

**5 Boroughs Partnership
NHS Foundation Trust**

**Annual Report and Accounts
1 April 2010 to 31 March 2011**

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

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Chairman and Chief Executive's Statement

This reporting year, our first complete year as an NHS Foundation Trust, has been one filled with exceptional achievement.

Our Council of Members is making sure we get to hear and consider lots of different people's views and opinions when we make decisions that affect the care we offer.

Working with our service users and carers to deliver our award-winning 'Sticks and Stones' campaign that is challenging stigma, we have begun to better educate local communities about mental ill-health and learning disabilities; shaping them into places where our service users can recover and enjoy better mental well-being.

The news that we won an Infection Prevention and Control 2010 Nursing Times award in November was particularly welcome because it celebrates the fact that our Infection Control team are working hand-in-hand with service users and carers to make sure our wards are clean, hygienic places.

The key principles of Quality, Innovation, Productivity and Prevention (QIPP) underpin all that we do at this Trust. We are therefore pleased to report that we are improving patient and staff satisfaction levels, we have treated more people and reduced the number of incidents that result in harm.

Overall, we have seen fewer people in an in-patient setting and supported more service users in

the community, assisting them to live well and manage their conditions away from a hospital environment. We are particularly proud of our new Tennyson Unit - a low-secure step-down facility for female in-patients. This innovative solution to bridging the gap between in-patient and community care is unique in the NHS in Cheshire and Merseyside.

During the year we have continued to upgrade our existing facilities in consultation with our commissioners, our service users and carers, investing capital to create environments that enhance and improve patient experience.

The latter part of the year saw us working with Knowsley Integrated Provider Services as a result of the Government's Transforming Community Service Programme. We welcomed them to the Trust on 1 April 2011 and together, we look forward to embracing the challenges and opportunities of the year ahead.



Bernard Pilkington
Chairman of the Trust



Simon Barber
Chief Executive

Our Profile

Formed in 2002, 5 Boroughs Partnership NHS Trust achieved Foundation Trust status on 1 March 2010 to become 5 Boroughs Partnership NHS Foundation Trust. Based in the north west of England, we deliver a range of high-quality, person and family-centred services that promote recovery, well-being and health. We provide services for children and young people, adults and older people in a variety of settings including on our in-patient wards, in people's own homes and within the community. We spend around £100million serving a population of almost one million people living in the boroughs of Halton, Knowsley, St Helens, Warrington and Wigan.

Our Vision

We work with many partners including primary care trusts, local authorities, social services and the voluntary sector to help us turn our vision of becoming:

“A leading provider of world-class mental health, learning disability and community services, with a reputation for quality, innovation and excellence”

into a reality.

Our Services

Children and Young Peoples' Services

We provide community-based child and adolescent mental health services in each of our five boroughs for young people up to the age of 18, their carers and families. In addition we see young people in schools and other premises to facilitate collaborative working and care closer to home. We also provide in-patient services within Fairhaven Young People's Unit - our eight-bed unit based in Warrington. In all that we do children and young people are at the heart of our business. We endeavour to weave their involvement into all areas of service development.

Adult Services

We provide acute psychiatric community and in-patient assessment, treatment and support services for adults who develop severe functional mental health disorders such as Bipolar Disorder. We provide many community services in partnership with local authorities and the voluntary sector. We also operate one Psychiatric Intensive Care Unit (PICU) at Leigh Infirmary. This is a highly specialised unit which provides in-patient services to people requiring an intensive period of support in a safe environment, typically for up to 28 days. Our services are focused on providing support for people to recover from episodes of mental ill-health.

Older Peoples' Services

We provide acute community and in-patient assessment and treatment services for older people. We also provide specialist services to people of all ages who develop organic conditions such as Alzheimer's Disease. We provide services for older people at assessment and treatment centres, acute psychiatric in-patient facilities and in continuing care settings.

Learning Disability Services

We provide community and specialist acute in-patient services for people with a learning disability. We offer people choice about when and where they access services to fit in best with their daily lives. We are actively involved in Learning Disability Partnership Boards - working with people who have a learning disability to ensure that their health needs continue to be supported in community settings. Our services are delivered with our local authority and primary care trust partners.

Forensic Services

We provide care and treatment in secure settings for those people who the courts and/or clinicians identify as not being best cared for in an open environment. Such service users often have multiple and complex care needs. We provide low-secure services in two separate male and female units at Hollins Park for adults with mental health disorders, a low secure step-down unit for those ready to move back into community settings and one unit for people with a learning disability.

Our Trust Board

Our Trust Board has overall responsibility for strategic development, approving policy and monitoring performance. This includes ensuring the delivery of effective financial stewardship, high standards of clinical and corporate governance and promoting effective relations with the local community we serve. It meets every month and met a total of ten times during this reporting period (there were no meetings in August and December). Individual attendance is disclosed in the table below. Where Executive Directors and Non-Executive Directors were not eligible to attend due to their start/leaving date, this is indicated with N/A (Not Applicable):

Trust Board Member	26/4/10	24/5/10	28/6/10	26/7/10	27/9/10
Bernard Pilkington - Chairman	✓		✓	✓	✓
Simon Barber - Chief Executive	✓	✓		✓	✓
Dr Fade Ibitoye - Medical Director	✓	✓	✓	✓	✓
Therese Patten - Commercial Director*	✓	✓	✓		
Dean Marsh - Director of Finance and Informatics	✓	✓	✓	✓	✓
Nick Rowe - Director of Human Resources and Organisational Development	✓		✓	✓	✓
John Kelly - Director of Operations#	✓	✓	✓	✓	✓
Ray Walker - Director of Nursing, Governance and Performance	✓	✓	✓	✓	✓
Derek Taylor - Non-Executive Director	✓	✓	✓	✓	✓
Allan Chan - Non-Executive Director	✓	✓	✓		✓
Dr Colin Dale - Non-Executive Director	✓	✓	✓	✓	✓
Judith Guthrie - Non-Executive Director	✓	✓	✓		
Brian Marshall - Non-Executive Director	✓	✓	✓	✓	✓
Rupert Nichols - Non-Executive Director	✓	✓	✓	✓	✓

* Chief Operating Officer as of 1 April 2011

Director of Partnerships and Engagement as of 1 April 2011

Trust Board Member	1/11/10	29/11/10	31/1/11	28/2/11	28/3/11
Bernard Pilkington - Chairman	✓	✓	✓	✓	✓
Simon Barber - Chief Executive	✓	✓	✓	✓	✓
Dr Fade Ibitoye - Medical Director	✓	✓	✓		✓
Therese Patten Commercial Director*	✓	✓	✓		✓
Dean Marsh - Director of Finance and Informatics	✓	✓	✓	✓	✓
Nick Rowe - Director of Human Resources and Organisational Development	✓	✓	✓	✓	✓
John Kelly - Director of Operations#	✓	✓	✓		✓
Ray Walker - Director of Nursing, Governance and Performance	✓	✓	✓	✓	✓
Derek Taylor - Non-Executive Director	✓	✓	✓	✓	✓
Allan Chan - Non-Executive Director	✓	✓	✓	✓	✓
Dr Colin Dale - Non-Executive Director	✓	✓	✓	✓	✓
Judith Guthrie - Non-Executive Director	✓	✓	✓	N/A	N/A
Brian Marshall - Non-Executive Director	✓	✓	✓	✓	✓
Rupert Nichols - Non-Executive Director	✓	✓	✓	✓	✓

* Chief Operating Officer as of 1 April 2011

Director of Partnerships and Engagement as of 1 April 2011

The Board collectively considers that it is appropriately composed with a balanced spread of expertise to fulfil its function and terms of authorisation. The Chairman and Non-Executive Directors meet the independence criteria laid down in the NHS Foundation Trust Code of Governance.

The Trust's Executive Team provides organisational leadership and takes appropriate action to ensure that the Trust delivers its strategic and operational objectives. It maintains arrangements for effective governance throughout the organisation, monitors performance in the delivery of planned results and ensures that corrective action is taken when necessary.

The Trust Board for the period 1 April 2010 to 31 March 2011 comprised:

Bernard Pilkington

Our Chairman, Bernard, first became involved with the health service in 1984 - serving as a Non-Executive Director of St Helens and Knowsley Health Authority where he was Vice Chairman. He is currently Chair of St Helens Mind - a voluntary organisation working with people who are isolated due to mental health problems. He became Chairman of our Trust on 17 May 2007, later championing our successful bid for Foundation Trust status in 2010.

Simon Barber

Simon joined us as Chief Executive on 1 December 2007. He has extensive commercial experience obtained from working as Finance Director and Commercial Director in a number of industries including utility supply, advertising, retail, telecommunications and manufacturing. Simon came to the NHS in 2006 to use his skills within the public sector. In March 2010 he was selected as a member of the NHS Top Leaders Programme.

Our Executive Directors are:

Dr Fade Ibitoye

On 1 July 2008 Fade was appointed as our Medical Director. Fade is responsible for medical services within the Trust and is a Consultant Psychiatrist with a special interest in Neuropsychiatry. Fade joined the Trust in 1999 and has held several managerial positions.

Trust's Chief Operating Officer on 1 April 2011.

Dean Marsh

Dean is our Director of Finance and Informatics who started at the Trust in April 2008, taking on his current role on 14 January 2009. Dean is responsible for advising our Trust Board on the best use of our resources by keeping the Board updated on how we are performing against our financial duties and how we are spending our money.

Therese Patten

Our Commercial Director, Therese, started at the Trust on 1 November 2008. Therese has more than 10 years' senior management experience in the NHS and the private sector and is responsible for identifying new commercial opportunities and driving growth. Since she joined, Therese has led on the negotiation of the new Mental Health Contract and the development of our five-year service strategy. In March 2010 she was selected as a member of the NHS Top Leaders Programme. Therese was appointed as the

Nick Rowe

On 1 June 2008 Nick was appointed as Director of Human Resources and Organisational Development. Nick joined the Trust from outside the NHS, the utility sector. Nick is responsible for ensuring that our people are able to continue to support the delivery of world-class services. He also leads on developing our people and the organisation in order to meet the future needs of the Trust.

John Kelly

John is our Director of Operations and first joined the Trust on 1 November 2002 as Borough Director for Knowsley. He took on his current role on 1 April 2009. John is a qualified social worker who has worked in health and social care for over 30 years in mental health and related fields. John was appointed Director of Partnerships and Engagement on 1 April 2011.

Ray Walker

Ray started work in the NHS in 1978 and is a Registered Nurse. He joined the Trust on 2 July 2006 and is currently the Trust's Director of Nursing, Governance and Performance. He was a member of the Prime Minister's Commission on the Future of Nursing and Midwifery in England and has been selected as a member of the NHS Top Leaders Programme.

Our Non-Executive Directors are:

Derek Taylor

Derek has a broad range of commercial experience in the financial services sector in the UK and Australia. Derek sits on both the Audit Committee and the Clinical Risk and Clinical Governance Committee. He was appointed in September 2008. Derek is also our Senior Independent Director and sits on the Membership and Communications Committee of the Council of Members.

Dr Colin Dale

Colin has been an Executive Director of Nursing in three mental health trusts. He is the joint Violence Project Manager for the National Institute for Mental Health and the National Patient Safety Strategy. Colin is Chair of the Clinical Risk and Clinical Governance Committee. He was appointed in September 2008. Colin is also our Vice Chairman.

Allan Chan

Allan was a senior consultant for Tribal Group PLC. He has over 19 years' experience in the housing sector and has worked in a wide variety of senior roles before joining Tribal. Allan is a member of the UK Association for Chinese Mental Health. He is a qualified accountant (FCCA). He was appointed in July 2008.

Judith Guthrie

Judith first qualified as a nurse in 1976 and has more than 20 years' service with the NHS. Judith was born in Atherton and has spent some time in her life in most of the five boroughs which the Trust serves. She now works as a Senior Lecturer in Palliative Care at Liverpool John Moores University. Judith was first appointed in December 2005. Her term of office finished on 28 February 2011 and Judith has decided that she will not be seeking re-appointment.

Brian Marshall

Brian is a qualified accountant with extensive experience in national and international businesses at a senior level. He has a proven track record of successfully leading financial turnaround programmes and has more than 20 years' experience leading and managing in large complex industries. In addition, he has NHS experience as an internal auditor for local health authorities. Brian was appointed in December 2009. He is Chair of the Audit Committee and sits on the Compliance with Authorisation Committee of the Council of Members.

Rupert Nichols

Rupert is a Solicitor and Chartered Secretary. He has a career spanning 40 years in corporate and commercial law and business affairs, both in this country and overseas.

Rupert is a Parish Councillor in Rainford and a Fellow and Trustee of the Chartered Institute of Logistics and Transport. He has been Chairman of Cheshire Police Authority, an officer in the Australian Army Reserve and an LEA Governor of Rainford C of E Primary School. He was appointed at the Trust in December 2009.

The terms of office for our Executive Directors are outlined in the table below:

Executive Director	Date appointed	Tenure	Notice period
Simon Barber Chief Executive	12 December 2007	Permanent	6 months
Dr Fade Ibitoye Medical Director	1 January 1999	Permanent	3 months
Therese Patten Commercial Director*	1 November 2008	Permanent	6 months
Dean Marsh Director of Finance and Informatics	1 November 2008	Permanent	3 months
Nick Rowe Director of Human Resources and Organisational Development	1 June 2008	Permanent	6 months
John Kelly Director of Operations#	1 November 2002	Permanent	6 months
Ray Walker Director of Nursing, Governance and Performance	2 July 2006	Permanent	4 months

* Chief Operating Officer as of 1 April 2011

Director Partnerships and Engagement as of 1 April 2011

The performance of the Executive Directors is evaluated by the Chief Executive and the performance of the Chief Executive and Non-Executive Directors by the Chairman on an annual basis. All senior managers' contracts are permanent and are therefore not subject to any unexpired term.

There is explicit provision for early or summary termination of employment included in the contracts of employment for all senior managers as a consequence of gross misconduct or other action which would lead or warrant the person unable or ineligible to fulfill their contract as a Trust Board Director.

The terms of office for our Non-Executive Directors are outlined in the table below:

Non-Executive Director	Term commenced	Term ends
Bernard Pilkington*	17 May 2007	16 May 2014
Derek Taylor	1 September 2008	31 August 2012
Allan Chan	1 July 2008	30 June 2012
Dr Colin Dale	1 September 2008	31 August 2012
Judith Guthrie^	1 March 2010	28 February 2011
Brian Marshall	17 December 2009	16 December 2012
Rupert Nichols	17 December 2009	16 December 2012

Non-Executive Directors' appointments may be terminated on performance grounds or for contravention of the qualification criteria set out in the Constitution, with the approval of three quarters of the Council of Members or by mutual consent for other reasons.

There is no provision for compensation for early termination or liability on the Trust's part in the event of termination.

^Judith Guthrie finished her term of office on 28 February 2011. Judith has decided that she will not be seeking re-appointment.

*The Council of Members at their meeting on 15 March 2011 approved the re-appointment of our Chairman Mr Bernard Pilkington for a further three years until 16 May 2014.

Register of Interests for the Board

The table below outlines the Interests of our Board Members.

Name	Title	Interests
Bernard Pilkington	Chairman	Chairman of St Helens Mind
Simon Barber	Chief Executive	Nil
Dr Fade Ibitoye	Medical Director	Nil
Therese Patten	Commercial Director*	Nil
Dean Marsh	Director of Finance and Informatics	Nil
Nick Rowe	Director of Human Resources and Organisational Development	Nil
John Kelly	Director of Operations#	Nil
Ray Walker	Director of Nursing, Governance and Performance	Nil
Derek Taylor	Non-Executive Director	Nil
Allan Chan	Non-Executive Director	Non-Executive Director of Wirral Multicultural Organisation
Dr Colin Dale	Non-Executive Director	Director and owner of Caring Solutions (UK) Ltd
Judith Guthrie	Non-Executive Director	Trustee – Halton Haven Hospice
Brian Marshall	Non-Executive Director	Non-Executive Director Amulet Hotkey Ltd
Rupert Nichols	Non-Executive Director	Nil

* Chief Operating Officer as of 1 April 2011

Director of Partnerships and Engagement as of 1 April 2011

Board Committees

Members who are unable to attend committee meetings receive and review the relevant papers. Normal practice is for the member to provide the Chairman with detailed observations prior to the meeting.

Audit Committee

The Audit Committee is responsible for reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical, that supports the achievement of the organisation's objectives.

It achieves this by:

- Reviewing the adequacy of all risk and control-related disclosure statements, together with any accompanying Head of Internal Audit statements, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
- Ensuring that there is an effective Internal Audit function that provides independent assurance to the Audit Committee, Chief Executive and the Board.
- Reviewing the work and findings of the External Auditor.
- Reviewing the findings of other significant assurance functions both internal and external to the organisation and considering the implications to the governance of the organisation.
- Reviewing the work of other committees within the organisation whose work can provide relevant assurance to the Audit Committee's own scope of work.
- Requesting and reviewing reports and positive assurances from Directors and managers on the overall arrangements for integrated governance, risk management and internal control.
- Reviewing the Annual Report and Financial Statements before submission to the Board.
- Ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

Brian Marshall is Chairman of the Audit Committee. Full membership and details of attendance at meetings is disclosed in the table below:

Committee Member	24/5/10	19/7/10	21/9/10	23/11/10	25/1/11
Allan Chan – Non-Executive Director		✓	✓		
Dr Colin Dale – Non-Executive Director		✓	✓	✓	✓
Derek Taylor – Non-Executive Director	✓	✓	✓	✓	✓
Brian Marshall – Non-Executive Director	✓	✓	✓	✓	✓
Rupert Nichols – Non-Executive Director	✓			✓	

Nominations and Remuneration Committee

This Committee advises the Board on the appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. It is concerned with all aspects of salary (including any performance-related elements/bonuses) and provisions for other benefits including pensions and cars, as well as arrangements for termination of employment and other contractual terms.

Its responsibilities are to:

- Be advised of, monitor and evaluate the performance of the Executive and Associate Directors.
- Advise on and oversee appropriate contractual arrangements for such staff including proper calculation and scrutiny of termination payments, taking account of employment law and national guidance as is appropriate.
- Be informed of disciplinary matters arising relating to Executive and Associate Directors.
- Have responsibility for the ratification of appointments of Directors. This requires that the Chief Executive is invited to attend the Committee for those

agenda items related to appointments of Directors.

- Ensure Executive and Associate Directors are fairly rewarded for their individual contribution to the Trust. Proper regard must be given to the Trust's circumstances, size, difficulty of the job as benchmarked against other organisations, individual performance and to the provision of any national guidance and arrangements for such staff as appropriate.

In accordance with the NHS Foundation Trust Code of Governance, the Committee membership is comprised exclusively of Non-Executive Directors. All are eligible to attend but three must be present to be quorate.

The Chief Executive is invited to attend the Committee, except when his role is an item on the agenda. The Chairman of the Trust, Bernard Pilkington, chairs the Committee, which met on two occasions during the period 1 April 2010 to 31 March 2011.

Membership of the Nominations and Remuneration Committee and details of attendance at meetings is disclosed in the following table:

Committee Member	12/4/10	13/1/11
Bernard Pilkington - Chairman	✓	✓
Derek Taylor - Non-Executive Director	✓	✓
Brian Marshall - Non-Executive Director	✓	✓
Rupert Nichols - Non-Executive Director	✓	✓

Clinical Risk and Clinical Governance Committee

Linking closely with the Audit Committee, the Clinical Risk and Clinical Governance Committee assures the Board that appropriate structures, systems and processes are embedded in the organisation to manage patient safety and clinical risk and ensure that services are continuously improving.

This includes ensuring appropriate actions are taken to address any deviation from accepted standards and informing the Board of any significant lapses. It also ensures that learning occurs as a result of risk analysis and feedback to services.

The Committee provides assurance that:

- The Trust has effective systems to monitor the level of compliance with relevant safety legislation, policy and national implementation guidance. It will ensure that processes are in place for managing and responding to the recommendations arising from external agency visits, inspections and accreditations.
- Ensure that regular, ongoing internal analysis of Serious and Untoward Incidents (SUIs), complaints, compliments and claims occurs and that the Trust can demonstrate lessons learnt from these through service improvement.

- Provide a forum for service users' and carers' representatives, Chair of the Staffside committee and Executive and Non-Executive Directors to seek evidence of clear lines of accountability and management of the risks associated with meeting the requirements of the Annual Health Check and key safety recommendations in respect of service users, carers, staff and clinical governance and clinical risk.
- Oversee the Trust's annual clinical audit programme and ensure that outcomes result in service improvement.
- Formally ratify Trust policies with the exception of accounting policies which are ratified by the Audit Committee.
- Receive reports by exception as well as relevant action plans and annual reports as agreed in the annual work plan, from the groups that have a statutory requirement to report directly to the Committee.

Dr Colin Dale, Non-Executive Director, chairs the committee which met on six occasions from 1 April 2010 to 31 March 2011. In addition to Executive and Non-Executive Directors, the Committee membership includes clinicians and senior managers from the Trust, service users, carers and the Staff-side Chairman. Details of meeting attendance is disclosed in the following table:

Committee Member	12/4/10	10/5/10	19/7/10	21/9/10	23/11/10	18/1/11
Dr Colin Dale – Non-Executive Director	✓	✓	✓	✓	✓	✓
Judith Guthrie - Non-Executive Director	✓	✓			✓	✓
Derek Taylor – Non-Executive Director	✓	✓	✓	✓	✓	✓
Dr Fade Ibitoye – Medical Director	✓	✓	✓	✓	✓	✓
Dr Dave Watson – Consultant Psychiatrist	✓	✓	✓	✓	✓	✓
Dr George Chakkunkal – Consultant Psychiatrist	✓					
Ray Walker – Director of Nursing, Governance and Performance	✓	✓	✓	✓	✓	✓
John Kelly – Director of Operations#	✓	✓	✓	✓	✓	✓
Nick Rowe - Director of Human Resources and Organisational Development	✓	✓	✓	✓	✓	✓
Sue Hooton - Assistant Director of Nursing, Governance and Performance	✓	✓	✓	✓	✓	✓
Karen Machin - Service user/carer representative		✓	✓			

Director of Partnerships and Engagement as of 1 April 2011

Committee Member	12/4/10	10/5/10	19/7/10	21/9/10	23/11/10	18/1/11
Christine Molyneux - Public Member Councillor	✓	✓	✓	✓	✓	✓
Brian Morris - Staffside Chairman						
Sandra Banawich - Public Member Councillor						✓

Other disclosures in the public interest - Counter Fraud

The Trust has access to a suitably qualified Local Counter Fraud Specialist (LCFS) via Mersey Internal Audit Agency. The primary role of the LCFS is to deal locally with any issues pertaining to fraud and/or corruption on a proactive and reactive basis. A counter fraud work plan was approved by the Audit Committee at the start of the financial year.

For the period 1 April 2010 to 31 March 2011, the Trust elected to invest 40 days in proactive work

and there was a further investment of 10 days for investigations. The Trust is committed to creating a lasting and robust anti-fraud culture throughout the organisation. During the year, fraud awareness amongst staff has been enhanced via initiatives such as fraud awareness training, the counter fraud e-learning product and the publication of fraud newsletters and articles. A Counter Fraud Policy and Response Plan has been posted to the Trust's intranet which explains the steps that must be taken if fraud or corruption is suspected.

Our Risk Management

Our Risk Management Strategy sets out the overall aims and objectives for Risk Management. These are delivered through an annual work plan set against each of the objectives. The Risk Management Strategy is supported by the Risk Management Policy which describes a clear structured and systematic approach to the management of risk across organisational, financial and clinical activities.

Our Risk Management Policy sets out both the collective responsibilities of the Trust Board and its Committees and the individual responsibilities of the Chief Executive, Directors and all levels of staff across the Trust. The Trust Audit Committee seeks assurance that the risk management process is comprehensive, effective, complies with regulatory requirements and is fit for purpose by taking independent objective advice through the appointment of internal auditors. It also approves the Annual Governance Statement.

Risk Management Strategy

The overall aim of the Risk Management Strategy is to ensure that high-quality healthcare services are delivered with the safety, health and well-being of services users, carers and staff at the forefront of everything we do and to provide assurance through clear reporting structures that the Risk Management system across the Trust is embedded and effective.

The Trust is committed to ensuring the safety of service users, staff and the public through an integrated approach to managing risk, whether financial, organisational or clinical, within systems that are open and

transparent and demonstrate sound governance.

The Risk Management Strategy is approved by the Trust Management Team annually and is supported by the Risk Management Policy and Incident Management Policy, which set out the framework and methodology for effective risk and incident management across the Trust. The Risk Management Strategy is linked and supports other Trust strategies – specifically our Falls Prevention, Lessons Learned, Safeguarding Children and the Learning and Development Strategies.

Risk Management Process

The Trust's Risk Management Policy has adopted the overarching process for managing all risk within a single framework. Our Risk Management Policy details the framework for identification, evaluation, analysis, treatment, control, monitoring and review of risks within a single Trust-wide Risk Register.

The Risk Management Policy clearly describes the process for authority to manage risk within the Trust with low-level risk being managed locally and high-level risk escalated to the Trust Management Team and reported to the Trust Board.

The Trust Board receives bi-monthly reports on the current status and management of all risks within the Trust. Directors attending the Trust Operational Performance Team meetings review high-level risks monthly and in further detail at the Clinical Governance and Clinical Risk Committee, which is a sub-committee of the Trust Board.

Risk movement and control is monitored monthly at the Trust Operational Performance Management meetings, where accountabilities for risk control, and risk movement are discussed. The operational groups for managing risk are the Trust Management Team (Quality) and the Corporate Quality, Performance and Risk Forum, which receives a monthly Safety and Quality Metrics Report.

System of Internal Control

Risks to the Trust's Strategic Objectives are managed by a 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.

The System of Internal Control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives (via the Assurance Framework).

- Evaluate the likelihood of those risks being realised and the impact should they be realised and manage them efficiently, effectively and economically.

Maintaining and reviewing Systems of Internal Control throughout the Trust is monitored through the Trust Board, its sub-committees and through an effective governance structure.

The Assurance Framework

The Trust regards the Assurance Framework as an essential element of the management of risk within the Trust. The Assurance Framework is integrated into the overarching risk management framework. The Assurance Framework provides key evidence to support the Annual Governance Statement.

The Trust Board approves the Assurance Framework and receives bi-monthly reports detailing progress against risk control and assurance for the delivery of objectives. The Trust's Leadership Forum is the accountable and responsible group for monitoring and critical review of the Assurance Framework. Progress against key targets is discussed at each meeting.

The Internal Audit Plan is developed based on the risks identified in the Assurance Framework, providing the Trust Board and Audit Committee with assurance on internal controls that are in place.

Internal Audit Assurance Framework

An Assurance Framework has been established which is designed and operating to meet the requirements of the Annual Governance Statement and provide reasonable assurance that there is an effective System of Internal

Control to manage the principle risks identified by the organisation.

Key Performance Indicators

A set of key performance indicators are monitored monthly at our Operational Management Performance meeting. These include:

Quality and Safety Priorities	2010 - 2011 Indicator
Safety: Incidents with an outcome of no harm	<ul style="list-style-type: none"> Proportion of incidents with an outcome of no harm
Effectiveness: HoNOS	<ul style="list-style-type: none"> Percentage open patients on CPA having HoNOS assessment in past 12 months
Experience: Service User experience – resulting in more effective, safe care, and high-quality service user experience	<ul style="list-style-type: none"> Percentage of patient experience questions that were scored as 'Excellent' or 'Good'

Trust-wide performance indicators include:

CQUIN Targets	<ul style="list-style-type: none"> To improve service user experience when under the care of mental health services resulting in more effective, safe care and high-quality service user experience To ensure that patients are followed-up following discharge from an in-patient ward within 72 hours AIMS accreditation for all wards Mental Health Act Assessments undertaken within 48 hours of referral Patients referred to Access and Advice seen within a timely manner People with a learning disability who have a mental health difficulty to be able to access services and be treated to the same standard as everyone Improve care and experience of secondary care users with dementia and psychosis Medium and low-secure providers to use HoNOS secure and HCR20 Medium and low-secure providers will use the Essen Climate evaluation score To improve service user experience and promote engagement with service users within a secure environment Ensure that therapeutic activity is taking place Low and medium-secure providers will implement a recognised tool for recovery planning
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Monitor Targets	<ul style="list-style-type: none"> • CPA 7-day follow-ups • CPA Reviews • Delayed transfers of care • Percentage Admissions gate kept by Crisis Resolution Teams • New cases of psychosis by Early Intervention Teams • Data completeness: Identifiers • Data completeness: Outcomes
Finance	<ul style="list-style-type: none"> • Income and Expenditure Forecast • Monitor Risk Ratings • Cash Flow Plan v Actual and Forecast • Capital Expenditure Plan v Actual and Forecast • Cost Improvement Plan v Actual and Forecast • Service Line Reporting
Commercial	<ul style="list-style-type: none"> • Turnover and profit • New business success rate
Activity	<ul style="list-style-type: none"> • Number of community patients • Number of in-patients
HR and Workforce	<ul style="list-style-type: none"> • Sickness absence against Trust target • Percentage of staff in date with statutory and mandatory training • Analysis of vacant posts • Bank and agency expenditure
Safety and Quality	<ul style="list-style-type: none"> • Risks: Top high-level risks • Risks: Adequacy of controls • Serious Untoward Incidents: Number and by type • Serious Untoward Incidents: Over 45-day timescale • Compliments and complaints • RIDDOR Incidents • PARS Reportable incidents • Infection Control: Number of hospital or community acquired MRSA and C Difficile Infections
Matrons Pages	<ul style="list-style-type: none"> • Compliance with infection control audits undertaken across the Trust which include the environment, sharps and clinical waste and hand hygiene • Compliance with national cleaning standards audits undertaken across the Trust which includes domestics, nursing and estates
Patient Experience	<ul style="list-style-type: none"> • Trust experience survey: In-patients and community • Ten patient experience indicators
Informatics	<ul style="list-style-type: none"> • Range of data quality indicators that have a completeness • Percentage based on Patient Admin System

Our Council of Members

The Trust has a Council of Members which consists of both elected and appointed governors known as Member Councillors. These work with the Trust Board to make decisions about our services and future priorities. Member Councillors have a duty to talk to and speak up for the needs, wants and ideas of our Foundation Trust members and to pass on feedback from the Council of Members and the Trust Board.

The Chair of the Trust Board is also the Chair of the Council of Members. During the quarterly meetings, Member Councillors are updated on the performance of the Trust. Members of the public can attend and information about these meetings is available on the membership section of our website. The Quality Accounts and the Business Planning Cycle of the Trust Board is supported by and involves the Council of Members.

The Trust originally had five constituencies – ‘Warrington’, ‘St Helens’, ‘Halton’, ‘Knowsley’ and ‘Wigan’. It became clear during our first year as a Foundation Trust that people from outside of the five boroughs served by the Trust wished to become members of the Foundation Trust. With this in mind, during the reporting period, we changed our Constitution to accommodate this – introducing a further public class known as ‘Other’.

