting managers to deal with staff absences, 14 absence management workshops were held in the financial year. These are already having a positive impact on short-term absences and our use of agency staff.

In year, the Trust's agency cap was rebalanced based on our increased organisational size and structure. In 2017/18 our spend on agency staff was set at £2.358 million and in year our spend on agency totalled £2.023 million.

The national staff survey continues to be a key source of feedback for the Trust. In 2017, 1,403 staff responded (39 per cent), a slight decrease compared to 2016 when 41 per cent of staff responded. The Trust's scores improved in all but one area of the survey. The national survey allows the Trust to benchmark its performance against similar Trusts nationally. Detailed information on the findings of the 2017 survey and our plans to address the feedback received are set out in Section 3: Quality Report.

Objective 3: To achieve best value and ensure the Trust is sustainable and financially sound into the future

The Trust's financial performance is monitored by the Performance, Finance and Investment Committee and at each Board of Directors' meeting.

In 2017/18 the Trust has achieved a surplus, before the Sustainability and Transformation Fund (STF) incentive, of £1.8 million. The STF is designed to support providers incentivising them to focus on improving the productivity of NHS services. Our cash balance at the end of 2017/18 was £32.4 million, £12.9 million (40 per cent) above plan. This was in the main due to our surplus in 2017/18 and receipt in year of 2016/17 STF Incentive income.

The Trust achieved 91.2 per cent of its Cost Improvement Plan (CIP) target, of which 83 per cent is recurrent.

Nationally and locally the financial outlook across the health and social care sector is becoming increasingly constrained, and a local coordinated response to medium term efficiency challenges is required. In November 2016, all the major public sector health and care organisations published an outline plan to improve services based on the NHS England Five Year Forward View and Devolution Deal for Cornwall. This programme of work is known as 'Shaping Our Future' and is a priority for everyone working in health and social care.

Shaping Our Future has three aims:

- Improve the health and wellbeing of the local population.
- Improve the quality of local health and care services.
- Deliver financial stability in the local health and care system.

In July and September 2017, Shaping Our Future held a series of workshops across Cornwall and the Isles of Scilly. Approximately 540 clinicians, social care practitioners, volunteers, patients, councillors and other key people we work with shared their thoughts and experiences to 'co-design' proposals for change.

2. Performance Report

The idea behind co-design is to allow everyone involved to come together and think through their ideas in more detail before the road testing of any proposals is explored. The third phase of co-design workshops was scheduled to take place in April and May 2018. Full details of the work undertaken to date through the Shaping Our Future programme is available online at: www.shapingourfuture.info/

Through both its own engagement activities and those of Shaping Our Future, the Trust continues to talk and listen to patients, members of the public, Foundation Trust members and clinicians about how services should be developed to ensure they remain clinically focussed, continue to offer best value and deliver high quality patient care.

In addition to conducting its own and participating in national surveys, the Trust has undertaken specific programmes of public and patient engagement in Fowey, Saltash and St Ives about how facilities in the local area, could be best used to support these towns and the wider locality, in the long term.

Following the award of the contract to provide Adult Community Services from April 2016, the Trust was delighted to learn in October 2017 that it had been awarded a 12-month extension of the contract until 31 March 2019.

Objective 4: To diversify and develop services that meet commissioner and patient needs and expectations

The Trust continued to explore opportunities in 2017/18 to retain and expand its services in response to feedback from patients and commissioners.

Patient feedback is a vital element of transforming NHS services.

In March 2017, NHS England announced that it would commission the Trust to provide a child and adolescent inpatient mental health facility. The purpose-built facility will be situated on land adjacent to Bodmin Hospital where it will benefit from close links to our other specialist mental and physical health services. The construction of the new adolescent unit will deliver on NHS England's commitment to reduce out of area placements for children and young people by increasing bed numbers nationally by 10 per cent.

Since learning of this exciting service improvement for young people locally, the Trust has been involving a wide range of stakeholders in the development of the unit. Two stakeholder engagement groups – one for young people and another for partner agencies – have been established. Both meet regularly and have been active participants in all aspects of the planning phase.

Following the approval of planning permission in February 2018, building work commenced in April 2018. The opening of the unit is currently scheduled for May 2019.

During 2017/18, the Trust's Telehealth Services were subject to a public consultation led by NHS Kernow Clinical Commissioning Group. Telehealth is a remote health monitoring service that allows people with long-term health conditions to send electronic readings of their blood pressure, oxygen and blood glucose levels and weight from their home to a nurse. This information is then reviewed by a nurse who decides what support, if any, the patient needs.

Following a six-month review and six-week consultation, NHS Kernow's Governing Body decided to stop funding Telehealth Services from April 2018. This decision led a number of people to raise concerns about the impact this would have on their care. In December 2017, following a further six-week consultation, the Trust was pleased to learn that NHS Kernow's Governing Body would commission a reconfigured Telehealth service from the Trust.

The Trust continues to support its commissioners in the delivery of their objectives. Regular meetings are held with them to discuss our performance and provide assurance on the quality of care.

In the Autumn of 2017, Governors issued their annual members' survey. Feedback garnered from members and the public through the survey is used to inform the development of the Trust's business plans. Feedback is provided through the members' newsletter.

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The main channel for patient feedback is through the Trust's Patient Experience Team which encompasses the Patient Advice and Liaison Service (PALS). In addition to national patient surveys, the Trust encourages patients to complete the national Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. The Trust scores consistently well, with over 95 per cent of patients stating they would recommend services.

The Trust also uses a bespoke electronic survey system called Meridian to obtain feedback. All patient and carer feedback is viewed in conjunction with other patient experience metrics and discussed with operational clinical managers in order to drive changes in operational policies and to improve patient experience.

Objective 5: To improve health and wellbeing by working in partnership to create life opportunities for our patients

Mental health exists in close association with wider health, wellbeing, social and environmental factors. As a provider of physical and mental health services since April 2016, the Trust has been in a stronger position to facilitate more integrated working across its services and to create new partnerships with agencies both in the healthcare sector and beyond.

It is well known that people who use specialist mental health services have high unemployment rates and are more likely to be socially excluded. As one of our strategic objectives, the Trust is working hard to address this inequality. The employment rate of the Trust's mental health patients is monitored by the Board of Directors and detailed assurance reports are provided on a six-monthly basis to the Quality and Governance Committee, a Board sub-committee.

At the end of February 2018, six per cent of mental health patients were recorded as being in employment. The 2017 Community Mental Health Survey also highlighted that our patients feel we are not doing enough to provide them with help or advice in order to find or keep work. There is certainly more we can do in this respect and in 2018/19, the Trust plans to use the NHS Mental Health Investment Fund to increase the number of Individual Placement Support Workers in our Early Intervention in Psychosis Service. The service has already demonstrated excellent employment outcomes for almost 50 per cent of patients and we look forward to building on this initial success.

As part of a common agenda and joint initiative with the Royal College of Psychiatrists and Public Health England, the Trust was delighted to appoint the first Health and Work Champion in Cornwall.

The aim of the pilot initiative is to help people to remain in work following illness, injury or disability and to improve the disability employment gap. In this new role, one of our Specialist Stroke Occupational Therapists will train other healthcare professionals so they are better placed to help patients rebuild their skills and confidence and to make adaptations in order to return to work.

The Trust's Volunteer in Partnership scheme continues to expand. In the 2017/18 financial year we continued to receive a diverse range of applicants with over 130 active volunteers at 31 March 2018 and 180 people volunteering during the financial year. This equated to an average of 2,600 volunteer hours each quarter, a rise of 600 hours compared with 2016/17.

During the year, the Trust has continued to recruit to new volunteer roles and to replace volunteers as they leave. Examples of current volunteer activities in the Trust include befriending, Pets As Therapy (PAT) dogs and leading Tai Chi, music and singing groups. Volunteers have also helped to provide activities on our wards, at community groups including leg clubs (where patients with leg ulcers are treated collectively in a social, non-medical setting with an emphasis is on social interaction and peer support) as well as in the community at horticultural groups.

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In June and November 2017, the contribution of volunteers was celebrated through our participation in the national Volunteer Week and latterly at the Trust's Staff CARE Awards.

For our patients, particularly those with a serious mental illness, we can have a positive impact by increasing our focus on smoking and the routine provision of support to stop. There is clear evidence that smokers experience more severe mental health symptoms, require higher doses of psychotropic medication and spend more time in hospital compared to people with a mental illness who do not smoke. Approximately a third of welfare benefits are spent on cigarettes and patients often prioritise buying tobacco over buying food, toiletries and spending on leisure activities.

On 1 April 2017, the Trust's buildings, grounds and vehicles became SmokeFree for staff and this was extended to patients on 1 April 2018. The implementation of this policy will continue to be monitored in 2018/19.

In partnership with BBC Radio Cornwall, Cornwall Council's Public Health Team and the Samaritans, we launched the second wave of 'Don't Flush Your Life Away' suicide prevention posters. The campaign is centred on the display of posters in men's toilets encouraging them to seek help if they are feeling suicidal. The posters are just one element of the work being undertaken locally with the goal of achieving zero suicides.

Throughout 2017/18 the Trust has been working with a range of partners through Shaping Our Future, Cornwall and Isles of Scilly's Sustainability and Transformation Plan (STP) to integrate services and improve people's outcomes.

Key issues and risks that could affect delivery of the strategic objectives

The Trust has effective mechanisms in place to ensure it is able to manage its risks in accordance with its operational policies and Risk Management Strategy. The Annual Governance Statement in Section 4: Accountability Report provides further information on the Trust's approach to risk management.

The Board Assurance Framework is a document used by the Board of Directors to manage risks to the achievement of the Trust's strategic objectives. Strategic objective risks are defined within the Risk Management Strategy as principal risks. Details of the Trust's principal risks are listed under the heading Major Risks in Section 4: Accountability Report. The Board of Directors approves the addition of or removal of principal risks as recommended by Executives or the Board's Quality and Governance Committee. The Trust's Board papers are available on our website – www.cornwallft.nhs.uk.

Going concern disclosure

The Trust's accounts have been prepared on a 'going concern' basis. This means the Trust expects to operate into the future and that the statement of financial position (assets and liabilities) reflects the ongoing nature of our activities. The Board of Directors has considered and declared that: "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. For this reason, they continue to adopt the going concern basis in preparing the accounts".

The Trust's contract for the provision of Adult Community Services is due to conclude on 31 March 2019.

2. Performance Report

Performance Analysis

Our plan in action

Review of non-financial performance

Kernow Clinical Commissioning Group holds the main contract for the Trust's services. Other services are provided for NHS England, Cornwall Council, and Northern, Eastern and Western Devon Clinical Commissioning Group.

Services are commissioned on a block contract basis where indicative activity levels and financial values are agreed for the year. Monthly reports are provided to commissioners by the Trust.

The Trust's main 2017/18 block contracts with Kernow Clinical Commissioning Group required us to deliver activity that met the mental health, learning disability, adult community and children's health needs for the population of Cornwall and the Isles of Scilly. We continually analyse levels of demand and efficiency on the range of services provided.

As in previous years, the Trust has continued to experience high demand for its services, operating above its contracted levels of activity in the majority of clinical areas during 2017/18. We have consistently reported within target for the new Single Oversight Framework which is reviewed regularly and verified by each clinical service before being reported to the Trust's Board of Directors. The Trust's Board papers can be found on its website – www.cornwallft.nhs.uk.

Within the Single Oversight Framework the Trust has consistently reported the Quality Indicators and Operational Performance Metrics. Within these, Trusts are set the target of following up 95 per cent of discharges within seven days. For nine months of the year, the Trust achieved this for 100 per cent of discharges, which equates to an average follow-up rate of 99.59 per cent.

Other Operational Performance Metrics where the Trust performed above target in 2017/18 include:

- A&E maximum waiting time of 4 hours from arrival to admission/transfer/discharge
- Maximum time of 18 weeks from point of Referral To Treatment (RTT)
- Admissions to inpatients services via Home Treatment Team
- People experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral
- Data Quality Maturity Index (DQMI) – MHSDS dataset score
- Delayed Transfer of Care (mental health only)

Clinicians, managers and senior managers have direct access to online reports, which are updated daily and identify key performance indicators (KPIs) including those reported to our Board of Directors. These assist in case management and identify activity/target projections. Trust performance is scrutinised and supported through a range of daily, weekly and monthly meetings, with the necessary information available for discussion.

The Trust produces monthly data-books consisting of all national and commissioner targets and local key performance indicators. Guidance on the performance required to achieve all national targets has been reviewed and standard operating procedures produced to ensure consistency and standardised reporting. Daily reports are sent relating to some metrics to ensure data quality and timely updating of clinical records. Where a breach is projected as likely this is escalated to senior managers and reported.

The Trust continues to monitor activity in adult acute psychiatric inpatient beds as a result of the high demand experienced for these services in recent years, a picture which has been reflected nationally. We continue to raise the availability of local beds with our commissioners. For a number of years, the Trust has had particular concerns regarding the availability of beds for children and young people. Historically the nearest facility to the Trust has been in Devon, although many young people are sent further afield. We are delighted to have received funding to provide a 14-bed child and adolescent mental health unit which is projected to open in May 2019.

2. Performance Report

The unit will be built during the 2018/19 financial year on land adjacent to Bodmin Hospital where it will have close links with other specialist mental health and physical health services.

Where services have operated below contracted levels additional support, guidance and information has been provided to achieve performance targets. For example, we have experienced high levels of demand for our Child and Adolescent Mental Health Services (CAMHS). Our contractual obligation is to see 90 per cent of patients within 28 days which we are unable to achieve due to the increased demand (significant increase in referrals over the past three years). This was identified as a risk and closer working with our commissioner and third party suppliers has resulted in a change in working practice to ensure vulnerable patients are seen promptly.

Information relating to key performance measures and access to adult community and mental health services for children and adults is provided in Section 3: Quality Report.

The Trust is required to identify a number of quality indicators and has specific targets for Commissioning for Quality and Innovation (CQUIN). The CQUIN targets have financial incentives attached to them, which may only be accessed if targets are delivered. Our performance against local quality priorities, local quality indicators, national mandatory quality indicators, plus national priority and regulatory targets are set out in Section 3: Quality Report.

This section of the annual report also details our performance against national patient surveys, the Friends and Family Test and CQUIN targets for 2017/18.

The Board of Directors ensures that relevant metrics, measures, milestones and accountabilities are developed and agreed in order to understand and assess progress and the delivery of performance.

Financial and non-financial performance is reviewed at each of the Trust's Board of Directors' meetings, the Performance, Finance and Investments Committee, Quality and Governance Committee and with Associate Directors at the Performance, Information and Management Meeting.

Each of these meetings receives information from the Patient Experience Team on the number of enquiries and complaints received plus feedback from any patient surveys. This type of feedback enables the Board of Directors to receive assurance that the quality of services is not being compromised.

Information is also presented on the number of incidents in order to triangulate the information and provide assurance on the quality of the Trust's services.

Summary of financial performance

The financial year 2017/18 enabled the Trust to consolidate its position following the significant change in 2016/17 when the Trust's income doubled as it commenced provision of Adult Community Services for Cornwall and the Isles of Scilly. The Trust has continued to deliver sound financial performance. Our key performance measures are outlined below:

- achieved an improved position against our Control Total (Control total – surplus of £511k)
- based on the position as at 31 March 2018 our Use of Resources risk rating (UOR) was 1 (lowest risk)
- our overall performance at year-end was a surplus of £5.140 million
- our cash balance was £32.4 million.

The Trust has achieved 91 per cent (£6.474 million) of its £7.100 million CIP target, of which 83 per cent are recurrent efficiencies.

As the Trust achieved a financial result that was better than the control total set by NHS Improvement this entitled the Trust to receive additional Sustainability and Transformation Funding incentive of £3.376 million. In addition we received a further £0.355 million in this financial year due to our performance in the previous financial year. This additional income is included in our surplus of £5.140m.

The Trust's financial performance means that it is in a strong position to both achieve its corporate objectives and deliver its commitment to work in partnership with system partners.

2. Performance Report

Financial regulatory requirements

The key performance measures detailed in the table below help provide an indication of the level of risk associated with the Trust's financial position. The Trust aims to fulfil a general requirement to operate effectively, efficiently and economically. The UOR is rated on a scale from one to four, where one equals the lowest risk to the financial sustainability of key NHS services, and where four is considered the highest risk.

The risk rating system is measured against our plan on a monthly and annual basis and addresses the following criteria:

- Capital servicing capacity – the degree to which the Trust's available income is able to cover its financing obligations
- Liquidity – does the Trust have enough resources to carry on its day-to-day business?
- I&E margin variance – the variance between the Trust's planned I&E margin and its actual performance in year
- Variance from control total – the variance between the Trust's Control Total and its actual performance in year
- Agency – the variance between the Trust's Agency ceiling and its actual performance in year

The Trust's UOR performance for 2017/18 is detailed below:

Use of Resource Rating – year-end performance			
Ratio	Plan Rating 2017/18	Actual Rating 2017/18	Actual Rating 2016/17
Capital Service Cover Rating	2	1	1
Liquidity Rating	1	1	1
I&E Margin Rating	2	1	1
Variance from Control Total Rating	-	1	1
Agency Rating	1	1	4
Use of Resource Rating		1	3

In 2016/17 the Trust's agency cap was not adjusted to reflect the organisational size and structure post April 2016 resulting in a breach of the cap. In 2017/18 the Trust's agency cap was rebalanced and spend in 2017/18 remained under the cap.

2. Performance Report

Sources of income

In 2017/18, the Trust received the majority of its income, £163.9 million (£165.8 million in 2016/17), for the delivery of clinical activities. Details relating to the Trust's clinical income are set out below:

Income from clinical activities (by nature)	2017/18 £000	2016/17 £000
Cost and volume contract income	151	1,307
Block contract income	25,982	26,146
Clinical partnerships	38,997	39,207
Other clinical income from mandatory services	4,161	2,395
Community income from CCGs and NHS England	73,786	80,856
Community income from other commissioners	16,761	15,888
Private patient income	0	1
Other clinical income	4,015	0
	163,853	165,800

Income from clinical activities (by source)	2017/18 £000	2016/17 £000
NHS England	3,716	2,281
CCGs	141,472	147,010
NHS Foundation Trusts	15	31
NHS Trusts	6,140	4,036
Local Authorities	11,746	11,837
NHS Other	237	341
NHS injury scheme	143	121
Non-NHS: Other	384	143
	163,853	165,800

In addition, in 2017/18 the Trust received £16.7 million from a variety of other sources (£10.9 million in 2016/17) for the delivery of non-patient care such as education support and the provision of services to other NHS bodies as detailed below:

Other operating income	2017/18 £000	2016/17 £000
Research and development	318	371
Education and training	2,270	1,524
Received from NHS charities	81	268
Contributions to expenditure from other bodies	97	111
Non-patient care services to other bodies	9,414	4,288
STF income	4,262	4,144
Rental revenue from operating leases	7	7
Other income	231	231
	16,680	10,944

2. Performance Report

The Trust has reviewed its sources of income and has not identified any material income which is not related to the purposes of the health service in England. Therefore, the Directors confirm that the income from the provision of goods and services for the National Health Service is greater than income from the provision of services to non-NHS areas.

Analysis of expenditure

The Trust's total operating expenses for 2017/18 amounted to £172.9 million, of which £124.1 million (71.2 per cent) related to the payment of salaries to staff. A breakdown of operating expenditure for 2017/18 and 2016/17 is detailed in the table below:

Operating expenditure	2017/18 £000	2016/17 £000
Purchase of social care (under s.75 arrangements)	2,167	2,337
Employee expenses	124,139	123,441
Supplies and services – clinical	6,227	6,508
Supplies and services – general	5,291	6,023
Drug costs	1,476	1,397
Establishment	1,949	1,706
Premises	14,192	15,157
Transport and travel	2,960	3,458
Depreciation, amortisation and impairments	4,291	3,494
Bad debt provision	1,729	75
Change in provisions discount rate	63	491
Audit fees and other auditor remuneration	61	60
Internal Audit	120	105
Clinical negligence premiums payable to the NHSLA	1,139	1,035
Legal and consultancy	438	430
Insurance	102	126
Education and training	528	429
Operating lease expenditure	1,019	957
Car parking and security	81	79
Other services	4,959	3,018
	172,931	170,326

The Trust delivered a range of efficiency schemes in 2017/18 to the value of £6.474 million. Efficiency schemes delivered represented 91 per cent of the planned value providing key support to the delivery of the Trust's financial position.

2. Performance Report

Capital investment

The Trust continues to focus on the development, enhancement and refurbishment of its building assets to ensure its buildings are not only fit for purpose for now, but also designed to meet healthcare needs in the future. The Trust also continues to prioritise information management and technology investments to enable staff to work more effectively and efficiently.

In 2017/18 work commenced on the planning and design of the Trust's new CAMHS Tier 4 unit. Construction will commence in 2018/19 with the new unit scheduled to open in 2019/20.

Capital expenditure for the year 2017/18 totalled £3.301 million (£4.231 million in 2016/17), with the main areas of expenditure being attributed to the following projects:

Capital investments	2017/18 £000	2016/17 £000
Statutory compliance and backlog maintenance	(14)	97
IM&T (Infrastructure and applications)	1,373	2,200
Equipment	128	122
Service Line improvements and estates strategy	1,229	1,177
CAMHS Tier 4 unit	585	0
Initial purchase of assets from PCH	0	635
Total	3,301	4,231

Cash and liquidity

The Trust's cash balance (excluding consolidated Charitable Funds) increased by £5.9 million to £32.4 million from the beginning to the end of the financial year. The increase in cash during the year mainly relates to the receipt of 2016/17 STF Incentive Funding from NHS Improvement. The Trust's cash reserves will enable us to continue to invest in infrastructure to support service change and improvements and the progression of our Estates Strategy.

The Trust's Use of Resources liquidity rating is at level 1, the best rating possible.

Charitable funds

The preceding financial tables relate to the Foundation Trust only. The Trust is also the corporate trustee to Cornwall Partnership Foundation Trust Charitable Fund (charity registration number 1058366). Within the Trust's annual accounts the accounts of the Cornwall Partnership Foundation Trust Charitable Fund are consolidated. The Charitable Fund publishes its own annual report and accounts within timescales laid down by the Charity Commission.

Information about the activities of the NHS Charitable Fund and copies of previous annual reports can be accessed via the Cornwall Partnership Foundation Trust website.

The table below summarises the financial results of the Charitable Fund that have been consolidated within the Trust's consolidated accounts:

Charitable funds income and expenditure	2017/18 £000	2016/17 £000
Operating income	337	345
Operating expenditure	(103)	(369)
Investment income	3	9
Net surplus/(deficit)	237	(15)

2. Performance Report

Grants received from donating organisations

During 2017/18 the following League of Friends Charities provided grants:	
League of Friends Charity	Amount (£)
Bodmin Community Hospital	19,387.54
Falmouth Community Hospital	4,730.00
Helston Community Hospital	13,339.75
Launceston Community Hospital	12,688.82
Liskeard Community Hospital	17,028.34
Newquay Community Hospital	2,289.65
St Austell Community Hospital	10,880.00
St Barnabas Community Hospital	6,500.28
Stratton Community Hospital	7,923.49
Total	94,767.87

The grants provide for a wide array of medical equipment and furniture and we are indebted to the League of Friends who work tirelessly to raise funds for our Community Hospitals and help support the delivery of care for both our Adult and Mental Health inpatient services including some of our community teams.

The grants included various items of specialist diagnostic equipment including electrocardiographs, infusion pumps, urine flowmeters, and electronic blood pressure monitors plus examination couches. There was also funding for beds and mattresses that help prevent pressure sores, mobility aids and mobile hoists to help patients and staff, wheelchairs, bedside lockers and over-bed tables, and patient seating for both wards and outpatient areas. A grant of £560 was also provided for one of the Mental Health Wards at Bodmin for drumming sessions.

The Royal Voluntary Service Shop at St Austell Community Hospital also provided grants of £2,393 for portering chairs, tables and patient seating and the Patient's Trolley Shop at Helston Hospital provided a grant of £1,215 for bedside lockers.

Economic climate

In common with the rest of the NHS and the public sector, the Trust continues to operate in an increasingly tough financial climate. This means we will need to continue to deliver unprecedented levels of productivity and efficiency.

Financial outlook

The NHS is predicted to face a £30 billion funding gap by 2020/21 through increased demand and cost pressures if services remain unchanged. This challenge is reflected in the local health economy.

The Trust has produced an Annual Plan for 2018/19 that would achieve its control total surplus of £2.695 million and its agency cap of £2.213 million.

Our Annual Plan for 2018/19 sets out an £8.05 million challenging cost improvement plan (4.7 per cent of operating expenditure excluding PFI costs). In percentage terms the cost improvement plan is higher than prior years (2017/18: 4.3 per cent). The cost improvement plan includes efficiencies relating to Children's services, Mental Health services, Community services and efficiencies arising from systems and process redesign.

The Trust's comprehensive, integrated strategic planning process supports the development and monitoring of its cost improvement programmes. This process is internally branded as 'bridging the gap' and commences with the engagement of all staff to generate ideas which are then refined into specific programmes.

2. Performance Report

All individual plans have a quality impact assessment undertaken by the Medical Director and Executive Nurse. The programmes are approved by the Board of Directors as part of the Trust's annual planning process.

Headline figures from the financial plans for 2018/19 are as follows:

	2018/19 Plan £m
Operating income	178.2
Operating expenditure	(172.5)
Operating surplus	5.7
Non-operating expenditure	(3.0)
Net I&E surplus/(deficit)	2.7
Year end cast position	25.5

Cash flow summary plans for 2018/19 are as follows:

	2018/19 Plan £m
Operating cash flows before movements in working capital	8.5
Movements in working capital	(0.1)
Cash flow from operations	8.4
Investing activities	(14.5)
Financing activities	(0.8)
Net cash outflow	(6.9)

The Use of Resource Rating resulting from the plan is shown in the table below:

	2018/19 Plan
Capital Service Cover rating	2
Liquidity Rating	1
I&E Margin Rating	1
Variance from Control Total Rating	1
Agency Rating	1
Overall Use of Resource Rating	1

Future developments

Our change efforts are organised around four key programmes of work. These will provide the framework within which we achieve the aims of our Operational Plan 2017-19 and against which we will measure our success. The four programmes of work are:

- Children's Services.
 - The continued roll-out of our new Health Visiting and School Nursing Model of Care. This involves our teams working with more clearly defined caseloads, and as an integrated service operating out of Family Hubs and alongside Social Care and other partners as Children in Need Teams.
 - The vision to have a fully integrated Shortbreaks service with Cornwall Council. This scheme would aim to make best use of combined health and social care resources in order to provide children and their families with an integrated residential short breaks provision.
 - The CAMHS Transformation plan is a significant element of the One Vision Partnership Plan which aims to develop the future integration of health and social care services for children, young people and their families in Cornwall and the Isles of Scilly. This work forms part of a wider county-wide multi-agency service transformation for CAMHS, and looks to invest in key improvement initiatives such as Crisis Response services for adolescents.
 - The development of a pathway that meets the range of needs relating to neurodevelopment conditions for children, young people and their families in Cornwall and the Isles of Scilly at the earliest possible point and progress to diagnosis when required. A Neurodevelopmental Assessment Service will ensure "We clarify needs, we meet needs early, and we diagnose if needed."
 - Joint working with the Royal Cornwall Hospitals NHS Trust will ensure we work collaboratively to improve continuity of care and patient experience for children, young people and their families in Cornwall and the Isles of Scilly. This means making best use of our shared resources across the two organisations and learning from experience together.

2. Performance Report

- Mental Health Services.
 - In partnership with NHS Kernow CCG we have agreed to invest in excess of £2 million into mental health services during 2018/19, as a result of the Mental Health Investment Standard policy. We will be engaging with clinicians throughout our services to develop an investment plan that will be enacted during 2018/19; this plan is likely to feature initiatives such as the continuation of our CORE24 model of psychiatric liaison, the funding of a crisis café and the introduction of street triage services.
 - Continue the implementation of a new model of care on Cove Ward - our mental health inpatient ward that focusses on rehabilitation and discharge - to trial a different model of working including job roles, in-reach and out-reach into inpatient settings and community teams to streamline patient flow and improve patient outcomes.
 - Strengthen communication and working practices between the community and inpatient aspects of the mental health patient pathway, ensuring patients have clear communication and escalation routes into the service, and have access to clinical support and guidance out of hours through a telephone support service.
 - Develop a best practice, evidenced-based core group programme across the county which provides structured progression with the patient pathway, either as prevention to admission intervention or facilitating discharge from community teams, focussing on recovery and wellness, and to fully embed the role of resource centres within the mental health pathway to support patients through their recovery.
 - Develop a streamlined complex care and dementia pathway which supports the patient to remain well by providing intensive community support out of hours and dedicated places of safety to wrap support around the patient at times of crisis and need.
 - Continue on our improvement journey in respect of recent initiatives, such as 'line of sight' improvements on mental health inpatient wards.
- Adult Community Services.
 - Establishing an integrated model of community care, based in our shared localities. This initiative will focus a best practice model of integrated care, with a consistent offer in respect of community nursing, community therapy and specialist services throughout the county. This work will be supported by local access points and our mobile working strategy.
 - Further developing our delivery model in respect of Community Hospitals. Ensuring the best use of inpatient capacity, ensuring we continue to work with RCHT to offer community-based transfusions and infusions, and improving the model of medical staffing across our hospitals.
 - We have commissioned an independent review of End of Life care from a professional expert and will subsequently develop and deliver an action plan to enact an integrated community model during 2018/19.
- Systems and Processes Redesign.
 - Supporting our staff to use our estate in a more efficient way by auditing what clinic space there is across the Trust and ensuring clinic space is booked and used appropriately through a centralised room booking system.
 - Re-launching Lync/Skype for Business to ensure staff are taking advantage of the conferencing facilities it offers to reduce physical attendance at meetings across the county which in turn will reduce travel expenses Trust-wide.
 - Providing clinical services to the local community in the most cost-efficient way by promoting use of the new hybrid pool car fleet and improving accessibility of pool cars with 24-hour SMART key safes and ensuring cars are most effectively located.
 - Managing inefficient pool car usage by obtaining reports through the new telematics system installed in all cars.
 - Further improving our work regarding the procurement of supplies and services, ensuring we achieve best value.
 - Working collaboratively with system partners to align enabling services.

2. Performance Report

Our 2017-19 Operational Plan was originally derived from 'Shaping Our Future', Cornwall and the Isles of Scilly's Sustainability and Transformation Plan; One Vision, Cornwall's multi-agency approach to the future of Children's services; and the Full Business Case developed to integrate Adult Community Services with existing CFT services as part of the Peninsula Community Health CIC transaction. We have refreshed this plan for the 2018/19 year to incorporate what we learned during 2017/18 and to include new imperatives, both national and local.

Increased collaboration with our partner organisations is a key objective within our future development and these plans are aligned to the ambitions of 'Shaping Our Future' and the Five Year Forward View.

New services for patients

In December 2017, the Trust's Perinatal Service obtained additional funding from NHS England. This allowed the service to increase the range of support available to women who have a significant mental illness or who may be at risk of developing one during their perinatal period and up to the child's first birthday.

The new funding enabled the expansion of the multi-disciplinary team to include occupational therapists, social workers, specialist nursery nurses and psychologists. The additional capacity will also allow the team to provide education and participate in more awareness-raising activities.

In March 2018 the Trust opened a brand new ward at its mental health unit in Redruth. The opening of the 15 additional mental health beds aims to eliminate the need for unnecessary out-of-county care well ahead of the NHS England target of 2020/21, in line with the recommendations of the 'Five Year Forward View for Mental Health'.

The new ward uses a unique and innovative model of care with the aim of providing patients with fast-tracked rehabilitation. By focussing on the achievement of goals, agreed between the patient and staff, the ward aims to discharge patients within 28 days. To ensure rehabilitation and recovery continues post-discharge, the ward has established strong links with integrated Community Mental Health Teams (iCMHTs) and other community groups.

Social, community, anti-bribery and human rights issues

As an NHS trust and public body, it is unlawful for us to act in a way which is incompatible with the European Convention on Human Rights, unless required by primary legislation. As such, we are committed to meeting our obligations in respect of the human rights of our staff and patients. This obligation is closely aligned to our organisational values and those of the wider NHS as set out in the NHS Constitution.

The Trust is committed to providing services in an honest and ethical manner and takes a zero tolerance approach to bribery and corruption. The Trust's Code of Conduct Policy outlines the systems and processes in place to prevent bribery.

The Trust's policies ensure that full and fair consideration is given to job applications from people with a disability and ensures provisions and support are available to facilitate the continued employment and training of staff who become disabled. Information on the training, career development and promotion of disabled employees is set out in Section 4: Accountability Report – Staff Report.

Throughout 2017/18 the Trust has continued with its programme of staff engagement activities, ensuring staff are briefed and receive information on matters which affect their interests including the financial and economic factors affecting the Trust and its performance. More details on our activities in this area are set out in Section 4: Accountability Report – Staff Report.

2. Performance Report

Equality

We aim to put inclusion, equality and diversity at the heart of the services we provide to our patients across the health and social care community. Additionally we seek to ensure that as an employer equality and inclusion is demonstrated in through the experiences of our staff and our partner organisations.

We are working towards becoming a truly inclusive employer and service provider, by creating a culture and environment that celebrates equality, diversity, dignity and respect for the benefit of our patients, their carers and families, the public and our staff.

Through our commitment to the elimination of discrimination, reducing health inequalities and promoting equality of opportunity we aim to ensure that we are:

- an Organisation of choice - for our population, patients, employees and future partners
- an Employer of choice - attracting and retaining the best skills and talent to work in our services
- a Healthcare provider of choice - for patients, their carers and families
- a Partner of choice - for local, regional and national organisations to ensure high quality, innovative and safe services for our patients and staff.

Our Equality and Diversity Steering Group leads the work to significantly improve patient and staff experience and Trust performance within the Equality Delivery System (EDS2).

Our focus in 2017/18 has been:

- **Compassionate Care:** Always patient centric. Supporting staff wellbeing at work.
- **Engagement:** We celebrate diversity. Our aim is to consistently enable fair and equitable patient and staff experience across the Trust.

- **Quality Improvement:** By implementing and evaluating our progress against the provisions of the 'equality delivery system', 'workforce face equality system', 'mindful employer' and the 'accessible information standard'.
- **Partnership Working:** With local community networks, including black and minority ethnic, lesbian, gay, bi-sexual and transgender and disability groups.

A Non-Executive Director chairs a steering group which oversees our work in this area to ensure the sustained delivery of the equality and diversity framework. The Trust Board receives bi-annual updates and assurance on our progress towards meeting the objectives.

A key focus during 2017/18 has been access to our services and understanding in more detail the inequality and barriers that some people and groups who use our services may face so that actions can be put in place to overcome these.

Looking ahead to 2018/19 we will embed our 'Inclusion and Diversity Strategy' which is currently at consultation stage.

Full details of our staff and patient diversity are published on the Trust's website - www.cornwallft.nhs.uk.

2. Performance Report

Modern Slavery Act

The Trust is a socially and environmentally responsible organisation and complies with the Modern Slavery Act 2015.

We have a zero tolerance of modern slavery and human trafficking in any part of our business or supply chains. We confirm that the Trust:

- recruitment and payroll processes comply with national NHS employment checks and Asylum and Immigration Act (1996 and 2016) requirements which encompass the employee's UK address, right to work in the UK and obtaining suitable references
- has in place systems to encourage the reporting of concerns and protect whistle-blowers through its Speak Out Safely policy
- reviews all safeguarding referrals made through the Trust's incident reporting system and reports these through our Safeguarding Governance and Patient Safety Committee
- has a Safeguarding Adult Policy which is available on our website – www.cornwallft.nhs.uk

Modern slavery or human trafficking concerns relating to children or adults would be addressed through the appropriate safeguarding processes in conjunction with our partner agencies. This would link into the National Referral Mechanism. This is designed to assist in the formal identification of and co-ordinate the referral of victims to appropriate support services.

In addition to the above actions, the Trust also aims to build long-standing relationships with its suppliers, setting out clear expectations of business behaviour. When utilising national or international supply chains, the Trust expects these suppliers to have their own policies and procedures in place and if they believe there is a risk, to have assessed this and taken steps to manage that risk.

To ensure staff are aware of modern slavery and human trafficking, there are identified leads in each directorate, who are supported by the Trust's safeguarding team.

The Trust works in partnership on this agenda and, as such, is represented on the Cornwall Safeguarding Adult Board, Cornwall and Isles of Scilly Children's Partnership Trust and Safer Cornwall's Serious Organised Crime Partnership (which includes the Modern Slavery Operational Group).

This statement is made pursuant to Section 54(1) of the Modern Slavery Act 2015 and constitutes our organisation's Modern Slavery and Human Trafficking statement for the 2017/18 financial year.

Environmental Sustainability

The NHS is committed to reducing its carbon emissions in line with the UK Climate Change Act. The challenge is how to continually improve health and wellbeing and deliver high quality care now and for future generations within available financial, social and environmental resources (NHS Sustainable Development Unit: NHS SDU, 2018).

As outlined in the "Securing Healthy Returns" report (NHS SDU, 2016) there are cash savings and environmental improvement opportunities through conducting healthcare activities in a more environmentally sustainable manner.

Prior to the first NHS England carbon reduction strategy (2009), in 2008 the Board of Cornwall Partnership NHS Foundation Trust approved a Carbon Management and Reduction Strategy (CMRS) which set a target to reduce carbon emissions from energy used in buildings by 15 per cent by 2015 (against an 2006/07 financial year baseline).

By March 2015 the Trust achieved a 62 per cent reduction in carbon emissions derived from energy used in its buildings.

In April 2016 the Trust was awarded the contract to provide Adult Community Services (ACS) in addition to its mental health, learning disabilities, complex care and dementia, and children's services (MH) services across Cornwall and the Isles of Scilly.

2. Performance Report

This increased the Trust's estate by almost 50 per cent adding ACS community hospitals, health centres, and associated office buildings to the Trust's estate and clinical services portfolio.

In response to the addition of ACS services, and new guidance from the NHS SDU the Trust Board ratified a new (Environmentally) Sustainable Development Management Plan (ESDMP) and Environmental Policy in October 2016. As a result the Trust is currently working towards reducing its Carbon Dioxide Equivalent (CO₂e) emissions by 28 per cent by 2020 (against a 2013/14 baseline).

Performance figures for the 2017/18 financial year will be available as part of the Estates Return Information Reporting (ERIC) process which will be available after this report is published (June / July 2018). However, some notable performance figures for the 2013/14 - 2016/17 financial years are shown below:

Energy & Water tCO ₂ e	13/14	14/15	15/16	16/17
tCO ₂ e	6,059	5,360	4,960	4,663
% Change Year on Year	N/A	-11.5%	-7.5%	-6%
% Change Against Baseline	N/A			-23%

Tonnes	13/14	14/15	15/16	16/17
Landfill Disposal Waste	682	632	624	523
% Change Year on Year				-16%
% Change Against Baseline				-23%
Waste Recycling	363	330	315	279
% Change Year on Year				-11.5%
% Change Against Baseline				-23%

The next section of this report provides some narrative on notable completed or ongoing environmental sustainability projects across ESDMP priority areas.

Summary of 2017/18 Environmental Performance

The NHS Sustainable Development Strategy (2014) identified five hotspots which should be targeted in order to reduce carbon emissions and costs. These are pharmaceuticals, medical devices and gases; energy; travel and transport; waste and anaesthetic gases. The Trust's new ESDMP outlines plans to achieve reductions in these areas and a summary of activity in 2017/18 across these areas is provided below.

Pharmaceuticals, Medical Devices and Gases

Our ESDMP contains the following priority:

- review high expenditure goods and services (e.g. medical equipment, pharmaceuticals and medical gases) used and put systems in place to reduce environmental impacts

The Trust has purchased some iTrak loggers that send data over a Wi-Fi network and will be using them to conduct a trial in a number of pharmaceutical storage areas in June / July 2018. This system will enable the Trust to respond more quickly when temperatures go 'out of range', thus reducing wastage and potential risks. If the trial is successful it is likely that this monitoring system will be extended to all priority pharmaceutical storage areas, along with other areas identified as requiring more robust temperature monitoring.

The Trust has also purchased three digital thermometers which the Trust is using on an interim basis pending results of the trial described above.

Energy and Water

The Trust has continued its Automatic Meter Reader (AMR) installation programme across Trust owned / occupied Estate. Roughly 40 per cent of our directly billed energy and water meters now have AMRs installed.

The Trust has committed to install AMRs on all gas supplies with work shortly to commence. Once completed this will mean almost 60 per cent of the Trust's directly billed energy and water supplies will have AMRs on them.

2. Performance Report

The AMR project has helped to mitigate the effects of water leaks and excessive energy consumption as the Trust is able to detect faults and take remedial action more quickly to address issues identified.

In addition, the Trust now receives and processes monthly meter reads for about 50 per cent of its directly billed energy and water supplies (sites with Facilities Management (FM) provided by Cormac), and is setting up a process to receive meter reads from the remaining sites (NHS Property Services (NHSPS) FM sites). Once in place this will allow the Trust to detect and rectify excessive consumption, carbon emissions and costs more quickly.

The Trust is also reviewing the information it holds on utilities supply networks across its Estate. Revision or production of utilities supply layout drawings will speed up the detection and fix of water leaks for example, which in turn will help to control consumption, carbon emissions and costs more efficiently.

The Trust now has a more responsive water leak detection process in place with its Facilities Management Providers (Cormac and NHSPS). As a result two major water leaks were detected in March 2018 and fixed quickly which kept consumption, carbon emissions and costs to a minimum.

Approximately 46,972 kWh (just over 1 per cent) of electricity used by the Trust in 2017/18 was generated by the Trust's own renewable energy systems.

The Trust has produced a room temperature guidance document for staff, revised its process for turning heating off / on and down / up, and purchased digital thermometers in its efforts to more effectively monitor and control heating and cooling systems. It is expected this will result in lower consumption, carbon emissions, and costs and provide an improved environment for patients and staff.

A capital budget has been allocated to implement energy and water efficiency projects, and subject to Healthcare Technical Memorandum (HTM) and other mandatory requirements, energy efficient technology is installed when infrastructure is upgraded for non-capital expenditure projects. A number of heating system improvement projects were identified in 2017/18 and have been passed to relevant project managers for incorporation into capital projects for 2018/19.

The Trust continues to regularly review its estate and move staff out of poor performing buildings wherever possible.

The new Children and Adolescent Mental Health Unit in Bodmin is due to be constructed in 2018/19 and will achieve BREEAM New Construction 'Excellent' standard which demonstrates the Trust's commitment to achieving high environmental standards in terms of design, construction and operation of new build projects.

Travel and Transport

The award of a Department of Health (DoH) grant in 2014 enabled the Trust to invest in 15 electric vehicles (EVs), 16 EV charging points, a web-based booking system for all pool cars, 'Lync' desktop instant messaging / video conferencing system, and 50 kWp of solar PV panels to generate renewable electricity.

Taking into account current (April 2018) EV car utilisation by staff, the 50 kWp solar PV system provides about 23,000 kWh of excess electricity which is used in our buildings, with the remaining c.23,000 kWh used to power the EVs. Since the pool car web based booking system was introduced in April 2014 over 150,000 bookings (up to April 2018) have been made across the entire Trust fleet of 92 vehicles.

EVs constitute 16 per cent of the Trust's 92 pool cars, and in October 2017 the Trust added 57 Toyota Yaris Hybrid cars to its pool car fleet of 92 vehicles. This has reduced average 'tailpipe emissions' across the pool car fleet to 73.5 g/km.

Vehicle trackers have been installed in over 90 per cent of the Trust's pool cars. Using the data trackers produce and informing employees of changes they can make in driving habits could improve fuel efficiency by more than 15 per cent.

The Trust is working with partners to agree a scheme which will broaden the network of EV charge points across the Cornwall by enabling different organisations to use each other's EV charging points.

2. Performance Report

The Trust's travel policy encourages the use of its pool fleet, public transport and car sharing as part of its initiatives to reduce carbon emissions. A cycle to work salary sacrifice scheme is also available to staff, and Green Travel Plans have been produced for a number of our key sites with more Green Travel Plans to be produced in 2018/19 and beyond.

In 2016 the Trust was one of the first organisations in the UK to receive the 'Go Ultra Low Company' status which is a new Government and automotive industry initiative run by campaign group 'Go Ultra Low'. This status was awarded in recognition of how the Trust has incorporated Electric Vehicles (EVs) into its business fleet and made a commitment to boosting EV uptake over the next five years.

Procurement

The Trust's Procurement Policy has a section on environmentally sustainable procurement, which includes:

- The Trust will consider the use of reusable products wherever possible in order to reduce the waste generated, and will introduce low carbon criteria into its procurement decisions where appropriate.
- The Trust is mindful of its position in the local health economy and will encourage local suppliers to bid to supply goods and services, promoting the use of local businesses whenever possible and cost effective, but ensuring that any such activity is within the Public Contracts Regulations.

As a complement to the Trust's Procurement Policy, the Procurement Strategy states that Procurement will:

- Embed good sustainable procurement practice and seek to enhance value for money by ensuring long term cost effectiveness, as well as reducing waste, protecting biodiversity, and supporting sustainable economic growth that is underpinned by a stable and resilient supply chain, operational excellence and cost savings.

- Lead by example by removing barriers to sustainable development, by engaging with a mix of small, medium and large businesses and enterprises, whilst simultaneously driving innovation, cost efficiency and responsible procurement practice.
- Attend regional events designed to link the public sector with 'encouraged enterprises' (eg Cornwall Business Show) with a desire to engage SMEs and local providers to stimulate this sector of the economy.

Wherever possible and available, re-manufactured printer cartridges rather than original products are purchased by the Trust.

All of the Trust's purchase orders issued via the integrated Finance and Procurement system are transmitted to suppliers electronically, with no paper copies produced.

Tendering and contracting activity undertaken by the Procurement Department is managed via an electronic system, with no documentation being printed and posted.

Trust sites receive a consolidated weekly delivery of medical consumable products from NHS Supply Chain, reducing the number of vehicles delivering to sites.

Waste

Waste contracts were tendered during 2017 which has led to service improvements from the new providers. Additionally a new waste reporting system was introduced in 2017 which will lead to improvements in waste reporting (once the reporting system has been modified).

A food waste collection was trialled successfully at Camborne Redruth Community Hospital and Falmouth Hospital. This trial has been expanded to include Bodmin Hospital and Newquay Hospital which will address potential compliance and best practice issues (eg potential flood risks as a result of food being macerated and disposed of in the drainage network).

Waste Pre-Acceptance Audits have been undertaken by the Waste Manager following which action plans have been developed and implemented.

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The Waste Manager regularly attends National Performance Advisory Group meetings in which key waste legislation changes are tabled and best practice experiences shared.

The Waste Policy was reviewed and updated in November 2017.

Staff Engagement

For a minimal cost outlay improvements to healthcare provision and cost savings can be achieved by raising staff awareness. The Trust has plans to develop a staff e-learning resource efficiency module which it is hoped will form part of staff mandatory annual training.

The Trust regularly promotes environmental awareness campaigns (eg NHS Sustainability Day) through mechanisms such as the staff Intranet and the weekly staff briefing – ‘Cascade’.

Partnership Working

Trust representatives regularly attend cross public sector meetings (eg Health Estates and Facilities Management Association and National Performance Advisory Group meetings) to share information, best practice and collaborate on projects.

Governance

The Trust’s Executive and Operational Environmental Sustainability Leads provide regular environmental sustainability reports to the Board of Directors’ Performance, Finance and Investments Committee. Environmental sustainability is routinely considered as part of risk management plans. Information about the Trust’s environmental sustainability aims and performance is provided at staff induction.

In May 2017 the environmental sustainability webpage on the public facing website was updated.

Awards and Recognition

In 2016 the Trust won the Best Contribution Towards the Creation of a Sustainable Energy Economy Award at the Cornwall Sustainability Awards. The category was open to individuals, communities, organisations and companies, who have designed, developed, integrated or installed any form and scale of sustainable energy into a site or building.

The Trust was one of only 91 healthcare organisations out of 468 in England to be assessed as having excellent sustainability reporting by the NHS SDU in February 2018. The Trust was also assessed as being excellent for sustainability reporting by the NHS SDU in 2017.

In April 2018 the Trust’s Transport Manager was encouraged by the Energy Saving Trust (EST) to apply for the Fleet Hero Award in recognition of the Trust’s environmentally sustainable transport efforts and achievements.

NHS Sustainable Development Unit “Sustainability Reporting Framework”

As part of our mandatory reporting processes the Trust submits a detailed environmental sustainability report to the NHS SDU as part of the Sustainability Reporting Framework process.

Our 2017/18 report will be available in August 2018 on the NHS Sustainable Development Unit’s website at:
www.sduhealth.org.uk/policy-strategy/reporting/organisational-summaries.aspx

Claire Murdoch, National Mental Health Director (centre) with Phil Confue, CE, Chief Inspector Mark Bolt and members of the forensic team



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Susie Gore, Bodmin Hospital
League of Friends, opening
the new palliative care room



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Section 1:

Statement on quality from the Chief Executive

In our 2016/17 report we highlighted the challenges and expectations that were to come as we began on our journey to bring together the community-based health services across Cornwall. That journey has continued this year and whilst as much as any NHS organisation we have faced our challenges it has been truly rewarding to see the work that our clinicians and support colleagues have been doing to ensure that we are able to continue to deliver high quality care that is responsive to the needs of our community and at its best is truly innovative on a national level.

Our Adult Community Services continue on their drive to provide a more integrated service, working closer with General Practice colleagues, finding practical solutions to the challenges of patients with multiple conditions and highly complex needs. They have done this against a backdrop of Winter pressures that continued into Spring. The support they gave was a key factor in the improvements made across the whole system and now we look at how we can make this sustainable for the future.

The Adult Community Services have been at the forefront of innovation and research, having been given a highly prestigious award from the Health Foundation to undertake one of seven projects across the UK, this one focusing on finding new ways to improve the support that people receive in the community to prevent pressure ulcers.

Innovation has also been to the fore in the Learning Disability Service. The team is involved in projects to reduce the over-prescribing of anti-psychotic medication to people with a Learning Disability and a new specialist clinic for people who experience Tuberos Sclerosis. This is a long term genetic condition which affects only ten people in Cornwall. The clinic helped provide bespoke assessment and long-term care planning which will improve the life experience of these patients.

Creating partnerships has been key for much of our work in the last year with some notable examples across our mental health service. We continued our strong relationship with Devon and Cornwall Constabulary by providing week long training placements for student police officers, giving them a greater awareness and insight into the needs of people who use our services. We have also been working with Health Promotion Cornwall to set up health check clinics for those with long-term mental health conditions. These clinics have been carried out at community bases and help screen people for symptoms of cardiovascular, lung or kidney disease.

In March we were very proud to open Cove Ward at the Longreach Hospital site. It aims to eliminate the need for out of county care well ahead of the NHS England target of 2020/21 in line with the recommendations of the 'Five Year Forward View for Mental Health'. The new ward is a 15 bed fast-track rehabilitation unit and promotes a patient-centred, fast-track discharge to support patients to return to, and remain well in, the community. Cove Ward is part of a number of initiatives instigated by the Trust to address the current pressures faced by acute inpatient mental health services, and provide a better service for patients.

Our commitment to the needs of children and young people has led us to open another new integrated health centre at Wadebridge School. This is in addition to those that we have already set up at other schools across Cornwall. We also had the wonderful news this year that our bid for money from NHS England to build and provide an inpatient unit for young people who experience mental health problems was approved. Building work will be commenced in May 2018 with an opening planned for May 2019. This is the result of many years hard work across the whole community and we feel privileged to be at the forefront of this landmark development.

