



Annual Report and Accounts 2017/18

1 April 2017 – 31 March 2018

*“Working in partnership to
improve health and well-being
by providing high quality,
person-centred care”*

Cheshire and Wirral Partnership NHS Foundation Trust

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1st April 2017 to 31st March 2018

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

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Introduction by the Chairman and the Chief Executive



Mike Maier – Chairman



Sheena Cumiskey – Chief Executive

Welcome to our Annual Report 2017/18. In this publication you can read all about our performance and achievements over the last year, as well as our aims and priorities for the year ahead.

At CWP, our vision is “Working in partnership to improve health and well-being by providing high quality, person-centred care”, and our values are the 6Cs of Care, Compassion, Competence, Communication, Courage and Commitment.

This year, we have continued to support everyone at CWP to embed our person-centred principles across everything we do. Our person-centred framework, which we introduced in 2017, helps celebrate and support us all as unique individuals with our own strengths, abilities needs and aspirations.

Throughout this report you will see how we instil these values in all aspects of our work – throughout both the direct delivery of care and the services that support this care.

Over the last year we have launched a number of new services to help improve the health and well-being of our communities. Our pioneering new perinatal mental health service for new and expectant mums across Cheshire and Merseyside now supports women and families experiencing mental health challenges during pregnancy and in the first year following birth.

Our new Wellbeing Hub, based in Central and Eastern Cheshire, combines Improving Access to Psychological Therapies (IAPT) and Gateway services to support people with common mental health problems in the community and acts as a resource for GPs and other community services.

Earlier this year we also launched our 0-19 Starting Well service for children and young people in West Cheshire. This brings together early years services, health visiting, family nurse partnership and 5-19 health and wellbeing services including public health nurses and immunisations and vaccinations for the first time.

2017 saw a number of our services receiving national recognition. Our CAMHS Tier 4 inpatient facility Ancora House won two awards at the 2017 Design in Mental Health Awards, and our Wirral CAMHS team was named 'Innovator of the Year' at this year's National Children and Young People's Mental Health Awards. Our Westminster GP Surgery was also rated 'Good' following an inspection by the Care Quality Commission.

We held our first Recognition Awards, where we celebrated everyone who goes above and beyond every day to make CWP an organisation that puts people at the heart of everything we do.

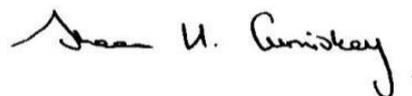
We also launched a public consultation – in partnership with our colleagues at NHS Eastern Cheshire, South Cheshire and Vale Royal CCG – around the potential redesign of mental health services in East and South Cheshire. Together, our shared vision is to ensure that in the future, people who access mental health services are able to thrive, not just survive.

We'd like to reiterate our thanks to everyone at CWP – people who access our services, their carers and families; our staff; our governors; our volunteers and involvement representatives – for your continued dedication to providing the best possible support to help people be the best that they can be.

Signed:

A handwritten signature in black ink, appearing to read 'Mike Maier', with a stylized flourish at the end.

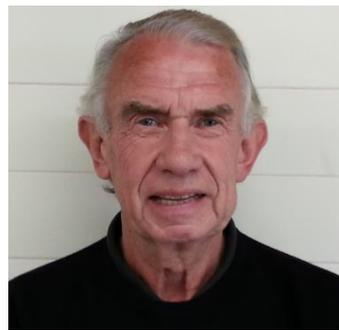
Mike Maier – Chairman

A handwritten signature in black ink, appearing to read 'Sheena U. Cumiskey', with a small flourish at the end.

Sheena Cumiskey – Chief Executive

Introduction by the Lead Governor

As the new Lead Governor for CWP, I would firstly like to thank everyone for the tireless work I've seen them do not just during my time as a Governor, but as a member of the Trust. I'm excited to follow in the footsteps of former Lead Governor Anna Usherwood to help shape and improve services alongside CWP staff and the people who access our services.



Brian Crouch – Lead Governor

We have bid farewell to a number of Governors this year and I would like to thank the following for their commitment to person-centred care during their time with us: Rob Robertson, Mike Robinson, Peter Wilkinson, Dr Keerthy Raju, Kathy Bullen, Chris Lynch, Ann McGrath, Gladys Archer and of course our former Lead Governor, Anna Usherwood.

I am also delighted to welcome the following people to the Council of Governors. In the service user and carer constituency, David Keight, Jacqueline McGhee, Phil Billington. Within the public constituency, we welcome Nigel Richardson, Helen Nellist, Elizabeth Bott and Derek Bosomworth.

It is with great sadness that we say goodbye to Non-Executive Director Sarah McKenna, however it is also my honour to welcome our new Non-Executive Director Ann Pennell who joins us with over 30 years of local government experience across education and social care.

As some of you may know, I first made contact with CWP as a carer looking after my son who became a patient of CWP. I joined the Trust as a member in February 2012 and became a Governor in December 2013. Most recently I have been appointed as Lead Governor. My first objective is to try to improve communications between Governors, and between Governors and NEDs (non-executive directors). I am enjoying the responsibility of the new role and am constantly impressed by the dedication and openness of all the people I come in touch with in CWP.

Thank you to everyone who supported me in becoming Lead Governor and to the wider Trust as a whole over the past year.

A handwritten signature in black ink, consisting of a large, stylized 'B' followed by a cursive 'C' and a final vertical stroke.

Brian Crouch – Lead Governor

Key Achievements and Highlights of the year

Ancora House wins double award



CWP's £14m mental health unit for children and young people scooped two awards at the 2017 Design in Mental Health Awards. Ancora House at the Countess of Chester Health Park in Chester won the "Project of the Year" and "Service User Engagement" awards at the national event. The Trust was praised for including young people in all stages of development, from initial design through to opening.

Westminster GP Surgery Rated "Good" by Care Quality Commission

Westminster GP Surgery received positive feedback following a Care Quality Commission (CQC) Inspection held on Tuesday 25 April 2017. Overall, the Surgery in Ellesmere Port was rated as Good with a number of positives noted by Professor Steve Field, the CQC's Chief Inspector of General Practice. The CQC's report was published on Friday 9 June 2017.



Mental health service launched for new and expectant mums



The Cheshire and Mersey Specialist Perinatal Service was set up in summer 2017 to support women and families experiencing mental health problems during pregnancy and in the first year after birth. The specialist service consists of three 'local' teams, provided by CWP, North West Boroughs Healthcare and Mersey Care NHS Foundation Trusts.

New 'Hub' to support mental well-being

The Wellbeing Hub was set up in summer 2017 with a pledge to support people with common mental health problems, such as anxiety and depression. The service works with GP surgeries, offers electronic Cognitive Behavioural Therapy and operates in the community, so that people can receive support in their own home. The team is also able to refer patients to specialist services if necessary.



CAMHS leading the way



Our Wirral CAMHS team was named 'Innovator of the Year' at this year's National Children and Young People's Mental Health Awards. They were also shortlisted in two categories at the National Positive Practice in Mental Health Awards. Our Young Advisors, in partnership with the East CAMHS Primary Mental Health Team, were shortlisted for best 'Innovation in Children and Young People's MH (NHS England)'.

CWP Recognition Awards

On Thursday 26 October, we hosted our newly launched Recognition Awards at Ellesmere Port Civic Hall, celebrating everyone who goes above and beyond every day to make CWP an organisation that puts people at the heart of everything we do.



CWP Celebration of Recovery Event a great success

Last year we held our third annual Celebration of Recovery event, courtesy of our Substance Misuse Service and their partners Acorn Recovery Projects and Intuitive Thinking Skills. The event, held at Clonter Opera House in Congleton, was a huge success with 103 guests coming along. It aimed to celebrate the remarkable stories of people overcoming their issues with substance misuse.

Willaston Surgery

We were delighted to be awarded the contract to provide primary care services at Willaston Surgery from December 2017. Willaston becomes the second GP practice to be managed by the Trust, joining Westminster Surgery in Ellesmere Port, Cheshire.

Fantastic Facilities are Team of the Year



Our Facilities Team won “Team of the Year” at the Building Better Healthcare Awards 2017. Highlights of their award’s submission included the work the team had carried out at the Trust’s Springview and Saddlebridge sites, as well as efforts put in across the CWP footprint to improve and maintain an excellent care environment for people accessing our services.

New service for children and young people is Starting Well in West Cheshire

The Starting Well 0-19 service, delivered locally by CWP, has been commissioned by Cheshire West and Chester Council. The new service brings together early year’s services, health visiting, family nurse partnership and 5-19 health and well-being services including public health nurses and immunisations and vaccinations for the first time.



The right support at the right time

Our Wirral Complex Needs Service was highlighted by the BMA for the positive outcomes its person-centred approach has achieved for people with complex mental health conditions. The service has been able to help many people in Wirral who have previously struggled to engage with formal treatment, or who have been pushed from service to service without success, by supporting people to access the most suitable talking therapies.



Leading the way for trainee associates

We are one of the first 11 pilot sites to introduce a new trainee nursing associate role as part of Health Education England's national initiative to develop Nursing Associates. The new role will bridge the gap between support workers and registered nurses. As part of the initiative, we are supporting eight trainees and are also leading the project for CWP. We have also developed a role of 'Lived Experience Connector' to support the trainees to develop person-centred approaches to care.

New mental health unit opens in Kisiizi

Together with the charity Jamie's Fund, we supported Kisiizi Hospital to open a brand new mental health centre in Uganda – named the 'Ahumuza' Centre. The Ahumuza Centre incorporates facilities for day patients, as well as male and female inpatient wards and facilitates a range of support including occupational therapy.



1. Performance Report

1.1 Overview of Performance

1.2 Performance Analysis

1.1 Overview of Performance

The section seeks to set out the purpose of the Trust, the key clinical and quality risks which the Trust faces and how it mitigates these risks, and an overall view on performance during the year.

Chief Executive's statement

2017/18 has been a largely positive year for the Trust, despite the continuing challenges posed by the operating environment, locally and nationally. We continue to strive towards providing care in a person-centred way, in the right place and at the right time for people who access our services.

This year, the Board agreed to participate in a pilot regulatory assessment by the Care Quality Commission (CQC) of the well-led question, on 29 and 30 June 2017, and was awarded a "Good" rating, consolidating the well-led and overall ratings of "Good" awarded at the comprehensive inspection undertaken in June 2015 and subsequently maintained in a focused re-inspection in October 2016. CWP was one of just three trusts nationally, and the only mental health and community trust, to take part in the pilot. Involvement in the pilot provided us with a privileged opportunity to work collaboratively with our Regulators to shape the way they monitor, inspect and regulate services. It was also an opportunity to receive valuable feedback on the current strength and effectiveness of the governance and leadership in the Trust in order to identify opportunities to improve and thus aspire towards an Outstanding rating in the future (as per our Quality Improvement ambition).

Financially, the Trust has performed well, reporting a surplus from normal operations of £2.932m. After adjusting for losses on transfers by absorption, and removal of the non-cash element of on-SoFP pension costs, CWP performance against its NHS Improvement (NHSI) control total is £3.250m surplus. Our agreed NHSI control total being £0.98m surplus.

CWP ended the financial year in 'Segment 1' and with a Use of Resources Risk Rating (UoR) of 1 as assessed by NHSI as our Regulator. Our financial performance in 2017/18 is described in further detail in the Performance Analysis section of this report.

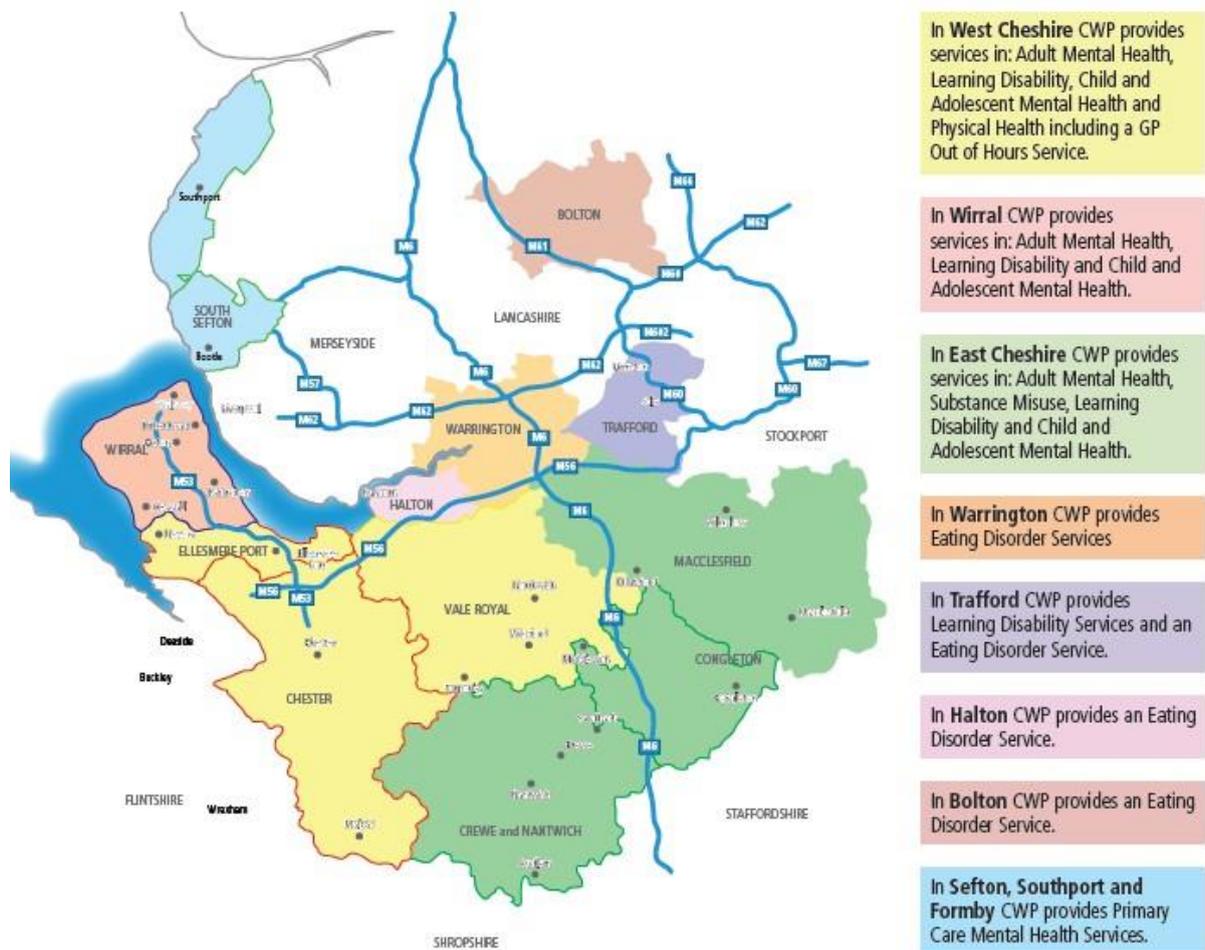
The Trust has also achieved all but one of its regulatory targets for 2017/18, which is outlined further in the Performance Analysis of the report.

2018/19 and beyond are anticipated to be equally as challenging financially, however, in continuing to deploy our effective financial stewardship, we will seek to mitigate these risks in a range of ways. This will include working closely with partners in the local health economy to ensure the delivery of safe, effective, caring and person-centred services within the available resource.

About CWP: History, Statutory Background, Purpose and Activities

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

The Trust provides a range of services throughout Wirral and Cheshire, including mental health, substance misuse, learning disability, General Practice and community physical health services. These services are provided in partnership with commissioners, local authorities, voluntary and independent organisations, people who access our services, their carers and families. The Trust also provides specialist services within Liverpool, Sefton, Bolton, Warrington, Halton and Trafford and Tier 4 Child and Adolescent Mental Health Services across the Cheshire and Merseyside region. CWP also provides the only NHS inpatient eating disorder accommodation in the North West as well as offering Low secure inpatient units that deliver intensive, comprehensive, multidisciplinary treatment and care for patients across the North West.



CWP has over 15,000 members and employs more than 3,000 staff across 60 sites, serving a population of over a million people. We provide integrated care in the community and within inpatient settings based on best practice and outcomes, working closely with the people who access our services and their carers to provide person-centred care for all. Our services are developed and led by clinical staff and we strive for clinical excellence by ensuring there is a framework to deliver quality improvements, ensuring that safe and effective cares result in quality outcomes for people who access our services.

In 2017/18, the Trust had an approximate annual turnover of £163.2m. Over 95.1% of the Trust's income comes from a range of CCGs, NHS England and local authorities, principally in North West England.

The Trust's vision of 'Working in partnership to improve health and well-being by providing high quality, person-centred care' sets out the Trust's aspiration to achieve sustainable, person-centred care in a safe and quality focused way.

CWP has developed a Forward View Strategy which sets out our clear direction for the 5 year period from 2017 – 2021. This strategy is informed by the needs of our communities, national guidelines and the partnerships we operate within. It is underpinned by our approach to person-centredness – delivering care and support by connecting with people as unique individuals – and will be delivered through our four Care Groups; Neighbourhood & Communities; Specialist Mental Health; Children, Young People & Families; and Learning Disabilities & Neuro-Developmental services. Through these, we will maintain an outcome-focused approach to improving care and well-being within all the communities we support, allowing us to proactively assess our successes, areas for development and progress against these.

Key priority projects during 2017/18 included the continuation of work that commenced during 2016 to redesign 0-19 services in West Cheshire, implement the Transforming Care learning disability services strategy, review and redesign adult and older people's mental health services and continue to improve place-based care. In addition, CWP responded to the identification of unwarranted clinical variation in Early Intervention services. Service improvements in these areas will continue during 2018/19 to facilitate the delivery of better outcomes.

The Trust continues to lead the mental health programme on behalf of Cheshire and Merseyside Health and Care Partnership to facilitate delivery of those mental health objectives that are best delivered at scale and to maintain an overview of all other objectives outlined in the Five Year Forward View for Mental Health. This work has resulted in additional national funding being secured for the Cheshire and Merseyside population in 2017/18 for Specialist Community Perinatal Mental Health services, liaison psychiatry, crisis care for children and young people and Individual Placement and Support (IPS) services. With the exception of IPS services, this transformation funding has resulted in service expansion for CWP.

Key issues and risks

Risk management is a fundamental part of Trust business and CWP has a robust framework in place to mitigate risks to delivery of its strategic objectives. The risks to the delivery of clinical, quality, operational and financial priorities are managed through the integrated governance framework.

Clinical and quality risks

The Trust's highest level clinical and quality risks (rated 15-25) at the end of 2017/18 were:

- Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage.
- Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire.
- Risk of failure to deliver elements of the Learning Disabilities Transforming Care Programme, resulting in potential impacts on patient care.

- Risk that the poor capture, recording and extraction of data from clinical systems may have an adverse impact on the quality of data and information provided for external (regulatory, contractual) monitoring and/ or governance ratings, and on effective internal decision making in relation to service planning and development.

Further details on the plans to mitigate these risks are set out in the Annual Governance Statement.

Financial risks

Looking ahead, the Trust faces a number of financial risks in delivery of its 2018/19 plans. These include increasing ward staffing costs, potential loss of income generating beds and non-achievement of the efficiency plan. Provision has been made within the financial plan to mitigate these risks.

Going concern

CWP continues to demonstrate a strong underlying financial position. Our Operational Plan is forecasting a surplus position of £1.1m for 2018/19, inclusive of non-recurrent Sustainability and Transformation funding and it is expected that this level of financial performance will be sustained in 2018/19. One of the main challenges in achieving this position will be the achievement of £4.1m efficiency savings in 2018/19.

The Trust has a forecast cash balance of £14.8m at 31 March 2019 and has no concerns regarding the ability to service payments as and when they fall during 2018/19.

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

The accounts included in this report have been prepared under a direction issued by NHS Improvement (NHSI) under schedule 7 of the National Health Service Act 2006. Please refer to the statement of Accounting Officer's responsibilities.

In summary, CWP performance has been positive, particularly in light of the complex challenges the NHS faces at large. This is highlighted in particular by our Trust inspections, our financial management resulting in the Trust exceeding its control total for 2017/18, and our performance against our regulatory targets.

1.2 Performance Analysis

Key Performance Measures

We are required to report our performance against a list of published key national measures of access and outcomes against which we are judged as part of assessments of our governance.

A monthly performance dashboard, aligned to deliverables of the 2017/18 Operational Plan, provides the Board with oversight of the Trust's key priorities during the year. Where the required performance of each priority is at risk, in-depth reviews are undertaken to ensure plans are put in place to return performance to the levels expected.

This has worked well in ensuring that the Board has appropriate assurance on the delivery of the Operational Plan and the Trust's objectives. This dashboard was subject to an end of year review taking account of the Operational Plan 2018/19, to ensure ongoing Board scrutiny of the relevant performance indicators.

NHSI Single Oversight Framework Targets 2017/18

Target	Performance Required	Performance April 2017 to March 2018
Care programme Approach (CPA) patients receiving follow up care within 7 days of discharge	>95%	97.38%
Care Programme Approach (CPA) – having formal review within 12 months	>95%	97.30%
Minimising delayed transfers of care	<7.5%	0.64%
Admissions to inpatient services had access to crisis resolution home treatment teams	>95%	97.04%
Meeting commitment to serve new psychosis cases by early intervention teams	>50%	77.99%
Improving Access to Psychological Therapies – Patients referred within 6 weeks	>75%	89.97%
Improving Access to Psychological Therapies – Patients referred within 18 weeks	>95%	99.48%
Data completeness: Identifier	>97%	99.86%
Data completeness: Outcomes	>50%	75.26%
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	Achieved
Community care – referral to treatment information	50%	100%
Community care – referral information	50%	99.90%
Community care – activity information	50%	73.25%
Children & Young People Eating Disorders – Percentage Access rate for routine referrals in 4 weeks	100%	97.92%
Children & Young People Eating Disorders – Percentage Access rate for Urgent referrals in 1 week	100%	100%
Risk of, or actual, failure to deliver mandatory services	Yes/No	No
CQC compliance action outstanding (as at 31 March 2018)	Yes/No	No
CQC enforcement action within the last 12 months (up to 31 March 2018)	Yes/No	No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at 31 March 2018)	Yes/No	No
Major CQC concerns or impacts regarding the safety of healthcare provision (as at 31 March 2018)	Yes/No	No

The Trust has achieved all but one of its regulatory targets for 2017/18. This is in relation to performance against the following target:

- Children & Young People Eating Disorders – Percentage Access rate for routine referrals in 4 weeks

Performance on other key targets including financial and workforce related targets are described in other sections of this report. Further information in relation to regulatory ratings can be found within the regulatory ratings section of the Accountability Report.

The position of the Trust at 31 March 2018

The Trust ended the financial year in 'Segment 1' and with a Use of Resources Risk Rating (UoR) of 1 as assessed by our regulator NHS Improvement (NHSI). Providers are assigned a segment according to the scale of issues faced by the Trust and are rated on a scale of 1-4 where segment 1 identifies providers with maximum autonomy to segment 4 for those in special measures. Performance against both risk rating metrics is shown below.

In 2016/17, NHSI introduced individual control totals for all Foundation Trusts to achieve by year-end. In 2017/18 CWP accepted a control total of £0.98m surplus. Financial performance was as planned, with the Trust overall achieving a break-even position. Nationally, additional income for 2017/18 was distributed to those trusts that achieved their control total. As a consequence, CWP received non-recurrent additional income for 2017/18, resulting in a surplus of £3.25m.

A key feature of our financial performance was the ability of the Trust's services to deliver a very challenging efficiency programme during 2017/18. Whilst this was not achieved in full, an appropriate level of contingency was factored into plans which provided the cover for the outstanding gaps. Efficiency savings are a fundamental part of NHS contracts going forward into 2018/19 and beyond. The Trust was also successful in managing the financial risks posed to ensure these did not have a detrimental effect on the overall financial performance.

The Trust was able to take advantage of £2.9m of CQUIN (Commissioning for Quality and Innovation) non-recurrent funding to invest in a wide range of service quality enhancements outlined in the Quality Account.

Looking forward, there are no financial implications of any significant changes in the Trust's objectives and activities, or its investment strategy for 2017/18.

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

Use of Resources Risk Rating – Performance to 31 March 2018

(1 = lowest risk, 4 = highest risk).

Financial criteria	Metric	Performance	Rating
Capital Servicing Capacity	Capital Service Cover (times)	3.8 times	1
Liquidity	Liquidity Ratio (days)	2.4 days	1
Income and Expenditure Margin	Surplus as % of total operating and non-operating income (including severance costs)	2.0%	1
Income and Expenditure Margin Variance	Income and expenditure margin %variance against annual plan (including severance costs)	1.4%	1

Financial criteria	Metric	Performance	Rating
Agency Expenditure	Agency expenditure % variance against agency ceiling	(65.0)%	1
Overall Rating			1

Income

Overall income has increased in 2017/18 by 0.4% in comparison with 2016/2017. This financial year has seen a national inflator of 0.1% applied and additional STF income. In addition there have been small gains and losses in year on various recharges and contracts.

Running costs

In overall terms, the Trust's operating expenses have reduced in comparison to 2016/17. The main areas of reduction are in relation to the impairment of our non-current assets, a reduction in termination benefits and the impact our efficiency schemes delivered in 2017/18.

Fixed assets

The net book value of property, plant and equipment has increased by £3.5m during the year from £69.8m to £73.3m. There has been a £2.5m investment during the year offset by annual depreciation of £2.1m.

The Trust also commissioned a desktop valuation of its Land and Buildings at 31 March 2018. This resulted in a net increase of £3.1m. A detailed analysis of this can be found in note 14 of the accounts.

Cash position

The Trust ended the year with cash, bank balances and investments of £12.9m. This represents a £3.4m increase in cash and bank balances held at the end of the previous year.

Pensions and other retirement benefits

The Trust's accounting policies for pensions and other retirement benefits for staff can be found in notes 1, 8 and 27 to the Accounts. Details of the remuneration and pension benefits of senior managers can be found in the Remuneration Report.

Significant events

There have been no significant events with material consequences for the Trust in 2017/18.

Overseas Operations

CWP had no overseas operations in 2017/18.

Care Quality Commission (CQC) inspection

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

The Trust has participated in 2 investigations or reviews by the Care Quality Commission during 2017/18, these were:

- a **routine inspection of GP services** at Westminster Surgery;
- a **pilot of the new well-led inspection framework**, which was a partnership between the CQC and NHS Improvement.

In April 2017, GP services provided at Westminster Surgery in Ellesmere Port were inspected by the CQC. This was the first inspection undertaken to the surgery by the CQC under their revised framework.

Results of the inspection were published on 9 June 2017. Westminster Surgery has been rated as “good” overall and across all key questions and population groups. No regulatory actions were identified.

Westminster Surgery Good

Overall
Good

Read overall
summary

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

CQC inspections & ratings of specific services

Older people	Good ●
People with long term conditions	Good ●
Families, children and young people	Good ●
Working age people (including those recently retired and students)	Good ●
People whose circumstances may make them vulnerable	Good ●
People experiencing poor mental health (including people with dementia)	Good ●

The Care Quality Commission undertakes regular (indicated to be annual) *regulatory* assessments of the well-led question, which are targeted inspections focused on individual services offered by providers, as well as their leadership. The Trust’s most recent *developmental* review was undertaken in 2016/17, which provided the Board with assurance over the effective oversight of the care provided throughout the Trust. This year, the Board agreed to participate in a pilot *regulatory* assessment of the well-led question, on 29 and 30 June 2017, and was awarded a “Good” rating, consolidating the well-led and overall ratings of “Good” awarded at the comprehensive inspection undertaken in June 2015, which was also subsequently maintained in a focused re-inspection in October 2016 (including all those areas re-inspected, bar one, which were rated as “Requires improvement” improving to a rating of “Good”).

Following the inspections during 2017/18, the Trust rating has not changed, remaining as “good” overall with “outstanding” for care.

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

Environmental matters

In 2017/18, CWP continued to promote environmental initiatives and to raise awareness of supporting the wider environment for staff, visitors and people who accessed our services.

CWP is committed to reducing the impact of its activities on the environment, actively seeking ways to recycle and increasing awareness of our positive environmental activities.

Environmental objectives of achieving zero waste to Landfill by 2020 were supported in 2017/18 by more staff engaging and actively separating their waste at work into general and recyclable items. This initiative is supported by Facilities Management who purchased and rolled out central recycling bins in many areas of the Trust in 2017/18.

- 'Warpit' – CWP's online resource re-use portal for staff continues its successful internal recycling of furniture and other surplus items. Warpit has effectively helped many relocation projects over the year.
- Recent examples include a complete replacement of furniture items from Warpit stock at Willaston GP surgery in November 2017 and recycling 95% of furniture for CAMHS consolidation team moves.
- Many teams have benefited from claiming items for their workspace saving on valuable budgets to be used in patient care. To date Warpit has over 700 staff members and has now saved a significant amount in avoided costs of waste disposal and purchasing new furniture and effects.
- CWP were able to help The Spider Project in Wirral, a local recovery alcohol and drug support programme in August 2017 by donating musical and audio equipment and some furniture items for a band project that were surplus to requirements.
- CWP also supports local charities on a regular basis by donating surplus items no longer required.
- CWP recycles empty and full printer cartridges through a company to ensure that they are not destined for general waste and causing pollution of the environment.

All of these different projects continue to develop and engage all staff in the process of reducing environmental impacts. The projects demonstrate the commitment of CWP to actively seek environmental friendly solutions to reducing the impacts on the environment.

Sustainable Development Management Plan

CWP's Sustainable Development Management Plan covers the period between 2015 – 2020 and sets out our response to the NHS Carbon Reduction Strategy demonstrating the Trust's commitment to sustainability through environmentally responsible working practices and how we will achieve and measure these.

The NHS targets require trusts to achieve a 34% reduction in carbon emissions by 2020 from a 1990 baseline. Within 2017/18, CWP carbon reduction initiatives achieved a reduction of 2143.3 tonnes of carbon across a number of areas such as energy usage, procurement, food, transport, waste management and ensuring the best sustainable designs of the built environment. In 2017/18 the Trust continued to progress towards achieving these ambitions and progress against plan will be reported to the Operational Board as part of its annual review of the Sustainable Development Management Plan.

Social, community and Human Rights issues

The Trust continues to reiterate our commitment to person-centredness, social responsibility, Human Rights and playing a positive role in the community, through the services we offer and through our staff as members of the community. CWP remains committed to delivering personal, fair and diverse services for communities and recognise the different needs of communities and always look to develop services in line with this principle to ensure the care we provide is accessible to all.

The Trust believes passionately in creating positive and diverse workplaces for all our staff. We recognise the value employees from all backgrounds bring to their role and the importance of having teams that reflect the diversity of the community they serve. A four year equality objectives action plan sets out our key objectives and the measures the Trust will use to monitor delivery. The equality champions network within each locality actively promotes equality, diversity and inclusion within their areas and supports the delivery of the equality objectives.

NHS Employers: Diversity and Inclusion Partners Programme 2017-18

CWP were one of the trusts successful in their application to the NHS Employers: Diversity and Inclusion Partners Programme in 2017-18. The programme supports participating trusts to progress and develop their equality performance and is closely aligned to the Equality Delivery System (EDS2).

The focus of the programme is based on four developmental modules that provide partners with detailed strategic policy support. Being a diversity and inclusion partner has supported the Trust to:

- Continue to develop improvements around equality and diversity within the Trust.
- Raise awareness of what constitutes sustainable, outcome-focused improvement in managing equality and diversity across their region.
- Acting as a thermometer by which NHS Employers can determine the key issues facing the wider NHS, so that advice and guidance is relevant and up to date.

Workforce Race Equality Standard (WRES)

The Trust continues to demonstrate how we are addressing race equality issues in a range of staffing areas, through the nine-point Workforce Race Equality Standard (WRES) metric. The Trust WRES action plan demonstrates progress against a number of indicators of workforce equality and this is presented to the Trustwide Equality & Diversity Group and Peoples Organisational Development Group.

Equality Delivery System 2 (EDS2)

The EDS2 is a commitment of how NHS organisations plan to meet the needs and wishes of local people and staff, and meet the duties placed on them by the Equality Act 2010. CWP continue to have equality and diversity locality meetings with partners from diverse groups across the Trust footprint. Partner organisations assess our performance rather than the Trust doing a simple self-assessment. This includes CWP providing detailed evidence and service line presentations to our three locality stakeholder or Healthwatch assessment panels to discuss how we are doing.

Translation Interpretation and Accessible Information

The Trust continues to provide a full range of interpreting and translation services for Black and Minority Ethnic (BME) people who are non-English speaking and who access CWP services. For people with a disability who need communication support and various formats including deaf/blind, blind, visually impaired and learning disabilities, the Trust follows the guidance in the Accessible Information Standard. The Trust continues to monitor the usage of interpretation and translation services on a quarterly basis and compiles an annual report.

Disability Confident Employer Scheme Level 2

The Disability Confident scheme aims to help CWP successfully employ and retain disabled people and those with health conditions and positively aims to change attitudes, behaviors and cultures, not just in our immediate business but in our networks and the communities.

Mindful Employer Charter

The Trust continues to promote the charter which provides employers with easy access to information and support in relation to supporting staff who experience stress, anxiety, depression and other mental health conditions.

Equality Leads Forums

CWP are active members of the Cheshire Equality Leads Forum which consist of various organisations: NHS, third sector and local government. The group meet on a quarterly basis and provides information updates of what is occurring across the Cheshire footprint. The Trust are also members of the Cheshire & Merseyside and North West Equality Forums which consist of NHS trusts.

Community involvement.

The Trust has a Patient and Carer Experience Team (PACE) and a number of participation workers who work with people who access CWP services, carers and members of the public. They are also actively involved with numerous diverse organisations and attend events and functions in the local communities across the Trust footprint.

Human Rights Act

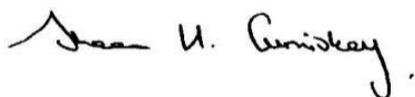
CWP have an Equality Diversity and Human Rights policy and follow the FREDAs principles. In essence, the Human Rights based approach is the way in which Human Rights can be protected in clinical and organisational practice by adherence to the underlying core values of fairness, respect, equality, dignity and autonomy (FREDA).

NHS Constitution

The NHS Constitution sets out the principles and values of the NHS in England, bringing together the standards that staff, patients and the public can expect of the NHS. It sets out the rights of patients, public and staff and the pledges that the NHS has made. It also explains the responsibilities of the public, patients and staff to ensure that the NHS operates fairly and effectively. All NHS bodies (and private and third sector providers supplying NHS services) are bound by law to take account of this Constitution in their decisions and actions.

CWP upholds the NHS Constitution and entirely supports its principles and values. We are already committed to treating people who access our services with dignity and respect, following the highest standards of care, all of which are included in the NHS Constitution. Moving forward, adherence to the values set out in the NHS Constitution will be monitored by the Patient and Carer Experience Sub Committee.

Signed



Sheena Cumiskey – Chief Executive
24 May 2018

2. Accountability Report

2.1 Directors' Report

2.2 Remuneration Report

2.3 Staff Report

2.4 NHS Foundation Trust Code of Governance

2.5 NHS Improvement Single Oversight Framework

2.6 Statement of Accounting Officer's Responsibilities

2.7 Annual Governance Statement

2.8 Auditors Opinion and Certificate

2.1 Directors' Report

Board Membership

The Board of Directors hold the collective responsibility for setting the strategic direction and organisational culture and for the effective stewardship of Trust business. As such it is responsible for determining the Trust's strategy and business plans, budgets, policy determination, audit and monitoring arrangements. It is also responsible for all regulatory and control arrangements, senior appointments and dismissal arrangements and approval of the annual report and accounts. It acts in accordance with the requirements and ensures compliance against the Foundation Trust Provider Licence. The Corporate Governance Manual sets out the schedule of matters reserved for Board.