Member Councillors' responsibilities include:

- Appointing the Chairman
- Appointing the Non-Executive Directors
- Approving the appointment of the Chief Executive
- Removing the Chairman and Non-Executive Directors

- Agreeing Non-Executive Directors' terms and conditions
- Appointing and removing auditors
- Receiving the annual report and accounts
- Consulting on proposed changes and providing guidance on the future direction of the NHS Foundation Trust.

Member Councillors, other than Appointed Member Councillors which are appointed by the Trust's partner organisations, are chosen by election by their constituency or, where there are classes within a constituency, by their class within that constituency. Elections are conducted in accordance with the Model Election Rules on the first-past-the-post basis. If contested elections take place, these are conducted by secret ballot.

Member Councillors must be at least 16 years of age at the date they are nominated for election or appointment.

An elected or an appointed Member Councillor may hold office for a period of up to three years. They are eligible for re-election at the end of their term but cannot serve more than three consecutive terms of office.

During the reporting year the Trust invited nominations for Member Councillors for Wigan (three seats), Halton (one seat), Other (one seat), and Staff Supporting Services (one seat). Nominations closed on 13 October 2010. The following constituencies were uncontested and therefore no elections took place.

Wigan

Norman Bradbury, Michelle Durrant and Nick Pym.

Halton

No nominations received (vacancy).

Other

No nominations received (vacancy).

Staff Supporting Services

Yvonne Morris.

This process was independently carried out by the Electoral Reform Society.

We have 25 public Member Councillors, 11 staff Member Councillors and 11 Member Councillors from our partner organisations:

Warrington Constituency

- Christine Molyneux
- Irene Ann Harris
- Sarah Hall
- Peter Ashley
- Alfred Clemo

St Helens Constituency

- William Bradbury
- Alan Griffiths
- Jeffrey Hext
- Dr Robert Sykes (finished 1 September 2010)

- Sandra Banawich (commenced 21 October 2010)

Halton Constituency:

- John Paul Chiocchi
- Jacqueline McGloin
- Michael Tiernan
- Janet Sykes (finished 1 September 2010)
- Current vacancy

Knowsley Constituency

- Iain Yates
- Ronald Rotherham
- David Manley
- Dorothy Hadley

Wigan Constituency

- Jean Garlick
- Vincent Jackson
- Gillian Fairhurst
- Derek McMahon
- Yvonne Halliwell
- Graeme Pilkington (finished 1 September 2010)
- Luke Marsden (finished 1 September 2010)
- Norman Bradbury (commenced 21 October 2010)
- Michelle Durrant (commenced 21 October 2010)
- Nick Pym (commenced 21 October 2010)

Other Constituency

- Current vacancy

Staff Member Councillors Allied Professions

- Cecelia Barber

Managers (above Band 8)

- John Evans

Nursing Staff

- Michael Kenny
- Joanne McDonnell
- Neil Callan

Supporting Services

- Christopher Ashman
- Ann Cunliffe
- Angela Fearnley
- Jane Owens
- Sarah Bowen (finished 23 May 2010)
- Yvonne Morris (commenced 21 October 2010)

Medical Staff

- Dr Sandeep Ranote

Appointed Member Councillors NHS Warrington

- Chrissie Cooke, Director of Patient Safety and Quality (finished 10 February 2011)
- Current vacancy

Warrington Borough Council

- Councillor Roy Smith

NHS Halton and St Helens

- Seamus McGirr, Executive Nurse, Director of Clinical Quality and Standards

St Helens Council

- Councillor Stephanie Topping (finished 1 June 2010)
- Councillor Joe Pearson (commenced 1 October 2010)

Halton Borough Council

- Councillor Ann Gerrard

NHS Knowsley

- Janice Coulter, Director of Health and Social Care

Knowsley Council

- Councillor Jayne Aston

NHS Ashton, Leigh and Wigan

- Bernard Walker, Executive Director, Health and Well-Being (finished 6 January 2011)
- Dr David Valentine, Executive Director of Primary Care and Medical Director (commenced 20 January 2011)

Wigan Council

- Councillor Keith Cunliffe

Police Representative

- Current vacancy

Staffside Chairman

- Brian Morris

Register of Member Councillor Interests

Name	Constituency/Class	Interests
Christine Molyneux	Warrington	Trustee – Making Space Trustee – Warrington Disability Partnership
Irene Ann Harris	Warrington	Nil
Sarah Hall	Warrington	Nil
Peter Ashley	Warrington	Partner – A E Consultants Partner – H. R. House Ambassador – Alzheimer’s Society Ambassador – Lewy Body Society Patron – South West Yorkshire NHS Foundation Trust Collaborative
Alfred Clemo	Warrington	Nil
William Bradbury	St Helens	Trustee – Eddleston Trust
Alan Griffiths	St Helens	Trustee – Royal Mencap Society Trustee – Mencap Liverpool Director – Pathway Associates Director – Knowsley Start Trustee – St Helens New Gateway
Jeffrey Hext	St Helens	Trustee and Treasurer – St Helens Mind
Dr Robert Sykes	St Helens	Nil
Sandra Banawich	St Helens	Nil
John Paul Chiocchi	Halton	Trustee – Halton Mind
Jacqueline McGloin	Halton	Board Member – Halton Links
Michael Tiernan	Halton	Nil
Janet Sykes	Halton	Nil
Iain Yates	Knowsley	Nil
Ronald Rotherham	Knowsley	Nil
David Manley	Knowsley	Nil
Dorothy Hadley	Knowsley	Nil
Jean Garlick	Wigan	Director – Wigan and Leigh Housing Company Trustee – Wigan Leisure and Culture Club Manager – St Helens Mind
Vincent Jackson	Wigan	Nil
Gillian Fairhurst	Wigan	Nil

Name	Constituency/Class	Interests
Derek McMahon	Wigan	Nil
Yvonne Halliwell	Wigan	Nil
Graeme Pilkington	Wigan	Nil
Luke Marsden	Wigan	Nil
Norman Bradbury	Wigan	Nil
Michelle Durrant	Wigan	Service Manager – Together for Mental Well-being
Nick Pym	Wigan	Currently employed with a private company 'Committed Network' which provides consultancy services to the NHS
Cecelia Barber	Staff – Allied Professionals	Nil
John Evans	Staff – Managers	Nil
Michael Kenny	Staff – Nursing	Nil
Joanne McDonnell	Staff – Nursing	Nil
Neil Callan	Staff – Nursing	Nil
Christopher Ashman	Staff – Supporting Services	Nil
Ann Cunliffe	Staff – Supporting Services	Nil
Angela Fearnley	Staff – Supporting Services	Nil
Jane Owens	Staff – Supporting Services	Nil
Sarah Bowen	Staff – Supporting Services	Nil
Yvonne Morris	Staff – Supporting Services	Nil
Dr Sandeep Ranote	Staff – Medical	Nil
Chrissie Cooke	Appointed – NHS Warrington	Executive Director – NHS Warrington

Name	Constituency/Class	Interests
Councillor Roy Smith	Appointed – Warrington Borough Council	Non-Executive Director of Warrington Council for Voluntary Services and Golden Gates Housing Trust Trustee – Speak Up Group Trustee – John Holt Cancer Support Trustee – Warrington Community Transport Warrington Borough Councillor and Executive Member for Health and Well-Being
Seamus McGirr	Appointed – NHS Halton and St Helens	Director – NHS Halton and St Helens Director – Northwest Utilisation Management Unit
Councillor Stephanie Topping	Appointed – St Helens Council	Treasurer – Sutton Smile Community Group
Councillor Joe Pearson	Appointed – St Helens Council	District Councillor Parish Councillor
Councillor Ann Gerrard	Appointed - Halton Borough Council	Portfolio holder for Adult Social Care Member – Whiston Shadow Foundation Board
Janice Coulter	Appointed - NHS Knowsley	Director of Health and Social Care – Knowsley Metropolitan Borough Council and NHS Knowsley
Councillor Jayne Aston	Appointed - Knowsley Council	Chair – Knowsley Housing Trust Board Associate Non-Executive of NHS Knowsley
Bernard Walker	Appointed - NHS Ashton, Leigh and Wigan	Co-Chair – ADASS (The Association of Adult Social Services) Workforce Development Network
Dr David Valentine	Appointed – NHS Ashton, Leigh and Wigan	Executive Director of Primary Care and Medical Director
Councillor Keith Cunliffe	Appointed - Wigan Council	Director – Wigan Metropolitan Development Company Director – Fix-IT UK Limited
Brian Morris	Appointed - Staffside Chairman	Nil

Our Council of Members met four times during the period 1 April 2010 to 31 March 2011.

As well as our Chairman, our Chief Executive attended the meetings.

Attendance of our Member Councillors is detailed in the table below. Where Member Councillors were not eligible to attend due to their start/leaving date, this is indicated with N/A (Not Applicable):

Public Member Councillor	21/5/10	14/7/10	11/11/10	15/3/11
Christine Molyneux – Warrington	✓	✓		✓
Irene Harris – Warrington	✓		✓	✓
Sarah Hall – Warrington	✓	✓	✓	✓
Peter Ashley – Warrington	✓			
Alfred Clemo – Warrington	✓		✓	✓
William Bradbury – St Helens	✓	✓	✓	✓
Alan Griffiths – St Helens		✓	✓	✓
Jeffrey Hext – St Helens	✓	✓	✓	✓
Dr Robert Sykes – St Helens			N/A	N/A
Sandra Banawich – St Helens	N/A	N/A	✓	✓
John Chiocchi – Halton	✓		✓	✓
Jacqui McGloin – Halton	✓			✓
Michael Tiernan – Halton	✓		✓	✓
Janet Sykes – Halton			N/A	N/A
Iain Yates – Knowsley	✓			
Ronald Rotheram – Knowsley	✓	✓	✓	✓
David Manley – Knowsley				
Dorothy Hadley – Knowsley	✓	✓	✓	✓
Jean Garlick – Wigan	✓	✓		✓
Vincent Jackson – Wigan	✓	✓	✓	✓
Gillian Fairhurst – Wigan			✓	
Derek McMahon – Wigan		✓		✓
Yvonne Halliwell – Wigan	✓			
Graeme Pilkington – Wigan			N/A	N/A
Luke Marsden – Wigan			N/A	N/A
Norman Bradbury – Wigan	N/A	N/A	✓	✓
Michelle Durrant – Wigan	N/A	N/A		
Nick Pym – Wigan	N/A	N/A	✓	✓
Staff Member Councillor				
Cecelia Barber – Staff – Allied Professionals			✓	
John Evans – Staff – Managers	✓	✓	✓	✓
Michael Kenny – Staff – Nursing	✓	✓		✓
Joanne McDonnell – Staff – Nursing	✓	✓		✓
Neil Callan – Staff – Nursing	✓	✓	✓	✓
Christopher Ashman – Staff	✓	✓	✓	
Ann Cunliffe – Staff		✓		
Angela Fearnley – Staff		✓	✓	
Jane Owens – Staff		✓		

Staff Member Councillor	21/5/10	14/7/10	11/11/10	15/3/11
Sarah Bowen – Staff Support Services		N/A	N/A	N/A
Yvonne Morris – Staff	N/A	N/A	✓	✓
Dr Sandeep Ranote – Staff	✓			✓
Appointed Member Councillor				
Chrissie Cook – NHS Warrington				N/A
Cllr Roy Smith – Warrington Borough Council	✓		✓	✓
Seamus McGirr – NHS Halton and St Helens			✓	
Cllr Stephanie Topping – St Helens Council		N/A	N/A	N/A
Cllr Joe Pearson – St Helens Council	N/A	N/A	✓	
Cllr Ann Gerrard – Halton Borough Council	✓			
Jan Coulter – NHS Knowsley		✓		
Cllr Jayne Aston – Knowsley Council				
Bernard Walker – NHS Ashton, Wigan and Leigh		✓		N/A
Dr David Valentine – NHS Ashton, Leigh and Wigan	N/A	N/A	N/A	✓
Cllr Keith Cunliffe – Wigan Council		✓		✓
Brian Morris – Staffside Chairman		✓	✓	✓

Additionally on 27 September 2010 our Trust Board and the Council of Members took part in a strategic away day, demonstrating their commitment to working in partnership.

Sub-committees

The sub-committees of the Council of Members are supported by Directors or Senior Managers from the Trust.

Membership and Communications Committee

The Council of Members have established a sub-committee known as the Membership and Communications Committee. The remit of the committee is to

oversee the delivery of the Membership Strategy and to ensure effective communication with the membership of the Trust. The committee met five times during the period 1 April 2010 to 31 March 2011.

Attendance is detailed in the table below. Where Committee members were not eligible to attend due to their start/leaving date, this is indicated with N/A (Not Applicable):

Members	16/6/10	08/9/10	03/11/10	26/1/11	30/3/11
Sarah Hall – Warrington – Public Member Councillor	✓	✓	✓	✓	✓
Cecelia Barber – Allied Professionals – Staff Member Councillor		✓	✓	✓	✓
Dorothy Hadley – Knowsley – Public Member Councillor		✓	✓		✓
Neil Callan – Nursing – Staff Member Councillor	✓		✓	✓	
Michael Tiernan – Halton – Public Member Councillor					
Councillor Ann Gerrard – Halton Borough Council – Appointed Member Councillor					
Yvonne Halliwell – Wigan – Public Member Councillor					
Dr Robert Sykes – St Helens – Public Member Councillor		N/A	N/A	N/A	N/A
Luke Marsden – Wigan – Public Member Councillor	N/A	N/A			
Irene Ann Harris – Warrington – Public Member Councillor	N/A	N/A	N/A	N/A	✓

Nominations and Remuneration Committee

The Council of Members has established a sub-committee known as the Nominations and Remuneration Committee.

The committee met three times during the period 1 April 2010 to 31 March 2011. The membership is made up of the Trust Chairman, Bernard Pilkington, plus three members of the Council of Members. Attendance as outlined in the table below:

Member	23/4/10	6/7/10	9/3/11
Councillor Jayne Aston – Knowsley Council – Appointed Member Councillor	✓	✓	
John Chiocchi – Halton – Public Member Councillor	✓	✓	✓
William Bradbury – St Helens – Public Member Councillor	✓	✓	✓

In addition, the Trust’s Vice Chairman, Dr Colin Dale, also attends and chairs the meeting for matters relating to the appointment, performance and remuneration of the Chairman.

The remit of the committee is to:

a) Nominations

- Regularly review the composition of Non-Executive Directors on the Board to ensure that they reflect the required expertise and experience and to make recommendations to the Council of Members. This includes periodic consideration of information prepared for the Board, reviewing the independence, skills and experience required for Non-Executive Directors to ensure the appropriate balance of experience and expertise.
- Evaluate the balance of skills, knowledge and experience on the Board.
- To prepare a job description and person specification for the role and capabilities required for

a particular appointment of a Non-Executive Director, including the Chairman.

- To identify suitable candidates to fill Non-Executive Directors posts through a process of open competition.
- To make recommendations to the Council of Members as to the appointment of Non-Executive Directors, including the Chairman.
- To evaluate and report to the Council of Members on the performance of the Chairman and Non-Executive Directors, including their retention or removal as appropriate.

b) Remuneration

- To consider and make recommendations to the Council of Members as to the remuneration, allowances and other terms and conditions of office of the Chairman and Non-Executive Directors.

Compliance with Authorisation Committee

The Council of Members has established a sub-committee known as the Compliance with Authorisation Committee, which will

meet five times a year. Attendance is detailed in the table below.

Where Committee members were not eligible to attend due to their start/leaving date, this is indicated with N/A (Not Applicable):

Member	4/5/10	6/7/10	7/9/10	2/11/10	4/1/11
Alan Griffiths – St Helens – Public Member Councillor	✓	✓	✓	✓	✓
Cllr Stephanie Topping – St Helens – Appointed Member Councillor	✓	N/A	N/A	N/A	N/A
Christopher Ashman – Supporting Services – Staff Member Councillor	✓	✓	✓	✓	✓
Jean Garlick – Wigan – Public Member Councillor	✓	✓	✓	✓	✓
Ronald Rotheram – Knowsley – Public Member Councillor	✓	✓	✓		
Jan Coulter – NHS Knowsley – Appointed Member Councillor			✓		
Jeffrey Hext – St Helens – Public Member Councillor	✓		✓	✓	
Michael Kenny – Staff Member Councillor – Nursing	✓	✓		✓	✓

The remit of the Committee is to be responsible for:

- Involvement in the preparation of the annual plan to ensure that the interests of members are considered when strategic developments are proposed.
- Receiving reports on the performance of the Trust.
- Receiving the annual accounts and any report of the auditor on them for onward presentation to the Council of Members.
- Receiving a report from the Audit Committee identifying any matters where it considers that action or improvement is needed.

- Receiving a report for approval, from the Audit Committee, on the appointment of the Trust's external auditors.
- Receiving an annual report on the effectiveness of the Trust's system of internal control.
- Involvement in the Quality Accounts process throughout their annual cycle.

Membership of our Foundation Trust

As a Foundation Trust we have a membership to give local people a say in how we respond to the specific needs of the population we serve. Our membership is made up of both staff and the public.

Members of our Trust can:

- Receive information about the Trust and be consulted on plans for future development of the Trust and its services.
- Elect representatives to serve on the Board of Governors.
- Stand for election to the Board of Governors.

It has been one of the Trust's aims to develop a membership that enables varying levels of participation according to the needs and desires of individual members. Accordingly the membership of this Trust provides for three levels of public membership:

Bronze - To receive information only from the Trust.

Silver - To receive information but also to provide feedback.

Gold - Has an extra dimension of having an influence.

Anyone who is a member of the public can become a member of the Trust providing they are aged 14 or over. Members of the public constituency must complete a membership form and submit it to the Membership Office.

On 31 March 2011, there were 5,448 public members – 821 from Halton; 664 from Knowsley; 823 from St Helens; 1,227 from Warrington; 1,103 from Wigan and 810 from 'Other'.

Trust staff are automatically members but may opt out if they wish. On 31 March 2011 there were 2,491 staff members. The staff constituency is sub-divided into the following classes:

- Allied Health Professions (qualified).

- Managers (Band 8 or above).
- Medical staff.
- Nursing staff (qualified).
- Supporting services (including assistant level healthcare workers).

With the addition of staff from Knowsley Integrated Provider Services who joined the Trust on 1 April 2011, we reached our target of 9,000 members. Our focus will therefore change from proactive membership recruitment to meaningful communication with those current members of our Foundation Trust. Maintenance of the membership numbers will be managed by attending external events as well as establishing links with our partners in the voluntary sector, to ensure representation of minority and vulnerable groups.

We communicate with our members through 'Insight' - a newsletter which has been designed specifically for them. The content is appropriate to our members and as with all our communications, we ask for feedback on each edition. To complement this, we have also redesigned our website to include an area that is full of up-to-date information for our members including details of upcoming meetings.

Any member who wishes to contact their Member Councillor must, in the first instance, telephone the Membership Office on **01925 664801**. Alternatively, they can send an email to ft.membership@5bp.nhs.uk – marking it for the attention of their Member Councillor.

Our Strategic Themes and Objectives 2010/2011

Our eight strategic themes inform what we hope to achieve and deliver over the coming years. These themes are in place to improve our services, the lives of our service users and their carers and our people and to make sure we can provide the best care and treatment we possibly can. Our strategic themes and objectives cover the period 1 April 2010 to 31 March 2011. More details about our in-year achievements against each theme can be found throughout this annual report. The information provided has been presented by the relevant Director with responsibility for each Strategic Theme.

The table below summarises our progress against each theme this year:

Theme	Director	High-level Objective 2010/11	Progress
Service Delivery and Patient Experience	Ray Walker	By March 2011 we will be able to demonstrate that we have improved the safety, outcome and experience of our services	Fully met
Efficient and Effective Organisation	Dean Marsh	During 2010/11 ensure services are provided in the most economic, efficient, effective and equitable manner	Partially met
Service Innovation and Business Development	Therese Patten	In 2010 we will support innovation and develop commercial thinking across the organisation ensuring we deliver quality services	Fully met
Engagement and Partnership Working	John Kelly	In 2010/11 the Trust will contribute to and support partnership arrangements with all stakeholders, to ensure the delivery of key agreed priorities and to improve the health and well-being of local communities	Fully met
Well-Governed	Simon Barber	In 2010/11 we will maintain sound governance arrangements that will ensure we continue to hold our CQC registration status and FT authorisation	Fully met
Financial Viability	Dean Marsh	In 2010/11 we will meet our statutory financial duties and maintain a robust five-year financial plan	Partially met
Organisational Development	Nick Rowe	In 2010/11 we will deliver organisational improvement through our key themes of Employee and Organisational Health and Well-being; Employee engagement; Trust Values and Organisational Culture	Partially met
Workforce Management and experience	Nick Rowe	During 2010/11 we will continue to plan for, attract and develop our people so that they are able to deliver a high-quality service	Partially met

Service Delivery and Patient Experience

This theme relates to how we deliver our services and the quality of our patients' experiences. It is about what people think of us and the quality of the services we deliver. We have fully met the objectives agreed with the Trust Board for this year, for this strategic theme.

What have we done in 2010/11?

Wards Accredited by the Royal College of Psychiatrists

Over the year, nine out of 10 of our adult acute in-patient wards have been accredited for Acute In-patient Mental Health Services (AIMS). Additionally, four out of five of our older people's wards have been registered. AIMS is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement which formally identifies and acknowledges wards that have high standards of organisation and patient care, as assessed by independent external assessors.

Obtaining external accreditation provides assurance to our service users that they are receiving the highest level of care. It means that our adult and older people's in-patient wards have scored well in areas including general standards, timely and purposeful admission, safety, environment, facilities, therapies and activities.

How do we know what people think about us?

National Patient Survey Results

Our response rate was 24 percent – eight percent lower than the national average figure. Overall, the survey responses place the Trust in the middle 60 percent of all mental health trusts in England. An

action plan has been developed to deliver improvements in our response rate and in those areas the survey highlighted as requiring improvement.

In-patient and Community Patient Surveys

To gain a real-time understanding of how our service users experience our services we operate an internal Patient Experience Survey. Service users are invited to complete questionnaires prior to discharge from wards. A percentage of service users are offered the questionnaires in community settings. During the past three months response rates from the in-patient surveys have averaged 68 percent. The monthly average of community survey responses has been 366.

The results are produced monthly for the Trust Performance Report. They are presented by in-patient, community and by business stream categories (Children and Young People, Adults, Older People, Learning Disability and Forensics) and by individual ward and team. An easy-read version has been developed for use in Learning Disability Services. Carers and/or families are invited to support the survey in older peoples' services.

Joint Service User and Carer Forum

This monthly forum gives our service users and carers the opportunity to share their opinions and views about our services and to hear about new and future developments here at the Trust. The forum includes a 'Take It to The Top' session, during which people can raise issues directly with a member of our senior management team - usually our Chief Executive.

Learning Disability and Older Peoples' Services Forums

Separate forums have been developed for service users and carers from our Older Peoples' Services and Learning Disability Services. This was initiated in an attempt to meet the specific needs of these client groups. Practical changes have been made to ward procedures as a result of feedback from service users at the initial meetings.

Annual Service Users and Carers Involvement Event

The third and fourth Annual Involvement Events took place during the reporting year, on 28 April 2010 and 31 March 2011 respectively. Speakers at both events, which were each intended by more than 150 people, included service users, carers, the Chief Executive, Chairman and staff who had led on involvement activities. Feature presentations focused on Disability Hate Crime, Direct Payments, Stigma, Employment, Health and Well-being and the Coalition Government's new mental health strategy: 'No Health Without Mental Health'.

Service User Safety

Throughout the reporting period we have continued to develop our Patient Safety Framework which ensures patient safety learning is co-ordinated across all parts of the Trust. The Trust Patient Safety Framework consists of:

- Patient Safety Panel (challenge meetings around SUI reports)
- Patient Safety & Quality Metrics (all safety incident reporting in one report)
- Executive level walkabouts to visit clinical services
- Thematic review using the Safer Mental Health Checklist
- Clinical Quality Dashboard to feedback key data to frontline staff.

Executive Walkabouts provide staff with the opportunity to discuss relevant and local safety issues with a member of the Trust Board. During the Walkabouts, safety information is fed back to clinical teams and this opens up a 'safety discussion'. The outcomes of visits are recorded, along with agreed actions.

A series of briefings, alerts and newsletters that aim to ensure changes are made and patient safety improved are distributed throughout the Trust regularly. This includes MHRA alerts within the CAS system. Learning is further shared in the form of annual conferences such as the Service User and Carer Involvement Conference, Service User Physical Health and Well-Being Conference and the Trust's Patient Safety Conference.

Health and Safety Performance

The Health and Safety Committee monitors serious incidents that are reportable to the Health and Safety Executive (HSE) under the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR).

For the period 1 April 2010 to 31 March 2011, the Health and Safety Advisors reported a total of 38 incidents. This is a 15 percent increase when compared to last year when the total of reportable incidents was 33. Twelve of the incidents reported in 2010 - 2011 involved injury to service user/visitors, accounting for 32 percent of incidents reported to the Health and Safety Executive.

During the year there were no visits from the Health and Safety Executive (HSE) and we did not incur any offences, penalties or prosecutions by the HSE. The Health and Safety Committee will ensure that an action plan is in place to reduce the number of injuries to staff and patients.

Compliments and Complaints

We aim to make sure that we offer the right care, delivered to the highest standard. However, there will be circumstances when a service user or a member of their family may feel that their expectations have not been met. We are committed to doing everything possible to resolve concerns and complaints raised with us.

The Complaints Team and Patient Advice and Liaison Service (PALS) are working closely together to ensure that concerns and complaint issues are captured and resolved at the earliest opportunity, and that the complainant's views are sought at all stages as part of the resolution process.

All complaints we receive are dealt with through our Complaints and Concerns Policy and in line with current NHS complaint regulations.

For the period 1 April 2010 to 31 March 2011, we received 277 compliments and 180 complaints. We closed 182 complaints, some of which relate historically to the previous reporting period. Of these, 169 (92.9 percent of complaints received) were closed within a timescale agreed with the complainant and 13 (7.1 percent) were closed outside of this agreed timescale. Of the 182 closed complaints, 98 (53.8 percent of all complaints closed) were not upheld; 41 (22.5 percent of all complaints closed) had some but not all issues upheld, and 31 (17 percent of all complaints closed) had all issues upheld.

During the period 1 April 2010 to 31 March 2011, there have been no Serious Untoward Incident reviews (SUIs) relating to data loss. We were informed of two complaints that were referred to the Parliamentary and Health Service Ombudsman, and in both cases, the Ombudsman declined to investigate the complaints further.

Our future plans and objectives for Service Delivery and Patient Experience in 2011/12

By March 2012 our overall objective is to be able to demonstrate that we have improved the effectiveness, experience and safety of our services.

To achieve this:

By December 2011 we will have agreed a meaningful suite of Patient Experience measures with the Council of Members in each of our business streams and publish them on the internet.

By March 2012 we will have taken improvement actions leading to demonstrably safer care by reducing the ratio of harm to incident as measured by the National Patient Safety Agency.

By March 2012 we will be able to demonstrate a 10 percent increase in the number of service users in Community Mental Health Teams who have had physical health addressed in their care plan.

Efficient and Effective Organisation

This theme relates to how we deliver improvement, value for money and improved outcomes for service users. We have met two of our three objectives agreed with the Trust Board for this year, for this strategic theme. Whilst we have not met our objective to increase the overall profitability of the Trust to seven percent, we have still achieved a surplus that maintains a Monitor Financial Risk Rating of 4.

What have we done in 2010/11?

We have been successful in producing and delivering plans that have improved value for money. This has meant that we have been able to save money while at the same time improving the overall quality of service and patient experience. This has been achieved by embarking on a planned programme of change which has helped our services operate more efficiently.

One of the ways in which the Trust Board can see how the organisation uses its resources is by looking at which services consume what resources across the whole Trust. This complete picture for each service is described as Service Line Reporting and the Trust is developing a way of providing information to managers so they are able to see the full cost of the services they provide. This helps them think more broadly about the way they deliver their services and how these can be provided more efficiently.

Infection Control

Infection Prevention and Control is high on the Trust's agenda and is a key indicator of quality. The Trust continues to achieve full compliance with the Care Quality

Commission and the Health Act 2008 Code of Practice for the Prevention and Control of Healthcare Associated Infections.

In order to ensure ongoing compliance and improvement, there is a robust assurance framework and monitoring process in place. Detailed quarterly progress reports are presented and monitored on behalf of the Board via the Infection Prevention and Control Executive Management Meetings, Infection Prevention and Control Committee and Clinical Risk and Clinical Governance Committee. Monthly Executive Team, Business Stream and Board reports are also provided.

Overall, there has been an improvement in all the results from the Trust's Infection Prevention and Control audit programme. Audits undertaken across all our business streams scored 90 percent. The audit process involves ensuring compliance with Infection Prevention and Control procedures, cleanliness of environment, patient care equipment and hand hygiene.

Our Infection Prevention and Control Team's commitment to involving service users in service improvement and strategy was recognised with a 2010 Nursing Times Award.

The judges praised the Team's efforts to ensure that our service users' views are represented at committee-level and that they are actively involved and engaged in auditing practices.

Healthcare Associated Infections

Healthcare Associated Infections remain low with no cases of *Clostridium difficile* since April 2009. All high risk service users are screened on admission for *Meticillin Resistant Staphylococcus Aureus* (MRSA) and the majority of positive identifications are made via this method. There have been no recorded cases of MRSA bacteraemia to date. Although the Trust has experienced outbreaks of Norovirus which reflects the national picture, incidents were halved from eight to four outbreaks in comparison with the previous reporting year. Impact on bed management and occupancy was managed with close liaison and cooperation between the Infection Prevention and Control Team and operational directorates.

Key national priority areas for 2011 to 2012 remain focused on MRSA and *Clostridium difficile* toxin-associated disease. No outbreaks or bed closures were experienced as a result of either organism in the reporting period. Meticillin sensitive *Staphylococcus Aureus* (MSSA) and *Eschericia coli* will also be added as part of new Department of Health objectives from April 2011. The Trust already monitors these organisms and there have been no recorded cases to date.

As part of the refurbishment of Rydal Ward, our in-patient ward for older people in Knowsley, extra en-suite isolation facilities have been added improving our readiness and ability to respond to Healthcare Associated Infections.

Emergency Preparedness

The Trust has a Major Incident Plan that was revised in June 2010 and again in February 2011. This is complemented by incident-specific plans, such as fuel shortage, flooding, heatwave and winter pressures. There is also a specific Business Continuity plan.

The Trust falls into three Local Resilience Forum areas. An agreement has been reached with the Strategic Health Authority that NHS Liverpool will act as lead primary care trust with regard to emergency planning and performance management. As such, the Trust falls under the Merseyside Lead Primary Care Trust Function Activation Plan for major incidents requiring co-ordination and mutual aid between NHS organisations and key partners (October 2008), and works with NHS Knowsley acting in their capacity as Silver Control.