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Whilst we have seen a year of so many achievements, which this report highlights, it is of course with a sense of disappointment that we are also reporting on our CQC Inspection. This was undertaken in September and led to a rating of "Requires Improvement", this report will outline in detail why this was and what we are doing about it. However it is important to reflect on the detail, we were rated as "Outstanding" for caring across the whole organisation, overall our mental health and learning disability services were rated as "Good" with Fettle House maintaining their "Outstanding" rating. We are truly committed to addressing the issues that came out of the report and expect to see us back on our journey to Outstanding in the very near future.

To the best of my knowledge the information contained within the Quality Report is accurate.



Phil Confue
Chief Executive
Cornwall Partnership NHS Foundation Trust

24 May 2018

Section 2:

Priorities for improvement and statements of assurance from the Board

Quality Improvement Priorities in 2017/18

This section of the Quality Report shows our progress against the priorities we developed for 2017/18. In some cases the priorities we identified before the year began have changed as the services we provide continue to grow and develop to meet the needs of the population and national agenda. Our priorities are based on the areas of quality which are:

- Patient Safety
- Patient Effectiveness
- Patient Experience
- Priority Clinical Standards for Seven Day Hospital Services
- Learning From Deaths

The review also provides our progress towards achieving nationally required and locally agreed indicators on the quality of the services we provide.

Priority: Children and Young People's Services

Effectiveness of care and treatment

To support specific children from Child and Adolescent Mental Health Services (CAMHS), Learning Disability Services or those with complex physical health needs to transition to adult services by having in place a transition plan, which has been agreed by the relevant children's and adult services, six months prior to the young person's 18th birthday.

Why is this a priority?

There will always be a cohort of young people who have been treated within children's services who require treatment to extend into adult life. It is recognised that the focus of the commissioned adult services can be different

to those within children's, which can expose a perceived 'gap' in service for the young person and their family. The process of facilitating the transition from the children's services to adults was introduced to help smooth the process and introduce the potential service and personnel to the young person prior to their 18th birthday.

A number of issues have highlighted the need to continue to have a focus on this important area of work:

- The receipt of a complaint highlighting the difficulties within the transition process for a particular family.
- Recognition that although there are changes to the commissioning frameworks, transition must remain as a priority for the Trust.
- The need to understand if the framework that has been introduced has improved the experience of transition for young people, families and the clinician.

What actions are we planning to improve our performance?

We will:

- Identify, on our healthcare record, RiO, young people over the age of 14 who are within the CAMHS or the Learning Disability service or who have a complex paediatric physical health need as potentially needing a transition plan.
- Develop a transition care plan in partnership with the young person/family and adult services before the young person's 15th birthday and review this plan at least annually until transition.
- Amend the policy for transition, in consultation with adult colleagues, to enable the process of transition to be one that is jointly agreed.

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- Design a survey in partnership with young people, families and clinicians to understand how successful the process of transition has been from the point of view of the young person or their family members.
- Use the results of the survey to inform future services.
- Determine how we jointly manage children with social care during the transition period.

We have:

- Developed a recording system to monitor accurately the number of children eligible for transition from adult services.
- Created a new transition pathway and review the associated policy.
- Worked with partner organisations to gather learning and good practice.
- Gathered service user and family feedback
- Developed a survey system to ensure feedback on experience is at the core of further developments.

There is still much work to be done in this area and a dedicated lead for this continues to work on improving and enhancing our systems and the young person's experience

Priority: Adult Mental Health Inpatient and Targeted Services

Why is this a priority?

Use learning from experience to improve safety, quality and effectiveness of care.

To facilitate the development of Safety and Risk Care Management Plans for patients prior to undertaking enhanced observation care plans.

What actions are we planning to improve our performance?

We will:

- Involve the patients, carers and relevant others in considering options and developing plans.
- Review our Safety and Risk Management Care Plans to determine whether they are complete, accurate and up to date.

- Consider what may be affecting progress or delaying discharge by undertaking a multi-disciplinary review.
- Undertake a review of incidents to help inform the development of gender sensitive guidance for staff relating to the management of sexual safety.

We have:

- Reviewed all incidents related to sexual safety and produced a report with findings to support service changes.
- Introduced a specific care plan process to support enhanced observations.
- Embedded an audit system to regularly monitor this activity, across all acute services 100% of patients had an appropriate observation care plan in place.
- Created a sexual safety assessment tool which is currently being piloted across a number of sites.
- Produced guidelines for all staff which have been distributed.

Priority: Community Mental Health and Learning Disability Services

Why is this a priority?

To establish Complex Case Review Panels to identify the care and treatment requirements of patients with complex health needs and who will deliver the care (Two Year Quality Priority).

What actions are we planning to improve our performance?

We will:

- Establish the panels within the first quarter of 2017/18.
- Use Quarter 2 and 3 to embed and review the process to determine how well it is working.
- Use Quarter 4 to work with colleagues who deliver physical health services so that mental and physical health needs can be addressed together, where this is possible.
- Aim to expand this priority during 2018/19 to include all services within the locality.

3. Quality Report

We have:

- The panel occurred as planned in the success criteria. It has seen some successful outcomes in the review and planning of care for service users. Clinical staff have reported that they have benefited from the support and advice received at the meetings.
- We are now reviewing the membership of the panel and reintroducing the panel and its terms of reference to the clinical staff.

Priority: Adult Community Health Services (ACS) Inpatients

To implement the *SAFER patient flow bundle and review effectiveness across all ACS inpatient services by 31 March 2018.

(The *SAFER patient flow bundle is a practical tool used to reduce delays for patients in adult inpatient wards (excluding maternity). When followed consistently, length of stay reduces and patient flow and safety improves).

What actions are we planning to improve our performance?

We will:

- Undertake effective "rapid rounds" - daily ward and board rounds which are crucial to decision making and care co-ordination. Clear actions will be written in the notes and acted upon.
- Facilitate the daily review of each patient, by a senior clinician, before midday.
- Identify an Expected Discharge Date and the Clinical Criteria for Discharge based on ideal recovery and assuming no unnecessary waiting.
- Commence patient discharges and transfers from 10am and encourage this over the weekend. This will be dependent on partner agencies e.g. Adult Social Care, Loan Equipment availability. Patients leaving the ward should be discharged by midday, dependent on transport services.

- Undertake multi-disciplinary team reviews of patients who have extended lengths of stay (over seven days) with a clear 'home first' mind set. To support this in-patient therapy services, in the main five community hospitals, will begin implementing elements of seven day working to enable access to therapies seven days per week.

We have:

- A Standard Operating Procedure for SAFER Patient Flow Bundle in Adult Community Wards was approved in May 2017.
- Training relating to SAFER has been provided to nominated staff, in all hospitals through a combination of face to face training by the previous SAFER Lead and the sharing of a presentation and tools for use by the ward manager.
- The Performance Team now produce monthly reports on the length of stay and date and time of discharge. This includes the identification of the number of patients discharged before midday.
- The overall average length of stay in community hospitals has reduced over the last 12 months from 23.4 in April 2017 to 21.0 in March 2018.
- With the support of NHS Improvement we are developing a consistent definition, and approach, for the implementation and management of Expected Date of Discharge for both the acute and community hospitals in Cornwall.

Great news for 2018/19

Following on from the excellent work that clinicians have undertaken in both Royal Cornwall Hospitals Trust and Cornwall Partnership Trust the two Trusts have been successful in securing access to the Emergency Care Improvement Programme (ECIP) run by NHS England to further develop our work in relation to SAFER in 2018/19. By working across acute and community hospitals staff will be able to build relationships and develop consistent ways of working to more effectively support patient discharge. Patients will also know the answer to four questions:

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- What will happen today?
- What will happen tomorrow?
- What do I need to be able to do to go home?
- When will I be able to go home?

By working together we will be able to:

- Systematically implement known good practice across Cornwall.
- Integrate and connect both acute and community trust teams.
- Network services in a unified purpose.
- Improve patient outcomes, length of stay and discharge.
- Improve patient flow across the Cornwall Health and Social Care system.

With expert advice, support and mentoring from ECIP staff from wards at Royal Cornwall Hospitals Trust and community hospitals will meet, learn and share experiences which will further develop the work undertaken in each of our organisations in 2017/18.

Priority: Adult Community Health Services (ACS) Community

Why is this a priority?

To design and implement a Frailty care pathway for all patients with a Rockwood Score of 6, or above, by 31 March 2018.

What actions are we planning to improve our performance?

It is proposed that there is a two-year implementation of this priority:

Year One:

Within year one we would develop the Standard Operating Procedure to establish essential actions to be taken by community nurses once a patient is identified as frail. This will include:

- Building on the frailty screening that is already in place across community nursing, community matrons and community hospitals using the Rockwood Clinical Frailty Scale.

- Allocating, for patients who have a score 6-7 (moderately frail) on the Rockwood scale, a key worker and developing a personalised care and support plan, in partnership with the patient and their carers, which is shared with Primary Care.
- Referring all patients, who score 7 and above (severely frail) on the Rockwood scale and who have had two or more admissions to hospital, to the Community Matron Service for long term case management.

Year Two:

The actions above are rolled out to Mental Health and Learning Disability Services including Complex Care and Dementia, Dementia Liaison Service, Memory Service, and Primary Care Dementia Practitioners.

We have:

- The standard operating procedure for community nursing, including community matrons is with the executive team for sign off.
- The clinical model has been developed and shared with clinicians during the workshops and evidenced in the toolkit.
- The toolkit has been completed, published and shared with the clinicians who have attended the frailty workshops. It will be shared wider once funding available for larger print run.
- A frailty and falls training package has been developed and is currently being delivered across the county. All ACS clinical staff have been invited, currently good representation from community services, and inpatient therapists, poor attendance by inpatient nurses. 38 workshops delivered to date with excellent feedback.
- A personalised care plan template has been agreed and is with the T mobile team for electronic embedding. A training strategy is being developed as part of a task and finish group. Community matrons are trialling the template and process. No current means of saving electronically or sharing with wider system – paper based method. Escalated to SOF board to request wider system prioritisation and to request organisational PCP leads.

3. Quality Report

Future priorities for quality improvement in 2018/19

Our Quality Priorities for 2018/19 cover the domains of safety, clinical effectiveness and patient experience. They are representative of the larger number of projects, relating to quality, which are undertaken within the Trust. In previous years each service line has identified, at least, one priority per service line. The move to delivering more integrated care, means that we have encouraged services to think more creatively across the internal organisational structures, therefore we see a greater number of priorities this year that work across multiple services and across a multi-year timeframe which will enable greater learning and embedding of change.

The priorities were reviewed for relevance, by the Quality and Governance Committee. This committee is a sub-committee of the Board and is chaired by a Non-Executive Director. The committee meets formally to discuss information relating to quality across all of the services we provide. The priorities have measurable outcomes, were developed with staff and are informed by patient, and partner, feedback. Progress against each quality priority will be reported through operational and corporate committee structures throughout 2018/19 with a six month summary of progress provided to the Quality and Governance Committee. A representative cohort of the Governors met in November 2017 and agreed the quality priorities to recommend to the full Council of Governors. The priorities were approved by the Council of Governors in January 2018 and the Board of Directors in February 2018.

Priority: Children and young people's services

Improvement of Education Health Care Plans (EHCP) for children with a Special Educational Need or Disability (SEND).

Why is it a priority?

An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support.

EHC plans identify educational, health and social needs and set out the additional support to meet those needs.

Local Authorities have a clear duty to assess a child or young person's education, health and care needs where they may have special educational needs.

This requirement is in accordance with statute, in this case the Children and Families Act 2014.

Once an LA agrees to carry out an EHC needs assessment they must by law seek advice and information from a number of key professionals as part of the process. Based on the evidence they have gathered they must then decide whether they will issue an EHC plan for that child or young person.

A recent joint OFSTED/CQC inspection in July 2017 identified good progress within health on the identification of SEND and cooperation with the implementation of EHC plans, however, the service recognises the need to fully embed this process within the service and monitor the quality of the provision.

What actions are we planning to improve our performance?

- 1. To develop an electronic EHCP report template.** Currently in a paper format that is then uploaded into the system.
- 2. Develop standards for EHCP health reporting.** This will ensure that there is a consistent approach across the services.
- 3. Develop a training package for staff.** To ensure that all staff are aware of the process and requirements of an EHCP.
- 4. Develop and complete an audit to measure the quality of plans within the Rio record.** This will demonstrate our compliance with the standards.
- 5. Develop an electronic process to record the numbers of children with a completed plan.** This will allow us to monitor the number of children with complex needs to be easily identified.

3. Quality Report

How will improvement be measured and monitored?	Why?	By When?	Success Criteria
1. Evidence of a template, agreed in CQAG and on the RiO electronic system (both KITS and Open RiO).	<p>EHCP plans are a statutory multi-agency requirement. The recent OFSTED/CQC inspection recognised the multi-agency initiatives to integrate the development of the plans.</p> <p>CFT need to evidence that the submitted plans are of a high quality to assist this extremely vulnerable group of young people to optimise their health and obtain a good education.</p> <p>It is also recognised that children's services do not currently possess a process for all the disciplines to monitor their compliance.</p>	A detailed plan for the quality improvement will be developed and fully completed by the end of March 2019.	Evidence from CQAG minutes of progress and final sign-off by the chair.
2. Evidence of standards that are agreed in CQAG. These will then be circulated to staff in all areas.		1. To develop an electronic EHCP report template - June 30 2018.	Evidence of completed plans on RiO.
3. Evidence of agreed training package with a plan for implementation.		2. Develop standards for EHCP health reporting - July 31 2018.	Evidence of a high standard of quality as measured through an audit.
4. Completed audit that will be presented to CQAG.		3. Develop a training package for staff - September 30 2018.	Presentation of progress at the joint agency SEND performance board.
5. Process for performance monitoring of completed plans with reporting process for PIMMs.		4. Develop and complete an audit to measure the quality of plans within the RiO record - February 28 2018.	
	5. Develop an electronic process to record the numbers of children with a completed plan - March 31 2018.		

Priority: Adult Mental Health and Learning Disabilities Community Service

To establish Complex Case Review Panels to identify the care and treatment requirements of patients with complex health needs: and who will deliver the care (second year of two year Quality Priority commenced in 2017/18)

Why is it a priority?

Whilst many patients require the support of only one team there are a number of patients whose needs can be very complicated and who require treatment and support from a number of our teams. When this happens each patient is seen separately by different people in different teams and tells each one about their problems, concerns and hopes for the future. This approach leads to delays in patients receiving care or accessing appropriate treatment.

The aim of the Complex Case Review Panel is to have all of the clinicians who the patient would have seen separately, in a room at the same time. This will:

- Help us to determine the best way to meet the needs of each patient referred to us.
- Work with patients, and clinicians, to agree the care and treatment each person will receive.
- Facilitate faster access to treatment.
- Help to provide a consistent approach to the management of complex cases.
- Provide us with information to determine whether this way of working is successful and whether we can work to include our physical care colleagues in the future. This supports the work of the Sustainability and Transformation Plan.

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What actions are we planning to improve our performance?

The first year of the Complex Case Review Panel's operation has been less active than expected due to a lack of complex cases being referred for the panel's consideration.

On occasions where cases have been referred and discussed, the outcome for patients has been positive in terms of having a clear, multidisciplinary formulation of their needs and consequently clear and appropriate treatment plans.

Milestones at end of Year 1 and extending into Year 2 (2018/19)	How will improvement be measured and monitored?	Why?	By When?	Success Criteria and Description of Impact
<p>November 2017 - The Complex Case Review Panel meetings will be relaunched.</p> <p>January 2018 - Role and function of the Complex Care Panel and how to access it will be publicised through Trust website to raise awareness of staff who have not previously referred to it.</p> <p>Jan to March 2018 - Monthly meetings of the CCRP will be arranged and the impact of raising awareness assessed (in terms of any increase in referrals to the Panel over that time).</p> <p>April 2018 - Yr 2 of the QAP commences – further internal advertising that the Panel is open for business if referrals have not been received</p> <p>End June 2018 - Assessment of the first 3 months of operation at end of Q1 – in terms of number of cases referred and outcomes for patients. Make changes if the need is indicated, using the Institute of Healthcare Improvement approach (PDSA cycles)</p> <p>Q2 - July to September 2018 - assess effectiveness and make further changes if indicated</p> <p>Q3 – Oct to end Dec 2018 - as above</p> <p>Q4 – Jan to end March 2019 - assess impact of the Complex Care Review Panel in the final quarter and over the course of the year.</p>	<p>1) Number of cases referred to the CCRP for discussion per month</p> <p>2) For each individual, time from referral received by a CFT service through to initial assessment</p> <p>3) Time from completed assessment to delivery of an appropriate intervention by an appropriate part of the service</p> <p>4) Quality assessment of care plans to assess how well individual needs are being met thorough the CCRP process</p> <p>5) Level of Patient Satisfaction with the care plan offered following discussion and decisions made by the CCRP(a bespoke PROM will be developed to capture the key data)</p>	<p>Given that the CCRP involves time input from a number and range of senior professionals to provide the breadth of knowledge and expertise required in the room, it is an expensive facility and needs to demonstrate its value in achieving better outcomes for patients – measured across the range of parameters described above.</p>	<p>With the frequency of a monthly meeting and recommencing in November 2017, by end of quarter 2 of 2018/19 there will have been sufficient meetings to assess whether the CCRP is achieving the intended improvement in quality of care for patients with complex needs.</p> <p>The plan for Quarters 3 and 4 will be to use small steps of change to improve the performance and impact of the CCRP if it proves to be necessary.</p>	<p>1) People with especially complex needs who do not necessarily 'fit' neatly within one of our existing services will receive a more individualised and comprehensive assessment and formulation of their care needs without being repeatedly assessed by separate services.</p> <p>2) They will receive care more quickly following their referral to CFT (reflected by reduced assessment to treatment times)</p> <p>3) A higher level of reported user satisfaction with the service they receive.</p>

3. Quality Report

Priority: Adult Community Services - Frailty

Why is it a priority?

In Cornwall and the Isles of Scilly the population is older than the national average, with 10.3% of people aged 75 or over, compared with 7.8% in England and the population is getting older.

Whilst people in Cornwall have a longer overall life expectancy they spend more years, on average, living with disability and in poor health. In addition, in Cornwall and the Isles of Scilly, we currently spend more than the national average on providing care and treatment to people aged over 65. Around 10% of people aged over 65 years of age have frailty, rising to between 25% and 50% of those aged over 85 years. Our ageing population means this percentage will only increase in the coming years.

This group of people are frequent users of GP, hospital, community and, sometimes, voluntary services. Any problems in providing care can, therefore, be multiplied as the need for care increases. Sometimes people are frail may be disproportionately vulnerable to suffering as a result of their complex needs. We know that that elderly, frail or vulnerable people are also more likely to experience difficulty in understanding the variety of health services available and in finding their way through, what can be seen as, confusing health systems. These difficulties can compound their problems making it harder for them to exercise choice or control, or to manage their own care. The way the NHS provides care can lead to care being provided in a series of separate events, rather than a joined up approach.

Recent national and international evidence demonstrates that older people living with frailty can be identified sooner and are usually known to local health and care professionals. As with any other long-term condition, when older people living with frailty are supported to live well and independently and to manage their long-term condition(s), they are less likely to reach a crisis, require urgent care or experience poor outcomes. However, we currently have a situation where at least 25-30% of older people in hospital would not need to be there if adequate alternative care was in place.

A recent audit of all frail patients, who were admitted to Royal Cornwall Hospital more than four times in one year, found that 68 moderately or severely frail patients accounted for 389 admissions or Emergency Department attendances. Of those, 40% of the patients died within the year and 55% of admissions were due to urinary tract infection with delirium and falls/immobility. This could demonstrate the absence of active case management, the recognition frailty/end of life, advanced care planning, and the inclusion in primary care Multi-Disciplinary Teams.

What actions are we planning to improve our performance?

Within year two:

- We will be continuing with the countywide frailty education and focus on frailty programme to incorporate Mental Health and Learning Disability Services including Complex Care and Dementia, Dementia Liaison Service, Memory Service, and Primary Care Dementia Practitioners.
- Continuation of roll out of the frailty pathway, ensuring clinicians fully understand the expectation with regards to frailty identification, diagnosis, and clinical interventions.
- Promotion of meaningful assessment and personalised care planning conversation and process.
- System wide development of personalised care plan template in collaboration with other organisational leads
- Exploring and testing new models of case management in partnership with service management.
- All patients who are a "repeated admission" will be referred to a community matron or Single point of access triage for assessment, completion of a robust anticipatory personalised care plan and determination for case management.
- Work across the organisation to achieve ten key objectives as directed in the Quality vision for frailty document

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Objectives

- Establish and deliver a programme of education to clinicians, to ensure comprehensive understanding of frailty risks, syndromes and best practice clinical interventions. Increase understanding around frailty and the prevention, early diagnosis and management of functional decline, both physical and cognitive, in older people.
- Implementation of personalised care planning; to be offered to all patients with a Rockwood score of 6-8. End of life plans including Treatment Escalation Plans (TEP) to be completed for relevant patients with a Rockwood of 8-9.
- Test and evaluate new models to support case management; to include virtual wards and developmental band 6 case managers to improve the effectiveness of this approach.
- Test and evaluate robust, integrated multidisciplinary team meetings and networks.
- Provide clinical coaching and consultative advice to the community matron service to undertake a review of the clinical competencies and standardise practice. Aim to reflect the organisational expectations of an autonomous role, managing clinical risk and decisions, reducing avoidable acute admissions. Provide strategies for ensuring competencies and caseloads are challenged and maintained and that clinicians are supported to learn and develop with focused clinical coaching.
- Develop the workforce; provide opportunity for clinicians to undertake the management of long term conditions HEAB358 university module, to support the management of complex care and comorbidities. To include therapists, mental health, ward sisters, home first and acute care at home, as well as community nurses and community matrons.
- Test and evaluate holistic assessment; undertaken by nurse consultant for long term conditions as part of a PhD study, in partnership with a targeted number of clinicians/teams to assess opportunity to incorporate the learning into this scheme.
- Recruitment and roll out of frailty champions to ensure visibility and leadership.
- Develop frailty best practice guidelines (clinical toolkit).
- Prioritise the awareness and understanding of the nine elements of our end to end frailty pathway.

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How improvement will be measured and monitored?	Why?	By When?	Success Measures
We will establish the number of clinical staff who require frailty training.	To determine a timeframe for the delivery of a training programme.	April 2018	
We will record the number of individuals who have attended the training in Frailty.	To ensure the workforce have had access to relevant evidence based education.	Dec 2018	Confirmed target to be developed with learning and development team. Expectation of 80% of all eligible staff by end of Mar 2019.
We will record the number of individuals who have attended and provide personalised care planning	To ensure effective sharing of information to support patient choice and to reduce the risk of avoidable admission. To also ensure clinicians are confident to embark on difficult conversations.	Mar 2019	% target to be set within Q1 of the priority and set against best evidence available.
We are undertaking questionnaire and evaluation of the teaching/workshops	To evaluate and evolve the education delivered to ensure it meets the learning needs of the workforce. Primarily the understanding and impact of the frailty pathway and personalised care planning.	Ongoing throughout 2018/19	
We will determine, from RiO/SystemOne, the number of patients who have been screened for frailty and for whom appropriate referrals have been made.	To determine whether patients have had access to the most appropriate care.	30 December 2018	% target to be set within Q1 of the priority and set against best evidence available.
We will gather feedback and audit impact of the frailty champions in clinical practice.	To evaluate the benefit of champions in practice.		31 March 2019
We will review community matrons caseloads.	To ensure the service is meeting the service specification and targeting severely and very severely frail patients.		31 March 2019
We will provide a report on our findings.	To evaluate and conclude the impact and benefit of the programme.		31 March 2019

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Priority: Inpatient and Targeted Services - Triangle of Care

Why is it a priority?

The Triangle of Care is a therapeutic alliance between patient, staff and carer that promotes safety, supports recovery and sustains wellbeing. Carers will sometimes report that their involvement in care is not adequately recognised and that their expert knowledge of the 'well person' is not taken into account.

The concept of a triangle has been proposed by many carers who wish to be thought of as active partners within the care team. Improved recognition that carers are key partners in the planning and provision of mental health care also makes sound economic sense.

The Triangle of Care clearly identifies six key standards required to achieve better collaboration and partnership with carers in both the patient and carer's journey through mental health services.

The six key standards state that:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

As a service line we are keen to ensure carers are fully included and supported when the person they care for has involvement with mental health services; it is well known that the inclusion of carers benefits staff, carers and patients alike and better outcomes are achieved for the patient.

What actions are we planning to improve our performance?

The Triangle of Care was initially introduced across the inpatient services however we are keen to extend this across all services within the service line.

We will:

- Have an identified member of staff who will take on the role of carers lead in each ward/service.
- Raise awareness amongst clinical staff of the importance of identifying and recognising carers at first contact or as soon after as possible.
- Ensure robust carer information is available across all services in the service line.
- Be supported by the National lead for the Triangle of Care to ensure staff are fully aware of the ethos of Triangle of Care, the important role that carers play and how to complete the self-assessment tool.
- Ensure all services complete the Triangle of Care self-assessment tool and that it is reviewed by at least one carer representative from the area.
- Ensure representatives from the service line are involved in the Trust Triangle of Care meetings and carers committee meeting.

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How will improvement be measured and monitored?	Why?	By When?	Success Criteria
<p>The figures for the below will be reported to the Board via an excel spreadsheet.</p> <p>A quarterly report of completed carers assessments will be reviewed by Quality Leads and information shared with Team Managers.</p> <p>Carer's meridian survey figures to be reviewed as a baseline and quarterly thereafter with any actions arising being addressed and shared with Team Managers.</p> <p>A carer's newsletter to be developed and distributed on a quarterly basis on our mental health in patient units.</p>	<p>To ensure all areas are highlighting the importance of involving carers in the treatment pathway of the patient.</p> <p>To ensure the self-assessment tool is completed as per national guidance and action plan developed.</p> <p>To ensure up to date and robust information is available to all carers.</p>	<p>Quarter 1 All in patient areas will have an identified carers lead. All inpatient services will have a self-assessment completed and reviewed with at least one carer. The carers information packs will be reviewed and further developed on all acute wards.</p> <p>Quarter 2 All targeted services will have an identified carers lead. The carers information packs will be reviewed and further developed on all mental health wards. All targeted services will have a completed self-assessment and reviewed with at least one carer. Ensure all ward staff are aware of the importance of sharing information with carers without breaking confidentiality. Carer engagement training to be carried out across all services via use of video available on You Tube, this will be spread across all services over the two year period.</p> <p>Quarter 3 The carers information packs will be reviewed and further developed for all targeted services.</p> <p>Quarter 4 Ensure all targeted services staff are aware of the importance of sharing information with carers without breaking confidentiality. Carer engagement training to be carried out across all services via use of video available on You Tube.</p> <p>Year 2 All Countywide specialist services will have an identified carers lead. All Countywide specialist services have a self-assessment completed and reviewed with at least one carer.</p> <p>Y2 Quarter 2 The carers information packs will be reviewed and further developed for all countywide specialist services.</p> <p>Y2 Quarter 3 Ensure all countywide specialist service staff are aware of the importance of sharing information with carers without breaking confidentiality. Carer engagement training to be carried out across all services via use of video available on You Tube.</p>	<p>Identified leads in place across all services who will meet quarterly to share carer feedback/developments.</p> <p>The number of completed self-assessment tools will be reported to the Board on a quarterly basis.</p> <p>Carers pack reviewed and available for issue to all carers.</p> <p>Staff will be trained and the number of staff trained to be reported to the Board on a quarterly basis.</p>

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Review of Quality Performance in 2017/18

Our report on the review of quality in 2017/18 reflects the key questions for which the Care Quality Commission seeks assurance when undertaking an inspection. As a reminder these are:

Is the service:

- Safe
- Effective
- Caring
- Responsive
- Well led

Overview of Quality: Children and Young People's Services

Introduction

A range of services are provided to help children and young people to have the best start in life and to enable them to live happy and fulfilled lives. The services are provided within schools, GP practices, children's centres and in health and social care facilities across Cornwall and the Isles of Scilly. In September 2017 the Trust was inspected by the Care Quality Commission (CQC) and a number of the positive findings for the children's service against the five domains of the CQC are described below:

Safe

All incidents are monitored at the Clinical Quality Assurance Group (CQAG) and at team level. During 2017/18 there has been a particular focus on services that had previously reported a lower level of incidents.

The children's electronic records (RiO and KITS RiO) are closely monitored by the Care Process Re-Design group (CPRD) which maintains a consistently high level of staff attendance. The group monitors recording processes, compliance with record keeping and authorises relevant changes to improve the standard of the record. This is on-going process is monitored alongside the required record keeping audits within the CQAG.

There has been an improved quality of prescribing for ADHD for nurses and medical practitioners led by a senior CAMHS nurse and the paediatric pharmacist. Their work to improve and standardise the prescribing across the service was recognised at the 2017 annual staff CARE awards event. The success of this project is demonstrated in a whole system approach to the management of ADHD where waiting lists have been reduced; clinicians and partnership agencies are working together; annual costs have been reduced and there have been measurable improved outcomes for children and young people.

Effective

CAMHS continues to implement routine outcome monitoring which allows the individual clinicians to receive continuous feedback session by session.

CAMHS is a member of the Improving Access to Psychological Therapy (IAPT) programme and as a consequence members of staff have received comprehensive training in Cognitive Behavioural Therapy (CBT), family therapy and supervision. The service has also engaged with NHS England in the CAMHS Currency Project. The aim of the project is to develop needs-based groupings for children, young people and their families, taking into consideration criteria such as clinical meaningfulness, ability to identify instances or periods of care of similar resource use, reflecting patient need and reliability of identification.

During 2017 the speech and language service implemented a helpline providing advice and help. This initiative is supported by senior experienced staff, and has proved to be extremely successful receiving positive feedback from parents, GP's and other professionals. During the joint OFSTED and CQC inspection of Special Educational Needs and Disability (SEND) services in July 2018 the report stated:

Responsive

A new and dynamic model of delivery for health visiting and school nursing has been piloted in Locality 1, in the west of the county during 2017. The pilot evaluation has now been completed and following approval the model will be rolled out across the county during 2018.

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The joint agency Early Help Hub (EHH) based at New County Hall is the single point of entry for professionals, families and young people to access Early Help Services in Cornwall. All referrals to this service are reviewed within the hub and assigned to the appropriate team according to need. Where appropriate specialist referrals are triaged and assigned to a relevant clinician in one of the three geographical areas in the county.

The new CAMHS Tier 4 unit is currently in development and has recently been named 'Sowenna' (Cornish for success) by the young people's stakeholder group. Three senior clinicians have been appointed to assist with the programme including a Clinical Lead, Lead Psychologist and a Nurse Consultant. The team have been involved from the outset with the overall building design using their extensive clinical knowledge and experience in order to provide a clinical and positive customer focussed environment. The new service will also include a day unit model, the provision of education at the unit and stakeholder engagement. CAMHS is also currently developing a clinical model for the community service that will align closely with the Tier 4 unit.

The national CAMHS transformation programme continues to be implemented locally and is designed and monitored through the CAMHS Partnership Board. Additional funding has been awarded to CAMHS to improve the 28 day wait target and to increase the number of young people seen by the service.

Caring

During 2017 the professional lead for the Speech and Language Therapy service conducted an open session with parents in relation to autism. The Autism Spectrum Disorder Assessment Team engaged with a number of families who took the opportunity to discuss the diagnostic process. The engagement was evaluated by the parents and was considered to have been an extremely positive learning experience.

Currently, the Commissioning for Quality and Innovation (CQUIN) is undertaking a two year initiative which focuses on the transition of young people from CAMHS into adult mental health. The initiative aims to improve the overall experience and outcomes for young

people as they transition out of CAMHS within the county. There are three components of this CQUIN: a case-note audit in order to assess the extent of Joint-Agency Transition Planning; a survey of young people's transition experiences ahead of the point of transition and a survey of young people's transition experiences after the point of transition.

Well led

The One Vision programme continues to gain strength seeking ways for health and social care to work closer together. Within the programme there are four work streams: development of a multiagency neuro developmental pathway; a model of integrated commissioning; development of Family Hubs and a model to reduce emergency admissions at RCHT.

Each of the disciplines within children's are supported by well-functioning and well attended professional forums. These forums report in full to the CQAG on a monthly basis and all staff are eligible to attend these meetings.

Isles of Scilly

There continues to be a focus on services provided on the Isles of Scilly. There is joint delivery with the Isles of Scilly Team for health visiting, school nursing and CAMHS with continued and on-going support for safeguarding. The level of CAMHS provision has recently been reviewed to reflect the changing needs on the Islands. The Associate Director maintains a regular attendance at the Children's Committee throughout the year in order to support the Council in the planning of services for the Islands. During 2017 the children's service staff have also supported both CQC and OFSTED inspections on the Islands.

Alison Cook
Associate Director

Overview of Quality: Integrated Therapy Service

Introduction

On 1 June 2017 we moved to a joint CFT/RCHT integrated therapy service. The Integrated Therapy Service spans all therapy services across both Trusts and operationally covers the acute and specialist therapy/MSK RCHT services

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and CFT MSK and specialist therapy services including the wheelchair service and podiatry.

We have a joint governance approach which ensures we are sharing learning and increasingly working together to maximise what Allied Health Professionals (AHP) can achieve to provide best quality of care for our patients utilising our resources as efficiently as possible. Our strong professional leadership structure enables our clinicians to be fully supported in striving for evidence based practice and creative solutions to meet the health needs of our population.

Safe

As part of the new Integrated Therapy Service we are committed to the closer working of our services. This involves driving a positive reporting culture, growing our staff and sharing learning across RCHT and CFT to support learning and development in all forms. We have already started to embed this and are committed to continuing to drive this forward. An example is closer links with RCHT front door services and CFT home first services.

Effective

As a result of our joint working we have been able to progress a joined up MSK service (CFT and RCHT) to be a part of the right care MSK pathway to ensure we can support the plans for system wide change. We will move to support implementation of this in the next year.

Responsive

We continue to meet our activity demands in the majority of our services over the last year and continue to work with teams to recruit to vacancies using the new professional lead structure to raise the AHP profile locally and nationally and ensure our services are well staffed to meet the service needs.

Caring

We have over the last year continued to showcase best practice, grow a positive learning culture and the sharing of learning across the teams to ensure patients are the centre of what we do. We share patient stories in our Home First team meetings with CFT and RCHT and problem solve how to consistently improve patient service and patient experience. We are committed to growing this approach going forwards.

Well led

We have over the last year worked in a joint approach across CFT and RCHT supporting staff to attend the future leaders AHP course to grow and support emerging staff to develop and be confident when making change. This has had national recognition. We are committed to continuing to support this programme. Our new integrated service has enabled relationship building and opportunities for joint working to grow and develop our services in a system wide approach in line with the shaping our future work streams. We will continue to achieve this and raise the profile of Allied Health Professionals.

Clare Rotman
AHP Lead Therapies - CFT/RCHT

Overview of Quality: Adult Community Health Services

Introduction

ACS provides many high quality services to patients and as such, it is not possible to acknowledge each service individually. In this overview information is provided about a selection of our teams and the work they are undertaking. The past year has been one of transition with continued support to the teams as they work together to provide a co-ordinated approach to the care to patients. Co-ordination of care is something people increasingly say, is important to them.

Adult Community Health Services (ACS) comprises of a range of key community services including Community Hospital Inpatient beds, Minor Injury Units, Day and Outpatient services at a number of Community Hospital sites across the county. ACS also provides community clinical services including Community Nursing, working in people's homes and other community settings, as well as Rehab Therapy and a number of Specialist services such as Diabetes, Bowel & Bladder, Parkinson's, Podiatry and Palliative Care working in local clinics, outpatients departments.

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Our community nursing teams; which include District Nurses and Community Matrons, provide treatment to care and support people with complex medical conditions who are housebound. Staff from specialist teams provide specific treatments and are increasingly working closely with District Nurses to ensure the plans for patients are shared and coordinated. Community Nursing teams have led initiatives including the introduction of leg clubs in West Cornwall and Liskeard. These "Centipede Clubs" deliver evidence based care for people with leg ulcers in a community setting, which also offers a social opportunity. The clubs are delivered in partnership with the voluntary sector and support people living with leg ulcers to integrate into their communities and become less socially isolated.

The Matron led Community Hospitals within Cornwall and the Isles of Scilly provide a range of care to patients and treatment including rehabilitation, which assists patients to regain, or compensate, lost skills following illness or injury. The ward teams also support patients nearing the end of their life to die in the place of their choice.

Our hospitals are also the hub of local services accommodating many clinical teams as well as other providers such as Social Care, the Sight Centre and Cruse and there is continued development of sites as centres for health, care and wellbeing.

The Service is reviewing its use of electronic records with the aim of enabling all teams to access one record. This approach will help to plan and co-ordinate care and reduce duplication for staff, as well as, patients who will only need to 'tell their story once'.

The inpatient rehabilitation therapy team in Camborne and Redruth has piloted working at weekends, as well as a normal weekday service. Benefits have been identified for patients, therefore we will support other areas to adopt this approach.

The Minor Injury Units (MIU) have continued to deliver services to support people to access timely treatment within their communities and to support people to have alternatives to attending the main emergency departments. The staff have been instrumental in developing an online public website which enables people to see the waiting times in each of our community hospitals MIUs as well as the

Accident and Emergency Department at the Royal Cornwall Hospitals Trust in Truro to help people choose the most appropriate place to receive services.

Safe

As with other service lines ACS regularly monitors a variety of information to form an opinion on the safety of the services it provides, to identify learning and to take action as a result of the learning. The information we review comprises of incidents and serious incidents, record keeping standards, patient feedback, risk registers, performance information, training compliance and policy reviews.

There are also ongoing audit results relating to patient safety such as hand hygiene and nursing observations.

Home First (formerly Discharge to Assess)

The Home First service helps people who are unwell to stay in their own home or to return home rather than be admitted to, or remain, in hospital unless that is the care they really need. For older people we know that longer stays in hospital can lead to worse health outcomes and can increase their long term care needs. Home First offers rehabilitation, following a fall or illness, or support with personal care such as washing and making a meal, whilst a patient is rehabilitating.

The teams assess patients in their home environment and agree a plan which is based on a two week period of care. However, if needed, care can be arranged for a longer period of time.

The Home First service is available across Cornwall seven days a week, 365 days of the year.

Safer Care Bundle

The inpatient wards have been adapting a programme known as SAFER. It is a simple set of rules to help improve patient experience and reduce their length of stay by reviewing their care regularly in order to discharge patients as soon as they are well enough to be discharged safely. The programme helps to improve communication and supports staff to help patients to return to their home as quickly, and safely, as possible. SAFER enables us to work with patients and their families/

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carers to make sure that everyone is aware of the care and treatment they can expect from being in hospital, a date they can expect their treatment to be completed and when they may be discharged from the hospital. The aim is to develop the plan with the patient, or their carer. Some wards have fully implemented this and roll-out will continue this year.

Effective

All services are based on best practice evidence and are subject to regular audits to determine the quality of care provided and to identify actions to develop the services further. The results of audits inform the development or revision of policies to support staff with the work they undertake.

Community Matrons

Community Matrons have worked on communication between the acute hospital and their service and how this could be improved. In response the Community Matrons have been working with their colleagues in the Acute Trust to implement a personalised care and support plan that can be shared electronically across the agencies and with primary care. The aim is to have access to information about an individual's home circumstances, preferred place of care and their support networks, all of which can avoid admission or support a safe and timely discharge. Plans have been developed initially for patients who are frail and have four or more admissions to hospital in a year.

Caring

Our Friends and Family Test, which is undertaken in many of our services and provides feedback on the patient experience of care, provides us with consistently positive satisfaction ratings. We seek to increase involvement by installing iPads in key Minor Injury Units and encouraging patients and carers to complete handwritten or electronic forms. All feedback is reviewed and areas for development are identified and, where possible, addressed as quickly as possible as positive patient experiences are important to us.

Building Community Networks

The Carrick Integrated Community Team has worked collaboratively with Age UK Cornwall's Day Centre in Falmouth, to ensure that people using our services are offered the

opportunity to attend. The Day Centre offers many services, including opportunities for social contact, bathing facilities, a hair dresser, and a nutritious meal. The District Nurses and Community Matrons in the Falmouth area have worked in partnership with the Day Centre for some time, enabling people with complex physical health needs and dementia to be supported to remain living in their own homes. The Day Centre manager is now in the process of building links with therapy services, the Discharge to Assess team and the community hospital with the aim of maximising the person's opportunities for re-ablement.

Falls Team

The staff within the Falls team continue to be identified as an exemplar service for their development of a full 'Personalised Care Plan' for patients they see.

Responsive

We continue monitoring falls closely in particular relation to our inpatient settings and this will form part of our Quality Improvement Programme. Additionally our Sepsis training has been implemented and our inpatient and Minor Injury staff in relation to sepsis to increase their awareness in both adults and children. We routinely closer monitor pressure ulcers in particular relation to our inpatient settings and this will form part of our Quality Improvement Programme. We have been working with the Gold Standard Framework for End of Life Care ensuring that quality care is given to all people nearing the end of life, in line with their preferences.

We want to focus upon advanced care planning and anticipatory care planning in all GP clusters so that the outcomes which matter to people, particularly in relation to unwanted crises and hospitalisation, enable more people to live well and die well in the place and manner of their choosing.

Staff within the Falls Service and Discharge to Assess teams regularly liaise with the Ambulance service with the aim of facilitating access to services for people who have experienced a fall.

In order to provide co-ordinated care our Discharge 2 Assess Teams work with the Community.

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Nursing service, Telehealth services, Complex Care and Dementia teams and Specialist Palliative Care.

A number of services work extended hours and at weekends including Palliative Care, Homefirst teams and Acute Care at Home and Community Nursing.

Whilst Our Cardiac service has received a high number of referrals, we have continued to see patients who have been referred within two weeks whilst maintaining the assessment and treatment of others. We also continue to run our highly effective Cardiac Rehabilitation group.

Community Nursing Service

In order to meet the broader challenges of an ageing population and increasing number of patients who are moderately and severely frail, the community nursing service is developing new ways of working to increase capacity and provide an improved service at home. New models of working are under development across the county to ensure the new approaches to long-term conditions and frailty are used effectively to deliver high quality care and to benefit the teams involved.

Well led

The service has a defined management structure in place to provide direction and support the teams within it. A Clinical Quality Assurance Group operates in each of the areas and the members come from a variety of backgrounds both clinical and non-clinical. Reports relating to the quality of care are received and reviewed at each of the meetings to determine whether any learning can be identified.

There are Integrated Community Managers (ICM) for each of the localities who manage community services locally. The ICMs have led local teams to work together with Primary and Social Care in a locality to ensure that services delivered are effective and support the person to remain in their local community.

During the year we have worked to integrate teams and our six Integrated Care Managers and Locality Directors have been pivotal in bringing together clinical teams to improve the quality and coordination of care for our patients described above.

The future

As a service we continue to work with patients, with partners from the health and social community and with commissioners to develop services based on best practice. The local STP sets out a planned move of services into a community setting alongside a modernisation of service delivery, and we continue to work with our system partners to understand where we have opportunities to care for patients who may currently receive their care in an acute setting in a different way. We will continue to work with system partners to translate these changes into robust activity plans. We also work with system partners to support system flow and respond to demand fluctuations; examples of this are the implementation of 48 new Generic Support Workers, the development of an Integrated Therapies Service, and the creation of escalation beds in the community.

Samantha Childs
Interim Deputy Director Adult Community Services, Adult Mental Health and Learning Disabilities Services

Overview of Quality: ACS Specialist Community Services

Introduction

The Specialist ACS Clinical Quality Assurance Group continues to meet on a monthly basis with representation from senior clinicians, leaders and managers. This meeting remains fundamental in providing the necessary oversight and assurance for this patient group, as well as maintaining the speciality identity. However, the leadership team regularly interfaces with the rest of the ACS services to ensure continuity of purpose is maintained. The services are listed below, they are many and varied:

Bladder and Bowel Specialist Nursing

Serves the whole population both Adults and Children. Specialist Nurse Assessment and treatment service. Additionally Urodynamic investigations for women. Delivered in Community Hospitals and clinics, special schools, Nursing and Residential homes.

3. Quality Report

Diabetes Specialist Nursing

Supports adults with Type 1 and Type 2 Diabetes Mellitus. Assessment, care, education and management of patients in Community Hospitals, clinics, GP Practices, Nursing and Residential homes and patient's own homes. In reach service to acute hospital inpatients.

Primary Care Liaison and Screening Nurses for People with Learning Disabilities

Health checks and screening service, liaison with patient's families, carers, GPs and Health Care Workers to provide better outcomes for people with LD. Supports access to five main health screens.

Respiratory Specialist Nursing

Specialist management of chronic respiratory conditions. Delivered in patients' homes. Oxygen assessment and ABG Pulmonary Rehab groups.

Tissue Viability

Assessment and monitoring of patients with acute and chronic wounds. Cradle to grave. Product and dressing evaluation. Supports all Community teams, GPs and carers.

Tuberculosis Specialist Nursing

Management, prevention and control of TB in the community. Provides treatment, screening and contact tracing. Outbreak/cluster investigations. Provision of BCG vaccination programme. Management of Bovine TB in non-bovine animals.

Parkinson's Specialist Nursing

Assessment and planned nursing care, monitoring and adjusting medication. Patient involvement in management of condition from diagnosis and throughout duration of condition. Delivered in Community Hospital clinics, GP Practices, Patients' homes and in reach. Vital link between Specialist/Consultant and GP.

Long Term Conditions

Supports patients with multiple long term conditions and complex needs to manage their conditions and avoid unplanned hospital admissions.

Telehealth

Provides remote clinical monitoring, support and advice for patients living day to day with long term conditions. Service ceases on October 30 2017.

Expert Patient Programme

Provide six week self-management courses for people with long term health conditions across the county. Supports all Community services in identifying patients that would benefit.

Health for Homeless – GP led with Specialist Nurse

Community GP service for single adults with no fixed abode. Staffing includes three GPs and one Specialist Nurse.

Safe

Monthly incident reports are provided via the governance department specific to ACS Specialist Community Services. Learning is embedded throughout each service to mitigate against similar incidents happening again. However, these services have very few incidents recorded, but the management team continue to encourage the reporting of any incidents however minor.

Responsive

Several projects across the county have been developed through staff ideas and innovation, aimed at improving services and many of the services leads are recognised nationally for the work that they do and regularly lecture both nationally and internationally in their chosen specialism. For example the Nurse Consultant (Bladder and Bowel Services) has recently returned from a lecture trip to the Middle East.

Effective

All services continue to embed research into clinical practice by raising the profile of research through their own research projects for which national funding has sometimes been supplied.

3. Quality Report

Caring

All of the services are very proactive and believe that each of the conditions that they provide services for should be done collaboratively to ensure self-management of conditions is acknowledged as a cornerstone of good practice by patients as well as their family and carers.

Well Led

Each of the services is led by an expert practitioner in their chosen field. There is a high degree of autonomous practice across these services which ensures they are as efficient as they can be. Feedback from patients groups is generally positive.

Mike Marshall
Associate Director for Mental Health Inpatients and Targeted Countywide Specialist Services

Overview of Quality: Adult Mental Health and Learning Disability Service

Introduction

We provide many high quality community mental health services to patients and as such it is not possible to acknowledge each service individually. In this overview we have provided information about Integrated Community Mental Health Teams (ICMHT), Complex Care and Dementia Community Teams (CCD), and Learning Disability (LD) Services.

The ICMHT service is constructed of a number of teams all of which deliver clinical care to patients from the age of 18. These services include six Integrated Community Mental Health Teams (ICMHT), a newly formed Assessment Service, Day Resource Centres and a Supported Housing Service. These services work closely with specialist services which provide high quality targeted care to people with specialist needs; this can include military veterans, people who experience an eating or personality disorder, as well as expectant or recent mothers.

Complex Care and Dementia community services work in an integrated way across the localities. Senior clinicians with expertise in older person's mental health work throughout the county to ensure collaboration and continuity of care for patients across the complex care and dementia pathway, from primary care to dementia inpatient services.

The LD teams provide person-centred, specialist assessment and intervention for adults with learning disabilities based on good quality clinical evidence. They acknowledge the need to work proactively to develop capable communities and other services to promote health, well-being and inclusion of people with intellectual disabilities at a general population level, to enhance social inclusion.

Safe

Managers and leads continue to work on promoting the use of incident reporting within each of the respective teams, to help identify themes and areas for learning.

The ICMHT Clinical Quality Assurance Group is reviewing its format with a view to having a more proactive and key influence in the continued development of the clinical needs of community mental health services. This group has expanded to include key representatives of the General Adult Psychiatry Group who are working with clinical and operational leads to identify a work plan for 2018/19.

Additional 'Listen, learn and act' sessions facilitated by the Trust's governance department have enabled CCD to improve and embed learning, which has contributed to the increase in numbers of low harm and no harm incidents being reported.

STOMP is a National project that aims to reduce the use of medicines (such as antipsychotic medication) used to manage behaviours that challenge. The LD service has undertaken an audit to identify clients with a learning disability, who are on two or more antipsychotics and reviews are being undertaken for each individual. This work on STOMP has been shortlisted for the British Medical Journal awards.

3. Quality Report

Responsive

ICMHTs have used electronic health care records this year to ensure that they have a clearer understanding of their patient group and the management of their care. In August 2017 they developed a new caseload management system to ensure an effective management of patients using community mental health services. This system has given the team a much clearer oversight of the demands and need for services. There is now a defined assessment caseload and a clear caseload of patients awaiting allocation as well as a caseload of Low Intensity patients who have a lower level of risk and who do not require CPA.

CCD has several projects across the county that have been developed through staff ideas and innovation, aimed at improving opportunities for people diagnosed with dementia and their Carers. In the East of the county, the pilot of integrated communities (EPIC) developed in 2016 continues to be a success. The group is supported by a network of 3rd sector agencies, including the Alzheimer's Society and Age UK, ensuring every patient has access to a broad range of support. The project has enabled staff to keep in touch with patients who may otherwise only be seen annually.

Support, Talks, Education and Memory sessions (STEMS) also continue in the East of the county. The sessions were developed as a way of seeing patients in a group setting and introducing them to support agencies and other local services. The sessions have included presentations from the Alzheimer's Society, Memory Matters, Memory Cafes, Occupational Therapy, CFT's Research Department and Devon and Cornwall Police.

When a client with learning disabilities presents with a mental health problem, the LD team is now working with specialist mental health colleagues to provide the best services and meet the needs of their clients. They offer Intensive Interaction sessions which is an approach to engage and empower people with limited verbal communication. They have undertaken an evaluation to evidence the benefits of this approach and to identify how to make these sessions even better. They have also established MDT transition groups within community teams to aid the transition of young people into adult services and provide better joined up working with Paediatric colleagues.

Effective

In April 2017 the newly designated ICMHT assessments teams took over management of all referrals to secondary mental health services. An evolving protocol has been written to ensure that all teams have an identical approach. This protocol has been updated during the initial six month period to reflect changes to the process. A comprehensive set of triage guidelines has been agreed by the team and a single template now used to improve consistency of decision making.

CCD Memory Services continue to embed research into clinical practice by raising the profile of research through inclusion in the post diagnostic pathway, information pack and patient focused meetings across Cornwall. This fits with the Department of Health's view that every patient should be offered the opportunity to be involved in research. The East locality has the highest participant and recruitment rate across Cornwall, with a number of patients being involved in several different trials.

A large multidisciplinary group of staff completed the 4th audit of the Profound and Multi Learning Disability (PMLD) pathway in November 2017 which showed significant improvements in numbers of clients having specialist assessment and interventions in line with National best practice. We are looking to evaluate our pathway in line with newly published Core and Essential Service Standards for supporting people with PMLD. The Team are looking at implementing TOMS 11 as an outcome measure for the pathway and establishing external training, as well as linking with primary care in terms of support to access mainstream services.

Caring

ICMHTs continue to work on initiatives to improve patient care and are creating opportunities for staff to be involved in this process. They have commenced a review of the duty role to ensure that patients in need of urgent support have a timely response to their care needs.