Paragraph 26 and Annex 7 of the Trust's constitution and Section G4 of the Provider Licence set out the circumstances that would disqualify an individual from holding a Director position on the Board.

In accordance with the Trust Constitution, the Directors of Cheshire and Wirral Partnership NHS Foundation Trust and their positions during 2017/2018 are set out below.

Mike Maier	Chair – appointed June 2016. Former Independent Non-Executive Director and Deputy Chair – appointed March 2011, re-appointed March 2014.	
<p>Experience</p> <ul style="list-style-type: none"> • 30 years' experience in industry, chiefly in international manufacturing in the building products and ophthalmic sectors • Former European Finance Director, Pilkington Group Ltd • Former Head of Finance Shared Services, Yodel • Significant experience in mergers and acquisitions, restructuring, internal controls, systems development, strategic planning and cash management <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • BA Hons Economics • Qualified Chartered Accountant 	 <p>mike.maier@nhs.net Tel: 01244 397371</p>	

Rebecca Burke-Sharples	Independent Non-Executive Director – appointed August 2014, re-appointed April 2017. Senior Independent Director – appointed January 2017.
<p>Experience</p> <ul style="list-style-type: none"> • Retired NHS Chief Executive with over 32 years of experience, as a nurse and manager • Member of the Bristol Royal Infirmary Independent Public Enquiry panel • Previously undertaken national policy work in the field of Paediatric Intensive Care Nursing • Awarded the CBE in 2002 for services to Nursing and Healthcare Management <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • Fellow of Liverpool John Moores University • Vice Chair of Chester Zoo (NEZS): 2009 – 2017 	 <p>rebecca.burkesharples@nhs.net Tel: 01244 397371</p>

Andrea Campbell	Independent Non-Executive Director – appointed January 2017.
<p>Experience</p> <ul style="list-style-type: none"> • Retired NHS Executive Director of Commissioning 25+years of experience at senior level in health and social care • Management consultant 13+ years working on national policy development, strategic planning, policy implementation, third sector organisational support for service improvement • Board of two third sector organisations supporting people with dementia and people with learning disabilities • Previous NHS non-executive director experience <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MA Social & Public Policy – Leeds University 	 <p>andrea.capmbell@nhs.net Tel: 01244 397371</p>

Dr James O'Connor	Deputy Chair – appointed June 2016. Independent Non-Executive Director – appointed May 2014, re-appointed April 2017.
<p>Experience</p> <ul style="list-style-type: none"> • General Practitioner since 1978, retired in 2012 • Medical Director of Community Services, intermediate care and PCT from 2000, retired in 2012 • Numerous other roles including Clinical Assistant in Medicine for the Elderly and rehabilitation, local medical committee secretary and national representative of Clinical Leaders in the North West <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MB ChB, DRCOG • BMA Member 	 <p>james.oconnor@nhs.net Tel: 01244 397371</p>

Edward Jenner	Independent Non-Executive Director – appointed January 2017.
<p>Experience</p> <ul style="list-style-type: none"> • 25 years senior executive experience in Unilever plc and latterly Waterford Wedgwood plc • Directorships in Finance, HR, Information Technology, Strategic Planning, Restructuring, Property Development • 20 years non-executive director experience including Chairman of a Building Society • Chair of several Audit and Remuneration Committees <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • BSc (Hons) • FCMA 	 <p>edward.jenner@nhs.net Tel: 01244 397371</p>

Lucy Crumplin	Independent Non-Executive Director – appointed August 2013, re-appointed July 2016.
<p>Experience</p> <ul style="list-style-type: none"> • More than ten years management consultancy experience for public and private sector clients working for KPMG, PA Consulting Group, Hedra plc and independently • Business change and project management experience • Former Chief Human Resources Officer for a Local Authority • Director, Tiger Bright Ltd – HR and management consultancy service • Experience as a school Governor <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • English Literature and Psychology, BA Hons • Human Resources Consulting, MSc • Chartered Institute of Personnel and Development (CIPD) qualified • PRINCE 2 (Project Management) Registered Practitioner 	 <p>lucy.crumplin@nhs.net Tel: 01244 397371</p>

Ann Pennell	Independent Non-Executive Director – appointed January 2018.
<p>Experience</p> <ul style="list-style-type: none"> • Over 30 years' experience in education and local Government, including Children's and Adult Social Care, Housing, and organisational improvement • A former Non-Executive Director in an acute NHS Trust • Former Assistant Chief Executive in the London Borough of Enfield and previous Director roles in Lancashire County Council • Significant experience of regulatory frameworks as a previous Ofsted and Audit Commission inspector <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • BA Hons Social Science • PGCE (Qualified teacher) • MA • Institute of Leadership and Management Coaching and Mentoring 	 <p>ann.pennell@nhs.net Tel: 01244 397371</p>

Sarah McKenna	Independent Non-Executive Director – appointed December 2015. Resigned – July 2017.
<p>Experience</p> <ul style="list-style-type: none"> • Work across both the public and private sectors in roles in Asia, Australia and the UK • Strong public service mindset, having held policy posts within healthcare during periods of major reform including the decentralisation of mental health in Australia and later serving as Deputy Chief of Staff, for the Victorian Government overseeing unparalleled infrastructure investment • Regional leadership of one of the world's largest marketing professional services groups, FutureBrand, and successfully founding the North- East based management consultancy Evidence to Action <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MA, Political and International Affairs, University of New England, NSW, Australia • Practising Management Consultant Certification (Singapore) • BA, Victoria University, Melbourne, Australia • Fellow, Salford University Business School 	

Sheena Cumiskey	Chief Executive – appointed February 2010.	
<p>Experience</p> <ul style="list-style-type: none"> • 35 years' experience in the NHS, 23 years at Chief Executive level • Former Chief Executive of both commissioning and provider organisations • Worked at strategic and operational levels within the NHS • Chair of North West Leadership Academy Board • Named as CEO of the Year at the 2015 Health Service Journal (HSJ) Awards • Member of the NHS Employers Policy Board <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • BA Hons • General Management Training Scheme graduate • Member of the Institute of Health Service Managers 	 <p>sheena.cumiskey@nhs.net Tel: 01244 397371</p>	

Tim Welch	Director of Finance – appointed April 2013. Deputy Chief Executive	
<p>Experience</p> <ul style="list-style-type: none"> • Over 20 years NHS experience • Previously Deputy Chief Executive and Director of Finance at Blackpool Teaching Hospitals NHS Foundation Trust • Previously Director of Finance at City & Hackney Teaching Primary Care Trust • Started career as a graduate financial management trainee <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • Fellow of the Chartered Institute of Public Finance and Accountancy • BSc (Hons) Biochemistry 	 <p>tim.welch@nhs.net Tel: 01244 397377</p>	

Avril Devaney	Director of Nursing, Therapies and Patient Partnership – appointed January 2003.
<p>Experience</p> <ul style="list-style-type: none"> • 35 years' experience working in NHS • 16 years' experience at Board level • Received the Queen's Nursing Institute Award for Innovation in 1999 • Led the development of Patient and Public Involvement and CWP Challenging Stigma Campaign since 2004 • Received MBE in January 2016 for services to nursing of people with mental health problems <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • Registered Nurse (Mental Health) • Diploma in Counselling • MSc in Health and Social Care (research subject: Nursing Leadership and Organisational Change) • Member of Local Safeguarding Children Boards • Chair of National Mental Health Nurse Directors Forum • Received Honorary MA from University of Chester in March 2014 for services to CWP and mental health care in Uganda • Trustee on The Jamie Devaney Memorial Fund – supporting mental health care in Uganda • Honorary Visiting Professor – University of Chester 	 <p>avril.devaney@nhs.net Tel: 01244 397374</p>

Dr. Faouzi Alam	Consultant Psychiatrist and Joint Medical Director (Effectiveness and Medical Workforce) – appointed October 2013.
<p>Experience</p> <ul style="list-style-type: none"> • 23 years' experience as a Doctor <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MD, specialist in renal medicine • MRC Psych • CCT in Adult and Liaison Psychiatry 	 <p>faouzi.alam@nhs.net Tel: 01244 397374</p>

Dr. Anushta Sivananthan	Consultant Psychiatrist and Joint Medical Director (Compliance, Quality & Assurance) – appointed August 2010.
<p>Experience</p> <ul style="list-style-type: none"> • Over 15 years as Consultant Old Age Psychiatrist • Previously Clinical Director for Older Peoples' Services, West Cheshire • Previously Trustwide Clinical Director for Adult Services • College Tutor, West Cheshire 2002 – 2004 • Deputy Convenor, Royal College of Psychiatrists 2004 – 2006 • Previously Programme Director, Old Age Psychiatrists at Mersey Deanery • Cochrane reviewer in collaboration with Evidence Based Practice Centre at CWP <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MBChB • MRCPsych • Diploma in Geriatric Medicine • North West Leadership Award (2013) for Quality and Innovation 	 <p>anushta.sivananthan@nhs.net Tel: 01244 397374</p>

Andy Styring	Director of Operations – appointed May 2009.
<p>Experience</p> <ul style="list-style-type: none"> • Lifelong experience of living with and alongside people with learning disabilities • 43 years as a nurse, teacher and senior manager in services for children and adults with learning disabilities • Several senior clinical posts in children's and adults learning disability services spanning career • Board level posts at acting and substantive level in mental health and learning disability services • Former Healthcare Commission associate • Member of Executive Board, Cheshire & Merseyside Transforming Care for people with learning disabilities • Member of Shadow Prospect Board delivering new models of care for people with forensic needs • Board member Central Cheshire Integrated Care Partnership • Non-Executive Director – Nevexia • Governor – Ancora School • Wide ranging expertise in strategic service development and change management • Former staff Governor <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • Registered nurse (learning disabilities) 	 <p>andy.styring@nhs.net Tel: 01244 397267</p>

David Harris	Director of People and Organisational Development – appointed September 2014. Appointed Executive Director September 2016.
<p>Experience</p> <ul style="list-style-type: none"> • 25 years of working in a range of public sector organisations • Particular experience in the development, implementation and management of organisational change • Former member of the Civil Service Fast Stream Scheme <p>Qualifications & Memberships</p> <ul style="list-style-type: none"> • MA (Cantab) • MSc in Innovation and Improvement Science • Chartered Fellow of the Chartered Institute of Personnel and Development • Associate Lecturer at Lancaster University • AQuA Fellow in Improvement Science • Advanced Diploma in Executive Coach Mentoring • Qualified Coach-Mentor Supervisor • Accredited Human Systems Dynamics Practitioner • Member of Q Community 	 <p>david.harris@nhs.net Tel: 01244 393106</p>

Changes to the Board during 2017/2018

Non-Executive Director Sarah McKenna resigned from her position with the Trust with effect from June 2017. In November 2017, the Nominations and Remuneration Committee of the Council of Governors, therefore, undertook a recruitment process to appoint a new Non-Executive Director. With the support of external advisers (Gatenby Sanderson), following a rigorous search process, Ann Pennell was appointed to the Board as Non-Executive Director, with effect from 1 January 2018, for a three year term of office.

The Committee also reviewed the performance of Non-Executive Directors Rebecca Burke-Sharples and Dr James O'Connor. The review concluded to recommend re-appointment for a second term of office, for a three year period, with effect from April 2017. This was approved by the Council of Governors in April 2017.

The significant commitments and interests of the Chair and the other Directors are detailed in the pen portraits shown earlier in this report and within the Board of Directors Register of Interests. Members of the public can gain access to the Board of Directors' and Council of Governors' Register of Interests at www.cwp.nhs.uk.

All Directors have been assessed in accordance with the 'fit and proper persons' regulations for Directors (Health and Social Care Act 2008 – Regulated Activities Regulations 2014). The Trust conducts an annual audit of compliance which includes a self-declaration from all Directors.

Directors can be contacted by email, via details on the Trust's website www.cwp.nhs.uk, or via the Head of Corporate Affairs on 01244 397469.

Balance, completeness and appropriateness of the Board

There is clear division of the responsibilities of the Trust Chairman and Chief Executive which is reviewed annually.

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

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

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

- is satisfied that all Directors are qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance and ensuring management capacity and capability
- confirms it has a selection process and training programmes in place to ensure Non-Executive Directors have appropriate experience and skills
- confirms that the management team has the capability and experience necessary to deliver its strategic and operational plans, and that a management structure is in place to deliver strategic objectives for the next five years

Board performance and significant commitments

Subsequent to the Trust's Well-Led governance review which was reported to the Board in March 2017, CWP was approached by the CQC to consider participating in a pilot of its new well-led inspection framework (a partnership between the CQC and NHS Improvement). The Trust agreed to be part of the pilot and visits took place at the end of June 2017. The final report was received by the Trust on 24 October 2017.

As a pilot, the report has not been published by the CQC; it is however indicative of the current status of whether CWP's services are well-led according to the CQC's eight key lines of enquiry. The Trust was rated as Good, thus maintaining the current published rating awarded following the comprehensive inspection in 2015.

During the pilot review, the CQC and NHS Improvement spoke with all of the Executive team, three Non-Executive Directors (including the Chair and Deputy Chair of the Trust) and several other members of the Trust's senior leadership team. They also held focus groups with staff; they reviewed policies, reviewed investigation and complaints reports, staff files, and other key documents. They did not inspect any core services, which they will do as part of the formal annual well-led reviews.

CWP was one of just three trusts nationally, and the only mental health and community trust, to take part in the pilot. Involvement in the pilot provided the Trust with a privileged opportunity to work collaboratively with its Regulators to shape the way they monitor, inspect and regulate services. It was also an opportunity to receive valuable feedback on the current strength and effectiveness of the governance and leadership in the Trust in order to identify opportunities to improve and thus aspire towards an Outstanding rating in the future (as per the Trust's Quality Improvement ambition).

The feedback from the pilot well-led review identified the following areas of good practice:

- Stable, experienced and effective board and leadership team who were committed to providing high quality services.
- The Trust’s vision and values were well-embedded and were supported by clear strategic objectives.
- The overall culture was good. Most staff felt valued and were confident in how to raise concerns.
- Robust governance structures in place to support the delivery of Trust strategy.
- The Trust investigates, and learns from, incidents and complaints.
- Information and data about finance and performance is mostly useful and of good quality.
- The Trust engaged effectively with staff, patients, carers and other stakeholders. Patient and carer involvement was well-embedded.
- Receipt of national awards for innovative practice.

The Trust is closely monitoring the areas with scope for improvement and reports this to Board on a six monthly basis as well as via the wider governance structure.

All committees and sub committees of the Board undertake an annual review of effectiveness to review the adequacy of the corporate governance framework and committee structure. This informs any changes to the committee structure, corporate governance manual and integrated governance framework which are also reviewed annually.

Executive and Non-Executive Directors all receive annual individual appraisals. Non-Executive Directors with terms of office of six years or more are also subject to review by the Nominations and Remuneration Committee of the Council of Governors. The appraisal of the Chair is led by the Senior Independent Director in a process agreed and supported by the Council of Governors.

Board committees

The Board has a number of statutory and assurance Committees. Attendance by Board members at these meetings are shown below.

Director	Board of Directors	Audit Committee	Quality Committee
Non-Executive Directors			
Burke-Sharples, Rebecca	9 of 11	6 of 7	3 of 6
Campbell, Andrea	11 of 11	3 of 3	
Crumplin, Lucy	11 of 11		5 of 6
Jenner, Edward	10 of 11	7 of 7	
Maier, Mike (Chair)	11 of 11		
Pennell, Ann (Term started in Jan 2018)	3 of 3		
O’Connor, Dr James	10 of 11	5 of 7	5 of 6

Director	Board of Directors	Audit Committee	Quality Committee
Non-Executive Directors			
McKenna, Sarah (resigned July 2017)	2 of 4	2 of 3	

Director	Board of Directors	Audit Committee	Quality Committee	Operational Board
Executive Directors				
Alam, Dr Faouzi (Joint Medical Director)	7 of 11		3 of 6	8 of 10
Cumiskey, Sheena	11 of 11	1 of 1*	5 of 6	8 of 10
Devaney, Avril	11 of 11		2 of 6	6 of 10
Harris, David	11 of 11		0 of 6**	3 of 10
Sivananthan, Dr Anushta (Joint Medical Director)	10 of 11		4 of 6	0 of 10***
Styring, Andy	11 of 11		1 of 6	5 of 10
Welch, Tim	10 of 11	6 of 7	5 of 6	7 of 10

*Sheena Cumiskey is only required to attend Audit Committee on an annual basis.

** David Harris was unable to attend due to ill health.

***Dr Anushta Sivananthan represents the Trust at the Health and Well-Being Board which takes place at the same time as Operational Board.

Nominations and Remuneration Committee of the Board of Directors

The Trust has two Nominations and Remuneration Committees. Both are chaired by the Trust's Chairman, Mike Maier. The Nominations and Remuneration Committee of the Board is comprised of all Non-Executive Directors and the Chief Executive (unless the position of Chief Executive is being appointed to). This Committee met twice in 2017/18.

Further information on the work of this Committee and Director attendance can be found in the Remuneration Report. More details on the Nominations and Remuneration Committee of the Council of Governors can be found later in this report.

Audit Committee

The overarching aim of the Audit Committee is to provide one of the key means by which the Board ensures effective internal control arrangements are in place. In addition, the Committee provides independent scrutiny upon the executive arm of the Board.

As defined within its terms of reference, the Committee is responsible for reviewing the adequacy of effectiveness of governance, risk management and internal control arrangements covering both clinical and non-clinical areas. The Audit Committee is also

required to consider any significant issues in relation to the financial statements, operations and compliance and how these issues have been addressed.

From 1 June 2016 Rebecca Burke-Sharples was appointed as Interim Chair of the Audit Committee following Mike Maier's appointment to Trust Chair. Edward Jenner assumed the position of Audit Committee Chair with effect from 1 July 2017. The Committee's Non-Executive membership consists of Dr Jim O'Connor, Sarah McKenna (until July 2017), Rebecca Burke-Sharples and Andrea Campbell (with effect from November 2017). The attendance of Audit Committee members at its meetings is shown in the table above.

This year the Audit Committee has again focused on the work of the internal and external audit teams including anti-fraud and the implementation of the Trust's integrated governance framework (means of internal control and risk management). Additionally, the Committee has reviewed financial reporting. The Committee has reviewed the controls and assurances of key strategic risks on a quarterly basis.

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

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

- Financial Reporting

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

The Trust is required under International Accounting Standard 1 to draw attention to key areas of the financial statements where the underlying estimates, judgements and assumptions used in exercising professional judgement may create a significant risk of causing material uncertainty at the end of the reporting period (31 March 2018).

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

The Trust has identified the following key risks complete with management responses in relation to risks which centre on the accounting treatment of property, plant and equipment and material provisions held within its financial statements. An overview of the main risks and management responses is set out below.

Risk

The value of the Trust's Land and Buildings recorded in its Statement of Financial Position as at 31 March 2018 is materially under or overstated.

Management Response

The Trust commissioned a desktop revaluation of its Land and Buildings at 31 March 2018. The effects of this revaluation are reflected within each of the primary statements and detailed within the notes to the Financial Statements.

Risk

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

Management Response

A review of obligations which have not been settled at the reporting date are reviewed and assessed against IAS 37. Other risk areas covered included creditors, income, payroll and financial statement disclosures.

As part of its responsibilities to monitor operational and compliance matters, during the year the Audit Committee has also reviewed the strategic risk register on a quarterly basis and has recommended areas for further scrutiny to the Quality Committee.

The Committee has maintained regular oversight of the Trust's financial position. The Committee has also monitored issues impacting on the Trust's cash position as the year has progressed. The Trust ended the year with cash, bank balances and investments of £12.9m representing a significantly improved position on that planned for the year.

The Committee reviewed a number of other matters during 2017/18 including a review led by MIAA regarding the Mental Health Act, the Health Quality Improvement Programme, and the Trust's response to new guidance issued by NHS England regarding Conflicts of Interest.

- Internal Audit

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

The Internal Audit Plan work programme is informed by, and constructed through, a combination of intelligence gathering around both organisational and clinical risk issues as determined by the Trust's strategic risk register and Board Assurance Framework. The Audit Committee is satisfied that the programme of reviews for the coming year adequately addresses the strategic priorities of the Trust, is driven by the Board Assurance Framework and reflects an appropriate balance between clinical and operational (including financial) risk factors.

The Audit Committee has received an update on the progress of the internal audit plan at each meeting.

In 2017/18, 14 audits were undertaken which provided an assurance opinion. 9 were found to be significant assurance and 5 were limited assurance. MIAA have also have undertaken advisory reviews such as the conflicts of interest Policy and provided guidance to the Trust on future actions.

- External Audit

The Trust's external auditor for the period April 2017 to March 2018 has been KPMG. In their engagement letter KPMG state that their liability and that of their members, partners and staff (whether in contract, negligence or otherwise) shall not exceed £2m in the aggregate.

It is the Trust's policy to ensure that the external auditor's independence has not been compromised where work outside of the audit code for NHS Foundation Trusts has been purchased from them. Any work of more than £5k falling into this category is approved by the Audit Committee. The Trust's auditor has not provided any non-audit services to the Trust during 2017/18.

The effectiveness of the external audit process is held annually following the conclusion on the audit. This is led by the Director of Finance and other key officers.

Board statement

The Directors consider that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess Cheshire and Wirral Partnership NHS Foundation Trust's (CWP) performance, business model and strategy.

Stakeholder relations and significant partnerships and alliances entered into by the Trust

The Trust continues to work in close partnership with a wide range of organisations across the NHS, local authorities and the third sector in terms of direct service delivery. The Trust also continues to utilise the formal joint venture partnership with Ryhurst Limited, 'Villicare'.

During 2018/2019 the Trust continues to work as part of the Central Cheshire Integrated Care Partnership (CCICP), supporting the delivery of integrated community mental and physical health services in Central Cheshire together with Mid Cheshire NHS Foundation Trust and South Cheshire GP Alliance Limited.

CWP is part of the Cheshire & Merseyside Healthcare Partnership, along with 19 other NHS Trusts, 9 Local Authorities and 12 Clinical Commissioning Groups. CWP's Chief Executive is the senior responsible owner for the mental health and learning disabilities Sustainability Programme.

CWP is currently involved in the development of Integrated Care Partnerships across the footprint. This innovative approach to building Care Communities will involve other NHS trusts, Clinical Commissioning Groups, third sector organisations and local authorities in the area.

Many of the clinical service contracts CWP delivers, include partnerships with the Third Sector, for example; East Cheshire Substance Misuse Services and West Cheshire Starting Well services.

All partnership arrangements have representation from the Trust's Board of Directors and have defined reporting into the CWP governance structure, enabling line of sight to the Trust Board.

Charging for information

The Trust continues to comply with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information guidance.

Late Payment of Commercial Debt (Interest) Act 1998

The Trust did not incur any charges for late payment of commercial debt (interest) Act 1998 during the financial year (£0 - 2016/17).

Political donations

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

Better payment practice code

The Trust adopts a Better Payment Practice Code in respect of invoices received from NHS and non-NHS suppliers. We are required to pay all undisputed invoices within 30 calendar days of receipt of goods, or a valid invoice (whichever is later), unless other payment terms

have been agreed. To meet compliance with this target at least 95% of invoices should be paid within 30 days, or within the agreed contract term. The Trust's performance against target is summarised in the table below.

Item	Number 2017/18	£000's 2017/18	Number 2016/17	£000's 2016/17
Total non-NHS trade invoices paid in period	18,569	22,666	20,550	29,641
Total non-NHS trade invoices paid within target	14,915	20,329	19,277	27,942
Percentage of non-NHS trade invoices paid within target	80%	90%	94%	94%
Total NHS trade invoices paid in period	1,814	13,964	1,625	11,173
Total NHS trade invoices paid within target	1,705	13,244	1,474	10,570
Percentage of NHS trade invoice paid within target	94%	95%	91%	95%

Enhanced quality governance reporting

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

In 2017/18 assurance was obtained on:

- Compliance with Care Quality Commission (CQC) registration requirements through an inspection of the GP services provided at Westminster Surgery in Ellesmere Port in April 2017. Westminster Surgery has been rated as "Good" overall and across all key questions and population groups. No regulatory actions were identified.
- A pilot regulatory assessment of the "Well-led" question which the Board agreed to be a part of and took place in June 2017. This inspection tested the new joint Care Quality Commission and NHS Improvement regulatory framework. The "Well-led" question assesses the leadership, management and governance of NHS organisations. The Trust was awarded a "Good" rating for "Well-led", consolidating the rating awarded at the comprehensive and re-inspections undertaken in June 2015 and October 2016 respectively.

The Annual Governance Statement provides a full description of the arrangements in place to govern service quality.

The Quality Account contains more detail about CWP's performance and achievements in relation to quality during 2017/18.

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

Overall income has increased in 2017/18 by 0.4% in comparison with 2016/17. This financial year has seen a national inflator of 0.1% applied to the organisation's contracts and additional

Sustainability and Transformation Funding (STF).

Section 43 (2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income for any other purposes. The Foundation Trust can confirm that this requirement has been met and that 100% of the income received relates to the provision of goods and services for the health service.

Disclosure to the Auditors

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

- So far as the director is aware, there is no relevant audit information of which Cheshire and Wirral Partnership NHS Foundation Trust's external auditors are unaware; and
- That the director has taken all steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that Cheshire and Wirral Partnership NHS Foundation Trust's external auditors are aware of that information.

Council of Governors

The Council of Governors (CoG) is responsible for fulfilling its statutory duties which principally are holding the Non-Executive Directors to account, appointing, removing and deciding the term of office (including remuneration) of the Chair and Non-Executive Directors (NEDs), approving the appointment of the Chief Executive, appointing and removing the Trust's external auditors, receiving the annual report and accounts and auditor's report, and expressing a view of the Board's forward plans. The Governors are also responsible for communicating with members and ensuring that the interests of the community served by the Trust are appropriately represented.

The Trust continues to support Governors to develop and improve ways of communicating with Members and providing opportunities for members to feed in information to influence and shape Trust plans. An annual training programme, offering a range of internal and external training opportunities is also in place for Governors.

Many Trust Governors are active in their local area and promote a dialogue between members, Governors and the Trust. The Governor question time at CoG meetings is often well utilised by Governors as a vehicle for member queries and feedback. Governors are able to communicate the views of members and the public to the Board of Directors via Council of Governors meetings and Board to CoG Sessions. The CWP Life magazine is also used as a communications channel for Governors and Members.

Governors regularly attend public Board meetings, receiving a copy of the agenda in advance of the meeting.

Members can contact Governors via the Governor email account cwp.governor@nhs.net

The names and contact details of our current Governors can be found on the Trust website www.cwp.nhs.uk. Please also refer to the Membership section of this report for further information on the work of the Membership and Development Sub Committee of the Council of Governors.

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

The composition of the Council of Governors from 5 October 2017 following the Annual Members Meeting is:

- Public – 7 Governors
- Service users and carers – 12 Governors
- Staff - 7 Governors (2 vacancies)
- Partnership – 8 Governors (1 vacancy)

The table below gives the names of those who occupied a position of Governor between 1 April 2017 and 31 March 2018 including how they were appointed or elected and how long their appointments are for. It also states the number of Council of Governors’ meetings that were held and individual attendance by Governors at those meetings.

Between April 2017 and March 2018 the Council of Governors met on five occasions and attendance is indicated on the table below.

Public Governors (elected)	Area	First appointed	Most recent / Current Tenure	Notes	Council of Governors meetings attended 2017/18
Agar, Richard	Wirral	September 2014	2017-2020		5 of 5
Mayne, Stanley	Wirral	November 2012	2015-2018		5 of 5
Robertson, Rob	Cheshire West and Chester	May 2012	2014-2017	Term Ended Oct 2017	3 of 3
Robinson, Michael	Cheshire West and Chester	May 2012	2014-2017	Term Ended Oct 2017	1 of 3
Walker, Robert	Cheshire East	June 2015	2017-2020		2 of 5
Wilkinson, Peter	Cheshire East	December 2011	2014-2017	Term Ended Oct 2017	2 of 3
Bosomworth, Derek	Cheshire East	October 2017	2017-2020		1 of 2
Bott, Elizabeth	Cheshire West and Chester	October 2017	2017-2020		2 of 2
Nellist, Helen	Cheshire West and Chester	October 2017	2017-2020		1 of 2
Richardson, Nigel	Out of Area	October 2017	2017-2020		2 of 2

Service user and carer Governors (elected)	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2017/18
Crouch, Brian David (Lead Governor wef October 2017)	December 2013	2016 - 2019		5 of 5
Lynch, Chris	September 2014	2014 - 2017	Term ended Oct 2017	2 of 3
McGrath, Ann	February 2011	2014 - 2017	Term ended Oct 2017	3 of 3
McQuarrie, Ferguson	October 2013	2016 - 2019		4 of 5
Usherwood, Anna (Lead Governor until Oct 2017)	September 2008	2014 - 2017	Term ended Oct 2017	2 of 3
Archer, Gladys	October 2015	2015 - 2018	Resigned wef Feb 2017	2 of 4
Arrowsmith, Charlotte	October 2015	2015 - 2018		2 of 5
King, Arlo	June 2016	2016 - 2019		4 of 5
Cairns, Gordon	June 2016	2017 - 2020		4 of 5
Bull, David	September 2016	2016 - 2019		4 of 5
Brassington, Michael	September 2016	2016 - 2019		4 of 5
Millar, Keith	September 2016	2016 - 2019		4 of 5
McGhee, Jacqueline	October 2017	2017 - 2020		2 of 2
Billington Phil	October 2017	2017 - 2020		2 of 2
Keight, David	October 2017	2017 - 2020		1 of 2

Staff Governors (elected)	Class	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2017/18
Bullen, Kathy	Clinical Psychology	September 2014	2014 - 2017	Term ended Oct 2017	2 of 3
Doble, Jill	Therapies	October 2013	2016 - 2019		2 of 5
Mook, Phillip	Non-Clinical	September 2014	2017 - 2020		2 of 5

Staff Governors (elected)	Class	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2017/18
Shaw, Janie	Nursing	September 2014	2015 - 2018		3 of 5
Edwards, Ken	Nursing	September 2016	2016 - 2019		3 of 5
Raju, Keerthy	Medical	October 2015	2014 - 2017	Term ended Oct 2017	1 of 3
Agnihotri, Deepak	Therapies	May 2016	2016 - 2019		5 of 5

Partnership Governors (appointed)	Organisation	First Appointed	Most Recent / Current Tenure	Notes	Council of Governors meetings attended 2017/18
Durham, Liz	Cheshire East Council	January 2016	2016 - 2019	Term ended Oct 2017	0 of 3
Gilchrist, Phil	Wirral Council	October 2010	2016 - 2019		5 of 5
Smith, Pam	West Cheshire CCG	March 2014	2016-2019		3 of 5
Stewart, Iain	Wirral CCG	December 2013	2016-2019		1 of 5
Boyle, Sean	Staff Side	January 2017	2017 - 2020		3 of 5
Pollard, Graham	Universities	April 2016	2016 - 2019		3 of 5
Gahan, Carol	Cheshire West and Chester Council	June 2015	2015 - 2018		3 of 5
Wardlaw, Liz	Cheshire East Council	Oct 2017	2016 - 2019		1 of 2

Members of the Board of Directors regularly attend meetings of the Council of Governors in order to understand Governors' views and to ensure continued development of the relationships between Board members and Governors. The Chief Executive has a standing invitation to attend all meetings of the Council. All Directors receive the Council's papers for review and are invited to attend to present reports on topical issues. However, Directors are

not formal members of the Council of Governors.

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

Directors' attendance at meetings of the Council of Governors during 2017/18 is shown below.

Director	Council of Governors meetings attended 2017/18
Non-Executive Directors	
Burke-Sharples, Rebecca	2 of 5
Campbell, Andrea	3 of 5
Crumplin, Lucy	2 of 5
Maier, Mike	5 of 5
O'Connor, Dr James	5 of 5
Jenner, Edward	3 of 5
Pennell, Ann (term started Jan 2018)	0 of 1
McKenna, Sarah (resigned July 2017)	0 of 2
Executive Directors	
Alam, Dr Faouzi/ Sivananthan Dr Anushta – joint Medical Directors*	4 of 5
Cumiskey, Sheena (Chief Executive)	4 of 5
Devaney, Avril	1 of 5
Harris, David	4 of 5
Styring, Andy	0 of 5**
Welch, Tim	4 of 5

*Attendance combined for joint Medical Directors

**Andy Styring was unable to attend CoG meetings during 2017/18 due to these sessions clashing with external partnership meetings requiring senior CWP representation.

As referred to previously, there are two sub-committees of the CoG. The Membership and Development Sub Committee acts on behalf of the Council to develop communications between governors and members, encourage membership to the Trust, support governor elections and promote the work of governors. More detail about the work of this committee is also included in the Membership and Engagement section later in this report. The Scrutiny Sub Committee scrutinise in detail the Trust's annual plans, risks and performance in order to provide assurance back to the full Council. The Scrutiny Sub Committee is regularly attended by the Chair of the Quality Committee, the Chair of the Audit Committee and the Senior Independent Director. Therefore, this committee actively holds the NEDs to account and also closely scrutinises the activity of the NEDs and their input into the well-led organisation.

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

The Nominations and Remuneration Committee of the Council of Governors

This Committee is chaired by the Trust's Chair, Mike Maier. In 2017/18, the Committee's members were:

Governor	Constituency	Attendance
Maier, Mike	Chair	3 of 3
Usherwood, Anna <i>(Member until October 2017)</i>	Service User/Carer	0 of 1
Crouch, Brian	Service User/Carer	2 of 3
Gilchrist, Phil	Partnership	3 of 3
Boyle, Sean	Partnership	1 of 3
Robertson, Rob <i>(Member until October 2017)</i>	Public	1 of 1
Edwards, Ken	Staff	3 of 3
Agar, Richard	Public, Wirral	1 of 1

The Committee met on three occasions. The purpose of these meetings was to oversee the appointment of one Non-Executive Director.

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

The Directors report describes the process undertaken to appoint and reappoint to Non-Executive Director positions during the year.

Membership & Engagement

Membership numbers

The Trust has continued to build on its commitment to establish a representative Foundation Trust membership, where members are informed about the organisation and have the opportunity to engage with the Trust and become involved. This makes CWP a stronger, more responsive and better organisation. Staff, service users, carers and the general public are eligible to join the Trust as members. Membership is divided into three groups or constituencies, these are:

- Service Users and Carers
- Public
- Staff

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

People who access services and carers

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

Public

Staff from partner organisations, statutory, community or voluntary groups are welcome to join as individual members of the public. Within the public constituency, members join into a sub

division, known as classes, which are based on the geographic boundaries of the three localities served by the Trust. There is also an 'out of area' class. Public members are assigned to one of the following classes dependent upon the area in which they live:

- Wirral
- Cheshire West
- Cheshire East
- Out of area

Staff

The Trust automatically places staff to become members as we would like staff to be as fully involved in the organisation as possible. However, staff are able to opt-out if they prefer.

