

Annual Report 2012 - 13

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INTRODUCTION

The past year in our Trust has been characterised by a radical overhaul of the way we operate, refocusing our organisation to ensure that the needs of service users and carers are at the heart of what we do.

We have increased the clinical voice in the way that we are managed, strived to raise quality standards across our Trust, restructured the way we provide community services, established locality management teams and begun to create a more open and transparent culture.

Our Trust has worked hard to rebuild relationships, internally and externally, to ensure that we play a full role in our local communities of care and that our actions are informed by both those we support and by our commissioners. Our aim has been to improve the experience of our service users, our staff and those who have contact with our Trust.

Although we are beginning to see the positive impact of these changes, we recognise that there is still some way to go to achieve our Board's commitment to provide consistently, services of the highest quality and to turn our Trust into a high performing NHS organisation.

The changes made in the past year have however enabled our Trust to resume its bid to become an NHS foundation trust and we are confident that the coming year will see the improvements in service quality and engagement which will help us to achieve this goal.

This annual report reflects the changes we have made, the core of which is summarised below.

- **Service user and carer involvement:** an independent report by NSUN (National Survivor User Network) commissioned by our Trust to review its approach to service user involvement resulted in our Trust embarking on the development of a new engagement and involvement strategy. A series of 'Let's get engaged' meetings were held in the autumn to capture views, followed by a number of workshops to help develop the new strategy which we anticipate being approved in spring 2013. The new strategy will operate at an individual, ward/team, locality and strategic level.
- **Clinical engagement:** following widespread engagement across AWP, our Trust's clinical leadership forum, professional council, has developed a new clinician engagement strategy which sets out to 'deliver the best outcomes and experience for all service users through the active consultation, partnership and involvement of health and social care professionals in Trust operational and strategic decision making'.
- **Quality improvement:** a new quality information system, IQ was built to provide a 'ward to Board' focus on seven key quality indicators, agreed with our commissioners. This involves individual staff, teams and managers more effectively in identifying weaknesses and how they can be overcome. A new quality academy function has also been developed – to be launched in spring 2013 – which will work with the new locality and specialist management teams to ensure Trust wide quality standards to deliver consistent service user experience. Clinically led quality impact assessments on all service changes prior to implementation have also been put in place.

While we generally need to get better, several of our services have been recognised for the quality of their work, not least a number of our inpatient units which received the AIMS accreditation from the Royal College of Psychiatry. Our quality account 2012/13 provides greater detail on quality issues.

- **Service development:** the early part of the year saw our Trust implement a significant redesign of its community services to improve access to services, to build stronger links with primary care services and to strengthen the delivery of recovery-focused care, enabling us to support many more people within their own homes and communities. A new approach, consisting of primary care liaison, intensive and recovery teams, was introduced. Improvements have also been made in our inpatient units, in our rehabilitation teams and in our memory services. We have begun to use experience based design and peer mentors to help shape improvements in services by hearing from people who experience our services at first hand.
- **Leadership and culture:** following publication of a critical independent report into governance and management arrangements in our Trust, we have focused on transforming the leadership style and culture of the organisation to address criticisms and to build the open and transparent culture which will encourage everyone to contribute to the future direction of our Trust. Changes have been made to the senior leadership team and we embarked on a programme of organisational change, 'Fit for the Future,' which set out how we would establish a less centralised leadership model, informed by the needs of our local communities and our commissioners. Reflecting this commitment, trust wide strategic business units have been replaced by a structure of locality based delivery units and a specialist delivery unit for drug and alcohol and specialist services. Each is run by a triumvirate, headed by a clinical director and supported by a managing director and a head of profession and practice. Their role is to ensure the delivery of high quality services, tailored to the needs of the local communities of care and to provide local accountability for our services.
- **Staffing:** we were delighted when 14 individuals and teams were recognised in the new national NHS staff recognition scheme NHS Heroes. Internally our staff awards demonstrated again some of the great work undertaken across our Trust and our long service awards again revealed the commitment of many of our staff who have devoted more than 30 years of service to health and social care. Disappointing NHS staff survey results reinforced the importance of the changes we are making to empower our staff to respond to local requirements so as to help deliver significant quality improvements.
- **Openness and transparency:** to encourage greater involvement with those who use our services, our Trust Board now holds its meetings in different parts of the region and discusses an increasing number of issues in open session. It regularly hears from clinicians directly at its meetings on service issues, reviews lessons learned from the investigation of complaints and engages in dialogue with those attending. Reinforcing its desire to work in a different fashion, the Board began a consultation at the end of the year in relation to changing its strategic objectives, vision and values to bring them more in line with the aspirations of those who have contact with our Trust.

Having taken over the roles of chair and chief executive during the course of the year, we would like to acknowledge the contribution of our predecessors and thank all those who retired in the course of the year for their service to our Trust and to the NHS, including our former medical director Arden Tomison and our operations director Andy Sylvester. We welcomed to the Board Hayley Richards and Kristin Dominy, respectively as Medical Director and Director of Operations and also welcomed former chief executive of North Bristol NHS Trust Ruth Brunt as an associate non executive director.

We would like to thank everyone who has supported our Trust in the past year and look forward to working within the new NHS landscape to build closer and more effective relationships with the health and social care communities in each of our areas, working with NHS, third sector and local authority colleagues to deliver the best and most cost effective recovery focused care.

Tony Gallagher
Chair

Iain Tulley
Chief Executive

DELIVERING MENTAL HEALTH SERVICES

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a major provider of high quality mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. Our Trust also provides specialist services for a wider catchment extending throughout the south and south west.

Our Trust provides services for people with mental health needs, with needs relating to drug or alcohol dependency and mental health services for people with learning disabilities. We also provide secure mental health services and work with the criminal justice system.

Increasingly AWP provides treatment and care in people's own homes and other community settings, reflecting the preferences of our service users. Our community services are supported by high quality inpatient services that provide short term assessment, treatment and care. Increasingly specialist staff such as our LIFT psychology or our memory teams work from GP surgeries, working within the primary care community.

Our Trust operates from 124 buildings, including 23 inpatient buildings, six community houses and 71 community service locations.

Contact with service users

In 2012/13, staff saw 36,659 individuals from over 36,852 referrals and admitted 2,225 people into our inpatient units. Our community teams had more than 445,000 contacts with service users.

Our services

Over the past year, our Trust has increased the clinical voice in decision making. It has changed the way services are managed from a Trust wide strategic business unit model to a more devolved, locality focused management structure, designed to bring decision making closer to the local communities we serve.

Each locality, which corresponds to a local authority area, is led by a clinical director, supported by a managing director and a head of profession and practice. A similar structure applies to the delivery unit providing specialist drug and alcohol services and specialised services, which operates over a wider geographical catchment area.

Our Trust's central support functions are being reshaped to add value to our locality management teams, ensuring that clinical directors have the back-up required to enable them to be accountable and responsible for our services in each locality.

These changes are designed to bring all staff, whatever their position, closer together in pursuit of shared objectives. Having been phased in since January 2013, it is expected that implementation and related recruitment will be completed by early summer 2013.

Over the past year, quality has been the organising principle as our Trust has continued to improve its contractual performance, with an increasing focus at ‘being brilliant at the basics’.

Our Trust continues to pursue new contractual opportunities and to win new business while working with commissioners to implement improvements to existing contracts which would benefit those who use our services.

Services delivered by our Trust in 2012/13 included:

- Acute hospital liaison
- Attention deficit hyperactivity disorder (ADHD) service
- Autism spectrum services
- Care home liaison
- Clinical and psychosocial substance misuse services in prisons
- Complex Interventions Teams
- Court assessment and referral service (in courts and police custody suites)
- Criminal justice interventions teams (CJIT)
- Day services – day hospitals, supported day care (inreach), therapy centres, specialist centres for younger people with dementia
- Deaf mental health service
- Early intervention in psychosis
- Electro-convulsive therapy (ECT)
- Forensic consultancy, discharge and aftercare services
- Forensic intellectual developmental disorder services
- Forensic Pathfinder personality disorder service
- Inpatient assessment and treatment services
- Inpatient stabilisation and detoxification service with therapeutic programme
- Intensive services
- Later Life Therapies teams
- Medium and low secure inpatient services
- Memory assessment services
- Mother and baby service
- Primary care liaison
- Primary care liaison services
- Prison mental health inreach teams
- Psychiatric intensive care
- Psychological therapies in primary and secondary care
- Recovery services
- Rehabilitation services
- Specialist community-based assessment and treatment services for drugs and alcohol including specialist prescribing and community detoxification
- Specialist eating disorder services, inpatient, community and primary care
- Specialist mental health learning disability community services
- Treatment programmes in prisons (12-step prison partnership programme and alcohol-related violence programme)
- Vocational services

Innovating for improvement

Innovation is about doing things differently to improve the quality of our services and service user experience. It is about turning the good ideas of our staff, service user, carers and partners into real benefits, some examples of which are set out below.

Listening to the voice of experience

Experience-based Design (EBD) asks people to describe their emotional experience when they come into contact with a particular service. The aim is to understand both positive and negative experiences and use this to redesign aspects of the service.

The basis of the approach is simple - people who use and work in a service are best placed to say how it can improve. EBD draws on the expertise of service users, staff and external partners, using creative ways of capturing experience. The decision of what to improve is a collaborative one and improvements are co-designed by staff and service users.

Pioneered by Bristol specialist drug and alcohol service, working in partnership with peer mentors (former service users), this approach has made a significant difference. In the light of feedback, immediate changes were made to information leaflets, the conduct of ward rounds and the preparation of service users entering detox so as to build confidence and hope. Peer mentors produced a short film describing the personal experience of Ellie, former service user now peer mentor, of inpatient detox on Acer Unit. 'Finding Hope', directed, starred in, filmed and produced by peer mentors, can be viewed on the AWP website.

This approach has Board level support and is now being used by other services to improve service user experience. Projects underway include the STEPS eating disorders service, care home liaison team and the Bristol criminal justice intervention team with other teams ready to follow suit.

Simply the 'BEST in Mental Health'

The BEST in Mental Health (Best Evidence Summaries of Topics in Mental Health) service helps to bring high quality research evidence into clinical practice. The BEST team works closely with health and social care professionals to form answerable questions about wide-ranging aspects of mental health. The team develops a search strategy tailored for each clinical question and searches the literature databases for relevant, high-quality evidence. This is then critically appraised using tools developed with the Cochrane Collaboration at the University of Bristol, and presented to the clinician as a summary. Staff have access via our Trust's intranet, Ourspace to a searchable database of these summaries. These are used to inform clinical practice and service development, ensuring they are based on current, high quality research evidence.

The BEST in Mental Health project, the result of collaboration between the University of Bristol and AWP, received national recognition when selected as a finalist in the Innovation in Mental Health category of the prestigious Health Service Journal Awards in 2012.

West of England Academic Health Science Network

There is no shortage of great ideas, services or products that have the potential to transform healthcare but their uptake and spread across the NHS is often slow. Great ideas can remain locked in individual organisations, limiting the potential benefits to individuals and communities.

Academic Health Science Networks (AHSNs) are new organisations that bring together NHS, university, industry and other important stakeholders across a geographical area with the aim of accelerating the spread of innovative, evidence-based care to improve health and care quality.

Fifteen AHSNs are being established across England. Our local network covers South Gloucestershire, Bristol, North Somerset, Bath and North East Somerset and is called the West of England Academic Health Science Network. AWP has played a key role in developing the West of England Academic Health Science Network and is committed to being an active partner. An early focus of the Network is improving mental health.

To find out more about the plans, priorities and partners of the West of England Academic Health Science Network take a look at the website: www.weahsn.org.uk

Research and development (R&D)

R&D in AWP prioritises involving service users in research opportunities, in particular national projects funded by the National Institute for Health Research (NIHR). The past year saw the highest recruitment to studies in our Trust's history - 850. We aim to double this figure over the next few years.

Research generates an annual income of more than £2m, mainly as a result of the R&D department hosting two national topic networks: the Mental Health Research Network (MHRN) and the Dementias and Neurodegenerative Diseases Research Network (DeNDRoN). Bristol is also one of the major national centres for research into suicide prevention and the psychological treatment of depression.

2012/13 saw the formation of Bristol Health Partnership, a new clinical research collaboration bringing together AWP, Bristol's NHS Trusts, its two universities and local authority. The partnership operates through Health Integration Teams (HITs) working innovatively across disciplines and organisations to tackle major health priorities and improve care pathways for patients and service users. AWP is centrally involved in several major HITs with a mental health focus including dementia, self-harm and developing healthier neighbourhood environments.

Our priorities include:

- Ensuring that service users, carers and staff have every opportunity to take part in the research process
- Increasing our research activity in key areas like dementia
- Translating existing research findings into practice (eg the BEST evidence in mental health clinical question answering service – see page 9)
- Working collaboratively with service users, carers, clinicians, managers and commissioners to identify practice-relevant research questions and funding for this research
- Making research processes quicker and easier
- Developing and supporting future leaders in mental health research.

The benefits of research are considerable for our Trust including a positive impact on health outcomes.

Research projects also give service users, carers and staff access to new procedures, treatments, tests and ways of working that wouldn't otherwise be available for years to come.

By participating in research, we can be at the forefront of these developments in mental health care. For more information visit www.awp.nhs.uk/about-us/research-development/

Emergency preparedness

Changes in the NHS and public sector landscape in the past year has resulted in considerable work to ensure that our Trust has robust emergency plans in place that both provide assurance to our NHS commissioners about our level of preparedness but also enable us to collaborate with and support our local health communities. This ensures that in times of operational challenges such as snow, fuel supply problems, industrial action, heavy rainfall and flooding, AWP is capable of delivering its core critical services. We continue to work closely with other health providers to enhance resilience.

The way in which we deliver business continuity planning has been improved to make it more robust, simpler to deliver and to ensure both a holistic approach and compliance with ISO22301 - the new standard for business continuity.

Late autumn 2012 again saw the start of the AWP seasonal flu staff vaccination programme. Uptake increased significantly on previous years and further enhances AWP resilience. Our Trust has also brought in it's own 4x4 capability for the winter period and ensured AWP was able to provide care to service users in the community, without relying on 4x4 vehicles from partner organisations.

AWP is working closely with local Health Resilience Partnerships and is a member of the Health Resilience Development Network.

Building strong relationships

The above examples of service improvement initiatives, innovative practice and the preparatory work we do to ensure we can deal with emergencies illustrate the importance of working in partnership with other organisations.

Our Trust Board wants AWP to contribute positively within the local communities of care in which we operate and to build strong relationships with health and social care colleagues, whether in the NHS, the public or third sectors. By working more closely together, our Board believes that mental health services in each locality will become more responsive and more effective.

Over the past year, we have strived to develop closer relationships with commissioning colleagues, both primary care trusts and the embryonic clinical commissioning groups which came into being on 1 April 2013. In addition we have sought closer and more effective relationships with local authorities, other parts of the public sector and third sector groups.

Building on the work undertaken in the past year is essential for our Trust and we are committed to strengthening relationships with stakeholders, our FT members and staff.