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The Primary Care Dementia Practitioner (PCDP) Service has currently over 2000 patients on their case list. Several innovative ideas have been developed around group sessions and activities, with the aim of enabling regular contact with patients and carers. Examples include Patient and Carer days at Penwith College, gardening and horticultural clubs and live music tea dance events. The service has received excellent feedback on these innovative ways of working reflected through the high levels of attendance at the facilitated groups.

Community staff, from around the county, continue to participate in dementia awareness raising sessions, including with General Practitioners, voluntary organisations and schools, helping to de-stigmatise dementia and improve everyone's knowledge and skills.

In the LD Team, there is on-going work to make sure that the consent process meets the needs of people with a learning disability. They have developed a range of easy to read information to help people understand their health condition eg: diabetes; healthy eating; the side effects of specific medications. A booklet has been developed for patients and carers, which promotes physical health when taking anti-psychotic and/or anti-epileptic medication has been introduced.

Well Led

In ICMHT and as part of the locality model, we have worked to identify the best approach to improving the range of senior clinical support to our teams. A number of methods have been trialled and we are beginning to see improvements in the method of caseload management and delivery of more planned care. This will remain under review and the service will evaluate the best approach within the coming year. The introduction of the Nurse Consultant role means that the clinical leadership roles for the ICMHT can now be developed in line with operational roles, to provide clear clinical leadership. Opportunities are being developed for the ICMHT nursing staff to have a professional forum in which current nursing issues and practices can be discussed and shared across the teams.

Initiatives to better engage patient and carers in receipt of CCD services are in place through holding events for stakeholders across the County, an example of this is PCDPs attending each memory café across the county, with dual aims to gain feedback and to showcase what CCD can offer.

The LD Strategy has allowed the Service to convey a new vision for the Service over the next three years. It was developed by a range of clinical staff who are experts in their fields and of learning disability national best practice. This is an important document to support the direction of travel in the coming years and focus the service development in line with national guidance.

The LD team has a strong reputation for producing high quality service evaluation and clinical audit. They take seriously the need to understand what they do well and how they can further improve our services.

Isles of Scilly

ICMHT Clinical services and links have continued to be maintained across the Isles of Scilly with dedicated consultant and Community Psychiatric Nurse input on a regular basis. There has also been work to develop a new service that will enable a wider range of health and wellbeing support to the Islanders. This will be further developed in 2017/18.

The CCD Service currently supports the Isles of Scilly by visiting the Island at least two days a month working closely with the islands. The dedicated Island Nurse attends the multi-disciplinary meeting at least once per month. In addition monthly drop in clinics are available along with home visits to those that need them. The Nurse also supports the memory cafe, wellbeing and health promotion days with Alzheimer's and recently presented at the Carers' group.

LD referrals received from the Islands, are managed by the LD Team in the West and the responses, care and treatment are outlined in the Referral pathway. The community hospital on St Marys has access to easy read information leaflets.

Sam Childs
Interim Deputy Director Adult Community Services, Adult Mental Health and Learning Disabilities Services

3. Quality Report

Overview of Quality: Mental Health and Targeted Services update 2018

Introduction

The vision of the Mental Health Inpatient and Targeted Services is to provide safe person centred and effective care for all our patients. Our aim is to ensure that, individuals receive the right care, at the right time from the right person with the right skills. Cornwall Partnership NHS Foundation Trust values of providing compassionate services, achieving high standards, respecting individuals and empowering people are incorporated into this Quality Strategy which will be reviewed annually.

Quality is at the heart of everything in the modern health service. Frontline staff play a vital role in achieving the quality of care that people expect. High Quality Care for All (DH 2008) set the direction as to how quality would be embedded within the NHS which must be seen from the patient's perspective. There are three distinct elements, which all must be met to achieve high quality care:

- **Safety** – Care that is safe
- **Effectiveness** - Care that is clinically effective
- **Experience** – care that provides the best possible experiences for patients

Our Service has aligned its quality priorities to the five domains, which provide us with a clear framework to guide, monitor and measure our quality improvement activity.

1. Our three Quality goals

We have three specific quality goals that support our Service Line vision of providing high quality care for all:

1. To provide a positive patient experience, by

- Caring for our patients like we would for our families.
- Listening and responding to feedback / concerns we receive from our patients or their families.

2. To deliver safe care, by

- Doing the right things in line with 'best practice'.
- Reporting and learning from our incidents to make improvements and increase patient safety.
- Undertaking patient safety projects.
- Providing safe levels of staff with the right skills.

3. To provide clinically effective services, by

- Using the Health of the Nation Outcome scale (HoNos) to review the clinical progress of our patients.
- Undertaking clinical audits.
- Giving equal priority to patients' physical and mental health needs.
- Maintaining education and training to ensure clinicians meet their practice standards / revalidation.

Clinical Audit

Audit is an important way of ensuring continuous improvement in the quality and effectiveness of care. The Trust produces an annual audit programme, driven by national, local and internal policies. Our Service has an agreed audit programme and we are required to report on progress in line with the Trust audit policy. Progress is also monitored through our Clinical Quality Operational Assurance Group (CQOAG), Performance Monitoring Meetings (PIMMS) and the Quality and Governance Committee.

Quality Initiatives

In addition to our Quality Account Priority there are a number of other quality initiatives currently being undertaken within our Service Line, please see examples below:

- Membership of the Quality Network for Forensic Mental Health Services (Bowman Ward).
- Low Secure CQUIN targets.
- My Shared Pathway (Bowman Ward).
- Implementation of Safe Wards Interventions.
- Monthly Quality and Care Newsletter.
- Patient Safety Huddles.

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- Liaison and Diversion Services Link in with the Local Criminal Justice (LCJ) Board to drive quality forward with input from front line staff who feed ideas into the bigger framework.
- Liaison and Diversion Services are part of the South West Liaison and Diversion Network - a Regional quality focussed sharing good practice forum.
- Liaison and Diversion Services have the Gate to Gate Project (National Pilot Study) that they are completing in Collaboration with Devon Partnership Trust (DPT).
- The Forensic Community Team are linked in with the Quality Network for Forensic Mental Health Services.
- The Forensic Community Team have taken the initiative in formulating and ensuring safe practice of administration of Olanzapine Depot Clinics and are working to broaden the therapeutic value of such clinics over the coming months with bespoke psycho-social interventions.

Alongside these there is currently a range of Patient Safety Programme initiatives being undertaken within our Service, which are based on a recognised and evidenced Health Improvement Model which encourages innovation at the front line:

- Nutritional Risk Assessment, Care planning and Action.
- Non-Contact Physical Observations.
- Debrief project (Harvest Ward / Longreach House).
- Positive Behaviour Support Planning project (Harvest Ward).

Our use of the Health Quality Improvement Model is based on the belief that sometimes making small changes can have a disproportionately large impact – this carries a strong message that anyone can help improve the quality of care – no matter how seemingly small the activity or idea may be.

How we will know we are on track?

- Patients will spend less time in hospital and receive care at home wherever possible.
- They will feel involved in planning their care.
- They will have more advice and support with their own recovery.
- Carers will receive the support they need.
- More people with long term physical health problems such as diabetes will receive the care and treatment they need for their mental health and wellbeing.
- People with severe and enduring mental health problems receive better physical healthcare.
- People we support and our staff will feel listened to and contribute to improvement.
- Learning from incidents will be shared and used as a matter of routine to improve care.
- Innovation, positive practice and learning will be evident in everything we do.

Future Plans

Everyone working within our Service (as well as across the organisation) has a role to play in helping us continuously improve the quality of care for our patients. Over the next six months we plan to reflect on our learning and promote good practice with identified Clinical Leads and embed our Quality Initiatives across the Service.

Mike Marshall

Associate Director for Mental Health Inpatients and Targeted Countywide Specialist Services

3. Quality Report

Section 3:

Performance against Local Quality Performance Indicators 2017/18

Local indicators

Clinical Effectiveness – Local Quality Performance Indicators 2017

Indicator	2017/18	2016/17*	2015/16*
% Adult mental health patients seen within 28 days	89.09%	97.59	99
% children's mental health patients seen in 28 days (core service)	66.67%	69.84	73
% Learning Disability patients seen within 28 days	98.21%	97.94	97

*Data as recorded at the end of March as a year to date figure.

Mandatory quality indicator set

Domain 1 – Preventing people from dying prematurely and enhancing quality of life for people with long term conditions:

Indicator: Percentage of patients on care programme approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period.

Reporting period	Trust performance	National average	Lowest nationally	Highest nationally
Quarter 4 2017/18	98.28%	Data not available at the time of publication	Data not available at the time of publication	Data not available at the time of publication
Quarter 3 2017/18	100%	95.4%	69.2%	100%
Quarter 2 2017/18	100%	96.7%	87.5%	100%
Quarter 1 2017/18	99.12%	96.7%	71.4%	100%
Quarter 4 2016/17	97.09%	96.8%	84.6%	100%

The Cornwall Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

We have robust systems in place to manage this core safety requirement which have been established and managed for many years. They remain constantly under review and adaptations to the process made as required.

The Cornwall Partnership NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by:

- Maintenance and review of its existing processes and systems to ensure that we continue within this high achievement.

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Domain 2 – Enhancing the quality of life for people with long term conditions:

Indicator: Percentage of admissions to acute wards for which the crisis resolution home treatment team acted as gatekeeper during the reporting period.

Reporting period	Trust performance	National average	Lowest nationally	Highest nationally
Quarter 4 2017/18	100%	Data not available at the time of publication	Data not available at the time of publication	Data not available at the time of publication
Quarter 3 2017/18	100%	98.5%	91.4%	100%
Quarter 2 2017/18	100%	98.6%	94.0%	100%
Quarter 1 2017/18	100%	98.7%	88.9%	100%
Quarter 4 2016/17	100%	98.8%	90%	100%

The Cornwall Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has achieved 100% for this target. We have been working with commissioners to continually enhance our crisis services which have helped to sustain this excellent performance.

The Cornwall Partnership NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by:

- Maintenance and review of its existing processes and systems to ensure that we continue within this high achievement.

Domain 3 – Helping people to recover from episodes of ill health or following injury

Indicator: The percentage of patients aged 0-15 and 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 - mental health only

Reporting period	Trust performance	National average	Lowest nationally	Highest nationally
2017/18	7.4%	N/A	N/A	N/A
2016/17	5.58%	N/A	N/A	N/A
2015/16	5%	N/A	N/A	N/A

The Cornwall Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has now expanded the scope of its acute services, enhanced its crisis/home treatment services as well as creating a new community assessment service. We expect all these elements to help support a reduction in this performance indicator.

The Cornwall Partnership NHS Foundation Trust has taken the following actions to improve this percentage and so the quality of its services, by:

- Assessing impact of new services on the re-admission rate, including out of county placements
- A specific senior medical lead has been appointed to oversee this project

3. Quality Report

Domain 4 – Ensuring people have a positive experience of care

Indicator: Percentage of staff who would recommend the Trust as a provider of care to their family or friends.

Reporting period (Quarter 1 figs)	Trust performance	National average	Lowest nationally	Highest nationally
2017/18	83%	80%	57%	100%
2016/17	81%	80%	50%	100%
2015/16	75%	79%	44%	100%

The Cornwall Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

- Key skills and roles: Shortage in some teams due to national recruitment difficulties.
- The staff voice is heard: Hearing and responding to issues and concerns raised.
- Empowered staff: Enabling quality improvements to be made in the services they provide.

The Trust has taken the following actions to improve this percentage by:

- Recruitment and retention initiatives to attract and retain staff.
- Patient Safety collaborate, teams utilising quality improvement methodology.
- Facilitated multi-disciplinary workshops to improve the patient experience - SPRINT.
- Implementation of staff engagement and culture surveys in local teams to understand the issues and action plans.
- Kitchen table discussions across teams.
- Break the rules' campaign.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm:

Indicator: 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 severe harm or death.

Reporting period	Number of patient safety incidents	Rate of incidents per 1000 bed days	Number of patient safety incidents resulting in severe harm or death	% of patient safety incidents resulting in severe harm or death
Oct 2017– Mar 2018	5720	90.95	59	1.03%
April 2017– Sep 2017	5292	81.74	33	0.62%
Oct 2016 – March 2017	4541	68.63	23	0.51%
April 2016 – Sept 2016	4043	84.51	40	1%
Oct 2015– March 2016	1436	78.34	42	2.9%
April 2015 – Sept 2015	1453	76.87	24	1.7%

3. Quality Report

The Cornwall Partnership NHS Foundation Trust considers that this data is as described for the following reasons:

The statutory patient safety functions previously delivered by NHS England transferred to NHS Improvement in April 2016. This transfer included the responsibility for the National Reporting and Learning System (NRLS). The NRLS was established in 2003 and enables patient safety incident reports to be submitted to a national database. This data is then analysed to identify hazards, risks and opportunities to improve the safety of patient care. It uniquely provides the NHS with a national perspective on risks and hazards and the information is used to develop tools and guidance to help improve patient safety at a local level.

It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission (CQC) as part of the Care Quality Commission registration process. To avoid duplications of reporting, all incidents resulting in death or severe harm are reported to the NRLS which then report directly to the CQC. There is one exception to this guidance as deaths of patients detained, or liable to be detained, under the Mental Health Act are also reported to the CQC directly.

The Trust has taken the following action to improve this score and so the quality of its services by:

- Delivering “Listen, Learn, Act” sessions designed to encourage and support staff to report, manage and learn from incidents.
- Learning from rare events, emerging themes and trends identified from reported incidents and relaying this information back to staff. Monthly “Patient Safety Matters” and locally led Quality and Care newsletters.
- Monthly reporting to groups and committees, that’s includes the analysis of incidents and the “so what has been done about this?” question.
- Reviewing the application of the Patient Safety Strategy which promotes a strong Safety Culture.
- Actively participating in the South West Academic Health Network that leads on quality improvement.
- Undertaking Learning from Experience groups, the overall purpose is to provide a Forum for Clinical Staff to share learning from Serious Incidents, Coroner’s Reports, Complaints and other events. The group aims to allow discussion of incidents presented in a non-judgemental, supportive multi-disciplinary group in a climate of openness and transparency and willingness to learn.

3. Quality Report

Our Performance against Key National Priorities 2017/18 (internal reported figures)

	Target	* 2016/2017 Performance	2017/18 Performance			
100% enhanced Care Programme Approach (CPA) patients comprising either:		Q4	Q1	Q2	Q3	Q4
• Followed up within 7 days after discharge from psychiatric inpatient care	95%	97.09%	99.12%	100%	100%	100%
• Having formal review within 12 months	95%	90.18%	89.45%	90.50%	90.83%	90.48%
Data completeness outcomes for patients on CPA					The Single Oversight Framework introduced the requirement to report % of clients in employment and % of patients in settled accommodation separately. Please see table below.	
*Percentage of admissions of people who returned from hospital as an emergency within 28 days of the last time they left hospital after a stay	<5%					1.44%
Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period	92%	100%	100%	100%	100%	100%
Minimising mental health delayed transfers of care	<7.5%	0.04%	0.8%	1.0%	0.8%	2.8%
Patient admissions to inpatient services had access to Crisis Resolution Home Treatment Teams	95%	100%	100%	100%	100%	100%
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%	83.30%	90.9%	87.1%	92.3%	82.4%

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Quality Indicators from the Single Oversight Framework

Indicator	Source	Current position at Feb
Mixed sex accommodation breaches	Unify Return	Nil Breaches
Number of patients under 16 years old	SOF reporting	Nil
Percentage of discharges followed up in 7 days	Unify Return/MHSDS	100%
% clients in settled accommodation	SOF reporting	65.3%
% clients in employment	SOF reporting	5.5%

Indicator	Source	Current position at Feb
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	SOF reporting	100%
Admissions To Inpatients Services who had access to Crisis Resolution Home Treatment Team (In Month)	Unify return	100%
People experiencing a first episode of psychosis treated with NICE approved care package within two weeks of referral (In Month)	Unify return	69.2%

Indicator (Reporting required since Nov 17)	Nov	Dec	Jan	Feb	Mar
Inappropriate out-of-area placements for adult mental health services. Local Monitoring - Figures taken from OAPS Dataset	302	431	143	103	131

Indicator	Q1	Q2	Q3	Q4	2017/18 YTD
Reported CDiff Cases	1	1	2	0	4
Reported CDiff Cases assigned to CFT after Investigation	0	0	0	0	0

Indicator	Q1	Q2	Q3	Q4	2017/18 YTD
Percentage of admitted patients who have had VTE Assessment completed	98.74%	98.89%	99.75%	98.19%	98.91%
Percentage of patients on appropriate VTE treatment	98.33%	94.32%	97.77%	93.21%	97.46%

Patient Experience

We care deeply about the quality of the services we provide. Whilst we know that we won't always get it right, our plan is to continue to listen, learn and improve by working together with patients and others, to ensure that feedback from experience is routinely captured, and used. Our intention is to place the patient and their experience at the heart of all we do: where "seeing the person in the patient" is the norm. We will gather and use a variety of information to evidence that we are achieving this.

What is patient experience?

When we talk about making sure that people have a good patient experience we mean doing more than just meeting their physical needs, we want to meet their emotional needs too by:

- Providing high quality care in a comfortable, caring and safe environment, delivered in a calm, compassionate and reassuring way.
- Giving people information so they are able to make choices, to feel confident and to feel in control.
- Actively listening, and talking with people; being open and treating them with honesty, respect and dignity.

Why is patient experience important?

Our overarching aim is to ensure that patients, their families and carers receive an experience that not only meets, but exceeds, their expectations. We know that if our staff are happy in their work, valued and supported, that the patient experience is more likely to be a good one. So we link our patient experience and organisational development work very closely.

High quality patient, carer and family experience:

- is a right under the NHS Constitution for England.
- is clearly defined within the NHS Patient Experience Framework, and outlines those elements which are critical to the patients' experience of NHS services.
- helps us to maintain and increase public confidence.

- contributes to sustaining our reputation as a healthcare provider of choice.
- is a key component of high quality care, as demonstrated by the quality governance framework, the 2014/15 NHS Operating Framework and NICE Quality Standards.
- has been linked to better health outcomes.
- can be an early warning of poor quality care (reviews at eg Mid Staffordshire NHS Trust has shown that greater attention to patient experience intelligence and feedback could have indicated problems at an earlier stage).

'Putting Patients back in the picture' a national review into Complaints handling by Ann Clwyd, MP and Professor Tricia Hart, focuses on four areas for change:

- improving the quality of care.
- improvements in the way complaints are handled improving access and responsiveness.
- greater perceived and actual independence in the complaints process.
- whistle-blowing.

We want to demonstrate that we are able to listen and respond to the views of patients, their families and the local community and to use feedback constructively and innovatively to inform local service improvements. We aim to close the circle of improvement by letting people know where we have made changes as a consequence of them taking the time to provide us with feedback – and that can be from patients, carers, staff etc.

National context

Government policy places an emphasis on the importance of personalising services particularly within healthcare, where the patient experience is recognised as an equal partner to safety and effectiveness in achieving quality.

Local context

Our vision is to be a first class provider of services, offering top quality care in every way and by every team. The importance of patient experience information and public involvement features strongly in the Trust's values and behaviours which are based on feedback and ideas given by Trust staff, patients, carers, governors and the partners we work with.

3. Quality Report

Our values and behaviours, Delivering High Quality CARE



- C – Compassionate services
- A – Achieving high standards
- R – Respecting Individuals
- E – Empowering People

Equality and diversity

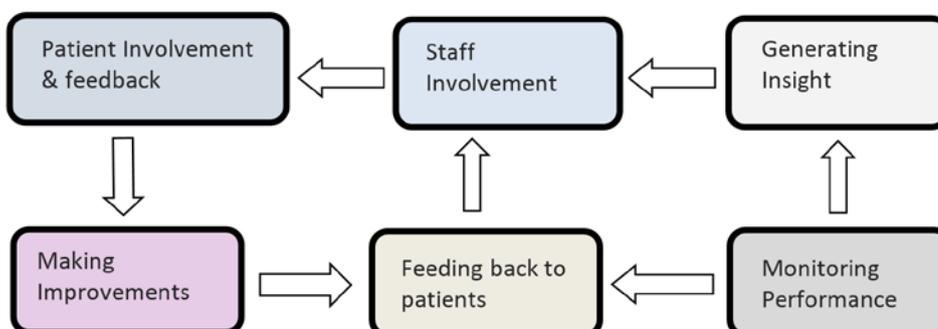
We will take positive action to make sure all patients, and visitors to the Trust have good experiences and can influence the services we provide. Cornwall has a diverse community and we have made a commitment to work with representatives of all communities to provide accessible and suitable services. We will be guided by the Equality Act 2010, and will implement reasonable adjustments wherever appropriate. We will also work with other agencies locally to ensure that we develop a robust Equality Delivery Scheme, with meaningful and achievable objectives.

Working with partners

We will continue to work closely with partners such as NHS Kernow, Local Authority Social Care services, and Voluntary and Community Sector organisations, to make sure the services we deliver are accessible, appropriate and joined up.

The Patient Experience Cycle

We believe the six key areas, set out below, influence a positive patient experience:



3. Quality Report

Measuring experience, not satisfaction

Simply collecting information in itself has no value; it is how the information is used that matters. Patient satisfaction and the perceptions of the public are important, however the information that we can use to really transform services comes from the experiences of people using those services. We have invested in a public facing PALS and complaints service, and use independent investigators for complex complaint reviews. The Trust has invested in the Meridian survey software, that is capable of collecting considerable amounts of data, and reports on themes etc are easily pulled out of this system. It runs alongside our Friends and Family Test feedback system.

Reporting for the year 2017

In the 2017 calendar year, the Trust registered 234 complaints, which represents a small decrease of one complaint on the 2016 calendar year (233 registered complaints).

During 2017 a total of 1266 Patient Advice and Liaison (PALS) contacts were recorded, which represents a 63% increase compared to 2016 (799 PALS Contacts).

The Trust is required to demonstrate how it has learnt from complaints and implemented improvements to services as a result. All complaints are received by the relevant clinical service line and are analysed and discussed at this level. In addition the Board of Directors' Quality and Governance Committee receives a full report from each of its clinical service lines twice a year, which includes discussion relating to complaints, PALS, concerns, compliments and the associated learning. The Board of Directors also receives a monthly report of PALS and complaints received.

The Board of Directors will receive the Trust's 2017/18 Complaints and PALS Annual Report at the beginning of the new financial year (as per previous years). The Annual Report details the activity and corresponding thematic analysis of complaints; PALS enquiries; use of interpretation services, and compliments for the year. Complaints information is published as per the requirements of the Ombudsman.

In addition the Patient Experience Team coordinates patient feedback. This is mostly obtained through electronic surveys known as "Meridian". This is a web-based solution and, therefore, provides accessibility and ease of use for service users across the Trust. We utilise the rich feedback from these surveys in a variety of ways but ultimately to inform service development and improvement.

Going forward into 2018/19

The following objectives (overleaf) will build upon the work that the Patient Experience Team undertakes on a regular basis:

3. Quality Report

Objective	Our plans
Objective 1: Every service within the Trust will use patient experience metrics and feedback to gain insight and identify opportunities for improvement.	<p>To identify enough staff interviewers to cover every ward including mental health wards. To review the questions set and to ensure that the reports are being shared with staff and public and any issues/themes are identified and addressed accordingly.</p> <p>The patient stories that are taken to each Board meeting are an example of how this feedback is being used throughout the organisation. We are also looking to develop closer links with the FT governors.</p>
Objective 2: To build on the methodology to demonstrate changes in practice through feedback via patient experience. 'You said – we did', and enable holistic and thematic reviews of patient experience feedback.	An action plan has been designed to capture all strands of Patient Experience to enable the themes to be identified. To provide standardised/meaningful reports which will be available for all service areas. CQAGs will agree service improvements and assurance that improvements have been implemented will be provided to Q&G via the PET reports.
Objective 3: Building on our previous work; continue to analyse PALS, Complaints and Patient Experience data to inform service improvement.	We will continue to assure our processes against national good practice and via supervision; all actions recommended by investigating officers are audited and discussed at CQAG and assurance that improvements have been implemented will be provided to Q&G via the PET reports.
Objective 4: To develop trust wide training for staff on patient experience work, effective communication and the management of complaints.	<p>We will continue to refresh staff information about the role of PALS and how service users can make a complaint, as per the CQC requirements. We will work with the training department to develop communications skills training and customer care awareness.</p> <p>By developing an engagement framework, we will proactively encourage early feedback and be able to involve service users in a more meaningful manner.</p> <p>The Trust is growing a strategic Patient Reference Group.</p>

CQC Community Mental Health Patient Survey 2017 and Action Plan

The National Service User Survey was undertaken for Cornwall Partnership NHS Foundation Trust between February and June 2017.

The sample for the survey was generated at random on the agreed national protocol from all clients on the CPA and Non CPA Register seen between 1 September and 30 November 2016.

Of the 250 completed surveys returned from a useable sample of 814 surveys sent out. Giving a response rate of 31%.

Overall patient scores on care experience with Cornwall Partnership NHS Foundation Trust has an overall rating of 67.5%. The score for the organisation improved slightly since 2016 when it was 65.5%, but still falls within the bottom 20% of Trusts surveyed. The highest rated Trust in 2017 scored 74.6% and the lowest 58.4%. 83.7% of patients felt that they were treated with respect and dignity. This score has improved since last year and places the Trust in the intermediate 60% of all Trusts.

3. Quality Report

Community Mental Health Survey Top four ranking scores	2017 The Trust	Threshold for highest scoring 20% of all Trusts	Lowest for Lowest Scoring 20% of all Trusts	2016 The Trust
Do you know how to contact that person if you have a concern about your care	97.1%	98.6%	95.2%	94.4%
Did the person or people you saw listen carefully to you	80.8%	83.4%	78.9%	79.8%
Have you been told who is in charge of organising your care and services	82.5%	80.3%	70.5%	77.4%
Were you involved as much as you wanted to be in deciding what treatments and therapies to use	71.5%	70.0%	63%	71.5%

Community Mental Health Survey Bottom four ranking scores	2017 The Trust	Threshold for highest scoring 20% of all Trusts	Lowest for Lowest Scoring 20% of all Trusts	2016 The Trust
How well is your care and services organised	78.2%	86.4%	81.1%	78.2%
Does the agreement on what care you will receive take your personal circumstances into account	73.4%	78.9%	74.1%	72.7%
In the last 12 months do you feel you have seen NHS mental health services often enough for your needs?	56.5%	64.4%	57.8%	55.0%
In the last 12 months did NHS mental health services give you any help or advice with finding support for finding or keeping work	36.1%	49.5%	37.7%	45.3%

A full action plan to address the issues in the report was presented and approved by the Board in November 2017 and updates are being provided on a regular basis.

Friends and Family Test (FFT) – Patient

The Friends and Family test allows patients to feedback on all of our services, to include mental health, children and young people, and adult community services.

The Trust introduced the key questions voluntarily from 30 September 2014, with formal reporting via Strategic Data Collection Service (SDCS) (a national reporting mechanism that links with NHS England) commencing on a monthly basis in January 2015. The questions are set by NHS England but are also adapted to meet the needs of various patient groups (for example in-patient mental health, people with a learning disability and children), however, the key questions are:

- How likely are you to recommend our services to friends and family if they needed similar care or treatment?
- Please tell us the main reason for your answer.

3. Quality Report

These questions are asked at prescribed times, dependent on each individual service, and were agreed through consultation with those services as defined in the guidance "The Friends and Family Test" (July 2014 Gateway reference No. 01787).

This has resulted in an expanding wealth of information which is supporting learning, and service change. In the past year the Trust has received 26,440 survey results with an overall satisfaction score of people saying they would recommend the Trust of 97.10 %. These results are reported monthly to Board as part of the Patient Experience, Quality and Safety Report. Teams also have direct access to the information and regularly view their data for real time results.

Response rates vary across the services, and the team puts a lot of effort into educating staff regarding the importance and value of the feedback, and therefore the importance of high response rates ensuring more meaningful quantitative data. The free text responses are shared with the services, and often include positive and motivating feedback from people who have just had contact with our teams.

2017 National NHS Staff Survey

The 2017 National NHS staff survey is the second survey implemented in the new organisation (following the acquisition of adult community health services from Peninsula Community Health (PCH) Community Interest Company (CIC) on 1 April 2016). It therefore provides the first set of comparative data for the enlarged organisation.

The survey gives two types of key findings:

- Percentage scores, i.e. percentage of staff giving a particular response to one, or a series of, survey questions.
- Scale summary scores, calculated by converting staff responses to particular questions into scores, the minimum score is always 1 and the maximum score is 5.

The 2017 response rate to the survey was 39% which is below the 45% average for similar trusts in England.

Overall indicator of Staff Engagement

Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged (with their work, team and their trust) and 5 indicating that staff are highly engaged.

The figure below shows how the Trust compares with other similar trusts on an overall indicator of staff engagement.

Trust score 2017 **3.82**

Trust score 2016 **3.79**

National 2017 average 3.79

The Trust score was average when compared with trusts of a similar type.

3. Quality Report

Top 5 ranking scores

The table below shows the five key findings for which the Trust compares most favourably with other Mental Health (MH) and Learning Disability (LD) and Community Trusts in England.

Question	Trust score 2017	National 2017 average for combined MH/LD and community Trusts
Staff experiencing discrimination at work in the last 12 Months	7%	11%
Staff experiencing physical violence from staff in last 12 months	1%	2%
Staff reporting errors, near misses or incidents witnessed in the last month	95%	92%
Staff satisfaction with level of responsibility and involvement	3.94	3.94
Staff able to contribute towards improvements at work	75%	73%

Bottom 5 ranking scores

The table below shows the five key findings for which the Trust compares least favourably with other MH/LD and community Trusts in England.

Question	Trust score 2017	National 2017 average for combined MH/LD and community Trusts
Staff reporting most recent experience of violence	79%	88%
Staff reporting most recent experience of harassment, bullying or abuse	53%	57%
Staff satisfied with the opportunities for flexible working patterns	52%	58%
Effective use of patient feedback	3.59	3.69
Staff experiencing harassment, bullying or abuse from staff in last 12 months	21%	20%

Where staff experience results have improved within the organisation during 2017 when compared to 2016

The table shows the three key findings where staff experience has improved since the 2016 survey.

Question	Trust score 2017	Trust score 2016
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.76	3.67
Organisation and management interest in health and well-being	3.70	3.63
Staff recommendation of the organisation as a place to work or received treatment	3.68	3.60

3. Quality Report

The 2017 survey findings are structured thematically under nine themes as follows:

- Appraisal and support for development
- Equality and Diversity
- Errors and Incidents
- Health and wellbeing
- Working patterns
- Job satisfaction

- Managers
- Patient care and experience
- Violence, harassment and bullying

As above, there are two types of key findings:

- Percentage scores
- Scale of summary scores

2017 Staff Survey Findings

Theme	Trust score 2017	Trust score 2016	National average for similar trusts	Best 2017 score for similar trusts
Appraisal and support for development. <ul style="list-style-type: none"> • % of staff appraised. • Quality of appraisal. • Quality of non-mandatory training, learning or development. 	92%	94%	92%	97%
	3.07	3.09	3.10	3.39
	4.09	4.09	4.06	4.15
Equality and Diversity. <ul style="list-style-type: none"> • % of staff experiencing discrimination at work in last 12 months. • % of staff believing the organisation provides equal opportunities for career progression or promotion. 	7%	7%	11%	7%
	89%	88%	86%	91%
Errors and near misses. <ul style="list-style-type: none"> • % reporting error, near misses or incidents in last month. • Witnessing errors, near misses or incidents in last month. • Staff confidence and security in reporting unsafe clinical practice. 	23%	21%	23%	95%
	23%	21%	92%	17%
	3.76	3.67	3.76	3.90
Health and Wellbeing. <ul style="list-style-type: none"> • % of staff attending work in the last 3 months despite feeling unwell because of pressure felt. • % of staff feeling unwell due to work related stress in last 12 months. • Organisation and management interest and action on health and wellbeing 	53%	50%	53%	48%
	40%	41%	40%	33%
	3.70	3.64	3.70	3.87
Working Patterns. <ul style="list-style-type: none"> • % of staff satisfied with opportunities for flexible working patterns. • % of staff working extra hours. 	52%	56%	58%	64%
	70%	72%	71%	65%

3. Quality Report

Theme	Trust score 2017	Trust score 2016	National average for similar trusts	Best 2017 score for similar trusts
Job satisfaction.				
• Staff recommendation of the organisation as a place to work or receive treatment.	3.68	3.60	3.68	3.90
• Staff motivation at work.	3.95	3.96	3.93	4.04
• % of staff able to contribute towards improvements at work.	75%	74%	73%	76%
• Staff satisfaction with level of responsibility and involvement.	3.94	3.90	3.90	3.98
• Effective team working.	3.89	3.85	3.85	3.96
• Staff satisfaction with resourcing and support.	3.34	3.35	3.33	3.50
Managers.				
• Recognition and value of staff by managers and the organisation.	3.55	3.57	3.54	3.66
• % of staff reporting good communication between senior management and staff.	33%	31%	34%	47%
• Support from immediate managers.	3.94	3.96	3.89	4.00
Patient care and experience				
• Staff satisfaction with quality of work and care they are able to deliver.	3.85	3.82	3.85	4.0
• Agreeing their role makes a difference to patients/service users.	90%	90%	89%	92%
• Effective use of patient/service user feedback.	3.59	3.54	3.69	3.99
Violence, harassment and bullying.				
• % of staff experiencing physical violence from patients, relatives or the public in last 12 months.	13%	12%	14%	9%
• % of staff experiencing physical violence from staff in last 12 months.	1%	1%	1%	1%

The 2017 response rate to the survey was 39% which is below the 45% average for similar trusts in England.

3. Quality Report

Staff Friends and Family Test (FFT)

In addition to the national staff survey, the NHS Staff Friends and Family Test (staff FFT) was implemented within the Trust on three occasions during 2017/18, in Quarter 1, 2 and 4. The NHS national staff survey is implemented during quarter 3.

The survey findings are reported to the Board of Directors' Quality and Governance Committee and to staff at all levels of the trust.

The staff FFT is part of a range of indicators in place to seek feedback and ideas from staff in response to two questions, the figures for quarter 1, 2017/18 are given below.

Question	2017/18 quarter 1 findings
Would you recommend the Trust as a provider of care to your family or friends?	Yes - 83%
Would recommend the Trust as a place to work to your family and friend?	Yes – 59%

To address issues raised by staff in the staff FFT and national staff survey, an action plan is developed in partnership with staff. The aim of the plan is to respond and address the issues that have been raised to ensure improvements are made.

The plan is reviewed regularly with staff and their representatives including, the trust staff experience group, the joint partnership committee. Quarterly updates are given to the Quality and Governance Committee.

In addition to the staff FFT, the Trust has a range of other interventions in place to gather feedback, comments and ideas from staff. These include:

- Staff Experience Group.
- Joint partnership forum.
- Staff engagement days.
- Local staff surveys (cultural barometer).
- Health and wellbeing team and champions.
- A patient safety culture and engagement survey.
- 'Kitchen table' style discussions'.
- 'Break the rules' week.

During 2018/19 the Trust will continue to build on the interventions in place to ensure a positive staff experience and high staff engagement levels, with a focus on key themes including:

- **Communication** – ensuring effective two-way board to front line communication.
- **Continuous learning** - understating culture and engagement at a local level, supporting teams to deliver high quality care.
- **Quality Improvement** –empowering and supporting teams to implement change to continually improve quality of care and services.
- **Compassionate leadership** – at all levels

Statements relating to the quality of NHS services provided as per mandatory requirements:

Statements of assurance from the Trust Board

During 2017/18 Cornwall Partnership NHS Foundation Trust provided and/or sub-contracted six relevant health services

- mental health inpatient services.
- community mental health services.
- community and inpatient complex care and dementia services.
- children's services, including community, mental health and learning disability services.
- community services for adults with a learning disability.
- adult community health services.

The Cornwall Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all six of these relevant health services.

During 2017/18 the Cornwall Partnership NHS Foundation Trust provided health services through contracts with NHS Kernow CCG, NHS England Specialised Commissioning, the National Probation Service and Cornwall Council. These contracts each contain a suite of service specifications that detail the services that are commissioned.

The Trust also holds a number of sub-contract arrangements with other healthcare providers. Formal sub-contracts are in-place for two services: physical monitoring of children and young people with an eating disorder; Acute GP call handling and software provision.

In 2017/18 income equal to 2.5% of the value of our Low Secure Services contract was conditional upon achieving CQUIN goals agreed with our host commissioner, NHS England.

In 2017/18 it was agreed that income from our contracts with our host commissioners NHS Kernow and Cornwall Council was not conditional upon achieving CQUIN goals.

In 2016/17 the Trust achieved £2.980m against an available £3.359m.

Duty of Candour

A culture of openness and transparency is important when working with patients. This approach can help to build trust, improve patient safety and experience and support the delivery of high quality care. The Trust is committed to acting in an open and transparent way in relation to care and treatment provided.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 includes Regulation 20 - Duty of Candour. The regulation came into force for NHS bodies on 27 November 2014 (updated March 2015) and is a direct response to recommendation 181 of the Francis Report into Mid Staffordshire NHS Foundation Trust which recommended that a statutory Duty of Candour be imposed on healthcare providers. In interpreting the regulation the definitions of openness, transparency and candour detailed by Robert Francis in his report are used:

- **Openness** – enabling concerns and complaints to be raised freely without fear and questions asked to be answered.
- **Transparency** – allowing information about the truth about performance and outcomes to be shared with staff, patients, the public and regulators.
- **Candour** – any person using the service harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it.

The intention of this regulation is to ensure that providers are open and transparent with people who use services and other relevant people in relation to care and treatment. It also sets out some specific requirements that providers must follow including informing people about the incident, providing reasonable support, providing truthful information, an apology when things go wrong and conducting an investigation.

3. Quality Report

To meet the requirements of the Duty of Candour the organisation promotes a culture of openness and honesty at all levels. There are established policies and procedures in place to support this process.

There are systems in place to support staff with the reporting of all incidents, including Never Events and support is offered to staff during, and following, the investigation. Staff are provided with individual and group training sessions on incident reporting.

Our clinical teams take the lead in implementing the duty of candour requirements, supported by the Governance Team. Responsibility includes, wherever possible, face to face discussion with the relevant person, regarding the incident. This should include an account of all known information and facts, an explanation of any further enquiries and the relevant person should be offered an apology. If appropriate the individual and relative/carer will be involved with the investigation. The findings, recommendations, learning and proposed actions are shared with the relevant person. The organisation will acknowledge, apologise and explain when things have gone wrong.

As an organisation one of the key aims is to ensure that any learning and good practice is identified and that this is cascaded and shared. Also assurance is sought that recommendations are implemented. One avenue for sharing learning and good practice is through the Quality and Governance Committee. Service line leads also discuss the reports and findings at their Operational Assurance Groups to identify learning and to ensure recommendations are implemented.

Sign up to safety

We promise to learn and as part of our commitment to act we have refreshed our Patient Safety Strategy for 2016 to 2019. The aim of the strategy is to ensure that individuals receive the right care, at the right time, in the right place, from the right person with the right skills and supports the vision, values and strategic direction of the Trust.

The strategy is supported by the Sign up to Safety campaign. The campaign was launched in June 2014 with the mission to strengthen patient safety in the NHS and make it the safest healthcare system in the world. By creating continuous learning and improvement systems Sign up to Safety aims to deliver harm free care for every patient, every time, everywhere. It champions openness and honesty and supports everyone to improve the safety of patients. As part of the campaign we have identified five core pledges for safety improvement which build on the work of the previous strategy. The core pledges are:

- Putting safety first – Commit to reduce avoidable harm in the NHS by half and make public our locally developed goals and plans.
- Continually learn – Make our organisation more resilient to risks, by acting on the feedback from patients and staff and by constantly measuring and monitoring how safe our services are.
- Being honest – Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong.
- Collaborating – Take a lead role in supporting local and national collaborative learning, so that improvements are made across all of the local services that patients use.
- Being supportive – Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate success.

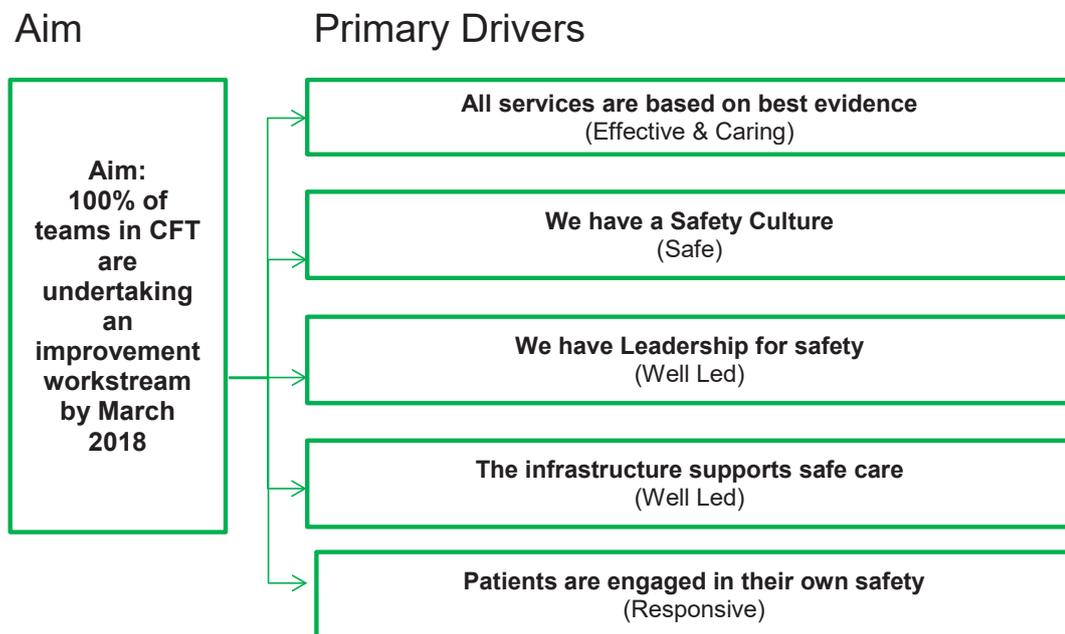
We have identified a number of actions to demonstrate how we will support the core pledges:

- We will review incidents, and serious incidents, and take action to prevent re-occurrence.
- We will listen and act on patient, carer and staff concerns.
- We will audit our work against national and local standards of care delivery and supporting infrastructure; taking action to improve compliance where this is required.

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Our patient safety programme comprises work streams and each work stream is led by a patient safety champion. The champions establish their aims and develop measures to identify whether change has led to an improvement. Over the three year period we will encourage and empower more teams to undertake improvement in the areas in which they work.

This will help us to build a strong safety culture to enable staff to consistently feel confident to report errors, near misses and incidents. Part of building confidence is celebrating success and sharing learning. We will report our improvement progress and give staff the opportunity to discuss progress with Executives particularly when they are undertaking Patient Safety Walk rounds. It is also important that we listen to patients to help us to understand how it feels to be a patient and to identify where we focus our improvement work. The outcome of the Friends and Family Test and the staff survey will support our patient safety work. We have developed an implementation plan, detailed below, to illustrate where we need to concentrate our efforts to enhance and improve patient safety and the quality of care we deliver.



We have developed four ways to measure, and evaluate, progress and impact. These are:

- By counting the number of teams that have registered and started the Sign up to Safety work stream.
 - The impact of each individual team's improvement work stream will be measured against their own specific aims.
 - The SCORE cultural survey will be used to measure improvement to the safety culture. Staff will be asked, through the cultural survey SCORE, about the culture of the organisation.
- We will continue to monitor the results from the Friends and Family Test and national staff survey in order to see where we are achieving and where we need to focus our attention.

Our progress is regularly reported to patients, families, carers and staff, using a variety of methods.

3. Quality Report

Learning from Deaths

During 2017/18 Cornwall Partnership NHS Foundation Trust had 744 patient deaths, the quarterly breakdown of which can be seen in table 1.

Table 1

Reporting Quarter	Number of deaths in period	Number of deaths subject to case record review	Number of deaths subject to investigation
Q1	163	80	7
Q2	154	69	4
Q3	206	92	12
Q4	221	64	6

Table 1 also identifies the number of deaths in each quarter for which a case record review or an investigation was carried out.

Within this report the term “subject to investigation” refers to Serious Incident (SI) investigations in accordance with Cornwall Partnerships NHS Foundation Trust Serious Incident (SI) policy. Both these and the case record reviews were completed in line with the Mortality Review Process and Reporting Policy approved in September 2017. Due to the differences and complexity of the service lines across Cornwall Partnerships NHS Foundation Trust, the mortality review process varies across the organisation. This means deaths are reviewed either through an after death analysis, developed in line with the gold standards framework, or through a mortality review process, adapted from the structured judgement review guidance. All child deaths are reviewed by the child death overview panel and learning disability deaths are now being reviewed in accordance with the National LeDer process (Learning Disabilities Mortality Review programme).

Through our investigations or case record reviews we have identified that there were no deaths due to care delivery problems identified as root causes or direct outcomes of the reviews. However in cases where care or service delivery issues were identified on the patient journey we have identified learning opportunities related to them.

Through 2018/19 we will be further reviewing our Mortality Review Process and Reporting Policy to standardise the review system to ensure it meets all of our different service types, including community services, community inpatients, complex care and dementia as well as mental health services. As part of this work stream we will be reviewing the data collection systems to improve data quality regarding mortality reviews.

Some of the key areas for Learning Identified were:

- **Improvements in record keeping for Mental Health and Adult Community Services:** The importance of good record keeping in line with professional standards and Clinical Record keeping Policy IRM/027/17 ensuring effective communication between teams. The Clinical Quality Assurance Group is discussing standardised models of documentation for rationale in decision making for complex high risk situations.
- **Review frequency of contact** for complex Community Mental Health patients, ensuring patients receive reviews related to clinical need and allow effective management of busy caseloads.
- **Improved verbal and written communications with external organisations:** A Learning from experience meeting has been convened involving the multidisciplinary team across the health economy to review cases and identify improvements in communication across the different agencies. This will also include the safe movement of records/information during transfer to facilitate efficient communication.
- **Venous thromboembolism (VTE)/bleeding risk:** Consistent approach required for the assessment and management of VTE / bleeding risk
- **Management of medication:** critical medication was missed in the handover between services
- **Recognising the deteriorating patient:** ensuring an efficient and appropriate escalation process is in place.

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- **Ensuring priorities for care of the dying:** in accordance with the gold standards framework are introduced when a patient has been identified as entering the last days of life, facilitating anticipatory prescribing at end of life.

Some of the actions that we have taken for improvement in 2017/18 in response to the mortality reviews are:

- Development of New Template – to support Community Mental Health Multi-Disciplinary Team discussions for patients requiring triage and new referrals. Template includes summary of discussions and outcome information.
- A newsletter has been disseminated to community hospital staff raising awareness of concerns regarding missed medications around time of patient transfer. A risk has been raised on the whole system risk register.
- An Audit of “After Death Analysis” has been completed and findings shared with Mortality Group and Hospital Matrons, Ward Managers and Gold Standard Framework coordinators.
- VTE Quality Improvement Program to be initiated improving compliance with national standards.
- Quality Improvement Program - regarding the deteriorating patient and implementation of the National Early Warning Scoring system (NEWS).
- Record Keeping Audit to continue with standardisation across all services to ensure good record keeping in line with professional standards.

The impact of the actions above is being measured towards the end of 2017/18 and into 2018/19, and will become more evident into the next reporting year. The mortality review process is embedding and as referred to above there is an ongoing refinement of the policy to standardise our processes and facilitate data collection.

In accordance with the “National guidance on Learning from Deaths” published in March 2017 Cornwall Partnerships NHS Foundation Trust has produced a quarterly report for the Trust Board reviewing 2017/18 data only, therefore this report does not cover any outstanding mortality reviews for the 2016/17 year.

Participation in Clinical Audits and National Inquiries

Clinical Effectiveness

During 2017/18 Cornwall Partnership NHS Foundation Trust participated in 12 National Clinical Audits and three National Confidential Enquiries covering the relevant health services that we provide and therefore were eligible to participate in.

National Clinical Audits and National Confidential Enquiry

The National Clinical Audits we participated in were:

- **Prescribing Observatory for Mental Health-UK (POMH-UK)**
 - Topic 17a Use of depot/LA antipsychotic injections for relapse prevention
 - Topic 15b Prescribing valproate for bipolar disorder
 - Topic 16b Rapid Tranquilisation
- **National Chronic Obstructive Pulmonary Disease (COPD)**
- **Sentinel Stroke National Audit programme (SSNAP)**
- **National Diabetic Footcare Audit (NDFA)**
- **Learning Disability Mortality Review Programme (LeDeR)**
- **National Audit of Intermediate Care (NAIC)**
- **UK Parkinson’s Audit: (incorporating Occupational Therapy, Speech and Language Therapy, Physiotherapy, Elderly care and neurology)**
- **National Clinical Audit of Psychosis (NCAP)**
- **National EIP CCQI self-assessment audit 2017**

The National Confidential Enquiries we participated in were:

- **National Confidential Inquiry into Suicide and Homicide (NCISH)**
- **The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Young People’s Mental Health study**

3. Quality Report

The table below highlights the national clinical audits and national confidential enquiries where data collection was completed during 2017/18 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audit	Cases required	Cases Submitted	%	Comment
POMH Topic 17a Use of depot/ LA antipsychotic injections for relapse prevention	n/a	24	n/a	Performance against the clinical practice standards was generally good overall. For example, 100% of patients had an accessible care plan, and of these, 92% included a crisis plan.
POMH Topic 15b Prescribing valproate for bipolar disorder	n/a	48	n/a	The Trust has participated in this audit. Data collection took place September – October 2017. Online copy of report expected mid May 2018 and will be included in the 2018/19 Quality Account.
POMH Topic 16b Rapid Tranquilisation	n/a	In progress	n/a	The Trust will participate. Data collection started March 2018 and ends June 2018. Report due September 2018 and will be included in 2018/19 Quality Account
National Chronic Obstructive Pulmonary Disease (COPD) Audit programme	n/a	25 (East) 33 (West)	n/a	Referrals from - 48% Hospital Cons, 48% GP, 3% community services. 84% improved walking distance at discharge, 88% improved dyspnoea score, 63% improved fatigue score, and 54% improved emotion score.
Sentinel Stroke National Audit programme (SSNAP)	n/a	362	n/a	Continuous audit. Patients follow a pathway that shares care from Acute Trusts and other services. A national report will be available in June 2018; the findings will be included in the 2018/19 Quality Account.
National Diabetic Footcare Audit (NDFA)	n/a	209	n/a	Patients referred to specialist diabetes footcare services for an expert assessment on a new diabetic foot ulcer. Nationally, only 47% of commissioners provide all 3 care structures. Where there is a rapid referral for assessment pathway patients had: shorter times to assessment (<2 days, 21 vs 16%), fewer severe ulcers (43 vs 48%), better outcomes at 12 weeks (alive & ulcer free 50 vs 47%). The Trust's Podiatry Lead will review this in relation to our local services.
Learning Disability Mortality Review Programme (LeDeR)	n/a	1	n/a	Established to support local areas to review deaths of people with learning disabilities and to use the lessons learned to make improvements to service provision. Data collection April 2017 – March 2018. The Trust's Nurse Consultant for Adult Learning Disabilities will review the report when it is published and apply the learning where relevant.