Whilst CWP's membership is broadly representative of the diverse communities it serves, there is a continued commitment to engage further with minority ethnic communities and other harder to reach groups including the gypsy/ traveller communities, lesbian, gay, bisexual and transgender (LGBT) communities and also those who have sensory difficulties.

Number breakdown

At the end of the financial year 2018 the Trust had **14398** members. Membership is broken down into the following constituencies and classes:

1769 service users and/or carers

9160 public members:

- 2717 Wirral
- 2936 Cheshire West
- 2084 Cheshire East
- 1423 Out of area

3469 staff members in the following constituencies:

- 1720 nursing (registered and non-registered)
- 930 non-clinical (including volunteers)
- 478 therapies
- 228 clinical psychology
- 113 medical

Membership development

The Council of Governors has a Membership and Development Sub Committee to oversee membership development and they review the membership profile annually and agree the target areas for recruitment and engagement. The Committee also receives regular reports from the Patient and Carer Experience team and information about various engagement activities, such as the annual members' meeting, CWP Life magazine and wider volunteering and involvement activities.

The Sub Committee has also agreed that they work with the Associate Director for Patient and Carer Experience to take a closer look at the information contained within our membership database and to examine how best we can improve the membership of the representation of our population by the development of a long-term engagement strategy that is flexible to members and will grow and change over time.

The plan for the first quarter of the year is to undertake more research into our membership which includes member preferences to past engagement efforts. Research will include our communication channels, frequency, and tone that members prefer, understanding where members see value of being in CWP and their reasons for joining or why members choose to leave. We will examine how the membership engages with us and how engaged the members are currently and where they are engaging (e.g. live events, online, through emails etc). As we gather data we would expect to have a more comprehensive picture of how we have engaged

members in the past.

Once we have clarity we will set measurable, attainable, and revisable goals. So, for example we may want to measure not only by the number of members on our database but the number of blog views we have on our website and look to increase this by 5%. Our plan needs to be attainable, for example by having a number of new members in a particular area or group and revisable so it can be easily changed to fit future circumstances. A longer term strategy will then be identified which will enable us to better focus our goals, identify our call to arms or calls-to-action, including improvement programs, events, opportunities for co-production and improvements in person-centred planning and care and other engagement and volunteering opportunities.

Working with the communications team we will ensure that we develop targeted communications to engage members, and using varied communication sources including physical mail as channels as we know that nearly 50% of our members do not have a registered email address with us. Our plans will include how we can personalise both our communication and content based on our members and their needs. When we have our plans mapped out, we will set up systems to publish content and communication consistently, making it clear who is responsible for each piece of content and communication message.

The Membership and Development Sub Committee will oversee the longer term plan to determine which parts of our communication and engagement are most effective. We will know if our overall strategy is working when we see members with higher engagement levels over time. It is clear that our staff, along with volunteers and leaders, are also interacting with other members and volunteers on a daily basis, which means they have a lot to contribute towards our membership and engagement. We will listen to their opinions. We will also develop the use of our membership management software which will provide us with the ability to do more with less. We will focus on both the present and the future.

Engagement & Involvement

Previously membership and engagement was achieved through the work of the communications team, the membership function has now moved over to the Patient and Carer Experience team which includes involvement and volunteering in its work programme. This fits well, given the Trust has reviewed the way in which it supports volunteering and involvement and the way in which people are rewarded and recognised for their involvement and volunteering activities.

This revised involvement programme has been coproduced; with people who access services, carers and professionals. Working co-productively leads to improved outcomes for people who use services and carers, as well as having a positive impact on the workforce. It is also about people with different views and ideas coming together to make things better for everyone. A vital principle of the Involvement Programme is that it should be based upon the principles of volunteering, recovery and social inclusion; which facilitate us to operate in a manner that ensures fairness, consistency, transparency and development for all involvement representatives. Volunteers who get actively involved with the Involvement Programme – whether people who access CWP services, carers, staff or members of the public - will have the opportunity to access a range of learning and development opportunities including life skills development, further education, employability coaching, work experience placements and other volunteering opportunities. This new way of involvement will seek to reach out to a wider cross-section of society and support people living with the challenges of mental distress, physical health conditions, addictions or learning disabilities to take control of their own futures.

The Trust recognises that people living with mental distress, long-term physical disabilities, addictions or learning disabilities are disproportionately at risk of social exclusion. The Trust wishes to tackle this issue through the introduction of a range of social interventions that have

the power to transform lives and break the cycle of social exclusion through offering opportunities to move on with life. The Patient and Carer Experience team and the locality Participation and Engagement Workers will work with people to help them to identify their own personal needs and goals. We have over 203 active volunteers of whom 70% are people with lived experience.

Young Advisors

Young Advisors share their expertise of what it is like to be a young person living with a mental health condition and engage and gather views of other young people.

The group meets monthly for 2 hours to discuss current projects and decides which Young Advisors will work on any new projects. Examples of past projects include:

- Providing training to GPs and A&E staff around young people's mental health
- Reviewing the CWP MyMind website
- Conducting focus groups, journey stories and questionnaires to shape young people's substance misuse services
- Visiting schools to bring awareness to mental health issues

Any young person interested in becoming a Young Advisor, is encouraged to attend one of the '**Listen Up**' groups, which are facilitated in collaboration with a trained Young Advisor, Engagement & Participation and CAHMS clinical staff. A potential Young Advisor has to have been part of their local CAMHS Listen Up involvement group for at least 6 months. If at this point they choose to become a Young Advisor then they would complete CWP's recruitment and selection process and Young Advisors accredited training thereafter.

2.2 Remuneration Report

Annual Chair's statement on remuneration

On 6 July 2017, the Remuneration and Nominations Committee reviewed Executive salaries. The Committee analysed a range of benchmarking data and the NHSI guidance on Pay for VSMs in small mental health NHS Trusts and Foundation Trusts (February 2017). Those VSMs on or above the median point were awarded a 1% pay award on salary in line with Agenda for Change colleagues but not on allowances. Those VSMs below the median point were moved to it. Prior to implementation, approval was sought and obtained from NHSI as appropriate.

Senior manager remuneration policy

As above, the Remuneration and Nominations Committee determines the remuneration of all members of the Trust's Executive Management Team. The Committee ensures that levels of individual remuneration are sufficient to attract, retain and motivate directors of the quality required to run the Trust successfully, but without paying more than is necessary for that purpose. In particular, the Committee is committed to implementing NHSI guidance on VSM pay. Within the Trust, executive pay is fixed at specified pay points: there is no pay band or incremental pay progression. During this reporting year the Remuneration and Nominations Committee did agree an uplift to Executives Remuneration as outlined above.

As at 31 March 2018, there is no obligation for the Trust regarding early termination of executive team members' contracts.

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

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

Nominations and Remuneration Committee of the Board

Membership of the Nominations and Remuneration Committee comprises the Trust Chair and all Non-Executive Directors. The Chief Executive attends the Committee in an advisory capacity, except for meetings that consider her own remuneration or terms and conditions of service. The pay of Executive team members is not performance related.

There is no performance related pay or any other components included in any remuneration packages for Trust senior managers and none of the CWP Executive Directors serve as a Non-Executive Director elsewhere.

Two meetings of the Nominations and Remuneration Committee of the Board were held during 2017/18, with committee members attendances as follows:

Director	Nominations and Remuneration Committee of the Board
Maier, Mike	2 of 2
Burke-Sharples, Rebecca	2 of 2
Crumplin, Lucy	1 of 2
O'Connor, Dr James	1 of 2

Director	Nominations and Remuneration Committee of the Board
Jenner, Edward	2 of 2
Campbell, Andrea	2 of 2
McKenna, Sarah	1 of 1
Pennell, Ann	0 of 0

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

Fair Pay Disclosure

The reporting body is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of the organisation's workforce. The remuneration of the highest-paid director in the financial year 2017/18 was £178,450. This is 6.5 times the median remuneration of the workforce, which was £27,365.

In 2017/18 there were no employees who received remuneration in excess of the highest paid Director (0, 2016/17).

	31 March 2018	31 March 2017
Band of Highest Paid Directors Total Remuneration	175-180	170-175
Median Total Remuneration (£)	£27,365	£27,361
Ratio	6.5	6.2

There are three executives who were paid more than £142,500 in 2017/18. For the purposes of this disclosure, pay is defined as salary and fees, all taxable benefits and any annual or long term performance related bonuses (of which there were none during the year).

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

Service Contract obligations

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

Payment for loss of office

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

Payment for past senior managers

There have been no pay obligations for past senior managers in 2017/18. This was also a nil return in 2016/17.

Statement of consideration of employment conditions elsewhere in the Foundation Trust

Any decision on senior manager remuneration is taken in the context of employment conditions elsewhere in the Trust.

Pension Liabilities

For the year ending 31 March 2018, there were 7 early retirements (31 March 2017 – 6 early retirements) from the NHS Foundation Trust on the grounds of ill health. The additional pension liabilities of these ill health retirements will be £521,861 (year ended 31 March 2017 £344,762). The cost of these ill health retirements will be borne by the NHS Business Services Authority – Pensions Division.

Payment of Governor expenses

At 31 March 2018, 13 Governors received expenses totaling £4,611.78. This compares to 15 Governors receiving expenses totaling £4,216.07 in 2016/17.

Note to the Remuneration table

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

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

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

Senior Managers Remuneration and Pension Entitlements

Salaries and Allowances - Single Total Figure Table						
2017/2018	(a)	(b)	(c)	(d)	(e)	(f)
Name and title	Salary	Expense Payments (taxable)	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension Related Benefits	Total (a to e)
	(bands of £5,000)	(to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
S Cumiskey - Chief Executive	145-150	0	0	0	20-22.5	170-175
T Welch - Director of Finance	125-130	0	0	0	30-32.5	155-160
A Devaney - Director of Nursing	100-105	9,500	0	0	135-137.5	245-250
A Styring - Director of Operations	100-105	0	0	0	0	100-105
A Sivananthan - Medical Director	175-180	0	0	0	100-102.5	280-285
F Alam - Medical Director	145-150	800	0	0	30-32.5	175-180
D Harris - Director of People & Org. Dev	90-95	0	0	0	90-92.5	185-190
E Jenner - Non Executive Director	15-20	0	0	0	0	15-20
J O'Connor - Non Executive Director	10-15	0	0	0	0	10-15
R Burke-Sharples - Non Executive Director	10-15	0	0	0	0	10-15
L Crumplin - Non Executive Director	10-15	100	0	0	0	10-15
M Maier - Non Executive Director	40-45	0	0	0	0	40-45
S McKenna - Non Executive Director	0-5	0	0	0	0	0-5
A Campbell - Non Executive Director	10-15	0	0	0	0	10-15
A Pennell - Non Executive Director	0-5	0	0	0	0	0-5

Note:

S McKenna left the Trust on 31st July 2017. Ann Pennell joined the Trust on 1st January 2018.

The Remuneration Report for Senior Managers						
2016/2017	(a)	(b)	(c)	(d)	(e)	(f)
Name and title	Salary	Expense Payments (taxable)	Performance Pay and Bonuses	Long Term Performance Pay and Bonuses	All Pension Related Benefits	Total
	(bands of £5,000)	(to the nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(a to e) (bands of £5,000)
S Cumiskey - Chief Executive	145-150	0	0	0	32.5-35	180-185
T Welch - Director of Finance	125-130	100	0	0	45-47.5	170-175
A Devaney - Director of Nursing	90-95	9,100	0	0	0	95-100
A Styring - Director of Operations	95-100	0	0	0	0	95-100
A Sivananthan - Medical Director	170-175	0	0	0	75-77.5	245-250
F Alam - Medical Director	145-150	800	0	0	75-77.5	220-225
D Harris - Director of People & Org. Dev.	85-90	0	0	0	27.5-30	110-115
D Eva - Non Executive Director	5-10	0	0	0	0	5-10
F Clark - Non Executive Director	5-10	500	0	0	0	5-10
E Jenner - Non Executive Director	0-5	0	0	0	0	0-5
J O'Connor - Non Executive Director	10-15	0	0	0	0	10-15
R Burke-Sharples - Non Executive Director	10-15	0	0	0	0	10-15
L Crumplin - Non Executive Director	10-15	0	0	0	0	10-15
M Maier - Non Executive Director	35-40	0	0	0	0	35-40
S McKenna (nee Reiter) - Non Executive Director	10-15	0	0	0	0	10-15
A Campbell - Non Executive Director	0-5	0	0	0	0	0-5

Note:

D Eva left the Trust on 31st May 2016. David Eva was replaced as Chairman by Mike Maier on 1st June 2016.

Fiona Clark left the Trust on 31st December 2016. Edward Jenner and Andrea Campbell joined the Trust on 1st January 2017.

Total Pension Entitlements Disclosure of Senior Managers

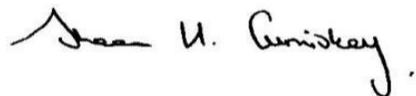
Pension Benefits Disclosure Table								
2017/2018	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and title	Real increase in pension at pension age	Real Increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 1 April 2017	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employers Contribution to Stakeholder Pension
	(bands of £2,500) £000	(bands of £2,500) £000	(bands of £5,000) £000	(bands of £5,000) £000	£000	£000	£000	£000
S Cumiskey - Chief Executive	0-2.5	5-7.5	60-65	185-190	1,179	103	1,294	0
T Welch - Director of Finance	0-2.5	0-2.5	40-45	100-105	564	63	633	0
A Devaney - Director of Nursing	5-7.5	17.5-20	50-55	155-160	844	178	1,031	0
A Sivananthan - Medical Director	5-7.5	15-17.5	60-65	185-190	1,010	132	1,152	0
F Alam - Medical Director	2.5-5	0-2.5	20-25	50-55	302	32	337	0
D Harris - Director of People & Organisational Development	5-7.5	0-2.5	40-45	0	416	87	507	0

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

The calculation shows the increase in the annual rate of pension and the amount of lump sum that would be payable to those named above, if they were entitled to access their pension at the 31 March 2018 compared to the 31 March 2017 (after adjusting for inflation and multiplying by a standard capitalisation factor) less any contributions made by the Executive or any transferred in amounts

Pension Benefits Disclosure Table								
2016/2017								
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and title	Real increase in pension at pension age	Real Increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2017	Lump sum at pension age related to accrued pension at 31 March 2017	Cash Equivalent Transfer Value at 1 April 2016	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2017	Employers Contribution to Stakeholder Pension
	(bands of £2,500 £000)	(bands of £2,500 £000)	(bands of £5,000 £000)	(bands of £5,000 £000)	£000	£000	£000	£000
S Cumiskey - Chief Executive	0-2.5	5-7.5	55-60	175-180	1,098	81	1,179	0
T Welch - Director of Finance	2.5-5	0-2.5	35-40	100-105	516	49	564	0
A Devaney - Director of Nursing	0-2.5	0-2.5	45-50	135-140	823	21	844	0
A Sivananthan - Medical Director	2.5-5	12.5-15	55-60	170-175	912	98	1,010	0
F Alam - Medical Director	2.5-5	2.5-5	20-25	45-50	246	56	302	0
D Harris - Director of People & Organisational Development	0-2.5	0-2.5	35-40	0	386	31	416	0

Signed :



Sheena Cumiskey – Chief Executive
24th May 2018

2.3 Staff Report

Trust Employees – staff numbers

Analysis of average staff numbers

The table below provides an overview of average staff numbers for 2017/18 and for comparison, 2016/17.

Average number of employees (WTE basis)	Permanent Number	Other Number	2017/18 Total Number	2016/17 Total Number
Medical and dental	135	2	137	141
Administration and estates	656	30	686	719
Healthcare assistants and other support staff	230	13	243	228
Nursing, midwifery and health visiting staff	1,426	116	1,542	1,570
Scientific, therapeutic and technical staff	427	5	432	440
Healthcare science staff	65	0	65	63
Social care staff	5	0	5	4
Other	0	0	0	0
Total average numbers	2,943	167	3,110	3,166
Of which:				
Number of employees (WTE) engaged on capital projects	0	0	0	0

The tables below set out a breakdown of the numbers of Trust staff by gender at the 2017/18 year end.

Staff Category	Female	Male	Grand Total
Executive Directors	3	4	7
Other Senior Managers	4	3	7
Other Employees	2783	692	3475
Grand Total	2790	699	3489

Staff Category	Female	Male
Executive Directors	42.86%	57.14%
Other Senior Managers	57.14%	42.86%
Other Employees	80.09%	19.91%
Grand Total	79.97%	20.03%

Sickness absence data

At 5.42% the Trust overall level of sickness absence for 2017/18 was slightly higher compared to the 2016/17 figure of 5.36%.

Staff costs

An analysis of staff costs is set out below. To delineate, staff 'permanently employed' are those defined as those staff with a permanent contract directly with the Trust (including Executive Directors but excluding Non-Executive Directors). Staffs defined as 'other' are those engaged on the objectives of the Trust that do not have permanent (UK) contact of employment with the Trust. This includes employees on short term contracts of employment, agency/ temporary staff, locally engaged staff overseas and inward secondments from other organisations.

Staff costs	Permanent (£000)	Other (£000)	2017/18 Total	2016/17 Total
Salaries and wages	104,163	514	104,677	105,386
Social security costs	9,489	-	9,489	9,186
Apprenticeship Levy	504	-	504	-
Employer's contributions to NHS pensions	12,722	-	12,722	12,663
Pension cost - other	-	42	42	-
Termination benefits	-	-	568	1,699
Temporary staff	-	1,167	1,167	1,925
Total gross staff costs	127,446	1,723	129,169	130,859

Staff policies and actions

Widening Participation

The Trust seeks to be the employer of choice and represent the population we serve and as such has policies and processes in place to meet this aim to support applicants, new recruits and current employees.

The Trust seeks to support job applicants and staff who have a disability – our commitment is set out in our approach to recruitment and we are proud that the Trust has been assessed and awarded Level 2: Disability Confident Employer and is working towards Level 3: Disability Confident Leader. This means we have signed up to interviewing all disabled applicants who meet the minimum criteria for a job vacancy and committed to making every effort in supporting employees to remain in employment if they become disabled. We have been chosen as one of the first organisations to have access to the DWP Disability Group to share experiences with other organisations and learn from each other. Training and systems are in place for recruiting managers to ensure they know how they can best support disabled applicants throughout the recruitment and selection process. We are currently developing an e-learning package which will provide a blended learning approach and the opportunity for easily accessible refresher courses for recruiting managers.

We have also renewed our Charter for Employers who are positive about mental health and are involved with the Time to Change campaign. Our Occupational Health and Staff Support teams (as part of our integrated Workforce Wellbeing Service) continue to support individuals and advise managers about how to make reasonable adjustments to keep people in work. This may include taking up flexible working options and potentially different roles to support health and well-being or responsibilities outside of work.

We continue to work with local Job Centres and Career and Engagement Hubs to provide information about the opportunities in the Trust which includes work experience/ work shadowing schemes. As part of the widening participation work the Trust has also reconfirmed its commitment to become a supportive employer of reservists and is pleased to have signed up to the prestigious Armed Forces Covenant which highlights our support for both reservists and veterans. The Trust is working with local partners regarding an Armed Forces event and we

continue to work to support reservists and those who have served in the Armed Forces in exploring opportunities and gaining employment in the NHS.

Workforce Wellbeing Service

On 1 May 2017, the former Occupational Health and Staff Support Services merged to form a new Workforce Wellbeing Service. The Workforce Wellbeing Service has four pathways:

- Occupational Health Pathway
- Psychological Wellbeing Pathway
- Musculoskeletal (MSK) Pathway
- Health Promotions Pathway

The health and well-being of CWP staff remains of paramount importance to the Trust and during this year a Workforce Wellbeing Group has been formed with representation from across the Trust, to ensure the Workforce Wellbeing Strategy (2016-19) Action Plan is overseen and implemented. This Group reports into the Trust's People and Organisational Development Sub Committee.

As part of this plan well-being activities were implemented to allow staff to engage in workplace initiatives as part of an effective work-life balance and ultimately to encourage better health both inside and outside of work with the aims of preventing stress, musculo-skeletal and other related absences.

A range of activities have been provided in 2017/18 including 'Dry January', pedometer challenges, Healthy Eating Club, staff health checks, health promotion roadshows, Walking Groups, Weight Management Classes, Resilience Workshops, Stress Management Workshops and mindfulness taster sessions. The flu campaign has seen a substantial increase in vaccinations since 2015; this year's Campaign saw 72% of patient facing staff protected.

The Trust also continues to work with the Calouste Gulbenkian Foundation to deliver Workshops specifically created for our staff to look at working longer and planning for their future, called 'Later Life Transitions – Working Longer and Living Life to the Full.' A substantial evaluation of this Project via Swansea University is planned in 2018.

During 2017/18 the Trust has continued to monitor sickness levels via the Workforce Wellbeing Group and target specific areas of concern and best practice to evaluate throughout this coming year.

Information to and consultation with employees

Our partnership agreement with staff side colleagues remains strong and is a priority for the Trust. Formal meetings with staff side colleagues take place at the regular Consultation and Negotiation Partnership Committee and these are supplemented with regular informal meetings. Staff side colleagues are represented at a range of Trust governance committees and attend local management meetings as well as informal meetings.

Recognition Awards

In October 2017, the Trust held its first 'Recognition Awards', combining the Recognition of Service Awards, Annual Going the Extra Mile Awards and 6 new categories, nominated and selected by peers. The Recognition Awards were developed as part of the Big Conversation and to develop further opportunities for staff to meet, network and celebrate and to connect staff with senior leaders. The new categories were:

- Excellence in patient care
- Excellence in supporting patient care
- Outstanding contribution to volunteering and involvement
- Outstanding contribution to communities

- Outstanding contribution to research and development

The event was well attended and there were lot of nominations across the Trust profile. The Recognition Awards event was held in October with over 130 people attending. A follow up survey suggested the event was well received and it is being replicated for 2018.

Community Conversations

A number of Community Conversations, staff workshops enabling them to shape Trustwide plans, were held in 2017 across the Trust. They provided staff the opportunity to reflect on Staff Survey 2016 results and work together to identify what actions would have the biggest impact.

'Breakfast with Sheena' launched in April 2017. There have been 12 events held across the Trust footprint between April 2017 and January 2018 with 121 attendees from a range of roles, disciplines and services. The monthly initiative was developed in response to feedback triangulated from the NHS Staff Survey, Staff Friends and Family test (FFT) and staff engagement focus groups.

The proposal looked to offer increased, regular, direct, face to face interaction with Sheena as Chief Executive Officer, address a desire for more meaningful communications, greater senior leadership visibility, more opportunities to meet colleagues from other services across the footprint and support staff who feel they can't influence the agenda.

The sessions provide an opportunity to discuss with Sheena topical issues, celebrate what is working well, as well as identify things that could be better. Being able to raise issues directly with a senior leader with influence is one way of resolving these issues or getting peer support. There is a positive sentiment about the sessions and there have been positive outcomes and action taken as a result of the discussion.

Details of any consultations with staff

There have been a number of consultations with staff during the year as a result of service changes. These include:

- Redesigning Adult and Older People's Mental Health Services in East and South Cheshire

Staff are being kept updated on proposals to redesign services aimed at providing strong community services with early intervention and high quality inpatient facilities. A number of engagement events for staff have taken place and will continue throughout 2018 as part of wider system review.

- Relocation of the Out of Hours Service to the Countess of Chester Hospital

This change was in line with NHS England directives and the team now form part of the Urgent Treatment Centre delivering primary care face to face triage.

- Willaston Surgery

CWP was awarded the contract for Willaston Surgery effective from 1 December 2017. This required the transfer in of 13 staff from Bridgewater Community NHS Trust.

- Starting Well 0 -19 Service

In October 2016, Cheshire West and Chester (CWaC) Local Authority commenced the process to procure the 0-19 Starting Well Service incorporating Health Visiting, Family Nurse Partnership (FNP), 5-19 Health and Wellbeing Service and Children's Centre Core Offer. CWP were successful in winning this tender to commence the Starting Well 0-19 service in January 2018.

The new service includes approximately 180 staff and required the transfer in of staff from East Cheshire Trust and Cheshire West and Chester County Council.

Health and Safety

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

- Health, Safety & Security (HSS) Assessments – there have been no major issues identified, some areas required a replacement Health and Safety Law poster.
- The Cardinus Workstation training and assessment programme continues, 2400 members of staff have received an invite to take part, and 81% have now been completed. Standard and specialised equipment is accessible to all staff.
- Individual workplace assessments and risk assessments for staff have been completed as required by the Senior Health and Safety Advisor.
- There has been a slight increase in RIDDOR incidents reported to Health and Safety Executive (HSE) for the year 2017-/2018. Eleven reports were completed as opposed to nine the previous year.
- The Central Alerting System (CAS) is a web based cascading system for patient safety alerts, medical device alerts, Estates and Facilities notifications and other safety information to healthcare providers– CWP received 104 alerts compared to 97 for the previous year. All alerts have been actioned as required.
- The service contract for maintenance and repair of medical devices was put out to tender by the senior health and safety advisor and the medical device and safety officer, with a new provider appointed for 2018.

There are four local health and safety groups which meet frequently throughout the year and feed into the Trust Health and Safety Sub Committee.

Health and Safety issues in the Trust are monitored by the Health and Safety Sub Committee meeting. The sub committee meets twice a year. Work is also taken forward in localities in the intervening periods.

Modern Slavery Act

Last year the Board of Directors approved and published a statement recognising the principles of the Modern Slavery Act 2015. This sets out the Trust's commitments to the highest level of ethical standards and sounds governance arrangements to fully support the Government's objectives to eradicate modern slavery and human trafficking.

CWP has identified possible supply chain risks relating to slavery and human tracking and has set out mitigations to avoid these including provisions in tender documentation to exclude any bidder previously convicted of offences under the Modern Slavery Act 2015, imposition conditions in existing contracts for termination in the event of breaches of the Modern Slavery Act 2015, training staff in the principles of the Act and raising awareness of the statement and the Trust's commitment to the principles therein.

Anti-Fraud

As described in the Audit Committee report, the Trust's anti-fraud services are provided by MIAA. The Accountable Officer for anti-fraud is the Director of Finance. There were a number of fraud referrals received within the 2017/18 financial year which were investigated in accordance with the Trust's anti-fraud, bribery and corruption policy.

The Trust's anti-fraud work plan for 2017/18 included work across four areas of anti-fraud activity as directed by the NHS Counter Fraud Authority (NHSCFA). The Trust actively encourages its staff to use the raising and escalating concerns policy where they have concerns.

The Audit Committee review and receive assurances on the delivery of the anti-fraud service. This is described in more detail earlier in this report.

Expenditure on consultancy

Consultancy costs for 2017/18 totalled £61,000. Costs in 2016/17 were £93,000.

Reporting high off- payroll engagements

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

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

From April 2017, the Government has made public sector bodies and agencies responsible for operating the tax rules that apply to off payroll working in the public sector. This is a major change in the tax and NI treatment of off payroll engagements. The Trust's policy on disclosure of off-payroll engagements is to include only those engagements which temporarily cover substantive posts within the Trust's staffing structure.

The disclosures below relate specifically to General Practitioners (GPs) in the Trust's Out of Hours Service. The Trust applied HMRC's guidance and modelled the arrangement through HMRC's Employment Status Indicator toolkit.

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

1. For all (new and existing) off-payroll engagements as of 31 March 2018, for more than £220 per day and that last for longer than six months.

	Number of engagements
Number of existing engagements as of 31 March 2018	33
Of which:	
Number that have existed for between one and two years at the time of reporting.	2
Number that have existed for between two and three years at the time of reporting.	6
Number that have existed for between three and four years at the time of reporting.	5
Number that have existed for four or more years at the time of reporting.	20
Number that have existed for less than one year at the time of reporting.	0

There were no new off-payroll engagements between 1 April 2017 and 31 March 2018 for more than £220 per day and lasting longer than six months.

2. Off-payroll engagements of board members, and /or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018

	Number of engagements
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	15*

*Sarah McKenna left the Trust July 2017 and was replaced by Ann Pennell January 2018.

Exit Packages

Reporting of compensation schemes – exit packages 2017/18

Within the period 1 April 2017 until 31 March 2018, 34 exit packages totaling £1,362,000 were agreed. The 34 packages included 11 compulsory redundancies totaling £704,000. The number of other departures agreed included 23 mutually agreed resignations totaling £658,000.

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	0	2	2
£10,001 - £25,000	4	11	15
£25,001 - 50,000	2	5	7
£50,001 - £100,000	2	5	7
£100,001 - £150,000	2	0	2
£150,001 - £200,000	1	0	1
Total number of exit packages by type	11	23	34
Total resource cost (£)	£704,000	£658,000	£1,362,000

Exit packages: other (non-compulsory) departure payments

Within the period 1 April 2017 until 31 March 2018, 23 exit packages totaling £658,000 were agreed. All 23 payments related to mutually agreed resignations.

	2017/18		2016/17	
	Payments agreed	Total value of agreement	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	5	92
Mutually agreed resignations (MARS) contractual costs	23	658	-	-
Total	23	658	5	92

NHS Staff Survey

Commentary

The annual NHS Staff Survey continues to be one of the key ways to engage with staff and for the fifth year running the Trust has opted to survey all staff rather than a representative sample.

The NHS Staff Survey provides data to monitor staff satisfaction and opinion annually across a range of measures and enables the Trust to benchmark against other similar NHS organisations, of which there is a total of 29 across England.

This year's survey was accessible to all employees in the last quarter of 2017 and the results were collated by the approved external contractors at Picker. Picker collected and translated our questionnaire data into anonymised information ensuring its confidentiality and impartiality. This information has been made available in phases throughout January to March 2018.

This year, the vast majority of surveys were emailed to staff; the second time the staff survey has been conducted in this way. Those in roles with limited access to emails, such as those in Estates and Facilities services, were provided with a paper-based copy. Other staff could also opt for a paper based version of the survey if they wished.

The survey includes core questions set by the Care Quality Commission (CQC) on: your job, your managers, your health, well-being and safety at work, your personal development and your organisation. For the NHS Staff Survey 2017, additional local questions were commissioned asking about CWP's person-centred approach and workforce health and well-being.

The results show the Trustwide picture as well as providing insight about the Trust's localities and directorate portfolios. The results are cascaded through engagement with clinical leads, managers and frontline staff. Building on 2017's 'Big Conversation' staff engagement programme, opportunities will be available for all staff to participate in shaping plans for improvements based on their insights from the NHS Staff Survey.

Later this year, the Staff Survey action plan and 'We said, we're doing' campaign will be launched in order to keep staff abreast of improvements made in response to feedback from Staff Survey data.

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

Additionally, significant work is being delivered across the Trust as part of our People and Organisational Development Strategy that addresses many of the issues highlighted through the NHS Staff Survey. The intention is to better triangulate the NHS Staff Survey insight with other workforce data which will also be reflected in strategy and plans.

Summary of performance

The following Key Findings are taken from the national Key Findings report which compares NHS Staff Survey data across our sector, comparing CWP with all other combined mental health, learning disability and community trusts across England.

The response rates compared with 2016 are as below:

Response rate				
	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (Combined MH/LD and community trusts) average*	
Response rate	47%	53%	45%	+6% improvement

Based on staff responses across a number of questions in the NHS staff survey, the overall measure of CWP staff engagement score out of 5.00 (the higher score the better) was a slight deterioration on 2016 of 0.03.

The Trust's score of 3.86 remains above (better than) the national average when compared with trusts of a similar type.

Overall staff engagement				
	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (Combined MH/LD and community trusts) average	
Staff engagement score	3.89	3.86	3.79	-0.03 deterioration

Areas of improvement and deterioration from the prior year

The national Key Findings where staff experience has improved and deteriorated since the 2016 survey.

Largest local changes since 2016 survey			
	2016	2017	Trust improvement/ deterioration
	Trust	Trust	
KF11. Percentage of staff appraised in last 12 months	91%	94%	+3% improvement
KF14. Staff satisfaction with resourcing and support	3.40	3.33	-0.07 deterioration
KF9. Effective team working	3.91	3.85	-0.06 deterioration

Top 5 ranking scores

For each of the 32 Key Findings, the combined mental health/ learning disability and community trusts in England were placed in order from 1 (the top ranking score) to 29 (the bottom ranking score). CWP's five highest ranking scores are presented here, i.e. those for which the Trust's key finding score is ranked closest to 1.

Top 5 ranking scores				
	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (Combined MH/LD and community trusts)	
KF19. Organisation and management interest in and action on health and wellbeing	3.88	3.87	3.7%	-0.01 deterioration
KF23. Percentage of staff experiencing physical violence from staff in last 12 months	1%	1%	2%	No change
KF24. Percentage of staff / colleagues reporting most recent experience of violence	91%	93%	88%	+2% improvement
KF26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	16%	17%	20%	+1% deterioration*
KF28. Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	19%	19%	23%	No change

*Lower score is better

Bottom 5 ranking scores

For each of the 32 Key Findings, the combined mental health/ learning disability and community trusts in England were placed in order from 1 (the top ranking score) to 29 (the bottom ranking score). The Trust's five lowest ranking scores are presented here, i.e. those for which the Trust's

Key Finding score is ranked closest to 29.

Bottom 5 ranking scores				
	2016	2017		Trust improvement/ deterioration
	Trust	Trust	Benchmarking group (Combined MH/LD and community trusts)	
KF15. Percentage of staff satisfied with the opportunities for flexible working patterns	56%	55%	58%	-1% deterioration
KF6. Percentage of staff reporting good communication between senior management and staff	30%	31%	34%	-1% deterioration
KF13. Quality of non-mandatory training, learning or development	4.08%	4.04%	4.06%	-0.04% deterioration
KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months	16%	16%	14%	No change
KF14. Staff satisfaction with resourcing and support	3.40%	3.33%	3.33%	-0.07% deterioration

Key areas of improvement

The following results are taken from our internal report comparing this year's results with the previous year. Picker Institute use a z-test to determine the significance of each finding.

Significant improvements since 2016			
	2016	2017	Trust improvement/ deterioration
Know how to report unsafe clinical practice	97%	98%	+1% improvement
Had appraisal/ KSF review in last 12 months	91%	94%	+3% improvement

Other areas of improvement relate to the Trust's additionally commissioned local questions.

Improvements since 2016			
	2016	2017	Trust improvement/ deterioration
Able to deliver a person centred approach in your practice / delivery	88%	93.5%	+5.5% improvement

Areas of concern and action plans to address

Significantly worse results than 2016			
	2016	2017	Trust improvement/deterioration
Able to make improvements happen in my area of work	61%	58%	-3% deterioration
Able to meet conflicting demands on my time at work	47%	43%	-4% deterioration
Have adequate materials, supplies and equipment to do my work	57%	53%	-4% deterioration
Team members often meet to discuss the team's effectiveness	71%	67%	-4% deterioration
Satisfied with recognition for good work	62%	58%	-4% deterioration
Satisfied with level of pay	48%	37%	-11% deterioration
Appraisal/ performance review: organisational values definitely discussed	35%	31%	-4% deterioration

Future priorities and targets

Statement of key priority areas

The findings from the NHS Staff Survey 2017 highlight a number of themes that will be the focus of action this year. Trustwide engagement and action planning will seek to understand the issues in more detail and then identify what specific improvements are required. The themes are:

- Improvements in team effectiveness with a focus on quality and service improvement and access to resources, materials and support
- Senior manager visibility and communication between staff and senior managers
- Staff's ability to influence agenda and inform decision making
- Improvements in the quality of appraisals and access to quality non-mandatory training for some staff
- Greater opportunities for flexible working and supporting our diverse workforce

Performance against priority areas (against targets set)

Last year the following were identified as Trustwide priorities for action:

- **Staff having any non-mandatory training, learning or development in the past 12 months**

This was identified as a priority due to being the only area from the NHS Staff Survey 2016 results to have significantly declined.