NHS Liverpool monitor the development of plans and report assurance to the Strategic Health Authority. They also host training and exercises, such as the six-monthly 'Exercise First Call', which tests the ability of the command and control network to establish contact with on-call Directors.

The Trust hosted an exercise in March 2011 to test the fuel shortage plan, which was attended by over 50 staff, plus observers from local primary care trusts, acute Trusts and local authorities.

Sustainability Report

The Trust continues to recognise its responsibility towards protecting the environment.

The Climate Change Act 2008 contains provisions that set a legally binding target for reducing UK carbon dioxide emission by at least 26 percent by 2020, with a target to cut emissions by 80 percent by 2050 (compared to 1990 levels). The major impact of this legislation for the NHS will be the requirement to join an emissions trading scheme known as the Carbon Reduction Commitment Energy Efficiency scheme (CRC). This will require the current level of growth of emissions to not only be curbed but the trend to be reversed and absolute emissions reduced. At present the Trust falls below the threshold for inclusion within the CRC scheme. However we still intend to demonstrate a reduction in carbon emissions in accordance with NHS requirements.

The Trust Board has noted the existence of a Sustainable Development Management Plan; the signing up to the Good Corporate Citizenship Assessment Model; the monitoring and review of carbon and the need to raise awareness of carbon at every level of the organisation. The plan sets out how we will initiate a low carbon management programme to both lower our carbon emissions

and improve the health of our staff, patients and the wider population we serve within the designated timeframe.

The Trust has had a number of successes to date with respect to:

- Water management including the fitting of waterless traps in urinals across the Trust.
- Voltage power optimisation at Hollins Park - reducing voltage (hence current) and increasing the life of electrical equipment and protecting computer equipment from transients.
- LED lighting installation on corridors in main in-patients wards and internal corridors which reduces energy consumption by 65 percent.
- New boilers and controls which have been fitted across six sites resulting in increased boiler efficiency, centralised control settings and a reduction of set-points across the Trust of one degree centigrade.
- Recycling the contents of black bag waste. About 60 percent is recycled - mainly paper but also small amounts of any glass, metal, plastics and wood.
- Collection and recycling of print cartridges.

When refurbishing our premises we have fitted:

- Sun pipes and mono-draught units which give natural light and ventilation to internal corridors, reducing the need for artificial lighting.
- PIR lighting controls in all toilet/bathroom and storage areas which turn lights off when no movement is detected.

- Increased roof and wall insulation to help reduce heat loss.
- Double glazed windows with a K glass coating – reflecting heat back into the room whilst also letting in free heat from the sun known as ‘passive solar gain’.
- Smaller toilet cisterns to reduce water usage.

The Trust has also commissioned a renewable energy feasibility study for the Hollins Park site. This will look at the available energy sources and provide an indicative level of potential for each technology, cost benefits and typical payback - incorporating any benefits from the new Feed In Tariffs (FIT) for renewable electrical generation.

Efficient and Effective Organisation: Our future plans and objectives for 2011/12

Each year the Trust is required to improve the efficiency of the organisation and this may be by doing more work for the same amount of money or doing the same for less money. We plan to do this in a number of ways but most importantly:

- We will increase the amount of time clinicians spend with patients
- We will implement new pathways of care to make sure that patients are quickly and easily able to access the services they need
- We will continue to work with our managers to identify areas where we could get better value for our money

Our overall objective is to ensure services are provided in the most economic, efficient, effective and equitable manner.

To achieve this:

During 2011 we will ensure a significant improvement in patient contact time arising from organisational development actions such as service improvement, skill mix changes, IT improvements, leading to a more efficient use of resources.

During 2011/12 we will implement new best practice pathways of care to ensure the appropriate referral of patients leading to increased contacts in community services.

During 2011 we will role out Service Line Reporting into business streams to use as a tool for identifying variations in resource consumption across the Trust, leading to actions that will demonstrably improve service efficiency.

Service Innovation and Business Development

This theme aims to create an environment that encourages and supports the development of ideas, proactively seeks new business opportunities, focuses on our expertise and strengths and actively involves service users and carers. To our stakeholders, this means the provision of innovative, effective and efficient services. We have fully met the objectives agreed with the Trust Board for this year contained within this strategic theme.

What have we done in 2010/11?

In 2010/11 we generated an additional £1.6million of new business into the Trust across three of our business streams. These include Brighter Futures and a new female low-secure step-down facility.

Brighter Futures

April 2010 saw the expansion of the Brighter Futures children's service in Halton and St Helens. This service provides a community assessment and treatment facility, predominantly for young people who are in secure residential facilities in the Halton and St Helens localities.

Tennyson Unit - Female Low-Secure Step-Down

The North West Specialised Commissioning Team commissioned an eight-bedded low-secure step-down service for females within the North West Strategic Health Authority footprint. This service opened in April 2010 at Hollins Park with service users being transferred from the Trust's Chesterton Unit throughout the year. The purpose of this step-down facility is to assist with an early discharge from our low-secure services as part of the

pathway towards independent living.

Clinical Research

The Trust has once again increased its participation in Clinical Research - helping our staff stay in touch with the latest treatment possibilities.

The number of people receiving NHS services provided or sub-contracted by the Trust in 2010-2011, that were recruited during that period to participate in research approved by a research ethics committee, was 328. This figure represents an increase of over 600 percent compared with the previous year. The Trust aims to increase this number year-on-year by at least 10 percent over the next three years.

The Trust was involved in conducting 37 clinical research studies in mental health during 2010-2011. This was an increase of 50 percent from the previous year. The studies included those that described new treatments (observational studies) as well as ones that tested new treatments (interventional studies). They covered a range of areas from trials of new therapeutic drugs to testing the effectiveness of new talking therapies.

In June 2010 the Trust opened a Clinical Research Unit. This is a new purpose-built facility for the conduct of clinical studies including clinical trials. This will enhance the capacity of the Trust to increase activity in this area. We aim to increase the number of clinical staff involved in clinical trials by at least 50 percent per annum for the next three years. We value active service user participation in research as it leads to successful patient outcomes. Where possible the Trust involves service users in the formulation of the research question. During the reporting year service users have contributed to the generation of the research question in two grant bids to funders such as the National Institute for Health Research. We are strongly committed to supporting the activities of the Comprehensive Local Research Networks (CLRN).

Consultations

The Trust is continuing to work in partnership with commissioners across its footprint to redesign in-patient and community Learning Disability Services to ensure they are fit for the future. While the number of in-patient beds will be reduced in line with the Model of Care produced by the 4 Borough Commissioning Alliance, there will also be an enhancement of the Learning Disability Community Teams to support those in the community for longer. Public consultation will commence in May 2011 for a period of 90 days in line with the Health and Social Care Act.

In 2011/12 the emphasis of the Trust has shifted to reflect the changing environment. As such, this strategic objective is now entitled Clinical Leadership and Service Improvement.

Clinical Leadership and Service Improvement: Our future plans and objectives for 2011/12

Our overall objective is to support our clinical leaders to deliver service improvement across the organisation ensuring we deliver high-quality services.

To achieve this:

By March 2012 we will have worked positively with our commissioners, leading to the maintenance of our contracted services.

By March 2012 our clinicians will bring back developments and opportunities to the organisation, through effective clinical networking, leading to demonstrable service improvement.

By 31 December 2011 we will have developed and published a plan to implement a Trust-wide approach to service improvement, leading to the identification and realisation of efficiencies and the creation of capacity to support growth and increased productivity.

Engagement and Partnership Working

This theme relates to our proactive work with stakeholders for maximum, mutual benefit. It is about our commitment to work in partnership and engage with our service users, our carers and our other stakeholders. We fully met the objectives agreed with the Trust Board for this year, for this strategic theme.

What have we done in 2010/11?

Leading the Way in Privacy and Dignity

Privacy and dignity is a major issue across the NHS. At the Trust we have led the way when it comes to ensuring that service users, carers and their relatives are given information about the facilities they can expect on our wards.

We continue to use an innovative information folder with fact sheets and a DVD which was produced together with our service users and their carers, representatives from support and voluntary groups and staff. Packs are made available to in-patients and their carers either before or just after their admission to one of our mixed-sex wards. The information focuses on the issues related to privacy and dignity such as sleeping arrangements, bathing and toilet facilities. It can be given to people to look at in their own time and to support the information staff provide.

We've listened to people

During the year we continued our approach to listening to people by inviting them to step into a portable, purpose-built booth and tell us their views. The people answered pre-recorded questions on camera

resulting in eye-opening footage which left our Board 'blown away'.

In September 2010 we were short-listed for a How-Do Public Services Communications Award for 'Best Use of Video' for our work with the booth. We have since used the booth to collect feedback from our in-patients in our Adult, Forensic and Learning Disabilities settings.

Communications with our service users

We have encouraged volunteers to participate in the production of our service user and carers' newsletter 'Outlook'. Volunteers sit on the editorial panel so that their ideas shape the content. In 2010 we reached the stage where the newsletter content is decided solely by the panel.

In December 2010 we launched a Good News Group comprising solely of service users, carers and volunteers and facilitated by Communications.

Members will be learning what makes a good news story, receiving training on how to look for and find positive story opportunities across the Trust and working with Communications to progress their ideas to publication within the print and online media.

'Sticks and Stones' Campaign

On 1 April 2010 the Trust launched 'Sticks and Stones', our campaign to challenge stigma. The campaign was asked for and delivered in conjunction with our service users, carers and volunteers. Overall, the campaign aimed to educate the public about the realities of mental ill-health and learning disabilities and to ask them to make a pledge not to use words that can hurt, offend and stigmatise people who have these conditions.

The key campaign objectives were:

- To reach at least 50 percent of our local population of one million people with our campaign messages.
- To change perceptions locally by securing 100,000 pledges.
- To promote understanding through educational content.

By March 2011 and in time for the campaign's one-year anniversary, each of these key objectives had been achieved.

2.3 million opportunities to view articles about our campaign, mental health, learning disabilities and stigma were created through placing 73 positive stories in newspapers across the Trust's footprint.

106,000 pledges have been made on our campaign website. These pledges represent those of individual members of the public, service users, carers, partner organisations, schools, celebrities and our staff.

The campaign provided a platform to launch our first presence on Twitter and Facebook. As at 31 March 2011, the campaign sites had 1,205 Twitter followers and 2,180 Facebook friends.

The educational message about the campaign and stigma is being delivered in schools across our footprint. Specially designed educational packs have been produced, working together with teacher volunteers, to ensure the content is age appropriate.

In addition, educational content is being delivered through our work with local employers. A specially designed resource pack provides employers with information relevant to them, to enable them to deliver the messages to their own staff.

The Trust won three awards for the campaign including a Special Achievement award at the 2010 Association of Healthcare Communicator Awards, a Positive Action Northwest 2010 award and an Appreciation of Effort award from Warrington Disability Partnership.

Phase two of the campaign will build upon the work which has already started with our local schools and local employers, working with both to support the delivery of our key messages on an ongoing basis and therefore attempt to influence a longer-term societal change that is required to reduce stigma and discrimination towards people with mental ill-health and learning disabilities.

Stakeholder Satisfaction Survey

During the reporting year, the Trust developed its first Stakeholder Satisfaction Survey to understand the views and concerns of our key stakeholders. The results of the first survey will be used to develop an action plan to strengthen our partnerships and improve our services.

Computers on Wards

A pilot project trialling the provision of web-accessible computers on in-patient wards has resulted in the decision to make this a Trust-wide initiative. A review of websites visited showed that service users were using this facility to research a range of social inclusion-based topics including employment, housing and money matters as well as a range of entertainment and social networking sites. The roll-out is due for completion by summer 2011.

Involvement Scheme

The scheme provides structured support to 285 service users, carers and volunteers involved in Trust business. Involvement Scheme members are supported through the application process, induction, independent welfare benefits and tax checks, and receive payments, personal development training and practical assistance as well as publicity. More than 50 involvement activities are offered including attending corporate meetings and developing and delivering staff training as well as membership of recruitment panels, investigation and audit teams, and task and finish groups.

Highlights of involvement include:

- Experts by Experience (service users and carers) play an active part in the Personality Disorder Hub - co-delivering training alongside Experts by Occupation (staff) and playing a full role in the team's business meetings.
- Service users from No Secrets, an independent voluntary organisation of people with experience of self-harming and their carers, deliver training to mental health professionals.
- Essence of Care Scrutiny Group: A panel of service users and carers scrutinise evidence from audits undertaken in all operational teams including wards. Recommendations from the group are used to influence service improvements.

Patient and Public Involvement Advisory Group

Attended by a wide range of senior managers, service users, carers, Member Councillors and representatives from Local Involvement Networks (LINks) and Collective Voice, the group monitors Trust-wide service user and carer involvement activity. It also promotes the involvement agenda both internally and externally with our partners.

Investing in Children

Young people are actively involved in what the services they receive look like. The Trust has consulted with them regularly on everything from what we should call our buildings to who we should appoint at a senior level. In recognition of our commitment to imaginative and inclusive practice, the Trust has been awarded Investing in Children (IiC) membership status in Warrington, Halton and Wigan.

In December 2010, we officially reopened the reception area of St Helens Child and Adolescent Mental Health Services' building The Elms following a makeover financed by sponsorship. The decision to redecorate and refurnish was inspired by and completed with the assistance of the borough's Investing in Children group. We have further events and consultations planned throughout the next year to progress this inclusive partnership and involve our young people in more service delivery as they wish.

Patient Opinion

The Trust initiated a national project to work with staff from Patient Opinion to adapt their web-based experience system for use in mental health services. After completion of the project Patient Opinion has been rolled out across the NHS. Based on this success, the Trust is working with Patient Opinion to integrate the needs of service users from Learning Disability and Substance Misuse services. Trust staff have been involved in local, regional and national conferences that promote the mental health project.

As part of a recent national publicity campaign, Patient Opinion publicised a posting about Substance Misuse services in Ashley House. A service user highlighted difficulties experienced with prescriptions due to local policies. The Trust used this information to review and amend prescribing practices which has led to improvements.

Valuing Carers Steering Group

The group provides a forum to exchange information and develop support systems. Attendees include carers of our service users and representatives from carers' support groups and carers' centres. Members have helped to design a Carers' Booklet and a Carers' Experience Questionnaire. Staff and volunteers from Warrington Carers' Centre delivered four training sessions to Trust staff. Future developments will be based around recommendations from the national Triangle of Care report.

Service User Art Scheme

The scheme aims to co-ordinate and showcase art produced by local service users and promote the value of all creative arts as a self-help tool for mental well-being. The development of a Trust Arts Steering Group has helped inform and oversee the many developing projects across the Trust. Highlights have included the publication of artwork and poetry in Reflections – a national magazine; the introduction of regular arts pages in the Trust's service user and carer newsletter which have featured interviews with several of our local service user artists, and the project being shortlisted for a Staff Recognition Award.

Engagement and Partnership Working: Our future plans and objectives for 2011/12

Our overall objective is to contribute to and support partnership arrangements with all stakeholders to ensure the delivery of key agreed priorities and to improve the health and well-being of local communities.

To achieve this:

By November 2011 we will be able to demonstrate accountability to service users and carers by involving them in the models of care delivered by each of our business streams, leading to a clear focus of the organisation on the needs of service users and carers.

By March 2012 we will ensure that we are able to demonstrate our service quality and value for money with GPs, leading to established constructive and effective relationships.

By March 2012 we will have established constructive and effective relationships with local authorities, including their Health and Well-being Boards, leading to the effective contribution to the Joint Strategic Needs Assessments.

Well-Governed

In order for any organisation to be successful, it needs to be well-governed. This theme is about our aim to be transparent, open and fully accountable and how we demonstrate strong leadership. We have fully met the objectives agreed with the Trust Board for this year, for this strategic theme.

What have we done in 2010/11?

In March 2010 the Trust was included in the first wave of NHS trusts registered under the new CQC system for monitoring standards. The Trust was awarded registration without conditions being applied. Throughout the year we have maintained our unconditional registration.

We have been additionally registered for location and services in preparation for acquiring Knowsley Integrated Provider Services from 1 April 2011.

Monitor Risk Ratings

One of the specific tests carried out by Monitor's assessment team was whether the Trust was well-governed.

Our authorisation from 1 March 2010 is another piece of third-party evidence. Throughout the year we have complied with our terms of authorisation and met all our reporting commitments to Monitor.

As outlined in our annual plan, we aimed to achieve a Financial Risk Rating of 4 and a Governance Risk Rating of Green and maintained these ratings throughout the reporting period. The previous year we achieved a Financial Risk Rating of 4 and a Governance Risk Rating of Green for March 2010 – the one-month period following our accreditation as a Foundation Trust.

The table below demonstrates that we have succeeded in maintaining these ratings throughout the reporting period:

	Annual Plan 2010/11	Quarter 1 2010/11	Quarter 2 2010/11	Quarter 3 2010/11	Quarter 4 2010/11
Financial risk rating	4	4	4	4	4
Governance risk rating	Green	Green	Green	Green	Green

Annual Members' Meeting

In September 2010 we held a successful and well-attended Annual Members Meeting and formally presented our previous Annual Report and Accounts.

Our Chairman, staff, service users, carers and visitors from our partner organisations were all in attendance.

Well-Governed: Our future plans and Objectives for 2011/12

Our overall objective is to maintain sound governance arrangements that will ensure we continue to hold our Care Quality Commission (CQC) registration status and Foundation Trust authorisation.

To achieve this:

During 2011 we will ensure that Knowsley Integrated Provider Services fall within the Trust's Governance Processes, leading to the Trust Board possessing sufficient information to be assured of the quality and efficiency of its services.

By 31 December 2011 we will evaluate the performance of the Trust Board, the Council of Members and each of the sub-committees, deliver any improvements necessary, leading to an assurance that sound corporate governance principles continue to be applied.

We will comply with the in-year monitoring process which will take the form of a quarterly submission and other exception ad-hoc reports, and ongoing risk ratings against Financial, Governance and Mandatory goods and services, leading to our Monitor target risk rating being retained.

Financial Viability

This theme relates to our ability to operate within our financial targets and budgets. It is about how we manage our resources in the most effective way we can. We have met two out of three of the objectives agreed with the Trust Board for this year, for this strategic theme. We had aimed to ensure that budget holders would operate within budgets. In some areas some budgets overspent while other teams underspent.

What have we done in 2010/11?

During the reporting period we have continued to maintain a strong financial position and have increased our surplus a little when compared with last year. We have acquired Knowsley Integrated Provider Services - the community services provider arm from NHS Knowsley. This will bring in an extra £42million of income in 2011/12 and will improve our overall financial standing.

We have developed and delivered on a range of cost improvement initiatives that have helped to underpin our strong financial performance and still maintained the quality of our service.

How well are we doing?

In 2010/11 we posted an underlying surplus of £2.8million and paid over 95 percent of our invoices within 30 days. We have £7.3million of cash in the bank to make sure that we can continue to meet our payment obligations. This has meant that overall our regulator Monitor has given us a Financial Risk Rating of 4 which is good and shows that we remain financially healthy and viable as a Foundation Trust.

Where did we invest our money?

In 2010/11 we have invested over £1.5million on buildings and equipment including completing the refurbishment of the Rydal Ward – our in-patient facility for older people in Knowsley. We have spent over £1million on making sure our wards, including Auden and Sephton, are safe and fit for purpose as well as improving the environment for patients and staff.

What does it really mean for our service users?

Sound financial management is hugely important in the delivery of patient care. If our money is managed well and our use of it is well planned, we are not faced with the problem of having to take difficult short-term decisions that might have a detrimental effect on service delivery. This helps to maintain and improve our already high-quality services.

In addition, as we have already seen, good financial management means that we have the resources to be able to continue to improve the environment that our services are delivered in.

2011/12 will be a challenging year for the NHS in the current economic environment but the Trust has put robust plans in place to make sure it continues to perform well and improve quality. This will be achieved through a strong process of improving efficiency. The Trust has plans to:

- Spend less on its 'back office' functions.
- Increase the staff on some of its wards.

- Continue to improve the quality of our buildings.
- Help frontline staff to spend more time with patients.
- Improve our use of technology to support frontline staff.

We believe that by doing this we will have a more efficient effective service that improves the quality of service whilst maintaining our strong financial performance.

Financial Viability: Our future plans and objectives for 2011/12

Our overall objective is to meet our statutory financial duties and maintain a robust five-year financial plan.

To achieve this:

By March 2012 we will achieve our statutory financial duties and meet all other financial targets and obligations within our Terms of Authorisation, leading to the achievement of a Financial Risk Rating of at least a 3.

Throughout 2011/12, budget holders will operate within financial limits and produce and own forecasts that look forward 12 months, leading to the identification and acting upon of appropriate actions to deliver the long-term financial plans of the Trust.

Through 2011/12 we will monitor contract activity on a cluster basis to support the ongoing rollout of Payment by Results (PbR) in mental health services and will work with other northwest mental health trusts, leading to an appropriate PbR currency.

Organisational Development

This theme involves developing our organisation and our people with the aim of becoming the most effective Trust we can be and delivering high quality, safe patient care, support and recovery. We have partially met the objectives agreed with the Trust Board for this year, for this strategic theme.

What have we done in 2010/11?

In 2010 it was recognised by our Trust Management Team that in order to successfully realise the transformational ambitions within our Business Strategy, considerable work needed to be done to engage our workforce and transform our culture.

In order to support this aim, a Values development programme commenced in October 2010 with a series of workshops entitled 'What Do You Value?' The workshops were designed to enable people from all services and disciplines to share their thoughts and opinions on how we treat our service users and their carers, how we treat one another, how we communicate and our management and leadership styles.

Sessions were also held with the Joint Service User and Carer Forum, members of the Trust Board and Council of Members. Additionally, graffiti boards, the intranet and an answer phone facility were used to garner further opinion and feedback.

At the end of January 2011 a set of draft Values, which were developed using all the information gathered during the workshops in 2010, were shared with our 'Shining Stars' - a group of staff from across the Trust who wanted to be more closely

involved with the development of our Values. The final set of proposed Values were presented to the rest of the Trust during February and further to the feedback received, our Values were officially launched on 17 March 2011. In order to bring our Values to life a planned programme of activities and interventions will take place over the course of the next year.

Supporting Teams through Times of Change

Our teams are committed to being the best teams they can be and are constantly looking for ways to work together more effectively to improve the services they provide. The Organisational Development Team has developed a Team Development Model as a proactive approach to team development within the Trust.

The model contains a package of diagnostic instruments. It is designed to support all team members on their journey to becoming a healthy and effective team, giving additional specific support to managers to enable them to continually develop their staff. The model consists of a programme grouped into three stages: bronze, silver and gold level.

The model is currently being piloted with four teams across the Trust, with a view to wider implementation following successful completion of the pilot programmes over the course of the coming year.

We recognise that times of change can be unsettling for individuals and teams and that teams may, during these times, require additional support. In response to this need, we are currently developing a toolkit to provide assistance to managers as well as developing more specific support interventions depending on the needs of individual teams. We will continue to develop and implement these tools during the course of 2011/12.

Our Communications with Our People

We believe that to be effective, communications with our people should be two-way so that we can hear their views throughout the year. We communicate with our people via a range of different media including a face-to-face monthly core brief, a weekly e-bulletin, a regular newsletter which includes input from our staff, a monthly events calendar and our intranet site.

In August 2010 we introduced our 'Let's Talk' initiative to encourage our people to give us their views, ask questions and submit feedback. This included the launch of a number of two-way communication mediums and enhancing existing ones including a Q&A section on our intranet site, the ability for staff to comment and ask questions on our blog pages and via the monthly Core Briefing

process. As part of 'Let's Talk' we also launched quarterly virtual 'Live Afternoon with the Chief Executive' sessions, offering our staff the opportunity to submit questions on any work-related subject to Simon Barber via our intranet for an almost immediate response.

Our 'FAF' or 'Fiver a Fortnight' campaign was launched in January 2011, aimed at encouraging our people to think about ways to save the Trust a 'fiver a fortnight' and to achieve a common awareness of the economic factors affecting the performance of the Trust. This interactive and fun way of thinking about money-saving activities has resulted in staff changing the way they work in some areas and submitting a variety of ideas for other teams and colleagues.

Organisational Development: Our future plans and objectives for 2011/12

Our overall objective is to deliver organisational improvement through our key themes of Employee and Organisational Health and Well-being, Employee Engagement and Trust Values and Organisational Culture.

To achieve this:

During 2011/12 we will implement the Trust's Health and Well-being Strategy, leading to a reduction in sickness absence levels to below five percent by March 2012.

During 2011/12 we will implement the Values programme of activity. This will embed our Values at all levels in the organisation, disseminating them throughout our business operations and processes maximising the potential of our people, leading to an improvement in our staff engagement measures.

Workforce Management and Experience

This theme relates to how we plan, attract, manage, develop and engage our people to deliver our services. We have partially met the objectives agreed with the Trust Board for this year, for this strategic theme.

What have we done in 2010/11?

We know that only a highly skilled and engaged workforce will work with us to deliver the highest standards of care and support that our service users and carers expect. Our Learning and Development Team continues to deliver a wide range of high-quality evidence-based programmes to support the learning and development needs of our staff.

The Trust's Learning and Development Strategy Group, which includes the Operational Assistant Directors, listened carefully to managers who questioned the appropriateness and frequency of parts of our mandatory training requirements. As a result, a review of all statutory and core training took place during 2010. Consequently we were able to reduce the frequency and/or change the delivery method for 12 of the topics, three of which form part of statutory training.

As at the 31 March 2011, 88 percent of staff were in date with their statutory training. Long-term sickness, maternity leave and career breaks would on average account for eight percent of all staff. As the end of year figure would need to be 92 percent or above, we have not fully met this objective.

In 2010/11, the Trust began work with all Operational Assistant Directors to develop workforce and resourcing plans for each business stream. These plans facilitate the accurate prediction of workforce requirements to ensure the Trust recruits, utilises, manages and develops staff in the most effective way.

In addition we have worked with a number of teams to gather information to map the usage of identified skills and highlight any training gaps. Teams can use the information gathered to respond effectively and flexibly to education and training needs as they emerge and to inform current and future education and learning commissioning and provision.

Additionally, we launched the North West Strategic Health Authority's Workforce Information Portal - electronic Workforce Information Network (eWIN). This new workforce portal for NHS North West healthcare organisations has been developed to support north west organisations to deliver high-quality healthcare and to continue to develop a world-class workforce. It gives access to a wide range of intelligence including benchmarking data, innovative case studies and research reports - helping to demonstrate the wealth of workforce developments taking place across the north west.

A full roll-out was actioned in the Trust in October 2010 when all staff at Head of Service level or above were provided with login details.

Care Quality Commission Staff Opinion Survey Results 2010

The Staff Opinion Survey is designed to establish the effectiveness of agreed national Human Resources policies across the NHS and with our Trust specifically to gauge the mood, opinions and views of our people who work for us.

All NHS Trusts in England are required to take part and the results are coordinated and analysed by

the Care Quality Commission. The Trust's results were published by the Care Quality Commission in March 2011. They have been compared with 72 mental health trusts in England.

In order to maximise feedback from a wider sample group, we took the opportunity to sample all of our staff and enable them to have their say. Of the 2,034 staff in the full survey, 1,066 responded. This is a response rate of 52 percent which is average for mental health trusts and compares with a response rate of 42 percent in the 2009 survey, as shown in the table below.

	2009/10		2010/11		Trust improvement/ deterioration
	Trust	National Average	Trust	National Average	
Response rate	42%	55%	54%	54%	+12%

There are two types of Key Finding:

- Percentage scores i.e. percentage of staff giving a particular response to one or a series of survey questions.
- Scale summary score which is calculated by converting staff

responses to particular questions into scores. For each of these scale summary scores the minimum is always one and the maximum score is 5.

Top Four Rankings Progress 2009 to 2010 (Highest to Lowest Score)

	2009		2010		Trust Improvement/ Deterioration
Top Four Ranking Scores	Trust	National Average	Trust	National Average	
Percentage of staff believing the Trust provides equal opportunities for career progression	95%	90%	96%	89%	+1%

	2009		2010		Trust improvement/ deterioration
Top Four Ranking Scores	Trust	National Average	Trust	National Average	
Percentage of staff having equality and diversity training in the last 12 months	64%	40%	70%	45%	+6%
Percentage of staff reporting errors, near misses or incidents witnessed in the last month	99%	96%	100%	96%	+1%
Trust commitment to work-life balance	3.74	3.44	3.81	3.44	+0.07

Bottom Four Rankings Progress 2009 to 2010 (Lowest to Highest Score)

	2009		2010		Trust improvement/ deterioration
Bottom Four Ranking Scores	Trust	National Average	Trust	National Average	
Staff intention to leave jobs	2.67	2.54	2.41	2.56	-0.26
Percentage of staff receiving job-relevant training, learning or development in the last 12 months	77%	79%	82%	78%	+5%
Percentage of staff agreeing that their role makes a difference	88%	90%	90%	90%	+2%
Percentage of staff using flexible working options	68%	-	56%	65%	-12%

Revised Top Four Rankings 2010 (Highest to Lowest Score)

Top Four Ranking Scores	Trust	National Average
Percentage of staff receiving health and safety training in last 12 months	95%	78%
Percentage of staff believe trust provides equal opportunities for career progression/promotion	96%	89%
Percentage of staff experiencing discrimination at work in last 12 months	8%	13%
Percentage of staff reporting error, near misses or incidents witnessed in the last month	100%	96%

Revised Bottom Four Rankings 2010 (Highest to Lowest Score)

Bottom Four Ranking Scores	Trust	National Average
Percentage of staff using flexible working options	56%	65%
Percentage of staff agreeing their role makes a difference to patients	90%	90%
Percentage of staff experiencing physical violence from staff in last 12 months	1%	1%
Impact of health and well-being on ability to perform work or daily activities	1.62	1.58

The key findings for our Trust (compared to our 2009 results) are:

- Both staff engagement and staff satisfaction have increased.
- The number of people reporting their intention to leave the Trust has reduced.
- Once again, one of our top four rankings is our Trust's commitment to work-life balance.
- The percentage of staff reporting good communication between senior management and staff has improved for the second year in a row.
- The uptake of Performance Development Reviews across the Trust increased from 71 percent to 84 percent.
- We are in the top 20 percent of all mental health trusts for effective team working.

- We are in the bottom four rankings for the percentage of staff using flexible working options.

The Trust plans to work with Assistant Directors to develop localised action plans for each business stream and directorate to address areas in which we can make further improvements.

Staff Recognition Awards

In July 2010 we once again celebrated our achievements at our annual Staff Recognition Awards. The awards recognised and celebrated the contribution that individuals and teams have made to our Trust in providing high-quality care and support to our service users and carers. This year, we received more than 120 nominations – a 50 percent increase from 2009.