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Clinical Audit	Cases required	Cases Submitted	%	Comment
Maternal, Newborn and Infant Clinical Outcome Review Programme -	n/a	1	n/a	Data collection April 2017 – March 2018. The Specialist Perinatal Team will review the report when it is published.
National Audit of Intermediate Care (NAIC)	n/a	50	n/a	The audit focuses on services which support usually frail, elderly people, at times of transition when stepping down from hospital or preventing them from being admitted to secondary or long term care. By participating in the NAIC we were able to benchmark ourselves against a variety of indicators. Provider level output report has been shared with commissioners. We will participate again during 2018/19.
UK Parkinson's Audit: (incorporating Occupational Therapy, Speech and Language Therapy, Physiotherapy, Elderly care and neurology)	n/a	25	n/a	The Trust has submitted cases to this audit and has received Individual Service report. A local action plan is already in place to address identified areas for improvement.
National Clinical Audit of Psychosis (NCAP)	100	100	100%	Data was submitted in November 2017. The report is due June 2018 and will be included in the 2018/19 Quality Account.
National EIP CCQI self-assessment audit 2017	All pts on caseload	200	100%	The Trust has participated in this audit. Report was due April 2018 and will be included in the 2018/19 Quality Account

Inquiry	Cases	No of cases submitted	%	Comment
National confidential inquiry into: Suicide	27	27	100%	The National Confidential Inquiry investigates suicides and homicides which have occurred once a verdict has been reached. These figures refer to the incidents investigated in the year. A local audit will identify themes and areas for focus.
Homicide	1	1	100%	
The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Young People's Mental Health study	3	3	100%	Report was due to be launched at the Royal College of Psychiatrists on 12 April 2018. Findings will be shared with services and local action plans developed to improve quality of practice.

3. Quality Report

The reports of the three National Clinical Audits were reviewed by the relevant clinical teams in 2017/18 and Cornwall Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National clinical audits – reports published	Findings	Actions
POMH Topics 1g & 3d Prescribing high-dose and combined anti psychotics	<ul style="list-style-type: none"> The report recognised high-dose prescription not always acknowledged in care plans with CFT. Good practice was recognised with physical health monitoring and assessment over the past year for antipsychotic-induced movement disorder. 	<ul style="list-style-type: none"> The report has been shared with Medicines Management Committee and relevant services. We have updated our current policy for anti-psychotic medication. The Trust will continue to embed good practice with physical health monitoring across the services through active participation in further audits and delivery of CQUINs.
POMH Topic 16a Rapid tranquillisation	<ul style="list-style-type: none"> 5 cases submitted. Report recognised that we could make improvements in post-RT physical health monitoring and patient's written care plan acknowledging their preferences and wishes for management of future episodes of acutely-disturbed behaviour. However, post-RT clinical team debrief was good. 	<ul style="list-style-type: none"> The Trust will actively participate in the 2018 re-audit. Local audits will review use of Least Restrictive Practice and Standardisation of RT Prescription
National confidential inquiry into suicide and homicide 2017	<ul style="list-style-type: none"> Cornwall has the highest rate of suicide per 100,000 population. Deaths by hanging and jumping and multiple injuries increased whilst deaths by self-poisoning decreased. There were no inpatient deaths during this period. 	<ul style="list-style-type: none"> The findings of the report were reviewed by the Medical Director and will be used to continue to support local quality improvement in the reduction of suicides. The Trust continues to be an active member of the "Zero Suicide" Collaborative, working in partnership across the health and social care economy.

3. Quality Report

Local Clinical Audits program for 2017/18

Clinical audit provides a mechanism to drive and improve the quality of care patients receive, through systematically assessing compliance of on-going clinical care against evidence-based standards and identifying where quality improvement should take place with the aim to improve outcomes for patients.

The Clinical Audit Programme within the Trust has been developed to:

- Meet Service Line priorities and identified need
- National Recommendations and expectations
- Provide assurance improvements are implemented and sustained
- Confirm that current practice compares favourably with evidence of good practice and to ensure that, where this is not the case, changes are made that improve the delivery of care

Recommendations and action plans to address the findings of each audit are developed by the relevant clinical service line in order to further improve the quality of healthcare we provide. The delivery of the actions are monitored through the Trust Governance Framework, reporting to the Trust Board through the Quality and Governance Committee, who receive a quarterly clinical audit report detailing outcomes from all clinical audits undertaken within the previous quarter.

The Trust carried out 104 local clinical audits in 2017/18. The audits identified good practice as well as areas for improvement.

Children's and Young Persons Services examples of clinical audit learning outcomes, improvements and recommendations for 2017/2018 from the 21 audits completed.

Learning for Improvement

- There were on occasion missed opportunities to spell out the child voice from the analysis given by the Nurse. Within the Early Help Assessment form in some records the child voice section was not updated or reviewed regularly in order to reflect the changing situations for the child. Lessons Learnt Sessions have been held with Family Nurse Partnership team to share findings, review child voice papers and named nurse recommendation paper.
- Assurance is needed around improved communication from the midwifery service to the health visiting service in relation to families with risks and vulnerabilities. Postnatal communication has been reviewed at the Derriford midwifery meeting with Care Management Centre lead and health visiting service. Consideration has been given to midwives sending initial record of safeguarding and then monthly maternity chronology/significant events report to Health visiting for uploading on clients records open to Health Visiting service.
- The vast majority of CAMHS patients on melatonin are now on the recommended first-line treatment (88%). Out of the 48 patients included in the audit 44% had been on melatonin treatment for two years or more with five clients being on treatment for five years+. This highlighted the long-term nature of some of the treatment regimens particularly in the arena of childhood neurodevelopmental disorders. Locally there are good shared care guidance in place, but in order to continue to reduce prescribing on melatonin in CAMHS there needs to be continued momentum of clients being transferred to GP prescribing (with adequate supportive information on monitoring, treatment withdrawal and treatment duration).

3. Quality Report

- The Clinical Psychologist provides a person-centred psychological service to the children and young people who have life-limiting or life-threatening conditions and the families that support them. Significantly, 78.9% of the Clinical Psychologist's cases showed that the mutually set goals had been reached and the patient no longer needed or wanted therapy. In the cases that were not successfully completed, the patients did not want further engagement for therapy indicating that the service is extremely effective at meeting patient's needs.

[Adult Mental Health Community, Complex Care and Dementia and Learning Disability Services examples of clinical audit learning outcomes, improvements and recommendations for 2017/2018 from the 34 audits completed.](#)

Learning for improvement

- Most clinical areas are required to achieve full compliance against the standards for medicines storage. Medicines Management Leads will support this with regular checks being carried out which are monitored by the pharmacy team in addition to the statutory audits.
- There continues to be a need to embed the importance of good clinical risk assessment and management in relation to suicide risk in Learning Disability patients. Staff will be encouraged to complete risk documentation fully and accurately and will be reminded in supervision and training of the importance of creating risk specific care-plans when risk is identified.
- An audit of 442 patients with dementia showed Total Prevalence of Antipsychotic prescribing was 3.4%. The highest proportion of patients prescribed antipsychotics were those on the Dementia Liaison Nurse caseloads followed by those open to Community Psychiatric Nurses. None of the Primary Care Dementia Practitioners has patients on caseload being treated with antipsychotics. Compliance with audit standards was generally very good but with room for improvement in quality of documentation.

This will be addressed with the design and implementation of a reliable method and location for recording information relating to antipsychotic prescribing within the clinical record (RiO).

- The results of an evaluation of a Dialectical Behavioural Therapy (DBT) skills group suggest that a DBT skills group intervention may be effective at reducing negative thoughts, feelings and behaviours, promoting positive self-help behaviours, and reducing patients' reliance on professional help for support. The evaluation provides tentative support for the use of DBT skills interventions as a stand-alone intervention within a community mental health team however there was a high dropout rate from the Emotional Coping Skills (ECS) groups. Future research should attempt to understand why so many patients did not complete the ECS group

[Functional Inpatient and Targeted Services examples of clinical audit learning outcomes, improvements and recommendations for 2017/2018 from the 22 audits completed.](#)

Learning for improvement

- There needs to be a focus on ensuring that the appropriate blood tests and physical health checks are carried out at the recommended intervals as set out in the clinical guidelines for prescribing antipsychotics/ lithium. Learning from audits will be shared and continued participation in National Clinical Audits will continue to highlight and embed the importance of best practice.
- There is room for further learning related to the implementation of PBS plans. This will be achieved by identifying training requirements of staff, provision of practical leadership and supervised practice, and developing patient information.
- A retrospective audit of episodes of Seclusion on a Psychiatric Intensive Care Unit identified a number of policy standards that were fully (100%) complied with including the use of alternative methods of reducing behaviour prior to

3. Quality Report

the commencement of Seclusion, seclusion care plan was set up and the rationale for Seclusion was stated. Since the previous audit, the areas where the most noticeable improvements were made relate to: Physical Observations following Rapid Tranquillisation (RT), Physical Health checks and the use of debrief. The areas which require further consideration relate to: Positive Behaviour Support Plans (PBSP) – identifying in the progress notes, why a PBSP following an episode of seclusion has not been developed, how PBSP are evaluated for effectiveness and informing Independent Mental Health Advocates (IMHA's) of seclusion episodes. The PBS Implementation group will continue throughout 2018. IMHAs to be informed following an episode of Seclusion and be invited to Clinical reviews (with patient consent) following each episode of Seclusion.

Adult Community Services examples of clinical audit learning outcomes, improvements and recommendations for 2017/2018 from the 27 audits completed.

Learning for improvement

- An assessment against NICE Clinical Guideline NG33 Tuberculosis: prevention, diagnosis, management and service organisation, highlighted the need to focus on the under-served population. The team will focus on developing collaborative working with charities and other organisations to be more involved with the raising awareness delivery and participate in leaflet design for this group.
- The current process of patient feedback does not evidence compliance with the requirements of the NICE Clinical Guideline 138, Quality Standard 15 and its statements; therefore a more robust solution should be implemented. Incorporating the statements into the draft consent model and reporting against this data will evidence compliance with the statements.

- A re-audit of recording and responding to Children's Safeguarding in the Minor Injuries Units showed positive results were found in terms of gaining consent for referral and ongoing care, in following up expected returns to ensure children are brought for appointments and a positive improvement, with quality of the Safeguarding elements of the record increased. However missed opportunities within the audit include vulnerable children, Children on Child Protection Plans, referrals to Multi Agency Referral Unit (MARU), significant multiple attendance history, or within Children in Care processes. Recommendations therefore reflect an ongoing need to improve assessments of risk to a child through the implementation of relevant documentation on the electronic records system, review and feedback of individual records by the Local Safeguarding Children Practitioner and for follow up audit of new proposed paperwork six months after introduction.

Next Steps/Priorities for 2018/19

- For 2018/19, comprehensive audit programmes will be developed with each of the service lines which will be aligned to core priorities. "Must do" audits will include those identified by Healthcare Quality Improvement Partnership (HQIP), demonstrating compliance with regulatory requirements and commissioner priorities. Local audits will continue to evaluate and identify service improvements and potential benefits for our patients.
- We will continue to seek out, assess eligibility and support the participation in National Clinical Audits (NCAs).
- We will ensure that the results of NCAs reach all relevant services and clinicians and support continuous service improvement through translating national reports into local actions. We will use those local action plans resulting from NCAs for patient-focused quality improvement initiatives.
- We will identify the training and resources that need to be put in place to support quality improvement activity.

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Completed Approved Audits

Children and Young People's Services

Number	Title	Completion Date
722	Depressive Prescribing Re-audit	30/03/2017
947	Record Keeping WNB / DNA	30/03/2017
946	Health Visiting and School Nursing MIU/ED Re -Audit	10/04/2017
908	Audit of Health Visiting Blood Spot Pathway & Movers In Protocol (re-audit)	18/04/2017
326	ADHD in CAMHS re-audit	02/05/2017
327	Review of Child Protection plans Focus on Health outcomes for the child	02/05/2017
884	Controlled Drugs 16/17 Q4	11/05/2017
918	Medication Storage (6 monthly) 16/17 R2	12/05/2017
903	Depressive Disorder	31/05/2017
924	Midwifery and Health Visiting Communication Pathway	22/06/17
927	Liaison & Information Sharing CAMHS & CIC	26/06/17
876	IG Box Audit	30/06/2017
875	IG Site Audit	30/06/2017
413	Resus Equipment	17/08/2017
412	Frequency and Quality of Supervision given by Safeguarding children Specialist Nurses	22/08/2017
925	Record Keeping Re-audit	23/08/2017
466	Quality of the recording of VOC in FNP	26/11/17
314	Urgent 24 hour requests	07/03/2018
797	Diana Psychology Team	15/02/2018
328	Melatonin Prescribing Re-Audit	16/03/2018
491	Medication Storage 17/18 R1	19/03/2018

Adult Mental Health Community Services

Number	Title	Completion Date
907	Prescribed Lithium POMH UK Topic 7e	09/02/2017
930	Evaluation of the Emotion Coping Skills Group (ECS)	10/04/2017
918	Medication Storage (6 monthly) 16/17	12/05/2017
916	Honos Audit	18/05/2017
876	IG Box Audit	30/06/2017
875	IG Site Audits	30/06/2017
491	Medication Storage 17/18 R1	19/03/2018

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Complex Care and Dementia Service

Number	Title	Completion Date
921	Safer Sharps Audit	10/04/2017
878	PCDP: Mild Cognitive Impairment Audit	18/04/2017
884	Controlled Drugs 16/ 17 Q4	11/05/2017
918	Medication Storage (6 monthly) 16/17	12/05/2017
850	Implementation Quality Improvement Project 2015/16	22/05/2017
417	MFRAT Audit (SI 007/17 (STEIS 2017/1349))	30/05/2017
876	IG Box Audit	30/06/2017
875	IG Site Audit	30/06/2017
894	Clinical Environment MAS Nurses	24/02/2017
855	Patients are seen by the liaison team with an appropriate physical health problem	12/02/2018
452	Coombe CCD Team Antipsychotic Prescribing in Dementia	07/03/2018
480	Interim Assessment and Treatment	16/02/2018
447	MFRAT & Care Plan Audit	26/03/2018
491	Medication Storage 17/18 R1	19/03/2018

Learning Disability Services

Number	Title	Completion Date
890	Therapy Outcome Measures in SLT	03/05/2017
934	Outcome Measures	07/06/2017
853	Suicide Risk	28/06/2017
876	IG Box Audit	30/06/2017
875	IG Site Audit	30/06/2017
935	Downs and Dementia	14/07/2017
407	Rio Record Keeping	28/09/2017
435	COSHH Audit	12/12/2017
433	TOMS PLMD Audit	07/03/2018
460	Transition from child to Adult Services	27/02/2018
461	Nocturnal monitoring in Epilepsy	25/01/2018
465	PLMD 2017	06/03/2018
NR	SUDEP Checklist	09/03/2018

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Functional Inpatient and Targeted Services

Number	Title	Completion Date
313	Positive Behaviour support plans	15/03/2017
945	Capacity Assessments on Patients Admitted on a Voluntary Basis	18/04/2017
381	Prolactin Measurements	20/04/2017
902	Monitoring of Patients prescribed Lithium (POMH UK 7e)	08/05/2017
884	Controlled Drugs 16/17 Q4	11/05/2017
918	Medication Storage (6 monthly) 16/17	12/05/2017
876	IG Box Audit	30/06/2017
875	IG Site Audit	30/06/2017
943	Antibiotic audit	26/07/2017
920	Limited Prescribing Re-audit	16/08/2017
413	Resus Equipment	17/08/2017
446	Audit the Powers of Search and Report Outcomes (Bowman)	25/09/2017
383	Caseload Compliance QS80	29/09/2017
437	Inpatient Ward Medical Review over Christmas and New Year re-audit	05/10/2017
435	COSHH Audit	12/12/2017
782	Restrictive Practice	19/12/2017
923	Seclusion (Harvest) Re-audit yr 2	05/03/2018
473	Understanding 136 Health Place of safety Incidents Q3	05/03/2018
310	Observation Re-audit yr 3	15/03/2018
431	Medical Gas Storage	21/03/2018
477	Housing Needs	26/03/2018
491	Medication Storage 17/18 R1	19/03/2018

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Adult Community Services

Number	Title	Completion Date
921	Safer Sharps Audit	21/03/2017
871	Transfusion Practice	21/03/2017
868	Foot Amputation Outcomes	03/05/2017
322	Weight Management MSK	10/05/2017
884	Controlled Drugs 16/17 Q4	11/05/2017
918	Medication Storage (6 monthly) 16/17	12/05/2017
872	VTE risk assessment compliance	31/05/2017
876	IG Box Audit	30/06/2017
875	IG Site Audit	30/06/2017
940	SLT Record Keeping Audit(345)	10/07/2017
943	Antibiotic Audit	26/07/2017
441	VTE risk assessment compliance Q1	01/09/2017
421	PGD Audit	25/09/2017
882	Community Hospital GSF/ADA	27/09/2017
423	TEP Audit	27/09/2017
435	COSHH Audit	12/12/2017
479	Safeguarding MIU Re-Audit	29/11/2017
431	Medical Gas Storage	06/03/2018
453	Reducing Trips, Slips and Falls (SI 1027/11770)	15/03/2018
491	Reducing Trips, Slips and Falls (SI 1027/11770)	19/03/2018
339	NICE CG 138 re-audit	20/03/2018

Adult Community Countywide Services

Number	Title	Completion Date
401	Record Keeping Audit - Diabetes Team	07/03/2018
339	NICE CG 138 re-audit	20/03/2018
323	NG33 Trust compliance TB Service	27/09/2017
402	Lone Worker Audit TB Service	28/09/2017

Adult Community Services - Therapies

Number	Title	Completion Date
428	Weight management for patients with OA with a BMI over 30 (Re-Audit)	29/11/2017
491	Medication Storage 17/18 R1	19/03/2018

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Next Steps/Priorities for 2018/19

- For 2018/19, comprehensive audit programmes will be developed with each of the service lines which will be aligned to core priorities. "Must do" audits will include those identified by Healthcare Quality Improvement Partnership (HQIP), demonstrating compliance with regulatory requirements and commissioner priorities. Local audits will continue to evaluate and identify service improvements and potential benefits for our patients.
- We will continue to seek out, assess eligibility and support the participation in National Clinical Audits (NCAs).
- We will ensure that the results of NCAs reach all relevant services and clinicians and support continuous service improvement through translating national reports into local actions. We will use those local action plans resulting from NCAs for patient-focused quality improvement initiatives.
- We will identify the training and resources that need to be put in place to support quality improvement activity.

Participation in Clinical Research

The Trust remains committed to supporting research in biological, psychological and social treatments for people with severe mental illness, dementia and/or learning disability. In addition the research team is managing a number of studies relating to adult community health services. As a Trust we are collaborating with several major university departments, the pharmaceutical industry and major charities.

The number of patients receiving relevant health services provided or sub-contracted by Cornwall Partnership NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 673 patients in NIHR (National Institute for Health Research) studies and 20 patients in non NIHR studies.

The Trust has also recruited 50 patients to non NIHR projects run by clinicians working in CFT. The Trust has 24 NIHR studies open to recruitment at the end of March 2017 and three of these are chief investigator studies helping Cornwall Partnership Foundation Trust attract more research to the population.

The Trust remains committed to supporting research in biological, psychological and social treatments for people with severe mental illness, dementia, learning disability and neurological conditions.

More information can be found on our website www.cornwallft.nhs.uk

Goals agreed with commissioners – CQUINs

A proportion of Cornwall Partnership NHS Foundation Trust income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Cornwall Partnership NHS Foundation 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 (CQUIN) payment framework.

Further details of the agreed goals for 2017/18 and for the following 12 month period are available from the Foundation Trust Secretary and are reported in the Trust Board papers at www.cornwallft.nhs.uk

In 2017/18 the Trust agreed a wide range of quality indicators to underpin CQUIN payments as detailed in the following tables.

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	Contract	CQUIN	Rationale for inclusion	Performance
1	NHS Kernow CCG	Improvement of health and wellbeing of NHS staff	Nationally mandated CQUIN	Guaranteed payment of CQUIN
2	NHS Kernow CCG	Healthy food for NHS staff, visitors and patients	Nationally mandated CQUIN	Guaranteed payment of CQUIN
3	NHS Kernow CCG	Improving the uptake of flu vaccinations for frontline clinical staff	Nationally mandated CQUIN	Guaranteed payment of CQUIN
4	NHS Kernow CCG	Improving Physical healthcare to reduce premature mortality in people with SMI: Cardio Metabolic Assessment and treatment for Patients with Psychoses	Nationally mandated CQUIN	Guaranteed payment of CQUIN
5	NHS Kernow CCG	Improving Physical healthcare to reduce premature mortality in people with SMI: Collaboration with primary care clinicians	Nationally mandated CQUIN	Guaranteed payment of CQUIN
6	NHS Kernow CCG	Supporting proactive and safe discharge (Community)	Nationally mandated CQUIN	Guaranteed payment of CQUIN
7	NHS Kernow CCG	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco screening	Nationally mandated CQUIN	Guaranteed payment of CQUIN
8	NHS Kernow CCG	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco brief advice	Nationally mandated CQUIN	Guaranteed payment of CQUIN
9	NHS Kernow CCG	Preventing ill health by risky behaviours - alcohol and tobacco: Tobacco referral and medication	Nationally mandated CQUIN	Guaranteed payment of CQUIN
10	NHS Kernow CCG	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol screening	Nationally mandated CQUIN	Guaranteed payment of CQUIN
11	NHS Kernow CCG	Preventing ill health by risky behaviours - alcohol and tobacco: Alcohol brief advice or referral	Nationally mandated CQUIN	Guaranteed payment of CQUIN
12	NHS Kernow CCG	Improving the assessment of wounds	Nationally mandated CQUIN	Guaranteed payment of CQUIN
13	NHS Kernow CCG	Personalised care and support planning	Nationally mandated CQUIN	Guaranteed payment of CQUIN
14	NHS Kernow CCG	Improving services for people with mental health needs who present to A&E	Nationally mandated CQUIN	Guaranteed payment of CQUIN
15	NHS Kernow CCG	Transitions out of Children and Young People's Mental Health Services (CYPMHS)	Nationally mandated CQUIN	Guaranteed payment of CQUIN
16	NHS England	Reducing the Length of Stay in Specialised Mental Health services	All providers of secure, CAMHS Tier 4 and adult Eating Disorder services commissioned by South	100% Achievement

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Statements from the Care Quality Commission (CQC)

Cornwall Partnership NHS Foundation Trust is required to register with the Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Cornwall Partnership NHS Foundation Trust during 2017/18.

Cornwall Partnership NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2017/18.

1. CQC Responding to Risk and Priorities in an Area: Cornwall and London Borough of Sutton – This review was undertaken as part of the CQC's own development process to support whole service areas. The Trust was one of a number of organisations involved in this review and the learning from it has formed much of the excellent work carried out to support the whole system to improve patient flow. Whilst there were no specific recommendations for this organisation we have continued to be a core partner in develop and implementing solutions.

April 2016 saw the joining of our Adult Community Services, which had been previously provided by Peninsula Community Health, to the wider family of Trust services. Both organisations had been inspected by the CQC in early 2015 and had been awarded "Good" ratings overall for their services. As part of their normal policy the CQC give newly joined partners an opportunity to assimilate and evolve together before undertaking a follow-up inspection. In September 2017 the Trust was subject to a whole service inspection which covered all of our mental health, children's, learning disability and adult services. The inspection lasted two weeks and involved over 70 inspectors. This gave patients, partners and staff the opportunity to talk about the service that we provide, what it feels like to work for the organisation and areas that we could improve upon.

The initial report from the CQC was received in December as part of their process to enable providers to respond on accuracy and

the indicative rating. The final report was made public in February 2018. The Trust was very disappointed to find that we had been downgraded from "Good" to "Requires Improvement". There were some positives for us in the report with our rating for Caring now being given as "Outstanding" which is an amazing testament to our frontline clinical staff. However, across Safe, Effective and Well Led we were rated as requires improvement.

Individual services areas faired differently with the Mental Health and Learning Disability Services rating as "Good" overall, although some work is still required to bring the CMHT and CAMHS services up to the expected standard. The mental health inpatient rehabilitation service maintained its "outstanding" rating and is very much seen as a national leader in this area.

The Adult Community Services were rated overall as "Requires Improvement" and this was consistent across the Community, Inpatient, Urgent Care and End of Life Services. The report demonstrated that whilst staff were committed to providing high quality care, there was an inconsistency in approach and a failure to follow national guidance on best practice. There were also issues highlighted with the knowledge and awareness of staff around the Mental Capacity Act and the application of Best Interests processes. Rapid action was taken to address the fundamental care issues, including standardised guidance being issued to MIU's on escalation of a deteriorating patient, core equipment for all District Nurses and updated guidance on supporting hydration and nutrition in all settings.

There is clearly much work to be done and this report has galvanized the organisation to develop solutions and new approaches to the issues that it has raised. The CQC will be undertaking a process of re-inspection of the areas where they identified breaches of regulations. The whole Trust has come together, led by the Board, to create an improvement plan which is wide ranging and has been developed by clinical and management leads. This plan is designed to rapidly address the concerns raised and to support us to return to our rating of "Good" as soon as possible and then back on track to our journey to "outstanding".

3. Quality Report

Mental Health Act Inspections

The Trust receives unannounced inspections focusing on the experiences of patients and how we are complying with the requirements of the Mental Health Act. These inspections involve external CQC Mental Health Act Inspectors and our managers, staff and patients. Informal feedback is given by the Inspector on the day of the inspection with a full report being received by the Trust usually within one month.

Visits have been very positive with just a very few minor issues identified:

Carbis Ward January 2017 example issue - record of repeating s132 rights?

Fettle January 2017 "the staff are really good". They look after me and make me safe".

Fletcher Nov 2017 example issue Recording of information given regarding IMHAs. (Inspection found all patients were made aware of their right to an IMHA)

"Staff have been marvellous"
"Never have you met such a wonderful team."
"Very safe and secure on the ward."

Garner January 2018: example issue - Documenting the discussion of the SOAD's decision with the patient

"Staff are lovely."
"Staff are very good."
"They are all excellent."

The Trust builds a positive relationship with CQC by meeting with Inspectors every two months.

OFSTED Inspections

The Trust's three children's short break houses, Gwyn Dwr, Layland and Roston, are all registered with OFSTED (Office for Standards in Education, Children's Services and Skills). The three short break homes are all subject to unannounced independent inspections by OFSTED twice a year which are conducted under the Care Standards Act 2000 to assess the effectiveness of the services and to consider how well they comply with the relevant regulations and meet the national minimum standards.

The recent inspection results are:

Gwyn Dwr – inspected December 2017, with a rating of good. The overall impression is that the home has mapped the outcomes for young people and ensures children are embedded in their community and have choices for what they want to do when they are resident in the home.

Layland – inspected in October 2017. The unit received a rating of requires improvement due to management instability. The Registered manager is now permanently in position and the team are working with the manager to implement the recommendations.

Roston – inspected in July 2017 and received a rating of Good.

3. Quality Report

Data Quality Statements

Data Quality

The use of data and informatics within the NHS is at a crucial point of change. Work to improve the standard of data we produce has and continues to be implemented to improve the quality, accuracy and timeliness of our information.

The Trust Board strongly believes that all decisions, whether clinical, managerial or financial, need to be based on information which is accurate, timely, complete and consistent. A high level of data quality allows the Trust to undertake meaningful planning and enables services to be alerted of deviation from expected trends.

Improving Data Quality

Cornwall Partnership NHS Foundation Trust will be taking the following actions to improve data quality:

- National data definitions, standards, values and validation programmes are incorporated within key systems and local documentation is updated as standards develop.
- External data quality reports are used for monitoring and improving data quality.
- Documented procedures are in place for using both local and national benchmarking to identify data quality issues and analyse trends in information over time, ensuring that large changes are investigated and explained.

- We continue to work closely with clinical leaders on the development and reporting of outcome measures from coded data, for reporting to the Trust's committees and groups, using this as an opportunity to address any underlying data quality issues.

Cornwall Partnership NHS Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Data taken from DQMI Submission for July-Sept data 2017

The percentage of records in the published data which included the patient's valid NHS number was:

- Admitted patient care 99.8%
- Outpatient care 100%

Unable to identify CFT as our data is included in RCHT return for accident and emergency care

Data taken from DQMI Submission for July-Sept data

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- Admitted patient care 100%
- Outpatient care 100%

3. Quality Report

Information Governance Toolkit Attainment Levels

Cornwall Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 81% and was graded satisfactory. (Mandatory text)

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	93%	Satisfactory

Confidentiality and Data Protection Assurance

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	81%	Satisfactory

Information Security Assurance

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	73%	Satisfactory

Clinical Information Assurance

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	93%	Satisfactory

Secondary Use Assurance

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	83%	Satisfactory

Corporate Information Assurance

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	77%	Satisfactory

Overall

Assessment	Stage	Overall Score	Self-assessed Grade
Version 14.1 (2017/18)	Published	81%	Satisfactory

More information on the information governance toolkit is available from:
www.igt.connectingforhealth.nhs.uk/about.aspx

Clinical coding error rate 2017/2018

Please note that the final report is currently in Draft.

Cornwall Partnership NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. However, Clinical Coding completes quarterly and annual audits. The most recent audit showed accuracy levels for Primary Care Diagnosis at 100% and Secondary Diagnosis at 97%, therefore, meeting level 3 in the toolkit.

3. Quality Report

ANNEX 1: Statements from commissioners, local healthwatch organisations and overview and scrutiny committees

Response to Cornwall Partnership NHS Foundation Trust Quality Account

Healthwatch Cornwall is pleased to read the 2017/18 Cornwall Partnership Foundation Trust (CFT) Quality Account.

Throughout the reporting period 2017/2018 Healthwatch Cornwall (HC) received over 250 pieces of public feedback about the services provided by CFT. Trends showed the majority of feedback related to physical health services provided by community hospitals, of which a higher proportion of was positive. Negative feedback was predominantly attributed to mental health services, although this represented a smaller proportion of feedback of around 10%. Feedback relating to community mental health is reflective of the Community Mental Health Patient Survey 2017 where CFT still falls within the bottom 20% of Trusts surveyed. HC is therefore pleased to see a full action plan to address the issues highlighted in the report, which was approved in November 2017. It is also encouraging to hear in the Integrated Community Mental Health Team, methods to improve caseload management and the delivery of more planned care are beginning to have impact.

Whilst complaints remained static, activity through contacts recorded by the Patient Advice and Liaison Service (PALS) team increased significantly, by 63% compared to 2016, although it is not clear in the report as to the reason for this increase in activity. It is however, positive to see objectives for 2018/19

will be to build on the work of the Patient Experience Team: to enable all services in the trust to use patient experience metrics and patient feedback to learn from and improve services; to enable themes and trends to be identified including those coming through PALS and complaints; to further embed staff understanding of the role of PALS and to enhance staff's communication and customer care skills.

HC welcomes the wider roll out of the frailty education and focus on frailty programme, along with the continued implementation of the frailty pathway. This is as stated, particularly pertinent to the people of Cornwall and the Isles of Scilly, given its population is older than the national average, with 10.3% aged 75 or over, compared with 7.8% in England.

We acknowledge that End of Life care at CFT was rated as Require Improvement by the Care Quality Commission in the February 2018 inspection report. However, we recognise the prompt action being taken to address this, this being a current area of focus of our work through the End of Life Strategy Board.

HC are pleased to see that as a result of the joint CFT/Royal Cornwall Hospital Trust (RCHT) Integrated Therapy Service which commenced in June 2017, a joined up musculoskeletal service to be part of the right care MSK pathway to ensure this supports system wide change. We hope to see successful implementation of this going forward.

Similarly, it is positive to hear of the further roll out of the SAFER Care Bundle across inpatient wards as an approach which aims to improve patient experience and reduce length of stay.

In reflecting on CFT's 2018/19 Quality Priorities, which focus on safety, clinical effectiveness and patient experience, we welcome the approach to delivering more integrated care which has resulted in a greater number of priorities that work across multiple services and timeframes. It is hoped this will enable greater learning and embedding of change.

Whilst formal processes for regularly sharing the feedback we receive about CFT services together with reviewing how it is used to improve services do not currently exist, we look forward to working with CFT in the coming year to develop and implement these.

3. Quality Report

Council of the Isles of Scilly

On behalf of the Scrutiny Committee may I congratulate the Trust on its 'Outstanding' performance for 'Caring' from the CQC. We look forward to seeing the required improvements in other areas. As a general comment for the Quality Account I would like to see more reference made to how priorities are delivered in the Isles of Scilly, as you have done for the Overview of Quality: Adult Mental Health and Learning Disability Service. Demonstrating that the service provision is 'island-proofed' (or where provision referred to not available to the islands, this is stated) provides important reassurance that:

- there has been due regard paid to logistics of service delivery on the islands, and
- improvements and priorities can realistically be delivered in the local context.

Children's' mental health is an acutely sensitive area on the islands, and support for transition to adulthood should consider the impacts of attending education or work on the mainland. We fully support the transition priority in 2017/18 and note that the CAMHS Tier 4 unit is in development (and that a young people's stakeholder group is engaged). For both CAMHS and the 2018/19 priority regarding Education Health Care plans for children with a Special Educational Need or Disability, we would like to understand better how this is delivered for the Isles of Scilly and whether, for example, the Isles of Scilly is incorporated into the subcontract for physical monitoring of children and young people with eating disorders.

Regarding Adult Community Health Services, we clearly wish to see consistent, high quality care provided. The continuation of 'frailty' as a two year priority is welcomed and the Committee may benefit from further information to fully understand the intended outcomes and implementation at a local level and in the wider context of prevention.

Adult mental health is another sensitive area, and where the Council has a role to help provide an environment that empowers people to look after themselves and avoid progressing to a crisis situation. One concern is that although there are good performance scores, for a number of indicators (which relate to 'wrapping care around the patient') the Trust is in the bottom 20%.

Overall, we desire than an integrated health and care approach on the islands is an example of excellence. We wish for the Trust to play an active part in developing and supporting a proficient workforce within an effective, caring network with sufficient capacity to meet the current and future needs of the islands.

NHS Kernow

NHS Kernow Clinical Commissioning Group (KCCG) is the lead commissioner responsible for commissioning a range of health services from Cornwall Partnership Foundation Trust (CPFT). The information contained within the report was reviewed and is considered an accurate summary reflection of the Trust's performance during 2017/18; as per the KCCG contractual Quality Monitoring processes.

KCCG welcome the opportunity to provide this statement and the approach taken in developing and setting out its plans for quality improvement in 2018/19. It has proved to be a busy year with the comprehensive CQC inspection in September 2017 alongside challenges across the system and an ambitious quality improvement plan.

The Quality Account clearly articulates where CPFT has achieved good progress and identifies areas where further improvements are required. In the commissioner/provider relationship there is a focus on making quality the organising principle of NHS services, by embedding quality at the heart of commissioning practice. The positive joint pathway transformation work is an example of this and clearly demonstrates our intention to deliver the Five Year Forward View objectives together.

3. Quality Report

KCCG endorses the commitment within the Quality Account to addressing the challenges of 2018/19. We are particularly pleased with the developments in children's and young people's services. The work being done for the CQUIN is influencing quality improvement plans and we really welcome the developments for early planning (from 15) which is in line with best practice and the national work done on preparation for adulthood. This is a very welcome piece of quality improvement. As a goal we would hope the management of expectations for both the young person and the parents and the type of offer going forward is clearly communicated early so there is opportunity for children's services to support preparation for this with strategies to build independence and self-management skills. There is an important element to ensure joint planning is successfully achieved with social care and education and KCCG will continue to promote and support this approach through 2018/19.

ANNEX 2: 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 to prepare Quality Accounts for each financial year.

NHS Improvement 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 NHS 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 2017/18 and supporting guidance
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2017 to Date of this Quality Report
 - papers relating to quality reported to the board over the period April 2017 to the Date of this Quality Report
 - Feedback from commissioners 10 May 2018
 - Feedback from governors in minutes from the Council of Governors' meeting dated 13 April 2018
 - Feedback from Healthwatch Cornwall
 - Feedback from Council of the Isles of Scilly Overview and Scrutiny Committee dated 9th May
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009 and reported to Board on a monthly basis. The annual report is expected in June 2018. This is a change to the reporting period in previous years.

3. Quality Report

- The 2017 CQC Community Mental Health Service User Survey published October 2017
- The 2017 national staff survey dated January 2018
- The Head of Internal Audit's annual opinion over the trust's control environment dated 18 May 2018
- CQC inspection report dated 2 February 2018
- 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 NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board



Chair



Chief Executive

24 May 2018

ANNEX 3

Independent auditor's report to the Council of Governors of Cornwall Partnership NHS Foundation on the quality report

We have been engaged by the council of governors of Cornwall Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Cornwall Partnership NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Cornwall Partnership NHS Foundation Trust as a body, to assist the council of governors in reporting Cornwall Partnership NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Cornwall Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.
- emergency re-admissions within 28 days of discharge from hospital.

3. Quality Report

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

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' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in detailed guidance for external assurance on quality reports 2017/18; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'detailed guidance for external assurance on quality reports'.

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

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

- board minutes for the period April 2017 to May 2018
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- feedback from commissioners dated 10 May 2018;
- feedback from governors dated 13 April 2018;

- feedback from Healthwatch Cornwall dated May 2018;
- feedback from Council of the Isles of Scilly Overview and Scrutiny Committee dated May 2018;
- the trust's draft complaints report to be published in July 2018 under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 CQC Mental Health Service user survey;
- the 2017 national staff survey;
- Care Quality Commission inspection report, dated February 2018
- the Head of Internal Audit's annual opinion over the trust's control environment, dated May 2018; and
- any other information included in our review.

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.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;

3. Quality Report

- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

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

Limitations

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

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

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 2018:

- 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 2.1 of the NHS Improvement 2017/18 Detailed guidance for external assurance on quality reports for foundation trusts.; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Cardiff

24 May 2018

3. Quality Report

Glossary

Term	Explanation
Academic Health Science Network	A body to align education, clinical research, informatics, innovation, training and education and healthcare delivery.
Acute	Of sudden onset.
Acute GP	Assisting local GPs and community healthcare professionals in the management of patients with acute conditions. Running a same day clinic to provide investigations and management for patients with ambulatory acute conditions.
Annual health check	A yearly check of aspects of someone's health and a chance to talk.
Board of Directors	The Board of Directors is responsible for the day-to-day management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of strategy and policy.
Care Quality Commission	Independent regulator of health and adult social care in England.
Care pathway	An integrated care pathway is a multidisciplinary outline of anticipated care, placed in an appropriate timeframe, to help a patient with a specific condition or set of symptoms move progressively through a clinical experience to positive outcomes".
Child and adolescent mental health service (CAMHS)	Specialist NHS children and young people's mental health services.
Clinical effectiveness	A framework for linking research, implementation and evaluation in clinical practice.
Council of Governors	The Council of Governors is made up of elected patients, public, staff and partner representatives.
Current view form	It is a record of the current position and presentation of a patient.
Delayed transfers of care	A Delayed Transfer of Care is experienced by an inpatient in a hospital, who is ready to move on to the next stage of care but is prevented from doing so for one or more reasons.
Duty of Candour	Candour is defined in Robert Francis' report as: 'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.'
Eating Disorder examination questionnaire	This is form used in a semi structured interview by a clinician to help to support a patient with an eating disorder.
Formulation framework	An approach to assess, plan, implement and review care provided to people living with dementia whose distressed behaviour challenges their care givers.
Francis report	A report published in relation to the concerns raised about Mid Staffordshire NHS Trust.

3. Quality Report

Term	Explanation
Friends and Family Test	A method to seek feedback on the care and treatment provided.
Global assessment score	This is a score which is attributable to a patient who has participated in the completion of an eating disorder questionnaire.
Governor	An NHS foundation trust governor holds foundation trust's non-executive directors to account for the performance of the board and represents the interests of members and the public.
Harm ratings	Incidents within health care which result in harm to an individual are allocated gradings to indicate the level of harm experienced.
Health and social care information centre (HSCIC) now NHS Digital	A national provider of high-quality information, data and IT systems for health and social care.
Healthwatch	An independent consumer champion that gathers and represents the views of the public about health and social care services in England.
Home treatment team	Provides a high level of support to people over the age of 16 in mental health crisis or relapse in their own home.
Improving access to psychological therapies (IAPT)	A service offering interventions approved by the National Institute for Health and Care Excellence (NICE) for treating people with depression and anxiety disorders.
Inpatient mental health service	Facilities which provide a safe environment for assessment and treatment, of people over the age of 18 with a mental health condition.
Integrated community mental health team	Provide one-to-one, individualised support that may take the form of visits to a person's home or at a community setting such as a GP surgery.
Institute for Healthcare Improvement	IHI is a nonprofit organisation focused on motivating and building the will for change, partnering with patients and health care professionals to test new models of care, and ensuring the broadest adoption of best practices and effective innovations.
Meridian survey tool	A company which specialises in developing questions to be used in a survey to understand a person's experience.
Multi disciplinary team (MDT)	Members from different healthcare professions with specialised skills and expertise.
Multifactorial fall risk assessment tool	A validated tool to assess a patient's risk of falling
National community mental health survey	A survey of people who use community mental health services.

3. Quality Report

Glossary

Term	Explanation
Neuropsychiatric inventory	A questionnaire, which uses information from carers of people with dementia. It is designed to describe the "behavioural and psychological symptoms", experienced by people with dementia. Mental health practitioners will use this information to identify the severity of any symptoms and to monitor the effect of treatment.
NHS Choices	Information from the National Health Service on conditions, treatments, local services and healthy living.
NHS England	Established on 1 October 2012 as an executive non-departmental public body. Also known as The NHS Commissioning Board (NHS CB).
NHS Kernow	NHS Kernow is the clinical commissioning group for Cornwall and the Isles of Scilly. The Group is formed of 69 local practices that are themselves formed into locality groups which have been involved in local commissioning for many years.
Ofsted	Ofsted is the Office for Standards in Education, Children's Services and Skills. It inspects and regulates services that care for children and young people, and services providing education and skills for learners of all ages. Ofsted is a non-ministerial department.
Pathways	A method of managing the quality of care and standardising care. Pathways promote organised and efficient patient care based on evidence based practice.
Patient experience	The person's perception of the care and treatment experienced.
Patient experience team	A team of people whose aim is to monitor and improve patient experience.
Patient safety	The process by which an organisation makes patient care safer.
Patient safety walk round	An Executive led visit, to a team or ward, giving staff, patients and families the opportunity to identify safety issues with the aim to improve them.
Personality disorder service	A multidisciplinary team of therapists who provide assessment and treatment interventions for clients age 18 and over who either have a diagnosis of personality disorder or have difficulties that are suggestive of such a diagnosis.
Pharmacological	The science of drugs, including their composition, uses, and effects.
Primary care dementia practitioner	Individuals whose main purpose of their role is to support people who have dementia and their families.
Quality strategy	A document which outlines our commitment to provide high quality care.

3. Quality Report

Term	Explanation
Resource centre	A facility which offers support to service users and families in community settings to promote recovery through social inclusion and community participation.
Safeguarding	The actions taken to promote the welfare of children and adults and to protect them from harm.
Short break home	Provides respite to families who have a child with a learning disability and physical health needs.
Sign up to Safety	Sign up to Safety is designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.
Staff experience group	A regular opportunity for staff to meet and discuss their experiences of working within the Trust.
Sustainability and Transformation Plan	The Cornwall and Isles of Scilly STP involves Cornwall Council, Cornwall Partnership NHS Foundation Trust, Council of the Isles of Scilly, Kernow Health Community Interest Company (CIC), NHS Kernow Clinical Commissioning Group (KCCG), Royal Cornwall Hospitals Trust (RCHT), and NHS England (NHS).

Barbara Vann, Chair, opening Cove Ward our new fast-track rehabilitation ward at Longreach House, Redruth



4. Accountability Report



4. Accountability Report

Directors' Report

Names of Trust Directors in 2017/18

During the year ended 31 March 2018, the Directors of Cornwall Partnership NHS Foundation Trust were as listed below (unless otherwise stated all were in post for the full 2017/18 financial year):

Non-Executive Directors

- Jane Abraham (from 1 June 2017)
- Adrian Davis
- David Harland
- Nick Lewis (from 1 October 2017)
- Tracie North (from 1 July 2017)
- Margaret Schwarz (Vice Chair from 1 October 2017)
- Yvonne Stephens (Vice Chair until 30 September 2017)
- Barbara Vann (Chair)
- Stephen Watkins (Senior Independent Director from 1 July 2017)
- Neville Witham (Senior Independent Director until 30 June 2017)

Associate Non-Executive Director

- Mark Duddridge (until 5 February 2018)
- Robert Sneyd
- Yvonne Stephens (following the end of tenure as a Non-Executive Director, a further month as an Associate Non-Executive Director was agreed from 1-31 October 2017)

Executive Directors

- Tamsyn Anderson, Primary Care Director
- Phillip Confue, Chief Executive
- Julie Dawson, Chief Operating Officer/ Deputy Chief Executive
- Sharon Linter, Director of Nursing
- Sally May, Director of Finance, Performance and Information
- Adrienne Murphy, Director of Human Resources and Organisational Development
- Ellen Wilkinson, Medical Director

Register of interests – Directors and Governors

A register of interests for the Trust's Council of Governors and Board of Directors is available on our website at www.cornwallft.nhs.uk.

Regulators: Care Quality Commission (CQC) and OFSTED (Office for Standards in Education, Children's Services and Skills)

The Trust has an unconditional registration with the Care Quality Commission (CQC). All three of our children's short-break respite houses are registered with OFSTED. Further information relating to regulatory performance is detailed in Section 3: Quality Report.

As an NHS provider Trust, we operate under a licence from Monitor (NHS Improvement), the regulator for health services in England. Our licence has a number of conditions and our compliance against these is assessed using a variety of methods

NHS Improvement's Well Led Framework

The 'Annual Governance Statement' at the end of this Section details information relating to NHS Improvement's Well Led Framework and the Trust's compliance with Condition 4 of the Trust's licence with Monitor.

Quality disclosures including CQC assessments/reviews, local and national key healthcare target performance, research and development activities; and information on complaints handling are detailed in Section 3: Quality Report.

To the best of the Directors' knowledge there are no material inconsistencies between:

- the Annual Governance Statement;
- the Corporate Governance Statement, the Quality Report, and the Annual Report; and
- reports arising from the CQC's planned and responsive reviews of the Trust and action plans developed by the Trust.

4. Accountability Report

Patient care

The ability to give staff, patients and members of the local community a greater say in how their NHS is run is the tenet of an NHS foundation trust. The involvement of people in the services which support them in times of need will help us to deliver long-term improvements to patient care and better health for our local community. We involve stakeholders in planning our services and value their input. Investments in new services during the year are detailed in Section 2: Performance Report.

New or revised services

In December 2017 the Trust's Perinatal Service obtained additional funding from NHS England. This allowed the service to increase the range of support available to women who have a significant mental illness or who may be at risk of developing one during their perinatal period and up to the child's first birthday.

The new funding enabled the expansion of the multi-disciplinary team to include occupational therapists, social workers, specialist nursery nurses and psychologists. The additional capacity will also allow the team to provide education and participate in more awareness-raising activities.

In March 2018 a new ward opened at the Trust's mental health unit in Redruth. The availability of 15 additional beds aims to eliminate the need for unnecessary out-of-county care well ahead of the NHS England 2020/21 target, in line with the recommendations of the 'Five Year Forward View for Mental Health'.

The new ward uses a unique and innovative model of care with the aim of providing patients with fast-tracked rehabilitation; aiming to discharge patients within 28 days. To ensure rehabilitation and recovery continues after discharge, the ward has established strong links with the Trust's community based services and other community groups.

In March 2018 the Board approved a full business case for the development of a Child and Adolescent Mental Health Unit in Cornwall. Full details of our new or revised services are set out in Section 2: Performance Report.

Stakeholder relations

Information relating to stakeholder relations is detailed in Section 2: Performance Report.

Research and development

The Trust is committed to supporting research and during 2017/18 collaborated with several university departments, the pharmaceutical industry and charities. Further information relating to research and development during 2017/18 is detailed in Section 3: Quality Report, and on the Trust's website at www.cornwallft.nhs.uk.

Compliance with the cost allocation and charging requirements

There have been no circumstances during the financial year in which the cost allocation and charging requirements set out in HM Treasury and the Office of Public Sector Information Guidance would apply. This is because the Trust's contractual arrangements with its Commissioners do not fall under the Payment by Results regime.

Political donations

The Trust did not make any political donations in 2017/18.

Better Payment Practice Code

Best practice between organisations and their suppliers is set out in the CBI Prompt Payment Code. As a voluntary signatory of the Code, the Trust has made a public commitment to pay its suppliers on time and in line with the terms and conditions of their agreement. The Trust continues to review its payment processes and performance to ensure it complies with the aspirations of the Code and continually seeks to improve performance in this area. The Trust is required to pay 95 per cent of all trade creditor invoices within 30 days of receipt of a valid

4. Accountability Report

invoice (unless the terms have been specifically agreed with the supplier). The target is for both value and volume of invoices.

Details of our performance against the Better Payment Practice Code can be found in Section 5: Finance Report and Accounts (note 13. 2 to the Accounts). As part of its commitment to the Code, the Trust provides timely and clear information to suppliers when issues arise. The Trust also encourages its suppliers to sign up to the Code. We paid 94 per cent of non NHS invoices within this period (90 per cent in terms of value) and 95 per cent of NHS invoices within this period (90 per cent) in terms of value).

Income disclosures

The Trust reviewed its sources of income and has not identified any material income which is not related to the purposes of the health service in England. Therefore, our Directors confirm that the income from the provision of goods and services for the National Health Service is greater than income from the provision of services to non-NHS areas.

Disclosure to auditor

As far as the Board of Directors is aware, there is no relevant audit information of which the auditor is unaware. The Directors have made enquiries of their fellow Directors, exercised reasonable care, skill and diligence in executing these duties and taken all reasonable steps to make themselves aware of all relevant audit information and be assured that the Trust's auditor has this information.

Accounts and financial risk

The Trust's accounts have been prepared under a direction issued by Monitor under the National Health Service Act 2006.

Section 5: Finance Report and Accounts, note 30 to the accounts provides statements relating to financial risk management.

Future plans

Section 2: Performance Report under the heading 'How the Trust operates – future developments' sets out the Trust's plans for the future.



Phillip Confue
Chief Executive

24 May 2018

4. Accountability Report

Remuneration Report

The Trust defines the Board of Directors as its senior managers. In 2017/18 the Board of Directors was responsible for directing and controlling the major activities of the Trust.

Annual Statement on Remuneration

Remuneration and Terms of Service Committee

Membership of the Remuneration and Terms of Service Committee consists of the Trust's Chair and Non-Executive Directors.

At each meeting the Committee reviews the structure, size and composition of the Board. The Committee reviews Executive Directors' appraisals on an annual basis and undertakes an in-depth Executive Director salary review every two years or following any significant changes/exceptional circumstances within the organisation. The next in-depth review is scheduled for the year 2018/19. The review ensures the Trust satisfies itself that remuneration is reasonable, including where remuneration is set above £150,000.

In April 2017 the Committee approved a proposal for the Trust's Director of Finance to commence a secondment with the Royal Cornwall Hospitals NHS Trust from 1 May 2017 for an initial period of six months. The secondment related to 50 per cent of the Director of Finance's employment contract. The secondment was extended by a further six months to 1 May 2018 and for an additional three months until 31 July 2018.

In August 2017 the Committee reviewed the Trust's Executive Directors' appraisals and salaries. All Executives received a 1 per cent salary increase effective 1 April 2017.

Nominations Committee

Membership of the Nominations Committee consists of Governors, the Chair and Vice Chair (for matters concerning the Chair).

The Committee reviews Non-Executive Director appraisals on an annual basis and undertakes an in-depth Non-Executive Director remuneration review every two years. The next review is scheduled for the year 2018/19.

The Committee approves the Non-Executive Director appointment process including interview panel membership. The Committee recommends Non-Executive Director appointments to the Council of Governors. In 2017/18 the Committee recommended the appointment of three new Non-Executive Directors and proposed the appointment of a new Vice Chair for the Trust.

In June 2017 the Committee reviewed all Non-Executive Director appraisals.

In December 2017 the Committee agreed to recommend to the Council of Governors the offer of a further three-year tenure for the Chair of the Trust. This was supported by the Vice Chair and presented to the Committee by the Trust Secretary.