In recognition that service capacity is inhibiting staff's ability to be released to attend training a number of eLearning packages have been developed to enable access on site. These include clinical supervision, autism awareness, suicide prevention, care planning, smoking cessation. In addition, the Trust is undertaking a review of the content and quality of its existing eLearning packages in partnership with clinical leads who are experts in that area. To date, 17 have been reviewed.

CWP has utilised the annual Apprenticeship Levy fund for 2017/18, with the apprenticeship offer focusing on Healthcare Support up to level 2 and 3; Business and Administration levels 2 – 5; Leadership and Management up to a Master's level and the second cohort of Trainee Nursing Associates are beginning training in March 2018.

Work is ongoing to increase the number of trained mentors and coaches by further developing partnerships with the Elizabeth Bryan Foundation and the North West Leadership Academy. It is anticipated this will increase capability to deliver timely, on site development through mentorship and coaching.

There has been additional investment and equipment procured to build upon the success of our existing quality simulated learning programmes for clinical and non-clinical staff. This includes a simulated courageous conversations workshop which was highlighted as a core skill requirement (via additional engagement) for the Trust's workforce.

- **Staff feeling pressure from themselves to come to work**

The new integrated Workforce Wellbeing, formerly Occupational Health and Staff Support, mobilised in May 2017 with prevention as a pathway of support. A proactive approach to supporting staff to keep well in work is central to this, with a number of initiatives taking place trustwide.

A series of targeted Health MOTs for staff have been delivered across the Trust offering 1:1 health diagnostics, advice and signposting to additional services. In recognition that CWP has an ageing workforce, specific workshops for this target group have been developed and successfully delivered to support staff health and well-being needs.

CWP aligns its health promotion activity to the national health and wellbeing campaigns that take place throughout the year in order to increase staff understanding about how they can support their own health and wellbeing.

In addition, capacity in the Staff Support service has been increased to improve access for staff and services experiencing mental health issues.

- **Senior managers to involve staff in important decision making process, act on staff feedback and providing feedback on outcome**

CWP's staff engagement programme the 'Big Conversation' launched in 2017 comprising of regular, face to face opportunities to connect staff from across the organisation with their colleagues and senior leaders. The Trust launched a CEO programme of engagement, 'Breakfast with Sheena'; these monthly breakfast meetings are held throughout the CWP footprint and are open for all staff to attend. Other activity included Community Conversation events to collaborate with staff in developing a Staff Survey action plan.

As a mechanism for feeding back progress against the NHS Staff Survey action plan, 'We said, we're doing' was developed. A booklet was produced and attached to all staff payslips in August 2017. This was seen as an opportune moment to share with staff progress against the action plan and to reinforce the importance of the NHS Staff Survey ahead of the 2017 campaign launch in September 2017.

- **Identify areas where staff have reported violence, harassment, bullying and abuse from patient, managers and other staff**

This was identified as a priority due to CWP scoring lower than other similar trusts in 2016, although it was an improvement on the 2015 survey. The data relating to violence, harassment, bullying and abuse (HBA) was broken down to locality and workforce level to further pinpoint areas of concern and correlated with other existing workforce data such as known employee cases. This information was shared with locality senior management teams to address through local initiatives.

- **Ensure patient experience data is regularly shared with staff**

A new electronic system that collects feedback and generated automated reports to be shared with services is being developed. It is anticipated that this system will improve the quality and the timeliness of patient experience data for services.

Monitoring arrangements

NHS Staff Survey 2017 results have been cascaded to CWP leads via the Clinical Engagement and Leadership forum and will be to all staff via Community Conversation engagement events held across the Trust footprint. It is anticipated that through this collaborative approach a Trustwide action plan will be developed. This will be communicated via quarterly 'We said, we're doing' communications and it will be monitored by the People and Organisational Development Sub Committee with updates provided to Operational Board; the findings will also be shared with Trust Board and Council of Governors. In addition, individual services will have responsibility for reviewing and addressing the findings at more local level.

Future priorities and how they will be measured

As above, it is proposed that there are a number of Trustwide priorities for this year's focus and action.

- Improvements in team effectiveness with a focus on quality and service improvement and access to resources, materials and support
- Senior manager visibility and communication between staff and senior managers
- Staff's ability to influence agenda and inform decision making
- Improvements in the quality of appraisals and access to quality non-mandatory training for some staff
- Greater opportunities for flexible working and supporting our diverse workforce

Improvements in these areas will be measured via the 2018 NHS Staff Survey result.

2.4 NHS Foundation Trust Code of Governance

Cheshire and Wirral Partnership NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a comply or explain basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012. The Trust has complied with the Code and all required disclosures can be found within this Annual Report. The Code is reviewed annually by the Audit Committee to ensure compliance and to identify any areas for development or further scrutiny.

2.5 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 or suspected breach of its licence.

The Single Oversight Framework 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 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.

Segmentation

As at 31 March 2018, Cheshire and Wirral Partnership NHS Foundation Trust was classified within segment 1 (having maximum autonomy) by NHS Improvement.

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 theme 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.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	2	3	4	1	3
	Liquidity	1	2	3	3	2	3
Financial efficiency	I&E margin	1	2	3	3	3	3
Financial controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	1	1	1	1	1	1
Overall scoring		1	2	2	2	2	2

2.6 Statement of Accounting Officers Responsibilities

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

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

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Cheshire and Wirral 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 Cheshire and Wirral Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

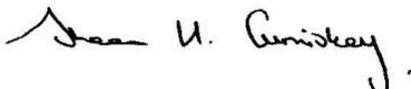
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- 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 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 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.

The accounting officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the 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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

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

Signed: 

Sheena Cumiskey - Chief Executive
24th May 2018

2.7 Annual Governance Statement

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Cheshire and Wirral Partnership NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Cheshire and Wirral Partnership NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has an integrated governance framework in place, which incorporates the risk management process for the Trust. This document acts as guidance and as a framework for all staff to operate within by describing the management of risk appropriate to their authority and duties. At an executive leadership level, the Chief Executive has delegated the operational responsibility for oversight of the risk management process to the Medical Director (Compliance, Quality and Regulation), whilst each executive director is accountable for managing the strategic risks that are related to their portfolio. Executive directors, as strategic risk owners, can discharge responsibility to risk leads within their portfolio, for example associate directors or other senior managers. The process for the management of risk locally involves each operational group structure having their own risk registers, with the accountable officers for risk management being the relevant strategic clinical director and associate director of operations. The local risk registers are reviewed within the local governance structure, with risks managed and monitored within each operational group but escalated appropriately, dependent on the severity of the risk and the framework set out in the Trust's integrated governance framework. The Operational Board receives an in-depth review of the local risk registers every two months as part of its business cycle.

The committees of the Board are responsible for overseeing strategic risks outlined within the strategic risk register and corporate assurance framework and therefore provide additional assurance on the risk management process. The Quality Committee has overarching responsibility for the risk management process and therefore reviews the strategic risk register at each meeting. The Quality Committee will refer any risks to the Operational Board as appropriate, particularly those which are operational or financial in nature or where there are identified resource requirements to address the risk/s. The Audit Committee is responsible for oversight and internal scrutiny of the risk management process and discharges these functions through the use of internal and external auditors. The internal audit plan is developed in collaboration with the corporate assurance framework. In addition, the Audit Committee receives the corporate assurance framework four times per year, as well as having the capacity to undertake periodic reviews of risk treatment processes for individual risks, should this be indicated, on an escalation/ enquiry basis.

As well as guidance in the integrated governance framework, training is provided to staff to equip them with the skills to manage risk appropriate to their authority and duties, as identified

in the Trust's training needs analysis. As part of leadership development, including through various forums in the Trust (e.g. Board development sessions, the Clinical Engagement & Leadership Forum and Quality Committee) there are regular risk management topics that are discussed as part of learning and awareness for the Board of Directors and senior managers. Risk management and awareness training sessions to other staff are delivered as part of the Trust's essential learning programme or as identified through individual appraisals.

It is recognised that sound risk management requires the identification, celebration and building on evidence of success, therefore the Trust supports staff to learn from best practice. A learning from experience report is produced three times a year which reviews learning from incidents, complaints, concerns, claims, compliments and other sources of feedback. Additionally, a quality improvement report is produced three times a year which provides a highlight of what the Trust is doing to continuously improve the quality of care and treatment that its services provide to people who access its services. These reports are received at the Board of Directors meeting, the Quality Committee and local governance meetings.

The risk and control framework

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

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

Under the NHS Improvement (in exercise of the powers conferred on Monitor) well-led framework, NHS Foundation Trust Boards are strongly encouraged to carry out externally facilitated, *developmental* reviews of their leadership and governance using the well-led framework every three to five years, according to their circumstances (i.e. on a risk basis in keeping with the Single Oversight Framework). The Care Quality Commission undertakes regular (indicated to be annual) *regulatory* assessments of the well-led question, which are targeted inspections focused on individual services offered by providers, as well as their leadership. The Trust's most recent *developmental* review was undertaken in 2016/17, which provided the Board with assurance over the effective oversight of the care provided throughout the Trust. This year, the Board agreed to participate in a pilot *regulatory* assessment of the well-led question, on 29 and 30 June 2017, and was awarded a "Good" rating, consolidating the well-led and overall ratings of "Good" awarded at the comprehensive inspection undertaken in June 2015, which was also subsequently maintained in a focussed re-inspection in October 2016 (including all those areas re-inspected, bar one, which were rated as "Requires improvement" improving to a rating of "Good").

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

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

- For 2017/18 in particular, assurance was obtained on compliance with Care Quality Commission (CQC) registration requirements through a pilot well-led review to judge the quality of care provided by the Trust. The Trust was rated as “Good” for well-led. Routine assurance on compliance with CQC registration compliance requirements is also received through CQC Mental Health Act 1983 monitoring and review visits throughout the year. The Trust also has an internal monitoring system in place (service data packs) to routinely assess compliance with standards of quality and safety. Non executive directors seek primary governance and ‘ward to Board’ assurance through team-level visits, aligned to the Trust’s safety management system. Collectively, these assurance mechanisms have confirmed that the Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as “Good” overall and “Outstanding” for caring.

For the year ended 31 March 2018 and up to the date of approval of the annual report and accounts, NHS Improvement has placed the Trust in “segment 1”, meaning that it is has judged the Trust as needing the least level of oversight to maintain its CQC rating of “Good”. This judgment is made quarterly based on the Trust’s performance in relation to five themes (quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability).

Risks to data security are managed and controlled by the processes outlined within the Trust’s information governance policy, which is scrutinised annually via the Information Governance Toolkit as a mandatory annual assessment of information governance performance. The ‘Information governance’ section of this statement provides further information. Additionally, risks to data security are being treated via the corporate assurance framework, as detailed below.

The Trust’s major (including significant clinical) risks at the year ended 31 March 2018 (with a risk score of 15 – 25), how they are being managed and mitigated are:

- Risk of cyber-attack resulting in loss of access to key systems and/ or data files with possible impacts on healthcare delivery, financial penalties and reputational damage. The Board of Directors have agreed additional resource for development of in-house services and a detailed delivery plan, including recommendations from audits around cyber security, is scheduled for approval in April 2018.
- Risk of reducing ability to sustain safe and effective services within Central and Eastern Cheshire.
- Local NHS partners have proposed a redesign of adult and older people’s specialist mental health services in East Cheshire, South Cheshire and Vale Royal for a number of reasons, including user and carer feedback, along with audit recommendations and inspections highlighting that some things in these services work well but that other things need to change to ensure future ability to sustain effective service provision. A public consultation to gather feedback about the proposed redesign commenced in March 2018 and is scheduled for completion in May 2018. Prior to, during, and post the consultation, an emergency planning framework is being used to monitor the resilience of these services and to ensure service continuity.
- Risk of failure to deliver elements of the Learning Disabilities Transforming Care Programme, resulting in potential impacts on patient care.
- An approved five year plan is currently being implemented, overseen by the Transforming Care Programme Board and local governance processes, including a project team. The project team is developing new models of patient care that are aligned to the Transforming Care Programme, including consultation with the Trust’s regulators to ensure accurate registration and regulation of changes to activity associated with these new models of care.

- Risk that the poor capture, recording and extraction of data from clinical systems may have an adverse impact on the quality of data and information provided for external (regulatory, contractual) monitoring and/or governance ratings, and on effective internal decision making regarding service planning and development.
- Internal processes that report on data from clinical (and other) systems are being amended to (i) utilise the secondary uses data set as the data set for internal monitoring; and (ii) incorporate improvements to internal processes, as identified by a deep dive undertaken in conjunction with NHS England, which will mitigate the risk of system coding errors.

The organisation's major risks and other risks detailed in the Trust's strategic risk register at year-end also form the Trust's future risks. How these will be managed and mitigated are detailed above and in the Trust's corporate assurance framework and forward plans. At the end of this reporting period, four risks were being scoped as potential future risks. These were the risk of potential loss of Trust income and delivery of improved quality outcomes arising from failure to reach agreed targets within the CQUIN programme; risks associated with the transition to the Trust's clinician-led operational (Care Group) structure as part of CWP Forward View strategy; the risk of significantly reduced capacity within the Performance & Redesign team, resulting in a reduced ability to support/ develop current work and new commissions; and the risk of not achieving contractual obligations and subsequent reputational impact, due to increased inspectoratory burden and acute increase in the volume of multiagency case reviews. These will be scoped in accordance with the Trust's integrated governance framework and if they are deemed to meet the threshold for being a risk to the Trust's strategic objectives, will be treated/ mitigated through the Trust's corporate assurance framework process.

Outcomes against the management and mitigation of these risks are/ will be assessed by the Board by receipt of controls, assurances, and risk treatment plans to address gaps – to review the adequacy of assurances provided to mitigate the impact of the risks. The Quality Committee undertakes individual in-depth reviews of selected strategic risks, the controls and assurances in place, mitigations identified, and the impact of these on the residual risk rating and outstanding controls and assurances ahead of reaching any identified target risk rating. The Audit Committee also contributes to assessment against the management and mitigation of risks by reviewing the effectiveness of the Trust's integrated governance arrangements and internal control across whole of the Trust (supported by periodic reviews of risk treatment processes for individual risks on an escalation/ enquiry basis, as described previously).

The overall opinion of the Director of Internal Audit is that substantial assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently. The audit assignment element of this opinion is limited to the scope and objective of each of the risk based individual internal audit reviews. Detailed information on the limitations to the reviews has been provided within the individual audit reports and through Audit Committee progress reports throughout the year, with conclusions ranging from high assurance and significant assurance to limited assurance. During the course of the year, internal audit has undertaken follow up reviews and has concluded that the organisation has made good progress with regards to the implementation of recommendations. Internal audit will track and follow up outstanding actions identified in management responses to internal audit review findings requiring enhancement.

The Board undertakes a twice yearly self-assessment of its compliance with NHS Improvement's (in exercise of the powers conferred on Monitor) provider licence conditions for foundation trusts. This includes the licence provision for NHS foundation trust governance arrangements (condition 4). This confirms compliance with this condition as at the date of this statement and it is anticipated that compliance with this condition will continue for the next financial year. The principal control measures in place are the effective operation of the Trust's integrated governance framework, the operation of which is assessed annually by the Trust's

Quality Committee in reviewing its effectiveness over the previous year, and validation of the annual corporate governance statement, as required by NHS foundation trust condition 4(8)(b). These control measures ensure that the Trust is able to assure itself of compliance in relation to:

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

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

- The Trust's performance management framework is an integral component of the overarching integrated governance framework, which describes the accountability arrangements and the actions that will be taken should risk/ performance issues be judged as requiring escalation.
- Ongoing review and scrutiny of trustwide and local risk registers.
- Promotion of a just culture, with support for staff to report actual and potential incidents/ errors so that learning and improvement can take place, informed by appropriate investigation.
- Learning from incidents through aggregated analysis, regular feedback to staff and review of lessons learned. This is supported by the Trust's learning from experience report to monitor incident reporting and includes quantitative and qualitative analysis of numbers, types and severity of incidents reported per clinical speciality and location.
- Ensuring risk assessments are conducted consistently, as outlined in the integrated governance framework.
- Having a robust annual healthcare quality improvement programme informed by risk.
- Ensuring that person-centred and/or equality assessments are conducted on all new service developments and Trust policies.

The Trust's incident reporting and management policy describes how incident reporting is handled across the Trust, including how incident reporting is openly encouraged. The Trust has embedded the principles of 'Being Open' (National Patient Safety Agency, 2009) guidance into Trust practice and the contractual/ regulatory 'Duty of Candour' (Specific Condition 35, Standard NHS Contract/ Regulation 20 of the Health and Social Care Act).

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

- Forward planning events, which encourage engagement in setting strategic priorities.
- Consultation with public stakeholders on major service redesigns.
- Involvement of the Foundation Trust membership and Council of Governors membership.
- Learning from experience, where feedback is received from comments, concerns, complaints and compliments received from both patients and public stakeholders.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Cheshire and Wirral Partnership NHS Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources

The Board reviews the financial position of the Trust on a monthly basis. This includes the achievement of efficiency targets. The Trust has assessed its financial performance during the year against NHS Improvement key ratios such as the Use of Resources metric. There is a scheme of delegation in place and the key sub committees of the Board as part of the governance structure. The Trust also utilises internal audit to review business critical systems over a rolling programme using a risk based approach.

Information governance

The Information Governance toolkit is subject to annual internal audit. This was recently completed and a significant assurance opinion was issued for the sixth consecutive year.

There have been no serious incidents relating to information governance in 2017/18 that were reportable to the Information Commissioner's Office (ICO) as a Level 2 incident in the Information Governance Incident Reporting Tool.

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*.

In order to assure the Board that the annual Quality Report (also known as the Quality Account) presents a balanced view and that there are appropriate controls in place to ensure the accuracy of data, the following steps have been put in place:

- Development of the quality improvement priorities contained within the annual Quality Report are based on feedback received throughout the year from people who access and deliver the Trust's services and the Trust's wider stakeholder groups. These priorities are integrated with the Trust's forward planning processes to allow consultation and effective communication across the Trust and wider stakeholder groups. It also ensures a robust audit trail to document the process of setting quality improvement priorities, including being able to evidence feedback and constructive challenge.
- The receipt of Quality Improvement Reports by the Board to evaluate progress towards delivery of the quality improvement priorities. Through the pilot well-led review, which the Board agreed to participate in (June 2017), it was identified how quality is the Trust's fundamental priority that drives the overall Trust strategic plan.
- This is supported by a review by the Board of the corporate performance dashboard report and exception reporting from the Quality Committee of quality performance issues (aligned to the quality of care domains defined by the CQC) detailed in the Trust's service data packs. The Quality Committee includes in its business cycle a review of the Quality Improvement Report and is the delegated committee that identifies any necessary action plans required to manage the risks associated with the delivery of the quality improvement priorities. The Quality Improvement Report is

also shared widely with partner organisations, governors, members, local groups and organisations, as well as the public.

- The Chief Executive confirms that on behalf of the Board the information presented in the Quality Report is accurate.
- The Board ensures that the governance processes around the presentation and scrutiny of the Quality Report are robust and as per regulations, receiving independent/ external audit assurance of this. The Chairman and Chief Executive confirm, on behalf of the Board, that to the best of their knowledge and belief that the directors have complied with their responsibilities and requirements in preparing the Quality Report.
- The limited assurance report audit conducted by the independent auditors to the Council of Governors on the annual Quality Report includes a review and report against the Trust's policies and plans in ensuring quality of care provided, systems and processes, people and skills, and quality metrics focusing on data collection, use and reporting.

The Trust ensures the quality and accuracy of elective waiting time data by:

- Undertaking weekly reviews of waiting lists, including cleansing, to ensure clinical appropriateness.
- Quarterly service-led waiting list data validation exercises.
- Producing a suite of reports that enable managers to have oversight of a team's capacity and demand.
- Sharing data quality issues with the education team to improve clinical systems training and with the clinical systems development team to influence system upgrades/ design.
- Undertaking data quality checks.

The risks to the quality and accuracy of this data are the potential for inaccurate data capture, which is being mitigated through the above mechanisms.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Quality Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In accordance with Department of Health requirements, the Director of Internal Audit has provided me with an overall assessment of compliance with the Assurance Framework requirements. Based upon the review conducted, it is concluded that: "The organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Board and clearly reflects the risks discussed by the Board". The review has given assurance that:

1. The structure of the Assurance Framework meets the requirements.
2. There is Board engagement in the review and use of the Assurance Framework.
3. The quality of the content of the Assurance Framework demonstrates clear connectivity with the Board agenda and external environment.

This review has been presented in a report to the Audit Committee and the Board. It details that the Assurance Framework is reflective of the NHS and external environment. It also

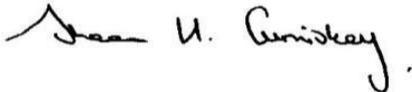
details that the Audit Committee and Quality Committee both discuss the Assurance Framework and the appropriateness of the risks within.

The desktop review of the Assurance Framework, alongside a review of the Board minutes and benchmarking, has not identified any gaps (all requirements are rated as 'Green').

Conclusion

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

Signed:

A handwritten signature in black ink, appearing to read 'Sheena U. Cumiskey'.

Sheena Cumiskey - Chief Executive
24th May 2018



Independent auditor's report

to the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Cheshire and Wirral Partnership NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality:	£3m (2016/17:£3m)
financial statements as a whole	2% (2016/17: 2%) of total revenue

Risks of material misstatement vs 2016 / 17

Event driven	Valuation of Land and Buildings	◀▶
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2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including 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. In arriving at our audit opinion above, the key audit matter was as follows (unchanged from 2016/17):

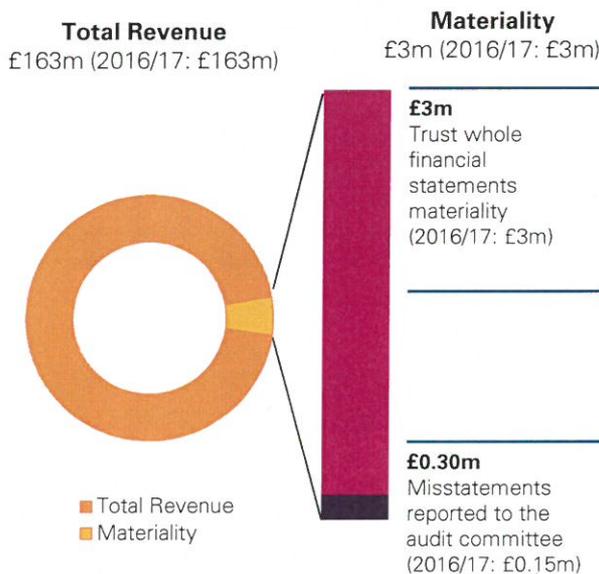
	The risk	Our response
<p>Valuation of Land & Buildings</p> <p>2017/18: £71.1 million; 2016/17: £68.1million (net book values)</p>	<p>Subjective Valuation:</p> <p>Land and buildings are initially recognised at cost. Non-specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets (such as hospitals) where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) value of a modern equivalent asset that has the same service potential as the existing property (MEAV).</p> <p>As at 31 March 2017, the Trust had land and buildings with a total net book value of £68,095k. Land and buildings are required to be held at fair value, for the Trust many of their buildings are considered specialised and therefore the GAM sets out the need for fair value to be determined based on replacement cost of a modern equivalent asset, since there is not an active market for the asset and it sets out any assumptions made about changes to the estate when determining how it would be replaced, e.g. change in location or size.</p> <p>The Trust performed a review of impairment indicators across the Trust's estate and calculated the potential movements in market values, using Royal Institution of Chartered Surveyors (RICS) property value indices data provided by Cushman and Wakefield, an external expert engaged by the Trust. Following this, a desktop valuation was undertaken, effective 31st March 2018.</p> <p>Valuations are inherently judgmental, therefore our work focused on whether the valuer's methodology, assumptions and underlying data, were appropriate and correctly applied.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Assessing valuer's credentials: We assessed the competence, capability, objectivity and independence of the Trust's external valuer. — Tests of details: We sample tested the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust's estate. — Methodology choice: We critically assessed the assumptions, including indices, used by the Trust's valuer in preparing the valuation of the Trust's land and buildings to ensure they were appropriate. We tested that the valuation methodology for a sample of assets was consistent with our understanding of the nature of the asset. — Tests of details: We considered how the Trust and the valuer had assessed the indications of impairment and surplus assets within its estate, either due to a loss of value or reduction in future service potential. — Accounting analysis and transparency: We critically assessed the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements, by testing that the results of the valuation report are reflected in the financial statements and assessing the disclosure of judgements made in relation to the valuation. We determined whether the accounting for the valuation had complied with the requirements of the Department of Health Group Accounting Manual 2017/18. — Tests of details: We tested a sample of additions to and disposals from land and buildings during the year. — Methodology implementation and re-performance: We reconciled the valuation report to the financial statements to ensure that valuation movements had been applied correctly both in total and at an individual asset level. We also compared the asset value movements from the valuer's report to the entries in the fixed asset register. This included a re-performance of the entries to confirm that any material movements in the value of land and building assets had been accounted for correctly.

3. Our application of materiality

Materiality for the Trust financial statements as a whole was set at £3 million (2016/17: £3 million), determined with reference to a benchmark of total revenue (of which it represents approximately 2% (2016/17: 2%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £300,000 (2016/17: £150,000), in addition to other identified misstatements that warranted reporting on qualitative grounds.

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



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 73, the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the 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 they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity

Auditor's responsibilities

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 our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not 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 aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

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

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

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

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out overleaf together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
<p>Sustainable Resource Deployment: Achievement of Cost Improvement Programme / Efficiencies</p>	<p>CWP agreed a control total of £0.98m with NHS Improvement (NHSI) for 2017/18. Achievement of this total would trigger receipt of additional Sustainability and Transformation funding (STF).</p> <p>During the year the Trust reported internally that the cost improvement programme (CIP) required to deliver this total was currently behind schedule. . A non-recurrent CIP gap of £0.973m was reported at the end of the financial year and was mitigated by £1.3m of contingency funding that had been set aside to meet this. The recurrent CIP gap was £0.5m.</p> <p>The achievement of financial balance, whilst maintaining the quality of healthcare provision, was therefore a key risk for the Trust throughout 2017/18. Our work sought to assess how the Trust managed this risk and sought to achieve its financial targets.</p>	<p>Our work included:</p> <p>2017/18 budgeting: We critically assessed the assumptions made in setting the 2017/18 financial and operational plan to determine whether realistic plans were set, including the balance of recurrent and non-recurrent efficiencies planned for;</p> <p>2017/18 financial monitoring: We assessed the processes for monitoring financial performance during the year to confirm there were appropriate mechanisms in place to manage performance against budget and mitigate risks. The Trust have also agreed to the proposed control total for 2018/19 and we reviewed the process for agreeing this internally;</p> <p>2017/18 savings programme: We critically assessed arrangements to develop and monitor 2017/18 savings programme to determine whether achievable plans were set to achieve the Trust's efficiency target and monitored to ensure they were implemented as planned. This included the process for utilising contingencies during the year to ensure the trust achieved its control total;</p> <p>2018/19 financial planning: We reviewed the arrangements in place to submit the operational plan to the regulator, NHSI, for 2018/19. We critically assessed financial forecasts, including cash flows, and the arrangements in place to deliver forecast positions. We critically assessed the cash flow monitoring information made available to identify needs for liquidity support during the year.</p> <p>Our findings on this risk area:</p> <p>We did not find any indication that the Trust has not had regard to its responsibility to secure economy, efficiency and effectiveness in its use of resources.</p>

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Cheshire and Wirral Partnership NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.



Robert Jones
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants
1 St Peter's Square
Manchester
M2 3AE
25 May 2018

3. Quality Account



Quality Account

2017/18



Quality at CWP
2017/18 in pictures

Vision:

***Working in partnership to improve health and well-being
by providing high quality, person-centred care***

Introduction

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

All Quality Accounts require providers of NHS services to describe quality in the following ways:

Patient safety

This means delivering care in a way which increases safety, by using effective approaches that reduce unnecessary risks.

Clinical effectiveness

This means delivering care that is based on evidence and people’s needs and results in improved health outcomes.

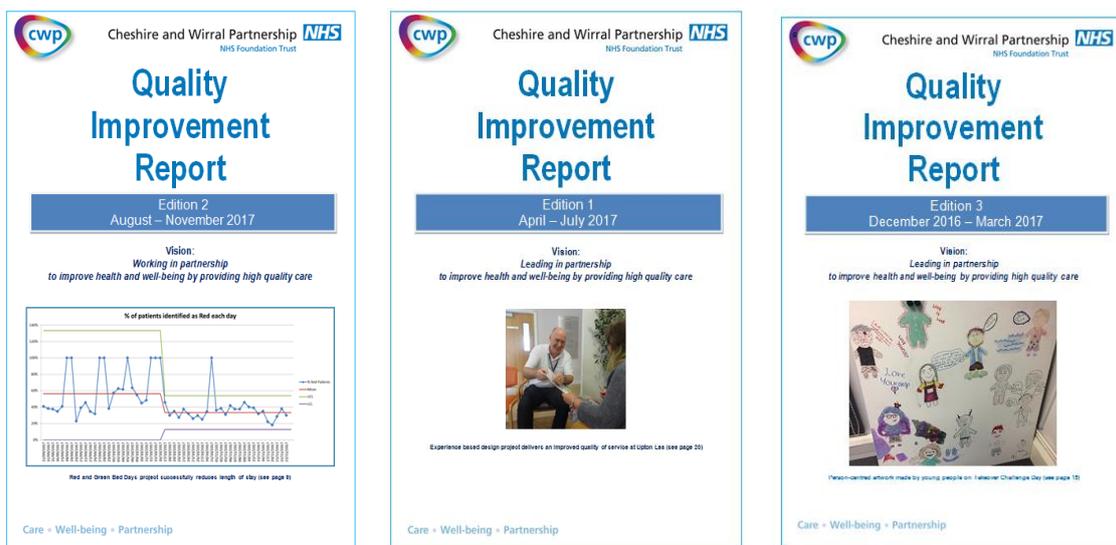
Patient experience

This means delivering care which people can easily access and that takes into account their preferences and their needs.

At CWP, we also use international ways of defining quality to help us to better show where we are making real improvements, for example is the care that we deliver affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production, which is about the people who deliver and support the delivery of our services, people who access our services, their families and the populations we serve, playing more of an active role in planning, improving and delivering services.

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

To help meet this aim, we produce *Quality Improvement Reports* three times a year.



This *Quality Account*, and ‘easier read’ accessible versions of the *Quality Account* and our *Quality Improvement Reports*, are published on our website.

Part 1.

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



I am delighted to share with you our annual Quality Account for 2017/18. Our first and foremost priority as a Trust is to enhance quality, through a process of continuous improvement, and ensure that we are committed to improving care for the people we serve. I therefore hope that the following pages will demonstrate our commitment to providing high quality care to everyone who accesses our services.

This has been a year of both transformation and partnership for CWP, with many examples of this in action. In January, we welcomed new colleagues to the CWP family when we took on responsibility for delivering the 'Starting Well' services from the children's centres across the Cheshire West and Chester Council footprint. Other examples include:

- Working in partnership with a local social housing partner and Trafford Council to support people with Autism to move into independent living.
- Croft ward's work with colleagues at East Cheshire NHS Trust to improve care for patients with dementia and their carers.
- Development of a Custodial Partnership Group, to improve pathways for people with mental health problems or a

learning disability in prison.

You can read more examples like this in Parts 2 and 3 of this report, as well as finding lots of other examples in our Quality Improvement Reports, which we produce three times a year

At the start of this year, the Board of Directors discussed our long term vision for providing care to our diverse population, and how we can focus our organisational objectives through the lens of the current national and local landscape. This includes NHS England's Next Steps on the NHS Five Year Forward View – a detailed action plan outlining how, nationally, NHS care can be fit for the future. The challenge is how we can deliver better outcomes for everyone, while also ensuring services are sustainable. We therefore agreed to establish a new Trust strategy, to respond to the changing needs of people who access our services and to ensure that CWP is fit for the future – we have called this the CWP Forward View. As a result, we will organise our services in a way that will enable clinicians to develop new models of care for larger populations and link more effectively with other local services and resources outside of their immediate location, thus blending best practice and well-evidenced approaches with place-based care. This will help us deliver more integrated care that is specific to our population need – care that is person-centred, effective and seamless.

In addition to working in partnership with people who access our services and their loved ones and friends, we have continued to ensure that engaging with people who deliver and support the delivery of our services is also a priority. This helps us to gather their views so that people know that their contribution is valued and understood. I have had the personal pleasure of meeting over one hundred

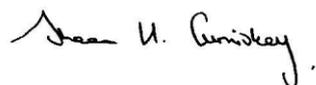
staff at our Breakfast with Sheena sessions, where we discuss things such as work experiences, recent achievements, what works well and where people think improvements could be made. Another way to gather views is through our participation in the NHS Staff Survey. You may recall that last year, I was pleased to report that 88% of staff felt that they were able to deliver care using a person-centred approach. We were determined to improve on this to demonstrate the effectiveness of our work to further develop our person-centred framework. Our goal driven measure for patient experience, for 2017/18, was therefore to increase this percentage to over 90%. I am absolutely delighted to report that we actually achieved 93.5%. Further information on this achievement, and the other positive results from the NHS Staff Survey for 2017, can be found in Part 2 of this report.

The Board acknowledges the hard work and commitment of our dedicated teams who deliver and support the delivery of all our services at CWP, and in doing so ensuring that we deliver high quality care and support to the population we serve. The many examples of this in our Quality Account are absolutely inspirational. Research has shown that there is a high correlation between engaged staff and the provision of high quality care to people. We therefore want to maintain a focus on this. One of the highlights for me over the past year was in October, when we held our very first Recognition Awards, celebrating the successes of our wonderful staff and volunteers over the last year. The ceremony recognised how the people who deliver and support the delivery of our services, day in and day out, put our values into action and make a difference to the people we serve and their families. We also said thank you to over 20 people who achieved long-service milestones this year, including two colleagues who were celebrating an astonishing 40 years of dedication to the NHS!

Looking forward to the coming year, we are determined to focus on continuous quality improvement and we are therefore embarking on an organisation-wide scale of Quality Improvement. Over the years, we have had great examples of quality improvement across various services of the Trust, but we want to enable every service and team, in partnership with people with lived experience of our services, to embed this as culture and make it the way we do things in CWP. Our Medical Director and Executive Lead for Quality, Dr Anushta Sivananthan, talks more about this in her own foreword.

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

Sheena Cumiskey



**Chief Executive
Cheshire and Wirral Partnership NHS Foundation Trust**

Statement from the Medical Director – Executive lead for quality



At CWP, we have an excellent culture of improvement and learning from experience, but we want to be even more focussed by ensuring that continuous improvement happens at scale and as part of our every-day way of working. As Sheena introduced in her foreword, I am delighted that earlier this year, the Board of Directors approved our Quality Improvement strategy. This strategy sets out a demanding ambition to deliver the best outcomes, nationally, for the population we serve. Whilst this requires a focused commitment from us as an organisation, on all the components of quality, we are starting from a position of strength. Since we launched our *Zero Harm* quality strategy four years ago, I am proud to report that our staff have undertaken more than 275 Quality Improvement projects, which is quite an achievement! Our new Quality Improvement strategy is an investment in not only our staff, but in people who support the delivery of our services. This includes people with lived experience of our services and the population we serve, through a focus on co-production, co-delivery and using approaches like experience based design. This partnership working will enable us to bring about sustainable changes and improvements in care. This time next year, I hope our Quality Account reflects this.