Freedom of Information Act 2000

Our Trust continues to embrace the openness and accountability of the Freedom of Information Act and during 2012/13 we responded to 2,027 request for information, from 186 applicants.

We are required to respond to requests in 20 working days and the average response time we achieved was 7.6 days.

Requests covered a wide range of subjects including organisational structures, junior doctors' working hours, Trust policies, information and communications technology (ICT), out of area treatment figures, car parking charges, staffing and service information, nursing agency spend, chaplaincy information.

More information is available at www.awp.nhs.uk/news-publications/freedom-of-information/

Details of serious untoward incident involving data loss or confidentiality breach

Our Trust experienced one such information governance incident. Information regarding a service user was sent to a nursing home to which she was discharged. The nursing home phoned the ward to let them know that the envelope in which the information was sent also contained documents relating to six other service users. These were safely secured by AWP.

Information governance toolkit annual return

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information within a common framework across all NHS and social care organisations.

The Department of Health requires this framework, known as the information governance toolkit (IGT), to be completed annually. The IGT is divided into 45 different requirements covering the following six areas:

- Information governance management
- Confidentiality and data protection assurance
- Information security assurance
- Clinical information assurance
- Secondary information assurance
- Corporate information assurance.

Our IGT score overall for 2011/12 was 80% , satisfactory and was graded 'green'. We have achieved 'level 2' in all requirements.

The IGT is also used to cross reference compliance with other external performance indicators such as the Care Quality Commission's 'essential standards of quality and safety' (formally the Healthcare Commission's 'standards for better health') and the NHS Litigation Authority's Clinical Negligence Scheme For Trusts (CNST).

IMPROVING PATIENT CARE

Our Trust seeks to take every opportunity to improve the quality of our services. We annually set improvement priorities covering the three areas of patient and service user experience, clinical effectiveness and safety. We are committed to delivering person-centred services which are accessible, responsive and recovery-focused. Our Quality Account provides detailed information about how we have performed against these priorities over 2012/13 and sets out our priorities for improvement in 2013/14.

Over the past twelve months we have:

- Received more than 36,500 referrals
- Cared for over 2,200 people within our hospitals
- Met or exceeded our targets set by England's independent health care regulator Monitor
- Improved performance against our local targets set by our commissioners
- Achieved AIMS (Accreditation for Mental Health Inpatient Services) accreditation for five of our wards
- Participated in the annual Royal College of Psychiatrist peer review process and all 11 of our wards in secure services have been assessed as meeting the best practice standards for secure care
- Implemented an innovative method (experience-based design) for improving the experience of service users.

Performance against key national indicators

The strategic health authority, NHS South monitored our Trust against Monitor's standards throughout the year. Our Trust Board received and reviewed monthly performance reports.

Over the last 12 months we achieved or exceeded national indicators:

- 99% of our patients were followed up within seven days of discharge from hospital
- 95% of our patients received a CPA review in the last 12 months
- 98% of patients were assessed by our crisis resolution and home treatment (Intensive) teams before inpatient admission
- Exceeded targets for data completeness for patient identification and outcome measures.
- Over-achievement of early intervention in psychosis caseload

Our Trust updates quarterly via its website its performance in relation to key service quality measures that are nationally recognised so that comparisons can be made with other mental health service providers to be made. We set out below the end of year position in relation to 10 key indicators.

Performance indicators

	Indicator name and definition	Target	Jan	Feb	Mar	Change
1	Maximum 13 weeks Referral to treatment - number of PCT areas at 95% or more	95%	94%	96%	96%	➔
2	Care programme approach follow up within 7 days of discharge - number of PCT areas at 95% or more	95%	98%	99%	99%	➔
3	Service users receiving a review (those on CPA for 12 months or more)	95%	95%	96%	95%	▼
4	Minimising mental health delayed transfers of care	< 7.5%	5.4%	5.9%	6.2%	▼
5	% of admissions (18-64 years) gate-kept by Crisis Resolution & Home Treatment teams	95%	98%	99%	98%	▼
6	No. of new cases of psychosis in Early Intervention Services (cumulative) - number of PCT areas at locally agreed standards	182	221	239	249	▲
7	No. of people receiving assertive outreach services (caseload snapshot at month end) - number of areas meeting locally agreed standards	535	556	557	560	▲
8	Data Quality - completeness of identifier fields	97%	99.9%	99.9%	99.9%	➔
9	Data Quality - completeness of outcome fields	50%	84%	84%	83%	▼
10	Access to healthcare for people with learning disabilities	Fully met	Fully met	Fully met	Fully met	➔

We have used a “traffic light” system to rate how well we have done against the indicators. These are:

Red	Standard not met / poor result
Amber	Standard nearly met / adequate result
Green	Standard met / good result

We have also used arrows to show the direction of change against target level since the previous month

▲ = Improving ► = No change ▼ = Deteriorating

In addition, all Monitor compliance framework measures relating to governance risks were met by our Trust. Our Trust also met requirements relating to eliminating mixed sex accommodation, meeting the six criteria for access to healthcare for people with a learning disability and screening for VTE (venous thromboembolism).

Performance against local indicators

Using the Commissioning for Quality and Innovation (CQUIN) framework, we agreed a total of seven schemes with our commissioners. These targets included: reduce death, disability and ill-health from VTE; support to acute providers to meet the national dementia CQUIN; data collection of the NHS safety thermometer; data improvement in support of implementing mental health Payment by Results; implementation of high impact changes to increase the use of digital methods of patient contact; and implementation of patient and carer experience surveys to help us to understand where we are doing well and where we can improve delivery of commissioned services.

In addition, we met performance targets in most local indicators agreed with our commissioners and improved our performance relating to CPA (Care Programme Approach) quality indicators by 10%.

We saw an overall improvement in our real-time service user survey results, however, our carer's survey indicated a decrease in performance overall. The latter result is an area of significant concern to our Trust and will therefore remain as a Trust priority for 2013/14.

Quality monitoring and improvement

Our Trust has a robust performance and quality improvement strategy. From Board level to frontline services, quantitative and qualitative information is scrutinised covering the areas of and service user experience, effectiveness and safety. Reports are reviewed monthly by the Board, and across our Trust, including external scrutiny by our commissioners and a range of care forums. Our Trust has developed a system of mock inspections which is highlighting where issues with compliance against the Care Quality Commission's (CQC) essential standards for quality and safety may arise. This approach has helped to systematically improve the quality of services.

Our Trust is required to register with the CQC and its current registration is registered without conditions. The CQC took enforcement action against AWP during 2012/13 and, as a consequence, three warning notices were issued in relation to services at the Blackberry Hill site. Full reports are available via the CQC website and outlined in our Quality Account 2012/13. The CQC has now re-visited these services and is satisfied that all standards are now being met.

Arrangements to govern service quality

Our Trust has a clear quality governance and assurance framework which collates and scrutinises information from ward through to Board. Our Trust Board committee for Quality and Safety, oversees the structures and processes within our Trust to ensure the delivery of high quality services and compliance with necessary standards and regulations. Reporting to this committee are a number of management groups which cover areas such as Mental Health Act legislation, health and safety, critical incident overview, infection control, medical devices and so on. Alongside these management groups, our Trust has strengthened its Professional Council which contains representation from the clinical professions, clinical executives and operational clinical directors. Strategic business units also operated local governance meetings which oversaw local delivery of quality outcomes and standards. They also had their own quality improvement plans. This will be replicated in the new local delivery unit areas.

In addition, a sub-committee, the Service User and Carer Steering Group, ensures that our Trust receives and responds to feedback from users and carers of our services.

Quality assurance

We are constantly developing new ways of seeking assurance as to the quality of our services. Throughout this year we have made efforts to improve data quality, strengthen supervision and appraisal, and have developed enhanced mechanisms for surveying the views and experiences of patients, service users and carers.

The past year concluded with the development of **IQ**, the information for quality system which has been developed to bring together seven key quality indicators which have been agreed by our commissioners and key stakeholders. This will provide 'ward to Board' assurance against the seven core early warning indicators of :

- Service user experience – Friends and family test
- Compliance with the Care Quality Commission's Essential Standards of Quality and Safety
- Contract and Monitor quality indicators and CQUINs
- Sickness absence
- Supervision and appraisal
- Quality of the care record
- Finance.

Service change and improvement

Our Trust has carried out a significant redesign of its community services to improve access, build stronger links with primary care and strengthen the delivery of recovery-focused care. During May to September 2012, each local area implemented a new model of working consisting of primary care liaison, intensive and recovery teams.

Primary care liaison teams provide the first point of contact for referrers, providing short term support and advice alongside primary care staff, such as GPs. Where further support and treatment is required, the team will refer on to their local intensive or recovery teams. This service is developing well across our Trust, providing extended working hours to improve accessibility and increasing the numbers of service users receiving support, advice and treatment within a primary care setting.

Alongside the primary care liaison team, our Trust has developed a new intensive service which provides 24 hour, seven day a week support for service users with emergency care needs. This service also works closely with inpatient and other community services to provide an alternative to hospital admission through the provision of home treatment and support. This new service has improved responsiveness, enabled better use of inpatient beds and provided greater support throughout day and night.

Our Trust has strengthened its ability to provide recovery-focused services through the establishment of recovery teams in each area. This is the main service providing care packages and interventions for service users, working in partnership with other agencies. Within this service, care co-ordinators take a lead role in ensuring consistent management of care for service users and carers throughout their treatment. This service is developing well across our Trust in collaboration with the other local services.

ENGAGING WITH OUR COMMUNITIES

Our Trust Board is committed to involving the widest spectrum of stakeholders in shaping the future direction of our Trust and to delivering the highest quality of services. We set out below some of the ways in which we encourage people to have contact with our Trust and the ways in which we keep people in touch with developments which may impact on them.

Public and patient involvement activities

Over 500 service users, carers, Foundation Trust members, voluntary sector organisations with an interest in mental health and staff worked in partnership with us to develop our community engagement and involvement strategy. In the autumn, a series of 'Let's get Engaged!' events took place across the whole Trust area. These were followed by a co-production event in October attended by over 100 people which helped to shape the strategy. Everyone agreed that engagement should be collaborative, organised, energising, positive and innovative.

New patient information leaflets were developed in our Trust throughout the year, including a new welcome booklet for wards. All 150 leaflets currently available on the website were developed with service user and carer involvement. We are developing easy read versions of key patient information. Staff now have access to many more approved leaflets for service users and carers via the Royal College of Psychiatrists and Choice and Medication websites.

We continued to meet quarterly with the six local involvement networks (LINKs), responded positively to enquiries about our services and to requests for staff to visit local mental health groups. LINK members have commented on our quality accounts, had their say about how successfully we are delivering the equality agenda (EDS) and been involved in visits to wards to review the care environment (PEAT visits). Local Healthwatch organisations came into being on 1 April 2013 and, as they develop, we will build relationships with them in each of the local areas.

In 2012, 1,532 people told us what they thought about their care by taking part in the annual national community mental health survey. We chose to repeat the national inpatient survey and 153 service users who were in inpatient units in the second half of 2011 took part.

Monthly 'real time' surveys in all areas of care provide up to date information for teams and wards about what we are doing well and what needs improving. Service user involvement in care planning is one area which has been a focus for improvements. We began early implementation of the Friends and Family Test in March. This gives service users the opportunity to tell us whether they would recommend our services to friends and family if they needed similar care or support.

Peer mentor volunteers have been successful in SDAS in 2012 (see page 9). We are linking with St Mungo's charity in Bath to develop a peer mentor volunteering project. Based at Hillview Lodge, it supports service users on wards and in the community. The volunteers will provide information about local groups and activities and can accompany service users to activities, including sport, gardening and social activities.

This year, Bristol University student volunteers who have run a social night for adult service users at Callington Rd Hospital for many years are now also running a group for the later life wards on the site. Some new volunteering roles have been developed this year, including drumming and reading poetry.

Working with our Foundation Trust members

Our Trust continued with its journey towards Foundation Trust status through 2012/13, however, progress was delayed due to quality governance concerns. Our Trust implemented a programme of action entitled 'Fit for the Future' in order to make the improvements required to be able to become an FT in 2013/14. Progress through this year was regularly communicated to members of our Trust.

Our membership team has continued to work towards achieving Foundation Trust status and our Trust Board appreciates the support we have received from our 16,500 plus membership.

During 2012/13, we increased our overall membership by 5% to 16,800, exceeding our 16,500 target set at 1% of the trust population area. The public constituency increased by 6% and the service user/carer membership increased also by 1%. We will be continuing our activities over the coming year to maintain this level of recruitment.

We have yet to achieve our 65 plus age group members which is a focus for the next quarter. We have plans in place to promote the Foundation Trust more widely to the older generation within our Trust area, working closely with stakeholders and voluntary organisations to ensure this group are well represented in our membership. Recognising that male members were Under represented, we implemented a recruitment campaign which resulted in a significant increase in male members regularly engaging with the Foundation Trust.

During the past year, the membership team has engaged with members in a number of ways, including:

- Four members' events, attended by over 300 people
- Publications including quarterly members' updates, Ourvoice, Snapshot and coverage in local media
- Web-based information including the benefits of a Foundation Trust, online events and membership registration, surveys and membership news
- Twitter feeds and emails
- Governor information events, and letters
- Working closely with the Ministry of Defence signposting mental health services to all levels of military personnel
- Health promotions, voluntary and community events and campaigns

The next year will see an ambitious programme of activities with governor elections scheduled for the autumn. Identifying suitable governor candidates and ensuring that all members are given this opportunity is a priority within our Trust.

We are immensely grateful to all who have supported and worked with us during the past year and look forward to maintaining those strong links in the community and with stakeholders.

Our members continue to be a major focus as we move toward achieving Foundation Trust status. Together, we can succeed in continuing to improve the standards of our services and the quality of care!

Carers

The carers' survey was repeated and further improvements made as a result, with particular regard to how carers are identified and recorded on the electronic records system. Staff will be using the self assessment tool in the 'Triangle of Care - carers included' to work to improve carers' experiences in the future.

The AWP Carers' Forum continued to meet quarterly in the year with improving attendance from third sector partners, carers and AWP staff. Members of the Forum see this as a valuable place to bring issues that can then be addressed both within and without the organisation.

Consultation and engagement

Our Trust continues to develop its relationships with both its statutory and non statutory partners. Meetings with the chairs and chief executives of NHS and non NHS provider and commissioner organisations, MPs and local authorities took place throughout the year. We also worked with a series of charitable and third sector bodies both representing and providing services for our service users and carers and enjoy developing relationships with each.