**Jane Abraham, Non-Executive Director
Chair of the Remuneration and Terms of
Service Committee**

**Barbara Vann, Chair
Chair of the Nominations Committee**

4. Accountability Report

Senior managers' remuneration policy

The principles which support the remuneration of the directors are set out in the Trust's Remuneration Policy. The Policy includes guidance to support the processes for determining the award of pay and includes assessment of individual's personal objectives.

Executive Directors: Components of remuneration packages 2017/18:

Name	Position	Components of Remuneration Package
Tamsyn Anderson	Primary Care Director	Salary and Pension
Phillip Confue	Chief Executive Officer	Salary
Julie Dawson	Chief Operating Officer/Deputy Chief Executive	Salary and Pension
Sharon Linter	Director of Nursing	Salary and Pension
Sally May	Director of Finance, Performance and Information	Salary and Pension
Adrienne Murphy	Director of Human Resources and Organisational Development	Salary and Pension
Ellen Wilkinson	Medical Director	Salary and Pension

Non-Executive Directors: Components of Remuneration Package 2017/18:

Name	Position	Components of Remuneration Package
Jane Abraham*	Non-Executive Director	Remuneration
Adrian Davis	Non-Executive Director	Remuneration
David Harland	Non-Executive Director	Remuneration
Nick Lewis**	Non-Executive Director	Remuneration
Tracie North***	Non-Executive Director	Remuneration
Margaret Schwarz	Non-Executive Director	Remuneration
Yvonne Stephens****	Non-Executive Director	Remuneration
Barbara Vann	Chair	Remuneration
Stephen Watkins	Non-Executive Director	Remuneration
Neville Witham*****	Non-Executive Director	Remuneration

* In post from 1 June 2017

** In post from 1 October 2017

*** In post from 1 July 2017

**** In post until 30 September 2017

***** In post until 30 June 2017

4. Accountability Report

Associate Non-Executive Directors: Components of Remuneration Package 2017/18:

Name	Position	Components of Remuneration Package
Mark Duddridge*	Associate Non-Executive Director	Remuneration
Robert Sneyd	Associate Non-Executive Director	Remuneration
Yvonne Stephens**	Associate Non-Executive Director	Remuneration

* In post until 5 February 2018

** Following the end of tenure as a Non-Executive Director an extension of one month was agreed as an Associate Non-Executive Director from 1-31 October 2017

In setting its remuneration policy the Trust considers its position relative to other NHS foundation trusts and comparable national organisations and pay and conditions elsewhere in the organisation. The Trust may also seek national advice and guidance to ensure its decisions are equitable with other private and public sector employers.

The Trust has no plans to change its remuneration policy in 2018/19. The Trust does not award performance-related pay (bonus payments) to its Executive Directors.

Executive Directors may join the NHS pension scheme.

Annual report on remuneration

Information not subject to audit

Service contracts: Executive Directors

The Chief Executive and Executive Directors hold open-ended contracts. To reflect recruitment and retention issues their notice periods range from four to 12 months. The Trust does not have a policy to pay compensation for the early termination of senior managers' contracts. In the eventuality of a compensation requirement the Trust would adopt national statutory guidance.

Service appointments: Non-Executive Directors

Non-Executive Directors' terms of office are for three years. Details of the terms of office for the Trust's Non-Executive Directors in 2017/18 are as follows:

Name	Position	End of Term
Jane Abraham	Non-Executive Director	31 May 2020 (1st term)
Adrian Davis	Non-Executive Director	30 April 2019 (1st term)
David Harland	Non-Executive Director	30 April 2019 (1st term)
Nick Lewis	Non-Executive Director	30 September 2020 (1st term)
Tracie North	Non-Executive Director	30 June 2020 (1st term)
Margaret Schwarz	Vice Chair	30 April 2019 (1st term)
Yvonne Stephens	Vice Chair	30 September 2017 (2nd term extended for 12 months)
Barbara Vann	Chair	31 July 2021 (2nd term)
Stephen Watkins	Senior Independent Director	29 February 2020 (2nd term)
Neville Witham	Senior Independent Director	30 June 2017 (2nd term)

Non-Executive Directors may be given a second term of office as approved by the Council of Governors. The Non-Executive Directors' appointment letters include clauses relating to the termination of appointments. These clauses include performance, a fit and proper persons test and matters which could impact on the reputation of the Trust.

4. Accountability Report

Service appointments: Associate Non-Executive Directors

Associate Non-Executive Directors' terms of office are agreed annually by the Council of Governors and Board of Directors. Tenures are based on the needs of the organisation.

Details of the terms of office for Associate Non-Executive Directors during 2017/18 were as follows:

Name	Position	Start Date and Current Planned/ Actual End Date
Mark Duddridge	Associate Non-Executive Director	1 May 2016 – 5 February 2018
Robert Sneyd	Associate Non-Executive Director	1 May 2016 – 30 April 2018
Yvonne Stephens	Associate Non-Executive Director	1 October 2017 – 31 October 2017

Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee is a committee of the Board of Directors. The Trust's constitution defines membership of the committee as all Non-Executive Directors.

During 2017/18 members of the Remuneration and Terms of Service Committee were: Barbara Vann (Chair) and Non-Executive Directors, Jane Abraham (Chair of the committee), Adrian Davis, David Harland, Nick Lewis, Tracie North, Margaret Schwarz, Yvonne Stephens, Stephen Watkins and Neville Witham.

The Remuneration and Terms of Service Committee manages the appointment of the Trust's Executive Directors. This includes agreeing remuneration, allowances, pensions and terms of service.

The Chief Executive is appraised annually by the Chair. Each Executive Director is appraised by the Chief Executive yearly. The Executive Directors' appraisals are reported to the Non-Executive Directors as part of remuneration reviews. Appraisals and progress against personal and corporate objectives are assessed to ensure performance conditions are met.

In 2017/18 the Remuneration and Terms of Service Committee met on five occasions as set out in the table below:

Name	Position	Actual / Possible
Jane Abraham*	Non-Executive Director	2 / 2
Adrian Davis	Non-Executive Director	4 / 4
David Harland	Non-Executive Director	2 / 4
Nick Lewis**	Non-Executive Director	1 / 1
Tracie North***	Non-Executive Director	2 / 2
Margaret Schwarz	Non-Executive Director and Committee Chair	3 / 4
Yvonne Stephens****	Non-Executive Director	2 / 3
Barbara Vann	Chair	3 / 4
Stephen Watkins	Non-Executive Director	4 / 4
Neville Witham*****	Non-Executive Director	2 / 2

* In post from 1 June 2017

** In post from 1 October 2017

*** In post from 1 July 2017

**** In post until 30 September 2017

***** In post until 30 June 2017

The Committee did not receive any advice from Directors, employees or advisors during the year.

4. Accountability Report

Expenses

The remuneration of the Board of Directors is provided later in this Section under 'Salary entitlements of senior managers'.

Details of the expenses paid to members of the Board of Directors in 2017/18 and 2016/17 were as follows:

Board of Directors: Name and Title	2017/18	2016/17
Jane Abraham, Non-Executive Director*	£683	-
Tamsyn Anderson, Director of Primary Care**	£824	£476
Phillip Confue, Chief Executive	£779	£1,206
Adrian Davis, Non-Executive Director***	£1,542	£1,606
Julie Dawson, Chief Operating Officer/Deputy Chief Executive	£1,350	£1,398
David Harland, Non-Executive Director****	£428	-
Nick Lewis, Non-Executive Director*****	£366	-
Sharon Linter, Director of Nursing	£2,207	£2,396
Sally May, Director of Finance, Performance and Information	£1,776	£1,131
Adrienne Murphy, Interim Director of HR and OD	£521	£182
Tracie North, Non-Executive Director*****	£1,198	-
Margaret Schwarz, Non-Executive Director***	£342	-
Robert Sneyd, Associate Non-Executive Director***	£11	£3
Yvonne Stephens, Non-Executive Director*****	£962	£269
Barbara Vann, Chair	£3,172	£2,881
Stephen Watkins, Non-Executive Director	£208	£502
Ellen Wilkinson, Medical Director	£3,594	£4,176
Neville Witham, Non-Executive Director*****	£948	£2,056
Total	£20,911	£18,282

* In post from 1 June 2017

** In post from 1 October 2016

*** In post from 1 May 2016

**** In post from 1 October 2017

***** In post from 1 July 2017

***** Left post 30 October 2017

***** Left post 30 June 2017

The Trust pays travel expenses to its Governors. The total amount paid to Governors in relation to travel expenses in 2017/18 was £2,034 and related to claims from ten Governors, (£3,538 in 2016/17, relating to claims from ten Governors). Details of the individuals who held a seat as a Governor in 2017/18 are detailed later in this Section under the heading: Council of Governors.

4. Accountability Report

Information subject to audit Salary entitlements of senior managers

Name and Title	2017-18						2016-17					
	Salary and Fees	Taxable Benefits	Annual Performance Related Bonuses	Long-term Performance Related Bonuses	Pension Related Benefits (Notes 4 & 5)	Totals	Salary and Fees	Taxable Benefits	Annual Performance Related Bonuses	Long-term Performance Related Bonuses	Pension Related Benefits	Totals
	(bands of £5,000)	(total to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	(total to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
Phillip Confue - Chief Executive (Note 1)	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
	170-175	-	-	-	7.5-10	175-180	170-175	-	-	-	0	170-175
Sally May - Director of Finance, Performance and Information (Note 2)	75-80	-	-	-	222.5-225	295-300	110-115	-	-	-	97.5-100	210-215
Julie Dawson - Chief Operating Officer/Deputy Chief Executive	110-115	-	-	-	57.5-60	165-170	110-115	-	-	-	157.5-160	265-270
Dr Ellen Wilkinson - Medical Director (Note 3)	150-155	-	-	-	67.5-70	220-225	130-135	-	-	-	67.5-70	200-205
Sharon Linter - Director of Nursing	95-100	-	-	-	477.5-480	575-580	95-100	-	-	-	52.5-55	150-155
Adrienne Murphy - Director of HR and Organisational Development	95-100	-	-	-	27.5-30	120-125	90-95	-	-	-	2.5-5	95-100
Dr Tamsyn Anderson - Director of Primary Care	90-95	-	-	-	32.5-35	125-130	30-35	-	-	-	12.5-15	40-45
Dr Barbara Vann - Chairman	40-45	-	-	-	-	40-45	40-45	-	-	-	-	40-45
Yvonne Stephens - Non-Executive Director (to 31 Oct 17)	5-10	-	-	-	-	5-10	10-15	-	-	-	-	10-15
Neville Witham - Non-Executive Director (to 30 Jun 17)	0-5	-	-	-	-	0-5	10-15	-	-	-	-	10-15
Dr Stephen Watkins - Non-Executive Director	10-15	-	-	-	-	10-15	10-15	-	-	-	-	10-15
Adrian Davis - Non-Executive Director	10-15	-	-	-	-	10-15	10-15	-	-	-	-	10-15
Margaret Schwarz - Non-Executive Director	10-15	-	-	-	-	10-15	10-15	-	-	-	-	10-15
David Harland - Non-Executive Director	10-15	-	-	-	-	10-15	10-15	-	-	-	-	10-15
Professor Rob Sneyd - Associate Non-Executive Director	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Mark Duddridge - Associate Non-Executive Director (to 5 Feb 18)	5-10	-	-	-	-	5-10	5-10	-	-	-	-	5-10
Jane Abraham - Non-Executive Director (from 1 Jun 17)	10-15	-	-	-	-	10-15	-	-	-	-	-	-
Nick Lewis - Non-Executive Director (from 1 Oct 17)	5-10	-	-	-	-	5-10	-	-	-	-	-	-
Tracie North - Non-Executive Director (from 1 July 17)	5-10	-	-	-	-	5-10	-	-	-	-	-	-

Notes:

1. This Director no longer contributes to the NHS Pension Scheme.
2. This Director is Joint Director of Finance, Performance and Information for this Trust and Royal Cornwall Hospitals NHS Trust and her costs are split 50/50 between the two Trusts.
3. The remuneration of the medical director includes remuneration for clinical as well as executive duties.
4. Pension Related Benefits is defined by s229 of the Finance Act 2004 but is modified for the purpose of this calculation by paragraph 10(1)e of schedule 8 of SI 2008/410 (as replaced by SI 2013/1981).
5. There are no pension related benefits disclosed for Non Executive and Associate Non-Executive Directors as these posts are not pensionable.

4. Accountability Report

Pension entitlements of senior managers

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2018	Cash Equivalent Transfer Value at 31 March 2017	Real Increase in Cash Equivalent Transfer Value	Employer's Contribution to Stakeholder Pension
	£000	£000	£000	£000	£000	£000	£000	£00
Phillip Confue - Chief Executive (See Note 1)	0-2.5	0-2.5	35-40	115-120	780	752	20	0
Sally May - Director of Finance, Performance and Information	10-12.5	22.5-25	50-55	130-135	870	648	215	0
Julie Dawson - Chief Operating Officer/Deputy Chief Executive	2.5-5	7.5-10	45-50	140-145	901	792	101	0
Dr Ellen Wilkinson - Medical Director	2.5-5	10-12.5	55-60	165-170	1,112	979	124	0
Sharon Linter - Director of Nursing (Note 2)	20-22.5	62.5-65	45-50	135-140	955	481	469	0
Adrienne Murphy - Interim Director of HR and Organisational Development	0-2.5	0-2.5	25-30	75-80	539	486	49	0
Dr Tamsyn Anderson - Director of Community Care (Note 3)	0-2.5	-0.2.5	10-15	25-30	182	154	26	0

Notes:

1. Phillip Confue left the NHS Pension Scheme in Feb 2014 but has retained benefits.
2. Sharon Linter has transferred in benefits from another scheme in this financial year.
3. The 16-17 benefits for Tamsyn Anderson were recalculated by NHS Pensions.

Non-Executive Directors:

There are no entries for Non-Executive or Associate Non-Executive Directors in the above table as the remuneration they receive is not pensionable.

Cash Equivalent Transfer Values:

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV:

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period.

4. Accountability Report

Gender pay gap reporting

The Trust publishes an analysis of gender pay gap data on its website – www.cornwallft.nhs.uk.

Fair pay disclosures

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 mid-point of the banded remuneration of the highest-paid director in Cornwall Partnership NHS Foundation Trust in the financial year 2017/18 is £172,500 (2016/17, £172,500). This is 6.17 times (2016/17, 6.5) the median remuneration of the workforce, which was £27,946 (2016/17, £26,545).

In 2017/18 there is one employee (2016/17, 0) who received remuneration in excess of the mid-point band of the highest-paid director. The annualised remuneration for all staff ranged from £11,548 to £184,758 (2016/17, £11,679 to £155,274). This does not include Agency Workers as the Trust does not keep separate records of the amounts paid to each worker only the amount paid to the Agency.

Total remuneration includes salary, overtime, performance-related pay, clinical excellence awards, and termination benefits. It does not include employer National Insurance or Pension Contributions and the cash equivalent transfer value of pensions.



Phillip Confue
Chief Executive

24 May 2018

Staff Report

The Trust is one of the largest employers in Cornwall and the Isles of Scilly. In 2017/18 the average number of employees (whole-time equivalent (wte)) was 3,093 (3,310 in 2016/17).

Staff diversity

The demography of the Trust's staff

The overall demographics of the Trust's employees consist of 15.4 per cent men and 84.6 per cent women as at 31 March 2018. This compares with 15.2 per cent men and 84.8 per cent women at 31 March 2017.



Board diversity:

As at 31 March 2018 ten women and six men were members of the Trust's Board of Directors. In comparison at the end of March 2017, nine women and eight men were members of the Trust's Board of Directors.



The Trust offers a range of flexible working options and as at 31 March 2018, 50.5 per cent of staff work part-time. This compares to 49 per cent at the end of March 2017.

Sickness absence

The Trust takes a positive approach to the management of sickness and embraces opportunities to improve the overall health and wellbeing of staff.

In 2017/18, sickness prevented 4.85 per cent of staff from attending work. This equates to 55,350 whole-time equivalent (wte) days lost. The Trust's aim is to manage sickness, as far as possible, and has set a sickness absence target of 4 per cent or below.

The Trust's sickness policy was reviewed in 2017. This policy outlines the procedures in place to support staff while they are unwell and facilitate their safe return to work. Sickness absence information is included as part of the human resources dashboard presented to Board of Directors' meetings. Copies of the Trust's Board papers are available online at www.cornwallft.nhs.uk.

4. Accountability Report

NHS sickness absence figures

Data absence figure, collected for the Trust by the Department of Health and Social Care for the 2017 calendar year are as follows:

Figures converted by the Department of Health and Social Care to best estimates of required data items.			Statistics published by NHS Digital from ESR data warehouse	
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions	Average sick days per FTE	FTE days available	FTE days recorded sickness absence
3,119	34,486	11.1	1,138,398	55,943

Source: NHS Digital - Sickness Absence and Publication - based on data from the ESR Data Warehouse
 Period covered: January to December 2016

Data items: ESR does not hold details of normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365 – day year.

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365 (with a further adjustment where the figures are based on less than 12 months' data).

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure (with a further adjustment where the figures are based on less than 12 months' data).

Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE – days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

Occupational health performance

The Royal Cornwall Hospitals NHS Trust (RCHT) provides the Trust's occupational health service through a service level agreement.

The occupational health service plays a vital role in supporting the Trust to promote and protect the mental and physical wellbeing of staff. The service offers independent advice to both managers and employees on health, the working environment and any health risks associated with the workplace including any occupational implications. Confidential counselling, rehabilitation following an absence or injury, infection control, immunisation, health screening and ergonomic assessments are also provided through this service level agreement.

A total of 592 referrals were made to the Occupational Health Service in 2017/18. This compares to 528 referrals in 2016/17. Psychological problems and stress represent the main reason (64 per cent) for referral, followed by other medical conditions including musculoskeletal issues (37 per cent combined). This is consistent with local and national trends.

A wide range of health surveillance activities were undertaken includes skin and dermatitis assessments, interventions and assessments relating to the management of needle-stick and body fluid exposure incidents.

Staff policies

Equality and diversity sit at the heart of the Trust's values. We aim to employ people who are representative of our local population.

As a public sector organisation, the Trust is committed to having in place a fair and equitable policy framework which includes 'Recruitment and selection', 'Training', 'Health and well-being', 'Sickness absence' and 'Performance management' agreed procedures, which aim to protect from discrimination on the basis of the nine protected characteristics.

Performance in this area is monitored routinely through the Trust's human resources and recruitment processes. An overview is provided by the Trust's Equality and Diversity Steering Group which is chaired by a Non-Executive Director.

Recruitment

Recruitment data is collected and analysed to ensure applicants to the Trust are free from any form of discrimination. Candidates who declare themselves as having a disability and who meet the essential requirements of the job description and person specification are guaranteed an interview by the Trust.

In the event that a staff member becomes disabled while employed by the Trust, the Trust's policies ensure support, reasonable

4. Accountability Report

adjustments to the role or alternative roles are offered to enable them to remain in employment.

Career progression

All staff are encouraged and supported to build new skills and competencies as part of our personal development planning process. We are committed to putting in place opportunities for staff to maximise their potential at work.

To ensure there are no barriers to learning and development, the Trust ensures reasonable adjustments are put in place. This may include the provision of training materials in alternative formats or by offering additional support, for example, to people with dyslexia.

Health and safety of staff

The Trust recognises that organisations with effective systems for managing workplace risks perform better.

The Trust's duty in this respect is set out in the Health and Safety at Work Act 1974 and other health and safety legislation. This requires the Trust to ensure, so far as is reasonably practicable, the health, safety, welfare and security of employees and others who may be affected by the activities of the Trust. The Trust has a health and safety team which provides specialist advice.

Board level leadership for health and safety sits with the Chief Operating Officer/Deputy Chief Executive. This includes ensuring the Trust is compliant with health and safety legislation, regulation and codes of practice. Ultimate responsibility for health and safety sits with the Chief Executive.

The Trust has a strategy which sets out its plans to support the health and wellbeing of staff. The Health and Safety strategy was updated in April 2016 and will be reviewed in line with the Health and Safety policy – September 2018.

Staff engagement and wellbeing

Ensuring high levels of staff engagement for all staff across the Trust is a key priority for the Trust.

The 2017 National Staff Survey provides the Trust with an overall staff engagement indicator. The Trust's score improved to 3.82 in 2017 from 3.79 in 2016 where '1' equals poorly engaged and '5' equals highly engaged. This score is just

above average when compared to other similar mental health and community trusts.

The Trust has in place a range of interventions to support good staff communication and engagement.

For example during 2017 we have held staff engagement and health and wellbeing days, 'kitchen table' style discussions on the front line, a 'breaking the rules' campaign, free fruit Friday and confidential health assessments.

The monthly staff experience group, chaired by the Chief Operating Officer/Deputy Chief Executive, invites staff to raise issues or concerns which will quickly be addressed.

On 1 April 2017, the Trust introduced smoke-free buildings, grounds and vehicles for its staff. During 2017/18 we worked in partnership with Cornwall and Isles of Scilly health promotion service to progress to smoke-free for patients on 1 April 2018. The introduction of a smoke-free policy sets our position that whilst staff, patients and visitors are not able to smoke anywhere on Trust sites we will offer confidential support to become smoke-free. .

As part of a programme of events to support good physical and mental wellbeing of all our staff, in October 17 the Trust held a staff health and wellbeing day at the Eden Project. The day was attended by over 180 staff from all levels of the organisation. In addition to interactive sessions on singing, mindfulness and desk yoga, the day also included a key note speech from Ruby Wax, OBE.

As part of our commitment to partnership working, the Trust Joint Partnership Committee is held monthly and provides an opportunity for trade union representatives, senior managers and human resources representatives to meet as part of Trust consultation and negotiation framework with regard to matters relating to the employment and working lives of staff.

Throughout the year there was a range of different activities undertaken to consult and engage with staff and their representatives on the Trust's performance, finances and future plans. These included engagement and briefing days which were open to all staff, the opportunity to meet one-to-one with the Chief Executive alongside specific service briefings and meetings. We are looking at how these activities could be expanded in 2018/19 based on staff feedback.

4. Accountability Report

In November 2017, the Trust held its second staff CARE values-based Awards with nominations surpassing those received during the inaugural year. The event was compèred by the Trust's Chief Executive and BBC Radio Cornwall's Laurence Reed. The awards are becoming an annual event help to reinforce and embed the Trust's values across the organisation.

In February 2018, the Trust launched a new staff intranet and document library. The site has a wealth of new features and functionality which are designed to aid staff in their working lives.

The Trust received confirmation in February 2018 at the tenth annual Healthy Workplace Awards ceremony that it had retained its Silver level Award. The awards recognise the efforts of organisations to support the health and wellbeing of their staff, for example healthy eating, stress and resilience, back care, health and safety at work, and being smoke-free. Cornwall Council's Health Workplace Team awards bronze, silver and gold level awards, based on the achievements of the organisation throughout the year.

Counter-fraud

The Director of Finance, Performance and Information, the Trust's Audit Committee and NHS Protect oversee the Trust's Counter-Fraud and Corruption Policy. This links closely to the Trust's Speak Up Safely (Whistleblowing) Policy.

Regular information is circulated to staff on counter-fraud initiatives and in partnership with the Trust's Head of Security, a series of roadshows were held across the Trust as part of Fraud Awareness week.

2017 National Staff Survey Findings

The Trust had 1,403 staff take part in the survey. This is a response rate of 39 per cent which is below average for combined mental health/learning disability and community trusts in England. It compares with a 41 per cent Trust response rate in 2016.

The data also represents the first year of comparative data following the expansion of the Trust to incorporate the services previously provided by Peninsula Community Health on 1 April 2016.

The survey provides an overall indicator of staff engagement in the Trust. In 2017, the Trust's score was 3.82, a slight improvement on the score of 3.79 in the 2016 survey. Possible scores range from one to five. One indicates staff who are poorly engaged while a score of five indicates highly engaged staff. The Trust's score was average when compared with trusts of a similar type.

A summary of the key findings from the 2017 Staff Survey are set out in Section 3: Quality Report. Our top five ranking scores when compared to other similar mental health and community trusts are:

- staff experiencing discrimination at work
- staff experiencing physical violence from colleagues in the last 12 months
- reporting errors, near misses or incidents
- staff satisfaction with their level of responsibility and involvement
- staff who felt they were able to contribute to improvements at work.

The 2017 national Staff Survey results also showed an increased score in the perception by staff of management's interest in their health and wellbeing. Staff also consider the procedures for reporting errors and incidents to be fair and effective. Additionally, the number of staff who would recommend the Trust as a place to work or receive treatment had increased.

The survey also highlights areas where we could do more to improve staff experience. In 2017, these were:

- staff reporting their most recent experience of violence, harassment or bullying
- opportunities to work flexibly
- how the Trust uses patient feedback
- percentage of staff experiencing harassment, bullying or abuse from their colleagues.

An action plan to address the findings has been developed in partnership with staff. As part of its response to the survey, a zero tolerance to bullying and harassment campaign was launched in March 2018. Performance against the action plan is monitored through our staff engagement forums and the joint partnership forum with a bi-annual report to the Trust Quality and Governance Committee.

4. Accountability Report

Staff costs

	2017/18 Group			2016/17 Group		
	Total £000	Permanently Employed £000	Other £000	Total £000	Permanently Employed £000	Other £000
Employee costs						
Salaries and wages	100,302	95,441	4,861	99,753	94,998	4,755
Social Security costs	8,525	7,977	548	8,253	7,765	488
Apprenticeship levy	476	476	0	0		
Employer contributions to NHS Pension scheme	12,489	11,935	554	12,371	11,801	570
Pension cost - other defined contribution schemes	19	19	0	15	15	0
Other post-employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	349	349	0	213	213	0
Temporary staff - external bank	0	0	0	0	0	0
Temporary staff - agency/contract staff	2,023	0	2,023	2,905	0	2,905
NHS Charitable funds staff	0	0	0	0	0	0
Total gross staff costs	124,183	116,197	7,986	123,510	114,792	8,718
Less income in respect of staff costs where netted off against expenditure	0	0	0	0	0	0
Total staff costs	124,183	116,197	7,986	123,510	114,792	8,718
of which costs capitalised as part of assets	(199)	(199)	0	(226)	(226)	0
Total staff costs excluding capitalised costs	123,984	115,998	7,986	123,284	114,566	8,718

4. Accountability Report

Average number of employees (WTE)	2017/18 Group			2016/17 Group		
	Total Number	Permanently Employed Number	Other Number	Total Number	Permanently Employed Number	Other Number
Medical and dental	82	77	5	77	73	4
Ambulance staff	0	0	0	0	0	0
Administration and estates	818	793	25	865	835	30
Healthcare assistants and other support staff	743	690	53	736	673	63
Nursing, midwifery and health visiting staff	1,171	1,122	49	1,185	1,136	49
Nursing, midwifery and health visiting learners	1	1	0	2	2	0
Scientific, therapeutic and technical staff	372	365	7	387	374	13
Healthcare science staff	0	0	0	0	0	0
Social care staff	48	15	33	58	28	30
Agency and contract staff	0	0	0	0	0	0
Bank staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	3,235	3,063	172	3,310	3,121	189
Number of employees (WTE) engaged on capital projects	5	5	0	5	5	0

The notes above cover the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts

The notes above cover the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any staff costs or WTEs. Average WTE employees are calculated from an average of the month-end WTE value for each of the 12 months of the year.

4. Accountability Report

Staff exit packages

Staff exit packages transacted by the Trust in the year are summarised below:

Exit package cost band	Number of Compulsory redundancies Number	Number of other departures agreed Number	Total number of exit packages by cost band Number	
<£10,000	1	6	7	
£10,000 - £25,000	0	5	5	
£25,001 - £50,000	0	3	3	
£50,001 - £100,000	0	2	2	
£100,001 - £150,000	0	0	0	
£150,001 - £200,000	0	0	0	
> £200,001	0	0	0	
Total number of exit packages - 2017/18 Group	1	16	17	
<£10,000	0	0	0	
£10,000 - £25,000	1	0	1	
£25,001 - £50,000	1	0	1	
£50,001 - £100,000	2	0	2	
£100,001 - £150,000	0	0	0	
£150,001 - £200,000	0	0	0	
> £200,001	0	0	0	
Total number of exit packages - 2016/17 Group	4	0	4	
	£000	£000	£000	
Total cost - 2017/18 Group	6	347	353	
Total cost - 2016/17 Group	199	10	209	
	2017/18 Group	2017/18 Group	2016/17 Group	2016/17 Group
	Payments agreed Number	Total value of agreements £000	Payments agreed Number	Total value of agreements £000
Analysis of other departures				
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	16	347	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	1	10
Non-contractual payments requiring HMT approval	0	0	0	0
Total	16	347	1	10
of which:				
non-contractual payments made to individuals where the payment value was more than 12 months' of their annual salary	0	0	0	0

Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill health retirement costs are met by the NHS pension scheme and are not included in this table. This disclosure reports the number and value of exit packages taken by staff leaving in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

The notes above cover the Group accounts and the FT only accounts. The Charitable Funds consolidated into the Group accounts do not include any staff costs.

4. Accountability Report

Expenditure on consultancy

The Trust's expenditure on consultancy in 2017/18 is detailed in Section 5: Finance Report (Operating Expenses by type, page 195 of the Accounts).

Off-payroll information

The Trust only uses off-payroll arrangements in exceptional circumstances. The Trust does not use off-payroll arrangements for members of the Board of Directors and/or senior officials with significant financial responsibility. In exceptional circumstances where off-payroll arrangements are used the Trust follows its own policy, Standing Financial Instructions and all relevant HM Treasury guidance.

As at 31 March 2018 the Trust did not have any off-payroll engagements. There have been no new off-payroll engagements for more than £220 entered into during the year ended 31 March 2018.

There have been no off-payroll engagements in respect of Board members or senior officials with significant financial responsibility in the year ended 31 March 2018.

Number of existing arrangements as of 31 March 2018	0
Of which:	
Number that have existed:	
for less than one year at the time of reporting	0
between one and two years at the time of reporting	0
between two and three years at the time of reporting	0
between three and four years at the time of reporting	0
for four or more years at the time of reporting	0
Confirmation that all existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.	n/a

Pension information

Accounting policies for pensions and other retirement benefits

The Trust's accounting policies in respect of pensions and other retirement benefits are set out in Section 5: Finance Report and Accounts (note 1.7 to the Accounts).

Additional pension liabilities

Details of the number and average additional pension liabilities paid to individuals who retired early on ill-health grounds during the year are disclosed in Section 5: Finance Report (note 4.4 to the Accounts).

Trade Union (Facility Time)

As part of its commitment to ensuring the views of staff are represented, the Trust has a number of union representatives. These are either full-time roles or are undertaken in addition to the individual's full-time (equivalent) role in the organisation. Full details are set out in the following tables:

Number of employees who were union officials	13
Full time equivalent number	1.83

% of time spent on facility time	No of Employees
0%	0
1-50%	12
51-99%	0
100%	1

Total cost of facility time (£)	43,879
Total pay bill (£)	124,183,000
% of pay bill spent on facility time	0.04%
Paid Trade Union activities	100%

4. Accountability Report

Governance Report

NHS Foundation Trust Code of Governance

Cornwall Partnership NHS Foundation Trust is committed to effective, representative and comprehensive governance which secures organisational capacity and the ability to deliver high quality care.

The NHS Foundation Trust Code of Governance was first published in 2006 and was most recently updated in 2014 by Monitor (NHS Improvement). Its purpose is to assist NHS Foundation Trust Boards in their improving governance practices by bringing together the best practice of public and private sector corporate governance. The Code of Governance is issued as best practice advice, and imposes some disclosure requirements on Foundation Trusts including statutory obligations, disclosure of certain information within Foundation Trusts' Annual Reports, and information which is required to be made publicly available. In addition to detailing our organisational structure, this section of the Trust's Annual Report includes all relevant disclosures as required by the Code of Governance. Further details relating to the Trust's governance arrangements are detailed later in this section under the heading Annual Governance Statement.

Cornwall 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.

Council of Governors

Duties of the Council of Governors

It is the duty of the Council of Governors to represent the interests of the Trust's members and the public. In addition, it is the duty of the Council of Governors to hold the Non-Executives individually and collectively to account for the performance of the Board of Directors.

The day-to-day management of the Trust is the responsibility of the Board of Directors.

As part of its statutory role, the Council of Governors is required to:

- appoint or remove the Chair and other Non-Executive Directors and approve the appointment, by Non-Executive Directors of the Chief Executive
- set the remuneration and other terms and conditions of office of the Non-Executive Directors
- appoint or remove the Trust's financial auditor
- represent the interests of members and public
- hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors

The Trust's process for addressing disagreements between the Council of Governors and the Board of Directors is set out in the Council of Governors' 'Engagement Policy – Concerns'.

Composition of the Council of Governors

The Trust's Council of Governors consists of elected Public Governors, elected Staff Governors, and Appointed Governors from stakeholder organisations.

Public Governors are elected by the Trust's public membership which is organised into three public constituencies as follows:

- East Service Area Constituency - electoral ward areas comprising an area covered by Cornwall Council
- West Service Area Constituency – electoral ward areas comprising an area covered by Cornwall Council and electoral areas comprising the areas covered by the parishes of the Council of the Isles of Scilly
- Other Constituency – all other electoral ward areas in England and Wales

Staff Governors are elected by the Trust's Staff Constituency representing all categories of staff. Appointed Governors are representatives from stakeholder organisations.

4. Accountability Report

As at 31 March 2018, the Composition of the Council of Governors was as follows:

Public Constituencies	
East Service Area Constituency	5 Elected Governors
West Service Area Constituency	5 Elected Governors
Other (England and Wales) Constituency	1 Elected Governor
Staff Constituency	
Staff Constituency	4 Elected Governors
Appointed Governor Organisations	
Cornwall Council	1 Governor
Council of the Isles of Scilly	1 Governor
Truro and Penwith College	1 Governor
Volunteer Cornwall	1 Governor

Our Governors

Public and Staff Governors' initial terms of office commenced on the day that the Trust was licensed as a Foundation Trust – 1 March 2010.

The Trust's first Governors were allocated a term of office of one, two or three years. Governors elected since the initial election have been offered a three-year term of office. If a Governor resigns, the Council of Governors has the option to offer the vacant seat to the next highest polling candidate in the most recent constituency election for a period until the next election.

Our Lead Governor is Val Haynes.

The following table details public and staff Governors as at 31 March 2018:

Name	Elected/ Appointed	Constituency	Start Date of current term of office	Term of Office (Years - Months)
Rosemary Bromwich*	Elected	East Constituency	1 March 2015	3 years
Paul Ford	Elected	East Constituency	1 March 2017	3 years
Felicity Holt	Elected	East Constituency	1 March 2017	3 years
William McCarthy**	Elected	East Constituency	1 March 2016	3 years
Mike Solomon	Elected	East Constituency	1 March 2018	3 years
Karen Blatchford	Elected	West Constituency	1 March 2016	3 years
Graham Enoch	Elected	West Constituency	1 June 2016	2 years, 9 months
Joy Gunter*	Elected	West Constituency	1 March 2017	3 years
Val Haynes**	Uncontested	West Constituency	1 March 2015	3 years
Nigel Walker	Uncontested	West Constituency	1 March 2018	3 years
Chris Bell**	Elected	Other Constituency	1 March 2016	3 years
Daphne Appleton*	Uncontested	Staff Constituency	1 March 2017	3 years
Trevor Drage	Elected	Staff Constituency	1 June 2016	2 years, 9 months
Fi Higman	Uncontested	Staff Constituency	1 March 2018	3 years
Stephanie Pomeroy	Uncontested	Staff Constituency	1 March 2017	3 years

* Second term of office

** Third term of office

4. Accountability Report

The following table details appointed organisations and their Governor representatives as at 31 March 2018:

Appointed organisation	Appointed organisation's Governor representative	Start date of organisation's Governor seat
Council of the Isles of Scilly	Lady Marian Berkeley*	1 March 2010
Cornwall Council	Barry Jordan**	1 March 2010
Truro and Penwith College	Cheryl Mewton	1 May 2012
Volunteer Cornwall	Ian Jones	1 January 2016

* Lady Marian Berkeley commenced as Governor representing the Council of the Isles of Scilly in September 2017

** Barry Jordan commenced as Governor representing Cornwall Council in December 2017

Elections held during 2017/18

One election was held in the 2017/18 financial year, resulting in the election of the following Governors with effect from 1 March 2018:

Name	Constituency	Term of Office
Daphne Appleton	Staff Constituency	3 years
Rosemary Bromwich	East Constituency	3 years
Fi Higman	Staff Constituency	3 years
Mike Solomon	East Constituency	3 years
Nigel Walker	West Constituency	3 years

Resignations / end of term of office

The table below details Governors whose term of office ended and who resigned during the year ended 31 March 2018.

Name	Constituency / Organisation Elected / Appointed	Resigned / Term of Office Ended (Date) / Appointed Organisation Change
Trevor Newborn	West Constituency Elected	Term of office ended 28 February 2018
Celia Todd	Staff Governor Elected	Resigned (29 September 2017)

Supporting governors

The Trust values its Governors and recognises the importance of Governors as key stakeholders of the organisation in their role of representing the interests of members and the public.

Following election to the Council of Governors, the Chair and Trust Secretary deliver a Governor induction programme to individual Governors. This is complemented by our ongoing Governor Development Programme which is run each year incorporating five training sessions.

The sessions focus on Governors' Statutory Duties; Clinical Governance and the Care Quality Commission; Safeguarding Adults and Children; Regulatory requirements; and NHS Finance/Annual Planning. In addition Governors are offered the opportunity to attend relevant external courses as part of their individual training programme.

4. Accountability Report

Register of interests

Governors are required to declare any interests that are relevant and material on appointment and if a conflict arises during the course of their term. A register of the Council of Governors' Interests is maintained by the Trust Secretary and is available on our website: www.cornwallft.nhs.uk.

How the Board of Directors has acted to understand the views of Governors and Foundation Trust members

The Council of Governors did not exercise its power in year to require one or more of the Directors to attend a Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties.

In order to understand the views of our Governors and Trust members, Non-Executive and Executive Directors regularly attended Council of Governors' meetings and the Council of Governors' Communication and Engagement Committee.

Two joint Council of Governors' and Board of Directors' meetings were held, in June 2017 and December 2017.

The Chief Executive attended all Council of Governors' meetings during the year to update Governors on the strategic direction/ performance of the Trust. In January 2018 the Chief Executive presented the Trust's Operational Plan for 2018/19 to 2019/20 to the Council of Governors.

In November 2017 Governors sought the views of the membership via a survey focussing on the measurement of the quality of the Trust's services. Survey responses were reviewed by a Governors' Membership Survey Group and themed recommendations presented to the Council of Governors and Board of Directors. Actions to address the recommendations and feedback to members will be included in the May 2018 Members' Newsletter.

Council of Governors' Meetings

The Council of Governors held four meetings during the year ended 31 March 2018: in June 2017, September 2017, December 2017 and March 2018.

The table below details Governors' attendance at Council of Governors meetings:

Name	Position	Attendance Actual / Possible
Daphne Appleton	Staff Governor	1 / 4
Chris Bell	Public Governor	1 / 4
Karen Blatchford	Public Governor	3 / 4
Rosemary Bromwich	Public Governor	4 / 4
Trevor Drage	Staff Governor	1 / 4
Graham Enoch	Public Governor	3 / 4
Paul Ford	Public Governor	4 / 4
Joy Gunter	Public Governor	2 / 4
Val Haynes	Public Governor	3 / 4
Fi Higman	Staff Governor	1 / 1
Felicity Holt	Public Governor	3 / 4
Ian Jones	Appointed Governor	3 / 4
Barry Jordan	Appointed Governor	2 / 4
William McCarthy	Public Governor	3 / 4
Cheryl Mewton or Lucy Maggs	Appointed Governor	2 / 4
Trevor Newborn	Public Governor	3 / 4
Stephanie Pomeroy	Staff Governor	4 / 4
Celia Todd	Staff Governor	1 / 1
Nigel Walker	Public Governor	1 / 1

4. Accountability Report

The table below details Non-Executive Directors' attendance at Council of Governors' meetings:

Name	Position	Attendance Actual / Possible
Jane Abraham	Non-Executive Director	0 / 4
Adrian Davis	Non-Executive Director	3 / 4
David Harland	Non-Executive Director	0 / 4
Nick Lewis	Non-Executive Director	3 / 4
Tracie North	Non-Executive Director	2 / 4
Margaret Schwarz	Non-Executive Director	1 / 4
Yvonne Stephens	Non-Executive Director	1 / 2
Barbara Vann	Chair	3 / 4
Stephen Watkins	Non-Executive Director	2 / 4
Neville Witham	Non-Executive Director	1 / 1

The table below details Executive Directors' attendance at Council of Governors' meetings:

Name	Position	Attendance Actual / Possible
Tamsyn Anderson	Director of Primary Care	0 / 4
Phil Confue	Chief Executive	4 / 4
Julie Dawson	Chief Operating Officer	1 / 4
Sharon Linter	Director of Nursing	2 / 4
Sally May	Director of Finance, Performance and Information	0 / 4
Adrienne Murphy	Director Human Resources and Organisational Development	0 / 4
Ellen Wilkinson	Medical Director	1 / 4

The Council of Governors' Annual Members' Meeting was held on 28 September 2017.

The Council of Governors has two committees as follows:

- Communications and Engagement Committee
- Nominations Committee

The Council of Governors and the Board of Directors are chaired by the Chair of the Trust. Oversight of both meetings by the Chair ensures the agendas are complementary; sound working relationships and communication channels are developed and maintained.

Nominations Committee of the Council of Governors

Arrangements for the appraisals, remuneration and appointment of Non-Executive Directors (including the Chair) are overseen by the Nominations Committee which makes recommendations to the Council of Governors.

The Nominations Committee comprises the Chair of the Trust (or the Vice Chair when the Chair is being appointed or terms and conditions being discussed), and Governors. During the year, the Nominations Committee met on three occasions in June 2017, September 2017, and December 2017.

Members of the Nominations Committee in 2017/18 were:

- Chris Bell – Public Governor
- Val Haynes – Public Governor
- Felicity Holt – Public Governor
- Trevor Newborn – Public Governor
- Barbara Vann – Chair

4. Accountability Report

Attendance at the Nominations Committee is set out in the table below:

Name	Position	Actual / Possible
Chris Bell	Governor – Other Constituency	1 / 3
Val Haynes	Lead Governor / Governor West Constituency	2 / 3
Felicity Holt	Governor – East Constituency	2 / 3
Trevor Newborn	Governor – West Constituency	3 / 3
Barbara Vann	Chair	3 / 3

Activities undertaken by the Nominations Committee in 2017/18 are provided within the Annual Statement of Remuneration presented within the Remuneration Report.

Performance evaluation

The Senior Independent Director and Governors are responsible for the annual appraisal of the Chair. The performance of the Chief Executive and Non-Executive Directors is evaluated annually by the Chair. The delegation of the appraisal of the Non-Executive Directors by the Chair was formally approved by the Council of Governors. Executive Directors have an annual appraisal with the Chief Executive which is reported to the Non-Executive Directors.

An external evaluation of the Board of Directors was not undertaken during 2017/18. The Board of Directors evaluated its Committees in 2017/18.

Foundation Trust membership

Who can be a member?

The Trust's membership includes patients, carers, staff, volunteers and members of the public, aged 14 and over, who live in Cornwall and the Isles of Scilly and other parts of the country served by the Trust. The Trust's membership is organised into three public constituencies and a staff constituency.

How many people are members?

As at 31 March 2018, the Trust had 12,484 members. The table below details the Trust's membership by constituency:

Constituency	Membership at 31 March 2018	Eligibility
Public Constituencies:		
East Service Area	4,061	Age 14 and above residing in Cornish electoral wards in the East of the county*
West Service Area	3,690	Age 14 and above residing in Cornish electoral wards in the West of the county and parishes of the Isles of Scilly*
Other Constituency	1,091	Age 14 and above residing in electoral wards of England and Wales
Staff Constituency:		
Staff	3,642	All staff**

* Details of electoral wards are described in the Trust's Constitution available on the Trust's website

** Staff eligibility is detailed in the Trust's Constitution, available on the Trust's website: www.cornwallft.nhs.uk. Staff may opt-out of the Staff Constituency.

Engagement with members and the public

The Trust refreshed its Membership Strategy in January 2016 following a review by the Council of Governors. Delivery against the strategy is monitored by the Governors' Communications and Engagement Committee on a quarterly basis and includes a review of membership demographics, engagement and recruitment. The Trust's Membership Strategy is available on our website as follows: www.cornwallft.nhs.uk.

4. Accountability Report

The Trust's updated Membership Strategy focusses on engagement with members and the general public. A Governor workshop was held in March 2017 relating to two of the Governor Statutory Duties: to hold the Non-Executive Directors to account for the performance of the Board of Directors and to represent the interests of members and public.

During 2017/18 outcomes from the workshop have been taken forward including enhancing the Governor page on the Trust's website, introducing a Governor toolkit to support Governors in their role when engaging with members and the public and introducing a coordinated approach to compiling Governors' questions for consideration by Non-Executive Directors.

The Trust's bi-annual Membership Newsletter provides members with information on quality developments within the Trust as well as service innovations. In 2017/18 members' views were sought on the quality of the Trust's services via a questionnaire distributed with the Autumn Members' Newsletter. Following a review of the responses received from members, proposals for consideration were presented to the Board.

Members are invited to meet with their Governors after each Council of Governors' meeting.

Get in touch

Members who wish to contact their representative on the Council of Governors should contact the Foundation Trust Secretary, Cornwall Partnership NHS Foundation Trust, Head Office, Carew House, Beacon Technology Park, Dunmere Road, Bodmin PL31 2QN; via email to cpn-tr.membership@nhs.net, or by telephoning 01208 834600.

Board of Directors

The strategic direction of Cornwall Partnership NHS Foundation Trust is set by the Board of Directors, led by the Chair.

Eight Non-Executive Directors, including the Chair, and seven Executive Directors, including the Chief Executive, all who are chosen for their wide range of knowledge, skills and experience, comprise the Board of Directors.

In 2017/18 the Board was complemented by two Associate Non-Executive Directors whose appointments were approved by the Council of Governors and Board of Directors. The Associate Non-Executive Directors have strengthened the experience and skillset of the Board during the year.

The Council of Governors approves the appointment/reappointment of the Chair and Non-Executive Directors. Executive Directors including the Chief Executive are appointed by the Non-Executive Directors. The appointment of the Chief Executive is subject to approval by the Council of Governors.

The Board of Directors annually approves and reviews the Scheme of Delegation. The Scheme of Delegation sets out the functions reserved for decision by the Board of Directors and Executive Team. In addition to the functions reserved for decision by the Board of Directors, the Scheme of Delegation is presented in a format detailing the scheme of delegation of powers from the Trust's Constitution, Board of Directors' Standing Orders, the Trust's Standing Financial Instructions and the NHS FT Accounting Officer Memorandum.

There is clear division of responsibilities between the Chair and the Chief Executive. In summary:

- the Chair leads the Board of Directors and ensures its effectiveness. This includes ensuring that the Board of Directors receives timely and clear information to enable Board members to fulfil their responsibilities

4. Accountability Report

- the Chief Executive is accountable to the Board of Directors on all matters not reserved to the Board of Directors and for running all aspects of the operational business

The Board of Directors is responsible for:

- ensuring the delivery of high quality, safe services
- ensuring the Trust complies with regulatory standards
- setting the strategic direction of the Trust taking account of Governors' views
- ensuring the Trust operates effectively, efficiently and economically

Board of Directors at 31 March 2018

Details of the individuals who were Directors of the Foundation Trust as at 31 March 2018 are set out on the following pages. The information on each Director's expertise highlights the balance and completeness of the Board of Directors. The balance of skills has been determined in order to meet the requirements of the Trust.

All members of the Board of Directors are required to declare interests which are relevant and material. Interests are declared on appointment, or if a conflict arises during the course of their term. The Trust Secretary maintains a register of Board of Directors' Interests, which is available on the Trust's website: www.cornwallft.nhs.uk.

Non-Executive Directors

Non-Executive Directors, including the Chair, live in the local area and are members of Cornwall Partnership NHS Foundation Trust. All Non-Executive Directors are determined to be both independent in character and judgement.

Barbara Vann, DL - Chair: Appointed June 2015

Experience

- Headteacher of two Secondary Schools, 1990 - 2013
- Trustee and Chair of Duchy Health Charity
- Plymouth University Peninsula School of Medicine and Dentistry Foundation, Trustee
- Governor Truro and Penwith College
- Trustee National Maritime Museum
- Trustee Hall for Cornwall

Qualifications include

- Master's Degree in Leadership and Management
- PhD focussed upon Accountability in Education

Dr Vann, Chair has no other significant commitments.