On the subject of our staff and their achievements, in October we held our annual *Best Practice Showcase* event in Macclesfield Town Hall. As always, it was an inspiration to see our staff wholeheartedly embracing the values of the day. We welcomed over 200 guests made up of staff, partners, people accessing services and wider Trust members. The day also saw the launch of our [Big Book of Best Practice 2017/18](#), which highlights some of our work over the past year. A massive well done to all involved – particularly to the 32 CWP services who exhibited their fantastic achievements on the day.

We have led the way in improving outcomes for the population we serve in a number of areas, including:

- Our *Complex Needs* service in Wirral, which has identified that within their community, some people require a different, more person-centred approach. The service specifically helps people with complex and severe mental health conditions who regularly use out-of-hours, emergency services or make frequent last-minute appointments with their GPs. It has achieved profoundly positive outcomes, and I'm delighted to say that the service is now being recognised as a national example of best practice. You can read more about this model of care on our Internet in my blog [the right support at the right time](#).
- In November, we were awarded funding to launch a pioneering specialist perinatal service, in partnership with our local mental health partners. The service provides mental health support for women in Cheshire and Merseyside who experience mental health issues during pregnancy and in the year after birth. This service is greatly improving access to evidence-based treatments, as well as providing training for other frontline staff caring for local women, to ensure consistent, high quality care across the region.
- Being the lead employer in the Cheshire and Wirral Partnership pilot for the training of 44 Nursing Associates. The role of Nursing Associates is to improve outcomes for people accessing services by bridging the gap between clinical support workers and registered nurses.

Despite our focus on quality improvement, we recognise that quality assurance is also vitally important. We welcome strong regulation and inspection, as a means of assuring the people we serve that we are meeting fundamental standards of care. We have received positive feedback from our regulators this year as part of their inspection programme:

- In April, Westminster Surgery in Ellesmere Port, which CWP has operated since 2015, was rated as “Good”, with a number of positives noted by inspectors. I was delighted that the *Care Quality Commission (CQC)* reported that the surgery had systems in place to avoid risks to patient safety and that it delivered person-centred care. The *CQC* also helpfully highlighted some areas in which we can improve our services.
- In June, we were invited to take part in a pilot inspection to test the *CQC*’s plans to work more closely with *NHS Improvement* through the lens of their new “well-led” framework. This was a fantastic opportunity to work collaboratively with our regulators to shape the way in which they monitor, inspect and regulate services. We were one of just four trusts nationally – and the only mental health and community trust – to be invited to take part. After the visit, I am delighted to say that the *CQC* commended our commitment to person-centredness and co-production, our aforementioned Nursing Associate roles, and our governance processes. Again, as part of continually improving, we have looked into all of their feedback and have identified areas where we can further improve.

Finally, I would like to highlight a fantastic example of what can be achieved if we work hand in hand with those who access our services, and their families and carers, using a learning and reflective approach. This year, the *Wirral CAMHS* service has introduced a new advice and duty phone line. This provides a single “front door” to a CAMHS duty worker, enabling people (including parents, carers or healthcare professionals) to access advice or support before referring a young person into the service. This brilliant but simple idea has led to providing an effective and meaningful new offer to our community.

I hope you enjoy reading our Quality Account.

Dr Anushta Sivananthan



**Medical Director & Consultant Psychiatrist
Cheshire and Wirral Partnership NHS Foundation Trust**

Part 2.

Priorities for improvement and statements of assurance from the board

Priorities for improvement

Quality improvement priorities from 2017/18

CWP has made significant improvements towards the priorities set in last year's *Quality Account*.

Below is a summary of our improvements, which are presented at the Trust's Board meetings and are available on the CWP website. Our *Quality Improvement Reports*, which are available on our website, have reported on progress throughout the year. Edition 3 of our *Quality Improvement Report* provides further detail on how we have made improvements in addition to the summary below.

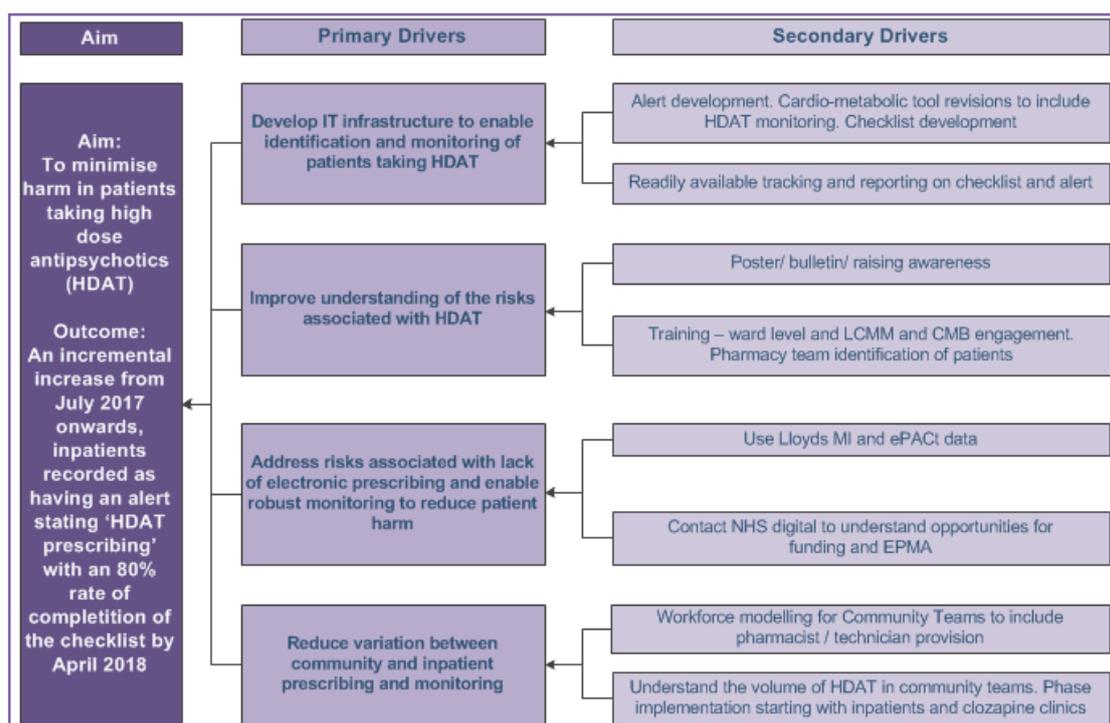
We have included a glossary of some of the terms used in the report. *Annex A* explains these terms.

Patient safety priority for 2017/18

We wanted to:

Increase the identification of patients taking monotherapy or combination antipsychotic treatment, in which daily doses exceed the recommended maximum limits (according to the British National Formulary) to improve monitoring of the associated risks.

This is because there are greater risks, including serious physical side-effects, associated with antipsychotics taken in high doses or in combination.



How we have shown improvement:

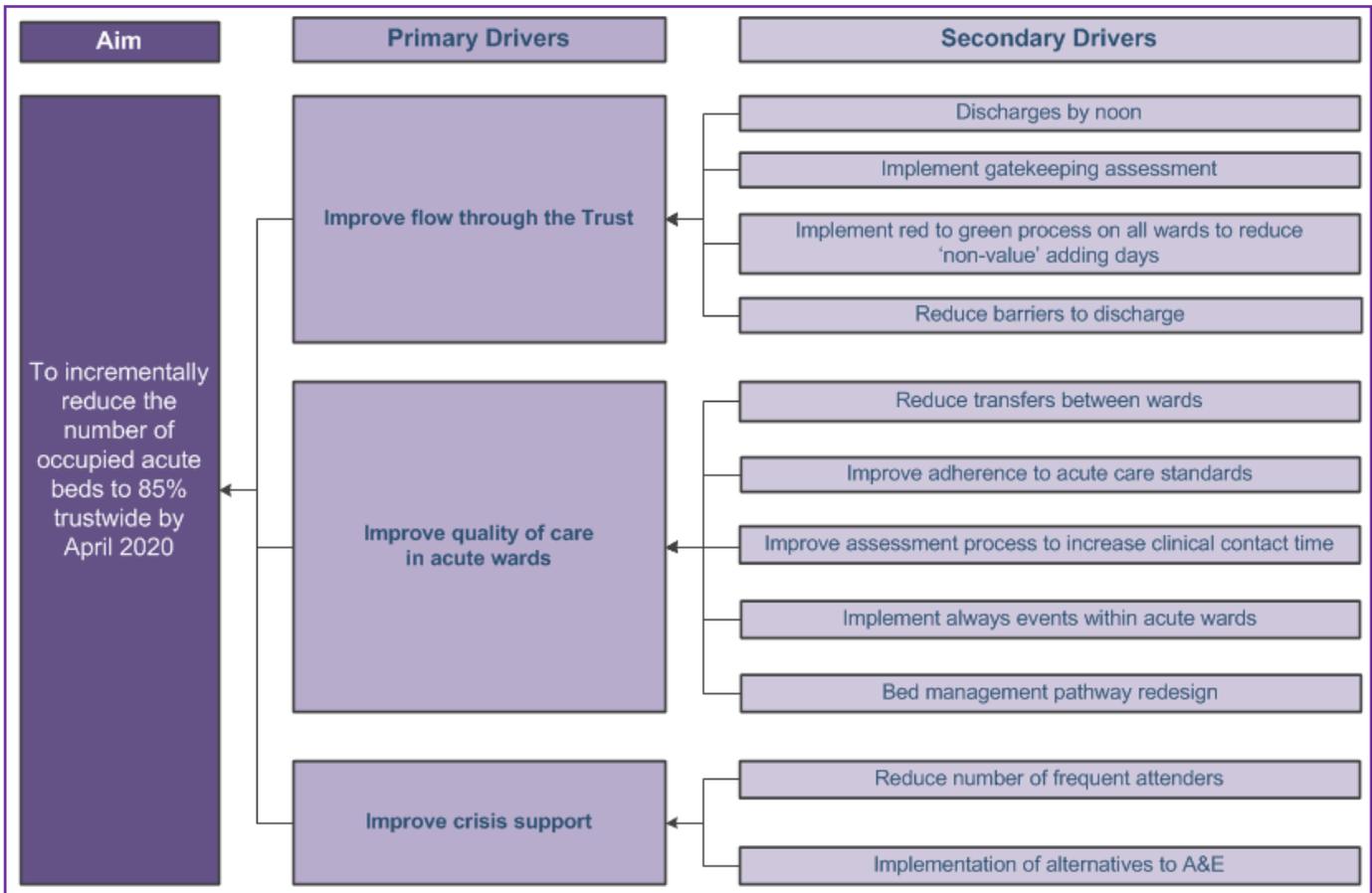
- ✓ We have developed training to improve the skills of clinicians in identifying risks associated with taking high doses of antipsychotic medications.
- ✓ A checklist and an alert on our computer systems have been introduced to help clinicians to monitor these risks.
- ✓ By the end of March 2018, we increased (from a baseline of zero at April 2017) the number of people who have a documented HDAT alert to **38**.
- ✓ We set an improvement target of 80% rate of completion of the HDAT checklist by the end of March 2018 – we have achieved **82%**.
- ✓ We have participated in the *Royal College of Psychiatrists'* audit of this issue. Our results showed that we have halved the number of people we prescribe high dose antipsychotics to since 2012, and significantly reduced the proportion of people in forensic and rehabilitation/ complex needs services prescribed high dose antipsychotics. We also equalled the national average for patients receiving physical health checks (in line with good practice), whilst in our care

Clinical effectiveness priority for 2017/18

We wanted to:

Improve the Trustwide average bed occupancy rate for adults and older people.

This is because the optimal bed occupancy rate to facilitate more effective care is 85%.



How we have shown improvement:

- ✓ We identified a centralised 'bed hub', a system that ensures that everyone needing an inpatient bed is in the best bed for their needs that day. Although we have yet to meet our 85% target, a number of improvement projects are continuing to work towards this challenging goal. For quarter 3 to the end of December, we achieved an **89.6%** bed occupancy rate, an improvement from 90% last year.
- ✓ Our 'Red and Green days' quality improvement project – which identifies and reduces internal and external delays in patient care in order to improve flow. We can see from the data and staff feedback that the project has had a positive impact, both in terms of progressing the patient journey to them receiving active care and interventions, and also in reducing length of stay. We plan to further roll-out this project to other wards.
- ✓ Improving use of the 'Gatekeeping Assessment form' – this project aims to ensure that whenever a person is admitted, there is a clear plan of care for them to ensure their needs are met and they are cared for in the right way and in the right place. This has resulted in some people experiencing a shorter length of stay on the ward.
- ✓ Detailed investigation and analysis of our bed occupancy data to look at the quality of people's experience whilst on our wards. Quality measures include: number of transfers between wards and reasons for these; comparisons between admission and discharge data for different wards; comparisons in bed occupancy rates within wards in our different geographical locations.
- ✓ Acute Care 'Away Days' – held in July 2017 and February 2018 to provide an opportunity for staff working in our acute wards to share ideas, best practice and learning, to minimise variation in how care is delivered across inpatient units.

Patient experience priority for 2017/18

We wanted to:

Achieve an improvement in embedding a person-centred culture across the organisation.

In March 2017, the Trust introduced a person-centred framework. CWP defines person-centredness as "connecting with people as unique individuals with their own strengths, abilities, needs and goals". This priority was identified so that we could demonstrate how the framework is helping to improve the organisation's person-centred culture.

How we have shown an improvement:

- ✓ In 2016, the percentage of staff responding positively in the NHS Staff Survey that they were able to deliver a person-centred approach in their practice/ delivery of care was 88%. Our improvement target was to increase this to 90%. In the NHS Staff Survey for 2017, we achieved **93.5%**.
- ✓ We successfully achieved the delivery of this project by helping our staff to deliver a person-centred approach in the following ways:
 - ✓ Providing access to a dedicated page on the Trust's intranet.
 - ✓ Providing face-to-face training sessions, facilitated by our Consultant Nurse for Learning Disability Services and our Participation & Engagement Lead. Over 200 staff have attended and feedback has been positive.
 - ✓ The work of our person-centred framework group, which oversees five sub-groups: care planning; patient stories; 'be the best you can be'; shared decision-making; and person-centred thinking training.

Quality improvement priorities for 2018/19

Our priorities have been developed and chosen based on:

- Identified risks to quality, which includes feedback such as complaints and learning from investigations into serious incidents.
- What is important to people who access our services, people who deliver our services and stakeholders such as commissioners.
- National priorities.

The quality priorities identified for achievement in 2018/19 have been set out in the Trust's plans, including how they link to the Trust's corporate and locality strategic objectives. This allows our quality priorities to be consistently consulted on and effectively communicated across the Trust and wider stakeholder groups.

Our approach to Quality Improvement

During 2017/18, we have been developing our new Quality Improvement strategy. The purpose of Quality Improvement is to deliver person-centred health care that responds to the needs and preference of people who access our services, with a compelling ambition to deliver the very best outcomes. We will start to implement the first phase of this strategy from 1 April 2018. In developing our Quality Improvement strategy and our ambition, we have sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Institute for Healthcare Improvement guidance has encouraged us to assess and monitor quality using a broader definition than as defined in 2008 by the *Department of Health*. This will help us to better identify and prioritise areas for improvement. Together with *World Health Organization* definitions and our *Person-centred Framework*, we have defined quality as described in our Quality Framework:

QUALITY					
Patient safety	Clinical effectiveness			Patient experience	
Safe	Effective	Affordable	Sustainable	Acceptable	Accessible
Achieving Equity and Person-centred Care through CO-PRODUCTION, CO-DELIVERY, QUALITY IMPROVEMENT & WELL-LED SERVICES					
Delivering care in a way which increases safety by using effective approaches that mitigate unwarranted risks	Delivering care that follows an evidence base and results in improved health outcomes, based on people's needs	Delivering care in a way which maximises use of resources and minimises waste	Delivering care that can be supported within the limits of financial, social and environmental resources	Delivering care which takes into account the preferences and aspirations of people	Delivering care that is timely, geographically reasonable, and provided in a place where skills and resources are appropriate to meet people's needs

Our patient safety priority for 2018/19

Measure	Reduction in the severity of the harm sustained by those people accessing CWP services that cause harm to themselves		Inpatient MH/ LD	✓
			Community MH/ LD	✓
			Community PH	
Rationale	Locally	The number of reported incidents of self-harm has increased over the previous four reporting periods (Source: Trustwide 'Learning from Experience' reports, 2016 – 2017)		
	Nationally	There is a wide variation between services in the frequency of self-harm (Source: Care Quality Commission 'State of Care' report 2016/17)		
Baseline	April 2017 – March 2018 = 121 reported incidents of severe or moderate self-harm			
Improvement target	Trustwide incident reports of severe or moderate self-harm to reduce by 20%			
Source	Incident reporting data as published in the Trustwide 'Learning from Experience' report			

Our clinical effectiveness priority for 2018/19

Measure	Improvement in inpatient access to psychological therapies <i>(this priority will also aim to improve community and primary care services access, the improvement target is specific to inpatient services)</i>		Inpatient MH/ LD	✓
			Community MH/ LD	✓
			Community PH	
Rationale	Locally	Gaps and variation in the current psychological therapeutic offer to people accessing care across each inpatient unit (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	Health care organisations should be assured that they are providing effective care that includes psychological interventions (Source: Care Quality Commission 'State of Care' report 2016/17)		
Baseline	Ward level access to psychological therapies = variable per ward			
Improvement target	Ward level access to a minimum psychological therapeutic service offer (to be determined at the end of quarter 1 2018/19) by the end of 2018/19			
Source	Quality improvement project reporting			

Our patient and carer experience priority for 2018/19

Measure	Improvement in engagement with bereaved families and carers		Inpatient MH/ LD	✓
			Community MH/ LD	✓
			Community PH	✓
Rationale	Locally	Variation in the current levels of engagement with bereaved families and carers (Source: Internal review commissioned by the Board, undertaken by the acute care nurse consultant)		
	Nationally	Health care organisations should prioritise working more closely with bereaved families and carers and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage, from notification of the death to an investigation report and its lessons learned and actions taken (Source: National Quality Board 'National Guidance on Learning from Deaths' report 2017)		
Baseline	<ul style="list-style-type: none"> ▪ 'Always Events' (based on the key principles set out by the National Quality Board) to be determined at the end of quarter 1 2018/19 ▪ Implementation of 'Always Events' from quarter 2 2018/19 (baseline to be determined end of quarter 2 2018/19) 			
Improvement target	'Always Events' performance to improve to 100%			
Source	'Always Events' reporting data as published in the Trustwide 'Learning from Experience' report			

Statements of assurance from the board

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

Common content for all *Quality Accounts* nationally is contained in a shaded double line border like this. We are required to use certain wording.

Information on the review of services

We are commissioned to provide the following services:

- NHS Bolton CCG – Eating Disorder services.
- NHS England – CAMHS (Children and Adolescent Mental Health Services) Tier 4, Specialised Eating Disorder, Low Secure, school age immunisations programmes, Child Health Information Systems (CHIS) and Specialist Community Peri-natal Mental Health services.
- NHS Eastern Cheshire CCG – Mental Health, Learning Disability, CAMHS, and Eating Disorder services.
- NHS South Cheshire and Vale Royal CCGs – Mental Health, Learning Disability, CAMHS and Eating Disorder services.
- NHS South Sefton and NHS Southport and Formby CCGs – IAPT services.
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- NHS Western Cheshire CCG – Mental Health, Learning Disability, CAMHS and Community services.
- NHS Wirral CCG (and co-commissioners) – Mental Health, Learning Disability, Eating Disorder, CAMHS and ASD services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services.
- Wirral Metropolitan Borough Council – Nurse Practitioner for the Homeless.
- Cheshire East Council – Substance Misuse services and Emotionally Healthy Schools.
- Cheshire West and Chester Council – Starting Well (0-19 services) and Infection, Prevention and Control services.

We also deliver various CCG commissioned specialist services to support people with Autism of all ages and abilities.

During 2017/18 Cheshire and Wirral Partnership NHS Foundation Trust provided and/ or sub contracted 79 NHS services, as outlined within the Trust's contract with its commissioners. The income generated by the relevant health services reviewed in 2017/18 represents 95 per cent of the total income generated from the provision of relevant health services by Cheshire and Wirral Partnership NHS Foundation Trust for 2017/18.

We have reviewed the data on the quality of our services in the following ways during the year.

Contract review and monitoring

We work together with our commissioners to review and update the quality requirements in our contracts to ensure that they reflect changes in best practice and emerging national or local good clinical or good healthcare practice.

Reviewing the results of surveys

We have engaged people who access our services, carers, people who deliver our services, and other partners in a wide variety of survey activity to inform and influence the development of our services.

The NHS Staff Survey is used to review and improve the experience of the people who deliver our services. The results also inform local and national assessments of the quality and safety of care, and

how well organisations are delivering against the standards set out in the *NHS Constitution*. Trusts are asked to provide the following specific survey results, to demonstrate progress against a number of indicators of workforce equality linked to the Workforce Race Equality Standard (WRES):

KF 26 – Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months:

White	17%
Black and minority ethnic	17%

KF21 – Percentage believing that the trust provides equal opportunities for career progression or promotion

White	90%
Black and minority ethnic	90%

Further information can be found at:

http://www.nhsstaffsurveys.com/Caches/Files/NHS_staff_survey_2017_RXA_full.pdf

The WRES detailing the NHS Staff Survey results for 2017 will be published on our website in July 2018.

Learning from experience – examples

This year, we have had some examples of where our responses to people making complaints have been co-produced with the individual people who have provided the feedback. This has ensured that their voice is reflected in the response.

Learning from a complaint has brought about improvement in the information we provide for those families who are supporting and caring for a loved one who is dying. This information includes the care and treatment that can be provided and the support that is available.

Learning from incidents and ‘Reports to Prevent Future Deaths’ (Regulations 28 of the Coroners (Investigations) Regulations 2013), we have found that when people who have accessed our services move and/ or transfer between different geographical locations and organisations, there is a greater potential for unwarranted risk associated with shortfalls in communication. We are using Quality Improvement approaches to help us develop practicable systems to identify early warnings before any potential adverse incidents.

We continue to analyse our claims profile in respect of value, volume, speciality and cause, to improve patient safety. Learning from reviewing claims, we have found that we could improve the action we take when a safety incident occurs that affects staff, to support the staff member and to help prevent future incidents.

Mortality monitoring

In March 2017, the *National Quality Board* published guidance on “Learning from Deaths” which requires all NHS trusts to increase the number of deaths they can learn lessons from by reviewing deaths that they were not previously required to review, such as expected deaths. Since this guidance, we have been increasing the reporting and review of deaths that do not meet the serious incident criteria set out by *NHS England* to help us identify more learning. This work is being reported in our Learning from Experience report and is being monitored by our Quality Committee.

The National Health Service (Quality Accounts) (Amendment) Regulations 2017 this year require all NHS trusts to report on the following information.

During 2017/18 1,472 of Cheshire and Wirral Partnership NHS Foundation Trust’s patients died*. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 385 in the first quarter;
- 320 in the second quarter;
- 371 in the third quarter;
- 396 in the fourth quarter.

By March 2018, 260 case record reviews and 91 investigations have been carried out in relation to 1,472 of the deaths included above. In 91 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 16 in the first quarter;
- 21 in the second quarter;
- 26 in the third quarter;
- 28 in the fourth quarter.

Four (4) representing 0.3% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in care provided to the patient. In relation to each quarter, this consisted of:

- Zero (0) representing 0% for the first quarter;
- Two (2) representing 0.6% for the second quarter;
- Two (2) representing 0.5% for the third quarter;
- Zero (0) representing 0% for the fourth quarter.

These numbers have been estimated using the multi-disciplinary team assessment of the case record reviews**.

Cheshire and Wirral Partnership NHS Foundation Trust has learnt the following from case record reviews in relation to the patient deaths during the reporting period (these have been reported to the Board). The actions taken and the impact of these are summarised below.

- The need to review adequacy of systems to reliably contact the District Nursing Service out of hours.
A contact system was developed to ensure that calls are being answered appropriately.
No further incidents or complaints have occurred since introducing the new system.
- The requirement for improved communication with families in relation to medication regimens in place for people receiving palliative care.
A multi-disciplinary meeting, including with commissioners, took place.
A quality improvement project was identified, which is ongoing.
- Improvements required to the quality of communications between district nurse staff and patients, families and carers should they wish to make a complaint.
Further actions were identified to enhance the Duty of Candour section of the complaints policy.
Complaints training will provide greater knowledge and understanding for staff and improve the quality of communications.

Zero (0) case record reviews and zero (0) investigations were completed after April 2017 which related to deaths which took place before the start of the reporting period.

Zero (0) representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in care provided to the patient. This number has been estimated using the multi-disciplinary team assessment of the case record reviews.

Zero (0) representing 0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

* includes deaths of people who were discharged from CWP's care within 6 months of their death

** For investigations into serious incidents, there is currently no nationally agreed or validated tool, for mental health or learning disability services, to determine whether deaths are due to problems in care provided. The Royal College of Psychiatrists is developing a tool which CWP anticipates adopting in the future as part of serious incident investigations. The information above is from the bespoke tool that CWP has developed in 2017/18, using quality improvement approaches – this tool uses a multi-disciplinary team assessment of case records.

Feedback from people who access the Trust's services

We welcome compliments and comments from people who access our services, their families and carers, and use the feedback to act on suggestions, consolidate what we do well, and to share this best practice across the Trust.

Our *Learning from Experience* report, which is produced three times a year, reviews learning from incidents, complaints, concerns, claims and compliments, including Patient Advice and Liaison Service (PALS) contacts. Reviewing them together, with the results of clinical audits, helps to identify trends and spot early warnings, so that actions can be taken to prevent potential shortfalls in care. Sharing learning is key to ensuring that safety is maintained and that action can be taken to prevent recurrence of similar issues. These *Learning from Experience* reports are shared with the public, via our Board meetings, our partner organisations and via our website.

Examples of feedback from people who access our services, their families and carers, includes:

“Once again, we would like to say how invaluable your sessions with [patient] are, both for her and for us. You manage to relate to her so well and leave her in a calmer state of mind after your meetings.” – Learning Disability services, Wirral

“Thank you all for being there for us during my Dad's last few weeks. Your medical and emotional support was very much appreciated, along with your time and commitment.” – Physical Health services, West Cheshire

“It's been a very positive experience. I have felt well informed and had things explained to me thoroughly, but in a personal manner so I wasn't left confused or intimidated. I've felt both supported but also in charge of my own journey. Vale House is a lovely place to receive care. All staff offer a warm welcome and are pleasant and helpful over the phone too. I would highly recommend to anyone. Thank you.” – Adult Mental Health services, Central & East Cheshire

“Somehow just saying thank you doesn't seem like enough. But I hope you know how much your thoughtfulness has meant to me while [patient] was in your care. He's now back home thanks to you.” – Adult Mental Health services, Central & East Cheshire

“Now that I am at the end of my therapy, I feel that I have been given the tools I need to continue to improve my mental health. I feel that I have made huge progress in comparison to how I used to feel since I started therapy with [staff member]” – Adult Mental Health services, West Cheshire

Duty of Candour

Duty of Candour is what providers of health and social care are regulated on, and follow, to ensure they are open and transparent with people who access services, and with people acting lawfully on their behalf, in relation to care and treatment – including when things go wrong. We take a continuous improvement approach to being open and transparent, including reviewing the effectiveness of the role of our family liaison officers who support people affected by serious incidents. We aim to continually improve our communication and connection with people who access our services, their families and carers, ensuring that they are central to reviews of the care we have provided and that their feedback is acted upon and incorporated into our responses. Learning is reported through our Learning from Experience report, which is monitored by our Quality Committee.

Reviewing the results of clinical audit

Clinical audit is used to check that standards of care are of a high quality. Where there is a need for improvement, actions are identified and monitored. The next section describes this in greater detail.

Information on participation in clinical audits and national confidential enquiries

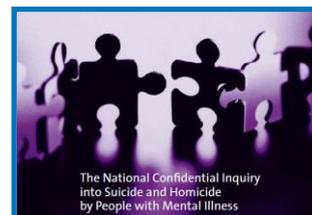
National clinical audits and national confidential enquiries

National clinical audits

We take part in national audits in order to compare findings with other NHS trusts to help us identify necessary improvements to the care we provide and deliver to people accessing our services.

National confidential enquiries

National confidential enquiries are nationally defined audit programmes that ensure there is learning from the investigation of deaths that have occurred in specific circumstances (taken from a sample of deaths that have happened nationally) in order to improve clinical practice.



During 2017/18 **nine** national clinical audits covered relevant health services that Cheshire and Wirral Partnership NHS Foundation Trust provides.

During 2017/18 the Trust participated in **89%** of national clinical audits which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2017/18 are as follows:

- National Prescribing Observatory for Mental Health: Topic 15b: Prescribing valproate for bipolar disorder.
- National Prescribing Observatory for Mental Health: Topic 17a: Use of depot/LA anti-psychotic injections for relapse prevention.
- National Prescribing Observatory for Mental Health: Topic 16b: Rapid tranquillisation.
- NHS England/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audit.
- NHS England/ Royal College of Psychiatrists: National Clinical Audit of Psychosis including National CQUIN: Physical health assessment of patients with severe mental illness; also Communication with General Practitioners.
- National CQUIN: Improving the assessment of wounds.
- University of Bristol: Learning disability mortality review programme.
- UK Parkinson's Audit.
- National Diabetes Audit.

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

		Cases submitted (as a percentage of registered cases within CWP)
National clinical audits		
National Prescribing Observatory for Mental Health: Topic 15b: Prescribing valproate for bipolar disorder.	52 (62%)	Data submitted; report awaiting publication. Action planning will then follow.
National CQUIN: Improving the assessment of wounds	25 (100%)	Report provided to commissioners April 2018. An improvement plan has been developed, including the revision of wound assessment documentation.
UK Parkinson's Audit	20 (100%)	Report published. Action planning in progress.
National Diabetes Audit	140	Data submitted; an 'interactive

		Cases submitted (as a percentage of registered cases within CWP)	
National clinical audits			
	(100%)	summary' is being generated by NHS Digital; awaiting analysis, action planning will then follow.	
National Clinical Audit of Psychosis (Data for NHS England re: Physical health assessment of patients with severe mental illness CQUIN (Cardio metabolic assessment and treatment for patients with psychoses (Patients on CPA) will be extracted from this audit).	183 (80%)	Report to be published June 2018.	
Early Intervention in Psychosis Network/ Royal College of Psychiatrists: Early Intervention in Psychosis Self-Assessment Audits: Wirral, West, Central and East Cheshire	Central & East	158 (100%)	Reports to be published in April 2018. Action planning will then follow.
	West	92 (100%)	
	Wirral	202 (100%)	
NHS England: Physical health assessment of patients with severe mental illness: Communication with General Practitioners	Central & East	40 (100%)	Data submitted and report published. Action planning has commenced, which includes standardising how changes of medication are notified, and the formulation of a Standard Operating Procedure to ensure consistency around the standard clinic letter template.
	West	40 (100%)	
	Wirral	40 (100%)	
Learning disability mortality review programme (LeDeR)	19 (100%)	Ongoing data submission.	

	Percentage of cases submitted
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	
Sudden unexplained death in psychiatric inpatients	No cases
Suicide	100%
Homicide	100%
Victims of homicide	No cases
National Confidential Enquiry into Patient Outcome and Death	
Young people's mental health study	100%

The reports of eight national clinical audits were reviewed by Cheshire and Wirral Partnership NHS Foundation Trust in 2017/18 and the Trust intends to take the actions identified in the table above to improve the quality of healthcare provided.

Local CWP clinical audits

The reports of eleven completed local clinical audits were reviewed in 2017/18 and Cheshire and Wirral Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Title of local clinical audit	Good practice identified	Action/s taken
1. Total Knee	▪ Appropriate management of	▪ Printed cards are now provided

Title of local clinical audit	Good practice identified	Action/s taken
Replacement (TKR): Physiotherapy	<p>people who have had a TKR.</p> <ul style="list-style-type: none"> ▪ Full adherence to the TKR rehabilitation pathway. 	<p>to people accessing this service, detailing contact details/ phone numbers.</p> <ul style="list-style-type: none"> ▪ Improved communication with Nuffield Health to ensure that patients are referred to the TKR physiotherapy service on the day of their discharge.
2. Antibiotic prescribing in respiratory tract infections: GP Out of Hours (OOHs) service	<ul style="list-style-type: none"> ▪ Almost full compliance [$n = 7/8$] with best practice (NICE guidance CG 69). 	<ul style="list-style-type: none"> ▪ The only area requiring improvement related to ensuring a discussion of the natural history of the infection takes place with patients and evidenced in the clinical notes. This has been highlighted to all clinicians and is monitored by the OOHs steering group.
3. Non-attendance within Community Mental Health Team (CMHT) outpatient clinic	<ul style="list-style-type: none"> ▪ The audit has effectively identified the route cause around gaps in communication with patients. 	<ul style="list-style-type: none"> ▪ All patients are now given an “opt-in” letter on referral to standardise the process. ▪ A re-audit will be conducted in 6 months’ time to assess the effectiveness of the recommendations.
4. Multi-agency public protection arrangements (MAPPA)	<ul style="list-style-type: none"> ▪ The Forensic Team are a valuable and effective service in relation to effective risk management. 	<ul style="list-style-type: none"> ▪ Improved design of the MAPPA alert system. ▪ Improved MAPPA training, which includes face to face training for staff. ▪ Each Care Programme Approach (CPA), which is care plan review, will include a discussion about MAPPA. ▪ A re-audit is to take place in 2018/19.
5. and 6. Safeguarding within the Substance Misuse Service (audit and re-audit)	<ul style="list-style-type: none"> ▪ Attendance at Children’s Social Care meetings has significantly improved. ▪ Record keeping has also improved on re-audit, e.g. practitioners are documenting when they are unable to attend meetings. ▪ Good evidencing of information sharing. 	<ul style="list-style-type: none"> ▪ Safer Families Lead now provides pre-conference safeguarding supervision for practitioners attending an initial case conference. ▪ Each practitioner is provided with a plan following attendance at a case conference, which includes ensuring a safeguarding alert is detailed in the electronic clinical notes. ▪ If unable to attend case conferences, practitioners are sharing treatment and risk information prior to the meeting, and documenting that this has been done.