A Healthy Workforce

The Trust provides Occupational Health services through an NHS Plus Occupational Health unit. These are available to all staff via either manager or self-referral. In March 2010 we launched our 'Who Cares?' campaign aimed at reducing sickness absence across our workforce. Staff, service users and carers were asked why they care if our staff are not here because of sickness.

The campaign helped the Trust to reduce the rate of sickness absence for a continual period of seven months between September 2010 and March 2011.

Details of the Trust's employee sickness absence throughout the

reporting year are detailed in the tables below:

Rolling 12-month average

Quarter	2010 - 2011
One	6.47%
Two	6.31%
Three	6.18%
Four	6.08%

The rolling 12-month average rate of employee sickness absence is lower this reporting period than for the previous period, demonstrating an overall reduction in sickness absence rates from 6.51 percent in quarter 4 of 2009 to 2010 to 6.08 percent.

Health, Well-being and Engagement Strategy

In June 2010 a plan to deliver our Trust's Health, Well-Being and Engagement Strategy was agreed.

The vision of our strategy (2011 to 2014) is to continually enhance our service users' and carers' experience by improving the health and well-being of the people who work for our Trust. As part of this strategy, the Trust launched the 5 Boroughs 2012 campaign. In association with the national NHS 2012 Campaign, the aim is to raise the physical fitness levels of the NHS workforce in the lead-up to the London 2012 Olympics. As a Trust we have launched a range of initiatives to support this drive. These include:

- **Team 5BP** - Fourteen people from across the Trust have volunteered to take part in a year-long health and fitness improvement programme. Team 5BP represent the Trust as role

models for the organisation in its quest to improve the physical health of all its people. Members of the team have access to a personal trainer and a nutritionist to provide guidance and support throughout the year - motivating each individual towards achieving their personal health and fitness goals.

- **Free Fitness Classes** - Free fitness classes have been made available across our footprint. Commencing in February 2011, the first sessions took place in Knowsley. The sessions include boxercise, circuit training and kick fit. Feedback from all of the sessions that have taken place to date has been very positive.
- **Monthly Health Challenges** - Every month people are encouraged to consider a new challenge to help improve their health and well-being. Previous challenges have included 'drink a litre of water a day' and 'bin the bread'.
- **VirtualGym** – This revolutionary, cost-effective online gym provides direct and on-demand access to some of the UK's top fitness instructors. With more than 60 different classes available, it enables the Trust to support people to enhance their physical fitness by providing the flexibility to exercise anytime, anywhere.

Our People Benefits

We provide a wide range of facilities and schemes to improve the working lives of our people including a range of childcare

facilities, flexible working options, support during maternity leave, paternity leave and information about carers' and statutory rights.

Equality, Diversity and Inclusion

Recognising that there are shared principals associated to equality and diversity, patient and public involvement and social inclusion, we have developed a joint approach to these work streams under the title Equality, Diversity and Inclusion.

We are committed to eliminating any unlawful discrimination through ensuring that values relating to Equality, Diversity and Inclusion are central to our policymaking, service delivery, employment practices and community involvement.

We acknowledge that the main key to measuring the success of our actions is to ensure that service users, carers, staff, the public and other stakeholders have opportunities to share their experience with us, and that we use these shared experiences to inform the design of future services. In particular, we understand that only by recognising the value of service user, carer and staff experiences can we have due regard for human rights, dignity and respect.

We are required by law to provide an overview of the management accountability framework that is in place to manage the mandatory duties set out in the Race, Disability and Gender Equality Duties.

In response, the Trust produced a Single Equality Scheme and Action Plan 2009 – 2012.

The Scheme and Action Plan is monitored by members of our Equality, Diversity and Inclusion Steering Group. Chaired by the Director of Nursing, Governance and Performance, membership includes representatives from the Equality, Diversity and Inclusion Unit, Human Resources, Education and Training, Estates and Facilities, Operational Services, the Assurance Unit and service users. The group provided strategic direction that has ensured that 42 of the original 48 actions identified in the 2010/11 Action Plan were completed within the past year. One remains outstanding and the completion dates for the remaining five have been rescheduled for completion during 2011.

Workforce and Recruitment Diversity Reporting

During 2010/11 reports have been produced which provided a breakdown of the diversity of the Trust's current workforce and of job applicants. Information is taken from the Trust's Electronic Staff Record (ESR) system and the NHS Jobs website, which is used to administer and monitor all job applications.

Analysis provided in the reports aim to identify significant differences in various diversity classifications and influence policy development. The scope of the report covers race, disability, gender, age, sexual orientation, religion and beliefs.

Employment and Mental Health Service Users

As part of our Social Inclusion work stream we monitor the employment status of service users and the information provided to them. Our Social Inclusion Co-ordinator provides information, advice and support to staff and service users on a range of employment issues.

Partnership working with local and regional employment support agencies continues to be an important focus of this work, building on existing relationships and exploring potential new opportunities for future services to increase employment opportunities for Trust service users.

Carers

Our Equality, Diversity and Inclusion Unit successfully influenced the NHS Employers' decision to adopt 'carers' as an additional strand of their Equality and Diversity work streams. This resulted in the development of a carers' section on their website and links with the national Employers for Carers' scheme. A member of the team was invited to present at the fourth National Carers Conference and a detailed case study was presented at an international carers conference in Barcelona.

Recruitment, Training and Disability

As a Trust we use the 'Two Ticks' disability symbol on all adverts through NHS Jobs. This means that we are positive about disabled people and utilising their skills and abilities.

Jobcentre Plus have awarded the symbol to the Trust and ensure that as a Trust we meet the following five commitments:

- To interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities.
- To discuss with disabled employees, at any time but at least once a year, what both parties can do to make sure disabled employees can develop and use their abilities.
- To make every effort when employees become disabled to make sure they stay in employment.
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make these commitments work.
- To review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans.

Disability Access and Facilities

Our Estates Department has undertaken a £50,000 programme of work aimed at improving access and facilities at Trust premises. This includes new accessible toilets, electric door-opening devices, refurbishing lift carriages, fitting anti-ligature emergency pull cords in disabled toilets, surface marking and improved signage for Blue Badge car parking spaces.

Our Disability Access and Facilities Minimum Standards Guidelines have been applied in all refurbishment schemes. Representatives from local disability access groups worked with the Trust to review priorities identified in the access audits and to review our guidelines document.

New accessible and assisted bathing facilities have been installed in six in-patient units.

Spirituality Forum

We have launched a Spirituality Forum. Led by the Chaplaincy Team, the forum involves staff, service users and chaplains from across the Trust. Service users and carers have been involved in the design of a spirituality leaflet. A conference took place in May 2011.

Workforce Management and Experience: Our future plans and objectives for 2011/12

Our overall objective is to plan for, attract and develop people so we are able to deliver a high-quality service.

To achieve this:

By December 2011 we will analyse and reflect the programmes of organisational change to be realised in 2011/12 and the subsequent two years for each business stream, leading to each business stream having in place a workforce resourcing and development plan.

By 31 March 2012 all staff will be up to date with Mandatory Training requirements, leading to an improvement in the overall Trust target of greater than 90 percent.

Financial Review of the Year

We have had another successful year (our first full year as a Foundation Trust) in terms of our financial performance. Readers of the accounts will see an underlying surplus of £2.8million. This surplus enables the Trust to continue to invest in improving its buildings and environment for the benefit of staff and service users.

This surplus compares favourably with the £2.2million surplus we made in 2009/2010 and shows that the Trust goes from strength to strength - particularly when set against our improvements in the quality of the services we provide.

We have met all of our financial duties through creating an underlying surplus, keeping enough cash in the bank during the year to cover our outgoings and paid over 95 percent of our invoices within 30 days in accordance with the Better Payment Practice Code.

Our Monitor Risk Rating at the year end was 4, which represents an excellent achievement and stands us in good stead for the years to come.

We pride ourselves as a Trust on limiting our management costs and in the accounts we can demonstrate that these are lower than seven percent of our total income. This is despite the increasing requirements to

strengthen governance and risk management arrangements.

Our income comes almost exclusively from our primary care trust contracts, with no private patient income or endowment income. This means that we do not have any problems arising from cost allocation or subsidisation of our services from different income sources.

Like all organisations we have faced, and continue to face, financial and business risks; in particular the difficult financial position of some of our main commissioners, the reduction in our NHS contracts and the need to drive out significant efficiency savings in the future.

However, as our financial performance for last year demonstrates, the Trust has the right skills and staff to ensure that these risks are managed successfully in the future.

Dean Marsh
Director of Finance and
Informatics

Annual Accounts

The Annual Accounts have been prepared under a direction issued by Monitor and are appended to this Report in Appendix 2.

Accounting Policies

The 2010/11 Annual Accounts have been prepared on the basis of International Financial Reporting Standards (IFRS). Appropriate accounting policies are reviewed and approved by the Audit Committee annually.

Accounting policies for pensions and other retirement benefits are set out in note **8.6** on page **175** of the annual accounts. Details of senior employees' remuneration can be found in notes **8.5** on page **174** of the annual accounts.

Going Concern

Following the review and approval of the Trust's five-year business plan and long-term financial model by the Trust Board, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the annual accounts.

Remuneration Report

The Remuneration Committee comprises the Chairman, Bernard Pilkington and three designated Non-Executive Directors - Derek Taylor, Rupert Nichols and Brian Marshall. The committee met on two occasions during the period 1 April 2010 to 31 March 2011 and was quorate. For full details of attendance, please turn to page 18.

The committee is supported by the Director of Human Resources and Organisational Development who is able to provide market movement and benchmark data to the committee. In addition, the committee receives independent data on executive salaries and employment benefits from Capita Health Service Partners. The Chief Executive will also attend the committee in an advisory capacity except when discussing his own remuneration or other terms of service.

The main functions of the committee are to make recommendations to the Trust Board on the remuneration, allowances and terms of office of the Executive Directors, including the Chief Executive, to ensure that they are fairly rewarded for their individual contribution to the organisation, having regard to the organisations' circumstances and performance. The committee also advises and oversees the contractual arrangements including the calculation and scrutiny of termination payments of Executive Directors, taking account of national guidance as appropriate.

All senior managers employed by the Trust below Executive Director level are covered by the nationally agreed and negotiated 'Agenda for Change' pay system and the

associated terms and conditions of employment.

The Chairman and Non-Executive Board Members are remunerated in line with nationally-set levels by the Appointments Commission, in conjunction with the Secretary of State for Health.

All appointments to the posts of Chief Executive and Executive Director have been made on merit, on the basis of fair and open competition. The Chief Executive and Executive Directors covered by this report are all subject to open-ended contracts.

Pay for Senior Managers, Executive Directors and Non-Executive Directors is not subject to any specific performance related element e.g. bonus or performance pay progression. However, all Senior Managers, Directors and Non-Executive Directors are subject to annual performance and development reviews. Under performance will be a consideration in determining any annual pay increase.

Details of salaries and allowances of senior managers are detailed in note 8.5 on page 174 of the Annual Accounts. Details of senior managers' pension benefits can be found in note 8.6 on page 175 of the Annual Accounts.

Your Comments and Contact Information

Our Communications

We value feedback on our communications. If you have any comments on this Annual Report, or any feedback about our communications, then please contact us.

Key Contact:

Emma Parkes

Assistant Director of Marketing and Communications

Email: communications@5bp.nhs.uk

Our Services

If you have any feedback about our services, please contact us. We will respond to all comments that we receive.

Key Contact:

Dennis Dewar

Patient Advice and Liaison Services (PALS) Co-ordinator

Email: dennis.dewar@5bp.nhs.uk

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5 Boroughs Partnership NHS Foundation Trust

Appendix 1 - Quality Report

2010 - 2011

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Part 1 Our commitment to Quality

1.1 Our Quality Report 2010-11

This is the second Quality Report that has been produced by 5 Boroughs Partnership NHS Foundation Trust. Our Quality Report is published alongside our Annual Report, which we will continue to produce each year and make available as a public statement of our commitment to improving quality and safety in the Trust.

The purpose of the Quality Report is to demonstrate the Trust's commitment to improving quality and safety for the people who use our services. It presents:

- What we are doing well as an organisation.
- Where improvements in quality are required.
- How service users, staff and the wider community are engaged in working with us to improve quality of care within the Trust.

1.2 Chief Executive's Statement

In line with the Government's White Paper (2010) 'Equity and Excellence: Liberating the NHS' we view the production of a Quality Report as a welcome opportunity to assess quality across the entire range of our services, with an eye to continuous quality improvement.

From 1 April 2010, the independent regulator of health and social care in England – the Care Quality Commission – awarded this Trust registration without compliance conditions to provide services

under a new, tougher system for regulating standards in the NHS. The new standards cover important issues for patients such as treating people with respect, involving them in decisions about care, keeping clinical areas clean, and ensuring services are safe.

We are extremely proud that this report clearly demonstrates how we have continued to live by these key principles in the delivery of our high-quality care. And we are honoured that our use of a Big Brother-style booth to collect feedback was highlighted as an example of good patient experience practice in the Government's 'No Health Without Mental Health' strategy.

Within this report we have outlined our priorities for and commitment to quality improvement, specifically in the areas of preventing avoidable harm, improving physical health care and improving the experience of care for all of our service users and their carers. The report also identifies those areas where we need to make improvements; clearly setting out our safety and quality priorities for 2011-12. This year, these have been informed by our Council of members and our Local Involvement Networks.

I am satisfied and delighted that this report clearly demonstrates that we are delivering on quality now and have the plans in place to ensure we continue to do so in the future.

Simon Barber, Chief Executive

1.3 Chairman's Statement

As an organisation we firmly believe that we can only deliver high-quality care by engaging our service users in the design of our services. That is why involving service users, carers and volunteers in all our key decision-making processes is something that we have embedded within the culture of this Trust.

Our Involvement Scheme members sit on our committees at every level of governance – providing valuable insights into the patient experience and speaking up for the needs, wants and desires of their fellow service users and carers.

I am delighted that within this report there are many excellent examples of engagement – some of which have led to this Trust being nationally-recognised. For example, we were the first Trust to pair equal numbers of people with a Personality Disorder, known as 'Experts by Experience', with professionals so that they can jointly deliver an innovative new training programme, commissioned by the Department of Health and Ministry of Justice, to staff across our footprint.

Furthermore, our work to engage service users in Infection Control resulted in a 2010 Nursing Times Award.

It is our view that quality and engagement are inextricably linked. That is why we continue to champion engagement with our service users, carers, volunteers, staff, Foundation Trust members, stakeholders and partners; involving them in our quality

agenda and in its accurate representation within this report.

Bernard Pilkington, Chairman

1.4 Our Vision

The Trust has declared its vision as follows:

'Our vision is to be a leading provider of world class mental health, learning disability and community services, with a reputation for quality, innovation and excellence'.

Implicit within this vision is a strong commitment to patient safety. We are focused on achieving a range of quality measures which aim to improve safety, improve clinical outcomes as well as capture service user's views about their experience.

1.5 Our Values

"We value people as individuals ensuring we are all treated with dignity and respect."

"We value quality and strive for excellence in everything we do."

"We value, encourage and recognise everyone's contribution and feedback."

"We value open, two-way communication, to promote a listening and learning culture."

"We value and deliver on the commitments we make."

More information about the Trust Values are in section 3.5.2 of this report.

1.6 Supporting Statements

In order to help demonstrate the Trust's commitment to quality improvement, supporting statements have been provided by the following:

- Chair of the Clinical Governance and Clinical Risk Committee.
- The Trust's Council of Members (Compliance with Authorisation Committee).

These statements are included as Appendix 1.

A table of wider engagement activities is available at the following link:

<http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>

1.7 Statements from External Stakeholders

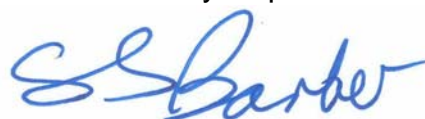
Supporting statements have been invited from:

- Overview and Scrutiny Committees.
- Local Involvement Networks (LINKs).
- Lead Commissioner statement (NHS Knowsley).

These are also included in Appendix 1.

1.8 Chief Executive's written statement and signature

I confirm that to the best of my knowledge the information in the 2010-11 Quality Report is accurate.



Simon Barber
Chief Executive

1.9 Responsible person's written statement and signature

As the responsible person registered with the Care Quality Commission, I declare that the content of the Trust's Quality Accounts 2010-11 is accurate to the best of my knowledge.



Mrs S Hooton, Assistant Director Governance, Performance and Patient Safety.
(Registered as the responsible person for 5 Boroughs Partnership NHS Foundation Trust with the Care Quality Commission).

Part 2 Priorities for improvement

2.1 Quality priorities for improvement 2011-2012

As part of our commitment to ongoing quality improvement we have engaged with our service users, local scrutineers and clinical staff to agree our quality priorities for the year ahead.

The Trust Board has agreed three quality priorities for 2011-12 which will be monitored by the full Trust Board throughout the year. The priorities will demonstrate improvements in:

- patient safety.
- patient experience; and
- effectiveness of services.

Where possible these priorities align with the improvement targets agreed between the Trust and its Commissioners as set out in the local 2011-2012 Commissioning for Quality and Innovation Payment Framework (CQIN framework).

As such, they will additionally be monitored at the quarterly contract quality monitoring meetings with our PCT Commissioners.

The Priorities were shared with and agreed with the local LINKs organisations, The Trust Joint Service User and Care Forum and the Council of Members throughout 2010-11.

2.2 Improving on 2011-2012 Quality Measures

Last year, the Trust agreed a set of 'base-line' Quality Measures which have been monitored by the Trust Board throughout the year. This ongoing monitoring will continue throughout 2011-12 in addition to the three Quality Priority areas for improvement. (The ongoing Quality Measures are reported in section 3.3 of this document).

The following table sets out the Trust's Quality Priorities for 2011-12.

2.3 Safety and Quality Priorities 2011-12

Quality and Safety priorities 2011-12	Indicator	Rationale
Safety: Preventing avoidable harm	By March 2012, we will have taken improvement actions, leading to demonstrably safer care by reducing the ratio of harm to incident as measured by the National Patient Safety Agency.	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: Fewer people will suffer avoidable harm.

Quality and Safety priorities 2011-12	Indicator	Rationale
Effectiveness: Good physical health care	By March 2012, the Trust will be able to demonstrate a 10 per cent increase in the number of service users in Community Mental Health Teams who have had physical health incorporated into their care plans.	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: More people with mental health problems will have good physical health care.
Experience: Ensuring a positive experience of care	By December 2011 the Trust will have agreed a meaningful suite of patient experience measures with the Council of Members in each of its business streams and will have published them on the internet	The Mental Health Strategy (2011) 'No Health without Mental Health' has set a standard: For patient experience to be measured and published so that other patients might choose where they will have their care provided.

2.4 Trust Quality Improvement Plan 2011-2012

The Trust is developing a Quality Improvement Plan which includes:

- Quality and safety priority indicators 2011-12 (as above).
- Actions arising from the national patient survey results.
- Actions arising from the Trust patient experience survey results.
- Safety and quality actions from external regulator's visits/ reports.
- Actions relating to data quality in the Monitor External Assurance review.

statements which have been agreed by the Trust Board that relate to the quality of our services. These statements serve to offer assurance to our members and the general public that we are:

- Performing to national essential standards for safety and quality (CQC Registration standards).
- Measuring and improving our clinical performance in audit and research activity.
- Engaging in innovative projects (CQUIN framework).
- Maintaining compliance with our Monitor targets (see section 3.2 of this document).

Link:

<http://www.5boroughpartnership.nhs.uk/qualityaccounts.html>

2.5 Statements of Assurance provided by the Trust Board

As part of our Quality Report, we are required to present a series of

2.5.1 Review of Contracted Services

The Trust provided and or subcontracted NHS services totalling £107.242 million.

During 2010/11 5 Boroughs Partnership NHS Foundation Trust provided 91 contracted and/or sub-contracted NHS services.

5 Boroughs Partnership NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services. This is through regular service reviews against the strategies set out in the Trust's Integrated Business Plan.

The income generated by the NHS services reviewed in 2010/11 represents 100 percent of the total income generated from the provision of NHS services by the 5 Boroughs Partnership NHS Foundation Trust for 2010/11.

2.5.2 Commissioning for Quality and Innovation Payment Framework (CQUIN)

A proportion of 5 Boroughs Partnership NHS Foundation Trust's income in 2010/11 was conditional upon achieving quality improvement and innovation goals agreed between NHS Knowsley acting as Co-ordinating Commissioner, through the Commissioning for Quality and Innovation payment framework. The Trust attracts 1.5 per cent of our contract value as CQUIN payments.

The total available within the CQUIN framework is £1.47m.

The monetary total for the amount of income in 2010/11 conditional upon achieving quality improvement and innovation goals, and associated payment is 87.5 per cent of that which is £1,285,888. Further details of the agreed goals for 2010/11 and for the following 12 month period are available online at:

<http://www.5boroughspartnership.nhs.uk/qualityaccounts.html>

2.5.3 Participation in clinical audits and national confidential enquiries

The Trust considers involvement in clinical audits to be a key indicator of quality. The importance of clinical audits is realised when we make changes to improve services based on audit findings.

A key example of this in 2010/11 has been Infection Prevention and Control. It is high on the political and public agenda and is a key indicator of quality. Therefore, auditing of practice, policies and procedure is crucial to maintaining patient and staff safety and continuous improvement. It also helps provide assurance of complying with Care Quality Commission criteria and the Health and Social Care Act 2008.

In 2010-11 an overall improvement has been seen in all audit results across the whole of the Infection prevention and Control audit programme. The overall Trust pass rate has now been over 90 per cent for the first time in each audit as seen in the following two tables:

Infection Control	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Environment	80%				85%				90%			
Sharps & Clinical Waste			95%				97%				94%	
Hand Hygiene Facilities		92%		94%		90%		100%		96%		93%
Hand Hygiene Technique		97%		97%		95%		97%		98%		92%
Hand Hygiene Observation Tool		68%		94%		88%		92%		100%		85%

National Cleaning Standards	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11
Domestics	100%	95%	100%	100%	95%	100%	95%	68%	86%	95%	100%	100%
Nursing	91%	95%	91%	100%	100%	95%	95%	85%	100%	100%	95%	100%
Estates	91%	95%	100%	100%	100%	100%	100%	100%	100%	90%	95%	100%

During 2010/11, nine national clinical audits and one national confidential enquiry covered NHS services that 5 Boroughs Partnership NHS Trust Foundation Trust provides.

During that period 5 Boroughs Partnership NHS Foundation Trust participated in 100 per cent of national clinical audits and 100 per

cent national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that the Trust was eligible to participate in during 2010/11 are as follows:

National Audit of Psychological Therapies for anxiety and depression (NAPT)
POMH Topic 7b Monitoring of patients prescribed Lithium
POMH Topic 8b Medicines reconciliation
POMH Topic 9b Use of antipsychotic medicines in people with Learning Disability
POMH Topic 10 use of antipsychotic medication in CAMHS
POMH Topic 11 Prescribing antipsychotics for people with dementia
National Patient Safety Agency: Preventing Suicide: Ward Managers Checklist
Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010
Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS) – enrolled.
National Confidential Inquiry into suicide and Homicide by people with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust participated in during 2010/11 are as follows:

National Audit of Psychological Therapies for anxiety and depression (NAPT)
POMH Topic 7b Monitoring of patients prescribed Lithium
POMH Topic 8b Medicines reconciliation
POMH Topic 9b Use of antipsychotic medicines in people with Learning Disability
POMH Topic 10 use of antipsychotic medication in CAMHS
POMH Topic 11 Prescribing antipsychotics for people with dementia
National Patients Safety Agency: Preventing Suicide: Ward Managers Checklist
Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010
Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS)
National Confidential Inquiry into suicide and Homicide by people with Mental Illness (NCISH)

The national clinical audits and national confidential enquiries that 5 Boroughs Partnership NHS Foundation Trust participated in, and for which data collection was completed during 2010/11, are

listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry. As follows:

Name of Audit	Number of cases submitted	% of required cases provided
National Audit of Psychological Therapies for anxiety and depression (NAPT)	235	100%
POMH Topic 7b Monitoring of patients prescribed Lithium	144	100%
POMH Topic 8b Medicines reconciliation	159	100%
POMH Topic 9b Use of antipsychotic medicines in people with LD	48	100%
POMH Topic 10 use of antipsychotic medication in CAMHS	25	100%

Name of Audit	Number of cases submitted	% of required cases provided
POMH Topic 11 Prescribing antipsychotics for people with dementia	Collecting March 2011	N/A
National Patient Safety Agency: Preventing Suicide : Ward Managers Checklist	62	100%
Royal College of Physicians: National Falls and Bone Health Audit in Older People 2010	1	100%
Royal College of Psychiatrists: The National Audit of Schizophrenia (NAS)	62	100%
National Confidential Inquiry into suicide and Homicide by people with Mental Illness (NCISH)	1	100%

The reports of four national clinical audits were reviewed by the provider in 2010/11 and 5 Boroughs Partnership NHS Foundation Trust intends to take actions to improve the quality of healthcare provided.

health improvement. It helps us ensure that our clinical staff stay abreast of the latest possible treatment possibilities and value active participation in research as it leads to successful patient outcomes.

The reports of 63 local clinical audits were reviewed by the provider in 2010/11 and 5 Boroughs Partnership NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

The number of patients receiving NHS services provided or sub-contracted by 5 Boroughs Partnership NHS Foundation Trust in 2010-2011 that were recruited during that period to participate in research approved by a research ethics committee was 328. This represents an increase of over six hundred percent over the previous year. This shows the vigour with which the Trust is increasing its research activity.

- Action Plans are completed and agreed at appropriate committee or group.
- A Trust lead is appointed for each action.
- Time scales for each action are established and agreed.
- Follow up actions are agreed by the Trust.

As an active member, 5 Boroughs Partnership NHS Foundation Trust is strongly committed to supporting the activities of the Comprehensive Local Research Networks (CLRN). It is a member of the Cheshire and Merseyside CLRN and has participated in a growing number of clinical studies in their research portfolio.

2.5.4 Participation in clinical research

Participation in clinical research demonstrates 5 Boroughs Partnership NHS Foundation Trust's commitment to improving the quality of care we offer and to making our contribution to wider

5 Boroughs Partnership NHS Foundation Trust was involved in conducting 37 clinical research studies in mental health during 2010-2011. This was an increase of fifty percent from the previous year. The studies included those that described new treatments (observational studies) as well as ones that tested new treatment (interventional studies). They covered a range of areas from trials of new therapeutic drugs to testing the effectiveness of new talking therapies.

2.5.5 Clinical Research Unit

In June 2010 the Trust opened a Clinical Research Unit. This is a new purpose-built facility for the conduct of clinical studies including clinical trials. This will enhance the capacity of the Trust to increase activity in this area and the Trust has the ambitious goal to increase the number of clinical staff involved in clinical trials by at least 50 per cent per annum for the next three years.

5 Boroughs Partnership NHS Foundation Trust actively seeks engagement of its service users in research. Where possible it involves service users in the formulation of the research question. In 2010-2011 service users have contributed to the generation of the research question in two grant bids to funders such as the National Institute for Health Research. The involvement of service users in this way is pursued so that we assure improvement in patient health outcomes.

5 Boroughs Partnership NHS Foundation Trust is committed to pursuing clinical research so that

this leads to better treatments for patients.

There were 12 members of clinical staff at 5 Boroughs Partnership NHS Foundation Trust participating in mental health research approved by a research ethics committee during 2010-2011. It is a Trust goal to increase the number of staff participating in research year on year by at least 50 percent.

Our engagement with clinical research also demonstrates 5 Boroughs Partnership NHS Foundation Trust's commitment to testing and offering the latest medical treatments and techniques to its patients.

2.5.6 Quality of our data

Five Boroughs Partnership NHS Foundation Trust attaches a high level of importance to data quality. The Trust believes that excellent data quality is one of the foundations for the delivery of quality care, good patient experience and cost effective services. It also assists with clinical decision making.

5 Boroughs Partnership NHS Foundation Trust has been taking the following actions to improve data quality:

- Continue to publish monthly data quality and completeness data at Executive; Management and Operational Levels via the Trust intranet.
- Continue to publish monthly High Level Trend reports.
- Continue to publish quarterly benchmarking reports comparing Trust achievement levels against, national; regional and local Trusts.

- Continue liaison with and training for operational teams to support improvement of data quality across all services.
- Continue to liaise with Consultants and their medical teams in relation to clinical coding and the availability of discharge and clinical information.

5 Boroughs Partnership NHS Foundation Trust submitted records to Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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

Admitted Patient Care (130 & 190)	100%
Care Activity CDS (Outpatient) (020)	100%
Long-term Psychiatric Census(170)	100%
Accident and Emergency Care	N/A
Mental Health Minimum Data Set	99.3%

The percentage of records which included the patient's valid General Practitioner Registration code was:

Admitted Patient Care (130 & 190)	96.3%
Care Activity CDS (Outpatient) (020)	98.9%
Long-term Psychiatric Census(170)	99%
Accident and Emergency Care	N/A
Mental Health Minimum Data Set	98.8%

2.5.7 Clinical Coding

5 Boroughs Partnership NHS Foundation Trust was **not** subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

2.5.8 Information Governance Toolkit

5 Boroughs Partnership NHS Foundation Trust's Information Governance Assessment Report overall score for 2010/11 86 per cent and was graded green. The Toolkit was audited by Mersey Internal Audit Agency in February 2011 and was given Significant Assurance.

5 Boroughs Partnership NHS Foundation Trust will be taking the following actions to improve data quality. Any minor areas for improvement will be addressed in the Trust's Information Governance Work Plan 2011-12.

2.5.9 Registration with the Care Quality Commission

5 Boroughs Partnership NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is without compliance conditions.

The Care Quality Commission has not taken enforcement action against 5 Boroughs Partnership NHS Foundation Trust during 2010/11. The Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

See section 3.7 for a breakdown of performance against 2010-11 CQC Essential Standards for Safety and Quality.

Part 3 Other information

3.1 Trust Quality and Safety priorities 2010/11

This section of our Quality Report presents information relating to the quality of our services throughout

2010-11. We start this section by reporting on our achievement against the three Trust Priorities that we set ourselves for 2010-11.