4. Accountability Report

Margaret Schwarz, Vice Chair: Appointed May 2016

Experience

- Governance leader for Cornish Mutual Assurance
- Deputy Chair of Plymouth Hospitals NHS Trust
- Deputy Chair of University of Plymouth
- Consultant in Risk Management and Regulation
- Senior Executive in Financial Services
- Chief Economist in Financial Services

Qualifications include

- BA in Economics and Political Science
- MSc in Economics
- Financial Programme LBS
- Strategy Programme INSEAD



Jane Abraham - Non-Executive Director: Appointed June 2017

Experience

- Policy Fellow at Joint Strategic Work and Health Unit (DWP)
- Associate Honorary Research Fellow University of Exeter
- Medical School Lecturer and Academic Lead - Workplace Health, University of Exeter Business School
- Policy Advisor European Centre for the Environment and Human Health (UoE), 2011 - 2013
- SW Regional Health, Work and Wellbeing Lead - Department of Health, 2009 - 2011
- Consultant - Improvement and Development Agency, 2008 - 2009
- Health Development Officer - Caradon District Council and N&E Cornwall Primary Care Trust, 2003 - 2008

Qualifications include

- B(Sc) Hons Health and Social Care



Adrian Davis - Non-Executive Director: Appointed May 2016

Experience

- Chief Fire Officer, Northamptonshire Fire and Rescue Service
- Multi Agency Gold Incident Commander
- CBRN Gold Commander

Qualifications include

- Master of Business Administration
- Member of the Institution of Fire Engineers



4. Accountability Report

David Harland, Non Executive Director: Appointed May 2016

Experience

- Executive Director for Eden Project
- Group Finance Director of Enara Group (domiciliary care services)
- Group Finance Director of Care Management Group (Learning Disability service)
- Priory Group (Acute Healthcare / Mental Health Hospitals)

Qualifications include

- FCCA (Association of Certified Chartered Accountants)
- ACA (Institute of Chartered Accountants in England and Wales)



Nick Lewis - Non-Executive Director: Appointed October 2017

Experience

- Chair, Plymouth Community Homes
- Vice Chair, Northern Devon Healthcare NHS Trust
- Deputy CEO, SW Regional Development Agency
- Finance Director, Devon and Cornwall Housing

Qualifications include

- Engineering degree Cambridge University
- Fellow Institute of Chartered Accountants in England and Wales



Tracie North - Non-Executive Director: Appointed July 2017

Experience

- Independent Consultant in Health and Social Care, 2016 - date
- University Lecturer with Plymouth University
- Director of Strategic Development ACC
- Trustee and Vice Chair of the Duchy Health Charity
- Trustee Cornwall Mobility
- Director of Strategic Development and Operations Independent Charity

Qualifications include

- Research Masters
- Postgraduate Certificate in Academic Practice (PGCAP)
- Registered General Nurse
- Midwife (Registration lapsed)



4. Accountability Report

Stephen Watkins - Senior Independent Director: Appointed March 2014

Experience

- General Medical Practitioner
- Chair South West Region – Advisory Committee for GP Education
- Community Sub Dean – Peninsula College of Medicine and Dentistry

Qualifications include

- MB, MS
- FRCGP
- Fellow Academy Medical Education



Rob Sneyd - Associate Non-Executive Director: Appointed May 2016

Experience

- Leads the medical and dental schools in Plymouth University
- Council member of the Royal College of Anaesthetists
- Chairman of Peninsula Dental School Enterprise
- Consultant at Derriford Hospital NHS Trust

Qualifications include

- Basic medical qualifications
- Research degree from Cambridge University
- Specialist qualification in anaesthesia



Executive Directors

Phil Confue – Chief Executive Officer: Appointed January 2012 (Acting Chief Operating Officer from October 2010)

Experience

- Director of Consulting, Tribal Group Plc, 2005 – 2010
- Director Mental Health and Learning Disability, Plymouth PCT 1998 – 2005
- Senior Researcher, Sainsbury Centre for Mental Health (PT) 1997 – 1998
- Programme Manager - Mental Health, Suffolk Health, 1995 - 1998

Qualifications include

- Registered Mental Nurse (RMN), 1989
- BSc (Hons) Mathematics, 1985
- Masters in Business Administration, 1997
- MPhil University of Portsmouth, 1996



4. Accountability Report

Julie Dawson - Chief Operating Officer/ Deputy Chief Executive: Appointed January 2010 (Acting from October 2010)

Experience

- Community Services Manager (Cornwall Partnership NHS Foundation Trust), 2008 - 2010
- Joint Health and Social Care Manager, Derbyshire NHS Mental Health Trust, 2000 - 2002
- Senior Lecturer, Central Lancashire University, 1998 - 2000

Qualifications include

- Post Graduate Diploma in Psychosocial Interventions, 1999
- Diploma in Health Education for the Mentally Ill, 1994
- RMN, 1989



Tamsyn Anderson - Director of Primary Care: Appointed October 2016

Experience

- GP partner at Newquay Health Centre, 2003 - date
- Practice-based commissioning and Newquay locality lead, 2011 - date
- NHS Kernow Governing body GP for Newquay and North Cornwall, 2013 - 2016
- NHS Kernow Medical Director, 2015 - 2016

Qualifications include

- MBBS, 1996
- MRCGP, 2001



Sharon Linter - Director of Nursing: Appointed January 2012

Experience

- Director of Quality and Performance (Barnsley Hospital NHS Foundation Trust), 2010 - 2012
- Acting Chief Nurse and Director of Quality and Standards (Barnsley Hospital NHS Foundation Trust), 2009 - 2010
- Deputy Chief Nurse and Divisional Nurse Manager (Leeds Teaching Hospital NHS Trust), 2004 - 2009

Qualifications include

- MA Personal and Organisational Development, 1997
- BSc (Hons) Nursing with Education, 1992
- RGN/RSCN



4. Accountability Report

Sally May – Director of Finance, Performance and Information: Appointed March 2011

Experience

- Director of Finance, NHS Cornwall and Isles of Scilly 2008 - 2011
- Director of Finance and Deputy Chief Executive, Vale of Glamorgan Local Health Board 2003 - 2008

Qualifications include

- Chartered Institute of Public Finance and Accountancy (CIPFA), 1994
- BA (Hons) Psychology, 1990



Adrienne Murphy - Director of Human Resources and Organisational Development: Appointed January 2016

Experience

- Associate Director of People and Organisational Development, Cornwall Partnership NHS Foundation Trust, August 2015 – December 2015
- Interim Consultancy and Head of HR at St John's Hospital, Bath, 2014 - 2015
- Executive Director of Workforce and Organisational Development, South Devon Healthcare NHS Foundation Trust, 2009 – 2014
- Head of Workforce Development, Human Resources and Organisational Development, Stoke on Trent Primary Care NHS Trust, 2007 - 2009

Qualifications

- Fellow of the Chartered Institute of Personnel Development
- MA in Strategy Human Resource Management
- Trained facilitator and mentor



Ellen Wilkinson - Medical Director: Appointed August 2006

Experience

- Consultant Psychiatrist
- Clinical Tutor April 2006 to January 2009, implemented Modernising Medical Careers and European Working Time Directive
- Honorary Clinical Fellow, Peninsula Medical School since 2004

Qualifications include

- Fellow of the Royal College of Psychiatrists, 2014
- Completion of Certificate of Specialist Training, 1999
- Member of the Royal College of Psychiatrists, 1993
- Bachelor of Medicine, University of Southampton, 1987



4. Accountability Report

Terms of office

Executive Directors' appointments are made substantively. Non-Executive Director appointments are for three years, with re-appointment approved by the Council of Governors. Information relating to our Non-Executive Director appointment process is detailed in the Trust's Constitution available at www.cornwallft.nhs.uk.

Associate Non-Executive Directors are appointed on an annual basis as approved by the Council of Governors and Board of Directors.

Board of Directors' resignations / end of terms

There was one resignation from the Board of Directors in the year ended 31 March 2018. Mark Duddridge, Associate Non-Executive Director, resigned from his post as at 5 February 2018.

Board of Directors' meetings

The Board of Directors held ten public meetings in 2017/18. Special meetings are convened by the Chair of the Trust as and when required. The table below details Non-Executive Directors' and Associate Non-Executive Directors' attendance at public Board of Directors' meetings during 2017/18:

Name	Position	Attendance Actual / Possible
Jane Abraham*	Non-Executive Director	8 / 10
Adrian Davis	Non-Executive Director	10 / 10
Mark Duddridge**	Associate Non-Executive Director	4 / 8
David Harland	Non-Executive Director	5 / 10
Nick Lewis***	Non-Executive Director	5 / 5
Tracie North****	Non-Executive Director	6 / 7
Margaret Schwarz	Non-Executive Director	9 / 10
Robert Sneyd	Associate Non-Executive Director	2 / 10
Yvonne Stephens*****	Non-Executive Director/Associate Non-Executive Director	4 / 5
Barbara Vann	Chair	10 / 10
Stephen Watkins	Non-Executive Director	10 / 10
Neville Witham*****	Non-Executive Director	2 / 3

* In post from 1 June 2017

** In post until 5 February 2018

*** In post from 1 October 2017

**** In post from 1 July 2017

***** In post until 31 October 2017

***** In post until 30 June 2017

The Trust's Associate Non-Executive Directors bring additional skills to the Board of Directors and undertake additional full-time roles outside the Trust.

4. Accountability Report

The table below details Executive Directors' attendance at public Board of Directors' meetings during 2017/18:

Name	Position	Attendance Actual / Possible
Tamsyn Anderson	Primary Care Director	9 / 10
Phillip Confue	Chief Executive	10 / 10
Julie Dawson	Chief Operating Officer/Deputy Chief Executive	10 / 10
Sharon Linter	Director of Nursing	10 / 10
Sally May	Director of Finance, Performance and Information	10 / 10
Adrienne Murphy	Director of Human Resources and Organisational Development	10 / 10
Ellen Wilkinson	Medical Director	9 / 10

Responsibility for preparing the annual accounts

The Chief Executive is the Trust's designated Accounting Officer with the duty to prepare the accounts in accordance with the National Health Service Act 2006.

The Board of Directors considers that, as a whole, the annual report and accounts are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

Contacting the Board of Directors

The Board of Directors may be contacted via the Trust Secretary, at Cornwall Partnership NHS Foundation Trust, Head Office, Carew House, Beacon Technology Park, Dunmere Road, Bodmin, PL31 2QN - telephone 01208 834600.

Audit Committee

The Audit Committee is a formally constituted Committee of the Board of Directors. Membership of this committee comprises three Non-Executive Directors (including the Audit Committee Chair). The Trust's internal and external auditor, Director of Finance, Performance and Information, Chief Accountant and Trust Secretary regularly attend Audit Committee meetings.

In 2017/18 the Audit Committee was chaired by Adrian Davis, Non-Executive Director, and met seven times. The Audit Committee meeting, which is held each year at the end of May, is dedicated to the review of year-end documentation. During the year meetings of the Audit Committee were observed by Governors.

The table below details Audit Committee members and their attendance at meetings:

Name	Position	Attendance Actual / Possible
Adrian Davis	Non-Executive Director / Audit Committee Chair	7 / 7
David Harland	Non-Executive Director	4 / 7
Nick Lewis*	Non-Executive Director	3 / 3
Yvonne Stephens**	Non-Executive Director	2 / 4

* In post from 1 October 2017

** In post until 30 September 2017

4. Accountability Report

How the Committee discharges its responsibilities

The Committee's primary role is to review the establishment and maintenance of an effective system of integrated governance and internal control which supports the achievement of the Trust's objectives and the integrity of the annual financial statements.

The Committee monitors the performance and independence of the external auditor and the effectiveness of the internal auditor. Each year the Chair of the Audit Committee prepares an annual report from the Committee which is received by the Board of Directors.

In 2017/18 the Committee held private meetings with both the external auditor and head of internal audit.

Work of the Audit Committee in 2017/18

A full description of the duties and responsibilities of the Audit Committee can be found in its terms of reference available on the Trust's website: www.cornwallft.nhs.uk.

Some of the key duties undertaken by the Audit Committee during 2017/18 are listed below:

- Monitoring the systems of risk management through regular review of the Corporate Risk Register and Board Assurance Framework to support the delivery of the Trust's five strategic objectives
- Approval of the internal audit plan that sets out the work of internal audit to assess the effectiveness of a range of governance and internal control systems
- Consideration of the findings from all internal audit reports including management's responses
- Consideration of the Head of Internal Audit Opinion
- Review of the Trust's Annual Report, Financial Statements and reports from the external auditor
- Review of the effectiveness of the processes for the review of the Trust's Quality Report and Audit Report on the Quality Report

- Review of the Trust's freedom to speak up processes
- Review of the Local Counter Fraud Specialist's Annual Report and in-year reports

Issues considered by the Audit Committee in relation to the financial statements

The Audit Committee is responsible for reviewing the financial statements prior to their formal adoption by the Board of Directors. To facilitate its review of the financial statements the Audit Committee receives the annual ISA 260 report to those charged with governance from the External Auditor and a report from the Director of Finance concerning the financial statements. Having reviewed the financial statements the Audit Committee considers whether to formally recommend approval of the financial statements to the Board of Directors.

In reviewing the financial statements for the year ended 2017/18 the Audit Committee considered the following issues:

- The content of the External Auditor's ISA 260 report
- Compliance with the annual reporting guidance within the NHS Foundation Trust Annual Reporting Manual
- The accounting policies adopted by the Trust and any changes to these policies in-year
- Any changes in accounting practice due to changes in accounting policy
- Any critical judgements in applying accounting policies made by management and any areas of estimation uncertainty
- Any significant adjustments arising from the audit
- Any unadjusted mis-statements in the financial statements
- Explanations for any significant variances
- The adoption of the going concern basis of accounting
- Any letters of representation prepared by management

4. Accountability Report

Internal Auditor

The Trust's Internal Auditor works closely with the Audit Committee during the year. A lead auditor attends all the Audit Committee meetings. The internal audit plan is reviewed by the Audit Committee before formal acceptance and a briefing paper is prepared by Internal Audit for review by the Committee. The briefing paper includes the position of all recommendations proposed within the audit report.

External Auditor

The Trust's external auditor, Deloitte LLP, was appointed following a tender process for a three-year period commencing 1 April 2011, ending 31 March 2014. During 2013/14 the Council of Governors agreed to exercise a two-year extension option of the existing external audit contract, ending 31 March 2016.

A further one-year extension was agreed by the Council of Governors in June 2015 to incorporate the Trust's 2016/17 external audit. The Trust tendered its external audit contract in Autumn of 2016. The tender process involved Governors and members of the Audit Committee. Deloitte LLP was awarded a three-year external audit contract commencing 1 April 2017. The Trust has the option to extend this contract for a further two years.

The Trust's external audit contract value for 2017/18 was £58,200.

The external auditor has provided non-audit services in the year in the form of the quality accounts review in respect of the 18 weeks referral to treatment indicator. A fee of £2,000 was paid for this additional work.

The value of the audit services was significantly less than the audit fee and auditor objectivity and independence have been safeguarded by assurance that the audit partner's remuneration is not connected with the volume or value of non-audit services provided to the Trust.

NHS Improvement's Single Oversight Framework

NHS Improvement's Single Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach of or suspected breach of its licence.

The Single Oversight Framework was applied from Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and the first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports.

NHS Improvement placed the Trust in segment 2 as at 18 April 2018. Current segmentation information for NHS trusts and foundation trusts is published on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources is based on the scoring of five measures from '1' to '4', where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

4. Accountability Report

Area	Metric	2017/18 Q4 Score	2017/18 Q3 Score	2017/18 Q2 Score	2017/18 Q1 Score	2016/17 Q4 score	2016/17 Q3 Score
Financial Sustainability	Capital service capacity	1	2	2	2	1	3
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	2	3	3	1	3
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	4	4
Overall scoring		1	1	2	2	3	3

Further information relating to the Trust's financial performance in 2017/18 is detailed under the heading Review of Financial Performance in Section 2: Performance Report.

NHS Constitution

The NHS Constitution was first published in January 2009 and most recently revised in October 2015. The NHS Constitution is renewed every 10 years with the involvement of the public. The NHS Constitution is accompanied by the Handbook to the NHS Constitution which sets out current guidance on the rights, pledges, duties and responsibilities established by the Constitution. These requirements are legally binding.

The Trust undertakes a review of compliance against the NHS Constitution every year. The review is presented to the Board of Directors and includes assurance information.

The Board of Directors received an NHS Constitution Compliance Report at its meeting held in March 2018. The review confirmed the Trust's full compliance with the NHS Constitution.

Statement of Accounting Officer's Responsibilities

Statement of the Chief Executive's responsibilities as the Accounting Officer of Cornwall 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 NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Cornwall Partnership NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Cornwall Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

4. Accountability Report

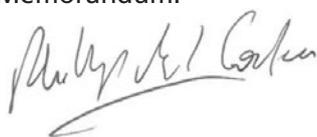
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

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

The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the Trust's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

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 the NHS Foundation Trust Accounting Officer Memorandum.



Phillip Confue
Chief Executive
24 May 2018

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 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 Cornwall 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 Cornwall Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

The system of internal control is founded upon having a number of individual controls in place: policies and procedures covering important business activities, how staff are appointed and managed, the Standing Financial Instructions and Scheme of Delegation, the checks and balances inherent in internal and external audit reviews, Executive Director and Board of Directors' oversight.

4. Accountability Report

Capacity to handle risk

The Trust's Risk Management Strategy approved by the Board of Directors in December 2017 outlines the strategic direction for the management of risk and the framework for the continued development of risk management processes. Role responsibilities are detailed including the role of the Chief Executive as Accounting Officer.

The Risk Management Strategy outlines the Trust's reporting mechanisms for risks, including committee structures and individual roles and responsibilities.

The Executive Directors bring together the clinical and corporate risk agendas. Risk registers for all clinical and operational divisions are proactively managed within a 'live' electronic environment. These risk registers are reviewed on a periodic basis by the relevant clinical and operational divisions.

Higher scoring risks or those which present a risk to the achievement of the organisation's strategic objectives are escalated to the Trust's corporate risk register when thresholds are met. The corporate risk register is reviewed by the Executive Management Team and presented to the Board for approval on a monthly basis.

The Board Assurance Framework is a document used by the Board of Directors to manage risks to the achievement of the Trust's strategic objectives. Strategic objective risks are defined within the Risk Management Strategy as principal risks. The Board of Directors approves the addition of or removal of principal risks as recommended by Executives or the Board's Quality and Governance Committee.

Risk identification is the responsibility of all employees. The risk framework ensures that, once identified, risks are managed at the appropriate level.

Risk management training is provided to all staff on induction and enhanced training is facilitated based on individuals' responsibilities. In addition, bespoke training is introduced in response to both incidents and national guidance. The Board of Directors received specific risk management training in December 2017.

Staff are responsible for identifying, reporting and responding to risks, incidents, hazards, complaints and near misses in accordance with appropriate policies. The Trust's learning environment encourages and supports staff with reporting in order to improve on the quality and safety of services provided.

The dissemination of good practice and lessons learnt from serious incidents, incidents and near misses is achieved through a variety of mechanisms including Learning from Experience meetings; strategic development days involving frontline operational staff and managers; and discussion of incidents and risk assessments at relevant groups such as the Executive Clinical Risk Group and the Operational Service's Clinical Quality Assurance Groups and individual team meetings.

The risk and control framework

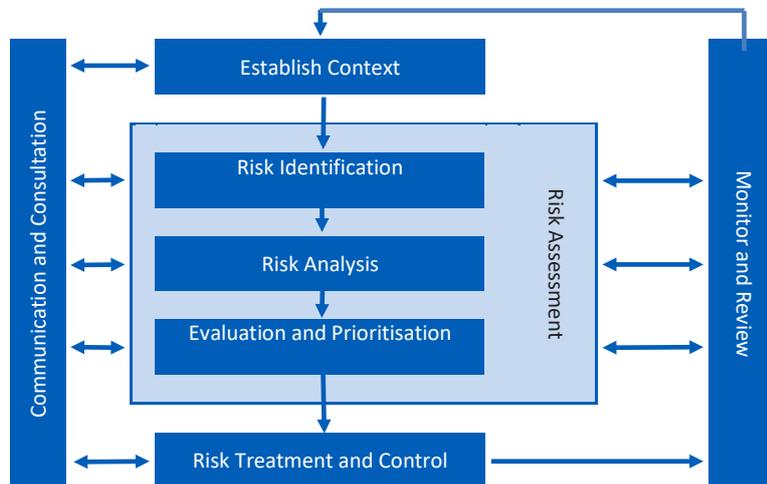
The Trust's Risk Management Strategy sets out the key responsibilities for managing risk within the organisation including the ways in which risks are identified, evaluated and controlled.

Following identification, risk scores are determined using a scoring matrix which is supported by a subject matter guide. This ensures a consistent approach to the scoring and management of risks.

4. Accountability Report

The risk management process

The risk management process is the means by which the Trust manages risks to the organisation and is based on the International and British Risk Management Standard ISO/BS 31000:2009 as demonstrated in the diagram below:



The Trust has a General Risk Assessment Template used by all staff to document risk assessments. Multi-disciplinary team involvement in assessing risk is encouraged across the organisation.

Once identified risks are assessed in terms of the likelihood of the risk materialising and the consequences of the risk occurring. Risks are assessed using a '5 x 5' risk matrix as detailed below:

Consequence	Likelihood				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Risks scored as 'Low' or 'Moderate' (with a score of 7 or less) are managed at a team level and not included within a formal risk register. Risks with a score of 8 or more are submitted to clinical and corporate oversight groups for review. The relevant groups consider the inclusion of risks onto clinical service area and category-specific risk registers.

Risks with a score of 15 and above, as well as principal risks to the delivery of strategic objectives, are recorded on the Trust's corporate risk register and reviewed by the Executive Team and the Board of Directors. Actions to mitigate all risks have been in place during 2017/18.

The Board's Audit Committee received the corporate risk register four times during 2017/18.

Board Assurance Framework

The Trust had a Board Assurance Framework in operation for 2017/18. The Trust's governance arrangements are supported by the operation of the Board Assurance Framework a dynamic document which provides a simple but comprehensive method for the effective and focussed management of the principal risks associated with the achievement of the Trust's strategic objectives.

The Board Assurance Framework provides a structure within which the Board of Directors may focus on progress and risk management of its key strategic objectives, along with the controls in place and assurance available on their operation. The Board Assurance Framework is informed by and aligned with the Trust's corporate risk register.

4. Accountability Report

Principal risks to strategic objectives are RAG rated (Red, Amber, Green) against their controls and assurances. The Board Assurance Framework identifies gaps in control or assurance and sets out planned actions with explicit timescales for delivery. In order to adequately test and evaluate sources of assurance, the Board of Directors has adopted an adequacy of assurance methodology. This score is used to support the Board of Directors' review of its assurances by clarifying the degree of reliance that may be placed on a piece of assurance. The Board of Directors utilises the RAG rating of the adequacy of assurance in its direction of commissioning external reviews.

Risk appetite is the amount and type of risk that an organisation is willing to pursue or retain. The Board of Directors agrees a risk appetite threshold for each strategic objective on an annual basis. Risk appetite thresholds were agreed in December 2018 as part of the Board's approval of the Risk Management Strategy. Any risk that meets or exceeds the risk appetite threshold, threatens the achievement of a strategic objective and is approved by the Board as a principal risk is managed via the Board Assurance Framework.

The Trust's strategic objective risk appetites for 2017/18 were as follows:

Strategic Objective	Risk Appetite Statement	Score
1. To deliver high quality, safe and accessible services.	The Trust will manage risks from frontline services to Board level and where risks exist demonstrate that improvements are made.	5
2. To maximise the potential of our workforce to deliver high quality patient care.	The Trust will establish a positive safety culture, delivering compassionate care, where unsafe practice is not tolerated. Every member of staff is expected to identify, correct and/or escalate safety weaknesses.	5
3. To achieve best value and ensure the Trust is sustainable and financially sound into the future.	The Trust will deliver safe, high quality services and maximise value for money and ensure adherence to its accountability and compliance frameworks.	12
4. To diversify and develop services that meet commissioner and patient needs and expectations.	The Trust will encourage entrepreneurial activity, seek new ventures and improve existing services to fulfil our strategic direction.	15
5. To improve health and wellbeing by working in partnership to create life opportunities for our patients.	The Trust's staff members will work in collaboration with each other, patients and carers to minimise risk, promote wellbeing and achieve good clinical outcomes.	10

As per the Risk Management Strategy, the Board Assurance Framework is reviewed by the Executive Team and amendments approved by the Board of Directors following recommendations from the Board's Quality and Governance Committee. In 2017/18 the Board Assurance Framework was reviewed four times at Board of Directors' meetings held in public.

The Audit Committee received the Board Assurance Framework at meetings in 2017/18 and discharged its Board Assurance Framework duty by:

- reviewing that assurances are reliable and of good quality
- ensuring that the data assurances are based on is accurate
- ensuring that processes are robust and relevant, and
- that controls in place are sound and complete

4. Accountability Report

Major risks

Major risks are defined in the Trust's Risk Management Strategy as 'any principal risk as agreed by the Board'. All principal risks are managed within the Board's Assurance Framework. The following principal risks were identified by the Board as major risks for the year ending 31 March 2017/18.

Risk Number	Description	Controls	Assurances	In year/ future
1426	Failure to comply with Regulators (e.g. CQC, NHS Improvement and OFSTED) leading to qualification of Licence	Board and sub-Committee monitoring of Regulator registration requirements, including NHSI quality metrics; review of inspections and action plans for CQC and OFSTED. Service monthly reports to sub-Committee against Key Performance Indicators, include compliance with CQC Essential Standards and outcomes, including any associated action plan monitoring.	Regulator inspections and compliance reports. Internal audits. Compliance and performance reports to Trust Board and sub-Committees.	In year and future
1539	There will be poor learning from incidents and no consequent improvements if the Trust does not have in place robust systems to prevent, identify and manage incidents.	Risk Management Strategy and Serious Incident Policy; Monthly reporting to Trust Board and sub-Committees, themes and tracking of actions for learning; Patient Safety Strategy; Learning from Serious Case Reviews and Homicide Reviews is presented to Trust Board; Trust Mortality Review Policy in place in line with CQC guidance; Mortality review process, clinically led, with monthly reporting to sub-Committee and quarterly reporting to Trust Board.	Strategy reviews. Internal audits. Patient Experience, Safety and Quality reports, and mortality reports, to Trust Board and sub-Committees. NRLS reports benchmarking incident performance.	In year and future
1737	The demand on specialist Mental Health and Children's services, including CAMHS, is increasing beyond contract capacity which may have an adverse effect on the safety, effectiveness, experience and quality of care that can be delivered and on the reputation of the Trust.	Performance reports on activity; Annual review of Community Mental Health Profile (Fingertips), by CFT Executive Team, feeds into Annual Plan Review; Acute in-patients' pathway; Transformation funding received for five year CAMHS Transformation Programme	Compliance and performance reports to Trust Board and sub-Committees. Community Mental Health Profile from Public Health England. Independent report on the Assessment of the Acute Pathway (Mental Health). CAMHS waiting times. Progress against Service Development Improvement Plan.	In year and future

4. Accountability Report

Risk Number	Description	Controls	Assurances	In year/ future
1550	Failure to provide appropriately qualified and skilled staff in satisfactory numbers to meet safe staffing requirements*	Recruitment and retention strategy and processes with monitoring of KPIs for achievement; Annual Training Needs Analysis; Annual workforce plans; measures in place to enhance staff engagement e.g. Staff Experience Group; Staff Staffing data reviewed by Board monthly; agency levels against safe staffing numbers reported monthly to sub-Committee. Key workforce metrics indicating appraisal, absence and vacancy factors included in reports to Trust Board and sub-Committee; Staff Family and Friends Test and national staff survey reported to Trust Board with agreed action plan and quarterly reports to sub-Committee.	Performance reports to Board and sub-Committees cover: <ul style="list-style-type: none"> • Training compliance • Maintenance of agreed tolerances of NHS Improvement quality metrics • Recruitment • In-patient staffing data • Agency usage against cap (monitored daily by Executives and reported weekly to NHS Improvement) • Results of national staff survey and staff Friends and Family Tests 	In year and future

In 2018/19 the Trust's corporate risk register and Board Assurance Framework were reported to and jointly reviewed with the Trust's main commissioner, Kernow Clinical Commissioning Group. Key risks within the health and social care community are shared with the Trust.

The Executive Team considers as part of its monthly review of the corporate risk register whether any risks should be shared on the system-wide risk register.

Quality Governance Framework / Well Led Framework

In May 2017 the Board of Directors self-assessed against the Quality Governance Framework. Of the four domains and 10 questions assessed, the Board scored itself 0.5 points against the question 'does the Board actively engage patients, staff and other key stakeholders on quality'? The Board's summary response to this question was 'the Board actively engages with patients, staff and other key stakeholders on quality; however, the Board is seeking more active and meaningful engagement with patients, carers and families. This is to ensure patients, families and their carers are listened to and involved in the development and improvement of services the Trust delivers'.

Work to address this area was taken forward during the year by the Director of Nursing and the Board reviewed updated evidence relating to this particular question at a meeting held in March 2018. At the meeting the Board agreed full compliance with all 10 questions of the Quality Governance Framework and formally closed down its assessment processes under the framework, in readiness for the Well-Led Framework assessment planned to commence in the Autumn of 2018.

Corporate governance

Condition 4 'NHS Foundation Trust Governance Arrangements' is a core part of the Trust's Provider Licence issued by Monitor (NHS Improvement). In 2017/18 the Trust was fully compliant with Condition 4 of its licence, with particular regard to:

4. Accountability Report

- Effective governance structures which include Board Assurance Framework reports to the Board of Directors.
- Comprehensive reviews of annual and monthly returns to Monitor (NHS Improvement).
- Directors and senior managers with clear responsibilities and regular assessment of capacity and capability.
- Clear reporting lines and accountabilities between the Board of Directors, its committees and the Executive Team.
- Robust clinical and financial performance reported to the Board of Directors at every meeting.

Information governance

Information governance relates to the way organisations process or handle information. It covers information relating to patients and staff as well as corporate information and helps ensure information is managed appropriately and securely.

The Trust has a Board-level Senior Information Risk Owner (SIRO). The SIRO chairs an Information Governance Steering Group (IGSG) which is responsible for setting the framework

for information governance standards in the Trust and ensuring delivery of action plans to improve compliance. A key part of the Information Governance Steering Group's work is to review compliance against the Information Governance Toolkit and to ensure evidence is externally assured through audit. In 2017/18 the Trust's Information Governance Toolkit (version 14.1) attainment level was scored as 81 per cent and was categorised as Satisfactory.

The Information Governance Steering Group meets throughout the year in order to monitor progress towards the achievement of the Information Governance Toolkit assessment. Members of the Information Governance Steering Group are fully informed of the anticipated position and any areas of identified risk. The Trust's Medical Director and Caldicott Guardian approves the submission of the Information Governance Toolkit.

The Trust's Internal Auditor (Audit South West) provided the required audit assurance to the Trust's Information Governance Steering Group and confirmation was given by the Trust's Information Governance and Records Management Lead that the signed Code of Connectivity assurance certificate had been received prior to the Trust's submission. The table below details the Trust's submitted scores for the six initiative areas for the last five years:

Initiative	Version 11 2013/14 %	Version 12 2014/15 %	Version 13 2015/16 %	Version 14 2016/17 %	Version 14.1 2017/18 %
Information Governance Management	93	93	93	93	93
Confidentiality and Data Protection Assurance	92	87	83	81	81
Information Security Assurance	73	71	73	73	73
Clinical Information Assurance	93	86	93	93	93
Secondary Use Assurance	83	75	83	83	83
Corporate Information Assurance	77	77	77	77	77
Overall submission level	83	79	81	81	81

In 2017/18 270 information governance-related incidents were reported as opposed to 210 incidents in 2016/17. Although this shows an approximate 30 per cent increase in information governance-related incidents year-on-year, the number of Level 1 incidents has reduced and the number of Level 2 incidents has remained stable. The increase in reporting shows a culture of being open and increased staff awareness in relation to Information Governance.

All incidents were appropriately scored in line with the "Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation - February 2015"; this resulted in 202 incidents being classified as a 'Near Miss', 64 incidents reaching Level 1 and four incidents being classified as Level 2 or above.

4. Accountability Report

The four incidents that were graded at Level 2 or above have been reported through the Trust's Information Governance Toolkit, which notifies the Department of Health and the Information Commissioner's Office. All of the incidents have been investigated by the Trust and the Information Commissioner has been satisfied with the Trust's current processes, policies and the actions taken relating to two of these incidents. The Trust is awaiting the outcome of the Information Commissioner's investigation for the remaining two incidents. A summary of the four Level 2 incidents requiring investigation involving personal data as reported to the Information Commissioner's Office in 2017/18 is detailed in the table below.

SUMMARY OF SERIOUS INCIDENT REQUIRING INVESTIGATIONS INVOLVING PERSONAL DATA AS REPORTED TO THE INFORMATION COMMISSIONER'S OFFICE IN 2017/18				
Date of Incident (Month)	Nature of Incident	Nature of Data Involved	Number of Data Subjects Potentially Affected	Notification Steps
April	CAMHS report was sent to the incorrect postal address. Letter was sent to Dorset Social Care Ltd, rather than Dorset Social Care Services at Dorset Council	Name; Address; NHS No; Discharge Summary.	1	Apology was issued
Further action on information risk	Cornwall Partnership NHS Foundation Trust has published further advice and guidance on secure transfer of sensitive information; in addition our mandatory annual Information Governance Training has been amended to incorporate lessons that have been learned from this incident.			
June	Staff member accessed the electronic patient records of a family member	Name; Address; NHS No; Electronic Health Record.	1	Apology was not issued as the individual accessing the record had parental responsibility for the patient
Further action on information risk	Cornwall Partnership NHS Foundation Trust had sufficient policies and procedures in place; following the incident further communications with staff were produced advising them of legitimate access to records and the annual mandatory Information Governance training module has been updated to further detail legitimate access to records. Individual involved received a first written warning.			
January	Generic team NHSmail account sent out sensitive data on multiple occasions to a different NHS organisation. Incident occurred as intended recipient has the same name as the incorrect recipient.	Name; Address; NHS No; Health Record.	21	Apology issued to identified individuals
Further action on information risk	Cornwall Partnership NHS Foundation Trust had sufficient policies and procedures in place; following the incident further communications with staff were produced advising them of how to securely delete frequent contacts within the NHSmail system. The annual mandatory Information Governance training module has been updated to further awareness of record security. All information that was sent to the incorrect individual in another NHS Trust has been securely deleted.			
March	Staff member of the Trust has inappropriately accessed the medical records of 8 separate individuals.	Name; Address; NHS No; Electronic Health Record.	8	Incident is currently under investigation
Further action on information risk	Cornwall Partnership NHS Foundation Trust had sufficient policies and procedures in place; following the incident further communications with staff were produced advising them of legitimate access to records and the annual mandatory Information Governance training module has been updated to further detail legitimate access to records. Incident is currently still under investigation and an HR procedure has commenced.			

4. Accountability Report

The following table details the 64 Level 1 Information Governance incidents in 2017/18:

Category	Level 1 Breach Type	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in Error	45
C	Lost in Transit	0
D	Lost or stolen hardware	1
E	Lost or stolen paperwork	4
F	Non-secure Disposal – hardware	0
G	Non-secure Disposal – paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	14
K	Other	0

During the period 1 April 2017 to 31 March 2018 the Trust received 430 Freedom of Information requests. Requests received by requestor type are detailed below:

Requests received	Requestor by type						
	Commercial Company	Media	General Public*	Organisation / Charity	Solicitor	Political Parties	Other*
430	91	50	166	88	4	14	17

*'General Public' and 'Other' may include commercial companies or organisations that have chosen to remain anonymous.

The Freedom of Information Act requires requests to be responded to within 20 working days. The Trust exceeded the 20 calendar day requirement on three separate occasions, this equates to a compliance rate of 99.3 per cent.

Pension

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.

Equality and diversity

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Equality impact assessments are carried out when reviewing all Trust policies and procedures.

Carbon Reduction Delivery Plans

The 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 Trust operates a comprehensive integrated strategic planning process underpinned by a Financial Governance Framework. The Executive Management Team oversees the delivery of Trust approved business plans. Service level reporting is used proactively to identify opportunities for improving efficiency and profitability for each clinical service.

4. Accountability Report

Monthly finance and performance reports are scrutinised by the Board's Performance, Finance and Investments Committee. For the year 2017/18 the Trust delivered 91.2 per cent of its overall target cost improvement plan. Achieved cost improvement plans equated to 3.7 per cent of operating expenditure (£172.9m).

As part of its annual audit the Trust's external auditor is required to satisfy itself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if in its opinion the Trust has not.

Please see 'Review of Effectiveness' later in this section detailing the Board's corporate governance structure.

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. NHS Improvement (in exercise of the powers conferred on 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.

The Trust's Quality Strategy provides a framework through which improvements in the services offered to patients can be focussed and measured. The strategy is supported by a strong organisational philosophy of changing culture and improving services to meet patients' needs, thus continuing to make the Trust the healthcare provider of choice for both commissioners and patients.

The Trust's annual Quality Report provides an opportunity for the Trust to share and report on quality priorities, achievements and any areas for improvement each year.

The Trust's 2017/18 Quality Report [Section 3: Quality Report] has been developed in conjunction with the Trust's Governors, lead clinicians and partners/stakeholders.

The Director of Nursing has led the process of the development of the Quality Report in-year and attended stakeholder related meetings. In March 2018 the Audit Committee reviewed the effectiveness of the processes for the review of the Trust's Quality Report.

The Quality Report for 2017/18 details achievements during the year including the delivery of the priorities set for 2017/18 under the quality dimensions of patient safety, clinical effectiveness and patient experience.

A number of proposed quality priorities for 2018/19, as detailed in this year's Quality Report, were presented by the Trust's Clinical Service Areas to the Council of Governors for consideration. The chosen future priorities were recommended by Governors to the Board of Directors. Delivery against quality priorities are reported monthly to the Executive-led Performance Improvement Monitoring Meeting and six-monthly to the Board's Quality and Governance Committee.

The data detailed in the 2017/18 Quality Report has been checked and validated to assure the Board of Directors that the Quality Report presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data.

The Trust's Information Team, part of a wider Information Management and Technology (IM&T) Department, governs procedures and practices to ensure data quality reporting.

An annual external audit is commissioned by the Trust to review the content of its Quality Report which includes an in-depth review of mandated indicators and, for 2017/18, a review of a local indicator chosen by the Trust's Governors.

Review of effectiveness of risk management and internal control

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 Trust who have responsibility for the development and maintenance of the system of internal control framework.

4. Accountability Report

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 auditor in its 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 of Directors and the Audit Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

Issues identified through the regulatory framework

In April 2016 the Trust was awarded the contract to provide Adult Community Services to the people of Cornwall and the Isles of Scilly. The services were previously provided by Peninsula Community Health. Both the pre-enlarged Trust and Peninsula Community Health were inspected by the Care Quality Commission (CQC) in 2015 and both were awarded an overall rating of 'Good' from the CQC. As part of its standard policy, the CQC provides organisations with large newly joined services, with an opportunity to assimilate and evolve services before undertaking a follow-up inspection.

In September 2017 the Trust was subject to a whole Trust inspection incorporating all of its services including mental health, children's, learning disability and adult community services. The inspection spanned two weeks and involved over 70 inspectors. Patients and partners were given the opportunity to talk about the services provided by the Trust and staff were able to feed-back their experiences of working for the organisation.

The Trust's CQC inspection report was published in February 2018. The Trust was disappointed with its overall rating of 'Requires Improvement' and has since been addressing issues raised to ensure services meet the CQC's fundamental standards. There were positives for the Trust within the report including overall ratings of 'Outstanding' being given for 'Caring' and 'Good' being given for 'Responsive'. This is a testament to our excellent frontline clinical staff.

For Safe, Effective and Well Led the Trust was rated overall as 'Requires Improvement'.

Individual service areas fared differently with the Mental Health and Learning Disability Services rated as 'Good overall, although some work is still required to improve our Community Mental Health Teams and Child and Adolescent Mental Health Services. The mental health inpatient rehabilitation service maintained its 'Outstanding' rating and is viewed as a national leader in this area.

The Adult Community Services were rated overall as 'Requires Improvement' and this was consistent across the Community, Inpatient, Urgent Care and End of Life Services. The report demonstrated that whilst staff were committed to providing high quality care, there was an inconsistency in approach and a failure to follow national guidance on best practice. In the domains of caring and effective, Adult Community Services were rated as "Good".

The Trust has responded to issues raised within the report and produced a robust action plan to ensure services rated below the CQC's fundamental standards are improved as soon as possible. The action plan has been shared with the Trust's internal auditor who proposed some enhancements to the plan as well as additional checks to ensure sustainability.

A governance process has been introduced to ensure the timely delivery of actions and includes an additional Board Committee set up to seek assurance of the timely and qualitative delivery of the action plans. The action plans are complemented with a bespoke risk register reviewed by the Board Committee.

The CQC will be undertaking a process of re-inspection of the areas where it identified breaches of Regulations.

The Trust remains fully compliant with the registration requirements of the CQC.

4. Accountability Report

Issues identified through the work of internal audit

The work of internal audit is a key source of assurance on the operation of the Trust's system of internal control. In 2017/18 assurances were assessed under the main categories of:

- Corporate governance and risk management
- Financial assurance
- Corporate assurance

The Trust's internal auditor works closely with Executive Directors to develop the Trust's internal audit plan for the year. The Audit plan is aligned with the Board Assurance Framework and is overseen by the Director of Finance and approved by the Trust's Audit Committee.

In 2017/18 the internal auditor reviewed the Trust's risk management arrangements within our Adult Community Services. Recommendations included the strengthening of the translation of locally managed risks onto risk registers in order to ensure the recording of appropriate actions and progress to mitigate risks. The Trust has reviewed its Risk Management Strategy/Policy and expanded the risk management process section to support improvement within this area of risk management.

The Trust received three limited assurance reports from its internal auditor during the year for audits addressing Medicines Management, Data Quality (Child and Adolescent Mental Health Services - CAMHS) and Organisational Learning.

The Medicines Management audit undertook a review of the arrangements in place to ensure the safe storage of medicines across five community hospitals. Some weaknesses in the design and application of controls, including the monitoring of TTOs and FP10s, failings in temperature monitoring/storage arrangements and evidence that legacy documents were still being used in some areas, were raised resulting in recommendations for improvement. All proposed recommendations were agreed by the Trust with eight of the 15 recommendations completed at the year end. The remaining recommendations have been reviewed alongside the Trust's overarching CQC action plan which aims to improve medicines management and ensure consistent pharmacy provision across all of the Trust's services.

The CAMHS Data Quality audit report was produced in February 2018 and provided recommendations concerned with accurate data entry, effective data validation and a requirement to review the standard operating procedures for the service. The Trust accepted all recommendations and some immediate actions were taken. An action plan is in place to ensure all recommendations are delivered as soon as possible. Actions include a review of the CAMHS administrative structure, the provision of additional data entry training relating to our clinical record/monitoring system, and a full review of the service's standard operating procedures. The action plan is overseen by our Children's Service Governance Group and the Executive Team, with assurance provided to the Board. The audit report highlighted the poor data quality could negatively impact on performance reports. As recommended, the Trust has responded by formally recording this issue on its risk register, mitigated and managed alongside the action plan.

The Organisational Learning audit report, in draft format at the time of writing, recommends a more Trust-wide consistent and robust approach to organisational learning. Areas of good practice were identified at local levels and the report details that mechanisms are in place to encourage learning from incidents including a 'ward to board' governance structure to support learning. Some of the issues raised within the audit report have been identified as part of the Trust's CQC report and these actions for improvement are detailed within the Trust's CQC action plan. The Director of Nursing is taking forward all recommendations from the audit report and the CQC inspection report to ensure improvement across the whole Trust in this area.

Recommendations from all internal audit reports are addressed by lead individuals and overseen by an Executive Director Sponsor. The Audit Committee receives a report at each of its meetings detailing the progress against recommendations.

For the year ending 31 March 2018 the organisation received an overall opinion of 'significant assurance' from its internal auditor.

4. Accountability Report

Board of Directors and its committee structure

The Board of Directors ensures the effectiveness of the system of internal control through clear accountability and reporting arrangements. The Trust has an effective Board and Committee structure. Details of the Board of Directors' Committee structure and attendance at meetings is set out earlier in this section. Terms of Reference identify each committee's responsibilities and are reviewed annually. The Board of Directors' meeting and all Board committees have a schedule of reports assessed to ensure relevant information is received by each Committee in order for the discharge of duties. The Trust has clear reporting lines and accountabilities throughout the organisation.

Comprehensive reports detailing evidence to support the Board of Directors' governance declarations associated with the Trust's NHS provider licence are produced by the Director of Nursing and scrutinised as part of the Board of Directors' self-certifications.

The Board's Audit Committee is accountable to the Board of Directors for reviewing the establishment and maintenance of an effective system of internal control and risk management. The Committee meets at least five times per year. The Audit Committee approves the annual audit plans for internal and external audit activities and ensures that recommendations to improve weaknesses in control arising from individual audits are passed to the relevant Board Committees to seek further assurance that actions are delivered by management.

On behalf of the Board of Directors, the Quality and Governance Committee oversees all clinical quality governance and information governance issues. It ensures robust systems and processes are in place, including monitoring of action plans following issues of concern. The Quality and Governance Committee regularly receives reports and risk registers from the Trust's clinical service lines, and the Trust's clinical audit plan and clinical audit reports.

The Board of Directors' Performance, Finance and Investments Committee oversees all financial governance issues. The Committee receives finance, operational and workforce performance reports. The Committee manages and monitors compliance against contractual and national targets and financial performance against the Trust's Annual Plan.

On behalf of the Board Directors as Trustees of the organisation's charitable fund, the Board's Charitable Funds Committee oversees all related governance.

The Board's Mental Health Act Committee seeks assurance of the procedures, practice and administration of the Mental Health Act 1983 to ensure the Hospital Managers' meet their statutory duties/responsibilities. The Committee seeks assurance that the Trust meets its statutory duties in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLS).

The Board's Remuneration and Terms of Service Committee is responsible for managing the appointment of Executive Directors and for advising the Board of Directors on the appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Committee reviews the Board's composition, size and structure at each meeting.

The Board of Directors approves strategic plans and individual strategies. The Board's Quality and Governance Committee and Performance Finance and Investment Committee monitor the delivery of strategies on behalf of the Board. The Board ensures all major investments are robust, viable and consistent with the Trust's vision and strategic objectives.

Conclusion

Other than the matters specified within this statement, all of which have been mitigated or robust plans are in place to do so, there are no other significant control issues.



Phillip Confue
Chief Executive

24 May 2018

5. Finance Report and Accounts



Stephen Watkins, Non-Executive Director and Head of Transport, taking delivery of some of our new hybrid fleet vehicles.

Suzanne Rastick, Chief Allied Health Professions Officer, (centre) visiting Fettle House our 'outstanding mental health ward'.



5. Finance Report and Accounts

Independent Auditor's Report to the Council of Governors and Board of Directors of Cornwall Partnership NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Cornwall Partnership NHS Foundation Trust (the 'foundation trust') and its subsidiaries (the 'group'):

- give a true and fair view of the state of the group's and foundation trust's affairs as at 31 March 2018 and of the group's and foundation trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the group and foundation trust statement of comprehensive income;
- the group and foundation trust statement of financial position;
- the group and foundation trust statements of changes in taxpayers' equity;
- the group and foundation trust statements of cash flow;
- the accounting policies; and
- the related notes 1 to 34

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the group and the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	<p>The key audit matters that we identified in the current year were:</p> <ul style="list-style-type: none"> • Recognition of NHS revenue; • Property valuations; and • Value for money <p>Within this report, any new key audit matters are identified with and any key audit matters which are the same as the prior year identified with.</p>
Materiality	<p>The materiality that we used for the group financial statements was £3.6m which was determined on the basis of 2% of revenue.</p>
Scoping	<p>Our group audit was scoped by obtaining an understanding of the Group and its environment, including trust-wide controls, and assessing the risks of material misstatement at the Group level. The focus of our audit work was on the Trust, with work performed at the Trust's offices in Bodmin, directly by the audit engagement team, led by the audit partner.</p>
Significant changes in our approach	<p>There has been no significant change in our approach from the prior year.</p>

5. Finance Report and Accounts

Conclusions relating to going concern

<p>We are required by ISAs (UK) to report in respect of the following matters where:</p> <ul style="list-style-type: none"> the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the group's or the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue. 	<p>We have nothing to report in respect of these matters.</p>
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Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

We have identified one new key audit matter in the current period - Value for Money. There are no key audit matters that were included in the prior year which have not been included in the current year.

Recognition of NHS Revenue	
Key audit matter description	<p>There are significant judgements in recognition of revenue from care of NHS service users and in provisioning for disputes with commissioners due to the judgemental nature of provisions for disputes.</p> <p>Details of the Trust's income, including £166.1m of Commissioner Requested Services, are shown in note 2.3 to the financial statements. NHS debtors are shown in note 11.1 to the financial statements. The income accounting policy is shown in note 1.6.</p>
How the scope of our audit responded to the key audit matter	<p>We evaluated the design and implementation of controls over revenue recognition.</p> <p>We tested the recognition of income through the year, including year-end cut-off, and evaluated the results of the agreement of balances exercise. We assessed the assumptions made in respect of achievement of CQUIN targets and accrued STF income.</p> <p>We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted.</p>
Key observations	<p>Based on the audit evidence obtained, we conclude that NHS revenue is appropriately recognised, and we concur with management's judgements in relation debtor provisioning.</p>

5. Finance Report and Accounts

Property valuation	
Key audit matter description	As disclosed in notes 1.9, 8.1 and 8.2 the Group holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £40m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.
How the scope of our audit responded to the key audit matter	<p>We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the Group to the valuer.</p> <p>We have reviewed and challenged the appropriateness of the key assumptions used in the valuation of the Group's properties, and we have developed an independent expectation of the value of the properties at 31 March 2018.</p> <p>We have reviewed the disclosures in notes 1.9, 8.1 and 8.2 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.</p> <p>We assessed whether the valuation and the accounting treatment of the impairments were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.</p>
Key observations	Based on the audit evidence obtained, we conclude that the valuation of the Group's estate is appropriate.
Value for Money	
Key audit matter description	<p>The Trust is required to make proper arrangements for securing economy, efficiency and effectiveness in the use of resources.</p> <p>Under the guidance issued by the National Audit Office, we are required to perform a risk assessment to identify any potential areas of significant risk to value for money that require further work to be performed.</p> <p>Due to pressures in the local health economy we identified Financial Sustainability and achievement of Cost Improvement Plans as a significant value for money risk.</p> <p>We also identified a risk in relation to outcome of the Care Quality Commission (CQC) inspection which rated the Trust as "Requires Improvement" which could indicate a failure to put in place proper arrangement to secure value for money.</p>

5. Finance Report and Accounts

<p>How the scope of our audit responded to the key audit matter</p>	<p>We reviewed the Trust's financial performance throughout the year and achievement of CIP targets, as well as the governance structures that are in place to support delivery of savings.</p> <p>Our work in this area included:</p> <ul style="list-style-type: none"> • High level interviews with Director of Finance, and senior operational staff, as required; • Review of the Trust's draft Annual Report, Annual Governance Statement and Board papers and minutes; • Consideration of issues identified in our financial statements audit work; • Consideration of the Trust's financial results, including CIP delivery, and the 2017-18 Plan; • Review of NHSI's Single Oversight Framework; and • Benchmarking of the Trust's performance. <p>We obtained a copy of the CQC report and reviewed the areas highlighted by the CQC as requiring improvement as well as noting the Trust was rated outstanding for care and good for responsive. We met with the Chief Executive and reviewed the actions taken by the Trust following the review in the period up to 31 March 2018.</p>
<p>Key observations</p>	<p>We have no matters to report by exception in regard to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.</p>

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

	Group financial statements	Foundation Trust financial statements
Materiality	£3.6m (2017: £3.5m)	£3.6m (2017: £3.5m)
Basis for determining materiality	2% of group revenue	Capped at 99% of group materiality
Rationale for the benchmark applied	The majority of the group's activities are carried out by the Trust. Revenue was chosen as a benchmark as the Group is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.	

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £0.179m (2017: £0.175m), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

5. Finance Report and Accounts

An overview of the scope of our audit

Our group audit was scoped by obtaining an understanding of the Group and its environment, including internal control, and assessing the risks of material misstatement at the Group level. The Group consists of Cornwall Partnership NHS Foundation Trust and its subsidiary Cornwall Partnership NHS Foundation Trust Charitable Fund (Charitable Fund).

The focus of our work was on the Trust with audit work performed at the Trust's offices in Bodmin directly by the audit engagement team, led by the audit partner.

The Group utilises the services of NHS Shared Services to provide day to day accounting services to the Group. As part of the audit process we visited the shared service provider to access the audit documentation that provided the necessary audit evidence.

We performed audit procedures on the Trust's Charitable Fund, where the extent of our testing was based on our assessment of the risks of material misstatement and the component materiality of the charities to the Group.

Other information

<p>The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.</p> <p>Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.</p> <p>In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.</p> <p>If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.</p>	<p>We have nothing to report in respect of these matters.</p>
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Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the group's and the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the group or the foundation trust or to cease operations, or has no realistic alternative but to do so.

5. Finance Report and Accounts

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

<p>Annual Governance Statement, use of resources, and compilation of financial statements</p> <p>Under the Code of Audit Practice, we are required to report to you if, in our opinion:</p> <ul style="list-style-type: none"> • the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; • the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or • proper practices have not been observed in the compilation of the financial statements. <p>We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.</p>	<p>We have nothing to report in respect of these matters.</p>
<p>Reports in the public interest or to the regulator</p> <p>Under the Code of Audit Practice, we are also required to report to you if:</p> <ul style="list-style-type: none"> • 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; or • any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency. 	<p>We have nothing to report in respect of these matters.</p>

5. Finance Report and Accounts

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Cornwall NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards 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 foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Ian Howse (Senior statutory auditor)

For and on behalf of Deloitte LLP

Statutory Auditor
Cardiff, United Kingdom
24 May 2018

5. Finance Report and Accounts

Cornwall Partnership NHS Foundation Trust

Consolidated Accounts for the 12 Months ended 31 March 2018

Foreword to the consolidated accounts

These accounts for the 12 months ended 31 March 2018 have been prepared by Cornwall Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of schedule 7, paragraph 25 (4)(a) of the NHS Act 2006 and comply with the guidance for NHS Foundation Trusts within the Department of Health and Social Care Group Accounting Manual.