Title of local clinical audit	Good practice identified	Action/s taken
		<ul style="list-style-type: none"> ▪ Letters are now sent automatically to GPs when patients do not attend a medical review. ▪ Examples of good practice around risk assessments and record keeping have been shared.
7. Good communication standards for patients with a learning disability or autism	<ul style="list-style-type: none"> ▪ All people involved in the audit know how they would make a complaint if they weren't happy with something. ▪ 'Talking mats' and easy read information are used to support capacity assessments. ▪ People on the ward have headphones to listen to music as a positive strategy when there is noise stimulation on the ward. ▪ Every person, who would like one, has a communication passport. 	<ul style="list-style-type: none"> ▪ A plan to enhance training for staff around dysphagia awareness and the utilising 'talking mats' and 'visual timetables'.
8. Improving the quality of handovers for patients being escalated to the on-call doctor at Bowmere Hospital (audit and re-audit)	<ul style="list-style-type: none"> ▪ Re-audit demonstrated that in 95% of handovers, clinicians provide thorough details around the describing the situation for escalation. ▪ Re-audit also demonstrated that in 98% of cases, effective recommendations were made as part of the handover. 	<ul style="list-style-type: none"> ▪ Improved physical observations when patients are unwell.
9. Resuscitation Equipment	<ul style="list-style-type: none"> ▪ There is a proactive overview of practice by matrons and ward managers. 	<ul style="list-style-type: none"> ▪ Simulation training for use of resuscitation equipment has been introduced and is now part of essential training for all clinical staff. ▪ Checklists have been amended to help ensure that equipment is replaced before its expiry date.
10. Record keeping	<ul style="list-style-type: none"> ▪ All paper records audited were written in black ink. ▪ A significantly high compliance was demonstrated in relation to contemporaneous recording after contact with people accessing services. 	<ul style="list-style-type: none"> ▪ All services involved in the audit are developing an action plan, focussing on areas requiring improvement.
11. Compliance with Gatekeeping assessment documentation	<ul style="list-style-type: none"> ▪ Development of a gatekeeping tool, which has been effective in reducing people's time in hospital. 	<ul style="list-style-type: none"> ▪ To sustain this effective project, the Trust's data packs are monitoring this initiative.

National and local CWP clinical audits are reviewed as part of the annual healthcare quality improvement programme (which incorporates clinical audit), and are reported to our *Patient Safety & Effectiveness Sub Committee*, chaired by the Medical Director.

We have an infection prevention and control (IPC) audit programme, to ensure cleanliness of the care environment, identify good IPC practice and areas for improvement. We also analyse patient safety standards, including use of the national safety thermometer tool, to monitor the degree to which we provide harm free care in relation to areas such as pressure ulcer care and falls through our Learning from Experience report, presented at our Quality Committee, which identifies areas for improvement.

Information on participation in clinical research

The NHS Constitution states that research is a core part of the NHS, enabling the NHS to improve the current and future health. Our staff are recognised internationally for their pioneering work through their involvement in research to discover best practice and innovative ways of working.

The number of patients that were recruited during that period to participate in research approved by a research ethics committee was **1555**.

Cheshire and Wirral Partnership NHS Foundation Trust was involved in conducting **77** clinical research studies in all of its clinical services during 2017/18.

There were **323** clinical staff participating in approved research during 2017/18. These staff participated in research covering **19** medical specialties.

The number of principal investigators in CWP has increased over the last year and more clinicians are actively involved in research. CWP has been associated with **35** research publications, the findings from which are used to improve patient outcomes and experience across the Trust and the wider NHS.

During 2017/18, CWP has completed a Phase 1 clinical research study, working with *Royal Liverpool and Broadgreen University Hospitals NHS Trust* of a vaccine in Alzheimer's disease. CWP have also commenced a Phase 3 study in Alzheimer's disease in the new research department in Chester. Another study of vitamin D in schizophrenia is progressing.

NICE guidance

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

Service Quality and Accreditation Projects

(*Royal College of Psychiatrists' College Centre for Quality Improvement – CCQI*)

The *CCQI's* quality and accreditation projects review services against established guidelines and standards, with the aim of supporting services to improve the quality of care they offer. CWP has participated in the following projects this year and gained a number of accreditations.

Project	Participating services	Accreditation status
Early Intervention in Psychosis self-assessment	Central and Eastern Cheshire	N/A
	Cheshire West	N/A
	Wirral	N/A
Early Intervention in Psychosis Network	West Cheshire	N/A
	Wirral	N/A
Electro Convulsive Therapy Accreditation Service	Bowmere Hospital	Accredited
Home Treatment Accreditation Service	Wirral	Currently in review
Memory Services National Accreditation Project	Chester	Accredited

Project	Participating services	Accreditation status
Psychiatric Liaison Accreditation Network	Wirral	Not accredited
Quality Network for Community CAMHS (Child and Adolescent Community Mental Health Services) Eating Disorders	Child Eating Disorder Service	Participating, but not yet undergoing accreditation
Quality Network for Eating Disorder Services	Oaktrees ward	Accredited
Quality Network for Forensic Mental Health Services	Saddlebridge Recovery Centre and Alderley Unit	N/A
Quality Network for Inpatient CAMHS	Coral ward	N/A
	Indigo ward	N/A
Quality Network for Learning Disability wards	Greenways	Accredited
Quality Network for Psychiatric Intensive Care Units	Brooklands ward	Accredited

N/A = Not Applicable, e.g. accreditation not offered

Information on the use of the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework enables commissioners to reward excellence, by linking a proportion of our income to the achievement of local, regional, and national quality improvement goals. *CQUIN* goals are reviewed through the contract monitoring process.

A proportion of Cheshire and Wirral Partnership NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2018/19 available by request from the Trust's Effective Services Department: email lynn.davison@cwps.nhs.uk

The maximum income available in 2017/18 was £2,040,893, including a further £1,360,595 for meeting technical requirements stipulated by *NHS Improvement* and *NHS England*. The Trust received £1,902,417 for the *CQUIN* goals achieved. The total monies available in 2018/19, upon successful achievement of all the agreed *CQUIN* goals, is forecast to be £2,043,300 (this figure will increase as contracts are finalised) and a further £1,362,200 dependent upon meeting technical requirements stipulated by *NHS Improvement* and *NHS England*.

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



Independent assessments of CWP and what people have said about the Trust can be found by accessing the Care Quality Commission's website. Here is the web address of CWP's page: <http://www.cqc.org.uk/directory/rxa>

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

The Care Quality Commission has **not** taken enforcement action against the Trust during 2017/18.

The Trust has participated in **two** investigations or reviews by the Care Quality Commission during 2017/18, these were:

1. A routine inspection of GP services at Westminster Surgery

In April 2017, GP services provided at Westminster Surgery in Ellesmere Port were inspected by the Care Quality Commission. Results of the inspection were published on 9 June 2017. Westminster Surgery has been rated as “Good” overall and across all key questions and population groups. No regulatory actions were identified.

2. A pilot of the new well-led inspection framework, which is a partnership between the CQC and NHS Improvement.

This year, the Board agreed to participate in a pilot regulatory assessment of the “Well-led” question. This inspection tested the new joint Care Quality Commission and NHS Improvement regulatory framework. The “Well-led” question assesses the leadership, management and governance of NHS organisations. The inspection took place in June 2017 and the Care Quality Commission provided the Trust with the pilot inspection report in October 2017. The Trust was awarded a “Good” rating for “Well-led”, consolidating the rating awarded at the comprehensive and re-inspections undertaken in June 2015 and October 2016 respectively.

Following these inspections during 2017/18, the Trust’s rating has been sustained, remaining as “Good” overall with “Outstanding” for care.

Information on the quality of data

NHS number and general medical practice code validity

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

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

Cheshire and Wirral Partnership NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage (to one decimal point) of records in the published data which included the patient’s valid NHS number was:

99.9% for admitted patient care;
100.0% for outpatient care.

The percentage of records (to one decimal point) in the published data which included the patient’s valid General Medical Practice Code was:

100.0% for admitted patient care; and
100.0% for outpatient care

Information Governance Toolkit attainment levels

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

Cheshire and Wirral Partnership NHS Foundation Trust’s Information Governance Assessment Report score overall for 2017/18 was **94%** and was graded **green** (satisfactory).

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

Clinical coding error rate

Cheshire and Wirral Partnership NHS Foundation Trust was **not** subject to the *Payment by Results* clinical coding audit during 2017/18 by the *Audit Commission*.

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

Good quality information underpins the effective delivery of the care of people who access NHS services and is essential if improvements in quality of care are to be made.

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

Continue to implement the Trust's data quality improvement framework during 2018/19, this will involve improvements in the notification of data quality issues to our clinical teams.

Performance against key national quality indicator targets

We are required to report our Trustwide performance against a list of national measures of access and outcomes, against which we are judged as part of assessments of our governance. We report our performance to the Board and our regulators throughout the year. These performance measures and quality outcomes help us to monitor how we deliver our services.

We have successfully met all required organisational performance levels. Based on feedback from our stakeholders in previous years, we have reported these measures in this report to show local levels of performance in the three main Cheshire and Wirral local authority areas (*note the Trustwide performance includes services provided by CWP across other areas outside of Cheshire and Wirral, e.g. Trafford, South Sefton).

Individual teams benchmark against each other and other services in the Trust to identify how they can continuously improve their performance.

Performance against key national quality indicator targets from *NHS Improvement's Single Oversight Framework 2017/18*

Indicator	Required Trustwide performance threshold	*Trustwide
Data completeness: community services, comprising:		
▪ Referral to treatment information	50.0%	100.0%
▪ Referral information	50.0%	99.9%
▪ Treatment activity information	50.0%	73.3%
Care Programme Approach (CPA) patients, comprising:		
▪ Receiving follow-up contact within seven days of discharge	95.0%	97.4%
▪ Having formal review within 12 months	95.0%	97.3%
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	50.0%	79.8%
Improving access to psychological therapies (IAPT):		
▪ People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	90.0%
▪ People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	99.5%
Minimising mental health delayed transfers of care	≤7.5%	0.6%

Indicator	Required Trustwide performance threshold	*Trustwide
Admissions to inpatients services had access to crisis resolution/home treatment teams	95.0%	97.0%
Mental health data completeness: identifiers	97.0%	99.8%
Mental health data completeness: outcomes for patients on CPA	50.0%	71.4%

*Trustwide includes all relevant services (see section above entitled “Information on the review of services”)

Performance against quality indicators: 2016/17 – 2017/18

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

The data sources for the information we are required to provide in this section is not available by locality.

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2017/18			2016/17		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from psychiatric inpatient care	Preventing people from dying prematurely	Quarter 1 98.9%	Quarter 1 95.4%	Quarter 1 69.2% – 100%	Quarter 1 99.1%	Quarter 1 96.2%	Quarter 1 28.6% – 100%
		Quarter 2 98.1%	Quarter 2 96.7%	Quarter 2 87.5% – 100%	Quarter 2 98.7%	Quarter 2 96.8%	Quarter 2 76.9% – 100%
		Quarter 3 97.2%	Quarter 3 95.4%	Quarter 3 69.2% – 100%	Quarter 3 98.5%	Quarter 3 96.7%	Quarter 3 73.3% – 100%
		Quarter 4 99.2%	Quarter 4 95.5%	Quarter 4 68.2% – 100%	Quarter 4 98.6%	Quarter 4 95.4%	Quarter 4 84.6% – 99.4%
	Enhancing quality of life for people with long-term conditions	Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and NHS Improvement (target for 2017/18 is achieving at least 95.0% rate of patients followed up after discharge, CWP performance for 2017/18 is (97.4%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
Admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper	Enhancing quality of life for people with long-term conditions	Quarter 1 98.1%	Quarter 1 98.5%	Quarter 1 91.4% – 100%	Quarter 1 97.1%	Quarter 1 98.1%	Quarter 1 78.9% – 100%
		Quarter 2 95.4%	Quarter 2 98.6%	Quarter 2 94.0% – 100%	Quarter 2 97.8%	Quarter 2 98.4%	Quarter 2 76.0% – 100%
		Quarter 3 97.8%	Quarter 3 98.7%	Quarter 3 88.9% – 100%	Quarter 3 98.6%	Quarter 3 98.7%	Quarter 3 88.3% – 100%

		Reporting period					
		2017/18			2016/17		
Quality indicator	Related NHS Outcomes Framework domain	CWP performance	National average	National performance range	CWP performance	National average	National performance range
		Quarter 4 97.7%	Quarter 4 98.7%	Quarter 4 88.7% – 100%	Quarter 4 98.0%	Quarter 4 98.8%	Quarter 4 90.0% – 100%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The Trust's external auditors have verified the processes for production of this data. The Trust has achieved the performance target for this quality indicator, as required by the Department of Health and NHS Improvement (target for 2017/18 is achieving at least 95.0% of all admissions gate kept, CWP performance for 2017/18 is 97.0%). The Trust has taken the following action to improve this percentage, and so the quality of its services, by targeting work with services and teams demonstrating areas of underperformance by offering support through dedicated locality analysts.					
The percentage of patients aged (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	Helping people to recover from episodes of ill health or following injury	(i) N/A⁺	Not available via NHS Digital indicator portal*		(i) 1.2%*	Not available via NHS Digital indicator portal*	
		(ii) N/A⁺			(i) 5.8%*		
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because using information that is held on internal information systems. Readmission rates help to monitor success in preventing or reducing unplanned readmissions to hospital following discharge.					
		*The planned update of the readmissions to hospital information has been delayed whilst NHS Digital review the methodology for calculation.					
Staff employed by, or under contract to the Trust who would recommend the Trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care	72%	70%	42% – 93%	73%	65%	54% – 73%
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because it is administered and verified by the National NHS Staff Survey Co-ordination Centre.					
		The Trust has taken the following action to improve this percentage, and so the quality of its services, by developing an action plan to address areas of improvement identified in the survey.					
"Patient experience of community mental health services" indicator score	Enhancing quality of life for people with long-	80%	"About the same"	64% – 81%	85%	N/A	79% – 90%

Quality indicator	Related NHS Outcomes Framework domain	Reporting period					
		2017/18			2016/17		
		CWP performance	National average	National performance range	CWP performance	National average	National performance range
with regard to a patient's experience of contact with a health or social care worker	term conditions Ensuring that people have a positive experience of care	Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the survey is administered and verified externally on behalf of the Care Quality Commission. The Trust has taken the following action to improve this percentage, and so the quality of its services, by sharing results with locality leads to support their work to develop actions plans to address priority areas for improvement.					
Incidents (i)The number and, where available, rate (per 1,000 bed days) of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in (ii) severe harm or (iii) death	Treating and caring for people in a safe environment and protecting them from avoidable harm	** (i) 2365/ 44.8	** (i) 3160/ 51.5	** (i) 12 – 7384/ 0 – 126.5	*(i) 5500/ 50.1	*(i) 5845/ 45	*(i) 108 – 12706/ 0 – 90
		** (ii) 46/ 1.9	** (ii) 10/ 0.3	** (ii) 0 – 89/ 0 – 2.0	*(ii) 98/ 0.1	*(ii) 20/ 0.4	*(ii) 0 – 102/ 0 – 0.4
		** (iii) 36/ 1.5	** (iii) 23/ 0.7	** (iii) 0 – 83/ 0 – 3.4	*(iii) 128/ 2.4	*(iii) 45/ 1.0	*(iii) 4 – 131/ 0 – 1.0
		Cheshire and Wirral Partnership NHS Foundation Trust considers that this data is as described because the Trust's data is checked internally for consistency and accuracy by the responsible staff in line with internal gatekeeping processes. The data is analysed and published by the NHS Commissioning Board Special Health Authority. The national data stated relates to mental health trusts only. The Trust has taken the following action to improve this number/ percentage, and so the quality of its services: encouraging the reporting of incidents through its "learning from experience" report produced for staff three times a year. The national average data includes all mental health trusts that have provided partial or full data. *Represents full 2016/17 data hence the difference in reporting in the Quality Account 2016/17. **Represents data for 01/04/2017 to 30/09/2017, data for 01/10/2017 to 31/03/2018 will be available in April 2019.					

(*) denotes:
Performance for 2017/18 (and 2016/17 where applicable) is not available or is not available at the time of publication of the report from the data source prescribed in *The National Health Service (Quality Accounts) Amendments Regulations 2012*.
The data source is *NHS Digital*.

The data source of the performance that is stated as Trust performance where *NHS Digital* data is not available is the Trust's information systems.

Part 3.

Other information

An overview of the quality of care offered by CWP – performance in 2017/18

Below is a summary of our Trustwide performance, during 2017/18, against previous years' quality improvement priority areas. The performance compares historical data where this is available. These priorities were selected because they are national quality indicator targets.

Quality improvement priority area	Year identified	CWP performance		
		2015/16	2016/17	2017/18
Patient safety				
1. Inappropriate out of area placements	2015/16	0	0	0
2. Admissions to adult facilities of patients under 16	2015/16	1*	0	1*
3. CPA follow up – proportion of discharges from hospital followed up within 7 days	2015/16	98.4%	98.0%	97.3%
Clinical effectiveness				
1. % of clients in employment	2015/16	11%	11%	7.3%
2. Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas:	2015/16			
Inpatient wards		100%	92%	N/R
Early intervention in psychosis services		98.6%	99.2%	N/R
Community mental health services (people on care programme approach)		N/A	69%	N/R
3. IAPT – proportion of people completing treatment who move to recovery	2016/17	N/A	53.7%	51.1%
Patient experience				
1. Referral to treatment % of incomplete referrals waiting less than 18 weeks (1st DNA) 18 week - incomplete incomplete	2016/17	N/A	97.2%	87.6%
2. People with a first episode of psychosis begin treatment with a NICE recommended care package within two weeks referral	2016/17	N/A	85.0%	79.8%
3. IAPT waiting times to begin treatment	2016/17			
▪ 6 weeks		N/A	88.9%	89.8%
▪ 18 weeks		N/A	98.4%	99.5%

* Admission in the person's best interests, agreed with commissioners

N/A = Not Available

N/R = Not Received (available June 2018)

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

Mandated indicators

- Early Intervention in Psychosis: people experiencing a first episode of psychosis treated with a NICE approved package within two weeks of referral.
- Improving Access to Psychological Therapies: waiting time to begin treatment.

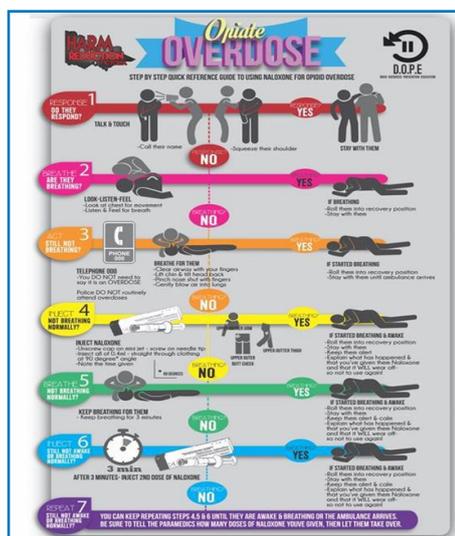
Locally selected indicator

- Mental health data completeness: outcomes for patients on CPA.

Additional information on improving the quality of CWP's services in 2017/18

Below is a selection of the work over the past year that some of our services have undertaken to improve the quality of the services we provide. Our *Quality Improvement Reports*, published three times a year, provide more information about this throughout the year.

Improving patient safety



Our Substance Misuse Service (SMS) has worked on a project to **prevent avoidable drug related deaths**. Research has shown that with basic training, non-medical professionals, such as friends or family members, can recognise when an overdose is occurring and give naloxone. Naloxone is a prescription medicine that blocks the effects of opioids and reverses an overdose. As most people are in the company of others when they overdose, by being given this training, and being given a take home pack of naloxone, this project will inevitably **save lives**.

All SMS staff have been trained in how to train people accessing SMS services, family, friends and carers to use naloxone. In addition, training has been rolled out to the staff at a community housing project (*Emerging Futures*). We have promoted this project with other agencies and held an event during *Overdose Prevention Week* in August 2017.

In line with our Zero Harm strategy, we have been actively learning from examples of good care so that we can **spread best practice to reduce the risk of avoidable falls**. Risk factors for falls includes: age, frailty, physical health co-morbidity, previous fall prior to hospital admission, intermittent confusion, and people not always wanting to wear appropriate footwear or use their walking aids. A **quality improvement project** on Cherry ward followed a successful pilot project on Croft ward, which has successfully reduced the number of falls. Both are wards that care for older adults, where incidents of falls are high.



Our community learning disability teams have been working on a **quality improvement project** to support people with a learning disability (LD) and/ or autism who are at risk of admission for inpatient care. In line with the national *Transforming Care* guidance relating to Care and Treatment Reviews (CTRs), Clinical Commissioning Groups are required to keep a *Dynamic Support Register (DSR)* of people with LD and/ or autism that are at risk of admission. A scoping exercise showed variation in the use of DSR and CTR. Using PDSA cycles, we set out to develop a tool that would help professionals to proactively identify people, known to community LD teams, with a current level of risk of admission. Development of the tool resulted in staff feeling more confident in identifying people for the DSR and resulted in **improved use of appropriate care pathways in the community**. The

screening tool allows for **early identification and timely management of risk** of admissions and supports the use of the CTR process. The tool is also being adapted for children's services Trustwide, and being written up for publication.

One of our trainee doctors on an acute adult psychiatry ward, completed a project to **improve the quality of handover**. A good quality handover allows staff to prioritise, request action and give advice effectively, **improving patient care** and **reducing delays**. Poor handover can waste time, leave people without assessment or treatment unnecessarily, and damage working relationships.

The aim of this project was to improve the quality of handover to the on-call junior doctor, to allow better prioritisation, increase the possibility of advice being given over the phone, and ultimately improve the person's experience and outcomes. An SBAR (see right) reminder was created and situated near to phones commonly used to make referrals. Alongside this, the SBAR framework was opportunistically discussed with team members to remind them of its role and how to apply it, as well as to gain feedback regarding its use and possible barriers to this. This simple intervention has made a **dramatic improvement in all areas in relation to the quality of communication** to the on-call junior doctor, with the greatest improvement being made in providing a relevant Background summary, with a five-fold improvement.



Research has shown that people with a learning disability have poorer health than people without a learning disability, including a higher rate of respiratory disease, gastrointestinal conditions and mental health conditions,

amongst others. In addition, people with a learning disability have historically tended to have poorer health outcomes due to inequitable provision of health care. This combination of factors means that people with a learning disability often die younger, and sometimes die in situations where their death could have been prevented, had they received better quality or more effective health care. Over the last 15 years, a number of national reports have highlighted this inequality.

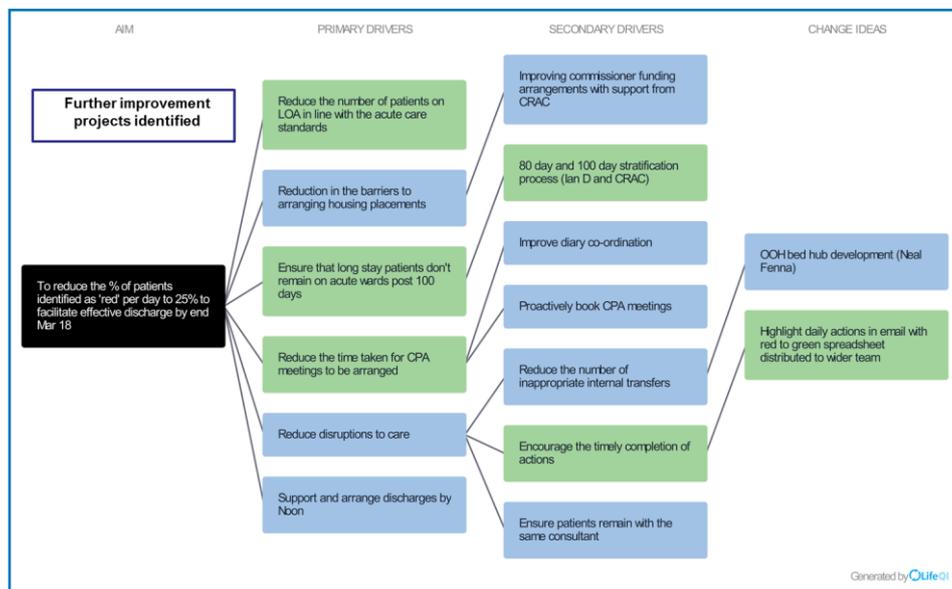
A review of deaths amongst people with a learning disability had not been attempted previously in Cheshire, however partner organisations (healthcare commissioners and providers) expressed support for a local review of deaths based on the principles set out by the *Confidential Inquiry into premature deaths of people with learning disabilities* and the national mortality review programme. The Learning Disabilities Mortality Review (LeDeR) programme aims to **make improvements to the lives of people with learning disabilities**. It clarifies any potentially modifiable factors associated with a person's death, and works to ensure that these are not repeated elsewhere.



Working with our commissioners and with public health partners, we wanted to ensure that people with a learning disability that access and use our services receive the best possible care. The aim of the project was to complete a review of deaths in adults with learning disabilities in Cheshire with a view to improving our local services and reducing premature death in this population. The results of this project have provided an overview of some of the healthcare issues experienced by people with a learning disability in Cheshire, and their families, during their last months and weeks of life. As well as identifying

examples of good practice, the project has **identified several areas for local quality improvement**, including five priority areas for action and a further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. We are now working to **share best practice** from the review, and also to look at how we can **target areas of practice that require improvement**. For example, we are looking at specific issues such as the care of people who died from respiratory problems.

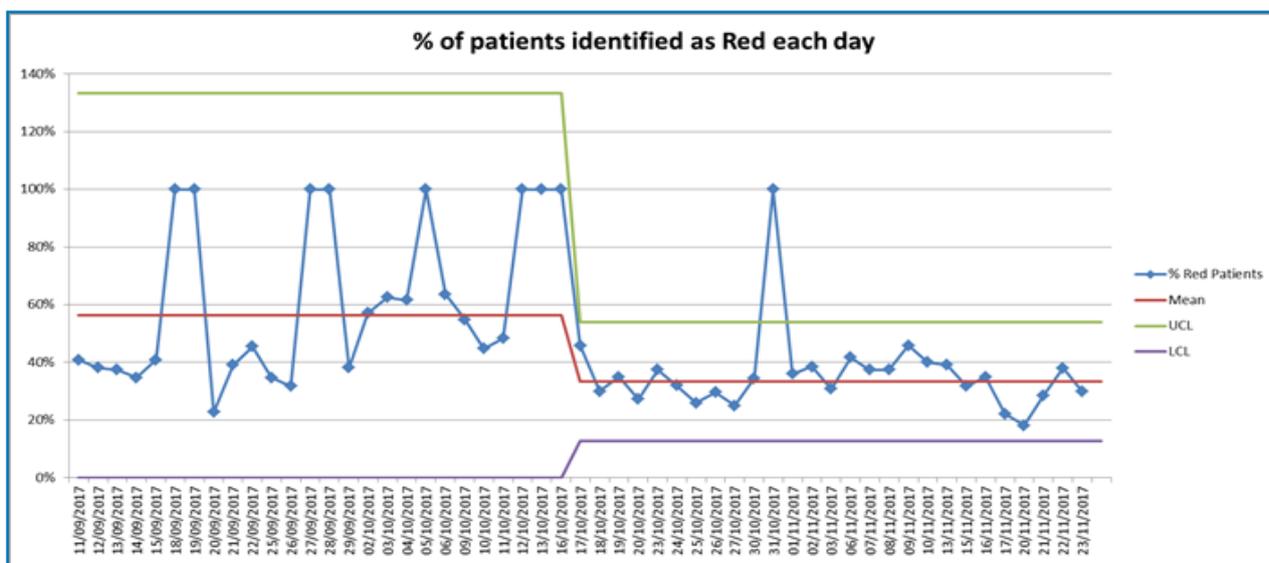
Improving clinical effectiveness



Our 'Red and Green Bed Days' pilot project began on Beech ward between September and December 2017. This quality improvement initiative aims to **optimise patient flow**, through the identification of wasted time in a patient's journey, including the reduction of internal and external delays. Broadly speaking, a 'Green' day is a day when a person has received care or an intervention in accordance with their care plan to support their journey to discharge. A

'Red' day is a day when a person does not receive the planned care or intervention, or that the care or intervention the person is receiving that day could have been delivered safely and effectively in a non-acute setting.

This initiative was identified by our 'bed hub' as one of a suite of projects to help reduce bed occupancy rates by reducing length of stay. Although the process has been successfully used within acute physical healthcare settings, it is not currently well-established within mental health inpatient settings. It has resulted in information on delays to patient flow no longer being hearsay, but supported by relevant reported information that results in specific action and escalation to reach a solution and expedite a person's journey towards receiving active care, treatment or discharge.



Early indications from the data and staff feedback identify that the Red and Green Bed Days project is having a positive impact, both in terms of progressing the patient journey to receiving active care and

interventions, but also in terms of reducing length of stay. This is reflected within the data analysis, which identifies a reduction in the percentage of 'Red' patients, from 56% at the start of the pilot, to 33% at week 6 of the pilot, where it has remained since. Most significantly, the data analysis identified a reduction in the average length of stay when people are discharged, from 20 days at week 5 of the pilot to 9.6 days at week 9, where it has remained since.



In June 2017, our Winsford CAMHS service set up a pilot group to support the emotional well-being of young people, called "Youth Connect". "Youth Connect 5" is a course that was developed with *Merseyside Youth Association*, who then trained various professionals throughout Cheshire and Merseyside to deliver the course to parents. Our aim was to support families within CAMHS with supporting the young people they care for, as well as building their own resilience as care givers. It was hoped that the course would help families to feel more supported, and that the course skills would help parents and their children to **achieve their goals** within CAMHS at an earlier stage.

Throughout the course, parents requested more of a mental health focus and wished to focus on certain issues such as self-harm and bullying. Additionally, parents were directed to use the duty service within CAMHS or speak to their child's clinician. Sessions included topics such as:

- Defining and understanding what mental health is
 - Looking at risks and resilience
 - Seeing things from a teenager's point of view – e.g. pressures
 - The teenage brain
 - Seeing the positives
-

Most people with learning disabilities have some speech, language and communication difficulties. The *Royal College of Speech & Language Therapists* published a report in 2013 called "Five good communication standards". It was written to highlight what reasonable adjustments to communication that people with a learning disability and/ or autism should expect when they are an inpatient in a specialist hospital or residential setting.



Speech and language therapists have conducted two audits of communication practice in Greenways and the Alderley Unit to assess communication standards and make recommendations for improvement.

We wanted to ensure that we were meeting the five good communication standards, and that our patients at Greenways and Alderley Unit received the best possible support to express their needs. The two audits demonstrated high levels of compliance with the standards. One of the key themes was the provision of communication training for staff working in learning disabilities. Now the audit is complete, it has highlighted the need for **continuously overseeing good communication standards**, and this will be one of the main roles of a new Speech & Language Therapist for inpatient units in East Cheshire.



Croft ward frequently works with frail older adults with dementia, who also have multiple physical health problems. People with dementia are vulnerable and they are highly susceptible to environmental change. It is imperative, therefore, that there is good access to physical health care on our ward, and that we can prevent several transfers for people so that they don't become unsettled unnecessarily. We identified the use of a "Clinical Frailty Scale", which is a useful tool to score a person's level of frailty upon admission, and then again at the discharge planning stage. It

provides a good indication to recognise when people are declining in their health, but also helps to assist us in establishing what care setting is going to be appropriate at discharge. The ward Consultant and Matron attended the 'Frailty Groups' held at *East Cheshire NHS Trust*, and arranged for a GP Specialist to offer expertise once a week for people with acute medical issues on Croft ward. This **joint working** role provides advice on pending medical issues, in order to avoid potential admissions or transfers to the medical wards, and to limit polypharmacy. This extra medical support is important due to the complex medical needs of the people we care for.

Staff are now using the frailty scale each week. It's a simple tool and takes seconds to complete. This is used when a person is admitted, in their first ward round, and then again when planning discharge. This process has been cascaded to all staff on the ward to ensure effective care of frailty is planned for. This project demonstrates the benefits of **working together, sharing best practice, and placing the person at the heart of practice**. The project exemplifies how quality of care can be improved in an **affordable and sustainable** way, as it has been achieved at no additional financial cost.

Clinical Frailty Scale®

- 1 Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
- 2 Well** – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.
- 3 Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.
- 4 Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.
- 5 Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.
- 6 Moderately Frail** – People need help with all outside activities and with keeping house inside; they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.
- 7 Severely Frail** – Completely dependent for personal care from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).
- 8 Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.
- 9 Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia
The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
In severe dementia, they cannot do personal care without help.

* 1. Canadian Study on Health & Aging, November 2008.
2. K. Rodwood et al. A global clinical measure of fitness and frailty in elderly people. *CPA* 2005; 173:489-495.
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With a rapidly expanding population of older people, caseloads within the older people's teams have grown significantly over recent years. We therefore decided to look at a **more streamlined and more integrated approach** within the Memory Service. Our approach was to redesign the existing pathway, in line with current *NICE* guidelines, in order to **create efficiency through the reduction of duplicated activity**, and as a result, improve the rate of diagnosis and initiation of treatment, and provide increased support to people with dementia. To do this, we identified that we needed to work more closely with our primary care colleagues as part of the '*Caring Together*' transformation programme and the development of '*Primary Care Homes*'. Results are showing that:

- Caseloads are reducing due to more people's care and treatment being managed by primary care services, **creating space and capacity** for the team to begin to work differently with primary care services.
- **Waiting times for assessment and diagnosis have reduced** from 9 weeks to a maximum of 5 weeks and involve fewer appointments for the person to attend, which means less travel for older people across a large semi-rural geography.
- Communication between GPs and the team has significantly improved.
- Costs for the team have been reduced, as clinic rooms within GP practices have been offered free of charge.



Sodium valproate is a medication primarily used to treat epilepsy and bipolar disorder. When sodium valproate is taken during pregnancy, it can affect how the baby develops in the womb and cause birth defects. We have taken a **quality improvement** approach to reduce prescribing risks associated with sodium valproate and the risk of teratogenicity (birth defects), with the following results:

- 67 'alerts' and respective 'checklists', promoting discussion around consent, have been implemented Trustwide by clinicians between February 2017 to December 2017. Rapid PDSA cycles have been used to further improve performance and this is ongoing.
- In Quarter 3 2017/18, an education session was provided by our pharmacy team at the perinatal 'Grand Round' meeting.
- In October 2017, it was established that some risk still remained in community teams and so data was analysed, cleansed and distributed to individual clinicians for review. This resulted in a significant increase in reviews undertaken by clinicians.

- 100% of people of child bearing potential prescribed valproate have a checklist and alert documented.
 - Prescribing rates of sodium valproate have decreased since the programme of work started.
-

An ongoing community pharmacy project in Nantwich has been bringing enormous benefits to some of the most vulnerable people in our area. The team at Delamere Resource Centre in Crewe have been working closely with the team at a local GP surgery, Kiltearn Medical Centre, to improve the care that is being provided for people in the local population. The project aims to **improve the efficiency** in which older people living with conditions such as dementia, psychosis, depression or severe anxiety, amongst others, are treated. Caring for these people can involve a lot of multi-organisation working, as they may encounter other health issues that need to be treated on top of their pre-existing ones. By working together directly, this project cuts out a lot of the middle management that can sometimes cause delays in their treatment. As well as this, by dealing with each other directly, there is better communication and better coordination of care plans. This joint working initiative between the community mental health team and the clinical pharmacist began as a multi-disciplinary meeting between health professionals. Since then, we have had the opportunity to manage, jointly, people with complex medical problems. This has helped **manage unnecessary reviews** by reducing the need for GPs to always be involved, reduce the prescription of excessive medication and **improve the consistency of care plans**.

Improving patient experience

Experience Based Design (EBD) is an approach to support people with lived experience of our services to work in partnership with staff to apply systematic methods of quality improvement to maximise the effectiveness and impact of our services and pathways. These approaches gather data about the current experience of the service through in-depth interviews, observations and group discussions, and facilitated improvement exercises, which are then analysed to identify areas for improvement. Using insights that are captured through these approaches, people work together to **'co-design' improvements to services**.