Quality and safety priorities and indicators 2010-11	Outcome	Commentary
<p>Safety: Ratio of Incidents reported to patient harm suffered</p> <p>We will reduce the outcome of patient harm against the March 2010 base line</p>	met	<p>Base line for the reduction of reportable harm to incident ratio 2009/10 was 63.5%.</p> <p>Actual for year end 2010/11 was 72% of reportable incidents resulted in no harm suffered.</p>
<p>Effectiveness: Health of the Nation Outcome Scores (HONOS)</p> <p>We will extend the use of HONOS measurement tool across all in-patient services and our community services</p> <p>Medium and low secure services will use the HONOS secure and HCR 20 measurement tools</p>	met	<p>HONOS provides a scoring system to demonstrate improvement following uptake of mental health services.</p> <p>HONOS is now firmly embedded within all In-patient and Community Services.</p> <p>HCR-20 training is specialist risk management training. This has now been fully rolled out across all Low Secure Services (Auden, Chesterton, Marlowe and Tennyson Units).</p>
<p>Experience: Trust Service User Experience Survey.</p> <p>All in-patient service users will be offered an exit questionnaire to complete</p> <p>The questionnaire will cover safety and dignity</p> <p>A sample of in excess of 100 service users drawn from community services will be collected each month</p>	met	<p>All service users are offered an exit questionnaire prior to discharge from an in-patient ward.</p> <p>The questionnaire includes questions relating to safety and dignity. These indicators score well (Appendix 3 provides a detailed breakdown).</p> <p>Community teams now provide a copy of the questionnaire to approximately 10% of their caseload each month. Monthly average sample for 10-11 is in excess of 100 service users.</p>

Demonstrating improvement

Last year, we recognised certain limitations in that many of the Trust targets set before 2010 did not fully cover our community services. This was addressed in the 2010-11 Quality Priorities that were agreed. The above chart shows improvements by:

- extending our Trust Patient Experience Survey to cover community services
- extending HONOS into community services

- extending Essence of Care into community services

3.2 Performance against Monitor targets 2010-2011

As a new Foundation Trust, throughout 2010-11 we have reported progress against Monitor compliance targets.

Many of the targets relate to safety, service user experience and effectiveness of care. Our performance is as follows:

Monitor Targets 2010-11	Threshold	Achievement as at March 11
Patients receiving contact within 7 days of discharge Quality Rationale: Evidence shows safer outcomes for patients who receive early follow up by staff following discharge	95%	97.1%
Patients having a formal review with their care co-ordinator within 12 months Quality Rationale: Effective care co-ordination facilitates access for individual service users to the full range of community support they need in order to promote their recovery and integration	95%	95.2%
Minimising delayed discharge/ transfer of care Quality Rationale: The patient experience is adversely affected by delayed discharges once they are fit to be discharged	No more than 7.5%	4.3%
Access to Crisis Resolution/ Home Treatment Quality Rationale: To ensure patients receive a speedy and effective 'step up' in the support and treatment they receive, yet avoiding hospital admission	90%	98.3%
Meeting commitment to serve new psychosis cases by early intervention teams Quality Rationale: Patients that are detected and diagnosed with a first episode of psychosis by Early Intervention teams gain prompt and appropriate treatment and it reduces their duration of untreated psychosis.	95%	99.3%

Monitor Targets 2010-11	Threshold	Achievement as at March 11
Data completeness: identifiers Quality Rationale: Data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services	99%	99.5%
Data completeness: outcomes Quality Rationale: MHMDS data completeness enables the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services	No Target in 2010/11	
Valid employment status		97.3%
Valid accommodation status		95.4%
HONOS assessment in the past 12 months		80.2%
Discharged patients with a diagnosis		100%

3.3 Trust Quality Measures for Patient Safety, Clinical Effectiveness and Patient Experience Indicators 2010-2011

In 2009-10 the Trust presented its first Quality Report and identified 11 Quality Measures that would be presented year-on-year to monitor our progress. The Quality Measures relate to:

- patient safety
- patient experience
- effectiveness












The 11 Quality Measures were agreed in consultation with clinical staff and service users and they have been monitored by the Trust Board throughout the year.

We attempted to ensure a balanced approach when selecting the Quality Measures, as we wanted to ensure that we were measuring quality across our different client groups, as well as in-patient and community services to include:

- Older people's services
- Adult services
- Children & Young People's services
- Forensic services
- Learning Disability services

The majority of the Trust's Quality Measures cover all client groups and care settings. The progress made against the Trust Quality Measures in 2010-11 is detailed in the following table.

Trust quality measures

Domain	Indicator to be measured	March 11 RAG Status against March 10 Baseline	Data Source	Detailed Definition
Patient Safety	Proportion of incidents with an outcome of no harm		Internal Reporting	The percentage of incidents that had an outcome of no harm. Year on year improvement
	Healthcare associated infections - MRSA		Department of Health Vital Signs Monitoring Health Protection Agency	Number of MRSA infections that are hospital or community acquired
	Healthcare associated infections - C Diff			Number of C Difficile infections that are hospital or community acquired
	7 Day Follow Up		Monitor Compliance Target Department of Health Vital Signs Monitoring	The percentage of patients on CPA that were followed up within 7 days of discharge from a MH in-patient service
	% of service users with a carers assessment completed		Internal Reporting	The percentage of patients with a carer who have been offered a carers assessment
	The reconciliation of medicines for patients on admission to services		Internal Reporting	A process undertaken to ensure medicines prescribed on admission, correspond with those that the patient was taking prior to admission.
	*Number of medicine administration errors April to July 2010		Internal Reporting	Actual error in administration of medication which has resulted in the wrong dose being given, dose being omitted, wrong patient administered the dose, inaccurate timing of dose.
	*Number of medicine administration errors August 2010 to March 2011		Internal Reporting	Actual error in administration of medication which has resulted in the wrong dose being given, dose being omitted, wrong patient administered the dose, inaccurate timing of dose.
Patient Experience	Number of Compliments		5BP Service User Experience Survey	Expression of satisfaction received verbally or written
	Number of Complaints		Internal Reporting	Expression of dissatisfaction requiring a response that could not be resolved locally within 24 hours.
	Satisfaction with our services		National Medicines Audit (POMH) Internal Reporting	Percentage of patient experience questions that were scored as Excellent or Good.
Effectiveness	Increase in HONOS (inpatient) assessment scores		Internal Reporting	% of patients who have had both a admission and discharge HONOS who are showing an improvement.

* Following discussions with the NPSA, this measure was changed in August 2010. This now includes all errors picked up by the Pharmacy Team.

3.4 Trust-wide achievements

3.4.1 What we do well

Section three of this report has presented quality and safety achievements for the Trust realised throughout 2010-11.

There are several sources of valuable external feedback regarding what the Trust does well. Our Quality Report and our measurements have been informed by:

- National Patient Survey feedback (appendix 2)
- Trust Patient Experience Survey (appendix 3)
- CQC Trust Quality and Risk profile 2010-11

Areas identified for improvement from each of these sources are included in the Trust Improvement Action Plan 10-11.

3.4.2 Infection prevention and control

In 2010-11 the Trust continued to achieve unconditional registration with the Care Quality Commission for compliance with the Health Act 2008. This involves a rigorous programme to prevent MRSA, C. Difficile and other serious infections in the Trust. This work is championed by our Nurse Consultant in Infection Prevention and Control.

The Infection Prevention and Control Team believe that service user involvement in infection prevention and control is crucial to ensure that they are actively involved in this important agenda. Examples of service user involvement include auditing practices on wards such as hand

hygiene, cleanliness of environment and equipment, undertaking unannounced spot-checks at the Trust, and contributing to policy and patient information leaflet development.

3.4.3 National award winner

The Trust is delighted that the service user and carer scheme won the Nursing Times Award 2010 in the Infection Prevention and Control Category. In November 2010 service users attended the awards ceremony in London as part of the Trust's team. Judges praised the team as an excellent example of involving service users and carers which ensures that their views are represented and that they are actively involved and engaged in infection prevention and control.

3.5 Workforce development and learning

3.5.1 Our ambitious Leadership Programme

As a Trust we recognise that effective leadership is one of the critical success factors in achieving our ambitions. We know that our leaders will shape and influence our culture, to improve patient care.

In 2010 an ambitious, performance improving management and leadership development framework was launched. The framework was developed to enhance the capacity and capability of managers and leaders at all levels of the Trust. Based on our vision for management and leadership development, the framework was needs-led and outcome-focused, with the aim of providing better service user and carer outcomes.

The first of its kind in the north west, the framework is unique in that it is based on the individual needs of the learner and is underpinned by the Trust's own leadership competences specific to the three levels of leaders.

As part of the framework, and in order to support individual managers to increase their levels of self-awareness, an in-house Assessment and Development Faculty was created. The faculty comprises of senior Human Resources and Organisational Development professionals who are accredited and registered with the British Psychological Society to administer and facilitate a range of assessment tools.

3.5.2 Our Values programme

Early in 2010 it was recognised by the Trust Management Team (TMT) that in order to build on our Foundation Trust application and successfully realise the transformational ambitions within our Business Strategy, considerable work was needed to be done to engage our workforce and transform our culture. Furthermore, an additional trigger for the Values programme came as a result of feedback from the patient opinion survey which had identified a number of behavioural themes.

We adopted a 'bottom up' style, designed to invite as many of our staff to participate as possible and eleven workshops were held with staff in addition to a session with the Service User and Carer Forum, members of the Trust Board and a session with the Council of Members.

At the end of January 2011 we shared a draft set of five Trust Values which were developed using all the information we gathered during the workshops in 2010 with a launch in March 2011.

3.5.3 Advancing Quality Programme

Advancing Quality is a new quality initiative within mental health. The basic principle of Advancing Quality is that interventions are provided at the right time, every time, for all service users.

NHS North West has coordinated work across the North West Mental Health Trusts and have devised a number of common measures to drive improvement in relation to:

- Dementia care; and
- Early Interventions in Psychosis

Through this work a number of quality statements have been developed that will be used to measure the care a service user receives on discharge from mental health services.

The measures are based on simple, evidence-based interventions and are designed to stretch the services into providing consistent care for everyone. Advancing Quality measures will be a key feature of 11-12 Quality Accounts and more detail can be found in appendix 7.

This details the preparatory work that has been undertaken in readiness for the Advancing Quality measures and the staff training that has taken place to date.

3.5.4 Patient Safety Framework 2010-11

To ensure that our quality and safety activities are co-coordinated across the different parts of the Trust, we have developed our Patient Safety Framework which consists of:

- Patient Safety Panel (challenge meetings around SUI reports).
- Patient Safety Dashboard (all safety incident reporting in one report).
- Executive level walkabouts to visit clinical services.
- Thematic review using the Safer Mental Health Checklist.
- Clinical Quality Dashboard to feedback key data to frontline staff.

The framework has been implemented in a phased approach. The phase for 2010-11 is 'strengthening lessons learnt throughout the Trust' and improving services as a result of learning'. The Trust held a Patient Safety conference in March 2011 to share lessons learnt across the Trust.

3.5.5 Involving service users in Patient Safety

Service Users and carers are seen as a vital component of the Patient Safety Framework. They are involved in the following ways:

- Membership of the Clinical Governance and Clinical Risk sub – board committee.
- Membership of the monthly Patient Safety Panel meetings.
- Acting as Serious Incident reviewers.

3.6 Achievements in each business stream 2010-2011

Business Stream	Achievements
<p>Children and Young People</p>	<p>Child and Adolescent Mental Health Services (CAMHS) Community services patient experience questionnaire This was developed in partnership with young people and Trust staff and uses questions identified as being important to young people.</p> <p>Choice and Partnership Approach (CAPA) This is a clinical model adopted by CAMHS Services to improve service provision. The aim of the model is to effectively manage waiting lists, improve clinical screening and promote effective utilisation of team skills within an improved pathway from referral to discharge.</p> <p>Mental Health and the Arts This innovative project runs in conjunction with Manchester Art Gallery. Young people are involved in producing art and actively supported in visiting museums/art galleries as part of their care.</p> <p>The Quality Network for Community CAMHS works with professionals from health, social services, education and the voluntary sector to improve the experience of young people receiving community-based services. There is a strong peer review process with the aim of improving services and sharing best practice.</p>
<p>Adults</p>	<p>Patient experience All patients discharged from adult in-patient wards are offered a Patient Experience questionnaire. 85% of patients scored the level of 'overall satisfaction' as Good or Excellent in 2010-11.</p> <p>Assessment All patients referred for a Mental Health Act Assessment were seen within 24 hours.</p> <p>Accreditation of In-patient services All adult wards expected to be open at 31 March 2011 will be accredited by the AIMS programme by the end of March 2011. One ward is awaiting final confirmation of accreditation as at 31 March 2011.</p>

Business Stream	Achievements
Older People	<p>Patient experience We have developed a later life forum for service users, carers and third sector organisations.</p> <p>Service user satisfaction All patients discharged from older persons in-patient wards are offered a Patient Experience questionnaire. 93% of patients scored the level of satisfaction as Good or Excellent in 2010-11.</p> <p>Accreditation of in-patient services All Older People wards expected to be open at 31st March 2011 will be accredited by the AIMS programme by the end of March 2011. All in-patient wards have fully engaged with the dementia Advancing Quality project and have been trained to use the quality assessment tools.</p> <p>Dedicated training Training has been completed for staff in older persons' settings in physical health and pain management.</p>
Learning Disabilities	<p>Learning Disability Forum We have established a Learning Disability joint service user carer forum.</p> <p>Patient satisfaction All patients discharged from learning disability in-patient areas are offered a Patient Experience questionnaire. 79% of patients scored the level of satisfaction as 'Good' or 'Excellent' in 2010-11.</p> <p>Improved care pathways Care pathways have been revised. Led by a clinical lead in working with primary care trusts and local authorities to improve the patient experience and access to service.</p>
Forensic services	<p>Improving outcomes Implementation of HONOS and HCR20 is on track to be achieved at the end of March 2011.</p> <p>Listening and improving Three service user initiated ideas have been implemented within the forensic Wards in 2010-11.</p> <p>Protected time with service users 25 hours of activity for each service user has been fully embedded with the forensic wards.</p> <p>Recovery All patients that have had a length of stay of three months or longer have a recovery action plan in place.</p>

3.7 Feedback from external scrutiny

3.7.1 Response to issues raised by regulators or public representatives in the last year

This section provides information about our registration with the Care Quality Commission (CQC) and any monitoring the CQC has undertaken with the Trust in the past year. It also provides information about the Quality Report requirements for Monitor.

3.7.2 Care Quality Commission (CQC)

From April 2010 the regulatory requirements for the NHS changed, requiring all providers of healthcare to register with the CQC. As part of the registration process the Trust declared full compliance to the new 16 Essential Standards of Quality and Safety, which resulted in the Trust being registered without CQC compliance conditions.

During the year 2010-2011 effective monitoring, scrutiny and reporting of the CQC essential

















standards has provided the Trust with assurance of our continual compliance to the new standards.

3.7.3 Care Quality Commission Quality and Risk Profile

The CQC hold a Quality and Risk Profile for each registered provider, which gathers all they know about a provider in one place. The Quality and Risk Profile is released routinely throughout the year and provides a view of how the Trust is performing against the 16 Essential Standards of Quality and Safety.

The 16 Essential Standards of Quality and Safety are reported on a comparison dashboard via the Corporate Report and the Quality and Safety Metrics Report; it shows the Trust's compliance along side the CQC judgment using the information they know about us.

The following table shows the Trust's position as at the end of March 2011. The Trust reviews the CQC indicators on a monthly basis and actions plans are in place for indicators not shown as green.

Section	Outcome	April 2011
Involvement and information	1: Respecting and involving people who use services	
	2: Consent to care and treatment	
Personalised care, treatment and support	4: Care and welfare of people who use services	
	5: Meeting nutritional needs	
	6 Cooperating with other providers	
Safeguarding and safety	7: Safeguarding people who use services from abuse	
	8: Cleanliness and infection control	
	9: Management of medicines	
	10: Safety and suitability of premises	
	11: Safety, availability and suitability of equipment	
Suitability of staffing	12: Requirements relating to workers	
	13: Staffing	
	14: Supporting workers	
Quality and management	16: Assessing and monitoring the quality of service provision	
	17: Complaints	
	21: Records	

3.1.1 Monitor Reporting Requirements 2010-11

Monitor require Trusts to publish:

- The Director's Statement of Responsibility (Appendix 4)
- External assurance on the content of the Quality Report to ensure it is in line with Monitor's requirements and is consistent with other information (Appendix 5)
- External assurance on two mandated performance indicators in the Quality Report: (Any two out of the following to be determined by the Council of Members)
 - 100 per cent CPA patients receiving follow up within 7 days of discharge from hospital*
 - Minimising delayed transfers of care*

- Access to Crisis Resolution Home Treatment

(Published opinion will be reported in 2011-12 in a 'dry run' report)

- Assurance on one locally selected performance indicator in the Quality Report to be agreed by the FT governor/ membership:
 - An additional quality indicator was agreed by the council of members to be included in the external assurance exercise
 - Complaints recording

3.7.5 Responses to reports received by the Care Quality Commission (CQC)

The Trust remains compliant with the CQC's 16 Essential Standards of Quality and Safety. The evidence of compliance and action plans are reviewed and scrutinised for each of the standards as part of the agreed continual compliance process in place at the Trust.

Compliance with the standards and how the Trust is viewed by the CQC, using the Quality and Risk Profile, is part of Trust reporting. It is reviewed by the Trust Board, as it is included in the Corporate Report and by the Clinical Governance and Clinical Risk Committee as it is included in the Safety Metrics Report and forms the basis for our authorisation with Monitor.

3.7.6 Mental Health Act Commissioner (MHAC)

The Trust has an established Mental Health Act Law Compliance group. This is responsible for:

- Responding to Mental Health Act Commissioner reports.
- MHAC Annual report response and action planning.
- Monitoring local action plans following visits of the Commissioner.
- Responding to specialist commissioners (secure commissioning).
- Generating data sets to monitor care experienced by our detained patients.

All visits by the Mental Health Act Commission are followed up with an action plan and an annual report is presented to the Trust Board.

3.7.7 External assurance reports against three priority Monitor indicators

See Auditor's report - Appendix 5.

3.7.8 External assurance reports against the Quality Account report

See Auditor's report – Appendix 5.

3.8 Engaging with and listening to service users and local groups

3.8.1 Overview and Scrutiny Committees

The Trust links with five Overview and Scrutiny Committees on health issues and proposed developments in the Trust. Quality Accounts have been shared with Local Involvement Networks (LINKs) and Overview and Scrutiny Committees and they have been invited to contribute to the 2010-11 Quality Accounts/Report.

Appendix 1 contains supporting statements from a range of external organisations. This includes:

- The Commissioning PCT.
- LINK groups.
- Local Authority Overview and Scrutiny Committees.

3.8.2 Engaging with Third Sector Organisations

The Trust has many links with Third Sector organisations and works on many projects with a diverse range of partners.

The Trust engaged with service users, carers, staff and

representatives from local Third Sector organisations to develop a bespoke information folder provided to service users, carers and families prior to discharge from in-patient units, a similar information pack for use in community services is currently under development.

3.8.3 Further examples of engagement and responsiveness



3.8.4 How can we improve? Ask 'Big Brother'

Results from the Trust's use of the 'Big Brother Video Booth' has helped us to ask the questions: "what do we do well, and what can we do better?" The results are shared at various meetings, including with the Trust Board and other senior managers meetings. The aim is to challenge perceptions and change attitudes.

Feedback from the use of the big Brother Booth is used regularly in staff training and is taken into account when planning service delivery and service change.

3.9 Key messages from external statements for 2011-12

3.9.1 Messages from St Helens LINKs

- Can the Trust inform us on the falls work in older people services?
- Can we have a St Helens specific picture of safety for 2011-12?
- Recovery does not feature as a key priority for the Quality Accounts.
- We would like to explore differences in number of care reviews completed and the national patient survey data (which is below the acceptable threshold). Also this applies to CRHT figures as presented in other local reports.
- We would like to discuss the differences in the Trust's performance data and the service users' views.
- We would like to be more engaged in setting CQUIN targets (as we do for another Trust in the region).

3.9.2 Messages from PCT Commissioners

- Can we improve complaints reporting from Learning Disability Services?
- There is a need for further borough specific data.
- There is a need to have a focus on domestic violence in 2011-12.

3.9.3 Messages from Wigan LINKs

- Support the idea of a specific safety indicator per business stream.
- Falls in the elderly client group should be investigated.
- Can we remind staff about eyesight difficulties and resulting falls and basic care around wearing glasses?
- Would like further engagement throughout the year and Wigan-specific data.

3.9.4 Messages from Warrington LINKs

- We would like to work with the Trust on physical health issues, for example physical activity opportunities and gym usage within the Trust.
- Also to look at use of volunteers in supporting physical activity.
- Psychiatric Liaison in Warrington A&E is of continued interest to us and working together to implement the recommendations from the local review of A&E Liaison.

3.9.5 Messages from Halton Overview and Scrutiny committee

We are concerned for the dignity of patients with mental health problems and the recognition that social inclusion is one of the most important factors in healing.

- Active promotion of the Recovery Model in mental health and evidence of how effective this is.
- Role of carers needs promoting.

3.9.6 Messages from Council of Members

- Need to look at complaints – especially in the minority groups in the Trust.
- Agree proposal to identify a key harm reduction measure for each client group and to report on progress to the Council throughout 2011-12.
- The Council will work to identify the Priorities for 2012-13 through its work plan.

3.10 Benchmarking against other organisations

Where possible the Trust engages in benchmarking with similar organisations. Examples of this include:

- Trust membership of the North West Performance Benchmarking group (which has provided comparative data for performance reporting throughout 2010-11).
- Trust membership of the national Audit Commission Mental Health benchmarking group.
- The 'reducing harm' Trust Priority for 2010-11 and 2011-12 uses benchmarking data from the National Patient Safety Agency (NPSA) to provide

baselines and definitions of harm.

- The incident reporting quality measure and thresholds are based on NPSA benchmark data.
- The Trust has improved its position as a high reporter of incidents in the past year in comparison with other Mental Health Trusts (NPSA benchmark data).
- The data provided from the National Patient Survey (Appendix 2) is benchmarked against the top 20% NHS Mental Health Trusts and the bottom 20% of NHS Mental Health Trusts to provide context and comparisons for staff and service users.

Appendices

4.1 Appendix 1 Supporting Statements

4.1.1 Commissioner Statements

NHS Knowsley - Lead commissioner (4 Borough Alliance)

Addressed to: Director of Operations, Standards and Nursing
5 Boroughs Partnership Foundation Trust
Hollins Park, Hollins Lane
Warrington, WA2 8WA

Dear Ray,

Re: Quality Accounts

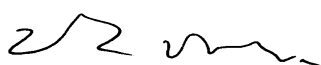
In reflection on the year 2010/11, I believe the Trust's quality management processes have continued to evolve positively both in the measures developed and utilised and in the transparency of the monitoring process.

Quality management receives strategic leadership and reports are routinely submitted to the board. External scrutiny is delivered by a quarterly quality review group chaired by the Network Director for Mental Health, NHS Knowsley. This group has reviewed a number of quality measures and has undertaken a deep dive into learning disability services and CAMHS services during 2010/11. The consistent pattern evident is of an organisation that has quality management at its core.

During 2010/11 the Trust agreed a number of quality improvement measures, known as CQUINs which generated a payment for achievement. This is the second year of such an arrangement. These measures cover a range of topics and are challenging. The Trust has maintained an appetite to deliver such challenging quality improvement measures and sustain them. Such a success is the Accreditation of all inpatient areas through the AIMS programme, an externally evaluated quality enhancement process. The Trust achieved all measures bar one relating to Access, but has agreed a wider programme of change to deliver these outcomes in 2011/12.

Commissioners intend to work with the Trust in 2011/12 to support it further in its attempts to drive quality up further. Commissioners remain vigilant on quality and governance issues and will continue to monitor these areas closely.

Yours sincerely,



Colin Vose, Network Director
Mental Health, 4 Borough Alliance

The above response from NHS Knowsley was also agreed by Ashton Wigan and Leigh PCT

Mr J Marshall
Assistant Director Priority Services
Ashton Wigan and Leigh Primary Care Trust

4.1.2 Overview and Scrutiny Committees

Halton Overview and Scrutiny Committee

- We are concerned for the dignity of patients with mental health problems and would expect there to be something in the report to show how patients are helped back into the community. Social inclusion is one of the most important factors in healing.
- Active promotion of the Recovery Model in mental health and evidence of how effective this is.
- Role of carers.
- Relationships with partners.
- Anything around social inclusion and equalities.

Warrington Overview & Scrutiny Committee

Health and Wellbeing Overview and Scrutiny Committee's response to a request from 5 Boroughs Partnership NHS Trust for a written statement which is to be included in the publication of the 5 Boroughs Partnership NHS Foundation Trusts Quality Accounts 2010-2011

Due to the nature of the request and the timescales involved which unfortunately did not coincide with the Council's Civic Year it has not been possible to submit the accounts to a formal Health and Wellbeing Overview and Scrutiny Committee meeting. However the accounts were reviewed by the Chairman of the Committee who felt that she did not have a wide enough understanding or appreciation of the content of the submission to enable her to make a valid statement at this time.

Learning from the pressures of the timing in 2010/11 we will be working with the 5 Boroughs Partnership NHS Foundation Trust to discuss 2011/12 priorities and progress throughout the year.

Helen Stanley
Overview & Scrutiny Officer
Assistant Chief Executive's Directorate
Democratic and Member Services
Warrington Borough Council

4.1.3 LINKs Organisations

Halton LINKs

Statement to be submitted June 2011.

Knowsley LINKs

From: Paul Mavers

Sent: 12 May 2011 14:48

To: Dave Thompson

Subject: Quality Account

Hi Dave,

Just further to the meeting yesterday, on behalf of Knowsley LINK can I thank 5 Boroughs for inviting Knowsley LINK to comment on this year's Quality Account. For this year the Knowsley LINK Core Group has chosen to comment on the Quality Accounts for Knowsley Integrated Provider Services, St Helens and Knowsley Hospitals Trust, Aintree Hospitals Trust and Liverpool Women's. We are taking a different approach to the commentaries and asking the Trust to provide a formal presentation to LINK members and drawing from the work we have completed with the trusts to form the basis of the commentaries.

We have two staff members who are representing Knowsley LINK on mental health involvement and they have taken copies of the 5 Boroughs Partnership and Mersey Care accounts to help them in their involvement activities for the future.

Thanks again for the meeting yesterday. Again a good opportunity for Knowsley LINK to get involved.

Best Wishes

Paul Mavers

Knowsley LINK Support

Nutgrove Villa

1 Griffiths Road

Huyton

Knowsley

Tel: 0151 489 1222 ext: 602

St Helens LINK (using response format - NHS North West)

Is there a Chief Executive Statement?

Yes and a Chairman's statement (as per Quality Accounts guidance). They are provided in context and include how service user's views have been involved in shaping the Trust Priorities. St Helens LINK have inputted to shaping the Trust's Priorities.

St Helens LINK has been advised the Trust is limited to three priorities for 2011-12 but feel that recovery should be highlighted as a Priority (included as an objective in the national Mental Health Strategy and the Trust states it is a 'recovery promoting Trust').

Does it contain Priorities for Quality Improvement and state why they have been chosen?

Yes (in Appendix 1). A Priority to 'increase physical health in-put to care plans' does not necessarily mean that there will be an improvement in physical health – (e.g. obesity) perhaps before and after measures might be more useful and have more impact?

The Priority to 'have a meaningful suite of patient experience measures' is supported but publishing on the Trust internet is a minimum and that other formats should be considered. The measures chosen should, if possible, be considered against other comparable measures.

Do the Quality Indicators chosen represent quality across all services provided?

With regard to HONOS the philosophy could be more focussed on how much better service users actually feel. Current performance is 77% of users having a HONOS score in the last 12 months, so it is embedded, but we recognise that other recovery orientated measures are available and being piloted in the Trust.

Complaints – cover all services provided but definitions could be improved. The Trust could report on informal complaints that have been resolved quickly, providing a positive angle on complaints handling and be more meaningful. Patient Opinion is a source for gaining independent patient experiences.

Definitions around the indicator for carer's assessments could also be improved to include number of carers assessment offered as well as completed.

Does the Quality Account contain evidence of Improvement?

The improvement in research participation is noted. We wish to know how service users were involved in formulating research questions, our service user on the research group was involved in a later sign-off stage of a research bid.

The Trust Leadership development programme is encouraging but how will this impact upon user and carer outcomes?

Accountability and Assurance

Pleased to see that exit questionnaires are being extended to community settings, however there is concern that staff could choose which 10% of discharged patients to issue the questionnaire to. The sampling system is not explained.

Warrington LINKs

Warrington LINK Quality Accounts Statement 2011 for 5 Boroughs Partnership NHS Foundation Trust

Patient Experience

5 Boroughs Partnership NHS Foundation Trust have an effective open working relationship with the Warrington LINK, inviting them to attend bi-monthly Patient and Public Involvement Meetings, where the LINK can share their work and also hear what the Trust has been doing regarding involving the public.

At these meetings the Trust share stories from Patient Opinion and results from Patient Surveys that the Trust carries out regularly. LINK staff and members are also invited to attend the monthly Joint Service User and Carer Forum and have also been invited to attend the newly formed Learning Disabilities Forum and Later in Life Forum.

The Trust has also organised six monthly meetings for the five LINK Host Organisations to meet and discuss how they can work more effectively with the Trust. Staff from the Trust have also attended and presented at LINK events and meetings, including presenting the Trust's Discharge Pack, where LINK members suggested improvements which were made.

Any comments that are received regarding the Trust are sent monthly and responded to by the Trust.

Wigan LINKs

Addressed to: 5 Boroughs Partnership NHS Foundation Trust
Hollins Park House, Hollins Lane
Winwick
Warrington, WA2 8WA

Dear Sue,

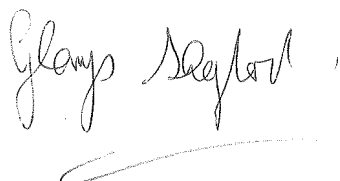
Subject: Quality Accounts

Thank you for requesting some feedback from Health and Care Together to support the 5 Boroughs Partnership NHS Foundation Trust Quality Accounts. Our commentary is as follows:

'Health and Care Together Steering Group do not feel they can comment specifically on information within the report. However, they would in future like to become more involved in the work of the 5 Boroughs Partnership NHS Foundation Trust to gain a better understanding of the work. They are particularly interested in the support during recovery that will be available to people experiencing mental health problems in light of cuts to services. They are in support of the proposed work in relation to falls and would like this to include a review of the information given to patients in relation to the drugs they take and their side effects. We look forward to working more closely with the Trust over the next year'.

We also look forward to receiving a copy of the Quality Accounts when they are published.

Yours Sincerely



Glenys Shepherd
Chair of Health and Care Together

4.1.4 Council of Members


Statement on behalf of the Council of Members on the Trusts draft Quality Accounts

The Council of Members has been involved in the production of the Trust's Quality Report/Accounts 2010-11 in different ways throughout the year:

- The Compliance with Authorisation Committee, a sub committee of the Council of Members, has received regular updates on the Quality Report/Accounts and the progress being made to achieve the Trust priorities.
- The Council of Members has been influential in setting the priorities for 2011-12 and will continue to monitor progress through the Compliance with Authorisation Committee.
- More recently, Council Members have identified specific measures to be audited as part of the Monitor assurance process to test the robustness of the data reporting and the data analysis for the 2010-11 priorities.

The Council of Members feel that these processes and the results of internal audit throughout the year help provide assurance that the data presented in the Quality Report/Accounts 2010-11 is accurate and representative of the Trusts position.