Phillip Confue, Chief Executive

24 May 2018

5. Finance Report and Accounts

Statement of comprehensive income for the year ended 31 March 2018

		2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
	Notes	£000	£000	£000	£000
Operating income from patient care activities		163,853	164,733	163,853	164,733
Other operating income		16,925	11,006	16,680	10,944
Operating income from continuing operations	2.1	180,778	175,739	180,533	175,677
Operating expenses from continuing operations	3.1	(172,942)	(169,102)	(172,931)	(169,016)
Operating surplus		7,836	6,637	7,602	6,661
Finance costs:					
Finance income	5.1	75	65	72	56
Finance expense	5.2	(2,225)	(2,024)	(2,225)	(2,024)
PDC Dividends payable		(415)	(512)	(415)	(512)
Net finance costs		(2,565)	(2,471)	(2,568)	(2,480)
Gains/(losses) on disposal of assets	5.3	106	5	106	5
Share of profit/(loss) of associates/joint ventures		0	0	0	0
Gain/(loss) from transfer by absorption		0	0	0	0
Corporation tax expense		0	0	0	0
Surplus/(Deficit) from continuing operations		5,377	4,171	5,140	4,186
Surplus/(Deficit) from discontinued operations		0	(243)	0	(243)
Surplus/(Deficit) for the period		5,377	3,928	5,140	3,943
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments		(1,103)	(59)	(1,103)	(59)
Revaluations		1,662	1,356	1,662	1,356
Share of comprehensive income from associates and joint ventures		0	0	0	0
Other recognised gains and losses		0	0	0	0
Remeasurements of net defined benefit pension scheme liability / asset		0	0	0	0
Other reserve movements		0	0	0	0
May be reclassified to income and expenditure when certain conditions are met:					
Fair Value gains/(losses) on Available-for-sale financial investments		0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments		0	0	0	0
Foreign exchange gains/(losses) recognised directly in OCI		0	0	0	0
Total other comprehensive income for the period		559	1,297	559	1,297
Total comprehensive income/(expense) for the period		5,936	5,225	5,699	5,240
Surplus/ (deficit) for the period attributable to:					
non-controlling interest, and		0	0	0	0
owners of the parent		5,377	3,928	5,140	3,943
Total		5,377	3,928	5,140	3,943
Total comprehensive income/ (expense) for the period attributable to:					
non-controlling interest, and		0	0	0	0
owners of the parent		5,936	5,225	5,699	5,240
Total		5,936	5,225	5,699	5,240

The notes on pages 178 to 236 form part of these accounts.

5. Finance Report and Accounts

Statement of financial position as at 31 March 2018

		31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
	Notes	£000	£000	£000	£000
Non-current assets					
Intangible assets	7.1	2,575	3,442	2,575	3,442
Property, plant and equipment	8.1	42,365	42,159	42,365	42,159
Investment property		0	0	0	0
Investment in associates (and jointly controlled operations)		0	0	0	0
Other investments/financial assets	28	0	0	0	0
Trade and other receivables	11.1	0	0	0	0
Other assets	12	0	0	0	0
Total non-current assets		44,940	45,601	44,940	45,601
Current assets					
Inventories	10.1	36	34	36	34
Trade and other receivables	11.1	10,552	12,547	10,552	12,547
Other investments/financial assets	28	38	37	0	0
Other assets	12	0	0	0	0
Non current assets for sale and assets in disposal groups	9.1	0	500	0	500
Cash and cash equivalents	21	33,300	27,123	32,385	26,437
Total current assets		43,926	40,241	42,973	
Current liabilities					
Trade and other payables	13.1	(15,502)	(18,614)	(15,492)	(18,597)
Borrowings	15	(911)	(790)	(911)	(790)
Other financial liabilities	29	0	0	0	0
Provisions	19.1	(1,199)	(1,115)	(1,199)	(1,115)
Other liabilities	14	(482)	(281)	(482)	(281)
Liabilities in disposal groups	9.1	0	0	0	0
Total current liabilities		(18,094)	(20,800)	(18,084)	
Total assets less current liabilities		70,772	65,042	69,829	
Non-current liabilities					
Trade and other payables	13.1	0	0	0	0
Borrowings	15	(12,783)	(13,694)	(12,783)	(13,694)
Other financial liabilities	29	0	0	0	0
Provisions	19.1	(4,907)	(4,952)	(4,907)	(4,952)
Other liabilities	14	0	0	0	0
Total non-current liabilities		(17,690)	(18,646)	(17,690)	
Total assets employed		53,082	46,396	52,139	

5. Finance Report and Accounts

Financed by:					
Taxpayers' equity					
Public dividend capital		9,255	8,505	9,255	8,505
Revaluation reserve	20	18,102	18,061	18,102	18,061
Available for sale investments reserve		0	0	0	0
Other reserves		0	0	0	0
Merger reserve		0	0	0	0
Income and expenditure reserve		24,782	19,124	24,782	19,124
Others' equity					
Non-controlling interest		0	0	0	0
Charitable fund reserves		943	706	0	0
Total Taxpayers' Equity		53,082	46,396	52,139	

The financial statements on pages 169 to 236 were approved by the Board on 24 May 2018 and signed on its behalf by:



Phillip Confue - Chief Executive

5. Finance Report and Accounts

Statement of changes in equity - group

	Notes	NHS Charitable Funds reserves	Non-controlling interest	Public dividend capital (PDC)	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
Changes in taxpayers' equity for 2017/18 Group		£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2017 as previously stated		706	0	8,505	18,061	0	0	0	19,124	46,396
Prior period adjustment		0	0	0	0	0	0	0	0	0
Balance at 1 April 2017 restated		706	0	8,505	18,061	0	0	0	19,124	46,396
Surplus/(deficit) for the year		329	0	0	0	0	0	0	5,048	5,377
Transfers by normal absorption: transfers between reserves		0	0	0	0	0	0	0	0	0
Transfers by absorption: transfers between reserves for charitable funds		0	0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	20.1	0	0	0	0	0	0	0	0	0
Transfers between reserves		0	0	0	0	0	0	0	0	0
Impairments	20.1	0	0	0	(1,103)	0	0	0	0	(1,103)
Revaluations - property, plant and equipment	20.1	0	0	0	1,662	0	0	0	0	1,662
Revaluations - intangible assets		0	0	0	0	0	0	0	0	0
Revaluations and impairments- charitable funds		0	0	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets		0	0	0	(518)	0	0	0	518	0
Share of comprehensive income from associates and joint ventures		0	0	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0	0
Foreign exchange gains/(losses) recognised directly in OCI		0	0	0	0	0	0	0	0	0
Other recognised gains and losses		0	0	0	0	0	0	0	0	0
Remeasurements of defined net benefit pension scheme liability / asset		0	0	0	0	0	0	0	0	0
Public Dividend Capital received		0	0	750	0	0	0	0	0	750
Public Dividend Capital repaid		0	0	0	0	0	0	0	0	0
Public Dividend Capital written off		0	0	0	0	0	0	0	0	0
Other movements in PDC in year		0	0	0	0	0	0	0	0	0
Reserves eliminated on dissolution		0	0	0	0	0	0	0	0	0
Other reserve movements		0	0	0	0	0	0	0	0	0
Other reserve movements - charitable funds consolidation adjustment		(92)	0	0	0	0	0	0	92	0
Transfer to FT upon authorisation		0	0	0	0	0	0	0	0	0
Taxpayers' equity at 31 March 2018 Group		943	0	9,255	18,102	0	0	0	24,782	53,082

5. Finance Report and Accounts

	NHS Charitable Funds reserves	Non-controlling interest	Public dividend capital (PDC)	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
Changes in taxpayers' equity for 2016/17 Group	£000	£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2016 as previously stated	721	0	8,505	16,790	0	0	0	15,155	41,171
Prior period adjustment	0	0	0	0	0	0	0	0	0
Balance at 1 April 2016 restated	721	0	8,505	16,790	0	0	0	15,155	41,171
Surplus for the year	268	0	0	0	0	0	0	3,660	3,928
Transfers by modified absorption: Gains/(losses) on 1 April transfers from demising bodies.	0	0	0	0	0	0	0	0	0
Transfers by modified absorption: transfers between reserves	0	0	0	0	0	0	0	0	0
Transfers by normal absorption: transfers between reserves	0	0	0	0	0	0	0	0	0
Transfers by absorption: Gains/(losses) on 1 April transfers of PCT charitable funds	0	0	0	0	0	0	0	0	0
Transfers by absorption: transfers between reserves for PCT charitable funds	0	0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	0	0	0	(26)	0	0	0	26	0
Transfers between reserves	0	0	0	0	0	0	0	0	0
Impairments	20.1	0	0	(59)	0	0	0	0	(59)
Revaluations - property, plant and equipment	20.1	0	0	1,356	0	0	0	0	1,356
Revaluations - intangible assets	0	0	0	0	0	0	0	0	0
Revaluations - financial assets	0	0	0	0	0	0	0	0	0
Revaluations and impairments - charitable fund assets	0	0	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets	0	0	0	0	0	0	0	0	0
Share of comprehensive income from associates and joint ventures	0	0	0	0	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0	0	0	0	0
Remeasurements of defined net benefit pension scheme liability / asset	0	0	0	0	0	0	0	0	0
Public Dividend Capital received	0	0	0	0	0	0	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0	0	0
PDC adjustment for cash impact of payables/receivables transferred from legacy teams	0	0	0	0	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0	0	0	0	0
Other reserve movements	0	0	0	0	0	0	0	0	0
Other reserve movements - charitable funds consolidation adjustment	(283)	0	0	0	0	0	0	283	0
Taxpayers' equity at 31 March 2017 Group	706	0	8,505	18,061	0	0	0	19,124	46,396

5. Finance Report and Accounts

Information on reserves

NHS Charitable Funds Reserves

This reserve comprises the ring fenced funds held by the NHS Charitable Funds consolidated within these accounts. These reserves are classified as restricted or unrestricted.

Public Dividend Capital (PDC)

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 Foundation Trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Foundation Trust, is payable to the Department of Health and Social Care as the PDC 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.

Income and Expenditure Reserve

The balance on this reserve is the accumulated surpluses and deficits of the Trust.

5. Finance Report and Accounts

Statement of changes in equity - FT only

	Notes	Non-controlling interest	Public dividend capital (PDC)	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
Changes in taxpayers' equity for 2017/18 FT Only		£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2017 as previously stated		0	8,505	18,061	0	0	0	19,124	45,690
Prior period adjustment		0	0	0	0	0	0	0	0
Balance at 1 April 2017 restated		0	8,505	18,061	0	0	0	19,124	45,690
Surplus/(deficit) for the year		0	0	0	0	0	0	5,140	5,140
Transfers by normal absorption: transfers between reserves		0	0	0	0	0	0	0	0
Transfers by absorption: transfers between reserves for charitable funds		0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits	20.1	0	0	0	0	0	0	0	0
Transfers between reserves		0	0	0	0	0	0	0	0
Impairments	20.1	0	0	(1,103)	0	0	0	0	(1,103)
Revaluations - property, plant and equipment	20.1	0	0	1,662	0	0	0	0	1,662
Revaluations - intangible assets		0	0	0	0	0	0	0	0
Revaluations and impairments- charitable funds		0	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets		0	0	(518)	0	0	0	518	0
Share of comprehensive income from associates and joint ventures		0	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0
Foreign exchange gains/(losses) recognised directly in OCI		0	0	0	0	0	0	0	0
Other recognised gains and losses		0	0	0	0	0	0	0	0
Remeasurements of defined net benefit pension scheme liability / asset		0	0	0	0	0	0	0	0
Public Dividend Capital received		0	750	0	0	0	0	0	750
Public Dividend Capital repaid		0	0	0	0	0	0	0	0
Public Dividend Capital written off		0	0	0	0	0	0	0	0
Other movements in PDC in year		0	0	0	0	0	0	0	0
Reserves eliminated on dissolution		0	0	0	0	0	0	0	0
Other reserve movements		0	0	0	0	0	0	0	0
Other reserve movements - charitable funds consolidation adjustment		0	0	0	0	0	0	0	0
Transfer to FT upon authorisation		0	0	0	0	0	0	0	0
Taxpayers' equity at 31 March 2018 FT Only		0	9,255	18,102	0	0	0	24,782	52,139

5. Finance Report and Accounts

		Non-controlling interest	Public dividend capital (PDC)	Revaluation reserve	Available for sale investment reserve	Other reserves	Merger reserve	Income and expenditure reserve	Total
Changes in taxpayers' equity for 2016/17 FT Only		£000	£000	£000	£000	£000	£000	£000	£000
Balance at 1 April 2016 as previously stated		0	8,505	16,790	0	0	0	15,155	40,450
Prior period adjustment		0	0	0	0	0	0	0	0
Balance at 1 April 2016 restated		0	8,505	16,790	0	0	0	15,155	40,450
Surplus/(deficit) for the year		0	0	0	0	0	0	3,660	3,660
Transfers by modified absorption: Gains/(losses) on 1 April transfers from demising bodies.		0	0	0	0	0	0	0	0
Transfers by modified absorption: transfers between reserves		0	0	0	0	0	0	0	0
Transfers by normal absorption: transfers between reserves		0	0	0	0	0	0	0	0
Transfers by absorption: Gains/(losses) on 1 April transfers of PCT charitable funds		0	0	0	0	0	0	0	0
Transfers by absorption: transfers between reserves for PCT charitable funds		0	0	0	0	0	0	0	0
Transfer from reval reserve to I&E reserve for impairments arising from consumption of economic benefits		0	0	(26)	0	0	0	26	0
Transfers between reserves		0	0	0	0	0	0	0	0
Impairments	20.1	0	0	(59)	0	0	0	0	(59)
Revaluations - property, plant and equipment	20.1	0	0	1,356	0	0	0	0	1,356
Revaluations - intangible assets		0	0	0	0	0	0	0	0
Revaluations - financial assets		0	0	0	0	0	0	0	0
Revaluations and impairments- charitable funds		0	0	0	0	0	0	0	0
Transfer to retained earnings on disposal of assets		0	0	0	0	0	0	0	0
Share of comprehensive income from associates and joint ventures		0	0	0	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale		0	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments		0	0	0	0	0	0	0	0
Other recognised gains and losses		0	0	0	0	0	0	0	0
Remeasurements of defined net benefit pension scheme liability / asset		0	0	0	0	0	0	0	0
Public Dividend Capital received		0	0	0	0	0	0	0	0
Public Dividend Capital repaid		0	0	0	0	0	0	0	0
Public Dividend Capital written off		0	0	0	0	0	0	0	0
PDC adjustment for cash impact of payables/ receivables transferred from legacy teams		0	0	0	0	0	0	0	0
Other movements in PDC in year		0	0	0	0	0	0	0	0
Reserves eliminated on dissolution		0	0	0	0	0	0	0	0
Other reserve movements		0	0	0	0	0	0	0	0
Other reserve movements - charitable funds consolidation adjustment		0	0	0	0	0	0	283	283
Taxpayers' equity at 31 March 2017 FT Only		0	8,505	18,061	0	0	0	19,124	45,690

5. Finance Report and Accounts

Statement of cash flows for the year ending 31 March 2018

		2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
	Notes	£000	£000	£000	£000
Cash flows from operating activities					
Operating surplus/(deficit) from continuing operations		7,836	6,637	7,602	6,661
Operating surplus/(deficit) from discontinued operations		0	(243)	0	(243)
Operating surplus		7,836	6,394	7,602	6,418
Non cash income and expense					
Depreciation and amortisation	3.1	3,453	2,606	3,453	2,606
Impairments and reversals	3.1	838	888	838	888
Income recognised in respect of capital donations (cash and non-cash)	2.1	(22)	(47)	(60)	(306)
Amortisation of PFI credit		0	0	0	0
On SoFP Pension liability - employer contributions paid less net charge to the SOCI		0	0	0	0
(Increase)/Decrease in Trade and Other Receivables		1,998	(7,487)	1,998	(7,487)
(Increase)/Decrease in Other Assets		0	0	0	0
(Increase)/Decrease in Inventories		(2)	(33)	(2)	(33)
Increase/(Decrease) in Trade and Other Payables		(3,060)	10,345	(3,060)	10,345
Increase/(Decrease) in Other Liabilities		201	108	201	108
Increase/(Decrease) in Provisions		27	(208)	27	(208)
Movements in charitable fund working capital		(7)	55	0	0
Tax (paid)/received		0	0	0	0
Movements in operating cash flow of discontinued operations		0	0	0	0
NHS charitable funds: other movements in operating cash flows		0	0	0	0
Other movements in operating cash flows		0	0	0	0
Net cash generated from/(used in) operations		11,262	12,621	10,997	12,331
Cash flows from investing activities					
Interest received	5.1	72	56	72	56
Purchase of financial assets		0	0	0	0
Sales of financial assets		0	0	0	0
Purchase of intangible assets		(723)	(1,569)	(723)	(1,569)
Sales of intangible assets		0	0	0	0
Purchase of property, plant and equipment and investment property		(2,623)	(2,648)	(2,623)	(2,648)
Sales of property, plant and equipment and investment property		836	9	836	9
Receipt of cash donations to purchase capital assets		22	47	60	306
Prepayment of PFI capital contributions (cash)		0	0	0	0
NHS Charitable funds - net cash flows from investing activities		2	4	0	0
Cash flows attributable to investing activities of discontinued activities		0	0	0	0
Cash from acquisitions of business units and subsidiaries		0	0	0	0
Cash from disposals of business units and subsidiaries		0	0	0	0
Net cash used by investing activities		(2,414)	(4,101)	(2,378)	(3,846)
Cash flows from financing activities					
Public dividend capital received		750	0	750	0
Public dividend capital repaid		0	0	0	0
Movement in loans received from the Department of Health and Social Care		0	0	0	0
Movement in other loans		0	0	0	0
Other capital receipts		0	0	0	0

5. Finance Report and Accounts

Capital element of finance lease rental payments		0	0	0	0
Capital element of PFI, LIFT and other service concession arrangements		(790)	(347)	(790)	(347)
Interest paid		0	0	0	0
Interest element of finance lease		0	0	0	0
Interest element of PFI, LIFT and other service concession arrangements	5.2	(2,213)	(1,960)	(2,213)	(1,960)
PDC Dividend (paid)/refunded		(418)	(712)	(418)	(712)
Cash flows attributable to financing activities of discontinued operations		0	0	0	0
NHS Charitable funds - net cash flows from financing activities		0	0	0	0
Cash flows from/(used in) other financing activities		0	0	0	0
Net cash used in financing activities		(2,671)	(3,019)	(2,671)	(3,019)
Net increase/(decrease) in cash and cash equivalents		6,177	5,501	5,948	5,466
Cash and cash equivalents at 1 April 2017		27,123	21,622	26,437	20,971
Cash and Cash equivalents at start of period for new FTs		0	0	0	0
Cash and cash equivalents transferred by absorption		0	0	0	0
Unrealised gains/(losses) on foreign exchange		0	0	0	0
Cash transferred to NHS foundation trust upon authorisation as FT		0	0	0	0
Cash and cash equivalents at 31 March 2018	21	33,300	27,123	32,385	26,437

Notes to the Accounts

1. Reporting Entity

Cornwall Partnership NHS Foundation Trust is a public benefit corporation authorised under the National Health Service Act 2006 on 1 March 2010.

The Trust's headquarters address is:

Cornwall Partnership NHS Foundation Trust
Head Office
Carew House
Beacon Technology Park
Dunmere Road
Bodmin
PL31 2QN

The Trust's principal business is the provision of mental health services, learning disability services and community services to Cornwall and the Isles of Scilly.

The Trust's ultimate controlling entity is the Department of Health and Social Care.

1.1 Accounting policies and accounting convention

Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

5. Finance Report and Accounts

Accounting convention

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

1.2 Going Concern

These accounts have been prepared on a going concern basis. After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the directors continue to adopt the going concern basis in preparing the accounts. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of a financial provision for that service in published documents.

1.3 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely or transfer to an entity outside the boundary of Whole of Government Accounts. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.4 Restatement of comparatives in respect of discontinued operations

Where operations are disclosed as discontinued in year comparatives have to be provided reflecting the financial performance of those operations in the prior year. This means that in the comparative figures amounts will be reclassified from continuing operations to discontinued operations.

1.5 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.5.1 Critical judgements in applying accounting policies

The following are the critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Operating Leases

The Trust has appraised the leases that it holds and has judged them to be operating leases. This has the effect that none of them are therefore included within assets, and expenses are recognised as incurred.

PFI Schemes

The Trust's PFI contracts have been assessed against the requirements of IFRIC 12 to determine whether the underlying PFI assets and liabilities should be treated as On Statement of Financial Position (On SOFP) or Off Statement of Financial Position (Off SOFP). The Trust has determined that its PFI assets and liabilities should be accounted for On SOFP principally because of the degree of control exercised by the Trust over the assets and the fact that the residual assets revert to the Trust at the end of the PFI project agreement.

5. Finance Report and Accounts

Having determined the accounting treatment the Trust has used the cost model provided by the operator to calculate the value of the PFI assets and the corresponding financial liabilities to be brought on to the SOFP. It has further used the period of the lease to calculate depreciation since 2002-03. The underlying asset values and economic lives were restated by the District Valuer as at 1 April 2009 and these values were used for the 2008/09 accounts restatement by Cornwall Partnership NHS Trust, on an IFRS basis. PFI asset valuations have been reviewed further by the District Valuer as at 31 March 2018. The Trust's accounting policy in respect of PFI schemes is described more fully at note 1.10.

1.5.2 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Asset Valuation

The Trust's property assets have been professionally valued as at 31 March 2018 in accordance with the Trust's accounting policy. Property valuation techniques include an inherent element of estimation; in particular specialised assets that have no active market require valuation based on assessing the likely replacement cost of an asset. Future property values will be influenced by factors such as construction costs and developments in healthcare technology. Future asset values will inevitably fluctuate but the Trust mitigates against material correcting adjustments by commissioning regular professional asset valuation reviews. Accounting policy note 1.9 provides further detail on the Trust's asset valuation accounting policy.

PFI Schemes

The Trust has calculated the Bodmin and Longreach PFI Schemes' entries using details from the operators' models. These models were devised before the schemes started: in this case these models date between 2002 to 2033, and therefore they include certain elements of estimation on their part of the costs

involved. Our calculation of the entries is in line with Department of Health and Social Care guidelines. The outstanding PFI borrowings are disclosed at note 15 to these accounts.

Assessment of Liabilities

As detailed in note 19 the Trust has made provision for its best estimate of property liabilities enforceable under contractual terms. The Trust has engaged a firm of surveyors with expertise in this area to provide an informed estimate of the liability.

Employee Annual Leave Entitlement

Under IFRS the Trust is required to recognise a liability for the financial value of annual leave entitlements owing to employees at the balance sheet date. In order to arrive at its best estimate of the liability the Trust has sampled a selection of annual leave records across the workforce. The sample size has been derived by a statistical formula to give a confidence level of at least 80% and the sample population was selected randomly.

Early Retirement Provisions and Injury Benefit Provisions

Early Retirement Provisions and Injury Benefit Provisions (see note 19) are calculated using estimation techniques employed by the NHS Pensions Agency. The NHS Pensions Agency provides estimates of beneficiaries' remaining lives which inform the total value of the provision necessary.

1.6 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 healthcare services.

Where income is received for a specific activity that is to be delivered in the following 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.

5. Finance Report and Accounts

1.7 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 the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme. Employers pension cost contributions are charged to operating expenses as and when they become due.

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 expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.8 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.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
 - collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, 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 e.g. 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 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 assets are measured subsequently at current value in existing use.

5. Finance Report and Accounts

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the current value in existing use at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current value in existing use is determined as follows:

- Land and non-specialised buildings – existing use value
- Specialised buildings – depreciated replacement cost

Until 31 March 2008, the depreciated replacement cost of specialised buildings had been estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. HM Treasury has agreed that NHS Trusts and NHS Foundation Trusts must apply these valuation requirements. The Trust has had a full revaluation of its land and buildings as at 31 March 2018. Specialised buildings are valued on a modern equivalent asset basis.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at current value in existing use. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, plant and machinery, equipment and fixtures and fittings were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new plant and machinery, equipment and fixtures and fittings are carried at depreciated historic cost as this is not considered to be materially different from fair value.

For all categories of non-property assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

An item of property, plant and equipment which is surplus, with no plan to bring it into use, is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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 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 which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets under construction are not depreciated until the asset is brought into use.

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 which case they are recognised in operating income.

5. Finance Report and Accounts

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 Department of Health and Social Care Group Accounting Manual, impairments that arise from a clear consumption of economic benefits or 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; or (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 service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversal of "other impairments" are treated as revaluation gains.

De-recognition

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 i.e.:
 - management is 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'. 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.

Accumulated revaluation surpluses held within the revaluation reserve are transferred to the income and expenditure reserve on derecognition of an asset.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their current value in existing use on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

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

5. Finance Report and Accounts

1.10 Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS 17, the underlying assets are recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to Finance Costs in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are treated as a revenue expense as and when they occur. These are small amounts that are deemed to be immaterial over the course of the contract and have also been indicated in the operator's model as being revenue. As such, these costs are shown within the payment for the fair value of services received in the Statement of Comprehensive Income and corresponding notes.

1.11 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Trust, where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during its development.

Software

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

Measurement

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

Subsequently intangible assets are measured at historic cost less amortisation which is judged to be a proxy for current value in existing use. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset

5. Finance Report and Accounts

which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

For all categories of Intangible assets, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

1.13 Inventories

Inventories are valued at the lower of cost and net realisable value using the first-in first-out method.

1.14 Financial instruments 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 Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described below.

All other financial assets and financial liabilities are recognised when the 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 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" or "loans and receivables".

Financial liabilities are classified as 'other financial liabilities'.

Financial assets and financial liabilities at "fair value through income and expenditure"

Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short term. These financial assets are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: cash and cash equivalents, NHS receivables and other receivables.

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.

5. Finance Report and Accounts

These accounts have been prepared on a going concern basis. After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, the directors continue to adopt the going concern basis in preparing the accounts. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of a financial provision for that service in published documents.

Other financial liabilities

Other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method.

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.

Interest on financial liabilities to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

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.

1.15 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 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.

The Trust as lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

5. Finance Report and Accounts

1.16 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.17 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury. Early retirement provisions and injury benefit provisions have been discounted at the HM Treasury's pension discount rate of 0.24% in real terms.

1.18 Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution which in return settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 19 but is not recognised in the Trust's accounts.

1.19 Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when the liability arises.

1.20 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 25, 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.

1.21 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. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

5. Finance Report and Accounts

A charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as PDC dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, 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 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 and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.22 Value Added Tax

Most of the activities of the Cornwall Partnership 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.

1.23 Corporation tax

The Trust has determined that it has no corporation tax liability as no private income is received from non-operational areas.

1.24 Foreign exchange

The Trust's functional currency and presentational currency is pounds sterling. A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the Trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

1.25 Third party assets

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

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1.26 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 Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

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

1.27 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.28 Consolidation of NHS Charitable Fund

The Foundation Trust is the corporate trustee to Cornwall Partnership Foundation Trust Charitable Fund. The foundation trust has assessed its relationship to the charitable fund and determined it to be a subsidiary because the Trust is exposed to, or has rights to, variable returns and other benefits for itself, patients and staff from its involvement with the charitable fund and has the ability to affect those returns and other benefits through its power over the fund. The charitable fund has no other non-controlling interests.

The charitable fund's statutory accounts are prepared to 31 March in accordance with the UK Charities Statement of Recommended Practice (SORP) which is based on UK Financial Reporting Standard (FRS) 102. On consolidation,

necessary adjustments are made to the charity's assets, liabilities and transactions to

- recognise and measure them in accordance with the foundation trust's accounting policies; and
- eliminate intra-group transactions, balances, gains and losses.

The latest set of independently examined accounts of the Cornwall Partnership Foundation Trust Charitable Fund are available separately. The Cornwall Partnership Foundation Trust Charitable Fund's country of residence is the UK.

1.29 Accounting standards that have been issued or changed but have not yet been adopted in the current year Department of Health and Social Care Group Accounting Manual

The DH GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption.

IFRS 9 Financial instruments - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 14 Regulatory Deferral Accounts - Applies to first time adopters of IFRS after 1 January 2016 therefore not applicable to DH group bodies.

IFRS 15 Revenue from contracts with customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 16 Leases - Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted

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IFRIC 22 Foreign Currency Transactions and Advance Consideration - Application required for accounting periods beginning on or after 1 January 2018

IFRIC 23 Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

With the exception of IFRS 16 adoption of the accounting standards listed above is not expected to have a material effect on the Trust's accounts. Once adopted by the Department of Health and Social Care Group Accounting Manual IFRS 16 is likely to have a material effect on the Trust's accounts.

IFRS 16 will involve the recognition of a "right to use" asset reflecting the lessee's right to use a leased asset over the lease term and a lease liability reflecting the obligation to make lease payments. This treatment will apply to all leased assets removing the previous concept of the operating lease. In the Income and Expenditure account operating lease charges will be replaced by depreciation on the lease asset and an interest expense on the lease liability.

Application of IFRS 9 is not expected to have a material effect on the Trust's accounts because the Trust does not hold complex financial instruments.

Application of IFRS 15 is not expected to materially effect the Trust's income recognition. The Trust's service delivery contracts will however have to be reviewed to ensure that accounting is in accordance with IFRS 15 when it is adopted.

1.30 Accounting standards issued that have been adopted early

No accounting standards have been adopted early in preparing the Trust's accounts for the year ended 31 March 2017.

1.31 Transfer of functions from other NHS bodies (Absorption accounting)

For functions that have been transferred to the Trust from another NHS body, the assets

and liabilities are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain/loss corresponding to the net assets/liabilities transferred is recognised within income/expenses but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation/amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that have been transferred to the Trust from another NHS body, the assets and liabilities are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain/loss corresponding to the net assets/liabilities transferred is recognised within income/expenses but not within operating activities.

For property, plant and equipment assets and intangible assets, the cost and accumulated depreciation/amortisation balances from the transferring entity's accounts are preserved on recognition in the Trust's accounts. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector accounts.

For functions that the trust has transferred to another NHS body, the assets and liabilities transferred are de-recognised from the accounts as at the date of transfer. The net loss/gain corresponding to the net assets/ liabilities transferred is recognised within expenses/ income but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve. Any adjustments to align the acquired function to the foundation trust's accounting policies are applied after initial recognition and are adjusted directly in taxpayers' equity.

The accounting process described above is known as absorption accounting.

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	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
2.1 Operating income (by nature)	£000	£000	£000	£000
Income from Activities				
Mental Health services:				
Cost and volume Contract income	151	1,307	151	1,307
Block Contract income	25,982	26,146	25,982	26,146
Clinical partnerships providing mandatory services	38,997	39,207	38,997	39,207
Clinical income for the secondary commissioning of mandatory services	0	0	0	0
Other clinical income from mandatory services	4,161	2,395	4,161	2,395
Community services:				
Income from CCGs and NHS England	73,786	80,856	73,786	80,856
Income from other sources	16,761	15,888	16,761	15,888
Other services:				
Private patient income	0	1	0	1
Other clinical income	4,015	0	4,015	0
Total income from activities	163,853	165,800	163,853	165,800
Other operating income				
Research and development	318	371	318	371
Education and training	2,254	1,524	2,254	1,524
Education and training - notional income from apprenticeship fund	16	0	16	0
Received from NHS charities: Donation of physical assets (non-cash)	0	0	0	0
Received from other bodies: Donation of physical assets (non-cash)	0	0	0	0
Received from NHS charities: Cash donations / grants for the purchase of capital assets	0	0	38	259
Received from other bodies: Cash donations for the purchase of capital assets	22	47	22	47
Received from other bodies: Cash grants for the purchase of capital assets	0	0	0	0
Received from NHS charities: Other charitable and other contributions to expenditure	0	0	43	9
Received from other bodies: Other charitable and other contributions to expenditure	75	64	75	64
Non-patient care services to other bodies	9,403	4,273	9,414	4,288
Support from Department of Health and Social Care for mergers	0	0	0	0
Sustainability and Transformation Fund income	4,262	4,144	4,262	4,144
Income in respect of employee benefits accounted on a gross basis	0	0	0	0
Rental revenue from finance leases - contingent rent	0	0	0	0
Rental revenue from finance leases - other	0	0	0	0
Rental revenue from operating leases	7	7	7	7
NHS Charitable Funds: Incoming Resources excluding investment income	337	345	0	0
Other (see note 2.4)	231	231	231	231
Total other operating income	16,925	11,006	16,680	10,944
Total operating income	180,778	176,806	180,533	176,744
Of which:				
Related to Continuing Operations	180,778	175,739	180,533	175,677
Related to Discontinued Operations	0	1,067	0	1,067

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	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
2.2 Analysis of income from activities (by source)	£000	£000	£000	£000
NHS England	3,716	2,281	3,716	2,281
Clinical Commissioning Groups	141,472	147,010	141,472	147,010
NHS Foundation Trusts	15	31	15	31
NHS Trusts	6,140	4,036	6,140	4,036
Local Authorities	11,746	11,837	11,746	11,837
Department of Health and Social Care - grants	0	0	0	0
NHS Other	237	341	237	341
Non NHS: Private patients	0	1	0	1
Non-NHS: Overseas patients (chargeable to patient)	1	11	1	11
NHS injury scheme (was RTA)	143	121	143	121
Non NHS: Other*	383	131	383	131
Total	163,853	165,800	163,853	165,800

* Non NHS: other income includes minor clinical income from non WGA bodies

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
2.3 Commissioner Requested Services	£000	£000	£000	£000
Income from activities	163,853	165,800	163,853	165,800
Education and training	2,254	1,524	2,254	1,524
Commissioner Requested Services income	166,107	167,324	166,107	167,324
Other operating income	14,671	9,482	14,426	9,420
Total operating income	180,778	176,806	180,533	176,744

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 above.

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	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
2.4 Analysis of other operating income: other	£000	£000	£000	£000
Amortisation of PFI deferred income / credits	0	0	0	0
PFI support income	0	0	0	0
Car parking	0	0	0	0
Catering	23	23	23	23
Pharmacy sales	0	0	0	0
Property rentals	0	0	0	0
Staff accommodation rentals	6	5	6	5
Estates recharges	0	0	0	0
IT recharges	0	0	0	0
Staff contributions to employee benefit schemes	0	0	0	0
Crèche services	0	0	0	0
Clinical tests	0	0	0	0
Clinical excellence awards	0	0	0	0
Grossing up consortium arrangements	0	0	0	0
Other income generation schemes	0	0	0	0
Other income not already covered	202	203	202	203
	231	231	231	231

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
2.5 Overseas Visitors (relating to patients charged directly by the Trust)	£000	£000	£000	£000
Income recognised in year	1	11	1	11
Cash payments received in-year (relating to invoices raised in current and previous years)	0	0	0	0
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	1	11	1	11
Amounts written off in-year (relating to invoices raised in current and previous years)	0	0	0	0

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2.6 Operating Lease Income				
Lease income is derived from car parking land used by NHS Property Services Ltd.	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
Operating lease income	£000	£000	£000	£000
Rental revenue from operating leases - minimum lease receipts	7	7	7	7
Rental revenue from operating leases - contingent rent	0	0	0	0
Rental revenue from operating leases - other	0	0	0	0
Total	7	7	7	7
	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
Future minimum lease receipts due	£000	£000	£000	£000
Not later than one year	7	7	7	7
Later than one year and not later than five years	30	30	30	30
Later than five years	645	652	645	652
Total	682	689	682	689

2.7 Income from sale of goods

Revenue is almost totally from the supply of services. Revenue from the sale of goods is immaterial.

2.8 Income generation activities

The trust does not undertake any income generation activities with an aim of achieving profit whose full cost exceeds £1m or is otherwise material.

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	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
3.1 Operating Expenses (by type)	£000	£000	£000	£000
Purchase of healthcare from NHS bodies	0	0	0	0
Purchase of healthcare from non NHS bodies	0	0	0	0
Purchase of social care (under s.75 or other integrated care arrangements)	2,167	2,337	2,167	2,337
Staff and executive directors costs	123,635	123,071	123,635	123,071
Non-executive directors	155	157	155	157
Supplies and services - clinical (excluding drug costs)	6,227	6,508	6,227	6,508
Supplies and services - general	5,291	6,023	5,291	6,023
Drug costs	1,476	1,397	1,476	1,397
Inventories written down	0	0	0	0
Consultancy costs	199	304	199	304
Establishment	1,949	1,706	1,949	1,706
Premises - business rates payable to Local Authorities	1,013	1,072	1,013	1,072
Premises - other	11,006	11,208	11,006	11,208
Transport - business travel	2,905	2,494	2,905	2,494
Transport - other (including patient travel)	55	964	55	964
Depreciation of property, plant and equipment	1,863	1,878	1,863	1,878
Amortisation of intangible assets	1,590	728	1,590	728
Net impairments of property, plant and equipment	838	888	838	888
Increase/(Decrease) in provision for impairment of receivables	1,729	75	1,729	75
Provisions arising/released in year	0	0	0	0
Change in provisions discount rate	63	491	63	491
Audit fees:				
Audit services - statutory audit	48	44	48	44
Other auditors remuneration (see note 3.4)	13	16	13	16
Audit fees payable to external auditor of charitable fund accounts	0	0	0	0
Internal audit costs - staff costs	0	0	0	0
Internal audit costs - non staff	120	105	120	105
Clinical negligence - premiums payable to the NHS Resolution	1,139	1,035	1,139	1,035
Clinical negligence - excesses payable and premiums due to alternative insurers	0	0	0	0
Legal fees	239	126	239	126
Insurance	102	126	102	126
Research and development - staff costs	0	0	0	0
Research and development - non staff	0	0	0	0
Education and training - staff costs	0	0	0	0
Education and training - non staff	512	429	512	429
Education and training - notional expenditure funded from apprenticeship fund	16	0	16	0
Operating lease expenditure	1,019	957	1,019	957
Early retirements - staff costs	0	0	0	0
Early retirements - non staff	0	0	0	0
Redundancy, restructuring & agreed resignations - staff costs	349	213	349	213
Redundancy, restructuring & agreed resignations - non staff	0	0	0	0
Charges to operating expenditure for on-SoFP FRIC 12 schemes (e.g. PFI / LIFT) on IFRS basis	2,173	2,877	2,173	2,877
Charges to operating expenditure for off-SoFP IFRIC 12 schemes	0	0	0	0
Car parking & security	81	79	81	79
Hospitality	0	0	0	0
Losses, ex gratia & special payments - staff costs	0	0	0	0
Losses, ex gratia & special payments - non staff costs	2	2	2	2

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Grossing up consortium arrangements	0	0	0	0
Other services	0	0	0	0
NHS Charitable funds: Other resources expended	11	86	0	0
Other	4,957	3,016	4,957	3,016
	172,942	170,412	172,931	170,326
Of which:				
Related to Continuing Operations	172,942	169,102	172,931	169,016
Related to Discontinued Operations	0	1,310	0	1,310

3.2 Arrangements containing an operating lease

The Trust has two significant areas of operating leasing; these are property leases and vehicle leases.

The Trust operates a number of services and administration functions from properties that are leased. Remaining lease terms vary from less than one year to nine years. Within three of its property leases the Trust has an option to purchase the freehold. The Trust leases vehicles under operating leases with a three year term. All leases are at market rates.

The Trust also occupies twenty five properties owned by NHS Property Services (NHSPS) and four properties owned by Community Health Partnerships (CHP). As at 31 March 2018 formal leases are not in place with NHSPS or CHP. In respect of the NHSPS properties the Trust is in the process of agreeing licences to occupy with NHSPS. In respect of the CHP properties the Trust is in the process of agreeing Heads of Terms with CHP with a view towards moving to formal leases. The costs of occupation of the NHSPS and CHP properties is included within Premises - other within operating costs.

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
	£000	£000	£000	£000
Minimum lease payments	1,019	957	1,019	957
Contingent rents	0	0	0	0
Less: sub-lease payments received	0	0	0	0
	1,019	957	1,019	957

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	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
	£000	£000	£000	£000
Future minimum lease payments due				
On land leases:				
Not later than one year	0	0	0	0
later than one year and not later than five years	0	0	0	0
later than five years	0	0	0	0
Total	0	0	0	0
On buildings leases:				
Not later than one year	471	303	471	303
later than one year and not later than five years	1,757	991	1,757	991
later than five years	943	753	943	753
Total	3,171	2,047	3,171	2,047
On other leases:				
Not later than one year	314	334	314	334
later than one year and not later than five years	261	181	261	181
later than five years	0	0	0	0
Total	575	515	575	515
On all leases:				
Not later than one year	785	637	785	637
later than one year and not later than five years	2,018	1,172	2,018	1,172
later than five years	943	753	943	753
Total	3,746	2,562	3,746	2,562
Total of future minimum sublease lease payments to be received at the Statement of Financial Position date	0	0	0	0

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
	£000	£000	£000	£000
3.3 Discontinued Operations				
Operating income of discontinued operations	0	1,067	0	1,067
Operating expenses of discontinued operations	0	(1,310)	0	(1,310)
Gain on disposal of discontinued operations	0	0	0	0
(Loss) on disposal of discontinued operations	0	0	0	0
Corporation tax expense attributable to discontinued operations	0	0	0	0
Total	0	(243)	0	(243)

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	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
3.4 Other Audit remuneration	£000	£000	£000	£000
Other auditor remuneration paid to the external auditor is analysed as follows:				
The auditing of accounts of any associate of the Trust	0	0	0	0
Audit-related assurance services	2	0	2	0
Taxation compliance services	0	0	0	0
Other taxation advisory services	0	0	0	0
Internal audit services (only those payable to the external auditor)	0	0	0	0
Other assurance services	11	16	11	16
Corporate finance transaction services	0	0	0	0
All other non-audit services	0	0	0	0
Total	13	16	13	16

4. Employee costs and numbers

	2017/18 Group	2016/17 Group
4.1 Employee costs	£000	£000
Salaries and wages	100,302	99,753
Social Security Costs	8,525	8,253
Apprenticeship levy	476	0
Employer contributions to NHS Pension scheme	12,489	12,371
Pension cost - other defined contribution schemes	19	15
Other post-employment benefits	0	0
Other employment benefits	0	0
Termination benefits	349	213
Temporary staff - external bank	0	0
Temporary staff - agency/contract staff	2,023	2,905
NHS Charitable funds staff	0	0
Total gross staff costs	124,183	123,510
Less income in respect of staff costs where netted off against expenditure	0	0
Total staff costs	124,183	123,510
of which costs capitalised as part of assets	(199)	(226)
Total staff costs excluding capitalised costs	123,984	123,284

Note 4.1 above covers the Group accounts and the FT only accounts.
The Charitable funds consolidated into the Group accounts do not include any staff costs.

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4.2 Directors Remuneration

There have been no advances to Directors in 2017/18 or 2016/17. There have been no guarantees entered into on behalf of Directors by the Trust in 2017/18 or 2016/17.

Executive Directors cost includes remuneration of the Medical Director which includes remuneration for clinical as well as Executive duties.

Director of Finance cost includes remuneration for additional duties as Director of Finance for Royal Cornwall Hospitals NHS Trust.

The Royal Cornwall Hospitals NHS Trust has been recharged for the cost of these additional duties.

The Trust's full remuneration report is included within the Annual Report.

4.3 Employee benefits

There were no employee benefits in 2017/18 or 2016/17 other than those disclosed at note 4.1.

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
4.4 Retirements due to ill-health	£000	£000	£000	£000
Value of early retirements on the grounds of ill health	318	158	318	158
Number of early retirements on the grounds of ill health	6	3	6	3

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year.

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

4.5 Pension costs

PPast and present employees are covered by the provisions of the two NHS Pensions Schemes. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

a) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and are accepted as providing suitably robust figures for financial reporting

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purposes. The valuation of scheme liability as at 31 March 2017, is based on the valuation data as at 31 March 2016, updated to 31 March 2017 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ended 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap. There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this "employer cost cap" assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

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

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

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable

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

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

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d) Expected contributions for the next annual reporting period

The Trust expects to make employer contributions of approximately £12,751,000 to the scheme in year ended 31 March 2019.

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
5.1 Finance income	£000	£000	£000	£000
Interest on bank accounts	72	56	72	56
Interest on impaired financial assets	0	0	0	0
Interest income on finance leases	0	0	0	0
Interest on other investments / financial assets	0	0	0	0
NHS Charitable funds: investment income	3	9	0	0
Other	0	0	0	0
Total	75	65	72	56

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

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
5.2 Finance costs - interest expense	£000	£000	£000	£000
Capital loans from the Department of Health and Social Care	0	0	0	0
Working capital loans from the Department of Health and Social Care	0	0	0	0
Revolving working capital facilities from the Department of Health and Social Care	0	0	0	0
Interest on other loans	0	0	0	0
Overdrafts	0	0	0	0
Finance leases	0	0	0	0
Interest on late payment of commercial debt	0	0	0	0
Finance costs on PFI and other service concession arrangements				
Main finance costs	1,084	1,109	1,084	1,109
Contingent finance costs	1,129	851	1,129	851
Finance Costs on LIFT scheme obligations				
Main Finance Costs	0	0	0	0
Contingent Finance Costs	0	0	0	0
Total interest expense	2,213	1,960	2,213	1,960
Unwinding of discount on provisions	12	64	12	64
Other finance costs	0	0	0	0
Total finance expenditure	2,225	2,024	2,225	2,024

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

5. Finance Report and Accounts

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
5.3 Gains/losses on disposal/derecognition of assets	£000	£000	£000	£000
Gains on disposal/derecognition of property, plant and equipment	0	5	0	5
Gains on disposal/derecognition of intangible assets	0	0	0	0
Gains on disposal/derecognition of investment properties	0	0	0	0
Gains on disposal/derecognition of other investments	0	0	0	0
Gains on disposal/derecognition of assets held for sale	106	0	106	0
Losses on disposal/derecognition of property, plant and equipment	0	0	0	0
Losses on disposal/derecognition of intangible assets	0	0	0	0
Losses on disposal/derecognition of investment properties	0	0	0	0
Losses on disposal/derecognition of other investments	0	0	0	0
Losses on disposal/derecognition of assets held for sale	0	0	0	0
Capital grants and donations in kind	0	0	0	0
Gains/losses on disposal of charitable fund assets	0	0	0	0
Total gains/losses on disposal of assets	106	5	106	5
Gains/(losses) on foreign exchange	0	0	0	0
Fair value gains/(losses) on investment properties	0	0	0	0
Fair value gains/(losses) on financial assets / investments	0	0	0	0
Fair value gains/(losses) on charitable fund investments & investment properties	0	0	0	0
Fair value gains/(losses) on financial liabilities	0	0	0	0
Recycling gains/(losses) on disposal of available-for-sale financial investments	0	0	0	0
Recycling gains/(losses) on disposal of charitable fund available-for-sale financial investments	0	0	0	0
Total other gains/(losses)	106	5	106	5

Land and buildings used in the provision of commissioner requested services, with a net book value of £230,000, were disposed of in year.

The sale proceeds were £230,000. The services previously operated from this site have been relocated to premises occupied by the Trust nearby.

5. Finance Report and Accounts

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
6. Impairment of assets (PPE & Intangibles)	£000	£000	£000	£000
Loss or damage from normal operations	0	1	0	1
Over specification of assets	0	0	0	0
Abandonment of assets in course of construction	0	3	0	3
Unforeseen obsolescence	0	0	0	0
Loss as a result of catastrophe	0	0	0	0
Other	189	579	189	579
Changes in market price	649	305	649	305
Impairments of charitable funds assets	0	0	0	0
Total impairments charged to operating surplus/deficit	838	888	838	888
Impairments charged to revaluation reserve	1,103	59	1,103	59
Total impairments	1,941	947	1,941	947

Impairments from “loss or damage from normal operations” arise from the write-off of equipment no longer in operational use.

Impairments from “changes in market price” and reversals of impairments have arisen as a result of the District Valuer’s review of asset values at 31 March 2018.

Impairments include £1,291,000 in respect of the reclassification of two buildings to Assets Held for Sale

The segmental analysis of impairments is disclosed at note 32 to these accounts.

The Trust has received no compensation from third parties for any impairments or losses of assets during the year.

5. Finance Report and Accounts

7.1 Intangible assets

	Software licences purchased	Licences and trademarks purchased	Patents purchased	Information technology internally generated	Development expenditure	Goodwill	Websites	Intangible Assets under Construction	Other purchased	NHS Charitable fund assets	Total
2017/18 Group	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2017	1,372	0	3	2,866	0	0	0	2,259	0	0	6,500
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0	0
Additions - purchased/internally generated	362	0	0	247	0	0	42	72	0	0	723
Additions - leased	0	0	0	0	0	0	0	0	0	0	0
Additions - donations of intangible assets (non cash)	0	0	0	0	0	0	0	0	0	0	0
Additions - assets purchased from cash donations/grants	0	0	0	0	0	0	0	0	0	0	0
Transfer of donated assets (non-cash) from consolidated charitable fund to trust	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Transferred to assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	0	0	0	0	0	0	0	0
Transfer to FT upon authorisation	0	0	0	0	0	0	0	0	0	0	0
Gross cost at 31 March 2018 Group	1,734	0	3	3,113	0	0	42	2,331	0	0	7,223
Amortisation at 1 April 2017	767	0	3	2,288	0	0	0	0	0	0	3,058
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0	0
Provided during the year	763	0	0	825	0	0	2	0	0	0	1,590
Transfer of donated assets (non-cash) from consolidated charitable fund to trust	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Transferred to assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	0	0	0	0	0	0	0	0
Transfer to FT upon authorisation	0	0	0	0	0	0	0	0	0	0	
Amortisation at 31 March 2018 Group	1,530	0	3	3,113	0	0	2	0	0	0	4,648
Net book value at 31 March 2018 Group	204	0	0	0	0	0	40	2,331	0	0	2,575

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2016/17 Group	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2016	877	0	3	2,624	0	0	0	1,440	0	0	4,944
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0	0
Additions - purchased/internally generated	495	0	0	242	0	0	0	819	0	0	1,556
Additions - leased	0	0	0	0	0	0	0	0	0	0	0
Additions - donations of physical assets (non cash)	0	0	0	0	0	0	0	0	0	0	0
Additions - grants/donations of cash to purchase assets	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0	0	0
Transferred to assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition		0	0	0	0	0	0	0	0	0	0
Gross cost at 31 March 2017 Group	1,372	0	3	2,866	0	0	0	2,259	0	0	6,500
Amortisation at 1 April 2016	492	0	3	1,835	0	0	0	0	0	0	2,330
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0	0
Provided during the year	275	0	0	453	0	0	0	0	0	0	728
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	0	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0	0	0
Transferred to assets held for sale	0	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition		0	0	0	0	0	0	0	0	0	0
Amortisation at 31 March 2017 Group	767	0	3	2,288	0	0	0	0	0	0	3,058
Net book value at 31 March 2017 Group	605	0	0	578	0	0	0	2,259	0	0	3,442

Intangible assets are valued at historic cost less accumulated amortisation which is judged to be a proxy for current value in existing use. Economic lives of intangible assets are detailed at note 8.2.

Note 7.1 above covers the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any intangible assets.