Our Trust fulfils its statutory requirements in relation to consultation with staff over changes which may affect their role, arising from service redesign or restructuring. The past year saw consultations over community redesign, the reshaping of inpatients and rehabilitation and the restructuring of the executive management team. As part of the implementation of the new devolved locality management structure and the reshaping of the corporate support directorates, staff consultations were underway in relation to some of these changes at the end of the financial year and others will continue into the financial year 2013/14 until the new structure is in place. Our Trust also consults staff and seeks feedback into policy and strategy developments and through its intranet Ourspace runs a number of periodic surveys on issues which impact on staff (eg fraud, travel, wellbeing)

Where significant changes have been made to services, such as the adult community service re-design implemented in the past year, our Trust has engaged with commissioners and local authority colleagues as appropriate, informally and formally, including reporting to health overview and scrutiny committees

Other examples of consultation with commissioners include discussion around the planned move of services located in Windswept to Sandalwood Court in Swindon; the suspension of admissions to the inpatient unit in Charter House, Trowbridge; a mental health improvement plan which discussed the increase in Eating Disorder beds and a reduction in acute beds due to the changes at Southmead Hospital; and learning disability services at our Landsdowne Unit following a CQC inspection.

The preparation of our quality account was also discussed at overview and scrutiny committees, further details of which are set out in our quality account.

As indicated elsewhere in this annual report, a wide range of discussions took place with service user and carer groups in relation to the development of a new engagement and involvement strategy.

Equality and diversity

During 2012-13 we built on previous work which focused on the four broad equality goals: better health outcomes for all; improved patient access and experience; empowered, engaged and included staff; inclusive leadership.

As a result of the information gathered we focused on three issues which would help to improve the services we provide and improve service user and staff experience.

We recognise that the needs of some service users from protected and other disadvantaged groups can be distinct and specific. Our Trust responded by designing services which reflect those needs and by continuing to ensure that our Trust's redesign programme and policy development activities are supported by a comprehensive equality impact assessment process that identifies any area of work which may have an adverse impact on those with a protected characteristic.

Our goals for 2012/13 were to:

- Improve diversity data completeness on service users, carers, staff and volunteers and to ensure this equalities information is analysed and used meaningfully to inform services, policies, strategies and targeted interventions
- Increase the positive experiences of those who use AWP services and those who work for our Trust
- Improve communication with all service users and their carers so that, where appropriate, they are informed about their diagnosis, their choices and places of treatment and care.

Each goal supports our commitment to meeting the duties set out within the Equality Act 2010.

All services can now access service specific detailed information on diversity to inform strategy, planning and interventions through amendments to internal reporting systems.

External assessments by the Care Quality Commission demonstrated an improvement in the number of service users in inpatient units who did not feel they had been treated unfairly due to age, sex, race, religion, sexual orientation, disability or for other reasons. There remains room for improvement in this area for AWP to be consistent with other mental health organisations who fall into the top 20% band. The CQC survey of users of community services does not provide this level of detail.

The national 2012 NHS staff survey (see page 25) results demonstrated no significant improvement against the 2011 results in relation to staff experience. AWP recognises that there remains progress to be made in this area. New staff networks for disabled staff and BME staff have been set up in 2013 to specifically address the needs of these groups of staff.

As a result of the Care Quality Commission patient surveys our Trust has identified improvement opportunities in relation to the information provided to service users and carers in relation to their treatment. The Diversity leads within our Trust services have identified opportunities to provide such material in languages other than English with rapid access to translation services in the most commonly used languages. All information provided on our Trust website is now accessible in multiple languages through the use of Google translate services.

AWP continues to support Mencap 'Getting It Right' Charter to provide improved support to service users and carers with learning disabilities who access mainstream mental health services. We have developed information in accessible formats to support them during treatment and complemented this with staff training to increase knowledge and confidence.

Our Trust's Diversity Steering group monitors progress against its objectives and reports to the Modernisation and Workforce Group.

Our Trust provides a comprehensive programme of equality and diversity training which all staff are required to attend as part of their induction, with a refresher course to be completed every five years. Our Trust has made a further commitment to continue to support staff to undertake the Racial Equality and Cultural Capability (RECC) Train the Trainers course and will deliver this training to staff within the organisation. Staff who have already received this training are supporting us to develop a workforce which is culturally competent.

Find out more on our website at <http://www.awp.nhs.uk/about-us/equal-opportunities/> .

Patient Advice and Liaison Service (PALS)

This year AWP PALS celebrated its fifth birthday. Since launching in March 2008, the team has dealt with more than 10,000 items of comment, suggestion, praise and concern. The PALS team provide a free, confidential and impartial service to service users, families, carers and interested members of the public. The PALS team also assist staff and work with service user and carer involvement groups.

PALS enquiries can range from requests for information to complex concerns that need resolving. In the past year the team has received 1,485 enquiries and provided confidential, impartial information, advice or solutions and have recorded 1,552 issues.

Further information about the work that PALS do is available on our website at <http://www.awp.nhs.uk/advice-support/pals/>

Learning from complaints

If concerns are not resolved locally or through PALS, then a formal complaint can be made. Our Trust welcomes complaints as a way of learning from people's experiences and improving our services. This year we received 305 formal complaints. Although this number is small compared to the number of people seen in our services, we take each issue seriously and we aim to resolve complaints sensitively, quickly and to the satisfaction of the complainant..

Each month a complaint is presented in the public part of our Trust Board meeting. The complaint is presented anonymously and our Board has the opportunity to ask questions about the process, the problems that have been highlighted, and the actions taken to remedy the complaint and to prevent the likelihood of a similar situation arising again.

Getting it right

PALS recorded 782 items of praise this year, the increase of recorded praise continues to rise year on year. Praise comes in many forms such as cards, letters and telephone calls to staff. This is greatly appreciated by staff and highlights good practice that can be shared within our Trust. In addition, many positive comments were received through the community mental health survey and the inpatient survey.

WORKING WITH OUR STAFF

We recognise that the quality of care we provide is wholly dependent on our staff and our goal is to ensure they have the resources, support and training to deliver this.

Our annual staff awards again demonstrated the quality of the work undertaken by staff across our Trust and external appreciation of this also came through the national NHS Heroes scheme recognising 14 individuals and teams.

A wide range of information is made available to staff relating to Trust developments and issues which impact on it. In addition to the information required by an individual to fulfil their role, our Trust makes a vast amount of information available through its intranet, Ourspace, a weekly round-up to all staff, a quarterly staff magazine Ourvoice and via a monthly stakeholder briefing, Snapshot.

In addition project specific email communications is undertaken, including updates from the chief executive and other members of the senior management team. These were supplemented in the past year by Trustwide video conferencing where staff attending were briefed and had the opportunity to ask questions of senior management.

Our Trust is committed to the principles of working in partnership with staff side, and recognises the important role that trade unions have to play. Our Trust has formal consultation and negotiation machinery in place, and monthly meetings provide an opportunity for staff and senior managers to exchange information as well as consult and negotiate on a formal basis.

Our Trust Board recognises the importance of tackling the concerns of our staff as reflected in the NHS national staff survey, our own internal surveys and via feedback mechanisms. We are redoubling our efforts to fundamentally tackle the issues which cause concern and to implement initiatives in line with the NHS Constitution's staff pledges.

The average number of staff employed over 12 months (April 2012 - March 2013) was 3,213 FTE.

NHS national staff survey

Our Trust's approach to engagement has been driven by using staff survey data to formulate actions plans to improve the experience of working at AWP. Progress against these plans has been monitored by our Trust Board's Employee Engagement and Strategy Committee (ESEC) on a bi-monthly basis. In addition, a Trust wide focus has been given to improving the quality of supervision and appraisal and to leadership development.

This ESEC has also established 'Listening to You' sessions in advance of its meetings which take place in a variety of Trust locations and give staff the opportunity to talk directly to Board members about issues that affect them. Feedback from these sessions is posted on our Trust's intranet, Ourspace, with details of any action taken.

Response rates for 2012 and comparison with 2011

	2011		2012		Trust Improvement/ Deterioration
Response rate	Trust	National average	Trust	National average	
	58%	54%	56%	50%	-2%

Areas of improvement from 2011

	2011		2012		Trust Improvement/ Deterioration
Areas of improvement from 2011	Trust	National average for mental health / learning disabilities	Trust	National average for mental health / learning disabilities	
Staff job satisfaction	3.49	3.59	3.65	3.66	+0.16
Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver	65%	74%	74%	78%	+9%
Percentage of staff having well-structured appraisals in the last 12 months	32%	39%	40%	41%	+8%
Fairness and effectiveness of incident reporting procedures	3.37	3.45	3.48	3.52	+0.11

Areas of deterioration from 2011

	2011		2012		Trust Improvement/ Deterioration
	Trust	National average for mental health / learning disabilities	Trust	National average for mental health / learning disabilities	
Percentage of staff suffering work-related stress in the last 12 months	33%	33%	47%	41%	+14%
Percentage of staff receiving health and safety training in the last 12 months	82%	83%	66%	73%	-16%

Top 4 ranking scores

	2011		2012		Trust Improvement/ Deterioration
	Trust	National average for mental health / learning disabilities	Trust	National average for mental health / learning disabilities	
Effective team working	3.77	3.81	3.88	3.83	+0.11
Percentage of staff receiving job-relevant training, learning or development in the last 12 months	76%	80%	83%	82%	+7%
Percentage of staff appraised in the last 12 months	82%	83%	87%	87%	+5%
Percentage of staff working extra hours	64%	53%	69%	70%	+5%

Bottom 4 ranking scores

	2011		2012		Trust Improvement/ Deterioration
	Trust	National average for mental health / learning disabilities	Trust	National average for mental health / learning disabilities	
Bottom Ranking Scores					
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	23%	17%	43%	30%	+20%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	14%	13%	28%	21%	+14%
Percentage of staff reporting good communication between senior management and staff	20%	29%	24%	30%	+4%
Staff recommendation of the trust as a place to work or receive treatment	3.07	3.42	3.23	3.54	+0.16

NB: 2011 scores taken from results of 2012 survey

Key areas of improvement

Our Trust has improved significantly in relation to staff job satisfaction, staff feeling satisfied with the quality of work and patient care they are able to deliver, staff having well-structured appraisals and confidence in the fairness and effectiveness of incident reporting procedures. Across all four areas our Trust improved its score in excess of national improvements for the same categories.

Local survey results

In addition to the national NHS staff survey, AWP carried out three internal surveys via our intranet Ourspace in 2012/13. Response rates averaged 15% of Trust staff with 592 staff responding to the survey conducted in December 2012.

The survey asked the following questions:

1. If a friend or relative needed treatment I would be happy to recommend our Trust
2. How much do I feel that I contribute towards providing a high quality service?
3. How much does AWP support me in providing the service that I deliver?
4. AWP is generally getting better as a provider of services?

	Percentage of staff scoring 3 or above on a scale of 0 to 5		
	June 2012	September 2012	December 2012
If a friend or relative needed treatment I would be happy to recommend our Trust	67%	64%	72%
How much do I feel that I contribute towards providing a high quality service?	87%	85%	87%
How much does AWP support me in providing the service that I deliver?	58%	51%	78%
AWP is generally getting better as a provider of services	51%	52%	66%

The survey also welcomed comments from staff in relation to what would contribute to improved service quality and engagement. Comments were analysed and broken down by the following themes:

- Service improvement
- Staffing issues
- Information and communications
- Management
- Working methods and environment
- Training and development.

Action plans

As a result of the national NHS staff survey and the internal surveys the Staff Engagement and Action plan was refined to provide additional focus for the business units to deliver changes that were specific and relevant to their services. This was in addition to our Trust wide focus on improving the quality of supervision, appraisal and leadership development.

Areas of concern and action plans to address

The following have been identified as a result of the national staff survey:

- Overall levels of staff engagement
- Quality of communication between staff and senior management
- Bullying, harassment and risk of violence from service users and carers
- Bullying, harassment and risk of violence from colleagues.

Our Trust intends to take a different approach in the forthcoming year to formulating plans to address the key priorities detailed above. Our Trust will engage staff in a series of workshop events to capture ideas from staff at all levels and across all areas to build a sustainable approach to improving the experience of working at AWP.

ESEC will determine any targets for improvement and has already commissioned work into the detail behind the issues around bullying and harassment. It will continue to monitor our Trust's performance in relation to our staff survey results and other feedback.

Policies in relation to disabled employees and equal opportunities

Our Trust's Workforce Diversity and Equal Opportunities policy confirms that AWP is committed to the fair treatment of all people, regardless of their sex, gender re-assignment, religion or spiritual beliefs, disability, mental health needs, age, marital status, domestic circumstances, social class, sexual orientation, ex-offender status, political allegiance or trades union membership. Our Trust is firmly opposed to any discrimination based on these human characteristics and values.

An Equality Impact Assessment is undertaken on all new policies as they are developed. If, following an initial assessment, it is identified that a policy might have an impact on staff who have a particular characteristic then further work is carried out to fully understand the impact and, where reasonable, reduce or ameliorate it.

We continue our commitment to the principles outlined in the Mindful Employer Charter, ensuring that we are positive about recruiting, retaining and supporting those who have experience of mental ill health. Our Trust has retained the Two Ticks Disability Symbol following a re-assessment process, demonstrating our commitment to supporting disabled employees. All candidates applying for posts who declare themselves as being disabled in their application will be shortlisted for interview if they meet the essential criteria as part of this commitment.



In line with AWP's policy on Management of Staff Sickness and Health our Trust makes reasonable adjustments where necessary to support staff who have health or disability issues in order to retain them at work, in accordance with current legislation.

Sickness data

Our Trust Employee Strategy and Engagement Committee (ESEC) reviews sickness absence rates on a bi-monthly basis. The agreed sickness absence target this year was a rate of 4.6% averaged over the previous 12 months. At the beginning of the year sickness absence levels stood at 4.45% in month and a rolling 12 month average of 4.95%. This increased to a peak of 6.06% (in month) in November 2012. By the end of the year the figure had reduced to 4.38% in month and a rolling 12 month average of 4.97%.

These results should be seen in the context of significant service change affecting more than 650 clinical and support staff. It is disappointing that the target of 4.6% has not been achieved, and our Trust continues to take action to address sickness absence and improve attendance levels. Our Trust has continued to communicate to staff the wellbeing opportunities available to them, including 'Fit for Life' clinics, staff counselling services and flu vaccinations. In 2012 the uptake of our Trust's vaccination programme was 41.7% of the workforce, against 33.7% in 2011.

Our Trust's occupational health support is provided by ATOS, an external contractor. Performance is monitored via the provision of detailed management information and formal quarterly contract review meetings. A host of information is available via our intranet, Ourspace together with relevant contact data.

Staff appraisals

Staff appraisal figures have improved from 65.4% in April 2012 to 70.7% in February 2013 based on appraisals completed in the previous 15 months. The staff survey indicates that the quality of appraisals remains a matter for concern and further work is underway to address this through a review of the appraisal system.

The great importance of regular and good quality staff appraisal is reinforced by the IQ quality information system, which asks managers to provide evidence of the quality and quantity of appraisal practice within their team as part of the CQC self assessment process. This information is triangulated through the centrally held appraisal rates metric, which is one of the seven domains of our new IQ (information for quality) system.