The Council of Members is committed to improving quality across the organisation and to be engaged in the 2011-12 quality and safety agenda as set out in the Trust's Quality Report/Accounts.

Signed: 

Alan Griffiths
Chair of Compliance with Authorisation Committee/Council Member

Date: 11 May 2011

4.1.5 Clinical Governance and Clinical Risk Committee

The Clinical Governance and Clinical Risk Committee assures the Trust Board that appropriate structures, systems and processes are embedded in the organisation to manage patient safety and clinical risk and ensure that services are continuously improving.

During 2010-11 systems have developed to ensure closer scrutiny of key quality measures and this includes the evidence base for continued compliance with the Care Quality Commission Essential Standards for Quality and Safety.

This enables the Committee to inform the Trust Board of any lapses and ensuring appropriate actions are taken to address any deviation from accepted standards. The committee receives a regular Patient Safety Dashboard which displays integrated patient safety data for scrutiny and challenge at each meeting.

The Non-Executive Chair of the Clinical Governance and Clinical Risk Committee reports to each Audit Committee meeting regarding the ongoing management of risk across the whole organisation. This arrangement has ensured links between Clinical Governance and Clinical Risk and the Audit Committee have strengthened in the last year.

Dr Colin Dale

Non-Executive Chair of the Clinical Governance and Clinical Risk Committee

17 May, 2011

4.2 Appendix 2 National Patient Survey Results 2010

Each year since 2004, all NHS Trusts providing Mental Health Services have taken part in the Care Quality Commission National Patient Survey, which is designed to gather information about Service User experiences and assess how Trusts are performing.

850 randomly selected Service Users who had been in contact with Trust during July, August and September 2009 were contacted. 199 service users from the Trust responded to the survey.

The findings of the survey are reported in two ways. The 'Standardised' version shows the Trust rated as about the same in all questions except one which was

rated as 'better'. Does your care plan set out your goals?

In addition to the 'Standardised' results there is a set of 'Benchmarked' results which identifies scores for each question and if the Trust is in the top 20 per cent, middle 60 per cent or bottom 20 per cent when compared to other Trusts.

Using the Benchmarking approach the Trust has five scores in the bottom 20 per cent and nine in the top 20 per cent, (Fig 1) refers.




There are significant variations in the results from our own community survey to that of the National Patient Survey (Fig 2). Work will be undertaken during 2011-2012 to develop an understanding of the wide range of difference.




Fig 1. Top and Bottom 20 per cent responses to the National Patient Survey

Question - Red	5BP score	Threshold for lowest scoring 20%
1 Were you given information about the medication in a way that was easy to understand?	64	65
2 If you had any talking therapy from NHS Mental Health Services in the last 12 months, did you find it helpful?	63	63
3 Do you know who your Care Co-ordinator (or lead professional) is?	76	79
4 Do the Mental Health Services you receive help you to achieve these goals?	67	67
5 In the last 12 months have you had a care review meeting to discuss your care plan?	65	66

Question - Green	5BP score	Threshold for highest scoring 20%
1 Do you think your views were taken into account in deciding which medicines to take?	75	75
2 In the last 12 months, did the provision of talking therapies meet your requirements?	84	84
3 Does your care plan set out your goals?	69	65
4 Does your care plan cover what you should do if you have a crisis (e.g. if you may need to be admitted to a mental health ward)?	67	67
5 Were you told that you could bring a friend, relative or advocate to your care review meetings?	83	83
6 Before the review meeting, were you given a chance to talk to your care co-ordinator about what would happen?	80	80
7 Did Mental Health Services give you enough support with your care responsibilities?	56	56
8 Have Mental Health Services involved a member of your family or someone else close to you, as much as you would like?	69	69

Fig 2. The results from the Trust's Patient Experience Survey in July 2010 compared to most similar question from the 2010 National Patient Survey

Trust Patient Experience Survey (Community Mental Health Teams) Questions	National Patient Survey 2010 Questions	National Patient Survey 2010 Results	Trust Survey Per Cent of Good and Excellent
1 Dignity and Respect In relation to dignity and respect, how would you rate the care and treatment you receive from our staff?	Did this person treat you with respect and dignity?	93%	94.7% 
3 Your Care Plan. How do you rate the level of involvement you have in the development of your care plan?	Do you think your views were taken into account when deciding what was in your care plan?	72.5%	82.1% 
4 Care and Treatment How well do you feel our staff deliver what is contained in your care plan?	Do the mental health services you receive help you to achieve these goals?	67.1%	85% 
5 Medication How would you rate the information you have been given by our staff about your medication?	Were you given information about the medication in a way that was easy to understand?	64.2%	81.1% 

Trust Patient Experience Survey (Community Mental Health Teams) Questions	National Patient Survey 2010 Questions	National Patient Survey 2010 Results	Trust Survey Per Cent of Good and Excellent
6 Staff. How would you describe the amount of time you were given to discuss your condition and treatment with the staff?	Were you given enough time to discuss your condition and treatment?	83.5%	81% 
7 Crisis. Have you been given a telephone number in mental health services to contact in an emergency?	Do you have the number of someone from your local NHS Mental Health Service that you can phone out of office hours?	60.9%	85% 
10 Overall. Overall, how would you rate the care and support you receive from our staff?	Overall, how would you rate the care you have received from Mental Health Services in the last 12 months?	70.4%	92.7% 

4.3 Appendix 3

Trust Patient Experience Survey

In an attempt to gain a real-time understanding of service users experiences of services we operate an internal Patient Experience Survey. Service users are asked to complete questionnaires as they are discharged from the ward and a percentage of service users are offered the questionnaires in community settings. During the past three months response rates from the in-patient surveys have averaged 68 per cent and monthly averages of 366 community surveys have been received.

The results, which are produced monthly for the Trust Performance

Report are presented by trust-wide in-patient, trust-wide community and by business stream (Adults, Older People, Learning Disability, Forensics and Young People) and by individual ward and team.

An easy-read version has been developed for use in Learning Disability services and carers/families are invited to support the survey in older persons services.

Questions relating to Dignity and Respect and Safety were identified as Trust priorities in the 2010-11 Quality Accounts.

Experience:
Trust Service User Experience Survey.

All in patient service users will be offered an exit questionnaire to complete

The questionnaire will cover safety and dignity

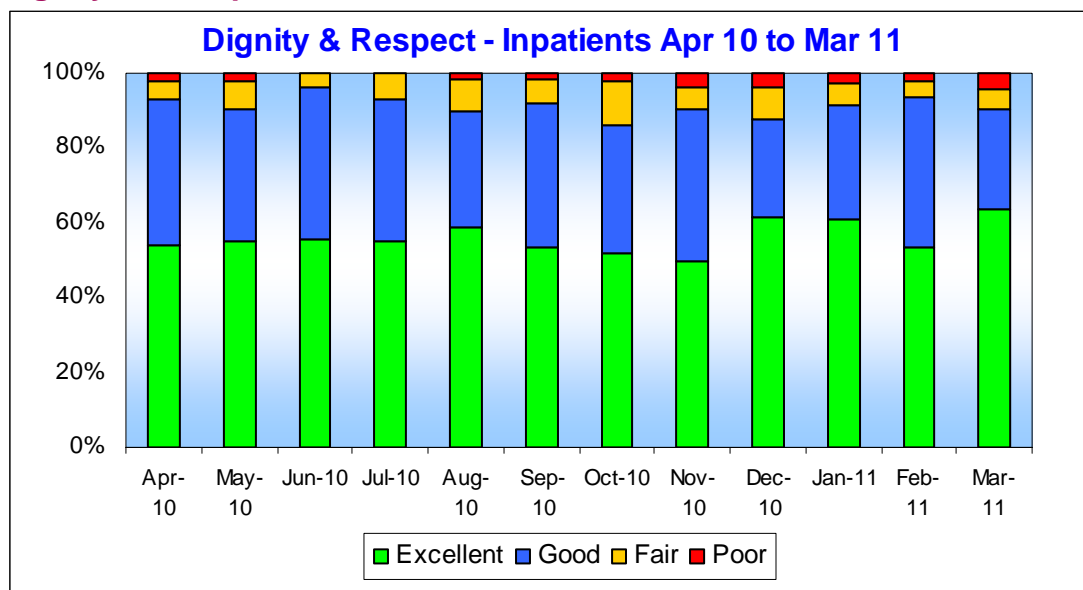
A sample of in excess of 100 service users drawn from community services will be collected each month

All service users are offered an exit questionnaire prior to discharge from an in-patient ward.

The questionnaire includes questions relating to safety and dignity. See charts below.

Community teams now provide a copy of the questionnaire to approximately 10% of their caseload each month. During August 2010 to January 2011 a monthly average of 366 community surveys were received.

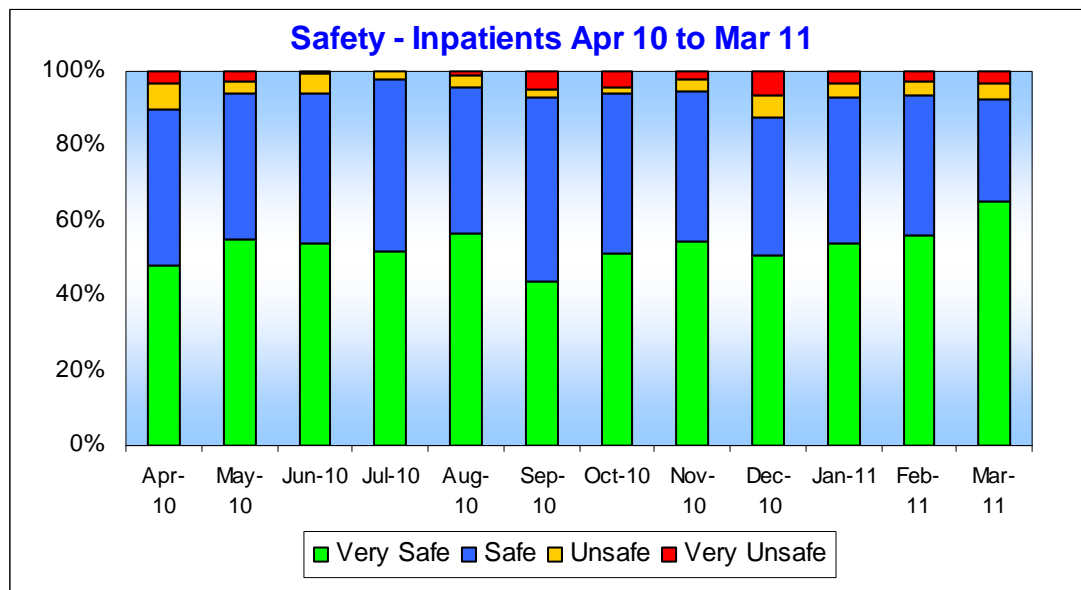
Dignity and respect



This graph contains the response rates for question two of the Trust's inpatient questionnaire: 'In relation to dignity and respect, how would you rate the care and treatment

you received from our staff throughout your stay?' It shows a consistently high satisfaction rate was received during April 2010 to March 2011.

Safety



This graph contains the response rates for question ten of the Trust's inpatient questionnaire - How safe do you feel on your Ward?

It shows a consistently high satisfaction rate was received during April 2010 to March 2011.

Moving forward with the Trust Patient Experience Survey

- Develop an understanding of the reason why the Trust Patient Experience Survey results are more positive than those received from the National Patient Survey.
- Expand involvement and experience opportunities for service users from the Trust Forensic Services.
- Develop a reporting system to analyse patient experience data.
- Develop further actions to target areas relating to the questions receiving the highest number of "poor and fair" responses in the Trust Patient Experience Surveys.

4.2 Appendix 4

Directors' Statement of Responsibility

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare a Quality Report/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 2010-11;
- 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 2010 to June 2011.
 - Papers relating to Quality reported to the Board over the period April 2010 to June 2011.
 - Feedback from the commissioners dated 4 and 9 May 2011.
 - Feedback from governors dated 11 May 2011.
 - Feedback from LINKs dated:

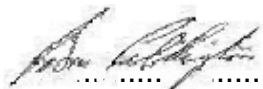
Knowsley LINKs	12 May 2011
St Helens LINKs	9 May 2011
Warrington LINKs	6 May 2011
Wigan LINKs	6 May 2011
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2011.
 - The Mental Health Acute In-patient Service Users Survey 2009.
 - Survey of people who use Community and Mental Health Services 2010.
 - The National NHS Staff Survey 2010.
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2011.
 - CQC quality and risk profiles dated:

Release 1	22/09/2010
Release 2	21/10/2010
Release 3	18/11/2010
Release 4	16/12/2010
Release 5	17/02/2011
Release 6	16/03/2011
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;

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

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

By order of the Board

 Date... 31/05/2011

Chairman

 Date... 31/05/2011

Chief Executive

4.5 Appendix 5 Monitor External Assurance statement

External assurance on the content of the Quality Report to ensure it is in line with Monitor's requirements and is consistent with other information

Limited assurance report on the content of the Trust's quality report

Independent Assurance Report to the Council of Members of 5 Boroughs Partnership NHS Foundation Trust on the Annual Quality Report

I have been engaged by the Council of Members of 5 Boroughs Partnership NHS Foundation Trust to perform an independent assurance engagement in respect of the content of 5 Boroughs Partnership NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

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 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially inconsistent with:

- Board minutes for the period April 2010 to June 2011;
- papers relating to quality reported to the Board over the period April 2010 to June 2011;
- feedback from the Commissioners dated 4 and 19 May 2011;
- feedback from the governors dated 11 May 2011;
- feedback from LINKs dated May 2011;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS complaints Regulations 2009, dated April 2011;
- the mental health acute in-patient service users survey 2009;
- survey of people who use community and mental health services 2010
- the national NHS staff survey 2010;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2011; and

- Care Quality Commission quality and risk profiles dated September 2010, October 2010, November 2010, December 2010, February 2011 and March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Members of 5 Boroughs Partnership NHS Foundation Trust as a body, to assist the Council of Members in reporting 5 Boroughs Partnership NHS Foundation Trust's quality agenda, performance and activities.

I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Members to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Members as a body and 5 Boroughs Partnership NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I 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'). My limited assurance procedures included:

- making enquiries of management;
- 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 less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.

Julian Farmer
Officer of the Audit Commission
Audit Commission
2nd Floor, Aspinall House
Aspinall Close
Middlebrook
Horwich
Bolton
BL6 6QQ

31 May 2011

4.6 Appendix 6 Performance against CQUIN targets 2010-11

Aim	Measure	Year End Position
EXPERIENCE		
To improve Service User experience when under the care of mental health services resulting in more effective, safe care, and high quality Service User experience.	1. All in patient service users will be offered an exit questionnaire to complete.	We have achieved all of these measures
	2. The exit questionnaire will as a minimum cover issues of Safety and Privacy and Dignity	
	3. The data will be collected monthly	
	4. A sample of in excess of 100 service users drawn from CMHTs, and EI services and AOT will be collected each month	
SAFETY AND EXPERIENCE		
To ensure patients are followed up within 3 days rather than the current 7 days	Follow up patients discharged from MH in patient services within 3 days (72 hours) of discharge. All patients discharged from psychiatric in patient care, (excluding secure services) within 3 days of discharge.	Achieved for quarters 1,2 & 4
QUALITY		
Measure of adult and older people inpatient services against national standards	Inpatient wards including PICU and Learning Disabilities (but excluding Fairhaven and secure services), open as at the 1st of April 2010 and expected to be open at the 31st March 2011 will be accredited and/or maintain accreditation through the AIMS programme (Royal College of Psychiatrists) by the end of the financial year. Any ward opened after that date will register and apply for accreditation in this financial year.	One ward awaiting final confirmation of accreditation as at 31st March 2011
ACCESS		
MH Access & advice services- response times	The Trust will record the date and time of referral and the date and time that a Mental Health Act Assessment has been completed under the MHA	Achieved for the year as a whole
	Excluded are the following: Referred direct or via GP to a more appropriate service Referred to Doctor for review of Medication Failed to attend despite two attempts to contact the person - we would then refer back to the GP Referrals come in and lack information and are returned to the GP these should not be included until the form is completed and appropriate (we will also need to exclude from the 5 day target those referrals who do not have a telephone contact number on their referral)	Response times have improved and are continuing to improve across all areas. Monthly snapshot as at March showed 69.2% of patients were seen within 10 days

Aim	Measure	Year End Position
EFFECTIVENESS AND EXPERIENCE		
People with LD who has a mental health difficulties to be able to access services and be treated to the same standard as anyone else	Action plan in place in each business stream enabling people with LD who has a mental health difficulties to be able to access services and be treated to the same standard as anyone else	Achieved for the year as a whole
EFFECTIVENESS, QUALITY AND EXPERIENCE		
Improve care and experience of secondary care users with dementia and psychosis	The indicator seeks to ensure that MH/LD provider trusts are collecting and reporting information in line with the two separate MH/ LD work streams for Advancing Quality (AQ). The measures and metrics will relate to the work streams for dementia and psychosis	Achieved for the year as a whole
EFFECTIVENESS		
Outcome measurement in secure services	Medium and low secure providers will use HONOS secure and HCR 20	Achieved for the year as a whole
PATIENT EXPERIENCE		
Ward Climate	Medium and low secure providers will use the Essen Climate evaluation scale	Achieved for the year as a whole
PATIENT EXPERIENCE		
Initiatives developed from patient views	To improve service user experience and promote engagement with service users	Achieved for the year as a whole
EFFECTIVENESS		
Ensuring therapeutic activity is taking place	<p>Medium and low Secure Providers will meet the Quality Standard A81 – Best Practice Guidance for Medium Secure Units- DH Health Offender Partnerships 2007:</p> <ul style="list-style-type: none"> • week and day routine; • range of therapy programmes including occupational therapy; • psychological sessions; • structured activity programmes; • structured leisure time; • unstructured free time; • access to real opportunities to work; • substance misuse and offence-related therapy 	Achieved for the year as a whole
EFFECTIVENESS		
Recovery Planning	Low and medium secure providers will implement a recognised tool for Recovery planning. E.g, Recovery Star, WRAP, DREAM. Once implemented every patient should be offered the opportunity to complete a recovery plan	Achieved for the year as a whole

4.7 Appendix 7 Advancing Quality Programme

Aim	Improve care and experience of secondary care users with dementia and psychosis.
Descriptor	The indicator seeks to ensure that MH/LD provider trusts are collecting and reporting information in line with the two separate MH/LD work streams for Advancing Quality (AQ). The measures and metrics will relate to the work streams for dementia and psychosis.
Trust Overview	<p>The Trust has fully adopted the Advancing Quality agenda both within Adult Early Intervention Services and Older People's In-patient areas. All meetings with the AQ team have been attended and the Trust has fully participated in the development of both the indicators and the reporting system (Clarity). This has then been cascaded through the Adults and Older Peoples Business meetings to gain operational "buy-in".</p> <p>Operational staff and the Trust AQ lead meet on a monthly basis to discuss changes to data collections and the impact within Operational Services. All data for both work streams is collected on a monthly basis ready for submission to the AQ system once available. This will then allow us to benchmark ourselves against other local Trusts.</p>
Dementia Overview	A full training program has taken place with regard to the assessments required at both Admission and Discharge for Older Adults. All ward staff attended the training and now complete the assessments as required. This data is then collected and aggregated by the Performance Team ready for submission to the AQ system.
Psychosis Overview	All Early Intervention Team Managers attended the initial AQ meetings to discuss the development of the Psychosis collection. This was then cascaded to teams through team meetings. Full support through the process has been given by the Performance Team via attending Team meetings. As per AQ guidelines, the Trust internal data collections have been amended to collect the AQ data ready for submission to the AO system.

4.8 Appendix 8 Compliments and Complaints Report 2010-11 (Compliant with regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009)

We aim to make sure that we offer the right care, delivered to the highest standard. However, there will be circumstances when a service user or a member of their family may feel that their expectations have not been met. We are committed to doing everything possible to resolve concerns and complaints raised with us. The Complaints and PALS teams are working closely together to ensure that concerns and complaint issues are captured and resolved at the earliest opportunity, and that the complainant's views are sought at all stages as part of the resolution process.

All complaints we receive are dealt with through our Complaints and Concerns Policy and in line with current NHS complaint regulations.

During the period 1 April, 2010 to 31 March, 2011:

- We received 277 compliments.
- We received 180 complaints.
- We closed 182 complaints. Of these:
 - 169 (92.9% of complaints received) were closed within

a time scale agreed with the complainant

- 13 (7.1%) were closed outside of this agreed timescale.
- Of the 182 closed complaints:
 - 98 (53.8% of all complaints closed) were not upheld,
 - 41 (22.5% of all complaints closed) had some but not all issues upheld,
 - 31 (17% of all complaints closed) had all issues upheld (well founded).
- We were informed of two complaints that were referred to the Parliamentary and Health Service Ombudsman, and in both cases, the Ombudsman declined to investigate the complaints further.
- Breakdown of themes of complaints received (top 5):
 - Treatment issues (26%)
 - Staff attitude (22%)
 - Communication (24.4%)
 - Records issues (5.6%)
 - Waiting times for appointments/ access to services (5.6%)
- We received 13 MP enquiries
- We dealt with 46 concerns

5 Boroughs Partnership NHS Foundation Trust

Appendix 2

2010 - 2011

Statement of the Chief Executive's responsibilities as the Accounting Officer of 5 Boroughs 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 Accounting Officers, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed 5 Boroughs Partnership NHS Foundation Trust to prepare to each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of 5 Boroughs Partnership NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

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

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed and disclose and explain any material departures in the financial statements;
- 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 to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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



Simon Barber
Chief Executive
24 May 2011

Independent Auditor's Report to the Council of Governors of 5 Boroughs Partnership NHS Foundation Trust

I have audited the financial statements of 5 Boroughs Partnership NHS Foundation Trust for the year ended 31 March 2011 under the National Health Service Act 2006.

The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes.

These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

I have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers [and related narrative notes] on page 174; and
- the table of pension benefits of senior managers [and related narrative notes] on page 175.

This report is made solely to the Council of Governors of 5 Boroughs Partnership NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006.

My audit work has been undertaken so that I might state to the Board of Governors those matters I am required to state to it

in an auditor's report and for no other purpose.

To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. I read all the information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of 5 Boroughs Partnership NHS Foundation Trust's affairs as at 31 March 2011 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as

- being relevant to NHS Foundation Trusts; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the Annual Governance Statement on which I report to you if, in my opinion the Annual Governance Statement does not reflect compliance with Monitor's requirements.

Certificate

I certify that I have completed the audit of the accounts of 5 Boroughs Partnership NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.

Julian Farmer
Officer of the Audit Commission
Audit Commission

2nd Floor, Aspinall House
Aspinall Close
Middlebrook
Horwich
Bolton
BL6 6QQ

27 May 2011

Annual Governance Statement 2010

1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of 5 Boroughs Partnership NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

2. The purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 5 Boroughs 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

5 Boroughs Partnership NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk Leadership

As the Accounting Officer and Chief Executive of the Trust I take lead responsibility and accept accountability for ensuring that a sound system of internal control and a robust assurance framework is in place. The organisational management structure illustrates the Trust's commitment to effective governance including risk management processes.

I have delegated responsibility for the co-ordination of risk management to the Director of Nursing, Governance and Performance, he is supported by the Director of Operations, Director of Finance, Director of Human Resources and Organisational Development, Commercial Director and the Medical Director who are responsible for overseeing risk management activities within their individual areas of responsibility.

The Risk Management Strategy and Risk Management Policy clearly define the governance and risk management structures across the Trust and devolvement within each Trust Directorate.

The breadth and depth of experience in the Trust Board is clearly reflected in the way important decisions are developed, challenged and achieved. Strategic

planning and decision-making is carried out by the full Trust Board without compromising the required independence and challenge of the Non-Executive Directors as appropriate.

The Commercial Director is responsible for leading strategy within the Trust taking account of external and internal influences including national strategy, local needs and the Trust's competitors' plans.

Risk management accountability

The Trust Risk Management Strategy sets out the overall aims and objectives for Risk Management that are delivered through an annual work plan set against each of the objectives. The Risk Management Strategy is supported by the Risk Management Policy which describes a clear structured and systematic approach to the management of risk across the organisational, financial and clinical activities.

The Risk Management Policy sets out both the collective responsibilities of the Trust Board and its Committees and individual responsibility of the Chief Executive, Directors and all levels of staff across the Trust.

The Trust Audit Committee seeks assurance that the risk management process is comprehensive, effective, complies with regulatory requirements and is fit for purpose by taking independent objective advice through the appointment of internal auditors and approves the Annual Governance Statement.

Staff education and development Induction

The principles of risk management are included as part of the mandatory corporate induction that covers an introduction to a wide range of topics including subjects such as risk, governance, health and safety, fire awareness, handling complaints, equality and diversity, safeguarding children, patient and public involvement and human resource issues for all staff.

Induction is extended for clinical staff to include clinical skills such as Basic Life Support and Breakaway Techniques. Also included is training on the electronic care records system and the Care Planning Approach (CPA) process. The Trust Training Needs Analysis identifies additional risk-based training is available to staff as appropriate to their duties.

Statutory, Core and Developmental Training

This is available for all staff groups within the training programmes as stated within the Trust's training policy. Compliance with specific mandatory training has been monitored in a number of areas including infection control.

In addition to the statutory and core training schedule, staff are further developed based on the outcomes of their Performance and Development Review leading to the development of a Personal Development Plan.

Incident management

Incident reporting and learning from experience is an essential part of effective risk management.

Training on the management of Serious Untoward Incidents and the use of root cause analysis has continued to support robust review of incidents and learning.

The Incident Management Policy provides a framework to facilitate in-depth analysis of and learning from events. Step-by-step guidance outlining what to do following an incident (including immediate incident management), how to report the incident and once reported how this is taken forward within the Trust is clearly described.

Analysis of Serious Untoward Incidents, complaints and claims takes place at the well established weekly Incidents, Complaints, Claims Accountability meeting. All Serious Untoward Incident reviews and high level complaint reviews are reviewed at the Patient Safety Panel meeting which is held monthly. This allows for challenge and scrutiny and for corporate level and Business Stream ownership of action plans. The Patient Safety Panel is Chaired by the Director of Nursing, Governance and Performance and has PCT commissioner and service user and carer membership.

In February 2011 Mersey Internal Audit Agency (MIAA) completed an audit of the revised Incident Management Policy, Reporting and Recording of Incidents Procedure and the Incident Investigation Procedure. The audit focused on

the revised policy in line with new National Patient Safety Agency (NPSA) requirements and the implementation, the outcome of the audit being 'significant assurance'.

Mersey Internal Audit Agency reviewed Incident Management in February 2011 and declared an outcome of Significant Assurance

Policy and guidance

A range of policies, procedures and guidance is available to staff in electronic format on the intranet that all staff have access to. This assists them in managing risk. The review and ratification process ensures that all policies go through a process of engagement and consultation with staff, and undergo impact assessment in relation to training, equality, diversity and human rights, safeguarding, and NHS Litigation Authority requirements. Appropriate training and development is in place for those policies that require it, and this is part of the policy assurance checklist reviewed before all policies are ratified. Staffside also have an opportunity to comment.

Mersey Internal Audit Agency reviewed the Policy process in February 2011 and declared an outcome of Significant Assurance

Quality and safety learning

The Trust is proud to be a learning organisation and is continually striving to improve. The Trust has a range of mechanisms in place to

ensure the timely and effective communication of lessons learned and changes made to improve practice and systems of internal control.

To ensure quality and safety learning is co-coordinated across the different parts of the Trust, we have developed our Patient Safety Framework which consists of:

- Patient Safety Panel (challenge meetings around Serious Untoward Incident reports)
- Patient Safety Dashboard (all safety incident reporting in one report)
- Executive level walkabouts to visit clinical services
- Thematic review using the Safer Mental Health Checklist
- Clinical Quality Dashboard to feedback key data to frontline staff.

A series of briefings, alerts and newsletters that aim to ensure learning is shared are distributed throughout the Trust regularly. This includes Medicines and Healthcare Products Regulatory Agency (MHRA) alerts within the Central Alert System (CAS) system. Learning is further shared in the form of annual conferences such as the Service User and Carer Involvement Event, Service User Physical Health and Well-Being Conference and the Trust's Patient Safety Conference.

4. The risk and control framework

Risk Management Strategy

The overall aim of the Risk Management Strategy is to ensure that high quality healthcare

services are delivered with the safety, health and well-being of services users, carers and staff at the forefront of everything we do and to provide assurance through clear reporting structures that the Risk Management system across the Trust is embedded and effective.

The Trust is committed to ensuring the safety of service users, staff and the public through an integrated approach to managing risk, whether financial, organisational or clinical, within systems that are open and transparent and demonstrate sound governance.

The Risk Management Strategy is approved by the Trust Management Team annually and is supported by the Risk Management Policy and Incident Management Policy which set out the framework and methodology for effective risk and incident management across the Trust.

The Risk Management Strategy is linked and supports other Trust Strategies specifically, Falls Prevention Strategy, Lessons Learned Strategy, Safeguarding Children Strategy and the Learning and Development Strategy.

Risk management process

In pursuit of implementing effective risk management the Trust Risk Management Policy has adopted the overarching process for managing all risk within a single framework. The Risk Management Policy details the framework for identification, evaluation, analysis, treatment, control, monitoring and

review of risks within a single Trust Wide Risk Register.

The risk management process begins with the identification of risks throughout the Trust. Risks are identified through a number of sources, including risk assessment, audit, incidents, complaints, safety alerts, external reviews and inspection emerging financial and environmental risks and compliance with statutory and regulatory requirements.

Risks are evaluated and prioritised using a qualitative approach where the risk levels (Consequence and Likelihood) are estimated. This provides an estimate of where the most serious overall risks lie, and assists both the evaluation and prioritisation of risks within the management-decision making process.

The Risk Management Policy clearly describes the process for authority to manage risk within the Trust with low level risk being managed locally and high level risk escalated to the Trust Management Team and reported to the Trust Board. The Trust Board receives bi-monthly reports on the current status and management of all risks within the Trust. Directors attending the Trust Operational Performance Team meetings review high level risks monthly and in further detail at the Clinical Governance and Clinical Risk Committee, which is a sub Committee of the Trust Board.

Risk movement and control is monitored monthly at the Trust Operational Performance Management Meetings, where accountabilities for risk control, and

risk movement are discussed. The operational groups for managing risk are the Trust Management Team (Quality) and the Corporate Quality, Performance & Risk Forum, which receives a monthly Safety and Quality Metrics Report.

The Trust accepts that risk cannot be completely eliminated but that it can be managed and minimised. The Trust's risk appetite is to accept a level of acceptable or tolerable risk and defines this as a risk unlikely to lead to or cause injury, illness or damage or only minimal disruption to the service we provide.