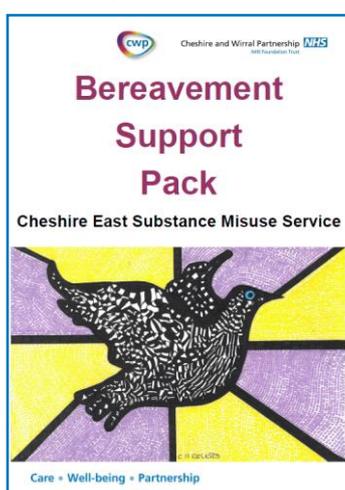


Chester Adult CMHT has used EBD to improve initial mental health assessments. We wanted to use this approach to ensure that improvements we made truly added value, and to ensure that the services we provide meet the needs of those who access them, and those who deliver them. The project team chose the initial mental health assessment as the focus for the project, based on discussions with the wider community team. Using flowcharts and process mapping, they were better able to understand the stages of the initial assessment. As the EBD approach places equal emphasis on the perspective of people who access and deliver services, the project team then went on to interview both these groups of people, and to map their experience. The project team identified quotes from their experience at each stage of the process of attending for an initial assessment. They then mapped the associated emotions connected to these quotes. Consistent themes of experience emerged, enabling the project team to identify key recommendations for improvement. The EBD project identified a number of improvements which have been completed, including redesigning letters provided and leaflets available to people accessing services, improving the reception area and signage, and introduction of a volunteer 'welcomer'. The project team has developed an improvement plan and is working through further improvements such as training opportunities for people who deliver our services.

Patient-led assessments of the care environment (PLACE) are an annual appraisal of the non-clinical aspects of NHS and independent/ private healthcare settings, undertaken by teams made up of people who deliver services and members of the public (known as patient assessors). The team must include a minimum of 50% patient assessors. Assessments of our sites took place between March and June 2017. They provide a framework for assessing quality against common guidelines and standards in order to quantify performance against the areas listed in the table below. **CWP has scored higher than the national average, and higher than our neighbouring mental health trusts** in each of these areas. Furthermore, our scores have **improved from previous visits last year**.

	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition, Appearance and Maintenance	Dementia	Disability
2016	99%	92%	92%	97%	95%	89%
2017	99.8%	96%	94%	98%	96%	93%

Our **Person-centred Framework** is a set of overarching principles that ensure that person-centred thinking runs through everything we do. The Substance Misuse Service has applied these principles in developing an information pack to provide support for families following bereavement. Bereavement through a loved one's drug or alcohol misuse can be a devastating, challenging, and often an isolating experience. We wanted to give people information to help them cope after bereavement and we wanted to bring it together in one place. We worked with our communications and engagement team to design the packs to support bereaved people on a range of practical issues, and offer advice on all aspects of bereavement from registering the death, to Coroners and post mortem examinations, and who to inform. They provide a wealth of information and resources to those unsure where to turn or what to do in such a difficult situation.



The Bereavement Support Pack's features include advice on:

- How people normally grieve after a loss, helping people through the grieving process by looking at the emotions they might be experiencing and how to overcome them.
- Unresolved grief.
- Places to get help, outlining where and how to access appropriate support and links to useful resources and organisations.
- Practical advice and help with things people will have to deal with as a result of their loss.
- How friends and relatives can help.

The Bereavement Pack has been piloted and it is hoped that similar packs can be made available Trustwide to provide support to families following the loss of a loved one – see our patient experience quality improvement priority for 2018/19 for more information.

Lime Walk offers assessment, rehabilitation and therapies for people from across Cheshire. People accessing services here can be receiving our care for many months, so involving and supporting their families and carers is really important. We wanted to increase carer involvement within a person's recovery, and we wanted their carers to be more aware of the daily activities that were happening on the unit. Questionnaires were devised and sent out to ask carers when it would be best for them to attend events. Events were planned based on the outcome of their feedback. A monthly newsletter, collaboratively created by the occupational therapy team and the people using services at Lime Walk, has been developed and is sent to carers. Carers have also been involved in the development and improvement of a carer information pack.

Rearranging the timing of events led to an increase of involvement and attendance by carers. People using services at Lime Walk are also closely involved in the preparation of events, including planning, shopping, cooking, and budgeting. Their feedback has been really positive, with many saying how much that they enjoy their involvement in the events, particularly preparing it for their family and friends. A Recovery Festival held in July was particularly successful, with more than 50 people joining. This was the unit's third annual festival and featured live music and a BBQ. The event raised £540 for charities chosen by people using services on the unit. The events give people using services at Lime Walk, carers, and staff the



opportunity to all meet as one and work together, and they enable staff to explore ideas, concerns and expectations of carers. Another benefit is that carers are able to meet one another at the event and gain support from each other.



On 11 July, our staff from across the Trust came together to learn more about the armed forces covenant, and our commitment to support our veterans. Many of the staff attending had a personal interest as members of their families were serving in the armed forces, or were veterans. Staff listened to presentations from representatives from the Royal British Legion and the role played by the Transition, Intervention and Liaison Service. There was very positive feedback from those who attended, particularly around the range of support that they could signpost people who had served in the forces to. Some of the problems faced by veterans were

highlighted in the presentations; these included:

- High incidence of mental health problems, and unlikely to seek help
- Struggle to adjust to civilian life, and families also suffer
- Self-medicating, drug and alcohol abuse
- Young men prone to increase risk of suicide

We wanted to raise awareness of the range of support that veterans can access, and our commitment to the armed forces covenant which we signed up to in June 2017. The covenant is a voluntary statement of mutual support between a civilian community and its local armed forces community. The aims of the covenant are to:

- Encourage local communities to support the armed forces community in their areas
- Nurture public understanding and awareness of issues affecting the armed forces community
- Recognise and remember the sacrifices made by the armed forces community
- Encourage activities which help to integrate the armed forces community into local life
- Improve access and priority treatment

NHS England (2014) recommends that all adults should undertake muscle strengthening activity such as yoga. Following outcomes from a commissioning for quality and innovation (CQUIN) project: *Sustaining health and promoting exercise* (SHAPE), Central and East Recovery College worked alongside a Health Facilitator to offer yoga sessions to people accessing CWP's services in order to increase their physical activity engagement. The project involved joint working across many teams and organisations, with the piece of work being funded by both CWP's Central and East Early Intervention (EI) team, and *Active Cheshire*, who are a health and wellbeing charity who work with partners to find new ways to get people active. Further to this, the 'Ministry of Yoga', a yoga studio in Crewe, facilitated the yoga sessions, alongside Central and East Recovery College. The Recovery College is a resource for people who access CWP's services, offering educational courses around self-management, mental health conditions, and workshops to improve health and wellbeing.



Feedback from the SHAPE CQUIN suggested that people wanted to get more active, but often environments like gyms could be daunting, and traditional exercise seemed overwhelming. From here, it was proposed that yoga was a way to engage people in physical activity, without it being too anxiety provoking or strenuous. The experience of the Recovery College, through the yoga sessions, also helped people gain confidence in groups, and feel more able to access other courses within the college, in order to **help improve wellbeing**. The project has also allowed people to attend classes in the

community in their own time, with further classes signposted in local areas, and some classes offering discounted rates to people who access CWP services.



The Crisis and Reablement Team (CART) are a team of experienced community support workers who are highly specialised in providing care to people needing palliative care. Their aim is to make the journey as comfortable as possible for these people as well as their families, who in the final days of life, choose home as their preferred place of care, to go home from hospital to die. This is a time pressured activity where hours can make a difference to achieving the

desired outcome for the person and their family.

- We worked with the Countess of Chester Integrated Discharge Team (IDT) to see how we could take a person needing palliative care home within hours of referral, and have CART support workers visit the same day.
- A *Care Matrix* (care plan document) was produced between Discharge Liaison, Continuing Health Care and CART teams that provides details on the person's condition, mobility and care needs.
- A hospital bed is provided at home ready for the person's return, and a referral to Continuing Health Care is made at the same time.
- A copy of the Care Matrix goes home with the person, and a copy is sent to CART. The Care Matrix is triaged by the team's clinical service manager and the information given to the staff who will be visiting. Technical terms are explained and a concise evaluation of the situation, including health and safety concerns, is discussed with the team.
- The person makes a very important return home and CART support workers provide care that same day. People are followed up within 24 hours by the District Nurses.

CART has facilitated a much faster discharge home for people from hospital. Using a "trusted assessor" model, there are no delays in waiting for an assessment and the subsequent care plan to be carried out by the community care teams (CCTs) before referral can be made to CART for palliative care. Our expertise in providing care to people needing palliative care has **helped people achieve their dying wish**, which is important to themselves and to their family.

The process has improved the discharge planning for the IDT and helped to relieve the pressures on the CCTs. CART staff have improved information with regard to the person accessing the service, their environment and home circumstances, making them feel more comfortable with dealing with a complex and emotional situation. Feedback has been very positive. We are in the process of developing a similar process for people needing palliative care being discharged from Arrowse Park Hospital. We would also like to develop a pathway for patients being discharged from Hospital@Home.



Annex A: Glossary

ASD

Autism Spectrum Disorder – a neurodevelopmental disorder that impairs a child's ability to communicate and interact with others.

Board

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

Care pathways

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

Care plan

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

Care Programme Approach – CPA

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

Care Quality Commission – CQC

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

Carer

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

Clinical audit

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

Clinical commissioning group – CCG

Clinical Commissioning Groups are clinically-led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

Clinician

A health professional. Clinicians come from a number of different healthcare professions, such as psychiatrists, psychologists, nurses, occupational therapists etc.

Commissioners

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

Commissioning for Quality and Innovation – CQUIN

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

Community physical health services

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

Crisis

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

Department of Health

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

Driver diagram

A visual display of what “drives” the achievement of a project aim.

Duty of Candour

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

Forensic

Forensic mental health is an area of specialisation that involves the assessment and treatment of those who have a mental disorder or learning disability and whose behaviour has led, or could lead, to offending.

Foundation Trust

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

Health Act

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

Healthcare

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

Healthcare Quality Improvement Team

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

Hospital Episode Statistics

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

Human Factors

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

Improving Access to Psychological Therapies – IAPT

A national programme to implement NICE guidelines for people suffering from depression and anxiety disorders.

Information Governance Toolkit

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

Leave

A planned period of absence from an inpatient unit.

Locality Data Pack

Locality data packs (LDPs) are data sets contained quality of service and care information about wards and teams. They are prepared every two months for wards, and community teams with three or more staff. Team managers use them to compare their team against benchmarks, to share good practice and to drive further improvement.

Mental Health Act 1983

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

Multi-disciplinary Team (MDT)

A group of professionals from diverse disciplines who come together to provide care, e.g. psychiatrists, psychologists, community psychiatric nurses, occupational therapists etc.

National Confidential Enquiry into Patient Outcome and Death – NCEPOD

NCEPOD undertakes confidential surveys and research to assist in maintaining and improving standards of care for adults and children for the benefit of the public.

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

National Institute for Health and Care Excellence – NICE

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

National prescribing observatory for mental health

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

National Staff Survey

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

NHS Commissioning Board Special Health Authority

Responsible for promoting patient safety wherever the NHS provides care.

NHS Constitution

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

NHS Improvement

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

Palliative

Palliative care is specialised medical care for people with serious illness or life limiting illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Patient Advice and Liaison Services – PALS

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

PDSA

PDSA stands for Plan Do Study Act. It is an evidence-based approach that involves a repetitive four-stage model for continuous improvement.

Person-centred care

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

Perinatal

The perinatal period extends from when pregnancy begins to the first year after the baby is born.

Polypharmacy

The use of multiple medications by a person at the same time.

Providers

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

Public health

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

Quarter

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

Registration

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

Regulations

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

Research

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

SBAR

SBAR stands for Situation, Background, Assessment and Recommendation. It is a widely used communication tool and is evidenced based to reduce the incidence of harm.

Secondary care

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

Secondary Uses Service – SUS

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

Serious untoward incident

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

Service users/ patients/ people who access services

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

Single Oversight Framework

An NHS Improvement framework for assessing the performance of NHS trusts.

Special review

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

Stakeholders

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

Strategy

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

The Health and Social Care Information Centre

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

Transformation

The redesigning of how something is done. This term is often used to describe the redesign of clinical services.

Transition

When a person accessing services moves from one service to another, e.g. from an inpatient unit to being cared for by a community team at home.

Zero Harm

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

Annex B: Comments on CWP Quality Account 2017/18

Statement from Governors

A statement from the Lead Governor is in the foreword of the Annual Report. At the Council of Governors meeting held on 23 April 2018 it was agreed that the 'data completeness outcomes' indicator would be the locally selected indicator. Governors play a key role in influencing and informing Trust strategy and have been fully involved in the development of the Trust strategic plan and operational plan and fully support the Trust as it seeks to achieve its ambitions and objectives. It was a pleasure to read the Quality Account and to confirm support the priorities that the Trust has identified for the next year. The theme running throughout is that of improved person-centred care and the quality improvement strategy and agenda. I was particularly impressed with the success of the red and green bed day project to optimise patient flow which has demonstrably reduced patient's length of stay.

Comments by CWP's commissioners

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

Requested feedback 01/05/2018 (not received as at 18/05/2018)

NHS West Cheshire Clinical Commissioning Group commentary

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

Cheshire and Wirral Partnership NHS Foundation Trust has continued to demonstrate a high level of commitment to improving patient safety and person-centred care during 2017/18. This is evidenced through their Learning from Experience reports that they publish three times a year. The Trust has a good safety culture, encouraging staff to report incidents with a focus of learning from no harm and near miss incidents.

There has been limited compliance with the national Commissioning for Quality and Innovation audit requirements for wound assessment. We acknowledge that there is a plan to increase the number of assessments audited to enable the Trust to identify both good practice and opportunities for improvements.

We have raised the comparatively low return rate of Friends and Family Test Surveys in previous quality account responses as being an area where extra focus was required and it is of concern that this has not achieved higher levels. We recognise though that you have addressed the challenge of engaging with people who access your services in alternative ways and there is strong evidence of this through your Quality Account – of note is the innovative use of patient feedback in the Experience By Design work with the Chester mental health team to improve initial mental health assessments.

We acknowledge the Trust's response to the Regulation 28 report from the Coroner to prevent future deaths in relation to shortfalls in the transfer of information when people who have accessed your services move and/ or transfer between different geographical locations and organisations. This has been an area of previous concern and we welcome the efforts to adopt a Quality Improvement approach to help you develop practicable systems to identify early warnings before any potential adverse incidents.

The Trust are commended for their local response to the national Learning Disabilities Mortality Review programme and note the narrative in the Quality Account which states that the Trust has identified several areas for local quality improvement, including five priority areas for action and a further 19 recommendations, all of which seek to reduce morbidity and mortality in people with learning disabilities in Cheshire. We look forward to hearing more about how you are delivering these improvements.

We welcome your reference to the Trusts sustained focus on training Nursing Associates.

We support the priorities that the Trust has identified for the forthcoming year and value working in partnership with you to assure the quality of services commissioned in 2018-19.

NHS Wirral Clinical Commissioning Group commentary

Requested feedback 01/05/2018 (not received as at 18/05/2018)

NHS Eastern Cheshire Clinical Commissioning Group commentary

Requested feedback 01/05/2018 (not received as at 18/05/2018)

Statement from Scrutiny Committees

Statement from Wirral Metropolitan Borough Council

The Adult Care and Health Overview & Scrutiny Committee undertake the health scrutiny function at Wirral Council. The Committee has established a task & finish group of Members to consider the draft Quality Accounts presented by relevant health partners. Members of the Panel met on 9th May 2018 to consider the draft Quality Account and received a verbal presentation on the contents of the document. Members would like to thank Cheshire and Wirral Partnership Trust for the opportunity to comment on the Quality Account 2017/18. Panel Members look forward to working in partnership with the Trust during the forthcoming year. Members provide the following comments:

Priorities for Improvement 2017/18

Clinical effectiveness priority – Improve the Trustwide average bed occupancy rate for adults and older people

The Trust's target was to reduce the occupancy rate to the optimal rate (according to the Royal College of Psychiatrists) of 85% by December 2017. Members note that, by the end of December 2017, this target had not been met as a rate of 89.6% had been achieved. It is also noted that, although the target was not met, this area will unfortunately no longer be a priority in 2018/19.

Patient experience priority – Achieve an improvement in embedding a person-centred culture across the organisation

The Trust aimed to achieve 90% of respondents to the annual staff survey reporting that they are able to deliver a person centred approach. The Trust is congratulated on achieving an actual response of 93.5% in the NHS Staff Survey for 2017.

Quality Improvement Priorities for 2018/19

Members note the three new priority areas for 2018/19.

Other Issues

Information relating to registration with the Care Quality Commission (CQC)

The Trust took part in a pilot of the new "well-led" inspection framework which is a partnership between the Care Quality Commission and NHS Improvement. The Trust is congratulated on receiving a 'Good' rating for the "well-led" inspection.

Child & Adolescent Mental Health Service (CAMHS) – Waiting times

The Members raise some concerns regarding waiting times for CAMHS provision, based on dashboard information. The Statement from the Medical Director in the draft Quality Account highlights a new advice and duty phone line which provides a single 'front door' to a CAMHS duty worker in Wirral. However, the performance data shows some significant waiting times for first appointments. As the priority of mental health among young people has apparently risen at a national level, it is suggested that it may be appropriate for the length of waiting times for young people in Cheshire and Wirral to be addressed further, perhaps as a future priority area.

Impact of service review in East Cheshire

Members are aware of a review of specialist mental health services which is taking place in East Cheshire, including a consultation on the future of the Millbrook Unit in Macclesfield. As a result, taking into account the Trust's provision of a range of services across three local authority areas, Members recognise that there may be an impact on the demand for service provision in the remaining two localities – Bowmere in Chester and Springview in Wirral. Members seek reassurance that the quality of service provision across all localities is given equal priority and will watch the outcome of the formal consultation process with interest.

Friends and Family Test (FFT)

It is noted that the draft Quality Account includes no reference to the results of the patient's Friends and Family Test. As an indicator of patient experience, it is suggested that patient scores for the Friends and Family Test would be a useful addition to the report in future years.



Councillor Julie McManus
Chair, Adult Care and Health Overview & Scrutiny Committee
Wirral Borough Council

Cheshire East Health and Adult Social Care Overview and Scrutiny Committee

As Chairman of the Committee I am writing to submit its statement to be included in East Cheshire NHS Trust's Quality Account 2017/18 following our meeting on 03 May 2018. Please include the information below in the Committee's section of the Quality Account.

The Health and Adult Social Care Overview and Scrutiny Committee reviewed the draft Quality Account at a meeting on 03 May 2018. Overall the Committee was pleased with the content of the Quality Account and believes it provides a good picture of the performance of the Trust.

The Committee were pleased to see examples of quality improvement such as joint working to facilitate seamless services for Dementia patients and their carers, by sharing best practice at Dementia Friends sessions and events celebrating Nurses Day and Dementia Awareness Week.

The Committee was pleased to note the achievements in the prevention of avoidable drug related deaths and how all Substance Misuse Service (SMS) staff had been trained in how to train people who accessed SMS services to recognise when an overdose is occurring and be able to administer naloxone.

The Committee noted that in order to redesign outdated clinical pathway (for diagnosing and managing care and treatment for people with dementia) the Older People's Team worked with GPs to redesign the clinical pathway and develop new ways of working together.

The Committee was pleased to note the Trust had achieved against improvements through the identification of patients taking monotherapy or combination antipsychotic treatments to improve monitoring of associated risks and embedding a person-centred culture across the Trust. Whilst the target for average bed occupancy rate for adults and older people was set at 85%, the Committee recognised this had yet to be achieved, although CWP were confident a number of it's improvement projects were continuing to work towards this goal.

Councillor Stewart Gardiner
Chairman of the Health and Adult Social Care Overview and Scrutiny Committee

Statement from Healthwatch organisations

Healthwatch Wirral

Requested feedback 01/05/2018 (not received as at 18/05/2018)

Healthwatch Cheshire

Requested feedback 01/05/2018 (not received as at 18/05/2018)

Annex C: Statement of Directors responsibilities in respect of the quality report

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

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

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17;
- 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 – April 2018.
 - Papers relating to Quality reported to the Board over the period April 2017 to May 2018.
 - Feedback from commissioners: NHS South Cheshire Clinical Commissioning Group and NHS Vale Royal Clinical Commissioning Group, requested feedback 01/05/2018 (not received), NHS West Cheshire Clinical Commissioning Group, requested feedback received 17 May 2018, NHS Wirral Clinical Commissioning Group requested feedback 01/05/2018 (not received), NHS Eastern Cheshire Clinical Commissioning Group, requested feedback 01/05/2018 (not received).
 - Feedback from governors, feedback received 22 May 2018.
 - Feedback from local Healthwatch organisations: Healthwatch Cheshire, requested feedback 01/05/2018 (not received), Healthwatch Wirral, requested feedback 01/05/2018 (not received). Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16 May 2018, feedback from East Cheshire Council (Overview and Scrutiny Committee) received 22 May 2018.
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the period of April 2017 – March 2018, published May 2018.
 - The latest available national patient survey, published November 2017.
 - The latest national staff survey – received by the Trust March 2018.
 - Care Quality Commission Inspection (pilot), dated June 2017.
 - The 2017/18 Head of Internal Audit's annual opinion over the trust's control environment dated 1 May 2018.

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

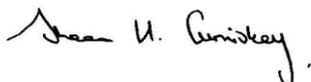
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively 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 Improvements annual reporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report (available at <https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-201718-requirements>).

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

By order of the Board at the meeting held on 24 May 2018.



Chair of the meeting
24 May 2018



Chief Executive
24 May 2018

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

We have been engaged by the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of Cheshire and Wirral Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

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 the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18*.

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

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

- Board minutes and papers for the period April 2017 to May 2018;
- papers relating to quality reported to the board over the period April 2017 to May 2018;
- Feedback from commissioners: NHS West Cheshire Clinical Commissioning Group, requested feedback received 17 May 2018,
- Feedback from governors, feedback received 22 May 2018.

- Feedback from Wirral Metropolitan Borough Council (Overview and Scrutiny Committee) received 16 May 2018, feedback from East Cheshire Council (Overview and Scrutiny Committee) received 22 May 2018.
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, for the period of April 2017 – March 2018, published May 2018.
- the latest national patient survey, published November 2017;
- the latest national staff survey, covering 2017, received by the Trust March 2018;
- Care Quality Commission Inspection, dated 3rd December 2015 and Care Quality Commission Well-Led pilot report, received October 2017;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment, dated 1st 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.

This report, including the conclusion, has been prepared solely for the Council of Governors of Cheshire and Wirral Partnership NHS Foundation Trust as a body, to assist the Council of Governors in reporting the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 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 indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Cheshire and Wirral Partnership NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

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

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* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by Cheshire and Wirral Partnership NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 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 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.



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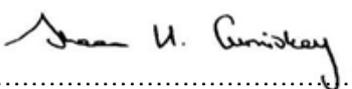
25 May 2018

4. Annual Accounts 2017/18

Foreword to the accounts

Cheshire and Wirral Partnership NHS Foundation Trust

These accounts, for the year ended 31 March 2018, have been prepared by Cheshire and Wirral Partnership NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed 

Name Sheena Cumiskey
Job title Chief Executive
Date 24 May 2018

Statement of Comprehensive Income

		2017/18	2016/17
	Note	£000	£000
Operating income from patient care activities	3	153,709	153,921
Other operating income	4	9,529	8,615
Operating expenses	5	<u>(158,127)</u>	<u>(166,820)</u>
Operating surplus/(deficit) from continuing operations		<u>5,111</u>	<u>(4,283)</u>
Finance income	10	44	28
Finance expenses	11	(96)	(123)
PDC dividends payable		<u>(1,816)</u>	<u>(2,052)</u>
Net finance costs		<u>(1,868)</u>	<u>(2,147)</u>
Other (losses)	12	-	(40)
(losses) arising from transfers by absorption		<u>(311)</u>	<u>-</u>
Surplus / (deficit) for the year		<u><u>2,932</u></u>	<u><u>(6,470)</u></u>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	6	(382)	(3,341)
Revaluations	15	3,452	922
Remeasurements of the net defined benefit pension scheme liability / asset	27	<u>57</u>	<u>-</u>
Total comprehensive income / (expense) for the period		<u><u>6,059</u></u>	<u><u>(8,889)</u></u>

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

	2017/18	2016/17
	£'000	£'000
Surplus/(Deficit) for the financial year (as stated above)	2,932	(6,470)
<i>Add:</i>		
Net Impairments	-	6,358
Losses on transfers by absorption	311	-
Loss on asset disposal	-	40
Non-cash element of on Balance Sheet pension costs	7	-
Adjusted Financial Performance Surplus/(Deficit) on a Control Total Basis	<u><u>3,250</u></u>	<u><u>(72)</u></u>

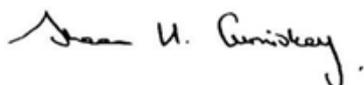
Statement of Financial Position

		31 March 2018	31 March 2017
	Note	£000	£000
Non-current assets			
Property, plant and equipment	14	73,332	69,824
Other investments / financial assets	15.1	1	1
Total non-current assets		73,333	69,825
Current assets			
Trade and other receivables	17.1	8,565	6,785
Non-current assets held for sale / assets in disposal groups	18	-	750
Cash and cash equivalents	19	12,923	9,484
Total current assets		21,488	17,019
Current liabilities			
Trade and other payables	20	(15,298)	(15,019)
Borrowings	22	(103)	(13)
Provisions	24	(2,506)	(2,074)
Other liabilities	21	(2,563)	(2,007)
Total current liabilities		(20,470)	(19,113)
Total assets less current liabilities		74,351	67,731
Non-current liabilities			
Borrowings	22	(418)	(128)
Provisions	24	(712)	(702)
Other liabilities	21	(261)	-
Total non-current liabilities		(1,391)	(830)
Total assets employed		72,960	66,901
Financed by			
Public dividend capital		36,181	36,181
Revaluation reserve		10,110	7,307
Pension reserve		(261)	-
Income and expenditure reserve		26,930	23,413
Total taxpayers' equity		72,960	66,901

The notes on pages 150 to 185 form part of these accounts.

The financial statements on pages 144 to 185 were approved by the Board on 24th May 2018 and signed on its behalf by Sheena Cumiskey, Chief Executive.

Signed



Sheena Cumiskey
Chief Executive

24 May 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital £000	Revaluation reserve £000	Pension reserve £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2017 - brought forward	36,181	7,307	-	-	23,413	66,901
Surplus for the year	-	-	-	-	2,932	2,932
Transfers by absorption: transfers between reserves	-	-	(311)	-	311	-
Other transfers between reserves	-	-	(7)	-	7	-
Impairments	-	(382)	-	-	-	(382)
Revaluations	-	3,452	-	-	-	3,452
Transfer to retained earnings on disposal of assets	-	(94)	-	-	94	-
Remeasurements of the defined net benefit pension scheme liability/asset	-	-	57	-	-	57
Other reserve movements	-	(173)	-	-	173	-
Taxpayers' equity at 31 March 2018	36,181	10,110	(261)	-	26,930	72,960

Statement of Changes in Equity for the year ended 31 March 2017

	Public dividend capital £000	Revaluation reserve £000	Pension reserve £000	Merger reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2016 - brought forward	36,181	10,090	-	-	29,520	75,790
(deficit) for the year	-	-	-	-	(6,470)	(6,470)
Impairments	-	(3,341)	-	-	-	(3,341)
Revaluations	-	922	-	-	-	922
Transfer to retained earnings on disposal of assets	-	(166)	-	-	166	-
Other reserve movements	-	(198)	-	-	198	-
Taxpayers' equity at 31 March 2017	36,181	7,307	-	-	23,413	66,901

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Pension Reserve

This reserve records the balance of the net pension liability in relation to staff who are members of the Cheshire Pension Fund and transferred into the trust from Cheshire West and Chester Council on 1st January 2018. The balance on this reserve includes the opening pension liability and subsequent movements in the valuation of the Cheshire Pension Fund which arise as a result of changes in actuarial assumptions used in the annual IAS 19 valuation of the fund deficit.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	2017/18	2016/17
Note	£000	£000
Cash flows from operating activities		
Operating surplus / (deficit)	5,111	(4,283)
Non-cash income and expense:		
Depreciation and amortisation	5 2,150	2,390
Net impairments	6 -	6,358
Non-cash movements in on-SoFP pension liability	7 7	-
(Increase) / decrease in receivables and other assets	(2,082)	695
Increase in payables and other liabilities	719	1,970
Increase in provisions	448	1,139
Other movements in operating cash flows	(3)	-
Net cash generated from operating activities	<u>6,350</u>	<u>8,269</u>
Cash flows from investing activities		
Interest received	38	28
Purchase of property, plant, equipment and investment property	(2,015)	(6,027)
Sales of property, plant, equipment and investment property	750	220
Net cash generated (used in) investing activities	<u>(1,227)</u>	<u>(5,779)</u>
Cash flows from financing activities		
Capital element of finance lease rental payments	(19)	(6)
Interest paid on finance lease liabilities	(100)	(104)
PDC dividend (paid)	(1,565)	(2,431)
Net cash generated (used in) financing activities	<u>(1,684)</u>	<u>(2,541)</u>
Increase / (decrease) in cash and cash equivalents	<u>3,439</u>	<u>(51)</u>
Cash and cash equivalents at 1 April	<u>9,484</u>	<u>9,535</u>
Cash and cash equivalents at 31 March	19 <u><u>12,923</u></u>	<u><u>9,484</u></u>

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 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.

Note 1.1.1 Accounting convention

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

Note 1.1.2 Going concern

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

Note 1.2 Critical judgements in applying accounting policies

In the application of the NHS foundation trusts accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. Such estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. While estimates and underlying assumptions are continually reviewed, actual results may differ from such estimates. Revisions to accounting estimates are recognised in the year that such revisions occur. The following judgements, apart from those involving estimations (see below), are those that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- Determination of an appropriate carrying value for Property, Plant and Equipment. Detailed in note 14 is the basis that the NHS foundation trust has applied in valuing its Property, Plant and Equipment.
- Determination of an appropriate value for the NHS foundation trusts provisions. These are set out in note 24.
- Determination of an appropriate value for the NHS foundation trusts defined benefit pension obligation (asset and Liability)
This is set out in note 27.

Note 1.2.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Provisions

Provisions have been calculated having recognised an obligating event during the year and include estimates and assumptions relating to the carrying amounts and timing of anticipated payments. Other less significant areas of judgement and estimation techniques (e.g. depreciation and deferred income) have been disclosed in the Trust's accounting policies and in the notes to the financial statements, as required by the relevant IFRS.

Modern Equivalent Asset Valuation

Independent valuers have provided valuations of the NHS foundation trusts land and building assets (estimated financial value and estimated remaining useful life), applying a Modern Equivalent Asset method of valuation. Future revaluations of the Trust's property may result in changes to the carrying value of land and buildings assets.

Cheshire Pension Fund (CPF)

To facilitate the TUPE transfer of staff from Cheshire West and Chester Council on 1st January 2018, the NHS foundation trust became an admitted body to the CPF. Full actuarial valuations of the fund are undertaken every 3 years, the latest being March 2016. In between full actuarial valuations, the assets and liabilities are updated at each year end using principal actuarial assumptions as at that date. An actuarial report is produced detailing the opening and closing assets and liabilities of the Trust share of the CPF. The principal actuarial assumptions used at 31st March 2018 and 31st March 2017 in measuring the present value of the defined benefit scheme liabilities are:

	31st March 2018	31st March 2017
	%p.a.	%p.a.
Pension Increase Rate	2.3%	2.4%
Salary Increase Rate	2.6%	2.7%
Discount Rate	2.7%	2.6%

Note 1.3 Interests in other entities

Charitable Funds

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

Nevevia Ltd

The NHS foundation trust created a subsidiary company in 2016/17 of which it has 100% stake. Nevevia Ltd has been set up to provide innovative care solutions. At the 31st March 2018 the Trust has not consolidated any of the financial statements of Nevevia Ltd on the grounds of materiality. Disclosure note 16 records the summary transactions for 2017/18.

Villicare LLP

The NHS foundation trust has a 50% equity stake in a joint operation with Ryhurst Ltd. Villicare LLP has been established to support the Trust in providing high quality, effective estates management. A review of Villicare LLP's management arrangements, ownership structure and operations in 2015/16 concluded that the arrangement should be accounted for as a joint operation. This is consistent with the accounting treatment in 2017/18. Joint operations are arrangements in which the trust has joint control with one or more other parties and has the rights to the assets, and obligations for the liabilities, relating to the arrangement. The trust includes within its financial statements its share of the assets, liabilities, income and expenses.

Note 1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy 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. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

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

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

Local Government Pension Scheme

Staff who transferred from Cheshire West and Chester Council on 1st Jan 2018 have remained members of the Cheshire Pension Fund which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the NHS foundation trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The net interest cost during the year arising from the unwinding of the discount on the net scheme liabilities is recognised within finance costs. Remeasurements of the defined benefit plan are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Property, plant and equipment

Note 1.7.1 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
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

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.

Note 1.7.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Fair values are determined as follows:

- land and non-specialised buildings - market value for existing use
- specialised buildings - modern equivalent depreciated replacement cost

An item of property, plant and equipment 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 of IFRS 5.

A desktop revaluation of land and buildings on a componentised 'Existing Use' basis was carried out at 31st March 2018 by the NHS foundation trust's valuers Cushman & Wakefield, (Member of the Royal Institute of Chartered Surveyors). Land and buildings are shown in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment loss.

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.

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.

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

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is 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. Reversals of 'other impairments' are treated as revaluation gains.

Note 1.7.3 Derecognition

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 are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale'
 - 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

Note 1.7.4 Useful economic lives of property, plant and equipment

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

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

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

Note 1.8 Intangible assets**Note 1.8.1 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 where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Software

Software which is integral to the operation of hardware, 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 when deemed material.

Note 1.8.2 Measurement

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

Note 1.9 Inventories

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

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 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. These balances exclude monies held in the NHS foundation trusts bank account belonging to patients.

Cash balances with Government Banking Service (GBS) are held with the Royal Bank of Scotland. Interest earned and interest charged on bank accounts is recorded as finance income and finance expenses respectively, in the year to which they relate. Bank charges are recorded as operating expenses in the year to which they relate.

Note 1.11 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 'loans and receivables'.

Financial liabilities are classified as 'other financial liabilities'.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: cash and cash equivalents, NHS receivables, accrued income and other receivables.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

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 taken out 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 through the use of a provision for impairment of receivables.

Amounts charged to the provision for impairment of receivables are only written off against the carrying amount of the financial asset, when all avenues of recovery are deemed exhausted.

Note 1.12 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.12.1 The trust as lessee***Finance leases***

Where substantially all risks and rewards of ownership of a leased asset are borne by the 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

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

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

Note 1.12.2 The trust as lessor***Operating leases***

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 as an expense on a straight-line basis over the lease term.

Note 1.13 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.

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 24.2 but is not recognised in the trust's accounts.

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 when the liability arises.

Note 1.14 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, where an inflow of economic benefits is probable. Contingent liabilities are not recognised, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.15 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 organisation. 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 NHS foundation trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health 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.

Note 1.16 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.17 Corporation tax

The NHS foundation trust is a Health Service body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to the specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988). Accordingly, the Trust is potentially within the scope of Corporation Tax but there is no tax liability arising in respect of the current financial year.