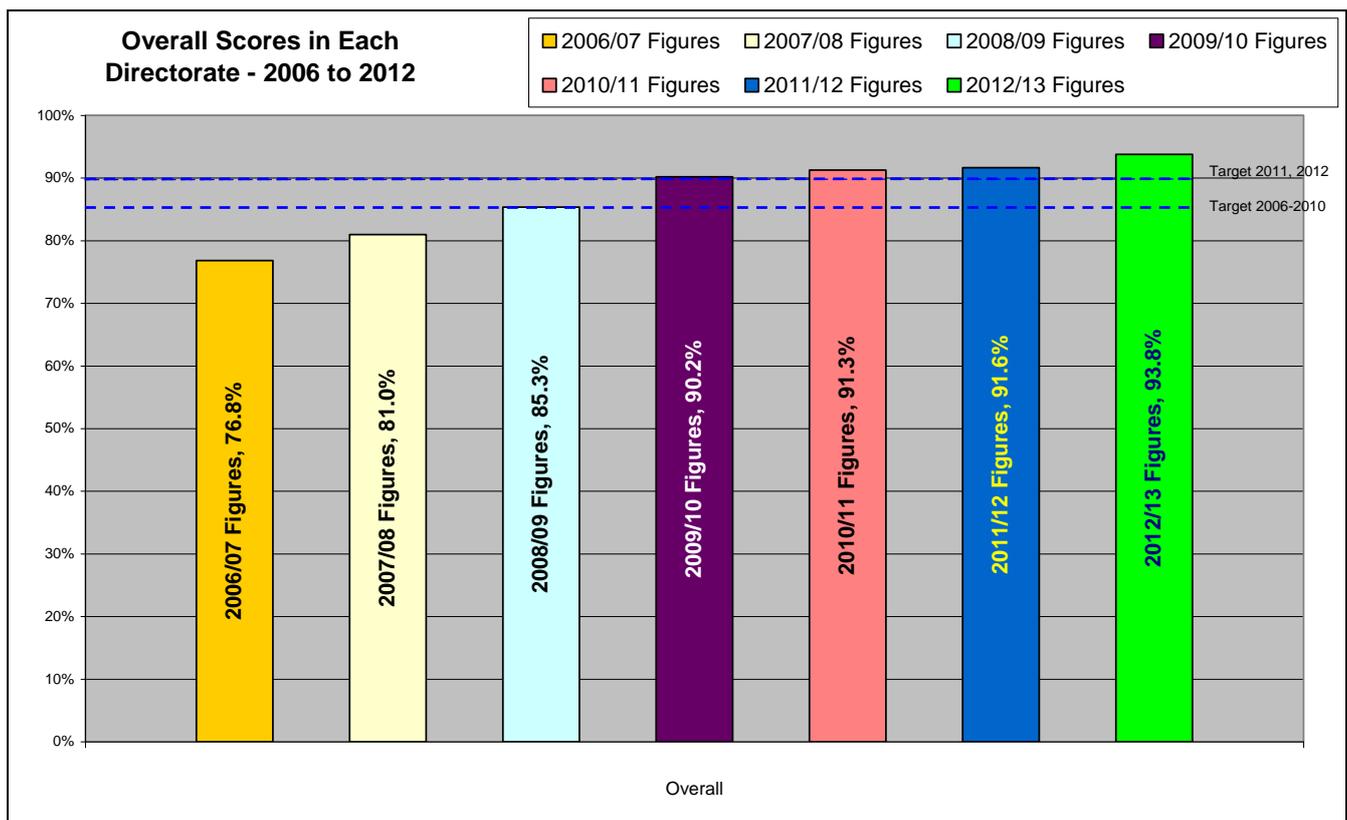
Health and safety

AWP is committed to providing and maintaining safe and healthy environments in which staff can work and service users can access services safely.

Overall scrutiny is provided by the Health, Safety, Security and Fire Group which meets regularly and includes accredited safety representatives, managers and leads in key areas such as fire, security, estates and health and safety.

The Group has worked throughout the year to review performance, risks, training and policy and the results of audits and inspections. Part of its work has been to develop and monitor health and safety action plans to assist delivery.

As well as audits carried out by the health and safety team and our Trust's LSMS (local security management specialist) our Trust also ran, for the seventh year, a self audit completed by each team. These are also evaluated on a sample basis by the health and safety department. The results of these audits allow individual teams as well as our Trust to focus attention and inform direction for our 2013/14 Trust safety action plan. The results of these audits have shown year on year improvement, particularly those areas which were the focus of previous improvement plans. The past year's summary data is shown below. Next year this data will be reclassified in line with Trust reorganisation to ensure data and quality information remains relevant to the services.



Major areas of work this year in health & safety have been improvements to the management of fire safety, continued removal of environmental ligatures on inpatient wards, reviews of security and personal safety and continuation of health, safety and fire training. During the year the LSMS has worked with staff and the police to ensure legal sanctions have been taken in a number of cases where there have been serious assaults. The safety team has also been leading on a long term project and is now working closely with the nursing team on introducing safer sharps into our Trust and clinical practice which will reduce the risk of infections from contaminated sharps (particularly needles) to staff, ancillary staff and service users.

ENVIRONMENTAL SUSTAINABILITY

AWP has continued its commitment to sustainability issues during the year. This can be demonstrated by its continuing use of Corporate Good Citizen Assessments with annual reviews.

Our Trustwide carbon reduction strategy is now in its fourth year and is backed by £250,000 of annual expenditure for carbon reduction initiatives.

During 2012-13 our Trust has invested in a number of areas to improve our carbon footprint and to reduce energy costs including:

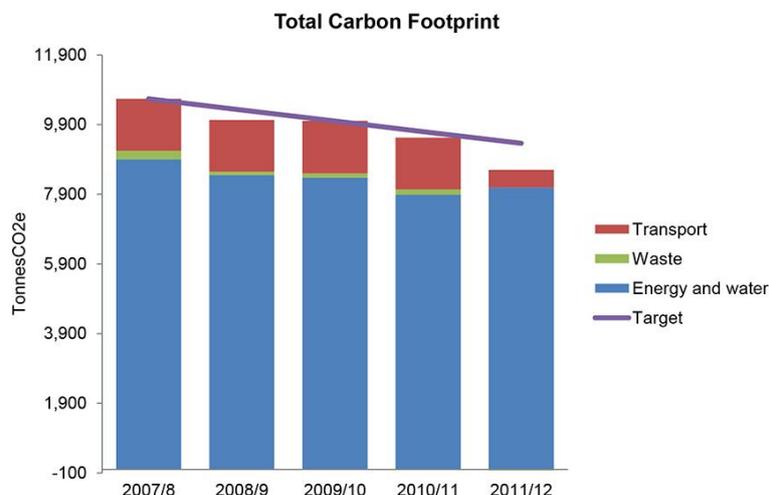
- LED lighting has been installed to external areas of Green Lane Hospital. This will reduce the energy used by these lights which are typically on all night.
- Improved building management system controls have been installed at Green Lane Hospital. This will improve temperature control in patient and staff environments, and will lead to improved energy use by the site boilers.
- Upgraded and improved insulation has been installed to a large number of heating systems across our Trust. This will significantly reduce wasted energy at these sites.

Other areas in which our Trust has improved its carbon footprint include:

- Improved segregation and disposal of waste streams
- Increased business mileage using low emission pool cars
- Reduced business mileage using staff personal transport.

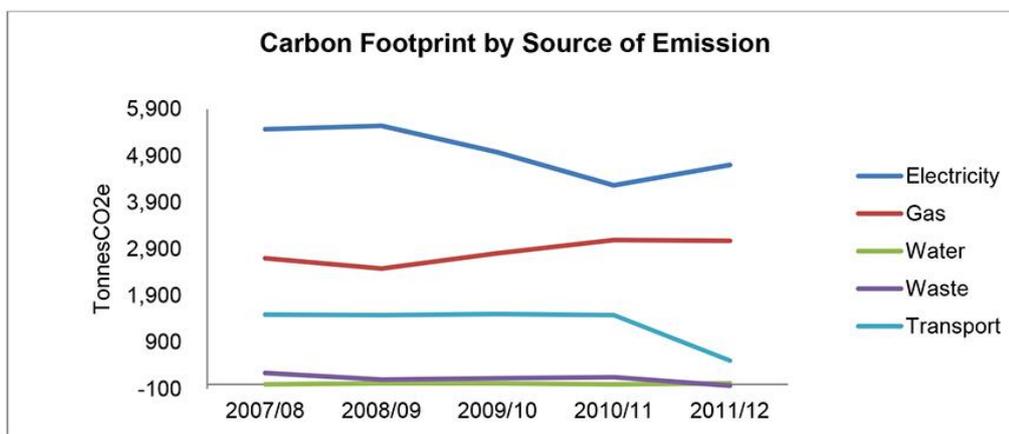
All of these incremental improvements are contributing to an ongoing overall trend of a reducing carbon footprint. Planning is in progress for additional energy and cost saving measures to be implemented during 2013-14.

We have achieved on going reduction in carbon production of 19% from 2007/08 which means our Trust remains on track to meet the long term target of 18% by 2014/15 (in line with the wider national NHS targets) with the main areas of activity being as follows:



	CO ₂ e (tonnes)					Percentage change from 2007/08
	2007/8	2008/9	2009/10	2010/11	2011/12	
Energy and water	8,901	8,443	8,372	7,886	8,092	-9%
Transport	1,493	1,483	1,509	1,483	509	-66%
Waste	245	103	127	153	-30	-112%
Total	10,639	10,029	10,009	9,522	8,571	-19%
Target Total	10,639	10,320	10,001	9,681	9,362	-12%

Traditionally the Trust's recycling volumes have been low. Having corrected this, the current methodology for calculating CO₂ shows a positive carbon credit which means that our overall performance is better than it would otherwise be given that our electricity usage has increased due to colder weather.



The carbon performance of our overall estate assets has improved as we concentrate investment in fewer and more efficient newer properties.

A considerable success has been the improvements in the sustainability of our transport this year through the centralisation of the patient transport system, including secure transfers, which has further enhanced the effective management of patient journeys.

In 2012 staff from two Bristol teams increased their mileage using electric bikes. Bristol Vocational Service and Bristol Criminal Justice Intervention Team cycled just under 40,000 miles between them using the bikes, which have replaced use of colleagues' own cars for work visits.

Our Trust has continued to offer the staff benefit of a buy-a-bike scheme, offering colleagues a 12.5% saving on bikes and accessories and the opportunity to spread the remaining cost over the ten monthly payments.

Water management continues to be a challenge for our Trust in terms of infection control. We have built on previous to efforts to improve our water efficiency including the use of more efficient washing machines where laundry is done in-house. We are also looking to rationalise the use of bottled and chilled drinking water and increase the use of mains supply.

Future activity

Plans for 2013/14 include the introduction of a Trustwide building management system to demonstrate which sites are underperforming on energy efficiency so that we can target our energy management improvements accordingly.

We will also be increasing our work with Environmental Action Representatives (EARs) around our Trust and embedding support for the carbon reduction process by sponsoring locally-managed initiatives.

We will be evaluating pilot projects including solar heating and ground source heat pumps.

In renegotiating our waste management contracts during 2013 we have set contractors the challenge of reducing our landfill tonnage further with a challenge to meet 80% recycling during the life of the contract. This, along with seeking to realign our contracts across the trust area, should lead to improved recycling and improved quality of waste management.

Footnote:

Please note that changes both in the way we deliver our services and in our estate and service delivery locations, along with changing methodology for calculating carbon footprint, means we are not able to make direct comparisons with previous years with complete accuracy. However we continue to review and redefine our sustainability measures in the future .

BOARD OF DIRECTORS

Our Board of Directors is chaired by Anthony Gallagher and the vice chair is Susan Thompson. The Senior Independent Director is Lee O'Bryan. All non-executive directors are deemed to be independent. Meetings of our Board are held in public unless there is good reason (eg confidentiality of patient information or financial information) for them to be in private.. The meetings are held at bases across the geography of our Trust and members of the public are welcomed.

The members of the Board of Directors during the year were:

Anthony Gallagher

Vice chair (until 24 April 2012)

Interim chair (from 25 April 2012 – 22 July 2012)

Chair (from 23 July 2012)

Tony has been a Director of Finance for UK and European semiconductor companies for over 10 years. He has responsibility for statutory reporting, financial and management accounting and is a member of executive management teams.

Previously, Tony was VP of Operations for multi-national multi-site electronic design and manufacturing companies with responsibility for operations, logistics, purchasing together with P&L responsibility for a profitable business unit in consumer components.

Tony has been Chair of the Swindon Further Education College for over five years.

Tony was a member of the following Board committees: Appointments, Audit, Charitable Funds (CHAIR), Finance and Planning, Quality and Safety, (CHAIR), Remuneration, Employee Strategy and Engagement.

Susan Thompson

Vice chair

Susan is a practicing solicitor with over 20 years experience and is a partner at national commercial law firm Beachcroft LLP, based in its Bristol office. Much of her legal career has been advising and defending health organisations and she brings to the Board a background of knowledge advising the NHS on risk, quality, governance and person-centred issues.

She has a strong commitment to person centred care in mental health services from her experience as a lawyer with a human rights focus and it is her work experiences which motivated her to seek this appointment.

Susan is also a member of the Law Society's respected Mental Health and Disability Committee which seeks to influence law and policy and support lawyers practising in this field.

Susan was a member of the following Board committees: Appointments, Remuneration, Quality and Healthcare Governance, Mental Health Legislation (CHAIR).

Lee O'Bryan

Senior Independent Director

Lee is Deputy Director and Head of Modernisation & Change at Royal Mail with over 20 years Board level experience there, including roles as Operations Director for South Wales and the South West and HR Director for the Commercial Business Unit.

Prior to joining Royal Mail, Lee worked for the Economic and Social Research Council and he also worked for the NHS in Bristol when he first moved to the West Country from London in 1986. Lee is a Chartered Fellow of the Chartered Institute of Personnel and Development, and a UK accredited civil mediator.

He has wide ranging experience of leading multi million pound investment and efficiency programmes; Lee's current emphasis is on improving the customer experience at Royal Mail, and for much of his career Lee has championed the importance of putting customers and service users first. He is passionate about the importance of placing customers at the heart of decision making, and believes that this is a key component of ensuring that organisations remain competitive, and able to thrive and survive.

He is actively involved with the local community, as a Trustee of the Bristol based Hop Skip and Jump charity, and is an advisor to the Wiltshire based Community First and Learning Curve charities. He also works with Bath Area Mediation, who provide mediation solutions to individuals and organisations across the region.

Lee was a member of the following Board committees: Appointments, Charitable Funds, Mental Health Legislation, Remuneration, Employee Strategy and Engagement (CHAIR).

Iain Tulley

Chief Executive (from 15 November 2012)

Iain Tulley has 11 years' experience as a chief executive and over 30 years' experience in healthcare, predominately in mental health.

Prior to joining AWP, Iain was chief executive of Devon Partnership NHS Trust and has held numerous senior posts including working in the Department of Health and as Director of Planning and Performance for the former Wiltshire Health Authority.

He is a strong advocate of clinical leadership and describes the quality of the patient experience as his only priority.

Iain began his career in Scotland as a registered mental health nurse, has strong commissioning and provider experience and a good track record of partnership working. He has substantial experience of driving performance improvement and delivering organisational change and has been actively involved in the development of the National Service Framework for mental health services.