Information governance risk management

The management of Information Governance has significant profile across the Trust. Information Governance requires strong governance and risk management processes to ensure compliance with relevant legislation and NHS Codes of Practice. Integration of Information Governance risks and incidents into the Trust's Risk Management and Incident Management Policy ensures effective local and strategic management and scrutiny of risks and incidents.

In 2010 the reporting of information security incidents into the DATIX risk management system was reviewed and a bespoke reporting system was developed to ensure specific information was captured. Two new reports were developed, the Information Governance Incident Report and the Caldicott Incident Log this has enabled a more proactive approach towards Information Governance incidents

to be undertaken. In addition information security breaches are reported monthly through local and strategic aggregated incident reports. This allows a broader analysis of security incidents and a Trust-wide approach to improvement and learning.

The Trust continues to comply with the Information Governance Toolkit's requirements. Despite the Toolkit being rewritten in 2010/11 to a much more stringent standard, the Trust achieved a score of 87% (Green). The Director of Nursing, Governance and Performance continues to be the Senior Information Risk Owner and the Medical Director is the Caldicott Guardian. There have been no incidents that have had to be reported to the Information Commissioner.

Mersey Internal Audit Agency reviewed the Information Governance Toolkit submission in February 2011 and declared an outcome of Significant Assurance

Data quality

The Trust attaches a high level of importance to data quality and believes that this is a foundation for the delivery of quality care, good patient experience, the delivery of cost effective services and assists with clinical decision making.

In 2010 the Trust took the following actions to improve data quality:

- Continue to publish monthly data quality and completeness data at executive, management and operational levels via the Trust intranet.

- Continue to publish monthly High Level Trend Reports
- Continue to publish quarterly benchmarking reports comparing Trust achievement levels against, national; regional and local Trusts.
- Continue liaison with and training for operational teams to support improvement of data quality across all services.
- Continue to liaise with Consultants and their medical teams in relation to clinical coding and the availability of discharge and clinical information.

The Trust has implemented actions following the Monitor 'dry run' exercise which looked at quality issues for data reporting against a number of Monitor targets.

Compliance with Care Quality Commission (CQC) Essential Standards of Quality and Safety

The Trust is fully compliant with CQC Essential Standards of Quality and Safety.

The Trust has in place a continual compliance cycle to provide assurance for the Essential Standards of Quality and Safety; this was approved by the Trust Management Team. Evidence of compliance against the 16 Essential Standards of Quality and Safety are reviewed and scrutinised for each of the standards as part of the agreed continual compliance cycle in place.

Compliance with the 16 Essential Standards of Quality and Safety are reported on a comparison dashboard via the Corporate

Performance Report within the Safety and Quality dataset; the dashboard shows compliance measured by the Trust along side the data issued monthly in the CQC Quality and Risk Profile.

The Clinical Governance and Clinical Risk Committee undertake a 'deep dive' review of a CQC Standard at each meeting to ensure ongoing compliance and to provide Trust Board assurance regarding our CQC declaration and our Monitor self certification statements for continued authorisation.

The Trust is fully compliant with the Essential Standards for Quality and Safety and has declared compliance with the new CQC Essential Standards for Registration.

Mersey Internal Audit Agency reviewed the systems and process in place to ensure regulatory compliance with CQC standards in February 2011 and declared an outcome of Significant Assurance

NHS Pension Scheme

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.

Carbon Reduction and Climate Change

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

The Trust has prepared a Sustainable Development Plan to set out how it will initiate a low carbon management programme to both lower its carbon emissions and improve the health of its staff, patients and the wider population it serves within the designated timeframe.

The Trust has completed an initial assessment of its carbon emissions for the base date of 2009/10 utilising data used in the Estates Return Information Collection return for 2009/10. Excluding travel and procurement the Trust's ERIC return carbon emission level has been calculated at 1283 tonnes of CO₂.

At its meeting on 27 September 2010 the Trust Board noted the existence of a Sustainable Development Management Plan, the signing up to the Good Corporate Citizenship Assessment Model, the monitoring and review of carbon and the need to raise awareness of carbon at every level of the organisation.

The Trust fulfils its obligations as a category 2 responder under the Civil Contingencies Act 2004. The Trust plays a part in the local command and control structure, working with NHS Knowsley as silver command, and NHS Liverpool as gold command. Emergency plans are produced and audited by NHS Liverpool on behalf of the Strategic Health Authority. These include Business Continuity and Major Incident Plans, and event specific plans such as Heat wave, Winter, Flood and Fuel Shortage plans.

Equality impact assessments

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

Equality Impact Assessments are routinely undertaken as part of the Trust policy ratification process. Copies of the assessments are audited by the Equality Diversity and Inclusion Unit; reports are presented to the Trust Equality Diversity & Inclusion Steering Group which is Chaired by an Executive Director

5. The Assurance Framework

The Trust regards the Assurance Framework as an essential element of the management of risk within the Trust. The Assurance Framework is integrated into the overarching risk management framework.

The Assurance Framework provides evidence to support the Annual Governance Statement and

is based on the following key elements:

- Defined Trust Objectives with clear lines of responsibility and accountability.
- Identification of risks and the potential likelihood and consequence of risks against achieving the Trust Strategic Objectives.
- Detail of controls currently managing the risks and identification of controls needed to mitigate residual risk and provide assurance.
- Clear timescales for achievement of assurance and target risk.
- Internal reporting and governance arrangements in place to monitor progress of risks.
- External sources of assurance linked to each risk.
- Identified gaps in assurance.

The Trust Board approves the Assurance Framework and receives bi-monthly reports detailing progress against risk control and assurance for the delivery of objectives.

The Leadership Forum is the accountable and responsible group for monitoring and critical review of the Assurance Framework, progress against key targets are discussed at each meeting.

The Internal Audit Plan is developed based on the risks identified in the Assurance Framework providing the Trust Board and Audit Committee with assurance on internal controls in place.

The Internal Audit Assurance Framework Opinion for 2010-11 states:

An Assurance Framework has been established which is designed and operating to meet the requirements of the SIC and provide reasonable assurance that there is an effective system of internal control to manage the principle risks identified by the organisation.

6. Involvement of public stakeholders in managing risk

Internal and external stakeholders are involved in managing risks which impact on them through their involvement in and contributions to many aspects of the work of the Trust. The Trust has a range of mechanisms in place to facilitate effective working with internal and external stakeholders to ensure effective communication.

Partner organisations

Partnership Agreements have been formally reviewed and agreed this year with Halton, St Helens, Warrington and Wigan Local Authorities. NHS Knowsley has formally signed a full partnership agreement under section 75, NHS Act 2006 that also includes the Primary Care Trust.

- The boroughs of Halton, Knowsley, St Helens and Warrington have agreed the designation of Knowsley as the coordinating health commissioner to link across all the boroughs on cross-borough service commissioning issues
- The Trust has a three-year multilateral Mental Health contract with NHS Knowsley (the coordinating commissioner) and three-year bilateral contract with NHS Ashton, Leigh and Wigan both of which are effective from the 1 April 2010. A contract variation has been signed for both of these contracts for 2011-12 to include changes to activity, finances and CQUIN.
- The Trust has a signed two month multilateral Community contract with NHS Knowsley, including NHS Halton and St Helens, for Knowsley Integrated Provider Services (KIPS). A 22 month contract is being finalised.
- Partnership Boards/Local Implementation Teams are in place and deal with the planning, commissioning, and monitoring of adult, older people, forensic, learning disability and children and younger persons' mental health services. These groups are multi-agency and include service users and carers.
- Liaison with the overview and scrutiny functions of each Local Authority in respect of the service modernisation for planning updates, our Trust application and in relation to the Trust Quality Accounts.
- Liaison and partnership work with staff and members from the five Local Involvement Networks (LINKs).

Council of Members

The Trust has in excess of 9000 members. The Council of Members is made up of members of the public and our staff and people who have been nominated by partner organisations. People who are elected to sit on the Council of Members are called Member Councillors.

Member Councillors will make sure that the views of the community are contributed when the Board of Directors develops strategies and plans for the Trust. They also make sure that the Board carries out what it has agreed to and upholds the Trust's values.

Service users

- The Trust's Joint Service User and Carer Forum meets monthly and includes "Take it to the Top" open question and answer sessions with regular access to the Executive team.
- Engagement with young service users is co-ordinated using principals developed through the National Investing in Children scheme
- Over 270 service users, carers and volunteers signed up to Trust Involvement Scheme, co-ordinating participation in over 50 business activities including staff training, recruitment of senior managers, audit, investigation and working groups, promotional events and corporate committees such as the Clinical Risk and Clinical Governance Committee.
- Participation of service users and carers with staff in Essence of Care (a framework tool that focuses on benchmarking the basics of care).

- In-house Patient Experience Survey operating across in-patient and various community services that are analysed and reported monthly via the Trust Performance Report.
- An innovative opportunity for service users and carers to comment on services and express views using a Big Brother-style video booth. Footage is shown to the Trust Board, senior managers meetings and staff training.
- Over 160 service users, carers and representatives from third sector organisations attended the Trust Service Users and Carers Annual Conferences.

Staff

Staff are integral to effective risk management across all Trust activities, in existing services we provide and in the development of new systems, processes and front line services. Staff members identify and assess risk on a daily basis and report through the Trust online risk management system DATIX. Staff are involved in the on going management of risk throughout the Trust and receive timely and effective communication of existing risks and emerging risks. There are a number of communication methods in place including:

- Safe Place to Work Group that implements and monitors staff security and safety issues.
- Health and Safety Committee.
- Participation in Business Stream Performance Meetings where risks and incidents are discussed and monitored.

- Monthly distribution of Business Stream Risk Reports and Safety and Quality Metrics.
- BME staff network.
- Staff health, well-being and engagement group.

The Trust also looks to identify risks through the views of stakeholders via the Patient Opinion website, the internal complaints process, results from the National Patient Survey and Staff Satisfaction Survey.

7. Annual quality reporting Governance and Leadership

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS Foundation Trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust Priorities for quality improvement (safety, experience and effectiveness indicators) for 2010 have been monitored monthly by the Trust Board throughout the year. The Quality Accounts Priorities and other quality measures are included in the Trust's Performance Report.

The Priorities and Quality Measures were agreed in consultation with clinical staff and service users to ensure a balanced approach. We wanted to ensure that we were measuring quality across our different client groups,

as well as in-patient and community services to include:

- Older people's services
- Adult services
- Children and young people's services
- Forensic services
- Learning disability services.

In addition we have taken certain actions to ensure that our quality improvement systems are more balanced and fully inclusive by:

- Extending our Patient experience survey to cover community services
- Extending HoNOS into community services
- Extending Essence of Care monitoring into community services.

Data quality policies

The Trust has an approved Data Quality strategy and policy. These documents provide guidance for staff. These were jointly agreed by the Trust's Leadership Forum. The Trust produces monthly reports at Executive, management and operational level to enable the continued improvement of data quality. These reports highlight any areas for improvement and provide recommended actions to achieve this.

Further guidance is available to staff regarding the collection, storage, reporting and disposal of data, with detailed operating procedures for staff use. All policies are stored on the Trust's intranet system and are available to all staff members, with a limited number of hard copies available to each

clinical area. All policies are monitored and annual reports on care records, audit of care records and information governance are presented to a Trust Board sub Committee annually.

Systems and processes

A range of systems and processes are in place for the collection, recording and analysis of reporting of data and the Trust employs a member of staff to work with clinical staff to assist with understanding/ training and improving data quality. Staff roles and responsibilities with regard to data quality are made clear in policies/process notes and workbooks. There is a programme of data quality training in place.

People and skills

The Trust is currently implementing a number of measures to ensure that clinical and corporate activities are based on reliable evidence underpinned by consistently high levels of data quality.

These include performance managing the implementation of:

- The Trust-wide Data Quality Improvement Plan.
- Data quality improvement plans across each of the five clinical business streams and the supporting corporate services.
- Data quality improvement plans at ward, team and departmental levels.
- Data Quality metrics agreed at national, SHA and local health community levels.
- Continuing to promote an open learning culture where incidents of poor data quality levels are investigated thoroughly to determine the root causes and

inform the Data Quality Improvement agenda.

- Standardised written procedures have been agreed by a working group led by an Assistant Director. This supports improvements to the patient experience, clinical outcomes and data quality. The agreed procedures have been submitted for ratification.

The implementation of these measures and the specific training provided to staff ensures that the skills for the effective collection, recording and analysis of data are present for relevant staff; and for the managers driving the data quality improvement plan. Data quality is incorporated into relevant job descriptions throughout the Trust.

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

The Trust has a dynamic process for setting business objectives across the whole organisation which is documented and reviewed on an ongoing basis in order to drive forward improvements in clinical and non-clinical services and to ensure that key national and local targets are met. This is in accordance with the Trust Integrated Business Plan. All objectives are quantifiable, measurable and risk-assessed and are regularly reviewed via the robust performance management arrangements embedded within the Trust. Performance management arrangements are such that each directorate is challenged and held to account for those areas that they are expected to deliver on.

Throughout the year the Board has received regular reports providing information on the economy, efficiency and effectiveness of the use of resources. Integrated performance reports have provided data in respect of financial, clinical, workforce and national targets and objectives. Any areas of concern are highlighted and mitigating actions taken where deemed necessary.

The Trust has a successful track record of delivery against its historic cost improvement plan targets and future cost improvement plans have been drawn up. Performance against plans is reviewed and monitored on a monthly basis and management action taken where appropriate to ensure successful delivery against targets.

Achievement of economy, efficiency and effectiveness is an underpinning focus of the Trust's internal governance arrangements which are supported by internal and external audit reviews. Findings and recommendations from audits undertaken are monitored and reported through the Audit Committee. The Audit Committee provides appropriate challenge to management to ensure that recommendations are actioned and that significant assurance can be provided to the Trust Board.

9. 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 members 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 Trust Board, the Audit Committee and the Clinical Risk and Clinical Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Audit Committee has a remit to review the adequacy of assurance for all risk and control related disclosure statements. This is supported by the opinion of internal audit provided to the Audit Committee founded on a risk based audit programme. The audit plan covers risks to the achievement of Trust objectives identified through the assurance framework process. Progress against implementation of audit recommendations is stringently monitored by the Audit Committee to ensure that any identified gaps in control are closed.

The Director of Internal Audit Opinion provides significant assurance for the system of internal control designed to meet

the Trust's objectives. Maintaining and reviewing systems of internal control throughout the Trust is monitored through the Trust Board,

its sub committees and an effective Governance Structure. Specific roles are detailed in the following table:

Maintenance and Review of Internal Controls

Group	Chaired by	Functions
Trust Board	Trust Chairman	<ul style="list-style-type: none"> • Holds responsibility for assuring the effectiveness and suitability of internal control systems. • Receives reports on trust wide significant and current risk status through a bi-monthly Risk Report. • Receives reports on risks mapped to the achievement of the High Level Trust Objectives through a bi-monthly Assurance Framework Report.
Audit Committee	Non-Executive Director	<ul style="list-style-type: none"> • Reviews the establishment and maintenance of effective systems of internal control and risk management, approving the Annual Governance Statement. • Sets and approves the Annual Internal Audit programme and holds delegated Board responsibility to monitor implementation of actions identified for improvement. • Approves work plan of Clinical Governance and Clinical Risk Committee.
Operational Performance Meeting	Chief Executive	<ul style="list-style-type: none"> • Receives reports on business, performance and financial risk. • Focus attention on assurance framework high level risks and improvement on all risks on the risk register.
Clinical Governance and Clinical Risk Committee	Non-Executive Director	<ul style="list-style-type: none"> • Receives reports on clinical and operational risk. • Receives the Trust Safety and Quality Metrics. • Challenges robustness of risk movement and level of controls. • Challenges and scrutinises the Serious Untoward Incident Review process. • Reports to Trust Board.

Group	Chaired by	Functions
Incidents, Complaints and Claims Accountability Group	Head of Risk Management and Patient Safety	<ul style="list-style-type: none"> • Focus attention on timely management of incidents and commissioning of the review process. Monitors the management of complaints to ensure effective and timely action is taken. • Reports to Clinical Governance and Clinical Risk Committee.
Corporate Quality, Performance and Risk Forum	Assistant Director of Governance, Performance and Patient Safety	<ul style="list-style-type: none"> • Detailed monitoring of risk related issues and compliance with standards. • Reports exceptions to Clinical Governance & Clinical Risk Committee.
Business Stream Performance Meetings	Assistant Director/ Business Manager	<ul style="list-style-type: none"> • Reports and shares risk related issues, complaints management/audit findings/improvement and local learning. • Reports to Corporate Quality, Performance and Risk Forum.
Information Governance Management Group	Assistant Director of Nursing and Safeguarding	<ul style="list-style-type: none"> • Receives reports on progress towards achieving the Information Governance Toolkit (IGT) and approves the yearly IGT submission. • Regularly monitors Information Governance objectives and information risks and incidents, including the Caldicott Issues Log, to ensure appropriate actions are undertaken and lessons are learnt. • Reports to the Clinical Governance and Clinical Risk Committee.
Internal Audit		<ul style="list-style-type: none"> • Devises a yearly risk based Internal Audit Plan based on the Assurance Framework, to provide external assurances to the Audit Committee and then the Trust Board.

Group	Chaired by	Functions
Clinical Audit		<ul style="list-style-type: none"> • Clinical audit is the assessment of the processes and/or the outcome of care. Its aim is to stimulate and support national and local quality improvement interventions and, through re-auditing to assess the impact of such interventions. • The Trust demonstrates this in full through the clinical audit calendar. • Outcomes from clinical audit are reported to Clinical Effectiveness Panel and via the Research and Audit Forum for review of recommendations and action plans.

In addition my review is also informed by other explicit reviews/assurance mechanisms:

- The Trust Board has declared full compliance with the new Essential Standards for Quality and Safety to enable Trust registration with the Care Quality Commission from 1 April 2010.
- Achievement of level 2 in the NHS Litigation Authority Risk Management Standards for Mental Health and Learning Disability Trusts in December 2008 demonstrating a wide range of risk management policy implementation in the Trust.
- National Patient Survey, National Staff Survey results and an in-house Trust Service User experience survey.
- Mental Health Act Commission visits and reports.
- Participation in the Quality Improvement Network for Multi-agency Child and Adolescent Mental Health Services where a set of self-assessment against standards are monitored externally and nationally benchmarked.
- Appraisal by Cheshire and Merseyside Data Quality and Clinical Coding Team of the Trust in relation to application of national clinical coding standards with the Trust making dramatic improvements moving to the top quartile of Trusts.
- Participation in the national fraud initiative.
- Participation in a Quality Improvement Programme set up by the Royal College of Psychiatrists that benchmarks prescribing practice across all participating mental health trusts known as Prescribing Observatory for Mental Health (POMH).
- Joint annual audit by all educational establishments involved; the Deanery Assessment of medical training programmes and educational reviews by Chester University, John Moores University, University College of Lancashire and Liverpool University.

This Annual Governance Statement has been developed following:

- The development and Board review of the Assurance Framework.
 - Internal Audit review of the Incident Management process that provided a judgement of significant assurance.
 - Internal Audit review of the Policy development process that provided a judgement of significant assurance.
 - Internal Audit review of the Information Governance Toolkit submission that provided a judgement of significant assurance.
 - Internal Audit review of the systems in place to ensure regulatory compliance with CQC Standards that provided a judgement of significant assurance.
 - Declared Compliance with the CQC Essential Standards for Safety and Quality required for CQC registration.
- The Director of Internal Audit Opinion provides significant assurance for the system of internal control designed to meet the Trust's objectives.

10. Conclusion

My review confirms that 5 Boroughs Partnership NHS Foundation Trust has a sound system of internal control that supports the achievement of its policies, aims and objectives.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Executive Directors, the Committees and the Audit Committee.

No significant control issues have been identified.

Signed



Simon Barber
Chief Executive, 25 May 2011

Foreword to the Accounts

5 Boroughs Partnership NHS Foundation Trust

These accounts for the period ended 31 March 2011 have been prepared by 5 Boroughs Partnership NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006.

Signed:



Simon Barber, Chief Executive
20 April 2011

NB - The Trust was authorised as a Foundation Trust with effect from 1 March 2010. The prior year comparator figures in these accounts therefore only reflect the one month period 1 March 2010 to 31 March 2010.

5 Boroughs Partnership NHS Foundation Trust – Annual Accounts 2010/11

Data entered below will be used throughout this document:

Trust name:	5 Boroughs Partnership NHS Foundation Trust
This year:	2010/11
Last year:	2009/10
This year ended:	31 March 2011
Last year ended:	31 March 2010
This year commencing:	1 April 2010

Statement of Comprehensive Income

For the Period 1 April 2010 to 31 March 2011

	Note	2010/11 £000	2009/10 *
Operating income from continuing operations	3 - 5	107,242	8,988
Operating expenses of continuing operations	6 - 8	(102,482)	(8,845)
Operating surplus		4,760	143
Finance costs:			
Finance income	11	36	1
Finance expense - financial liabilities			
Finance expense - unwinding of discount on provisions	22	(15)	(1)
PDC Dividends payable		(2,181)	(178)
Net finance costs		(2,160)	(178)
Share of profit / (loss) of associates / joint ventures accounted for using the equity method			
Corporation tax expense			
Surplus / (deficit) from continuing operations		2,600	(35)
Surplus / (deficit) of discontinued operations and the gain / (loss) on disposal of discontinued operations			
SURPLUS / (DEFICIT) FOR THE PERIOD		2,600	(35)
Other comprehensive income:			
Impairments		(364)	
Revaluations		(210)	
Receipt of donated assets			
Asset disposals			
Share of comprehensive income from associates and joint ventures			
Movements arising from classifying non current assets as Assets Held for Sale			
Fair Value gains /(losses) on Available-for-sale financial investments			
Recycling gains /(losses) on Available-for-sale financial investments			
Other recognised gains and losses			
Actuarial gains / (losses) on defined benefit pension schemes			
Other reserve movements			
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD		2,026	(35)

Prior period adjustments		
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD	2,026	(35)
Note: Allocation of profits / (losses) for the period:		
(a) Surplus / (deficit) for the period attributable to:		
non controlling interest		
owners of the parent	2,600	(35)
TOTAL	<u>2,600</u>	<u>(35)</u>
(b) Total comprehensive income / (expense) for the period attributable to:		
non controlling interest		
owners of the parent	2,026	(35)
TOTAL	<u>2,026</u>	<u>(35)</u>

The notes on pages 157 to 202 form part of these accounts.

* 2009/10 Incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation trusts.

Statement of Financial Position

as at 31 March 2010

	Note	31 March 2011 £000	31 March 2010 £000
Non-current assets:			
Intangible assets			
Property, plant and equipment	14	67,545	69,232
Investment property			
Investments in associates (and jointly controlled operations)			
Other investments			
Trade and other receivables	18	109	75
Other financial assets			
Tax receivable			
Other assets			
Total non-current assets		67,654	69,307
Current assets:			
Inventories	17	49	45
Trade and other receivables	18	2,219	2,204
Other financial assets			
Tax receivable			
Non current assets for sale and assets in disposal groups	15	514	
Cash and cash equivalents	19	7,273	4,663
Total current assets		10,055	6,912
Current liabilities:			
Trade and other payables	20	(5,558)	(6,235)
Borrowings			
Other financial liabilities			
Provisions	22	(157)	(73)
Tax payable	20	(1,686)	(1,599)
Other liabilities	21	(114)	(5)
Liabilities in disposal groups			
Total current liabilities		(7,515)	(7,912)
Total assets less current liabilities		70,194	68,307

Non-current liabilities		
Trade and other payables		
Borrowings		
Other financial liabilities		
Provisions	22	(648)
Tax payable		(782)
Other liabilities	21	(185)
Total non-current liabilities		(833)
Total Assets Employed		69,361
Financed by taxpayers' equity:		
Non controlling interest		
Public Dividend Capital		45,579
Revaluation reserve	14.1	18,139
Donated asset reserve		
Available for sale investment reserve		
Other reserves		10
Merger reserve		
Income and expenditure reserve		5,633
Total Taxpayers' Equity		69,361

The financial statements on pages 148 to 202 were approved by the Board on date and signed on its behalf by:

Signed:



Simon Barber, Chief Executive
Date: 26 May 2011

The movement in provisions includes an Employment Tribunal case estimated at £36,000. There has also been a movement between current and non current provisions due to the anticipated settlement dates of outstanding claims now falling within one year.

Within current liabilities the other liabilities figure of £114,000 relates to deferred income where the Trust has received cash for activities which relate to a future period.

Net current assets (current assets less current liabilities) as at 31 March 2011 were £2.5million.

Statement of Changes in Taxpayer's Equity

For the period 1 April 2010 to 31 March 2011

	Total	Non Controlling Interest	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Available for Sale Investment Reserve	Other Reserves	Merger Reserve	Income and Expenditure Reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2010 - as previously stated	67,335		45,579	18,941			10		2,805
Prior period adjustment									
Taxpayers' Equity at 1 April 2010 - restated	67,335		45,579	18,941			10		2,805
Surplus / (deficit) for the year	2,600								2,600
Impairments	(364)			(364)					
Revaluations	(210)			(210)					
Receipt of donated assets									
Asset disposals									
Share of comprehensive income from associates and joint ventures									
Movements arising from classifying non current assets as assets held for sale									
Fair value gains / (losses) on available for sale financial investments									
Recycling gains / (losses) on available for sale financial investments									
Other recognised gains and losses									
Actuarial gains / (losses) on defined benefit pension schemes									
Public Dividend Capital received									
Public Dividend Capital repaid									
Public Dividend Capital written off									
Other reserve movements *				(228)					228
Taxpayers' Equity at 31 March 2011	69,361		45,579	18,139			10		5,633

Statement of Cash Flows

For the Period 1 April 2010 to 31 March 2011

	Note	2010/11 £000	2009/10** £000
Cash flows from operating activities			
Operating surplus from continuing operations		4,760	143
Operating surplus / (deficit) of discontinued operations			
Operating surplus		4,760	143
Non-cash income and expense:			
Depreciation and amortisation		1,973	158
Impairments		185	
Reversals of impairments			
Transfer from donated asset reserve			
Amortisation of government grants			
Amortisation of PFI credit			
(Increase) / decrease in trade and other receivables		(52)	448
(Increase) / decrease in other assets			
(Increase) / decrease in inventories		(4)	
Increase / (decrease) in trade and other payables		(453)	(477)
Increase / (decrease) in other liabilities		104	
Increase / (decrease) in current and non current provisions creditor		65	(30)
Increase / (decrease) in tax creditor		87	(16)
Movements in operating cash flow of discontinued operations			
Other movements in operating cash flows			
Net cash generated from / (used in) operations		6,535	226
Cash flows from investing activities:			
Interest received		36	1
Purchase of financial assets			
Sale of financial assets			
Purchase of intangible assets			
Sale of intangible assets			
Payments and creditor movements relating to purchase of property, plant and equipment *		(1,783)	(631)
Sale of property, plant and equipment			
Cash flows attributable to investing activities of discontinued operations			
Cash from acquisitions of business units and subsidiaries			
Cash from disposals of business units and subsidiaries			
Net cash generated from / (used in) investing activities		(1,747)	(630)

Cash flows from financing activities:

Public dividend capital received		
Public dividend capital repaid		
Loans received		
Loans repaid		
Capital element of finance lease rental payments		
Capital element of PFI obligations		
Interest paid		
Interest element of finance leases		
Interest element of PFI obligations		
PDC Dividend paid	(2,178)	(1,125)
Cash flows attributable to financing activities of discontinued operations		
Cash flows from / (used in) other financing activities		
Net cash generated from / (used in) financing activities	(2,178)	(1,125)
Increase / (decrease) in cash and cash equivalents	2,610	(1,529)
Cash and cash equivalents at 1 April	4,663	
Cash and cash equivalents at start of period for new FTs		6,192
Cash and cash equivalents at 31 March	7,273	4,663

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* £1,559 is the expenditure on the property, plant and equipment in 2010/11 with the remaining balance being the movement on capital creditors.

** 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation trusts.

Notes to the accounts

1. Accounting policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2010/11 NHS Foundation Trust Annual Reporting Manual issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

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.

1.2 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts

with commissioners in respect of healthcare services.

Where income is received for a specific activity that is to be delivered in the following financial year, that income is deferred. Income from the sale of non-current assets is recognised only when all material conditions of sale have been met and is measured as the sums due under the sale contract.

1.3 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Pension costs

NHS Pension Scheme

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

Notes to the accounts (continued)

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

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

1.4 Expenditure on other goods and services

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

1.5 Property, plant and equipment Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust;
- it is expected to be used for more than one financial year;

- the cost of the item can be measured reliably; and
- the item has a cost of at least £5,000; or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Measurement Valuation

All property, plant and equipment assets are measured initially at cost, representing the cost 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 fair value.

Notes to the accounts (continued)

Land and buildings used for the Trust's services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost.

Until 31 March 2008, the depreciated replacement cost of specialised buildings was estimated for an exact replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. The Trust revalued its asset base under the new modern equivalent assets methodology in July 2009 and the impact of this was reflected in the 2009/10 accounts. In 2010/11 the Trust has applied indices provided by the District Valuer for land and Building Cost Information Service (BCIS)

indices for buildings to ensure that land and buildings are recorded at fair value at the reporting date.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

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 future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the Trust and the cost of the item can be determined reliably.

Notes to the accounts (continued)

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

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 NHS Foundation Trust Annual Reporting Manual, impairments that are due to a loss of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or 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 income 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.

Notes to the accounts (continued)

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.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable, i.e. management are committed to a plan to sell the asset; an active programme has begun to find a buyer and complete the sale; the asset is being actively marketed at a reasonable price; the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. 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.

1.6 Government grants

Government grants are grants from government bodies other than income from Primary Care Trusts or NHS Trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

1.7 Leases

Operating leases

Leases other than finance leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

Notes to the accounts (continued)

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.

1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In First Out (FIFO) method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.10 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 HM Treasury's discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.9% in real terms.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 22.

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 the NHSLA 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.

Notes to the accounts (continued)

1.11 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 23 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 23, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.12 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.

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. They are included in current assets.

The Trust's loans and receivables comprise cash and cash equivalents, NHS debtors, accrued income and other debtors.

Notes to the accounts (continued)

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, 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 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.

1.13 Public dividend capital

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

A charge, reflecting the cost of capital utilised by the 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.

Notes to the accounts (continued)

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets; (ii) net cash balances held with the Government Banking Service (GBS) (excluding cash balances held in GBS accounts that relate to a short-term working capital facility; and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.14 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.

1.15 Foreign exchange

The functional and presentational currencies of the Trust are 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.

1.16 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 Financial Reporting Manual.

1.17 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).

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

Notes to the accounts (continued)

1.18 Accounting standards that have been issued but have not yet been adopted

The following accounting standards and interpretations have been issued by the IASB but have not yet been adopted within the NHS Foundation Trust Annual Reporting Manual. None of them are expected to have a material impact upon the Trust's financial statements.