5. Finance Report and Accounts

8.1 Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and poa	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	NHS Charitable fund assets	Total
2017/18 Group	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	4,324	37,581	0	84	1,441	514	6,062	359	0	50,365
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0
Additions - purchased	0	0	0	2,518	0	0	0	0	0	2,518
Additions - leased	0	0	0	0	0	0	0	0	0	0
Additions - donations of physical assets (non cash)	0	0	0	0	0	0	0	0	0	0
Additions - assets purchased from cash donations/grants	0	32	0	0	21	0	0	7	0	60
Transfer of donated assets (non-cash) from consolidated charitable fund to trust	0	0	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	(1,103)	0	0	0	0	0	0	0	(1,103)
Reversal of impairments credited to operating expenses	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Revaluations	(189)	(283)	0	(3)	0	0	0	0	0	(475)
Reclassifications	0	1,148	0	(1,880)	59	23	650	0	0	0
Transferred to disposal group as asset held for sale	(230)	0	0	0	0	0	0	0	0	(230)
Disposals/derecognition	0	0	0	0	0	0	0	0	0	0
Transfer to FT upon authorisation	0	0	0	0	0	0	0	0	0	0
At 31 March 2018 Group	3,905	37,375	0	719	1,521	537	6,712	366	0	51,135
Depreciation at 1 April 2017	0	1,945	0	3	1,129	338	4,500	291	0	8,206
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0
Provided during year	0	948	0	0	68	60	764	23	0	1,863
Transfer of donated assets (non-cash) from consolidated charitable fund to trust	0	0	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	189	679	0	0	0	0	0	0	0	868
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	0	(30)	0	0	0	0	0	0	0	(30)
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Revaluations	(189)	(1,945)	0	(3)	0	0	0	0	0	(2,137)
Reclassifications	0	0	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	0	0	0	0	0	0	0
Transfer to FT upon authorisation	0	0	0	0	0	0	0	0	0	0
Depreciation at 31 March 2018 Group	0	1,597	0	0	1,197	398	5,264	314	0	8,770
Net book value										
Owned	3,905	3,625	0	719	247	139	1,448	46	0	10,129
Finance leased	0	0	0	0	0	0	0	0	0	0
PFI and other service concession arrangements	0	31,875	0	0	0	0	0	0	0	31,875
PFI residual interests	0	0	0	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0	0	0	0
Donated	0	278	0	0	77	0	0	6	0	361
Total at 31 March 2018 Group	3,905	35,778	0	719	324	139	1,448	52	0	42,365

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2016/17 Group	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	4,499	36,075	0	159	1,266	588	4,830	353	0	47,770
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0
Additions - purchased	0	223	0	1,906	76	0	417	6	0	2,628
Additions - leased	0	0	0	0	0	0	0	0	0	0
Additions - donations of physical assets (non cash)	0	0	0	0	0	0	0	0	0	0
Additions - grants/donations of cash to purchase assets	0	0	0	0	47	0	0	0	0	47
Impairments charged to operating expenses	0	0	0	0	0	0	0	0	0	0
Impairments charged to the revaluation reserve	0	(59)	0	0	0	0	0	0	0	(59)
Reversal of impairments credited to operating income	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	1,101	0	(1,981)	65	0	815	0	0	0
Revaluations	300	266	0	0	0	0	0	0	0	566
Transferred to disposal group as asset held for sale	(475)	(25)	0	0	0	0	0	0	0	(500)
Disposals/derecognition	0	0	0	0	(13)	(74)	0	0	0	(87)
At 31 March 2017 Group	4,324	37,581	0	84	1,441	514	6,062	359	0	50,365
Depreciation at 1 April 2016	0	899	0	0	1,085	334	3,728	267	0	6,313
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0	0
Provided during year	0	952	0	0	52	78	772	24	0	1,878
Impairments charged to operating expenses	0	1,017	0	3	1	0	0	0	0	1,021
Impairments charged to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	(109)	(24)	0	0	0	0	0	0	0	(133)
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0	0
Revaluations	109	(899)	0	0	0	0	0	0	0	(790)
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0	0
Disposals/derecognition	0	0	0	0	(9)	(74)	0	0	0	(83)
Depreciation at 31 March 2017 Group	0	1,945	0	3	1,129	338	4,500	291	0	8,206
Net book value										
Owned	4,324	4,806	0	81	235	176	1,562	62	0	11,246
Finance leased	0	0	0	0	0	0	0	0	0	0
PFI and other service concession arrangements	0	30,577	0	0	0	0	0	0	0	30,577
PFI residual interests	0	0	0	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0	0	0	0
Donated	0	253	0	0	77	0	0	6	0	336
Total at 31 March 2017 Group	4,324	35,636	0	81	312	176	1,562	68	0	42,159

5. Finance Report and Accounts

Land & Buildings were revalued by the District Valuer as at 31 March 2018. The methods used by the District Valuer are described in note 1.9

There are no assets within property, plant and equipment or intangible assets where the market value is significantly different to the carrying value.

Plant & machinery, Transport equipment, Information Technology & Furniture & Fittings are carried at depreciated historic cost.

Note 8.1 above covers the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any property plant and equipment.

8.2 Useful Economic life of Property Plant and Equipment and Intangible Assets

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
Property plant and equipment:		
Buildings excluding dwellings	5	48
Dwellings	0	0
Plant and Machinery	5	15
Transport Equipment	5	7
Information Technology	3	5
Furniture and Fittings	5	15

Freehold land is deemed to have an infinite economic life and is therefore not depreciated.

Intangible Assets

Intangible assets - internally generated		
Information technology	0	0
Development expenditure	0	0
Websites	5	5
Intangible assets - purchased		
Software licences	1	7
Licences & trademarks	0	0
Patents	0	0
Other (purchased)	0	0
Goodwill	0	0

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	Intangible assets	Property, plant and equipment	Investment Properties	Financial Investments	NHS Charitable fund assets held for sale	Total
9.1 Non-current assets for sale and assets in disposal groups	£000	£000	£000	£000	£000	£000
At 1 April 2017	0	500	0	0	0	500
Transfers by absorption - normal	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	230	0	0	0	230
Less assets sold in the year	0	(730)	0	0	0	(730)
Less Impairments of assets held for sale	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Transfer to FT upon authorisation	0	0	0	0	0	0
NBV at 31 March 2018 Group	0	0	0	0	0	0
At 1 April 2016	0	0	0	0	0	0
Transfers by absorption - normal	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	500	0	0	0	500
Less assets sold in the year	0	0	0	0	0	0
Less Impairments of assets held for sale	0	0	0	0	0	0
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
NBV at 31 March 2017 Group	0	500	0	0	0	500

Assets classified as held for sale in year relate to properties that have been declared surplus to requirements and are being actively marketed.

Assets sold in year are surplus properties that have been sold on the open market.

There were no liabilities in disposal groups at 31 March 2018 or 31 March 2017.

	2017/18 Group	2016/17 Group
9.2 Impairment on reclassification of assets held for sale in year	£000	£000
Impairment on reclassification of assets held for sale in year	1,291	579

Notes 9.1 and 9.2 above cover the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any assets held for sale.

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10. Inventories

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
10.1 Inventories	£000	£000	£000	£000
Drugs	0	0	0	0
Consumables	0	0	0	0
Work in progress	0	0	0	0
Energy	36	34	36	34
Other	0	0	0	0
NHS Charitable funds: inventories	0	0	0	0
Total	36	34	36	34
Of which:				
Held at lower of cost and NRV	36	34	36	34
Held at fair value less costs to sell	0	0	0	0

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
10.2 Inventories recognised in expenses	£000	£000	£000	£000
Inventories recognised in expenses	18	14	18	14
Write-down of inventories recognised as expenses	0	0	0	0
Reversal of write-down of inventories	0	0	0	0
Total	18	14	18	14

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11. Trade and other receivables

	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
11.1 Trade and other receivables	£000	£000	£000	£000	£000	£000	£000	£000
Trade receivables	6,585	0	9,771	0	6,585	0	9,771	0
Capital receivables (including accrued capital related income)	0	0	0	0	0	0	0	0
Accrued income	4,818	0	421	0	4,818	0	421	0
Provision for impaired receivables	(1,977)	0	(261)	0	(1,977)	0	(261)	0
Deposits and advances	0	0	0	0	0	0	0	0
Prepayments (revenue) [non-PFI]	608	0	625	0	608	0	625	0
Prepayments (capital) [non-PFI]	0	0	0	0	0	0	0	0
PFI prepayments - capital contributions	0	0	0	0	0	0	0	0
PFI lifecycle prepayments (revenue)	0	0	0	0	0	0	0	0
PFI lifecycle prepayments (capital)	0	0	0	0	0	0	0	0
Interest receivable	0	0	0	0	0	0	0	0
Finance lease receivables	0	0	0	0	0	0	0	0
PDC dividend receivable	185	0	182	0	185	0	182	0
VAT receivable	272	0	246	0	272	0	246	0
Corporation and other taxes receivable	0	0	0	0	0	0	0	0
Other receivables	61	0	1,563	0	61	0	1,563	0
NHS charitable funds: trade and other receivables	0	0	0	0	0	0	0	0
Total	10,552	0	12,547	0	10,552	0	12,547	0
Receivables with NHS and DHSC group bodies	8,323	0	7,931	0	8,323	0	7,931	0
Receivables with Non NHS and DHSC group bodies	2,229	0	4,616	0	2,229	0	4,616	0

5. Finance Report and Accounts

The great majority of trade is with Clinical Commissioning Groups and NHS England, as commissioners for NHS patient care services. As these organisations are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary. No credit scoring is also considered necessary in respect of the NHS Trusts and Local Authorities which between them make up the majority of the remainder of receivables. In respect of other non NHS or non-governmental debts the Trusts judgement is that if they haven't been included within the impairment provision then their credit is reliable.

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
11.2 Provision for impairment of receivables	£000	£000	£000	£000
As at 1 April 2017	261	188	261	188
At start period for new FTs	0	0	0	0
Transfers by absorption - normal	0	0	0	0
Increase in provision	1,869	190	1,869	190
Amounts utilised	(13)	(2)	(13)	(2)
Unused amounts reversed	(140)	(115)	(140)	(115)
As at 31 March 2018 Group	1,977	261	1,977	261

The Trust makes estimates of the level of impairment provision that it judges to be necessary. Specific provisions are created where there are concerns about a debt.

	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
11.3 Ageing of impaired financial assets	£000	£000	£000	£000	£000	£000	£000	£000
	Trade and other receivables	Investments and other financial assets	Trade and other receivables	Investments and other financial assets	Trade and other receivables	Investments and other financial assets	Trade and other receivables	Investments and other financial assets
0-30 days	200	0	2	0	200	0	2	0
31-60 days	105	0	14	0	105	0	14	0
61-90 days	178	0	2	0	178	0	2	0
91-180 days	311	0	41	0	311	0	41	0
Greater than 180 days	1,183	0	202	0	1,183	0	202	0
Total	1,977	0	261	0	1,977	0	261	0

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11.4 Ageing of non-impaired financial assets past their due date	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
	£000	£000	£000	£000	£000	£000	£000	£000
0-30 days	0	0	0	0	0	0	0	0
31-60 days	591	0	1,240	0	591	0	1,240	0
61-90 days	192	0	90	0	192	0	90	0
91-180 days	856	0	164	0	856	0	164	0
Greater than 180 days	395	0	760	0	395	0	760	0
Total	2,034	0	2,254	0	2,034	0	2,254	0

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
12. Other assets	£000	£000	£000	£000
Current				
EU emissions trading scheme allowance	0	0	0	0
Other assets	0	0	0	0
Total other current assets	0	0	0	0
Non-current				
Net defined benefit pension scheme asset	0	0	0	0
Other assets	0	0	0	0
Total other non-current assets	0	0	0	0

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	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
13.1 Trade and other payables	£000	£000	£000	£000	£000	£000	£000	£000
Trade payables	4,527	0	9,570	0	4,527	0	9,570	0
Capital payables (including capital accruals)	0	0	45	0	0	0	45	0
Accruals (revenue costs only)	6,678	0	5,138	0	6,678	0	5,138	0
Receipts in advance (including payments on account)	0	0	0	0	0	0	0	0
Social security costs	1,325	0	1,296	0	1,325	0	1,296	0
VAT payables	0	0	0	0	0	0	0	0
Other taxes payable	976	0	881	0	976	0	881	0
PDC dividend payable	0	0	0	0	0	0	0	0
Accrued interest on DH loans	0	0	0	0	0	0	0	0
Accrued interest on other loans	0	0	0	0	0	0	0	0
Other payables	1,986	0	1,667	0	1,986	0	1,667	0
NHS charitable funds: trade and other payables	10	0	17	0	0	0	0	0
Total	15,502	0	18,614	0	15,492	0	18,597	0
Payables with NHS and DHSC group bodies	1,174	0	6,394	0	1,174	0	6,394	0
Payables with Non NHS and DHSC group bodies	14,328	0	12,220	0	14,318	0	12,203	0

Note 13.2 below discloses on average the %, by number and value, of NHS and Non NHS payables that are settled within 30 days of receipt of goods or a valid invoice. Social Security, Tax and Superannuation liabilities are settled on the 19th of the month following deduction from the payroll.

PDC dividend payments are made in September and March of the financial year in which they relate to in accordance with Department of Health and Social Care procedure.

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13.2 Better Payment Practice Code - measure of compliance	NHS 12 Months to 31 March 2018 Group		NHS 12 Months to 31 March 2017 Group	
	Number	£000	Number	£000
Total NHS invoices paid in the period	1,098	22,427	1,038	11,026
Total NHS invoices paid within target	1,041	20,266	918	6,964
Percentage of NHS invoices paid within target	95%	90%	88%	63%

	Non-NHS 12 Months to 31 March 2018 Group		Non NHS 12 Months to 31 March 2017 Group	
	Number	£000	Number	£000
Total non-NHS invoices paid in the period	27,079	33,170	30,377	35,686
Total non-NHS invoices paid within target	25,447	30,850	27,078	31,510
Percentage of non-NHS invoices paid within target	94%	93%	89%	88%

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

The Trust is also an approved signatory to the Prompt Payment Code.

	2017/18 Group	2016/17 Group	2017/18 FT Only	2016/17 FT Only
13.3 The Late Payment of Commercial Debts (Interest) Act 1998	£000	£000	£000	£000
Amounts included in other interest payable from claims made under this legislation	0	0	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0	0	0
Total	0	0	0	0

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	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
14. Other liabilities	£000	£000	£000	£000	£000	£000	£000	£000
Deferred income	482	0	281	0	482	0	281	0
Deferred grants	0	0	0	0	0	0	0	0
Deferred PFI credits	0	0	0	0	0	0	0	0
Lease incentives	0	0	0	0	0	0	0	0
NHS Charitable funds: other liabilities	0	0	0	0	0	0	0	0
Net pension scheme liability	0	0	0	0	0	0	0	0
Total	482	0	281	0	482	0	281	0

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	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
15. Borrowings	£000	£000	£000	£000	£000	£000	£000	£000
Bank overdrafts - Government Banking Service	0	0	0	0	0	0	0	0
Bank overdrafts - Commercial Banks	0	0	0	0	0	0	0	0
NHS Charitable funds: bank overdraft	0	0	0	0	0	0	0	0
Drawdown in committed facility	0	0	0	0	0	0	0	0
Capital loans from Department of Health and Social Care	0	0	0	0	0	0	0	0
Working capital loans from Department of Health and Social Care	0	0	0	0	0	0	0	0
Revolving working capital facilities from Department of Health and Social Care	0	0	0	0	0	0	0	0
Other loans	0	0	0	0	0	0	0	0
Obligations under finance leases	0	0	0	0	0	0	0	0
PFI lifecycle replacement received in advance	0	0	0	0	0	0	0	0
Obligations under PFI or other service concession arrangements	911	12,783	790	13,694	911	12,783	790	13,694
NHS Charitable funds: other current borrowings	0	0	0	0	0	0	0	0
Total	911	12,783	790	13,694	911	12,783	790	13,694

Details of the PFI liabilities can be found at notes 17 and 18.

16. Finance lease obligations

The Trust does not have any finance lease obligations other than its PFI liabilities which are detailed at Note 17.

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17. PFI obligations

	31 March 2018 Group	31 March 2017 Group
17.1 PFI capital repayment liabilities	£000	£000
Gross PFI liabilities	20,955	22,828
of which liabilities are due:		
- Not later than one year	1,935	1,874
- Later than one year, not later than five years	6,957	7,051
- Later than five years	12,063	13,903
Finance charges allocated to future periods	(7,261)	(8,344)
Net PFI liabilities	13,694	14,484
- Not later than one year	911	790
- Later than one year, not later than five years	3,564	3,399
- Later than five years	9,219	10,295
	13,694	14,484

	2017/18 Group	2016/17 Group
17.2 PFI service element commitments	£000	£000
Expenditure in year in respect of the service element of PFI schemes	2,173	2,742
	31 March 2018 Group	31 March 2017 Group
The Trust is committed to the following annual service element charges:	£000	£000
Not later than one year	2,191	2,208
Later than one year, not later than five years	10,629	10,172
Later than five years	16,974	19,410
	29,794	31,790

17.3 Total PFI Commitments		
The Trust is committed to the following annual charges in respect of its total PFI commitments:		
	31 March 2018 Group	31 March 2017 Group
	£000	£000
Not later than one year	5,360	5,179
Later than one year, not later than five years	22,864	22,092
Later than five years	40,615	46,183
	68,839	73,454

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The annual payment in future years will vary with the rate of RPI but this is not considered material in relation to the value of the whole contract.

Note 17 above covers the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any PFI contracts.

	31 March 2018 Group	31 March 2017 Group
17.4 Analysis of amounts payable to PFI operator	£000	£000
Unitary payment payable to PFI operator	5,176	5,048
Consisting of:		
- Interest charge	1,084	1,109
- Repayment of finance lease liability	790	347
- Service element	2,173	2,741
- Capital lifecycle maintenance	0	0
- Revenue lifecycle maintenance	0	0
- Contingent rent	1,129	851
- Addition to lifecycle prepayment	0	0
Other amounts paid to operator under the service concession contract but not part of the unitary payment:	0	0
Total amount paid to PFI operator under the service concession	5,176	5,048
PFI support income recognised in income	0	0

18. PFI contracts

18.1 PFI schemes off-Statement of Financial Position

The Trust has no PFI schemes off-Statement of Financial Position.

18.2 PFI schemes on-Statement of Financial Position

The Trust has two PFI schemes on-Statement of Financial Position.

Bodmin Community Hospital

The contract commenced on 1 June 2002 and ends on 31 March 2028.

The Bodmin PFI scheme provides a fully serviced mental health and community hospital facility at Bodmin Hospital. The unitary charge covers availability, hard facilities provision and soft facilities provision.

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Longreach House

The contract started on 1 August 2003 and ends on 31 July 2033.

The PFI scheme at Longreach Hospital is for the provision of a mental health hospital.

The unitary charge covers availability and hard facilities maintenance.

Elements common to both schemes

In both schemes the land is owned by the Trust and the building will revert to the Trust for NIL consideration at the end of the contract.

In both schemes variations to the value of the unitary payments only arise from annual movements in the RPI or agreed contract variations.

Neither scheme gives rise to any guarantees, commitments, rights or obligations other than observance of the contract throughout its term.

Under IFRIC 12, both assets are treated as assets of the Trust; the substance of the contract is that the Trust has a finance lease and payments comprise two elements – imputed finance lease charges and service charges. Details of the imputed finance lease charges are shown at note 17.

19. Provisions

	Current	Non-current	Current	Non-current
	31 March	31 March	31 March	31 March
	2018 Group	2018 Group	2017 Group	2017 Group
19.1 Provisions	£000	£000	£000	£000
Pensions - Early departure costs	216	2,133	215	2,223
Other legal claims	983	2,774	896	2,729
Restructurings	0	0	0	0
Continuing care	0	0	0	0
Equal pay	0	0	0	0
Redundancy	0	0	4	0
Other	0	0	0	0
NHS Charitable fund provisions	0	0	0	0
Total	1,199	4,907	1,115	4,952

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	Pensions - Early departure costs	Other legal claims	Restructurings	Continuing care	Equal pay (including Agenda for Change)	Redundancy	Other	NHS charitable fund provisions	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2017	2,438	3,625	0	0	0	4	0	0	6,067
Transfers by absorption - normal	0	0	0	0	0	0	0	0	0
Change in the discount rate	20	43	0	0	0	0	0	0	63
Arising during the year	122	334	0	0	0	0	0	0	456
Utilised during the year - accruals	(54)	(42)	0	0	0	0	0	0	(96)
Utilised during the year - cash	(164)	(131)	0	0	0	(4)	0	0	(299)
Reclassified to liabilities held in disposal groups in year	0	0	0	0	0	0	0	0	0
Reversed unused	(18)	(79)	0	0	0	0	0	0	(97)
Unwinding of discount	5	7	0	0	0	0	0	0	12
NHS charitable funds: movement in provisions	0	0	0	0	0	0	0	0	0
At 31 March 2018	2,349	3,757	0	0	0	0	0	0	6,106
Expected timing of cash flows:									
not later than one year	216	983	0	0	0	0	0	0	1,199
later than one year and not later than five years	864	665	0	0	0	0	0	0	1,529
later than five years	1,269	2,109	0	0	0	0	0	0	3,378
Total	2,349	3,757	0	0	0	0	0	0	6,106

Pensions - Early departure costs

Early retirement provisions are calculated based on figures supplied by the NHS Pensions Office using actuarial tables. As these provisions cover a long time span it is not possible to be precise over amounts and timings.

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Other legal Claims

There are three elements within legal claims:

- Injury benefit claims which are calculated by reference to figures provided by NHS Resolution and the NHS Pensions Office
- The estimated value of property liabilities
- The estimated value of liabilities arising from legal claims

Injury benefit claims calculated based on figures provided by NHS Resolution are provided at the maximum capped value payable by the Trust and are all expected to be payable within one year.

Injury benefit claims calculated based on figures supplied by the NHS Pensions Office are calculated using actuarial tables. As these provisions cover a long time span it is not possible to be precise over amounts and timings.

Property liabilities are estimated based on liabilities enforceable under contractual terms. The Trust has also engaged a firm of surveyors with expertise in this area to provide an informed estimate of liability. Property liabilities are assumed to be payable within one year.

Liabilities arising from legal claims have been estimated based on the Trust's legal advisors assessment of liability. Legal claim liabilities are assumed to be payable within one year.

Change in HM Treasury Pensions Discount Rate

Early retirement provisions (within pensions relating to other staff above) and injury benefit provisions (within other legal claims above) are discounted using the HM Treasury pensions discount rate. For the period 1 April 2017 to 30 March 2018 this was 0.24%. With effect from 31 March 2018 the HM Treasury revised the pensions discount rate to 0.10%. The financial effect of this on the value of the provision is disclosed above within the provisions note, described as "change in the discount rate". The future effect of this increase in the discount rate is that the annual unwinding of the discount charge will be reduced but will be calculated on a higher base.

	31 March 2018 Group	31 March 2017 Group
19.2 Clinical negligence liabilities	£000	£000
Included within provisions of NHS Resolution in respect of Cornwall Partnership NHS Foundation Trust	535	684

The operation of the NHS Resolution clinical negligence scheme for Trusts is explained at note 1.18 to these accounts.

Notes 19.1 and 19.2 above cover the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any provisions or clinical negligence liabilities.

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20. Revaluation reserve and charitable reserves

	Total Revaluation Reserve	Intangibles	Property, plant and equipment	Assets held for sale	Investment property
20.1 Revaluation reserve	£000	£000	£000	£000	£000
At 1 April 2017	18,061	0	18,061	0	0
Transfers by absorption - normal	0	0	0	0	0
Impairments	(1,103)	0	(1,103)	0	0
Revaluations	1,662	0	1,662	0	0
Transfers to the I&E reserve for impairments arising from consumption of economic benefits	0	0	0	0	0
Transfers to other reserves	0	0	0	0	0
Asset disposals	(518)	0	(518)	0	0
Other recognised gains & losses	0	0	0	0	0
Other reserve movements	0	0	0	0	0
At 31 March 2018 Group	18,102	0	18,102	0	0

At 1 April 2016	16,790	0	16,790	0	0
Transfers by absorption - normal	0		0	0	0
Impairments	(59)	0	(59)	0	0
Revaluations	1,356	0	1,356	0	0
Transfers to the I&E reserve for impairments arising from consumption of economic benefits	(26)		(26)		
Transfers to other reserves	0	0	0	0	0
Asset disposals	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0	0	0	0
Other recognised gains & losses	0	0	0	0	0
Other reserve movements	0	0	0	0	0
At 31 March 2017 Group	18,061	0	18,061	0	0

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	Total NHS Charitable funds Reserves	Restricted Funds	Endowment Funds	Unrestricted Funds
20.2 NHS Charitable funds reserves	£000	£000	£000	£000
Balance at 1 April 2017 as previously stated	706	528	15	163
Transfers of charitable funds into the group	0	0	0	0
Start of period for new FTs	0	0	0	0
Net incoming / (outgoing) resources	237	244	(3)	(4)
Gains / (losses) on revaluations	0	0	0	0
Fair value movements on available for sale financial assets	0	0	0	0
Other movements	0	0	0	0
Transferred to NHS foundation trust upon authorisation as FT	0	0	0	0
At 31 March 2018 Group	943	772	12	159
Balance at 1 April 2016 as previously stated	721	534	16	171
Start of period for new FTs	0	0	0	0
Net incoming / (outgoing) resources	(15)	(6)	(1)	(8)
Gains / (losses) on revaluations	0	0	0	0
Other movements	0	0	0	0
At 31 March 2017 Group	706	528	15	163

NHS charitable funds can be expended for any charitable purpose relating to the NHS. In respect of restricted funds charitable expenditure is limited to the NHS location or service for which the fund was created or monies donated.

Unrestricted funds can be spent at the Trustee's discretion for any charitable purpose relating to the NHS in Cornwall.

The Trust also has one permanent endowment fund where only the interest on the capital sum may be spent.

The accounts of the Cornwall Partnership Foundation Trust Charitable Fund are available separately. The Cornwall Partnership Foundation Trust Charitable Fund has the same accounting year end as the Trust.

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	31 March 2018 Group	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2017 Group
	Total	(FT only)	(NHS Charitable funds)	Total	(FT only)	(NHS Charitable funds)
21. Cash and cash equivalents	£000	£000	£000	£000	£000	£000
Balance at 1 April 2017	27,123	26,437	686	21,622	20,971	651
Transfers by absorption - normal	0	0	0	0	0	0
Net change in year	6,177	5,948	229	5,501	5,466	35
Balance at 31 March 2018 Group	33,300	32,385	915	27,123	26,437	686
Broken down into:	£000	£000	£000	£000	£000	£000
Cash at commercial banks and in hand	1,228	397	831	791	189	602
Cash with the Government Banking Service	31,988	31,988	0	26,248	26,248	0
Deposits with the National Loan Fund	0	0	0	0	0	0
Other Current investments	84	0	84	84	0	84
Cash and cash equivalents as in statement of financial position	33,300	32,385	915	27,123	26,437	686
Bank overdrafts	0	0	0	0	0	0
Drawdown in committed facility	0	0	0	0	0	0
Cash and cash equivalents as in statement of cash flows	33,300	32,385	915	27,123	26,437	686

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
22. Third Party Assets	£000	£000	£000	£000
Monies held by the Trust on behalf of patients	1,128	1,029	1,128	1,029

Monies held by the Trust on behalf of patients are excluded from the cash and cash equivalents figure reported in the accounts.

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	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
23.1 Contractual capital commitments	£000	£000	£000	£000
Property, plant and equipment	0	0	0	0
Intangible assets	0	134	0	134
Total as at 31 March 2018 Group	0	134	0	134

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
23.2 Other financial commitments	£000	£000	£000	£000
The Trust is committed to making payments under non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements), analysed by the period during which the payment is made:				
not later than 1 year	1,525	989	1,525	989
after 1 year and not later than 5 years	1,171	913	1,171	913
paid thereafter	0	0	0	0
Total as at 31 March 2018 Group	2,696	1,902	2,696	1,902

24. Events after the reporting period

During April 2018 construction began on a new CAMHS Tier 4 unit on land owned by the Trust. The construction will take place during 2018/19 with the unit planned to be operational at the start of 2019/20. The total capital cost of the new unit is projected to be £11m. £4m of capital funding in respect of the unit will come from new Public Dividend Capital issued to the Trust.

25. Contingencies

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
25.1 Contingent liabilities	£000	£000	£000	£000
Gross value of contingent liabilities	0	0	0	0
Amounts recoverable against contingent liabilities	0	0	0	0
Total as at 31 March 2018 Group	0	0	0	0

	31 March 2018 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2017 FT Only
25.2 Contingent assets	£000	£000	£000	£000
Contingent assets	0	0	0	0

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26. Related party transactions

Cornwall Partnership NHS Foundation Trust is a Public Benefit Corporation authorised by the Independent Regulator of NHS Foundation Trusts (the office known as Monitor) pursuant to the National Health Service Act 2006.

During the period no Department of Health and Social Care Ministers, NHS Improvement officials, Trust board members, Trust Governors, members of the key management staff, or parties related to any of them, have undertaken any material transactions, apart from employee remuneration, with Cornwall Partnership NHS Foundation Trust.

Executive and Non-executive Directors' remuneration is disclosed at note 4.2 to these accounts. Further information regarding executive and non- executive remuneration is included within the remuneration report within the Trust's annual report.

The Trust has no investments in associates and is not a party within any joint ventures.

Standard NHS terms & conditions apply to all related party transactions. During 2017/18 there have been no instances of debt default in respect of related party transactions.

Whole of Government Accounts

Any entity that controls the Trust, or is under common control with the Trust, is a related party of the Trust.

This effectively means that all central or local government bodies within the Whole of Government Accounts are related parties of the Trust. The NHS pension scheme is also considered a related party of the Trust.

Within the Whole of Government Accounts the Department of Health and Social Care is regarded as a related party. During the year the Trust has had a significant number of material transactions with other entities for which the Department of Health and Social Care is regarded as the parent Department. Material transactions with these entities are:

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	Income	Expenditure	Amounts due from Related Party	Amounts owed to Related Party
2017/18 Group	£000	£000	£000	£000
NHS England	8,594	86	4,994	82
NHS Kernow CCG	142,896	46	977	110
NHS North, East and West Devon CCG	383	0	254	0
Health Education England	2,117	9	66	7
NHS Property Services Ltd	523	5,353	637	148
Community Health Partnerships Ltd	151	1,040	51	57
NHS Resolution (formerly NHS Litigation Authority)	0	1,231	0	0
Northern Devon Healthcare NHS Trust	62	51	23	5
Plymouth Hospitals NHS Trust	401	598	183	210
Royal Cornwall Hospitals NHS Trust	9,408	6,988	978	555
Torbay and South Devon NHS Foundation Trust	0	120	0	0
Royal Devon and Exeter NHS Foundation Trust	208	271	56	0
2016/17 Group				
NHS England	6,802	4	3,464	0
NHS Kernow CCG	147,613	135	2,194	0
NHS North, East and West Devon CCG	427	0	100	0
Health Education England	1,663	0	14	0
NHS Property Services Ltd	903	5,463	1,167	5,781
Community Health Partnerships Ltd	173	1,007	100	0
NHS Resolution (formerly NHS Litigation Authority)	0	1,150	0	4
Northern Devon Healthcare NHS Trust	78	78	19	0
Plymouth Hospitals NHS Trust	470	348	125	84
Royal Cornwall Hospitals NHS Trust	3,808	6,180	406	465
South Devon Healthcare NHS Foundation Trust	0	106	0	0
Royal Devon and Exeter NHS Foundation Trust	219	306	29	55

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In addition, the Trust has had a number of material transactions with other government departments, other central and local government bodies and the NHS pension scheme. Material transactions with these related parties are as follows:

	Income	Expenditure	Amounts due from Related Party	Amounts owed to Related Party
2017/18 Group	£000	£000	£000	£000
The NHS Pension Scheme	0	12,489	0	1,676
HMRC - Other Taxes and Duties and NIC	0	9,001	0	2,301
Ministry of Justice	254	5	21	0
Cornwall Unitary Authority	12,557	2,091	2,223	912
2016/17 Group				
The NHS Pension Scheme	0	12,371	0	1,667
HMRC - Other Taxes and Duties and NIC	0	8,284	0	2,177
Ministry of Justice	180	4	15	0
Cornwall Unitary Authority	11,994	2,045	1,992	468

Declarations of interest registers in respect of the Board of Directors and the Governors of the Trust are available to view on the Trust's website at www.cornwallft.nhs.uk.

5. Finance Report and Accounts

27. Financial Instruments

	Loans and receivables	At fair value through income and expenditure	Held to maturity	Available for sale	Total
27.1 Financial assets by category	£000	£000	£000	£000	£000
Embedded derivatives	0	0	0	0	0
Trade and other receivables excluding non-financial assets - NHS	8,323	0	0	0	8,323
Trade and other receivables excluding non-financial assets - Non NHS	1,103	0	0	0	1,103
Other investments/financial assets	0	0	0	0	0
Cash and cash equivalents	32,385	0	0	0	32,385
NHS Charitable funds: financial assets	915	38	0	0	953
Total at 31 March 2018 Group	42,726	38	0	0	42,764
Embedded derivatives	0	0	0	0	0
Trade and other receivables excluding non-financial assets - NHS	7,749	0	0	0	7,749
Trade and other receivables excluding non-financial assets - Non NHS	2,949	0	0	0	2,949
Other investments	0	0	0	0	0
Other financial assets	0	0	0	0	0
Cash and cash equivalents	26,437	0	0	0	26,437
NHS Charitable funds: financial assets	686	37	0	0	723
Total at 31 March 2017 Group	37,821	37	0	0	37,858

Charitable funds financial assets held at fair value are valued using unadjusted quoted prices in active markets for identical assets.

Within the context of IFRS 13 charitable fund financial assets are valued at level one within the fair value hierarchy.

Current and non-current financial instrument carrying values are a reasonable approximation of fair values.

5. Finance Report and Accounts

	Other financial liabilities	At fair value through income and expenditure	Total
27.2 Financial liabilities by category	£000	£000	£000
Embedded derivatives	0	0	0
Borrowings excluding finance lease and PFI liabilities	0	0	0
Obligations under finance leases	0	0	0
Obligations under PFI contracts	13,694	0	13,694
Trade and other payables excluding non financial liabilities - NHS	1,174	0	1,174
Trade and other payables excluding non financial liabilities - Non NHS	9,391	0	9,391
Other financial liabilities	0	0	0
Provisions under contract	0	0	0
NHS Charitable funds: financial liabilities	0	0	0
Total at 31 March 2018 Group	24,259	0	24,259
Embedded derivatives	0	0	0
Borrowings excluding finance lease and PFI liabilities	0	0	0
Obligations under finance leases	0	0	0
Obligations under PFI contracts	14,484	0	14,484
Trade and other payables excluding non financial liabilities - NHS	6,394	0	6,394
Trade and other payables excluding non financial liabilities - Non NHS	7,721	0	7,721
Other financial liabilities	0	0	0
Provisions under contract	0	0	0
NHS Charitable funds: financial liabilities	0	0	0
Total at 31 March 2017 Group	28,599	0	28,599

Current and non-current financial instrument carrying values are a reasonable approximation of fair values.

5. Finance Report and Accounts

	31 March 2018 Group	31 March 2017 Group
27.3 Maturity of Financial Liabilities	£000	£000
In one year or less	11,476	14,905
In more than one year but not more than two years	980	911
In more than two years but not more than five years	2,584	2,488
In more than five years	9,219	10,295
Total	24,259	28,599

	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
28. Other financial assets	£000	£000	£000	£000	£000	£000	£000	£000
Loan and receivables	0	0	0	0	0	0	0	0
Loan and receivables - NLF deposits	0	0	0	0	0	0	0	0
Other financial assets	0	0	0	0	0	0	0	0
NHS Charitable funds: Other financial assets	38	0	37	0	0	0	0	0
Total	38	0	37	0	0	0	0	0

	Current	Non-current	Current	Non-current	Current	Non-current	Current	Non-current
	31 March 2018 Group	31 March 2018 Group	31 March 2017 Group	31 March 2017 Group	31 March 2018 FT Only	31 March 2018 FT Only	31 March 2017 FT Only	31 March 2017 FT Only
29. Other financial liabilities	£000	£000	£000	£000	£000	£000	£000	£000
Derivatives and embedded derivatives held at fair value through income and expenditure	0	0	0	0	0	0	0	0
Other financial liabilities	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

5. Finance Report and Accounts

30 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with Clinical Commissioning Groups and NHS England and the way those organisations are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust has a low exposure to interest rate risk because it has no borrowings that attract interest. The PFI liability disclosed at note 17 is discharged through a unitary payment mechanism that only varies with annual RPI movements.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures at each year end are in receivables from customers, as disclosed at note 11.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups and NHS England, organisations which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

5. Finance Report and Accounts

31. Losses and Special Payments	2017/18 Group		2016/17 Group	
	Number	£000	Number	£000
Losses:				
Cash losses	0	0	3	0
Fruitless payments and constructive losses	0	0	0	0
Bad debts and claims abandoned	0	0	0	0
Damage to buildings, property etc. and stores losses	0	0	0	0
Total losses	0	0	3	0
Special payments:				
Compensation under legal obligation	0	0	0	0
Extra contractual payments to contractors	0	0	0	0
Ex gratia payments	15	7	12	9
Special severance payments	0	0	0	0
Extra statutory and regulatory payments	0	0	0	0
Total special payments	15	7	12	9
Total losses and special payments	15	7	15	9
Recovered losses - compensation payments received		0		0

The note above covers the Group accounts and the FT only accounts. The Charitable funds consolidated into the Group accounts do not include any losses or special payments.

Amounts reported are on an accruals basis but exclude provisions for future losses.

There have been no losses or special payments exceeding £300,000 in 2017/18 or 2016/17.

5. Finance Report and Accounts

32. Segmental Reporting

Reporting Arrangements

The Chief Operating Decision Maker of the Trust is its Board of Directors (the Board) and committees that report to the Board. The Performance, Finance and Investments Committee receives a range of financial information on behalf of the Board. The Performance, Finance and Investments Committee receives regular reports on the financial performance of service business units within the Trust. The service business units selected represent the Trust's key areas of clinical service and operational support. Within the context of IFRS 8 the Trust's service business units represent reportable operating segments.

	2017/18 Group	2016/17 Group
	£000	£000
Corporate Income less income attributable to service business units	164,508	146,475
Service business unit expenditure less attributable income:		
Adult Community Services	(66,419)	(61,675)
Adult Mental Health & Learning Disabilities	(14,765)	(12,263)
Childrens Services	(17,396)	(11,588)
Mental Health Inpatient & Targeted Services	(27,979)	(20,796)
Medical	(11,400)	(8,774)
Corporate Services	(21,501)	(27,719)
NHS Charitable Funds	329	268
Surplus/(Deficit) for the period	5,377	3,928

Due to the nature of the Trust's block contract funding the Trust does not fully report income by segments. Corporate income is reported separately and segment expenditure is reported net of directly attributable income. The classifications in the above note reflect the presentation of financial information to the Performance, Finance and Investments Committee. It is acknowledged that the financial analysis above is different to that used in the remainder of the financial statements.

Segment net assets are not routinely calculated or reported. Segment income and expenditure relates to transactions from external sources.

The following items are included within segment non-operating expenditure:

5. Finance Report and Accounts

	Depreciation & Amortisation	Impairments	Finance income	Finance expense	Unwinding of discount on provisions	PDC Dividends payable	Total
2017/18 Group	£000	£000	£000	£000	£000	£000	£000
Adult Community Services	0	0	0	624	0	0	624
Adult Mental Health & Learning Disabilities	151	0	0	0	0	0	151
Childrens Services	27	0	0	0	0	0	27
Mental Health Inpatient & Targeted Services	722	0	0	1,589	0	0	2,311
Medical	0	0	0	0	0	0	0
Corporate Services	2,553	838	(72)	0	12	415	3,746
NHS Charitable Funds	0	0	(3)	0	0	0	(3)
Total	3,453	838	(75)	2,213	12	415	6,856
2016/17 Group	£000	£000	£000	£000	£000	£000	£000
Adult Community Services	0	0	0	534	0	0	534
Adult Mental Health & Learning Disabilities	175	0	0	0	0	0	175
Childrens Services	19	0	0	0	0	0	19
Mental Health Inpatient & Targeted Services	706	0	0	1,426	0	0	2,132
Medical	0	0	0	0	0	0	0
Corporate Services	1,706	888	(56)	0	64	512	3,114
NHS Charitable Funds	0	0	(9)	0	0	0	(9)
Total	2,606	888	(65)	1,960	64	512	5,965

Sources of Income

Note 2 to the accounts provides analyses of income from activities and other operating income by type of income and also by commissioner. All income is derived from within the United Kingdom.

The majority of the Trust's income from activities is derived from Clinical Commissioning Groups and NHS England which are organisations that are funded by the Department of Health and Social Care to commission healthcare in respect of their populations. Income from Clinical Commissioning Groups and NHS England contributes the majority share of segment income for each of the business segments detailed above.

33. Auditor Liability Limitation Agreement

The Trust's contract with its auditors, as set out in the engagement letter dated 21 February 2018, provides for a £2,000,000 limitation on the auditor's liability.

34. Political and Charitable Donations

The Trust did not make any political or charitable donations in 2017/18 or 2016/17.

6. Glossary



6. Glossary

Term	Explanation
Academic Health Science Network	A body to align education, clinical research, informatics, innovation, training and education and healthcare delivery.
(AHSN)	A body to align education, clinical research, informatics, innovation, training and education and healthcare delivery.
Accountable Care System (ACS)	A way of different organisations from the health and care system working together to improve the health of their local population by integrating services and tackling the causes of ill health.
Acute	Refers to symptoms of sudden onset.
Acute care	Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery
Acute GP Service	This describes the full range of therapy services which are available to support adults. These include Neurological Rehabilitation, Stroke, Speech and Language, Podiatry, Occupational Therapy and Pulmonary Rehabilitation. These services provide prevention and rehabilitation for a range of physical conditions.
	A same day service which provides investigations and management for patients with ambulatory acute conditions based within the local acute hospital. Patients can be referred to the service by GPs, Out of Hours Doctors, Hospital Doctors in outpatient clinics, Emergency Care Practitioners and Community Matrons.
Adult Community Services	Physical health services delivered in the community and from our community hospitals to people over the age of 18.
Adult Therapy Services	A range of therapy services which provide prevention and rehabilitation for a range of physical conditions in people over the age of 18. These include Neurological Rehabilitation, Stroke, Speech and Language, Podiatry, Occupational Therapy and Pulmonary Rehabilitation.
Annual health check	A yearly check of aspects of someone's health and a chance to talk.
Autistic Spectrum Disorder (ASD)	A common diagnostic term for Autism. This is a lifelong developmental disability that affects how people perceive the world and interact with others.
Board of Directors	The Board of Directors is responsible for the day-to-day management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the definition and implementation of strategy and policy.
Carbon Management Reduction Strategy	A document which sets out the the scale of reduction in carbon required to meet its legal targets set out in the Climate Change Act.
	A framework for linking research, implementation and evaluation in clinical practice.
Care Quality Commission	Independent regulator of health and adult social care in England.
Care pathway	A care pathway sets out the essential care a patient should receive, from a range of clinicians, in relation to a specific condition.
Child and adolescent mental health service (CAMHS)	Mental health services for children and young people up to the age of 18.
Children's Global Assessment Scale (CGAS)	A global assessment to rate the abilities of children and young people aged 6-17 years. The child or young person is assessed against different levels of functioning from 0 'Needs constant supervision to 100 'Superior functioning in all areas'.

6. Glossary

Term	Explanation
Clinical effectiveness	The application of the knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing and monitoring practice
Commissioning for Quality and Innovation (CQUIN)	Additional income conditional upon 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.
Control Total	NHS providers have to deliver an agreed financial control total. This measure was introduced to try to ensure the provider sector achieves financial balance
Cost improvement plan (CIP)	A plan which sets out a more sustainable way of working. Plans may be recurring or non-recurring.
Council of Governors (CoG)	A group of individuals who are elected or nominated patients, public, staff and partner representatives to represent the views of local communities, staff and stakeholders. The Council of Governors ensures the Trust is compliant with its licence as an NHS Foundation Trust and meets regularly to advise the Board of Directors on the Trust's development and strategies.
Current view form	A record of the current position and presentation of a patient.
Delayed transfers of care (DTOC)	This occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice. This is commonly referred to as bed blocking.
Department of Health and Social Care (DHSC)	A ministerial department responsible for leading the nation's health and social care to help people live more independent, healthier lives for longer.
Duty of Candour	A contractual duty on all providers of services to NHS patients in the UK to provide to the patient and any other relevant person all necessary support and information when a reportable patient safety incident occurs.
Eating Disorder examination questionnaire	This is form used in a semi-structured interview by a clinician to help to support a patient with an eating disorder.
Equality Delivery System (EDS)	A system to help NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.
E-Roster	Electronic staff rostering, shift management system.
Estates Return Information Collection (ERIC)	The main central data collection for estates and facilities services from the NHS. The data provided enables the analysis of Estates and Facilities information from NHS Trusts.
Formulation framework	An approach to assess, plan, implement and review care provided to people living with dementia whose distressed behaviour challenges their care givers.
Francis Report	A report published in relation to the concerns raised about Mid Staffordshire NHS Trust authored by Robert Francis QC.
Friends and Family Test (FFT)	A national survey to obtain feedback on care and treatment.

6. Glossary

Term	Explanation
Global assessment score	This is a score which is attributable to a patient who has participated in the completion of an eating disorder questionnaire.
Governor	A governor is elected from a foundation trust's membership or nominated from a partner agency to hold the foundation trust's non-executive directors to account for the performance of the board and to represent the interests of members and the public.
Harm ratings	Incidents within health care which result in harm to an individual are allocated gradings to indicate the level of harm experienced.
Healthcare Technical Memorandum (HTM)	Gives comprehensive advice and guidance on the design, installation and operation of specialised building and engineering technology used in the delivery of healthcare.
Health Equalities Framework	A set of measures to help people and services look at making the health of people with learning disabilities more equal to the health of other people
HealthWatch	An independent consumer champion that gathers and represents the views of the public about health and social care services in England.
Help Improving Potential and Personal Opportunities (HIPPO)	A Cornwall Partnership NHS Foundation Trust developed project to increase education and return to work opportunities targeted at mental health patients.
Home Treatment Team (HTT)	A community based mental health service providing care and treatment in the community as an alternative to hospital admission so that patients can remain in their own homes
Improving access to psychological therapies (IAPT)	A service offering interventions approved by the National Institute for Health and Care Excellence (NICE) for people with depression and anxiety.
Inpatient mental health service	Facilities which provide a safe environment for assessment and treatment, of people over the age of 18 with a mental health condition.
Integrated Community Mental Health Team (iCMHT)	A multi-disciplinary professionals who support people living in the community who have complex or serious mental health problems.
Inter Trust Agreement (ITA)	An agreement between two NHS Trusts
Institute for Healthcare Improvement (IHI)	Is a nonprofit organisation focused on motivating and building the will for change, partnering with patients and health care professionals to test new models of care, and ensuring the broadest adoption of best practices and effective innovation.
Key performance indicators (KPIs)	A measurable value that demonstrates how effectively an organisation is achieving its objectives.
Memorandum of Understanding (MOU)	A nonbinding agreement between two or more parties outlining the terms and details of an understanding, including each parties' requirements and responsibilities. An MOU is often the first stage in the formation of a formal contract.
Meridian survey tool	An online survey system purchased by Cornwall Partnership NHS Foundation Trust to gather patient and carer feedback.
Monitor (NHS Improvement)	Monitor (NHS Improvement) is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers, helping them give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.

6. Glossary

Term	Explanation
Multi-disciplinary team (MDT)	Members from different healthcare professions with specialised skills and expertise.
Multifactoral fall risk assessment tool	A validated tool to assess a patient's risk of falling.
National community mental health survey	A national survey of people who use community mental health services.
National Learning and Reporting System (NRLS)	A central database of patient safety incident reports.
Neuropsychiatric inventory	A questionnaire, which uses information from carers of people with dementia. It is designed to describe the "behavioural and psychological symptoms", experienced by people with dementia. Mental health practitioners will use this information to identify the severity of any symptoms and to monitor the effect of treatment.
NHS Choices	A website which provides information from the National Health Service on conditions, treatments, local services and healthy living.
NHS Digital	A national information and technology partner to the health and social care system using digital technology to transform the NHS and social care.
NHS England	NHS England leads the National Health Service (NHS) in England
NHS Improvement (Monitor)	NHS Improvement (Monitor) is responsible for overseeing NHS foundation trusts, NHS trusts and independent providers, helping them give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable.
NHS Kernow Clinical Commissioning Group (CCG)	The clinical commissioning group for Cornwall and the Isles of Scilly. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
NHS Property Services (NHSPS)	A national NHS organisations manages, maintains and improves the NHS properties and facilities they own. The majority of Community Hospitals in Cornwall and the Isles of Scilly are owned by NHS Property Services.
OFSTED	OFSTED is the Office for Standards in Education, Children's Services and Skills. It inspects and regulates services that care for children and young people, and services providing education and skills for learners of all ages.
Patient Advice and Liaison Service (PALS)	A service within NHS provider Trusts which offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.
Pathways	A method of standardising and managing the quality of care. Pathways promote organised and efficient patient care based on evidence based practice.
Patient experience	The person's perception of the care and treatment received.
Patient Experience Team	A team of staff whose job it is to monitor and improve patient experience.
Patient safety	The process by which an organisation makes patient care safer.
Patient safety walk round	An Executive-led visit, to a team or ward, giving staff, patients and families the opportunity to identify and address safety issues with the aim of improving care.

6. Glossary

Term	Explanation
Peninsula Community Health (PCH)	A community interest company, set up in Cornwall and the Isles of Scilly to provide Adult Community Services.
Personality Disorder Service	A multidisciplinary team who provide assessment and treatment interventions for people aged 18 and over who either have a diagnosis of personality disorder or have difficulties that are suggestive of such a diagnosis.
Pets As Therapy	A national charity designed to enhance health and wellbeing in the community through the visits of trusted volunteers with their behaviourally assessed animals. They provide a visiting service in hospitals, hospices, nursing and care homes, special needs schools and a variety of other venues all across the UK.
Pharmacological	The science of drugs, including their composition, uses, and effects.
Primary Care Dementia Practitioner (PCDP)	Roles created by Cornwall Partnership NHS Foundation Trust to support people who have dementia and their families.
Quality Account or Strategy	A report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public.
Referral to Treatment (RTT)	The time between GP referral to treatment. The NHS Constitution sets out that patients should wait no longer than 18 weeks from GP referral to treatment.
Registered General Nurse (RGN)	A person who has completed a training course in all aspects of nursing care to enable him or her to be registered with the Nursing and Midwifery Council.
Registered Mental Nurse (RMN)	A person who has completed a specialist training course in mental health nursing to enable him or her to be registered with the Nursing and Midwifery Council.
Resource Centre	A facility within Cornwall Partnership NHS Foundation Trust which offers support to patients in community settings to promote recovery through social inclusion and community participation.
RiO	Electronic medical record system.
Rockwood Clinical Frailty Scale	A global clinical measure of fitness and frailty in elderly people.
ROMS	Questionnaires used as part of the Improving Access to Psychological therapies (IAPT) programme to demonstrate how well the therapy is working.
Royal Cornwall Hospitals Trust	The main NHS provider of acute services to the residents of Cornwall and the Isles of Scilly.
Safeguarding	The actions taken to promote the welfare of children and adults and to protect them from harm.
Short break respite house	Provides respite to families who have a child with a learning disability and complex physical health needs.
Sign Up to Safety	A national initiative designed to help realise the ambition of making the NHS the safest healthcare system in the world by creating a system devoted to continuous learning and improvement.
Single Oversight Framework (SOF)	The Single Oversight Framework is designed to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. Source NHS Improvement

6. Glossary

Term	Explanation
Staff Experience Group	A regular opportunity for staff to meet and discuss their experiences of working within Cornwall Partnership NHS Foundation Trust.
Sustainability and Transformation Fund (STF)	A national fund transformation fund, which will be allocated dependent on hospitals meeting a series of strict conditions, will give the NHS the time and space it needs to put transformation plans in place. The fund is now called the Provider Sustainability Fund (PSF).
Sustainability and Transformation Plan – (Shaping our Future)	The plan created by local NHS organisations and councils in partnership to improve health and care in the areas they serve. There are plans for all areas of England. In Cornwall and the Isles of Scilly the plan is referred to as 'Shaping Our Future'.
Use of Resource Rating (UORR)	A rating system designed to improve understanding of how effectively and efficiently trusts are using their resources – including their finances, workforce, estates and facilities, technology and procurement – to provide high quality, efficient and sustainable care for patients.
Whole Time Equivalent (WTE)	A unit that indicates the workload of an employee that makes workloads or comparable across various contexts.