Ruth Brunt

Associate Non Executive Director (from 1 Feb 2013)

Ruth Brunt is a former chief executive of North Bristol NHS Trust.

Ruth brings to AWP some 40 years' NHS experience through a wide ranging career encompassing roles in hospital nursing, midwifery, district nursing, nurse education and management.

Until retiring last year, Ruth was chief executive of North Bristol NHS Trust, having joined that Trust in 2004 as director of nursing before becoming its director of operations. Prior to this she was director of nursing and operations at Northern Devon Healthcare Trust and director of nursing for both North Devon and the Royal Devon and Exeter hospitals for a year whilst they considered merger.

Kristin Dominy

Executive Director of Operations (from 1 April 2013)

Before taking up her role as Operations Director, Kris was service director for our Trust's specialist drug and alcohol service and acting interim area director for South Gloucestershire. The new role of operations director provides an important bridge between the clinical delivery work of medical and nursing colleagues and the enabling work of finance and HR.

As operations director, Kris will be accountable to the Board for the work of the local management teams in delivering services and for ensuring that they meet local requirements.

Kris has led SDAS since 2009, having previously worked in Bristol as an SDAS service manager. Before joining our Trust, Kris worked in London for both the Healthcare Commission and the National Treatment Agency.

Peter Greensmith

Service User and Carer Champion

Peter Greensmith joined AWP Board as a non-executive director because of his interest in mental health services and his experience of how mental health issues impacted on his family. Peter is an experienced director and has served on five Boards over the last 30 years. His expertise includes developing growth strategies, building brands, businesses and the operational effectiveness of organisations to be able to successfully compete.

Peter has achieved business growth in each of his five previous Board appointments and is known for setting high standards of performance and developing teams. He has a strong commercial background and Peter's achievements include driving quantifiable growth results a range of well-known companies where he was a divisional chief executive or led the sales, marketing, product management, and business development teams:

Peter has been Managing Director of Greensmith & MacLeod Ltd since 2006. This business strategy, marketing and sales consultancy provides growth strategies for companies, and improves businesses' marketing effectiveness and capabilities. Peter was a member of the following Board committees: Appointments, Audit, Remuneration, Finance and Planning.

Sue Hall

Interim Executive Director of Finance and Commerce (from 6 June 2012-6 December 2012)
Interim Director of Business Development (from 6 December 2012)

Sue joined our Trust on 6 June, on secondment from Great Western Hospital NHS Foundation Trust where her substantive role is Deputy Director of Finance.

Sue has worked at Great Western Hospital for the past five years, being heavily involved in the successful merger of Wiltshire Community Health Services with the acute trust and also the journey in 2007/08 from NHS trust to a foundation trust. Prior to this, Sue held various roles in both the public and private sectors including higher education, car rental, local government and latterly the health service including working with GPs as a practice manager.

Sue is committed to the ideal of world class finance underpinning the delivery of excellence in healthcare and believes this is achievable throughout the NHS.

Tony McNiff

Chair of Audit Committee

Consultant providing business support services to small and medium sized businesses across the West of England and Wales.

Having obtained his Law Degree (LLB) at Southampton University, Anthony trained as a Chartered Accountant with KPMG. He has spent most of his professional career in Industry as a Finance Director and Group Financial Controller with the Christie Tyler Group and as Finance Director for FirstGroups bus division in Wales. He has also held senior financial roles at DVLA and the Royal Mint.

Anthony served four years as Managing Director of Firsts bus division in Wales and then subsequently as Managing Director of Firsts bus interests across both Wales and the West of England. During this time he chaired the Confederation for Passenger Transport in Wales. Anthony is a Fellow of the Institute of Chartered Accountants in England and Wales and fellow of the Chartered Institute of Logistics and Transport.

Tony was a member of the following Board committees: Appointments, Audit (CHAIR), Mental Health Legislation, Quality and Safety, Remuneration.

Paul Miller

Executive Director of Finance and Commerce and Deputy Chief Executive (until 25 April 2012 and from 15 November 2012 onwards).
Acting Chief Executive (from 26 April 2012 until 15 November 2012)

Paul has over 22 years experience as a qualified accountant and over 16 years experience as a Board level Director in NHS Trusts, including four years as a Chief Executive. He has an excellent track record of finance management in the NHS, including over 12 years as a NHS Director of Finance in both the English and Welsh NHS.

During this time he has successfully led finance teams as well as organisations through periods of significant continuous change. As a consequence he has gained considerable project management experience and has used this both within his own organisation and across organisations and health systems. This success has been based on his ability to create and maintain strong relationships with a diverse range of internal and external stakeholders and partners, often across wide geographic areas and a passion for learning.

Paul has an MBA from Cardiff Business School (specialising in Lean Enterprise) and has previously initiated the creation of a UK Cancer Benchmarking Club, which became a major influencing body to improve Cancer Services in the UK. He was seconded part time to the Welsh Assembly to take forward Welsh Shared Services, including the business case for the Electronic Staff Record (ESR) in conjunction with English business case being taken forward by the Department of Health. He led an NHS Wales Redress Project which resulted in the first Welsh health law passed by the Assembly. Finally he has over five years experience as a Board member for the Healthcare Financial Management Association (HFMA), chairing the National Education and Development Committee and NHS Wales branch, and is a Fellow of the HFMA.

Paul was a member of the following Board committees: Audit, Charitable Funds, Finance and Planning.

Alison Paine

Alison is a company director whose career has spanned two specialist disciplines (systems analysis/programming and marketing) and three industry sectors (IT, Theatres, and NFP/Social Care). After ten years in software design and development Alison moved into sales and eventually marketing, becoming Head of Marketing for Sinclair Research in 1985.

She later set up a consulting business specialising in software marketing, built a reputation in strategic marketing and was appointed a Fellow of the Chartered Institute of Marketing in 2007. Alison has set up and run two further new businesses, provided strategic marketing consultancy for more than 100 others, designed and delivered numerous seminars and training programmes, and - as an interim manager - rescued several clients from insolvency.

During the 1990s she combined her business activities with professional acting and she remains an Equity member today. Alison's involvement in social and healthcare dates from 2003 when she joined the National Autistic Society as Interim director of Supported Employment Services, becoming Director of Business Development the following year. She moved to Bath in 2007 and is now Vice Chair of Brunelcare, a Bristol based organisation providing accommodation and care for older people and Commercial director of Anthony Paine Ltd, a design business.

As a former carer of (at different times) three family members with mental health problems, she has a strong personal interest in helping to improve the lives of those affected by mental illness.

Alison was a member of the following Board committees: Appointments, Charitable Funds, Finance and Planning (CHAIR), Remuneration, Employee Strategy and Engagement.

Hayley Richards

Executive Medical Director (from 1 Feb 2013)

Hayley qualified in medicine from the University of Bristol in 1986 and became a member of the Royal College of Psychiatrists in 1993. Most recently Hayley has been AWP's Director of Medical Education, chair of the liaison and later life strategic business unit medical advisory group and a consultant psychiatrist for older people. Hayley's expertise includes both general and old age psychiatry.

In addition Hayley is a supervisor to advanced psychiatric trainees and associate specialist doctor, and a College Approved Advisor to Deaneries.

Hayley was a member of the Board's Mental Health Legislation and the Quality and Safety Committees.

Pippa Ross Smith

Acting Executive Director of Finance and Commerce (from 26 April 2012 – 6 June 2012)

Pippa is the Deputy Director of Finance and acted up to the position of Acting Executive Director of Finance and Commerce during this period.

Hazel Watson

Executive Director of Nursing & Quality

Originally trained as a learning disability nurse, Hazel has worked in health, social care, and the voluntary sector services both as a provider and a commissioner of services. Hazel has also worked as the Strategic Health Authority lead for mental health, learning disability, substance misuse, and prison health services. She has previously been the Director of Nursing in a mental health FT. She is a passionate advocate for the provision of high quality services to very vulnerable people and works regionally and nationally to promote mental health and learning disability nursing. Hazel is on the Executive Committee of the Mental Health and Learning Disability Directors of Nursing national forum.

Hazel was a member of the following Board committees: Mental Health Legislation, Quality and Safety, Employee Strategy and Engagement.

Board changes

During the year, our Trust saw a number of departures from the Board as follows:

Felicity Longshaw

Chair (until 25 April 2012)

Laura McMurtrie

Chief Executive (until 30 June 2012)

Andy Sylvester

Director of Operations (until 28 February 2013)

Julie Thomas

Executive Director for People (until 1 March 2013)

Arden Tominson

Executive Medical Director & Director of Strategy (until 31 January 2013)

The table below describes the length of appointment of each of the non executive directors and the number of Board meetings attended.

Name	Start of Appointment	End of Appointment
Anthony Gallagher	1 May 2008	24 April 2012
Appointed as Interim Chair	25 April 2012	22 July 2012
Appointed as Chair	23 July 2012	30 April 2016
Ruth Brunt (Associate)	1 February 2013	31 January 2014
Peter Greensmith	1 September 2010	31 August 2014
Tony McNiff	1 May 2012	29 February 2016
Lee O'Bryan	1 August 2011	30 July 2015
Alison Paine	8 June 2009	7 June 2013
Susan Thompson	1 December 2008	30 November 2012
Reappointed	30 November 2012	30 November 2016

Trust Board employment terms

The Chair and Non- Executive Directors of our Trust have been appointed by the Secretary of State for Health or through the Appointments Commission, with a term of office of up to four years. This could be renewed for a second four year term with the agreement of both parties.

The Chief Executive was appointed by a panel consisting of:

- The chair of our Trust
- The vice chair of our Trust
- The chief executive of the SHA
- A chief executive of a neighbouring trust.

The panel was in turn supported by advice from:

- Service user and carer representatives
- Senior staff from primary care trusts
- Senior clinicians and managers from within our Trust

All executive directors of our Trust for the year are on permanent contracts except one director who is on secondment and these permanent executives have a notice period of six months.

The Board Directors' remuneration statement is at page 69.

Board attendance

Director	No. meetings attended out of total possible (11 for full year)
Anthony Gallagher	11
Susan Thompson	9
Lee O'Bryan	11
Ruth Brunt	2 (2)
Peter Greensmith	10
Tony McNiff	7
Alison Paine	11
Iain Tulley	5(5)
Paul Miller	11
Sue Hall	9(9)
Andy Sylvester	6(8)
Kristin Dominy	0(0)
Julie Thomas	10(10)
Hazel Watson	10(11)
Arden Tomison	8(9)
Hayley Richards	2(2)
Felicity Longshaw	n/a
Laura McMurtrie	0(3)

Best practice

The Board of Directors uses the NHS Foundation Trust Code of Governance as best practice advice to improve the governance practices of the trust. The trust will be fully compliant with the code at the point at which it seeks authorisation as a Foundation Trust.

The Board of Directors and its committees are regularly reviewed to ensure they are effective and well balanced. All non executive directors are considered to be independent as they have not been employed by the trust and do not have any financial or other business interest in the organisation. None has close family ties with AWP's advisers, directors or senior employees and none has served on the Board of Directors of the trust for more than nine years.

There have not been any significant changes in the Chair's commitments during the year.

We ensure that the balance of skills, expertise and experience of the Board of Directors provides effective and proactive leadership. The performance evaluation of the Board is by self assessment and individual appraisal of directors. In 2013 the Board has undertaken an independent evaluation of its performance as a Board by an external consultancy and it will build on this work during the coming year to ensure fitness for purpose for Foundation Trust.

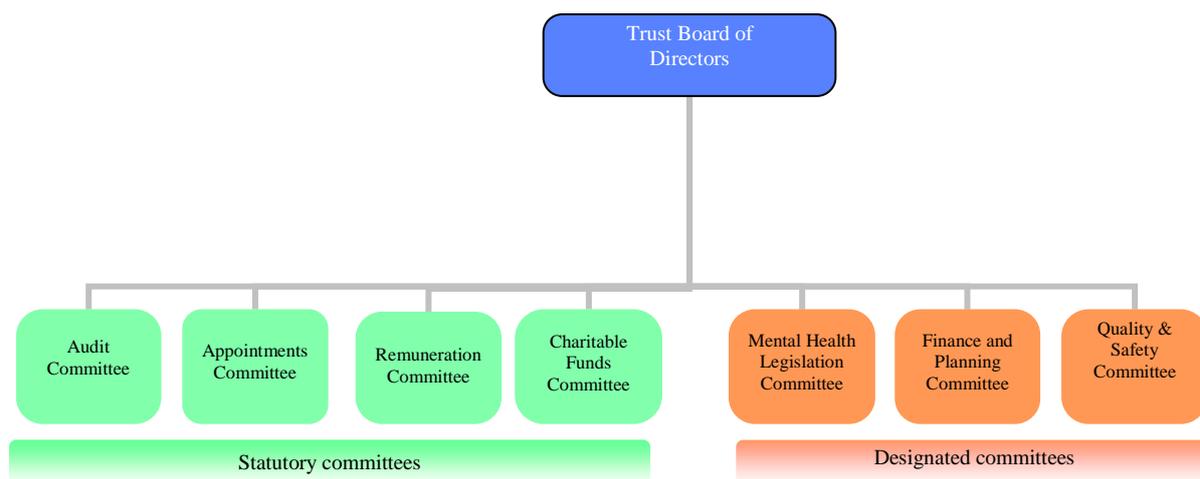
The Board keeps under review its committees requiring each to conduct an evaluation of its own effectiveness by checking that agendas and minutes reflect the scope of their responsibilities and that reporting requirements are met. The Board has made changes to its committee structure in year to reflect best practice and has codified its assurance and governance arrangements to ensure transparency of reporting.

A register of directors' interests is available from the company secretary.

Trust Board committee structure

The seven Board committees are each chaired by a non-executive director and other directors make up their membership. The specific remits of each of the committees is set out in its terms of reference, through which its responsibilities on behalf of the board are clearly understood.

Board committees provide an opportunity for more in-depth scrutiny than is possible during Board meetings. This added dimension provides the Board of Directors an additional source of data to support its assurance of the effectiveness of our Trust's performance on quality, standards and effectiveness. The Board derives considerable assurance from the work of its committees, for example, concerning the validity of statements on internal control, and compliance with the Clinical Negligence Scheme for NHS Trusts (CNST) and the Information Governance statement of compliance.



Statutory committees

- **Audit and Risk** - to assess whether our Trust's systems and processes for governance, risk management and internal control are fit for purpose, and are being applied appropriately and effectively; and, to report to the Board on its findings
- **Appointments** - to conduct the formal appointment to, and removal from office of Board Directors
- **Remuneration** - agree policy and frameworks for executive and senior officer remuneration
- **Charitable Funds** - to monitor the application of all charitable funds in accordance with the Charities Acts, external guidance and applicable legislation, and to ensure that decisions on the use or investment of such funds are compliant with the explicit conditions or purpose for each donation, bequest or grant.