- IFRS 7 Financial Instruments: Disclosures
- IFRS 9 Financial Instruments
- IAS 12 Income Taxes
- IAS 24 (Revised) Related Party Disclosures
- IFRIC 14
- IFRIC 19 Extinguishing financial liabilities with Equity Instruments

2. Operating Segments

All activities of the Trust relate to the provision of healthcare therefore no segmental analysis has been prepared.

Notes to the accounts (continued)

3. Income from activities

3.1 Analysis of income from activities by category

	2010/11 £000	2009/10** £000
Cost and volume contract income		
Block contract income	99,573	8,237
Clinical partnerships providing mandatory services (including s31 agreements)		
Clinical income for the secondary commissioning of mandatory services		
Other clinical income from mandatory services	3,742	438
Private patient income		
Other non-protected clinical income		
	103,315	8,675

3.2 Analysis of income from activities by source

	2010/11 £000	2009/10** £000
NHS Foundation Trusts	146	12
NHS Trusts	174	13
Strategic Health Authorities		
Primary Care Trusts	101,450	8,405
Local Authorities	1,266	146
Department of Health		
NHS Other		
Non-NHS:		
Private patients		
Overseas patients (non-reciprocal)		
NHS injury scheme		
Other*	279	99
	103,315	8,675

* Other income includes the following items:
£230,000 Alternative Futures Income
£44,000 Edge Hill College (Inreach)

** 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

Notes to the accounts (continued)

3.3 Income from activities - mandatory and non-mandatory

	2010/11 £000	2009/10* £000
Mandatory services	103,315	8,675
Non-mandatory services		
	103,315	8,675

3.4 Private patient income

The Trust received no private patient income during the reporting period.

4. Other operating income

	2010/11 £000	2009/10* £000
Education, training and research	1,933	148
Charitable and other contributions to expenditure		
Non-patient care services to other bodies	389	40
Other income**	1,605	125
	3,927	313

*2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

**Other income includes the following items:

£425,000 Occupational Health Income

£412,000 Staff Recharges

£140,000 Connecting for Health

£121,000 Catering Recharge to ISS for estates costs

5. Revenue

Revenue is almost totally from the supply of services.

Revenue from the sale of goods is immaterial.

Notes to the accounts (continued)

6. Operating expenses

	2010/11 £000	2009/10* £000
Employee expenses - Executive directors	933	71
Employee expenses - Non-executive directors	137	10
Employee expenses - Staff	82,408	6,495
Drug costs	3,139	273
Supplies and services - clinical (excluding drug costs)	1,279	111
Supplies and services - general	2,664	313
Establishment	2,776	301
Transport	346	34
Premises	4,935	844
Increase / (decrease) in provision for impairment of receivables	15	(69)
Depreciation	1,973	158
Amortisation		
Impairments of property, plant and equipment	185	
Audit fees		
audit services - statutory audit	59	24
audit services - regulatory reporting		
Other auditors remuneration		
further assurance services		
other services	75	17
Clinical negligence	148	
Legal fees	169	27
Consultancy costs	289	9
Training, courses and conferences	612	164
Patient travel	5	7
Car parking and security	47	
Hospitality	3	1
Insurance	73	
Other services		
Losses, ex gratia and special payments	38	
Other	174	55
	102,482	8,845

* 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

Other auditors remuneration relates to internal audit, counter fraud services provided by Mersey Internal Audit Agency and Quality Accounts.

There is no limit on auditor's liability.

Notes to the accounts (continued)

Clinical Negligence relates to the Trust's contribution to the NHSLA for all clinical negligence cases.

relating to the acquisition of Knowsley Integrated Provider Services.

Consultancy costs includes £179,000 in order to comply with Monitor's Compliance Framework

Insurance cost includes vehicle, third party and public liability contributions.

7.1 As lessee

Payments recognised as an expense

	2010/11 £000	2009/10* £000
Minimum lease payments	205	20
Contingent rents		
Sub-lease payments		
	205	20

Total future minimum lease payments

	As at 31 March 2011 £000	As at 31 March 2010 £000
Payable:		
Not later than one year	130	196
Between one and five years	429	136
After five years	63	75
Total	622	407

* 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

8. Employee costs and numbers

8.1 Employee costs

	2010/11			2009/10*		
	Total £000	Permanently Employed £000	Other £000	Total £000	Permanently Employed £000	Other £000
Salaries and wages*	69,196	64,806	4,390	5,248	4,828	420
Social security Costs	4,016	4,016		400	400	
Employer contributions to NHS Pension scheme	8,020	8,020		641	641	
Other pension costs						
Termination benefits						
Agency / contract staff	2,285		2,285	277		277
Employee benefits expense	83,517	77,098	6,675	6,566	5,869	697
Of the total above:						
Charged to capital	175			15		
Charged to revenue	83,342			6,551		
	83,517			6,566		

* 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

8.2 Average number of people employed

	2010/11			2009/10		
	Total Number	Permanently Employed Number	Other Number	Total Number	Permanently Employed Number	Other Number
Medical and dental	125	75	50	131	74	57
Administration and estates	490	475	15	487	466	21
Healthcare assistants and other support staff	65	61	4	63	59	4
Nursing, midwifery and health visiting staff	1,209	1,173	36	1,211	1,182	29
Nursing, midwifery and health visiting learners	11	11		6	6	
Scientific, therapeutic and technical staff	162	151	10	153	141	12
Social care staff	11		11	16		16
Bank and agency staff	111		111	161		161
Other	7	7		7	7	
Total	2,191	1,953	237	2,235	1,935	300
Of the above:						
Number engaged on capital projects	3			3		

Notes to the accounts (continued)

8.3 Management Costs

	2010/11 £000	2009/10*** £000
Management costs **	7,046	574
Income	107,242	8,988

8.4 Retirements due to ill-health

During the period 1 April 2010 to 31 March 2011 there were six early retirements on the grounds of ill-health at an additional cost of £409,000.

* Salaries and wages exclude Non-Executive Directors as per Annual Reporting guidance for NHS foundation trusts.

** Management costs have reduced from 6.8% (relating to the full year 2009/10) to 6.6% in 2010/11.

*** 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

8.5 Salaries and allowances of senior managers

Name and Title	1 April 2010 to 31 March 2011			1 March 2010 to 31 March 2010		
	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind (rounded to nearest £100)	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Benefits in Kind (rounded to nearest £100)
	£000	£000	£100	£000	£000	£100
B Pilkington Chairman	45 - 50			0 - 5		
J Guthrie Non-Executive Director*	10 - 15			0 - 5		
D Taylor Non-Executive Director	15 - 20			0 - 5		
A Chan Non-Executive Director	10 - 15			0 - 5		
C Dale Non-Executive Director	10 - 15			0 - 5		
R Nichols Non-Executive Director	10 - 15			0 - 5		
B Marshall Non-Executive Director	15 - 20			0 - 5		
S Barber Chief Executive	170 - 175			10 - 15		
F Ibitoye Medical Director	35 - 40	110 - 115		0 - 5	5 - 10	
R Walker Director of Nursing, Governance & Performance	95 - 100		4	5 - 10		
N Rowe Director of HR and Organisational Development	95 - 100			5 - 10		
T Patten Commercial Director**	95 - 100		3	5 - 10		
D Marsh Director of Finance and Informatics	95 - 100			5 - 10		
J Kelly Director of Operations***	95 - 100			5 - 10		

* Left the Trust on 28 February 2011

**Chief Operating Officer as of 1 April 2011

***Director of Partnerships and Engagement as of 1 April 2011

8.6 Pension benefits

Name and title	Real increase in Pension at age 60	Real increase in lump sum at age 60	Total accrued pension at age 60 at 31 March 2011	Lump Sum at age 60 related to accrued pension at 31 Mar 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to growth in Stakeholder Pension **
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	£000
S Barber Chief Executive	2.5 - 5.0	7.5 - 10	5 - 10	20 - 25	99	72	27	19
D Marsh Director of Finance and Informatics***	0 - 2.5	5.0 - 7.5	15 - 20	55 - 60	267	278	(11)	(8)
F Ibitoye Medical Director	0 - 2.5	0 - 2.5	25 - 30	75 - 80	N/A*	631	N/A*	N/A*
R Walker Director of Operations, Standards & Nursing***	0 - 2.5	0 - 2.5	10 - 15	30 - 35	185	197	(12)	(8)
J Kelly Director of Operations (Halton, Knowsley & St Helens)***^	2.5 - 5.0	7.5 - 10	35 - 40	115 - 120	735	743	(8)	(5)
N Rowe Director of HR and Organisational Development***	0 - 2.5	0	0 - 5	0	50	36	14	10
T Patten Commercial Director***^^	0 - 2.5	5.0 - 7.5	10 - 15	0 - 35	147	148	(1)	0

^ Director of Partnerships and Engagement as of 1 April 2011

^^ Chief Operating Officer as of 1 April 2011

Notes to the accounts (continued)

The Trust contributed £115k into the pension scheme of the above directors during 2010/11.

As Non-Executive Directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive Directors.

* Under the normal rules and regulations regarding the 1995 Section of the scheme if a member has turned 60 or is receiving their pension they are not entitled to transfer their benefits out of the scheme, therefore the NHS Pensions Agency would not provide CETV details (unless the request is in respect of divorce proceedings). The NHS Pensions Agency decided that they would also follow this procedure regarding the Greenbury Disclosures.

** In the budget of 22 July 2010 the Chancellor announced that the uprating (annual increase) of public sector pensions would change from the Retail Price Index (RPI) to the Consumer Prices Index (CPI). As a result the Government Actuaries Department undertook a review of all transfer factors.

The new CETV factors have been used in the calculations and are lower than the previous factors used therefore the value of the CETVs for some members has fallen since 31 March 2010.

***The job titles reflect roles and responsibilities as at 31 March 2011.

Signed:



Simon Barber, Chief Executive

Date: 26 May 2011

Notes to the accounts (continued)

9. Retirement benefits

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The scheme is subject to a full actuarial valuation every four years and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates, was undertaken as at 31 March 2004 and covered

the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3billion against the notional assets as at 31 March 2004.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings. On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

Notes to the accounts (continued)

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

c) Scheme provisions

The NHS Pension Scheme provides defined benefits which are summarised below. This list is an illustrative guide only and it is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained.

Annual Pensions

The Scheme is a 'final salary' scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service. With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new

provision is known as 'pension commutation'.

Pensions Indexation

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971 and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

Lump Sum Allowance

A lump sum is payable on retirement which is normally three times the annual pension payment.

Ill-Health Retirement

Early payment of a pension, with enhancement in certain circumstances, is available to members of the Scheme who are permanently incapable of fulfilling their duties or regular employment effectively through illness or infirmity.

Death Benefits

A death gratuity of twice their final year's pensionable pay for death in service, and five times their annual pension after retirement, is payable.

Additional Voluntary Contributions (AVCs)

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

Notes to the accounts (continued)

Transfer Between Funds

Scheme members have the option to transfer their pension between the NHS Pension Scheme and another scheme when they move into or out of NHS employment.

Preserved Benefits

Where a Scheme member ceases NHS employment with more than two years service they can

preserve their accrued NHS pension for payment when they reach retirement age.

Compensation for Early Retirement

Where a member of the Scheme is made redundant they may be entitled to early receipt of their pension plus enhancement, at the employer's cost.

Notes to the accounts (continued)

10. Better Payment Practice Code

10.1 Better Payment Practice Code - measure of compliance

	2010/11	
	Number	£000
Total Non-NHS trade invoices paid in the year	11,410	12,412
Total Non-NHS trade invoices paid within target	11,042	11,662
Percentage of Non-NHS trade invoices paid within target	97%	94%
Total NHS trade invoices paid in the year	914	11,394
Total NHS trade invoices paid within target	880	10,992
Percentage of NHS trade invoices paid within target	96%	96%
Total invoices paid in the year	12,324	23,806
Total invoices paid within target	11,922	22,654
Percentage of invoices paid within target	97%	95%
	2009/10*	
	Number	£000
Total Non-NHS trade invoices paid in the year	977	1,769
Total Non-NHS trade invoices paid within target	947	1,726
Percentage of Non-NHS trade invoices paid within target	97%	98%
Total NHS trade invoices paid in the year	72	1,867
Total NHS trade invoices paid within target	71	1,683
Percentage of NHS trade invoices paid within target	99%	90%
Total invoices paid in the year	1,049	3,636
Total invoices paid within target	1,018	3,409
Percentage of invoices paid within target	97%	94%

Under the Better Payment Practice Code, the Trust aims to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust is also an approved signatory to the Prompt Payment Code.

* 2009/10 Incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation trusts.

Notes to the accounts (continued)

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

During the reporting period there were no claims for interest made against the Trust under the above legislation.

11. Finance Income

	2010/11 £000	2009/10* £000
Interest revenue:		
Bank accounts	36	1
Other loans and receivables		
Other financial assets		
Total	36	1

12. Other gains and losses

	2010/11 £000	2009/10* £000
Gain/(loss) on disposal of property, plant and equipment		
Gain/(loss) on disposal of intangible assets		
Gain/(loss) on disposal of financial assets		
Gain/(loss) on foreign exchange		
Change in fair value of financial assets carried at fair value through profit and loss		
Change in fair value of financial liabilities carried at fair value through profit and loss		
Recycling of gain/(loss) from equity on disposal of financial assets available for sale		
Total	0	0

13. Finance costs

	2010/11 £000	2009/10* £000
Interest on loans		
Interest on obligations under finance leases		
Interest on overdrafts		
Other interest expense		
Other finance costs		
Total	0	0

* 2009/10 incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation Trusts.

14. Property, plant and equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construct & poa £000	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
2010/11:	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 April 2010 - as previously stated	10,987	65,563		1,367	299	29	1,644	2,261	82,150
Prior period adjustments									
Valuation/Gross cost at 1 April 2010 - restated	10,987	65,563		1,367	299	29	1,644	2,261	82,150
Additions purchased	(1)	872		427	25		198	37	1,558
Additions donated									
Impairments	(364)								(364)
Reclassifications		1,367		(1,367)					
Revaluations		(140)			(40)	(6)		(22)	(208)
Transferred to disposal group as asset held for sale	(223)	(363)							(586)
Disposals									
Valuation/Gross cost at 31 March 2011	10,399	67,299		427	284	23	1,842	2,276	82,550
Accumulated depreciation at 1 April 2010 - as previously stated		9,222			181	23	1,466	2,026	12,918
Prior period adjustment									
Accumulated depreciation at 1 April 2010 - restated		9,222			181	23	1,466	2,026	12,918
Provided during the year		1,744			14		171	44	1,973
Impairments	185								185
Reclassifications									

14. Property, plant and equipment (continued)

	Land	Buildings excluding dwellings	Dwellings	Assets under construct & poa £000	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
2010/11:									
Revaluation surpluses Transferred to disposal group as asset held for sale		(72)							(72)
Disposals									
Accumulated depreciation at 31 March 2011	185	10,894			195	23	1,637	2,070	15,004
Net Book Value									
Owned	10,214	56,404		427	89		205	206	67,545
Finance lease PFI									
Donated									
Total at 31 March 2011	10,214	56,404		427	89		205	206	67,545
Net Book Value									
Protected assets	9,345	51,277							60,622
Unprotected assets	869	5,127		427	89		205	206	6,923
Total at 31 March 2011	10,214	56,404		427	89		205	206	67,545

14. Property, plant and equipment (continued)

	Land	Buildings excluding dwellings	Dwellings	Assets under construct & poa £000	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
2009/10:	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/Gross cost at 1 March 2010 - date FT established	10,987	63,499		2,924	299	29	1,644	2,224	81,606
Additions purchased				544					544
Additions donated									
Impairments									
Reclassifications		2,064		(2,101)				37	
Revaluations									
Transferred to disposal group as asset held for sale									
Disposals									
Valuation/Gross cost at 31 March 2010	10,987	65,563		1,367	299	29	1,644	2,261	82,150
Accumulated depreciation at 1 March 2010 - date FT established		9,081			178	22	1,458	2,021	12,760
Provided during the year		141			3	1	8	5	158
Impairments									
Reclassifications									
Revaluation surpluses									
Transferred to disposal group as asset held for sale									
Disposals									
Accumulated depreciation at 31 March 2010		9,222			181	23	1,466	2,026	12,918

14. Property, plant and equipment (continued)

	Land	Buildings excluding dwellings	Dwellings	Assets under construct & poa £000	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
2009/10:	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net Book Value									
Owned	10,987	56,341		1,367	118	6	178	235	69,232
Finance lease PFI									
Donated									
Total at 31 March 2010	10,987	56,341		1,367	118	6	178	235	69,232
Net Book Value									
Protected assets	9,837	50,511							60,348
Unprotected assets	1,150	5,830		1,367	118	6	178	235	8,884
Total at 31 March 2010	10,987	56,341		1,367	118	6	178	235	69,232

Notes to the accounts (continued)

14. Property, plant and equipment (continued)

As at 31 March 2011 there were no land, buildings or dwellings valued at open market value.

The Trust's asset base was revalued on a modern equivalent assets basis as at 1 April 2009. The impact of this revaluation was reflected in the 2009/10 accounts of the Trust. To ensure that land and buildings are carried at fair value at the reporting date the following methods are used:

- for land: indices are provided by the District Valuer acting for the Trust. These indices indicated a 5% fall in the general value of land since the last reporting date. This fall in value has been reflected in the 2010/11 accounts.
- for buildings: indices provided by the Building Cost Information Service (BCIS) are used as an indicator of general price movements. These indices indicated that prices remained static since the last reporting date. As such, buildings have not been adjusted for price movements.

For all other items of non-current assets, depreciated historic cost is considered to be a reasonable indicator of fair value.

Economic life of property, plant and equipment is as follows:

- Buildings – 5 to 99 years (depending on component)
- Plant and machinery - 5 to 10 years
- Transport equipment - 7 years
- Information technology - 3 to 5 years
- Furniture and fittings – 5 to 10 years.

Notes to the accounts (continued)

14.1 Revaluation reserve

	Property, plant and equipment £000	Total £000
2010/11:		
Revaluation reserve at 1 April 2010	18,941	18,941
Prior period adjustments		
Revaluation reserve at 1 April 2010 - restated	18,941	18,941
Impairments	(364)	(364)
Revaluations	(210)	(210)
Asset disposals		
Other recognised gains and losses		
Other reserve movements	(228)	(228)
Revaluation reserve at 31 March 2011	18,139	18,139
	Property, plant and equipment £000	Total £000
2009/10:		
Revaluation reserve at 1 March 2010 - date FT established	18,941	18,941
Impairments		
Revaluations		
Asset disposals		
Other recognised gains and losses		
Other reserve movements		
Revaluation reserve at 31 March 2010	18,941	18,941

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

	Intangible assets £000	Property, plant & equipment £000	Financial investments £000	Other £000	Total £000
2010/11:					
NBV of non-current assets for sale and assets in disposal groups at 1 April 2010					
Prior period adjustments					
NBV of non-current assets for sale and assets in disposal groups at 1 April 2010 - restated					
Assets identified as available for sale in the year		514			514
Assets sold in the year					
Impairment of assets held for sale					
Reversal of impairment of assets held for sale					
Assets no longer classified as held for sale (for reasons other than disposal by sale)					
NBV of non-current assets for sale and assets in disposal groups at 31 March 2011		514			514

15. Non-current assets for sale and assets in disposal groups (continued)

2009/10:	Intangible assets £000	Property, plant & equipment £000	Financial investments £000	Other £000	Total £000
NBV of non-current assets for sale and assets in disposal groups at 1 March 2010 - date FT established					
Assets identified as available for sale in the year					
Assets sold in the year					
Impairment of assets held for sale					
Reversal of impairment of assets held for sale					
Assets no longer classified as held for sale (for reasons other than disposal by sale)					
NBV of non-current assets for sale and assets in disposal groups at 31 March 2010					

The £514,000 relating to assets held for sale represents the net book value of three properties which the Trust Board approved the disposal of and are being actively marketed.

16. Capital commitments

Contractual capital commitments for property, plant and equipment at 31 March 2011 totalled £389,000.

Notes to the accounts (continued)

17. Inventories

17.1 Inventories

	31 March 2011 £000	31 March 2010 £000
Materials		
Work in progress		
Finished goods	49	45
Inventories carried at fair value less costs to sell		
Total	49	45

17.2 Inventories recognised in expenses

	31 March 2011 £000	31 March 2010 £000
Inventories recognised as an expense in the period	953	210
Write-down of inventories (including losses)		
Reversal of write-downs that reduced the expense		
Total	953	210

Notes to the accounts (continued)

18. Trade and other receivables

18.1 Trade and other receivables

	Current	Non-current	Current	Non-current
	31 March	31	31 March	31
	2011	March	2010	March
	£000	2011	£000	2010
		£000		£000
NHS receivables	1,195	109	987	75
Other receivables with related parties	449		540	
Provision for impaired receivables	(109)		(98)	
Prepayments	389		486	
Accrued income			6	
PDC receivable	14		17	
Other receivables	281		266	
Total	2,219	109	2,204	75

The great majority of trade is with primary care trusts, as commissioners for NHS patient care services. As primary care trusts are funded by government to buy NHS patient care services, no credit scoring of them is considered necessary. The credit risk exposure is therefore low.

18.2 Receivables past their due date but not impaired

	31	31
	March	March
	2011	2010
	£000	£000
By up to three months	1,050	695
By three to six months	74	146
By more than six months	125	92
Total	1,249	933

Notes to the accounts (continued)

18.3 Provision for impairment of receivables

	2010/11 £000	2009/10* £000
Balance at 1 April	98	
Balance at date of authorisation		196
Provision for new bad debts	37	
Bad debts written-off	(4)	(29)
Bad debts now recovered	(22)	(69)
Balance at 31 March	109	98

* 2009/10 Incorporates one month financials (March 2010) as per the annual reporting guidance for NHS foundation trusts

18.4 Ageing of impaired receivables

	31 March 2011 £000	31 March 2010 £000
By up to three months	7	
By three to six months		2
By more than six months	102	96
Total	109	98

19. Cash and cash equivalents

	2010/11 £000	2009/10 £000
At 1 April	4,663	
At date of authorisation		6,192
Net change in year	2,610	(1,529)
At 31 March	7,273	4,663
Made up of:		
Cash at commercial banks and in hand	75	57
Cash with the Government Banking Service	7,198	4,606
Current investments		
Cash and cash equivalents as in statement of financial position	7,273	4,663
Bank overdraft		
Cash and cash equivalents as in statement of cash flows	7,273	4,663

20. Trade and other payables

	Current	Non-current	Current	Non-current
	31 March 2011	31 March	31 March	31 March
	£000	2011	2010	2010
		£000	£000	£000
Receipts in advance				
NHS payables	1,434		1,919	
Amounts due to other related parties	199			
Trade payables - capital	492		716	
Other trade payables	677		1,226	
Taxes payable	1,686		1,599	
Other payables	1,047		1,034	
Accruals	1,709		1,340	
PDC payable				
Total	7,244		7,834	

21. Other liabilities

	Current	Non-current	Current	Non-current
	31 March 2011	31 March	31 March	31 March
	£000	2011	2010	2010
		£000	£000	£000
Deferred income	114	185	5	190
Deferred Government Grant				
Other				
Total	114	185	5	190

22. Provisions for liabilities and charges

	Current 31 March 2011 £000	Non-Current 31 March 2011 £000	Current 31 March 2010 £000	Non-Current 31 March 2010 £000
Pensions relating to former directors				
Pensions relating to other staff	24	262	24	277
Legal claims	97	386	49	495
Other (employment tribunal)	36			10
Total	157	648	73	782

22. Provisions for liabilities and charges (continued)

	Pensions relating to former directors £000	Pensions relating to other staff £000	Legal claims £000	Other £000	Total £000
At 1 April 2010		301	544	10	
Prior period adjustments					
At 1 April 2010 - restated		301	544	10	855
Change in the discount rate					
Arising during the year			89	36	125
Used during the year		(23)	(126)		(149)
Reversed unused			(31)	(10)	(41)
Unwinding of discount		8	7		15
At 31 March 2011		286	483	36	1,061
Expected timing of cash flows:					
not later than one year		24	97	36	157
later than one year and not later than five years		95	295		390
later than five years		167	91		258
Total		286	483	36	805

Notes to the accounts (continued)

22. Provisions for liabilities and charges (continued)

Pensions relating to other staff are based on figures provided by the Benefits Agency.

Under legal claims £244,000 relates to permanent injury claims. These claims are calculated using recommended policies indicating the length of the provision). Figures are discounted to adjust for the anticipated date of settlement and the time value of money.

The balance of £239,000 relates to risk pooling arrangements, the amounts and timings of which are notified by the NHS Litigation Authority (NHSLA). Provisions are adjusted for the probability factor for settlement. There are anticipated reimbursements of £109,000 in the form of NHSLA receivables. £103,000 is included in the provisions of the NHSLA at 31 March 2011 (£415,000 at 31 March 2010) in respect of clinical negligence liabilities of the Trust.

23. Contingencies

23.1 Contingent liabilities

	2010/11 £000	2009/10 £000
Gross value of contingent liabilities	(105)	(135)
Amounts recoverable against liabilities	86	89
Total	(19)	(46)

23.2 Contingent assets

	2010/11 £000	2009/10 £000

The gross value of contingent liabilities includes £105,000 notified by the NHSLA in respect of risk pooling.

Notes to the accounts (continued)

24. Financial Instruments

24.1 Financial assets

	At fair value through I&E £000	Loans and receivables £000	Available for sale £000	Total £000
Receivables excluding non financial assets		1,816		1,816
Other investments				
Other financial assets				
Non current assets held for sale excluding non financial assets				
Cash and cash equivalents		7,273		7,273
Total at 31 March 2011		9,089		9,089
Receivables excluding non financial assets		1,701		1,701
Other investments				
Other financial assets				
Non current assets held for sale excluding non financial assets				
Cash and cash equivalents		4,662		4,662
Total at 31 March 2010		6,363		6,363

24.2 Financial liabilities

	At fair value through I&E £000	Other £000	Total £000
Borrowings			
Payables excluding non financial liabilities		5,558	5,558
Other financial liabilities			
Provisions under contract		483	483
Total at 31 March 2011		6,041	6,041

Notes to the accounts (continued)

24.2 Financial liabilities (continued)

Borrowings		
Payables excluding non financial liabilities	6,235	6,235
Other financial liabilities		
Provisions under contract	544	544
Total at 31 March 2010	6,779	6,779

25. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS trust has with primary care trusts and the way those primary care trusts are financed, the NHS trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial

instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from Government for capital expenditure, subject to affordability as confirmed by the strategic health authority. The borrowings are for 1–25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the

Notes to the accounts (continued)

Trust has low exposure to credit risk. The maximum exposures as at 31 March 2011 are in receivables from customers, as disclosed in the Trade and other receivables note.

Liquidity risk

The trust's operating costs are incurred under contracts with

primary care trusts, which are financed from resources voted annually by Parliament.

The trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The trust is not, therefore, exposed to significant liquidity risks.

26. Prudential Borrowing Limit

The Trust is required to comply with and remain within a prudential borrowing limit.

This is made up of two elements:

- the maximum cumulative amount of long term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and can therefore

impact upon the long term borrowing limit; and

- the amount of any working capital facility approved by Monitor.

Further information on the NHS Foundation Trust Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

Performance against the Prudential Borrowing limit was as follows:

	2010/11 £000	2009/10 £000
Maximum cumulative long term borrowing	21,200	19,800
Approved working capital facility	8,000	8,000
Total	29,200	27,800
Long term borrowing at 1 April / date of authorisation		
Net actual long term borrowing / (repayment) in year		
Long term borrowing at 31 March	0	0
Working capital borrowing at 1 April / date of authorisation		
Net actual working capital borrowing / (repayment) in year		
Working capital borrowing at 31 March	0	0

Notes to the accounts (continued)

Prudential Borrowing Code (PBC) ratio performance:

	Actual Ratios 2010/11	Thresholds 2010/11	Actual Ratios 2009/10	Thresholds 2009/10
Minimum Dividend Cover	3.1	>1x	1.7	>1x
Minimum Interest Cover	n/a	>3x	n/a	>3x
Minimum Debt Service Cover	n/a	>2x	n/a	>2x
Maximum Debt Service to Revenue	n/a	<2.5%	n/a	<2.5%

Until such time as the Trust draws down a loan only the minimum dividend cover ratio is relevant.

Note that the minimum dividend cover ratio for 2009/10 was

calculated for a one month period only. The equivalent ratio taking the 11 month period as an NHS Trust and the one month period as a Foundation Trust together would have been 2.7.

27. Related party transactions

5 Boroughs Partnership NHS Foundation Trust is a public benefit body authorised by Monitor, the independent Regulator for NHS Foundation Trusts. The Department of Health is regarded as a related party.

During the reporting period the Trust has had a number of material transactions with the Department, and/or with other entities for which the Department is regarded as the parent Department. These entities are listed below:

	Income £000	Expenditure £000
NHS North West	1,745	
Ashton, Leigh & Wigan PCT	23,104	
Halton & St Helens PCT	35,345	
Knowsley PCT	15,451	
Liverpool PCT	778	
Warrington PCT	18,971	
Western Cheshire PCT	7,714	
NHS Business Services Authority	854	
St Helens & Knowsley Hospitals NHS Trust		2,277
Warrington & Halton Hospitals NHS Foundation Trust		3,024
Wrightington, Wigan & Leigh NHS Foundation Trust		1,361

Notes to the accounts (continued)

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue & Customs, NHS Pensions Scheme and Local Authorities.

Certain members of the Board of Directors, key members of staff (or parties related to them) and members of the Council of Members have connections with organisations which have also had transactions with the Trust. These organisations are listed below:

	Income £000	Expenditure £000
St Helens MBC	81	90
Warrington Disability Partnership		12
Knowsley MBC	297	129
Warrington MBC	145	403
Wigan MBC	148	39
Warrington PCT	840	36
Knowsley PCT	18,971	22
Halton & St Helens PCT	15,451	35
Halton MBC	35,345	31

28. Third Party Assets

The Trust held £112,000 cash and cash equivalents at 31 March 2011 (£180,000 at 31 March 2010) which relates to monies held by the Trust

on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

29. Inter Government receivables and payables

	Current receivables at 31 March 2011 £000	Non- current receivables at 31 March 2011 £000	Current payables at 31 March 2011 £000	Non- current payables at 31 March 2011 £000
NHS Foundation Trusts	74		957	
NHS and Department of Health	1,139	109	477	
Local Government	223		292	
Central Government	226			
Total WGA Receivables / Payables	1,662	109	1,726	
Non WGA Balances	371		1,616	
Balance at 31 March 2011	2,033	109	3,342	

30. Losses and Special Payments

During the year there were 12 losses with a total value of £4,000 relating to bad debts. In addition there were 15 special payments with a total value of £5,000 relating to loss of personal effects.

31. Events after the reporting period end

The Trust acquired Knowsley Community Services after the reporting period end. The annual turnover of these services is c.£43million.