Note 1.18 Foreign exchange

The functional and presentational currency of the trust is 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.

Note 1.19 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.20 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 the trust 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 accrual basis with the exception of provisions for future losses.

Note 1.21 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

Note 1.22 Standards, amendments and interpretations in issue but not yet effective or adopted

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, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

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 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.

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.

Note 2 Operating Segments

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

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

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

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)	2017/18	2016/17
	£000	£000
Mental health services		
Cost and volume contract income	4,851	4,790
Block contract income	112,056	111,610
Clinical partnerships providing mandatory services (including S75 agreements)	5,015	5,051
Other clinical income from mandatory services	3,861	4,641
Community services		
Community services income from CCGs and NHS England	21,705	21,834
Income from other sources (e.g. local authorities)	5,596	5,559
All services		
Other clinical income	625	437
Total income from activities	153,709	153,921

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2017/18	2016/17
	£000	£000
NHS England	15,252	15,040
Clinical commissioning groups	126,180	126,729
Other NHS providers	921	329
Local authorities	10,525	9,928
Non NHS: other	831	1,896
Total income from activities	153,709	153,921

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

The trust received no income in relation to overseas visitors during the financial year 2017/18.

Note 4 Other operating income

	2017/18	2016/17
	£000	£000
Research and development	243	244
Education and training	3,124	3,281
Non-patient care services to other bodies	1,552	1,585
Sustainability and transformation fund income	2,804	1,696
Rental revenue from operating leases	90	-
Income in respect of staff costs where accounted on gross basis	928	1,294
Other income	788	516
Total other operating income	9,529	8,615

Note 4.1 Income from activities arising from commissioner requested services

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

	2017/18	2016/17
	£000	£000
Income from services designated as commissioner requested services	150,370	149,425
Income from services not designated as commissioner requested services	3,339	4,496
Total	153,709	153,921

Note 5 Operating expenses

	2017/18	2016/17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	1,058	1,175
Purchase of healthcare from non-NHS and non-DHSC bodies	1,676	1,885
Staff and executive directors costs	126,527	127,659
Remuneration of non-executive directors	123	119
Supplies and services - clinical (excluding drugs costs)	2,300	2,307
Supplies and services - general	1,664	1,813
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	2,121	1,940
Consultancy costs	61	93
Establishment	1,411	1,409
Premises	6,907	6,364
Transport (including patient travel)	2,201	2,255
Depreciation on property, plant and equipment	2,150	2,390
Net impairments	-	6,358
Increase/(decrease) in provision for impairment of receivables	(7)	509
Change in provisions discount rate(s)	-	19
Audit services- statutory audit	59	57
Other auditor remuneration (external auditor only)	13	13
Internal audit costs	67	67
Clinical negligence	605	550
Legal fees	176	213
Insurance	318	334
Research and development	438	433
Education and training	2,343	1,553
Rentals under operating leases	2,545	2,869
Early retirements	-	29
Termination benefits	568	1,670
Hospitality	5	6
Losses, ex gratia & special payments	68	50
Other services, eg external payroll	256	256
Other	2,474	2,424
Total	158,127	166,820

Note 5.1 Other auditor remuneration

	2017/18	2016/17
	£000	£000
Other auditor remuneration paid to the external auditor:		
Audit-related assurance services	13	13
Total	13	13

Note 5.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016/17: £2m).

Note 6 Impairment of assets

	2017/18	2016/17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Unforeseen obsolescence	-	6,198
Changes in market price	-	160
Total net impairments charged to operating surplus / deficit	-	6,358
Impairments charged to the revaluation reserve	382	3,341
Total net impairments	382	9,699

Note 7 Employee benefits

	2017/18	2016/17
	Total	Total
	£000	£000
Salaries and wages	104,677	105,386
Social security costs	9,489	9,186
Apprenticeship levy	504	-
Employer's contributions to NHS pensions	12,722	12,663
Pension cost - other	42	-
Termination benefits	568	1,699
Temporary staff (including agency)	1,167	1,925
Total gross staff costs	129,169	130,859

Employee costs shown above are included within employee expenses for both executive directors and staff (£126.527m), research (£0.406m), termination benefits (£0.568m) and education & training (£1.668m)

Note 7.1 Retirements due to ill-health

During 2017/18 there were 7 early retirements from the trust agreed on the grounds of ill-health (6 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £522k (£345k in 2016/17).

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

Note 8 NHS Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP 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 each scheme is taken as equal to the contributions payable to that 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 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 is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. 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 schemes (taking into account 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 ending 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 employee and employer representatives as deemed appropriate.

c) Pension Liability

The published annual accounts of the NHS Pension Scheme in 2016/17 disclosed a liability for the whole scheme of £509.4bn, an increase of £127.4bn from the liabilities at 31 March 2016. As the scheme is unfunded this liability is underwritten by the Exchequer. Employer contribution rates remain at 14.3% of pensionable pay for 2017/18. However, the Department of Health announced in March 2017 the introduction of a 0.08% levy on employers to pay for the administration of the Scheme. In practical terms this means employers will pay 14.38% of pensionable pay.

Note 8.1 National Employment Savings Pension Scheme (NEST)

Under the Pensions Act 2008 employers must offer a pension scheme to all its employees. Staff who are not eligible to join the NHS Pensions Scheme or LGPS are automatically enrolled into NEST. This scheme is a defined contribution pension scheme created as part of the government’s workplace pensions reforms.

Accounting for defined contribution plans requires the Trust to report on the amounts contributed for that period. Consequently, no actuarial assumptions are required to measure the obligation for the expense and there is no possibility of any actuarial gain or loss. The Trust settles its obligations within the annual reporting period in which the employees render the related service.

Note 9 Operating leases

Note 9.1 Cheshire and Wirral Partnership NHS Foundation Trust as a lessor

This note discloses income generated in operating lease agreements where Cheshire and Wirral Partnership NHS Foundation Trust is the lessor.

During 2017/18, the trust leased a number of building and land assets (2016/17 nil).

	2017/18 £000	2016/17 £000
Operating lease revenue		
Minimum lease receipts	90	-
Total	<u>90</u>	<u>-</u>
	31 March 2018 £000	31 March 2017 £000
Future minimum lease receipts due:		
- not later than one year;	90	-
Total	<u>90</u>	<u>-</u>

Note 9.2 Cheshire and Wirral Partnership NHS Foundation Trust as a lessee

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

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

	2017/18 £000	2016/17 £000
Operating lease expense		
Minimum lease payments	2,545	2,869
Total	<u>2,545</u>	<u>2,869</u>
	31 March 2018 £000	31 March 2017 £000
Future minimum lease payments due:		
- not later than one year;	2,215	2,058
- later than one year and not later than five years;	1,879	2,418
- later than five years.	1,846	1,053
Total	<u>5,940</u>	<u>5,529</u>

Note 10 Finance income

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

	2017/18	2016/17
	£000	£000
Interest on bank accounts	44	28
Total	44	28

Note 11 Finance expenditure

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

	2017/18	2016/17
	£000	£000
Interest expense:		
Finance leases	102	104
Total interest expense	102	104
Unwinding of discount on provisions	(6)	19
Total finance costs	96	123

Note 12 Gains / (losses) on disposal/derecognition of non-current assets

	2017/18	2016/17
	£000	£000
Losses on disposal of assets	-	(40)
Net loss on disposal of non current assets	-	(40)

Note 13 Transfers by absorption

On 1st January 2018, the trust formally became the recipient in a transfer of the 0-19 service from Cheshire West and Chester Council. As of that date, the assets and liabilities of the Cheshire Pension Fund in relation to those staff who transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) were accounted for as a 'transfer by absorption' in line with the Department of Health Group Accounting Manual.

On the 1st January 2018, the trust recognised £0.311m as a 'loss from transfers by absorption' in the Statement of Comprehensive Income and a corresponding £0.311m in net defined benefit pension scheme liabilities within 'Other liabilities' on the Statement of Financial Position. This has since been adjusted to £0.261m following the independent actuarial valuation at 31st March 2018. A reconciliation of the movement can be found in note 27.1 on page 179.

Note 14 Property, plant and equipment - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2017 - brought forward	6,354	61,741	-	82	961	176	2,319	665	72,298
Additions	-	1,326	-	477	62	-	672	51	2,588
Impairments	(77)	(305)	-	-	-	-	-	-	(382)
Revaluations	489	1,593	-	-	-	-	-	-	2,082
Valuation/gross cost at 31 March 2018	6,766	64,355	-	559	1,023	176	2,991	716	76,586
Accumulated depreciation at 1 April 2017 - brought forward	-	-	-	-	547	127	1,416	384	2,474
Provided during the year	-	1,370	-	-	147	9	535	89	2,150
Revaluations	-	(1,370)	-	-	-	-	-	-	(1,370)
Accumulated depreciation at 31 March 2018	-	-	-	-	694	136	1,951	473	3,254
Net book value at 31 March 2018	6,766	64,355	-	559	329	40	1,040	243	73,332
Net book value at 1 April 2017	6,354	61,741	-	82	414	49	903	281	69,824

Note 14.1 Property, plant and equipment - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2016 - as previously stated	9,928	56,854	-	9,898	863	171	2,170	481	80,365
Prior period adjustments	-	-	-	-	-	-	-	-	-
Valuation / gross cost at 1 April 2016 - restated	9,928	56,854	-	9,898	863	171	2,170	481	80,365
Additions	-	587	-	4,372	98	5	149	184	5,395
Impairments	(2,516)	(2,740)	-	-	-	-	-	-	(5,256)
Reversals of impairments	84	1,831	-	-	-	-	-	-	1,915
Revaluations	(860)	(8,397)	-	-	-	-	-	-	(9,257)
Reclassifications	-	14,188	-	(14,188)	-	-	-	-	-
Transfers to / from assets held for sale	(282)	(582)	-	-	-	-	-	-	(864)
Valuation/gross cost at 31 March 2017	6,354	61,741	-	82	961	176	2,319	665	72,298
Accumulated depreciation at 1 April 2016 - as previously stated	-	2,098	-	-	452	118	1,056	295	4,019
Accumulated depreciation at 1 April 2016 - restated	-	2,098	-	-	452	118	1,056	295	4,019
Transfers by absorption	-	-	-	-	-	-	-	-	-
Provided during the year	-	1,837	-	-	95	9	360	89	2,390
Impairments	955	7,159	-	-	-	-	-	-	8,114
Reversals of impairments	(27)	(1,823)	-	-	-	-	-	-	(1,850)
Revaluations	(928)	(9,251)	-	-	-	-	-	-	(10,179)
Transfers to/ from assets held for sale	-	(20)	-	-	-	-	-	-	(20)
Accumulated depreciation at 31 March 2017	-	-	-	-	547	127	1,416	384	2,474
Net book value at 31 March 2017	6,354	61,741	-	82	414	49	903	281	69,824
Net book value at 1 April 2016	9,928	54,756	-	9,898	411	53	1,114	186	76,346

Note 14.2 Property, plant and equipment financing - 2017/18

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2018									
Owned - purchased	6,766	64,355	-	559	329	40	557	243	72,849
Finance leased	-	-	-	-	-	-	483	-	483
NBV total at 31 March 2018	6,766	64,355	-	559	329	40	1,040	243	73,332

Note 14.3 Property, plant and equipment financing - 2016/17

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2017									
Owned - purchased	6,354	61,741	-	82	414	49	790	281	69,711
Finance leased	-	-	-	-	-	-	113	-	113
NBV total at 31 March 2017	6,354	61,741	-	82	414	49	903	281	69,824

Note 15 Revaluations of property, plant and equipment

The most recent valuation took place effective on 31/03/2018 by independent valuers Cushman & Wakefield. For 2017/18, the valuer has applied the Royal Institute of Chartered Surveyors' forecast rebuild indices, the BCIS 'All In' Tender Price Indices, for assets valued at depreciated replacement cost.

Note 15.1 Other investments

	2017/18 £000	2016/17 £000
Carrying value at 1 April	1	1
Carrying value at 31 March	<u>1</u>	<u>1</u>

Note 15.2 Joint Arrangements

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

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

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

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

Related Party Transactions 2017/18

	2017/18 Current Assets £'000	2017/18 Current Liabilities £'000	2017/18 Income £'000	2017/18 Expenditure £'000
Villicare LLP - Consisting of:				
Cheshire and Wirral Partnership NHS FT	4	(9)	394	(400)
Ryhurst Ltd	4	(9)	394	(400)
Total	8	(18)	788	(800)

Related Party Transactions 2016/17

	2016/17 Current Assets £'000	2016/17 Current Liabilities £'000	2016/17 Income £'000	2016/17 Expenditure £'000
Villicare LLP - Consisting of:				
Cheshire and Wirral Partnership NHS FT	15	(14)	297	(296)
Ryhurst Ltd	15	(14)	297	(296)
Total	30	(28)	594	(592)

Note 16 Subsidiaries

Nevevia Limited was incorporated with Companies House on 19 January 2017. The nature of the Business is to provide innovative healthcare products. The Trust's equity shareholding at the 31st March 2018 was £1 (one pound).

The Registered Address for Nevevia Ltd is Redesmere, COCH Health Park, Liverpool Road, Chester CH2 1BQ.

Cheshire and Wirral Partnership NHS Foundation Trust has a 100% shareholding in Nevevia Ltd. Its Board comprises of two Directors who are also Executive Directors of Cheshire and Wirral Partnership NHS Foundation Trust.

Note 17.1 Trade receivables and other receivables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade receivables	4,578	3,651
Accrued income	3,083	1,661
Provision for impaired receivables	(643)	(653)
Prepayments (non-PFI)	1,144	968
Interest receivable	6	-
PDC dividend receivable	128	379
VAT receivable	52	336
Other receivables	217	443
Total current trade and other receivables	8,565	6,785

There were no non-current trade and other receivables.

Note 17.2 Provision for impairment of receivables

	2017/18 £000	2016/17 £000
At 1 April	653	156
Increase in provision	628	633
Amounts utilised	(3)	(12)
Unused amounts reversed	(635)	(124)
At 31 March	643	653

Note 17.3 Credit quality of financial assets

	2017/18 other £000	2016/17 other £000
Ageing of impaired financial assets		
0 - 30 days	148	16
30-60 Days	40	171
60-90 days	39	27
90- 180 days	333	21
Over 180 days	83	419
Total	643	653
Ageing of non-impaired financial assets past their due date		
0 - 30 days	1,492	1,277
30-60 Days	163	141
60-90 days	37	20
90- 180 days	118	90
Over 180 days	124	33
Total	1,934	1,560

Note 18 Non-current assets held for sale and assets in disposal groups

	2017/18 £000	2016/17 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	750	260
Assets classified as available for sale in the year	-	844
Assets sold in year	(750)	(260)
Impairment of assets held for sale	-	(94)
	<hr/>	<hr/>
NBV of non-current assets for sale and assets in disposal groups at 31 March	-	750
	<hr/> <hr/>	<hr/> <hr/>

In 2017/18 the trust successfully disposed of Pine Lodge (£0.750m) .

Note 19 Cash and cash equivalents movements

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.

	2017/18 £000	2016/17 £000
At 1 April	9,484	9,535
Net change in year	3,439	(51)
	<hr/>	<hr/>
At 31 March	12,923	9,484
	<hr/> <hr/>	<hr/> <hr/>
Broken down into:		
Cash at commercial banks and in hand	272	136
Cash with the Government Banking Service	12,651	9,348
	<hr/>	<hr/>
Total cash and cash equivalents as in SoFP	12,923	9,484
	<hr/>	<hr/>
Total cash and cash equivalents as in SoCF	12,923	9,484
	<hr/> <hr/>	<hr/> <hr/>

Note 19.1 Third party assets held by the NHS foundation trust

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

	2018 £000	2017 £000
Bank balances	38	27
	<hr/>	<hr/>
Total third party assets	38	27
	<hr/> <hr/>	<hr/> <hr/>

Note 20 Trade and other payables

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	3,473	5,384
Capital payables	700	526
Accruals	7,443	5,499
Social security costs	2,557	2,418
Other payables	1,125	1,192
Total current trade and other payables	<u>15,298</u>	<u>15,019</u>
Of which payables from NHS and DHSC group bodies:		
Current	1,852	3,558

There are no non-current trade and other payables balances

Note 21 Other liabilities

	2018 £000	2017 £000
Current		
Deferred income	2,563	2,007
Total other current liabilities	<u>2,563</u>	<u>2,007</u>
Non-current		
Net pension scheme liability	261	-
Total other non-current liabilities	<u>261</u>	<u>-</u>

Note 22 Borrowings

	2018 £000	2017 £000
Current		
Obligations under finance leases	103	13
Total current borrowings	<u>103</u>	<u>13</u>
Non-current		
Obligations under finance leases	418	128
Total non-current borrowings	<u>418</u>	<u>128</u>

Note 23 Finance leases

Note 23 Cheshire and Wirral Partnership NHS Foundation Trust as a lessee

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

	31 March 2018 £000	31 March 2017 £000
Gross lease liabilities	706	397
of which liabilities are due:		
- not later than one year;	198	112
- later than one year and not later than five years;	508	285
Finance charges allocated to future periods	(185)	(256)
Net lease liabilities	521	141
of which payable:		
- not later than one year;	103	13
- later than one year and not later than five years;	418	128

The lease obligation in respect of Phase one of the introduction of the provision of multifunctional devices will end in 2020/21. Phase two will end in 2021/22.

During 2017/18, the trust incurred new finance lease liabilities in respect of a data centre. The lease obligation will end in 2022/23.

Note 24.1 Provisions for liabilities and charges analysis

	Pensions - early departure costs	Legal claims	Re- structuring	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2017	766	124	1,238	56	592	2,776
Arising during the year	61	41	1,163	-	6	1,271
Utilised during the year	(60)	(52)	(191)	(19)	(7)	(329)
Reversed unused	-	(42)	(416)	(36)	-	(494)
Unwinding of discount	1	-	(5)	-	(2)	(6)
At 31 March 2018	768	71	1,789	1	589	3,218
Expected timing of cash flows:						
- not later than one year;	56	71	1,789	1	589	2,506
- later than one year and not later than five years;	229	-	-	-	-	229
- later than five years.	483	-	-	-	-	483
Total	768	71	1,789	1	589	3,218

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

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

Note 24.2 Clinical negligence liabilities

At 31 March 2018, £927k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Cheshire and Wirral Partnership NHS Foundation Trust (31 March 2017: £1,091k).

Note 25 Contingent assets and liabilities

	31 March 2018 £000	31 March 2017 £000
Value of contingent liabilities		
NHS Resolution legal claims	(40)	(68)
Gross value of contingent liabilities	<u>(40)</u>	<u>(68)</u>
Net value of contingent liabilities	<u>(40)</u>	<u>(68)</u>

NHSLA legal claims relate to a number of outstanding non clinical claims against the trust at 31st March. The calculation is the NHSLAs estimate of settlement based on the balance of probability. The timing of cash flows is expected to be in 2018/19.

Note 26 Contractual capital commitments

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	1,126	363
Total	<u>1,126</u>	<u>363</u>

Note 27 Local Government Pension Scheme

Staff who transferred from Cheshire West and Chester Council to the trust on 1st January 2018 have remained members of the Cheshire Pension Fund (CPF), which is a member of the Local Government Pension Scheme (LGPS). Details of this scheme can be obtained from the CPF, Cheshire West and Chester Council, Council Offices, 4 Civic Way, Ellesmere Port, CH65 0BE.

Details of the Trust assets and liabilities as a member of the scheme have been calculated by an independent actuary, Hyman Robertson LLP. A full actuarial report for the full CPF was produced in March 2018. This report set out member contribution rates up to and including 31 March 2019.

The Trust has a small number of employees who are members of the above fund. The funds within the LGPS are multi-employer schemes and each employer's share of the underlying assets and liabilities can be identified. Hence a defined benefit accounting approach is followed. The scheme has full actuarial valuation at intervals not exceeding three years. In between the full actuarial valuations, the assets and liabilities are updated at the year end, using the principal actuarial assumptions at that date. The full disclosure requirements of IAS19 Employee Benefits are given in note 27.1 on page 179.

The pension scheme assets are measured using market value. Pension scheme liabilities are measured using the projected unit actuarial method and are discounted at the current rate of return on a high quality corporate bond of equivalent terms and currency to the liability. The increase in the present value of the liabilities of the defined benefit pension scheme expected to arise from employee service in the period is charged to operating expenses.

The expected return on the scheme assets and the increase during the year in the present value of the schemes' liabilities arising from the passage of time are included in other finance costs.

Actuarial gains and losses are recognised within retained earnings in the Statement of Changes in Taxpayers' Equity and in Other Comprehensive Income.

Note 27.1 Changes in the defined benefit obligation and fair value of plan assets during the year

	2017/18	2016/17
	£000	£000
Present value of the defined benefit obligation at 1 April	-	-
Transfers by absorption	(1,501)	-
Current service cost	(40)	-
Interest cost	(10)	-
Contribution by plan participants	(7)	-
Remeasurement of the net defined benefit (liability) / asset:		
- Actuarial (gains) / losses	92	-
Present value of the defined benefit obligation at 31 March	<u><u>(1,466)</u></u>	<u><u>-</u></u>
Transfers by normal absorption	1,190	-
Interest income	8	-
Remeasurement of the net defined benefit (liability) / asset		
- Return on plan assets	(35)	-
Contributions by the employer	35	-
Contributions by the plan participants	7	-
Plan assets at fair value at 31 March	<u><u>1,205</u></u>	<u><u>-</u></u>
Plan (deficit) at 31 March	<u><u>(261)</u></u>	<u><u>-</u></u>

Note 27.2 Reconciliation of the present value of the defined benefit obligation and the present value of the plan assets to the assets and liabilities recognised in the SoFP.

	31 March	31 March
	2018	2017
	£000	£000
Present value of the defined benefit obligation	(1,466)	-
Plan assets at fair value at	<u>1,205</u>	<u>-</u>
Net (liability) recognised in the SoFP	<u><u>(261)</u></u>	<u><u>-</u></u>

Note 27.3 Amounts recognised in the SoCI

	2017/18	2016/17
	£000	£000
Current service cost	(40)	-
Interest expense / income	(2)	-
Total net (charge) recognised in SOCI	<u><u>(42)</u></u>	<u><u>-</u></u>

Note 27.4 Reconciliation of opening and closing position

	2017/18	2016/17
	£000	£000
Opening value at 1st January 2018	(311)	-
Total defined benefit cost recognised in surplus/(deficit)	(42)	-
Employer contributions	35	-
Actuarial remeasurements during the year	57	-
	<u>(261)</u>	<u>-</u>

Note 27.5 Actuarial remeasurements during the year

	2017/18	2016/17
	£000	£000
Changes in financial assumptions on financial obligations	92	-
Return on assets excluding amounts included in net interest	(35)	-
	<u>57</u>	<u>-</u>

The employer contributions for 2018/19 are estimated to be approximately £0.138m

The notes above relate to the fund values as at 31st March 2018. The 2016/17 comparator is not shown as the fund transferred on 1st January 2018

Note 28 Financial instruments

Financial risk management

28.1 Market Risk

Market risk is the possibility that financial loss might arise as a result of changes in such measures as interest rates and stock market movements. The only element of financial assets held that are subject to a variable rate are cash at bank and current investments. The NHS foundation trust is not therefore exposed to significant interest rate risk. In addition all of the NHS foundation trust's financial liabilities carry nil or fixed rates of interest. Changes in interest rates can impact discount rates and consequently affect the valuation of provisions and finance lease obligations. The NHS foundation trust's transactions are almost all undertaken in sterling and so it is not exposed to foreign exchange risk and as it holds no equity investments in companies or other investments linked to a price index no further exposure arises in this respect.

28.2 Credit Risk

Credit risk is the possibility that other parties might fail to pay amounts due to the NHS foundation trust. Credit risk arises from deposits with banks as well as credit exposure to the NHS foundation trust's commissioners and other receivables. At the statement of financial position date the maximum exposure of the NHS foundation trust to credit risk was £21,546,000. Surplus operating cash is invested to maximise interest return. Investments are only permitted with independently rated UK sovereign banks and there is a list of authorised deposit takers with whom surplus funds may be invested for appropriate periods up to a maximum of twelve months. The NHS foundation trust's banking services are provided by the Government Banking Service and Lloyds Public Banking Group. The NHS foundation trust's net operating expenses are incurred largely under annual service agreements with clinical commissioning groups and NHS England, which are financed from resources voted annually by Parliament. The NHS foundation trust receives cash each month based on agreed levels of contract activity. Excluding income from local councils, which is normally considered low risk, 0.83% of income is from non-NHS customers.

28.3 Liquidity Risk

Liquidity risk is the possibility that the NHS foundation trust might not have funds available to meet its commitments to make payments. Prudent liquidity risk management includes maintaining sufficient cash and the availability of funding from an adequate amount of committed credit facilities. As stated above the majority of NHS foundation trust's net operating expenses are financed via NHS commissioners from resources voted annually by Parliament.

The NHS foundation trust presently finances its capital expenditure from internally generated funds or funds made available from Government, in the form of additional Public Dividend Capital. In addition, the NHS foundation trust can borrow, within parameters laid down by NHSI, the Independent Regulator, both from the Department of Health Independent Trust Financing Facility and commercially to finance capital schemes. No borrowing has taken place in the accounting year. The NHS foundation trust is currently not exposed to significant liquidity risk.

Note 29 Carrying values of financial assets

	Assets at fair value				Total book value £000
	Loans and receivables £000	through the I&E £000	Held to maturity at £000	Available-for-sale £000	
Assets as per SoFP as at 31 March 2018					
Trade and other receivables excluding non financial assets	7,298	-	-	-	7,298
Other investments / financial assets	1	-	-	-	1
Cash and cash equivalents at bank and in hand	12,923	-	-	-	12,923
Total at 31 March 2018	20,222	-	-	-	20,222

	Assets at fair value				Total book value £000
	Loans and receivables £000	through the I&E £000	Held to maturity £000	Available-for-sale £000	
Assets as per SoFP as at 31 March 2017					
Trade and other receivables excluding non financial assets	5,101	-	-	-	5,101
Other investments / financial assets	1	-	-	-	1
Cash and cash equivalents at bank and in hand	9,484	-	-	-	9,484
Total at 31 March 2017	14,586	-	-	-	14,586

Note 29.1 Carrying value of financial liabilities

	Liabilities at fair value		Total book value £000
	Other financial liabilities £000	through the I&E £000	
Liabilities as per SoFP as at 31 March 2018			
Obligations under finance leases	521	-	521
Trade and other payables excluding non financial liabilities	11,616	-	11,616
Total at 31 March 2018	12,137	-	12,137

	Liabilities at fair value		Total book value £000
	Other financial liabilities £000	through the I&E £000	
Liabilities as per SoFP as at 31 March 2017			
Obligations under finance leases	141	-	141
Trade and other payables excluding non financial liabilities	12,602	-	12,602
Total at 31 March 2017	12,743	-	12,743

Note 29.2 Fair values of financial assets and liabilities

Note 29.3 Maturity of financial liabilities

	31 March 2018 £000	31 March 2017 £000
In one year or less	11,719	12,615
In more than one year but not more than two years	258	79
In more than two years but not more than five years	160	49
Total	12,137	12,743

Note 30 Losses and special payments

	2017/18		2016/17	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Cash losses	-	-	1	-
Bad debts and claims abandoned	11	(10)	10	657
Stores losses and damage to property	145	16	191	45
Total losses	156	6	202	702
Special payments				
Ex-gratia payments	12	64	18	40
Total special payments	12	64	18	40
Total losses and special payments	168	70	220	742

NHS foundation trusts record on an accruals basis payments and other adjustments that arise as a result of losses and special payments. In the year to 31 March 2018 the NHS foundation trust had 168 (year ended 31 March 2017, 220) separate losses and special payments totalling £70,000 (year ended 31 March 2017, £742,000).

31.1 Related Party Transactions

Ultimate Parent

Cheshire and Wirral Partnership NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement, the Independent Regulator of NHS Foundation Trusts has the power to control the NHS foundation trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the NHS foundation trust's parent. NHS Improvement does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts which are then included within the Whole of Government Accounts. NHS Improvement is accountable to the Secretary of State for Health. The NHS foundation trust's ultimate parent is therefore HM Government.

Whole of Government Accounts (WGA) Bodies

All government bodies which fall within the whole of government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes, for example, all NHS bodies, all local authorities and central government bodies.

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

Year Ended 31 March 2018

Name of Related Party	Relationship / Reason for Disclosure	Income £000	Expenditure £000	Receivables £000	Payables £000
Alzheimer's Society	Prior year comparative	4	2	0	0
Care Quality Commission	Member of Council of Governors	0	202	0	0
Cheshire East UA	Member of Council of Governors	3,269	64	0	73
Cheshire West and Chester UA	Member of Council of Governors	5,575	120	577	117
CLRN	Commissioner	243	0	0	0
Health Education England (North West Board)	Commissioner	3,037	12	8	154
Liverpool John Moore's University	Member of Council of Governors	6	2	0	0
NHS Bolton CCG	Commissioner	439	0	42	0
NHS Chorley and South Ribble CCG	Commissioner	34	0	0	0
NHS East Lancashire CCG	Commissioner	1	0	0	0
NHS Eastern Cheshire CCG	Commissioner	15,487	18	82	105
NHS England	Commissioner	18,324	204	2,321	814
NHS Halton CCG	Commissioner	127	0	13	0
NHS Liverpool CCG	Commissioner	912	0	151	521
NHS North Staffordshire CCG	Commissioner	95	0	15	0
NHS South Cheshire CCG	Commissioner	13,706	0	61	46
NHS South Sefton CCG	Commissioner	1,457	0	1	0
NHS Southport and Formby CCG	Commissioner	1,395	0	13	0
NHS Stockport CCG	Commissioner	278	0	6	0
NHS Trafford CCG	Commissioner	220	0	19	0
NHS Vale Royal CCG	Commissioner	8,248	0	53	23
NHS Warrington CCG	Commissioner	540	0	49	1
NHS West Cheshire CCG	Member of Council of Governors	47,096	0	603	332
NHS Wirral CCG	Member of Council of Governors	34,954	9	601	77
Royal College of Psychiatrists	Member of Council of Governors	33	31	0	0
The Walton Centre NHS Foundation Trust	Board of Directors	3	0	13	10
University of Chester	Member of Council of Governors	8	195	0	0
University of Lancaster	Board of Directors	0	2	0	0
University of Liverpool	Member of Council of Governors	24	109	3	0
Wirral Borough Council	Member of Council of Governors	508	0	192	190

Note 1 - Payments made to the key decision makers within the organisation are disclosed in the Remuneration table which is shown on pages 53 and 56 of the Annual Report

Note 2 - The main entities within the public sector with which Cheshire & Wirral Partnership NHS Foundation Trust has had dealings are Countess of Chester NHS Foundation Trust, East Cheshire NHS Trust, HM Revenue and Customs, Mid Cheshire NHS Foundation Trust, Merseycare NHS Trust, NHS Business Services Authority, NHS Resolution, NHS Pensions Agency, Royal Liverpool and Broadgreen University Hospitals, The Clatterbridge Centre NHS Foundation Trust, Wirral Community NHS Foundation Trust and Wirral University Teaching Hospitals NHS Foundation Trust. These Organisations are excluded from the table above due to there being no control or influence by Cheshire & Wirral Partnership NHS Foundation Trust or vice versa from the entities noted.

Note 3 - DH group bodies must disclose the Department of Health and Social Care as the parent department. Cheshire & Wirral Partnership NHS Foundation received £45k from DHSC for the year ending 31st March 2018.

Note 4 - The Trust is the corporate trustee of CWP Charity (Registered Charity No. 1050046). The charitable fund accounts have not been consolidated into these accounts as the transactions are considered immaterial in the context of the Trust. The provisional turnover of the charity in 2017/18 was £29,834 and its net assets were £309,459. The Trust provides a financial administration service for the charity for which the charity paid £3,294 in 2017/18. An annual report and audited accounts of the Trust's charity (covering the period reported in these accounts) will be available from 31 January 2019 and may be accessed via the Charity Commission website at www.charity-commission.gov.uk

31.2 Related Party Transactions

Ultimate Parent

Cheshire and Wirral Partnership NHS Foundation Trust is a public benefit corporation established under the NHS Act 2006. NHS Improvement, the Independent Regulator of NHS Foundation Trusts has the power to control the NHS foundation trust within the meaning of IAS 27 'Consolidated and Separate Financial Statements' and therefore can be considered as the NHS foundation trust's parent. NHS Improvement does not prepare group accounts but does prepare separate NHS Foundation Trust Consolidated Accounts which are then included within the Whole of Government Accounts. NHS Improvement is accountable to the Secretary of State for Health. The NHS foundation trust's ultimate parent is therefore HM Government.

Whole of Government Accounts (WGA) Bodies

All government bodies which fall within the whole of government accounts boundary are regarded as related parties because they are all under the common control of HM Government and Parliament. This includes, for example, all NHS bodies, all local authorities and central government bodies.

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

Year Ended 31 March 2017

Name of Related Party	Relationship / Reason for Disclosure	Income £000	Expenditure £000	Receivables £000	Payables £000
Alzheimer's Society	Member of Council of Governors	4	0	0	0
Arch Initiatives	Prior year comparative	111	0	0	2
Care Quality Commission	Member of Council of Governors	0	0	0	0
Cheshire East UA	Member of Council of Governors	3,237	120	122	99
Cheshire Police	Member of Council of Governors	5	0	0	0
Cheshire West and Chester UA	Member of Council of Governors	5,025	571	778	60
CLRN	Commissioner	244	0	0	0
Health Education England (North West Board)	Board of Directors	3,270	0	1	102
Liverpool John Moore's University	Member of Council of Governors	1	0	0	0
Making Space	Commissioner	0	29	0	11
NHS Bolton CCG	Commissioner	539	0	20	0
NHS Chorley and South Ribble CCG	Commissioner	438	0	110	0
NHS East Lancashire CCG	Commissioner	208	0	32	0
NHS Eastern Cheshire CCG	Commissioner	16,520	28	30	195
NHS England	Commissioner	17,075	0	983	596
NHS Halton CCG	Commissioner	112	0	0	0
NHS Liverpool CCG	Commissioner	363	0	9	443
NHS North Staffordshire CCG	Commissioner	78	0	1	0
NHS South Cheshire CCG	Commissioner	14,352	14	84	14
NHS South Sefton CCG	Commissioner	1,501	0	29	0
NHS Southport and Formby CCG	Commissioner	1,278	0	208	0
NHS Stockport CCG	Commissioner	289	0	3	0
NHS Trafford CCG	Commissioner	220	0	0	0
NHS Vale Royal CCG	Commissioner	8,309	0	28	1
NHS Warrington CCG	Commissioner	601	0	14	1
NHS West Cheshire CCG	Member of Council of Governors	46,715	181	1,032	300
NHS Wirral CCG	Member of Council of Governors	35,177	7	47	320
NIHR, Local Comprehensive Clinical Network	Prior year comparative	0	0	0	0
North of England Zoological Society (Chester Zoo)	Board of Directors	0	0	0	0
Royal College of Psychiatrists	Member of Council of Governors	71	0	32	0
The Walton Centre NHS Foundation Trust	Board of Directors	13	0	1	0
Trafford Borough Council	Prior year comparative	1,299	0	0	0
University of Liverpool	Member of Council of Governors	17	0	6	0
Wirral Borough Council	Member of Council of Governors	605	351	49	51