Designated committees

- **Mental Health Legislation** - to exercise functions associated with the Mental Health Act and the Mental Capacity Act and compliance with this legislation
- **Finance and Commerce** - to provide specialist financial and commercial scrutiny and oversight
- **Quality and Safety Committee** - to monitor, review and report to the Board on the standards of quality, compliance and performance of Trust services.
- **Employee Strategy and Engagement Committee** – to monitor, review and report to the Board on approaches to employee engagement and the effectiveness of employee facing policy and strategy

The committee memberships, frequency of meeting and principal functions are set out below.

Committee	Membership	Frequency	Principal functions
Audit and Risk	Three non-executive directors	Quarterly and more often as required	To monitor, review and report to the Board on the suitability and efficacy of our Trust's provisions for governance, risk management and internal control
Appointments	Chair of the Board, Chief Executive and all non-executive directors	As required	To conduct the formal appointment to, and removal from, office of directors
Charitable Funds	Two executive directors and two non-executive directors	Three times annually	To monitor the application of all charitable funds on behalf of our Trust Board of Directors as Trustees of Charitable Funds
Finance and Commerce	Three non-executive directors and the Executive Director of Finance and Commerce and Deputy Chief Executive	At least six times a year	To provide specialist financial and commercial scrutiny and oversight
Mental Health Legislation	Three non-executive directors	Six times a year	To exercise statutory duties associated with the Mental Health Act and the Mental Capacity Act
Quality and Safety	Three non-executive directors, Chief Executive, Executive Director of People, and Executive Director of Nursing, Compliance, Assurance and Standards. Clinical directors, the Director of Operations, Deputy Director of Quality, and two Professional Council members are also invited.	Monthly	To monitor, review and report to the Board on risk and risk mitigation standards of quality, compliance and performance of Trust services
Remuneration	At least four non-executive directors	As required	To agree policy and frameworks for executive and senior officer remuneration

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the trust
- The expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Signed.....Chief Executive

Date: 3 June 2013

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

3 June 2013.....Date.....Chief Executive

3 June 2013.....Date.....Finance Director

ANNUAL GOVERNANCE STATEMENT 2012/13

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS 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 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 Trust Accounting Officer Memorandum*.

The Audit and Risk Committee is responsible on behalf of the Board for seeking evidence and obtaining independent assurance that there is an effective framework of internal control and corporate governance in place.

The Board of Directors (Board), through its Audit and Risk Committee, agreed the Trust's 2012/13 internal audit plan with its internal auditors. The results of these audits culminated in the Head of Internal Audit's opinion on the system of internal control. This Annual Governance Statement is consistent with the findings of the Head of Internal Audit's opinion.

A contract of one year for all mental health services provided by the Trust was in place from 1 April 2013 with all commissioners setting out the contractual arrangements for services provided by this Trust, including performance and activity.

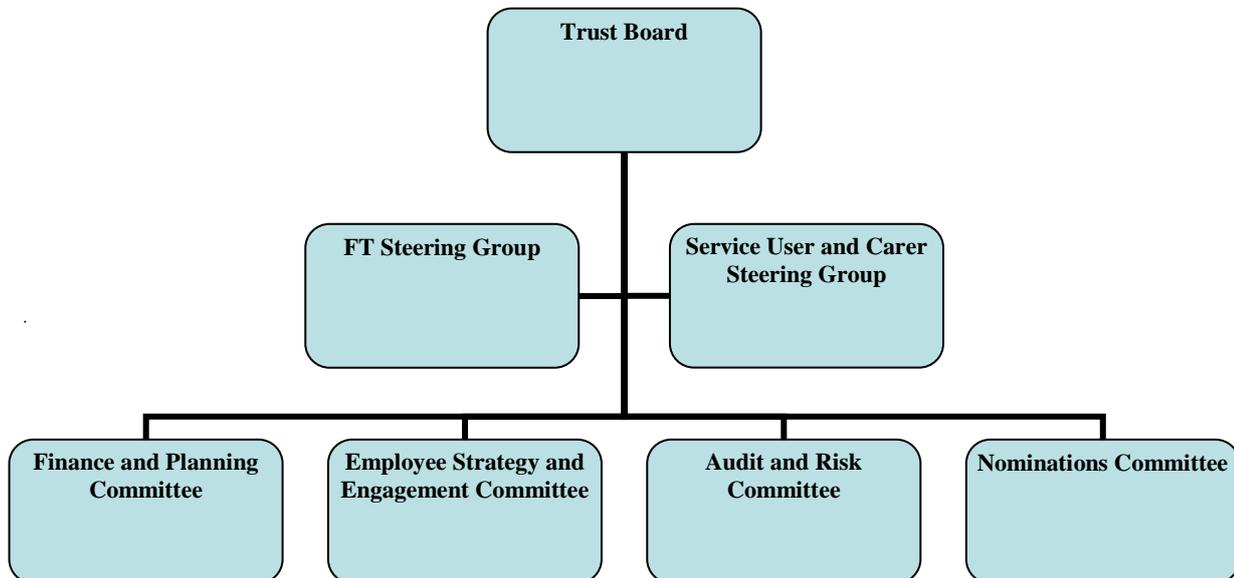
My executive members meet regularly with our commissioners to review performance against contractual obligations. These meetings review the services provided for the NHS and informs objectives for social care. I and the Trust have arrangements in place to work in partnership with clinical commissioning groups (formerly PCTs) and local authorities. These arrangements with our partner organisations reflect the legal responsibility and accountability for joint delivery agreements relating to service delivery.

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 Avon and Wiltshire Mental Health Partnership NHS Trust for the year ended 31st March 2013 and up to the date of approval of the annual report and accounts.

Governance framework and Board effectiveness

The Board committee structure for the Trust is shown below and this highlights the statutory and designated Board committees of the Trust during 2012/13.



The Trust Board attendance record during the 2012-13 financial year is:

Director	Number of meetings attended out of total possible (11 in total)
Anthony Gallagher, Chair	11
Susan Thompson, Non Executive Director	9
Lee O'Bryan, Non Executive Director	11
Ruth Brunt, Non Executive Director	2 (2)
Peter Greensmith, Non Executive Director	10
Tony McNiff, Non Executive Director	7
Alison Paine, Non Executive Director	11
Iain Tulley, Chief Executive	5 (5)
Paul Miller, Director of Finance & Deputy Chief Executive	11
Sue Hall, Interim Director of Business Development	9 (9)
Andy Sylvester, Director of Operations	6 (8)
Kristin Dominy, Director	0 (0)
Julie Thomas	10 (10)
Hazel Watson	10 (11)
Arden Tomison	8 (9)
Hayley Richards	2 (2)
Felicity Longshaw	N/A
Laura McMurtrie	0 (3)

The Board committees are all chaired by non-executive directors with their membership being drawn from the members of the Board. The committees provide both statutory compliance through their roles and functions, as well as monitoring and providing scrutiny across the functions of the Trust. This gives the Board of Directors first-hand knowledge of the quality, standards and effectiveness of the Trust's services and levels of performance. The committee structure was reviewed in year and changes made to reflect learning and best practice.

There has been internal audit coverage on governance areas during the year as part of the annual audit planned work and the governance statement arrangements are then reviewed by external audit. The Audit and Risk Committee has carried out various work during the 2012/13 year including reviewing progress against planned objectives and key areas and this has involved approval of financial statements, risk management reviews, review of assurance framework and the overseeing of the audit and fraud work programmes.

The Board regularly assesses its own performance, and spends time at each Board meeting reflecting how the Board has operated. The Board commissioned an independent review of Board and committee effectiveness in year. The review assessed the Board's performance against the Monitor Code of Governance, the Board Governance Assurance Framework and the emerging recommendations of the Monitor Provide License and the Francis Inquiry Report. This piece of evaluation will give the Board a clear direction for future improvements.

The Trust plans to refresh its strategic objectives, replacing the Trust's current vision and values with a mission statement and refreshing values that are in tune with objectives and to which people can easily relate.

The proposed revision to the Strategic objectives relate to the following:

- *Consolidation* provides the building blocks on which the success of our Trust rests. Being brilliant at the basics will be a frequently heard statement as we review what we do well, identify what needs to be better and deliver more and constantly improving recovery-focused services.
- *Integrate* requires us to work more effectively, internally and externally, connecting fully with the local health communities we serve and forging positive, dynamic relationships with our commissioners. GPs, service users and carers, as well as those in the voluntary sector.
- *Expand* will be fundamental to the viability of our Trust, developing a portfolio of services which meets the needs of commissioners locally and in areas outside our traditional heartland.

Capacity to handle risk

The Board has in place a systems and processes for governance which clearly sets out how the organisation:

- Safeguards high standards
- Ensures a structured control environment, where risks are identified, assessed and properly managed
- Enables the Trust to demonstrate continuous improvements in service
- Manages and transfers risks, as appropriate, to any organisation providing services on the Trust's behalf.

Assurance on the adequacy of the Trust's governance arrangements has been gained through the work of Internal Audit. The Trust has an effective and embedded process for assuring the Board on matters of risk, which enhances the organisation's overall capacity to handle risk. The Assurance Framework forms the key document for the Board in ensuring all principal risks are controlled, that the effectiveness of the key controls has been assured, and that there is sufficient evidence to support the declaration set out in the Annual Governance Statement.

The Quality and Standards Committee supports the Board in relation to meeting quality standards and the management of corporate risk and in turn is supported by various management groups reporting to the Trust wide Management Group (TWMG). Additionally, each strategic business unit (SBU) has had responsibility for identifying and managing risks. The TWMG reviews the Trust's risk register on a monthly basis prior to submission to the Board. Each risk register shows mitigating actions to safeguard against the emergence of a significant control failure.

The Trust has well embedded processes for considering, digesting and learning lessons from good practice recommendations identified from national guidance, audit processes, complaints, adverse incidents and other sources.

The risk and control framework

The Risk Management Strategy sets out key strategic objectives for the management of risk. It defines individual and committee responsibilities for risk management and establishes acceptable levels of authority for resolving risks. The risk and control framework have been chosen to deliver reasonable assurance for the prevention of risks, deterrent to risks arising (ie fraud deterrents) and management of both manifest and potential risks.

The Risk Management Strategy additionally describes the Trust's risk management processes in detail and states how risks are identified, evaluated, registered and treated. The strategy is underpinned by a separate incident management policy which describes how incidents are reported and managed and identifies the processes that must be adopted in the event of a serious untoward event.

Systems exist in the Trust for the identification, assessment and analysis of risk and the Trust uses its risk register to record and communicate risks. Different types of risk are measured with a common currency and significant/key risks have been defined and identified. A programme of action, management and control is required for each significant risk.

The corporate risk register is underpinned and informed by directorate and local risk registers and risk flows between these.

The Trust's arrangements for risk management is subject to annual scrutiny by the Trust's Audit Committee and a risk register was presented to the Board at each of its meetings throughout the 2012/13 financial year.

Serious untoward incidents are subject to close scrutiny by the Critical Incident Overview Group (CIOG) chaired by the Medical Executive Director and monitoring processes are in place to check that reporting and investigation timescales are achieved, that quality assurance processes are operating effectively and that identified learning is acted upon.

Any risks to data security are captured and recorded on the Trust's risk register and escalated to the trust Board if necessary. Any incidents involving data security are captured on the Trust's incident report form and are managed and investigated in accordance with the incident management policy. Significant assurance has been gained through the annual Information Governance Toolkit self assessment. No serious incidents requiring investigation involving personal data were reported to the Information Commissioner, as set out in guidance on serious untoward incidents involving data.

The Trust has a comprehensive risk training framework in place with programmes in place to deliver the training needs to all staff. The Trust is continually looking at new solutions for the delivery of training to ensure that staff are able to undertake training with minimal disruption to services.

The Trust also has a counter fraud work plan and local counter fraud specialist who assists in managing risk.

The Foundation Trust membership team has continued to work towards achieving Foundation Trust status and The Trust appreciates the support we have received from our 16,500 plus membership.

During 2012/13, we increased our overall membership by 5% to 16,800, exceeding our 16,500 target set at 1% of the trust area population. The public constituency increased by 6% and the service user/carer membership increased also by 1%. We will be continuing our activities over the coming year to maintain this level of recruitment.

The Trust continues to develop its relationships with both its statutory and non statutory partners. Meetings with the chairs and chief executives of NHS and non NHS provider and commissioner organisation, MPs and our local authority colleagues have taken place with regularity during the time period. We work with a series of charitable and third sector bodies both representing and providing services for our service users and carers and enjoy developing relationships with each.

The Trust's assurance framework provides evidence that the Trust had effective controls in place to manage identified risks to meet objectives. The achievement of the objectives has been verified wherever possible by the sourcing of independent assurance.

Service users, carers and often local communities are engaged in understanding risks and managing them. Service users and carers are involved in many Trust activities and contribute to improving care planning and delivery processes linked to the care programme approach (CPA) and are influential in policy development.

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

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, employers contributions and payments in to the Scheme are in accordance with the Scheme rules, and that members Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken a climate change risk assessment and has an adaptation plan to support its emergency preparedness and civil contingency requirements, as based on the UK climate projections 2009 (UKCP09), to ensure that this organisations obligations under the climate change act are met.

In line with all providers of service for the NHS, the Trust has during the 2012/13 been required to be registered with the Care Quality Commission (CQC). The Trust was first successfully registered by the CQC during the 2009/10 financial year. The Trust was registered with no conditions.

During the 2012-13 financial year, the Trust received two warning notices, one associated with Lansdowne Unit and one with Fromeside. On the Fromeside notice, the CQC were concerned about staffing levels to support service users on escorted leave. A plan was agreed with CQC to increase staff dedicated to supporting activities including escorted leave. This was combined with clearer protocol for the prescribing of leave, and guidance about withdrawing leave for clinical and non-clinical reasons.

At Lansdowne, CQC were concerned that the environment was unsuitable for the client group who have extremely complex needs. The Trust agreed with the CQC and together with local commissioners has moved the inpatient service away from the Lansdowne Unit. Both units have been re-inspected by the CQC and the warning notices have been lifted.

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

Financial and non-financial performance is reported through a framework which generates “dashboards” at Board and committee level. These include local authority indicators in respect of services managed. The Trust reports separately on its performance against Care Quality Commission standards reporting to the Quality and Safety Committee.

The Trust has a developing cost improvement plan which aims to ensure that financial benefits are not gained through the erosion of qualitative benefits to patients. There is a quality assessment carried out on these plans.

In association with the Audit Commission (and latterly the NHS Benchmarking Network) the Trust has participated in a comprehensive benchmarking club for providers of mental health services. This assists the Trust to focus improvement plans and resources to optimise the benefits to patients/service users.

The Trust’s Internal Audit Plan, which is agreed by the Audit and Risk Committee, sets out the full range of audits across the Trust which reviews the economy, efficiency and effectiveness of the use of resources. The Audit and Risk Committee routinely reviews the outcomes and recommendations of the internal audit reports, and the management response and progress against action plans.

Annual quality report

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

The Directors of Avon and Wiltshire Mental Health Partnership NHS Trust are required to satisfy themselves that the Trust's annual Quality Account is fairly stated. In doing so the Trust is required to put in place a system of internal control to ensure that proper arrangements are in place.

The steps which have been put in place to assure the Board that the Quality Account is fairly stated are as follows:

- Report specifications are written for each report and take account of any Department of Health rules/guidance on how activity should be counted
- Service capacity plans are agreed with each Directorate annually. These plans feed into the contracting process
- Monthly activity is monitored against agreed contract targets. Month on month activity is compared to identify any inconsistencies
- Quality in this sense is concerned with ensuring that systems are managed to support validity of data e.g. that all codes used are nationally recognised codes, or map to national values. Internal data quality also includes maintenance of changeable reference data
- The system support function identifies and corrects inconsistent data
- Systems are also managed to enforce data quality where necessary
- Production and maintenance of data quality reports that can be run by end users
- Specific data quality awareness, including the minimal use of default codes, is included with system training, and training support materials
- Monthly monitoring reports produced for the service delivery teams to monitor the quality of the data, raising issues if tolerances are exceeded
- Audits of records in the form of spot checks of paper records (where held), and validation of inpatient data entered electronically on a daily basis.

The Trust has prepared its Quality Account for 2012/13 and this gives a meaningful insight into how we are doing in relation to our aspirations, including an honest review of the progress we have made on the priorities we set last financial year and the work that remains for us to do.

Crucially, our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, commissioners, local involvement networks (LINKs) and local authority health overview and scrutiny committees.

The Chief Executive and Chair have signed a statement on behalf of the Board to confirm that directors have taken steps in preparing the Quality Account to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account; 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review
- The Quality Account has been prepared in accordance with Department of Health guidance, subject to external audit and is to be submitted by the agreed deadline of 30 June 2013.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. My review is also informed by comments made by the external auditors in their management letter and other reports. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Work of the Trust's Audit and Risk Committee
- CQC Registration requirements
- Assessment against the NHSLA Risk Management standard
- Patient and Staff surveys
- Complaints received and outcomes of investigations
- Serious incidents requiring Investigation and the outcome of the investigations
- PEAT inspections
- CQC (Mental Health Act Commission) reports
- Internal sources – such as clinical audit, internal management reviews, performance management reports, user and carer involvement activities, benchmarking and self-assessment reports.
- Assessment against key findings of external inquiries.

I have received the Head of Internal Audit's opinion. It gives significant assurance and states that "based on the work undertaken in 2012/13, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisations objectives, and that controls are being applied consistently".

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Quality & Safety Committee and the Audit and Risk Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

There is detailed work undertaken by Trust Management Groups which report into the TWMG, Audit and Risk Committee and the Trust Board addressing the safety, effectiveness, modernisation, patient experience and partnership agenda. Through the work of the staff groups such as Joint Union Council and the Medical Advisory Group, the Trust has maintained input from staff, service users, carers and other stakeholders.

The Board, supported by the work of its sub committees, has not identified any significant internal control issues. It has, however, identified the potential significant risks facing the Trust in 2013/14 should the internal control environment not continue to be managed effectively. The table below sets out the potential significant risks:

Significant risk	In-year risk	Future risk
Non achievement of Foundation Trust status	√	X
Increased competition in the provision of mental health services could lead to loss of existing core business and therefore a loss of contribution to overhead and fixed costs and loss of margin	√	√
Services are acquired and integrated where the contract value does not meet the full cost of delivering the required services	√	√
The Trust does not achieve the required performance targets in year to gain the Contract CQUIN and Penalty schemes attract penalty payment	√	√
Non-delivery of Cost Improvement Plans (CIPs) could cause the Trust to fail in the delivery of its financial plan	√	√

Conclusion

The Board has concluded that there are no significant internal control issues facing the Trust in 2012/13 but has identified the potential risks (as set out in above table) should the controls not continue to be effectively managed. The Trust has a sound system of internal control that supports the achievement of its policies, aims and objectives and this statement is a balanced reflection of the actual control position.

Signed

Iain Tulley
Chief Executive

Date: 3rd June 2013

REGULATORY RATINGS REPORT

As a foundation trust, AWP will be regulated by Monitor which assesses and publishes risk ratings for the organisation.

The table below shows the trust's performance against our plans and performance last year. In each year, AWP has maintained improved ratings for quality and performed well financially. The red scores for governance risk rating in 2011-12 relate to a CQC follow-up inspection at our Callington Road facility where the CQC required our Trust to carry out improvement actions to assure our compliance. In 2012-13 the red governance risk rating relates to a CQC inspection of our Lansdowne Unit where the CQC required action to be taken to improve the environment.

Table of analysis

2011-12	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial risk rating	Green (score = 4)	Green (score = 4)	Green (score = 4)	Green (score = 4)
Governance risk rating	Green (score = 0)	Green (score = 0)	Red (score = 2)	Red (score = 2)
2012-13	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Financial risk rating	Green (score = 4)	Green (score = 4)	Green (score = 4)	Green (score = 4)
Governance risk rating	Green (score = 0)	Green (score = 0)	Red (score = 4)	Red (score = 4)

2012/13 PERFORMANCE AGAINST THE FINANCIAL DUTIES SET BY THE DEPARTMENT OF HEALTH

Break even duty and performance highlights

Our Trust has achieved its 2012-13 performance control total and adds further success to its cumulative breakeven performance shown below since coming out of historical deficit in 2008/09.

In the financial year 2012/13 our Trust has again applied some technical below the line adjustments to its financial position and this resulted in a retained surplus being reported in its Statement of Comprehensive Income that was after these adjustments. Our Trust achieved a surplus of income over expenditure of £2,936k in the financial year 2012/13 when these below the line adjustments are added back.

Our Trust has a duty to break even over a three or exceptionally a five year period. Our Trust's performance against this duty has resulted in cumulative net surpluses relating to all years now totalling £10,895k.

Our Trust's full financial position and end of year accounts are detailed in the Summary Financial Statements at page 74. The 2012/13 statutory accounts have been prepared in accordance with International Financial Reporting Standards (IFRS). After conducting a review, the directors have a reasonable expectation that Avon and Wiltshire Mental Health Partnership NHS 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 2012/13 accounts.

Income: total Income has increased by £2,419k to £194,609k, compared to last year. Our Trust's main six commissioners remain which accounts for 81% of clinical income. Income from activities increased by £2,689k to £186,877k. Income from other activities decreased by £270k to £7,732k.

Operating expenditure: operating expenses have increased by £1,301k to £43,655k, mainly attributable to increased impairment following a full revaluation in year and increased premises costs. The majority of the operating expenses relate to pay costs, which have increased by £2,399k to £141,245k.

Capital expenditure: capital spend in 2012/13 was £5,798k, compared with £4,758k in the previous year. Our Trust's main capital investment areas were:

- Increased bedded unit in the Adults service – spend of £1.1M. This project involved the move to a single 23 bedded adult inpatient ward in Bristol providing extra beds and a seclusion area that conformed to national standards outlined in the Mental Health Act Code of Practice (2008)
- Fromside Seclusion Area: the project involved works carried out to include a seclusion room. Works were also undertaken for an extra care area suite and an Activity of Living kitchen

- Cash flow and net debt: our Trust's cash position has improved by £2.85m during the year as a result of property disposals and a managed operating surplus. Our Trust's Liquidity Ratio (Trust's ability to meet its short term obligations on time) is at 30 days.

Financial risk ratings

Our Trust has reported on financial risk ratings through the 2012/13 year. These ratings are in line with those reported by Foundation Trusts and are designed to indicate the risk of failure to comply with Monitor's Terms of Authorisation. The ratings used are described below:

Financial Criteria	Weight (%)	Metric to be scored	Metric	Rating	Rating Categories				
					5	4	3	2	1
Achievement of plan	10%	EDITDA achieved (%)	100.1%	5	100%	85%	70%	50%	<50%
Underlying	25%	EBITDA margin (%)	8.9%	3	11%	9%	5%	1%	<1%
Financial efficiency (i)	20%	Net Return after financing (%)	1.7%	3	3%	2%	-1%	-5%	<-5%
Financial efficiency (ii)	20%	I&E surplus margin (%)	1.5%	3	3%	2%	1%	-2%	<-2%
Liquidity	25%	Liquidity ratio in days	30	4	60	25	15	10	<10
Overall Financial Risk Rating				3					

Score 1 Highest Risk – high probability of significant breach of authorisation in short-term, eg less than 12 months, unless remedial action is taken

Score 2 Risk of significant breach in medium-term, eg 12 to 18 months, in absence of remedial action

Score 3 Regulatory concerns in one or more components. Significant breach unlikely

Score 4 No regulatory concerns

Score 5 Lowest risk – no regulatory concerns

The Financial Risk Ratings throughout the year were in line with the plan.

External financing limit

The External Financing Limit (EFL) is a control placed on our Trust to manage its cash position. It was designed to encompass all sources of funding available to a Trust, be that internal, external or from the Department of Health. This limit is set at the start of each financial year reflecting our Trust's plans to manage its cash. A negative EFL is equal to an increase in cash flow financing, an undershoot against this is a greater increase in cash than predicted. Our Trust is permitted to undershoot against this target (retain more cash) but cannot overshoot the target (retain less cash). The EFL is an important component in the control of public expenditure and managing the EFL is a key financial duty of our Trust. During the 2012/13 financial year our Trust has succeeded in managing within its cash requirements and has again met this target. Our Trust's EFL as set by the Department of Health was negative £2,215k (2011/12 negative £2,520k) and our Trust achieved an undershoot of £1,416k.

Capital resource limit

The Capital Resource Limit (CRL) is the funding available to our Trust for capital expenditure. Our Trust is required to stay within its CRL but is permitted to undershoot it. Our Trust under spent the CRL by £137k mainly due to disposals not being reinvested in the capital envelope but instead retaining the sales proceeds as cash. The following table sets out our Trust's performance against this target.

Capital Resource Limit	£000
Capital Expenditure	5,798
Less NBV Disposals	(1,717)
Charge against CRL	4,081
CRL	4,218
CRL Undershoot	137

Capital cost absorption rate

Our Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets and be within the materiality range of 3% to 4%. In 2012/13 our Trust was required to make a PDC Dividend payment based on actual average relevant net assets rather than forecasted. The cost of capital was therefore automatically 3.5% for the financial year.

Treasury policies and cash

Our Trust achieved a year end cash balance of £10m and did not take out any borrowings during the financial year.

Any temporary excess of cash during the financial year was deposited with the National Loans Fund Temporary Deposit Facility for which our Trust earns a rate of interest.

Better payment practice code (BPPC)

Our Trust is required to pay its non-NHS trade creditors in accordance with the government's Better Payment Practice Code. Government accounting rules state that "the timing of payment should normally be stated in the contract - where there is no contractual provision our Trust should pay within 30 days of receipt of goods and services or the presentation of a valid invoice, whichever is later".

Better Payment Practice Code (BPPC) Performance

	2012-13	2012-13	2011-12	2011-12
Non-NHS Payables	Number	£000	Number	£000
Total Non-NHS Trade Invoices Paid in the Year	24,502	44,020	15,823	36,079
Total Non-NHS Trade Invoices Paid within target	23,665	42,859	15,104	35,191
Percentage of NHS Trade Invoices Paid Within Target	96.6%	97.4%	95.5%	97.5%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	779	6,790	878	13,185
Total NHS Trade Invoices Paid within target	765	6,742	849	13,044
Percentage of NHS Trade Invoices Paid Within Target	98.2%	99.3%	96.7%	98.9%

Our Trust has also signed up to the Prompt Payment Code, which is a payment initiative developed by government with the Institute of Credit Management (ICM) to tackle the crucial issue of late payment and help small businesses.

Avon and Wiltshire Mental Health Partnership NHS Trust is signed up to this code and endeavour to pay all valid undisputed non-NHS payables invoices within 10 days of receipt.

Counter fraud and corruption

The Board of Directors is committed to maintaining an honest, open and well intentioned atmosphere within our Trust. It is therefore committed to minimising any fraud within our Trust, and to the rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, our Trust will ensure that the culprits are appropriately dealt with, and will also take all appropriate steps to recover any losses in full. The reporting procedures are detailed in our Trust's Counter Fraud policy which is on our website and is also available to staff via our Trust's Intranet, along with other useful information about countering fraud. It is our Trust's policy that an employee should not suffer detriment as a result of reporting reasonably held suspicions. Any reasonably held suspicions should normally be reported to the Local Counter Fraud Specialist (LCFS) or Director of Finance. Serious concerns may also be raised using our Trust's Public Interest Disclosure (Whistle Blowing) Policy. Reports on counter fraud activity are made available to the Audit and Risk Committee.

Audit fee

The external auditors of the Trust are Grant Thornton who have provided the services for its financial year 2012-13. The audit fee for the year was £65,575 plus VAT and this was the statutory audit fee for the year including work on reaching an opinion on the Trust quality accounts for the year.

Future performance and outlook

The NHS, like the rest of the public sector is facing an extremely challenging financial environment. There has been a global financial crisis and the government's economic forecast suggests that the impact on reduced public sector spending will continue for the coming years. We already know that the NHS will receive limited growth in funding and these additional funds will need to meet increased service standards and growing demand.

Therefore the future financial environment for our Trust is challenging but we are confident that we can meet this challenge.

The financial strategy for our Trust for has been produced in response to successfully meeting this challenge and is based on three principles.

- Firstly getting our clinical services and clinical quality “right first time” thereby creating financial headroom from within existing resources to maintain and improve existing levels and quality of patient care
- Secondly releasing as much resource as possible from “back office” services to invest in “front line” clinical services
- Finally to provide services that users, carers and commissioners value, thereby reducing waste. These principles will support our aspiration of becoming a Foundation Trust in the near future.

Our Trust will continue to be proactive in responding to the economic recession and the potential impact on public service funding, through:

- Strengthening financial governance
- Targeting reductions in overhead costs, including support service functions
- Driving increased productivity and quality with no net increase in funding
- Planning for the delivery of national cash releasing efficiency targets at a level that is higher than seen before in the NHS
- Mitigating financial risk through forward planning and contingencies.

The Board of Directors has approved the 2013/14 Financial Plan and 2013/14 budget at its March meeting. The key highlights are:

- A minimum financial risk rating of 4
- Planning for a surplus of £2.7m before technical adjustments and an EBITDA of £18m giving an EBITDA margin of 9.5%
- The requirement for significant cash releasing efficiency savings of £9.3m during this period.

Our Trust has contracts with its main commissioners, of which NHS Bristol is the largest, to provide mental health services to their respective resident populations, and this is a one year contract.

In addition, our Trust is preparing for the introduction of payment by results in mental health and community services over the next two years, which will lead to our Trust receiving its income based on a national tariff.

Our Trust recognises the importance of providing services from high quality premises and has a capital investment programme planned for £6m in 2013/14. The main areas of investment include advancements in Information Technology and developments in pharmacy supply. The capital programme will be financed through cash generated from operations and surplus land and building sales in the year

Apart from the challenging economic environment within which our Trust continues to operate, the main risks facing our Trust during 2013/14 include the requirement for the continued delivery of significant efficiency savings, continuing to deliver high quality services to patients in accordance with contracts agreed with commissioners and delivering a substantial capital investment programme on time and within budget. Our Trust has plans in place to deliver its financial objectives for 2013/14 and mitigations plans to manage risk.

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST

We have audited the financial statements of Avon and Wiltshire Mental Health Partnership NHS Trust for the year ended 31 March 2013 under the Audit Commission Act 1998. 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. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

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

- the table of salaries and allowances of senior managers on page 67
- the table of pension benefits of senior managers on page 69
- the table of pay multiples on page 68.

This report is made solely to the Board of Directors of Avon and Wiltshire Mental Health Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices 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. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Avon and Wiltshire Mental Health Partnership NHS Trust as at 31 March 2013 and of its expenditure and income for the year then ended
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England
- 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 we report by exception

We report to you if:

- in our opinion the governance statement does not reflect compliance with the Department of Health's Guidance
- we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditor

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

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

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

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in November 2012, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2013.

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

Conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in November 2012, we are satisfied that in all significant respects Avon and Wiltshire Mental Health Partnership NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2013.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to provide assurance over the Trust's annual quality accounts. We are satisfied that this work does not have a material effect on the financial statements or on our value for money conclusion.

Simon Garlick
Senior Statutory Auditor, for and on behalf of Grant Thornton UK LLP
Suite 4 Stowey House
Bridport Road
Poundbury
Dorchester
DT1 3SB

5th June 2013

REMUNERATION REPORT

Remuneration & Terms of Service Committee

The Remuneration Committee reviews the salaries of the executive directors and very senior management of our Trust. The Committee, chaired by the Chair of our Trust, is made up of at least four members, all of whom are independent non-executive directors (ie shall not have been employed by our Trust in the three years preceding their appointment as non-executive director). A quorum consists of three members of the committee.

Only members of the Committee have the right to attend committee meetings. However, other officers such as the Company Secretary, Chief Executive, and external advisers may be invited to attend for all or part of any meeting as and when appropriate and where no conflict of interest exists. The Committee, which meets at least quarterly, and as often as required, is served by the Executive Director for People.

The purpose of the Remuneration Committee is to agree policy and frameworks for Executive and Senior Officer Remuneration. The Committee:

- Agrees Terms of Employment and Service Contracts
- Agrees Terms for Termination of Employment over and above legal and contractual obligations
- Reviews redundancy and severance business cases to a value in accordance with the Scheme of Delegation.

The duties of the Committee are to:

- Determine and agree with the Board the framework (or broad policy) for the remuneration and terms of service of the Chief Executive, the Executive Directors, and any other officers working under Very Senior Manager Terms and Conditions, having regard to the provisions of any applicable national agreement
- Determine and approve, on behalf of the Board, any performance management processes for executive directors and senior managers
- Determine, on behalf of the Board, the individual remuneration packages of Executive Directors where they are not covered by national agreements, and to decide all changes to Executive Director's remuneration and terms of service, paying due regard to current national guidance and contractual requirements
- In determining such policy, take into account all factors which it deems necessary. The objective is to ensure that members of the executive and very senior management of our Trust are provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of our Trust
- Ensure that our Trust attracts and retains the high levels of skill necessary to undertake the full range of its responsibilities taking account of the market in which it is operates
- Ensure that contractual terms on termination, and any payments made, are fair to the individual, and our Trust, that failure is not rewarded and that the duty to mitigate loss is fully recognised
- Review and note annually the remuneration trends across our Trust.

- Ensure that all provisions regarding disclosure of remuneration, including pensions and benefits, are fulfilled
- Obtain reliable, up-to-date information about remuneration in other Trusts. The Committee shall have full authority to commission any reports or surveys which it deems necessary to help it fulfil its obligations
- Be responsible for establishing the selection criteria, selecting, appointing and setting the terms of reference for any remuneration consultants who advise the Committee.

Reporting

The Chair of the Committee reports formally to the Board on all proceedings and matters within the duties and responsibilities of the Committee.

An individual performance review (IPR) is held at the end of each year between the Executive Directors and the Chief Executive (or the Chair in the case of the Chief Executive's performance).

Signed

Iain Tulley
Chief Executive, 3 June 2013

Salary and Pension entitlements of senior managers

A) Remuneration

Name and Title	2012-13			2011-12		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind ¹ (Rounded to the nearest £100)	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind ¹ (Rounded to the nearest £100)
Anthony Gallagher - Non Exec Director (until 24th April 2012), Chair (from 25th April 2012)	15-20	0-5	0	5-10	0-5	0
Felicity Longshaw (Chair until 25th April 2012) ²	0-5	0-5	0	20-25	0-5	0
Iain Tulley - Chief Executive (from 15th Nov 2012) ²	55-60	0-5	2,600	*	*	*
Laura McMurtrie - Chief Executive (until 30th June 2012) ²	30-35	75-80	0	140-145	0-5	0
Paul Miller - Director of Finance & Commerce and Deputy Chief Executive (1st Apr-24th Apr 2012 and 15th Nov 2012 - 31st March 2013), Acting Chief Executive (25th Apr - 30th Jun 2012), Interim Chief Executive (1st Jul 2012-14th Nov 2012)	125-130	0-5	4,500	110-115	0-5	4,500
Sue Hall - Interim Director of Finance (6th June - 6th Dec 2012), Interim Director of Business Development (7th Dec 2012 - 31st Mar 2013) ²	75-80	0-5	0	*	*	*
Pippa Ross-Smith - Acting Director of Finance (25th April 2012 - 5th Jun 2012) ³	5-10	0-5	0	*	*	*
Hayley Richards - Medical Director (from 1st Feb 2013) ³	10-15	5-10	0	*	*	*
Arden Tomison - Medical Director (1st May 2012 - 31st Jan 2013) ²	55-60	40-45	0	80-85	90-95	0
Sally Fox - Acting Director of Human Resources (from 1st Mar 2013) ²	5-10	0-5	0	*	*	*
Julie Thomas - Director for People (until 1st Mar 2013) ²	85-90	0-5	0	95-100	0-5	0
Hazel Watson - Director of Nursing, Compliance, Assurance & Standards (NCAS)	95-100	0-5	0	90-95	0-5	0
Andy Sylvester - Director of Operations (until 28th Feb 2013) ²	85-90	0-5	0	60-65	0-5	0
Jane Britton - Foundation Trust Programme Director	80-85	0-5	0	*	*	*
Non Executive Directors						
Anthony McNiff (from 1st May 2012) ²	5-10	0-5	0	*	*	*
Susan Thompson	5-10	0-5	0	5-10	0-5	0
Alison Paine	5-10	0-5	0	5-10	0-5	0
Peter Greensmith	5-10	0-5	0	5-10	0-5	0
Ruth Brunt (from 1st Feb 2013) ²	0-5	0-5	0	*	*	*
Lee O'Bryan	5-10	0-5	0	0-5	0-5	0

Band of Highest Paid Directors Total Remuneration (£'000)

150-155

170-175

Median Total Remuneration

26,556

27,625

Ratio

5.6

6.2

Notes:

1. The benefit in kind relates to lease cars
2. Relates to Part year employment
3. Relates to Part year directorship

Reporting Bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The banded remuneration of the highest paid director of the Trust in the financial year 2012-13 was £150k-£155k (2011-12 £170k-£175k). This was 5.6 times (2011-12 6.2 times) the median remuneration of the workforce, which was £26,556k (2011-12 £27,625k).

In 2012-13, no employees (2011-12 no employees) received remuneration in excess of the highest paid director. Remuneration ranged from £12,500k to £150,000k (2011-12 £12,216k to £137,025k). Total Remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The pay ratio above is based on the pay of 3,991 employees (2011-12 4,138 employees) and this includes agency staffing. There is therefore little change to the number or composition of the general workforce that would lead to a material variance in explaining this ratio.

There has been immaterial change to the remuneration of the highly paid individual and this includes an assessment of basic pay and other taxable expenses or allowances.

The highest paid individual is however different in analysing the ratio from year to year above.

There is a small effect of the impact of pay inflation which is a result of all staff earning £21,000 and under receiving a pay increase of £250. All other staff included in the calculation of the ratio above this pay salary were subject to a pay freeze that affected the majority of staff.

All the figures in the above table have been subjected to external audit.

Salary and Pension entitlements of senior managers

B) Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2013 (bands of £5000) £000	Total accrued related lump sum at age 60 at 31 March 2013 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100 £
Iain Tulley	0-2.5	0-2.5	45-50	145-150	893	794	18	0
Laura McMurtrie	0-2.5	0-2.5	60-65	180-185	0	1,290	(288)	0
Paul Miller	2.5-5	12.5-15	45-50	135-140	863	721	89	0
Sue Hall	2.5-5	10-12.5	20-25	70-75	367	271	57	0
Pippa Ross-Smith	0-2.5	0-2.5	15-20	50-55	375	319	4	0
Hayley Richards	0-2.5	0-2.5	40-45	120-125	749	661	7	0
Sally Fox	0-2.5	0-2.5	20-25	60-65	353	324	1	0
Julie Thomas	0-2.5	0-2.5	25-30	85-90	597	547	16	0
Hazel Watson	0-2.5	0-2.5	10-15	40-45	238	209	15	0
Andy Sylvester	10-12.5	30-32.5	50-55	155-160	0	764	(498)	0
Jane Britton	0-2.5	0-2.5	20-25	65-70	424	388	13	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, and contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement). The Trust has used a GAD Factor as at 31 March 2013 (5.2%) and this is different to that used at the start of the period (3.1%).

All the figures in the above table have been subjected to external audit.

SUMMARY FINANCIAL STATEMENTS FINANCIAL YEAR 2012-13

SUMMARY FINANCIAL STATEMENTS

The summary financial statements are a summary of the information in the full accounts and may not contain sufficient information for the full understanding of Avon and Wiltshire Mental Health Partnership NHS Trust's financial position and performance. The full accounts are available on our Trust website or please contact the Financial Controller at the address below:

Avon and Wiltshire Mental Health Partnership NHS Trust, Jenner House, Langley Park Estate, Chippenham, Wiltshire, SN15 1GG.

Or alternatively you can contact us by phone on 01249 468000.

The Summary Financial Statements were approved on behalf of the Board on 3 June 2013 and signed on its behalf by:

Iain Tulley
Chief Executive, 3 June 2013

**INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF AVON AND WILTSHIRE MENTAL
HEALTH PARTNERSHIP NHS TRUST**

Simon Garlick

District Auditor

Grant Thornton

Hartwell House
55-61 Victoria Street
Bristol
BS1 6FT

5 June 2013

AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST STATEMENT OF THE TRUST'S FINANCIAL ACTIVITY FOR THE YEAR ENDED 31ST MARCH 2013

Statement of Comprehensive Income for year ended 31 March 2013

	2012-13 £000	2011-12 £000
Gross employee benefits	(141,245)	(138,846)
Other operating costs	(43,655)	(42,354)
Revenue from patient care activities	186,877	184,188
Other Operating revenue	7,732	8,002
Operating surplus/(deficit)	9,709	10,990
Investment revenue	40	27
Other gains and (losses)	256	277
Finance costs	(5,725)	(5,453)
Surplus/(deficit) for the financial year	4,280	5,841
Public dividend capital dividends payable	(3,632)	(3,571)
Retained surplus/(deficit) for the year	648	2,270
Other Comprehensive Income	2012-13 £000	2011-12 £000
Impairments and reversals	(1,880)	(493)
Net gain/(loss) on revaluation of property, plant & equipment	4,775	2,683
Net gain/(loss) on revaluation of intangibles	0	0
Movements in Other Reserves eg. Non NHS Pensions Scheme	0	(34)
Net Gain / (loss) on Assets Held for Sale	49	0
Total comprehensive income for the year*	3,592	4,426

* This sums the rows above and the surplus / (deficit) for the year before the adjustment for PDC dividend payable shown below

Financial performance for the year

Retained surplus/(deficit) for the year	648	2,270
IFRIC 12 adjustment	1,387	1,140
Impairments	901	115
Adjustments to donated asset reserve elimination	0	(16)
Adjusted retained surplus/(deficit)	2,936	3,541

The Trust's reported NHS financial performance position is derived from its Retained Surplus/(Deficit), but adjusted for the following:

The revenue cost of bringing PFI assets onto the Statement of Financial Position from the introduction of International Financial Reporting Standards (IFRS) accounting - NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Departmental Expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact and is not chargeable for overall budgeting purposes, is reported as a technical IFRIC12 adjustment as above. This additional cost is not considered as part of the organisation's reported operating position.

Impairments to Fixed Assets 2012/13 is due to a Modern Equivalent Asset (MEA) basis of valuation completed at 1st October 2012. An impairment charge is not considered part of the organisations operating position.

**Statement of Financial Position as at
31 March 2013**

	31 March 2013	31 March 2012
	£000	£000
Non-current assets:		
Property, plant and equipment	158,168	158,544
Intangible assets	718	311
Total non-current assets	<u>158,886</u>	<u>158,855</u>
Current assets:		
Inventories	282	233
Trade and other receivables	7,575	6,974
Cash and cash equivalents	10,000	7,150
Total current assets	<u>17,857</u>	<u>14,357</u>
Non-current assets held for sale	325	920
Total current assets	<u>18,182</u>	<u>15,277</u>
Total assets	<u>177,068</u>	<u>174,132</u>
Current liabilities		
Trade and other payables	(13,286)	(13,740)
Provisions	(1,037)	(618)
Borrowings	(597)	(781)
Total current liabilities	<u>(14,920)</u>	<u>(15,139)</u>
Non-current assets plus/less net current assets/liabilities	<u>162,148</u>	<u>158,993</u>
Non-current liabilities		
Provisions	(1,360)	(1,200)
Borrowings	(46,770)	(47,367)
Total non-current liabilities	<u>(48,130)</u>	<u>(48,567)</u>
Total Assets Employed:	<u>114,018</u>	<u>110,426</u>
FINANCED BY:		
TAXPAYERS' EQUITY		
Public Dividend Capital	99,552	99,552
Retained earnings	(11,152)	(13,402)
Revaluation reserve	25,618	24,276
Total Taxpayers' Equity:	<u>114,018</u>	<u>110,426</u>

Signed:

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On behalf of the trust by the Chief Executive
3rd June 2013

**Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2013**

	Public Dividend capital £000	Retained earnings £000	Revaluation reserve £000	Other reserves £000	Total reserves £000
Balance at 1 April 2012	99,552	(13,402)	24,276	0	110,426
Changes in taxpayers' equity for 2012-13					
Retained surplus/(deficit) for the year		648			648
Net gain / (loss) on revaluation of property, plant, equipment			4,775		4,775
Net gain / (loss) on revaluation of assets held for sale			49		49
Impairments and reversals			(1,880)		(1,880)
Transfers between reserves		1,602	(1,602)	0	0
Reclassification Adjustments					
Net Actuarial Gain/(Loss) on Pension		0		0	0
Net recognised revenue/(expense) for the year	0	2,250	1,342	0	3,592
Balance at 31 March 2013	99,552	(11,152)	25,618	0	114,018
Balance at 1 April 2011	99,552	(17,969)	24,383	34	106,000
Changes in taxpayers' equity for year ended 31 March 2012					
Retained surplus/(deficit) for the year		2,270			2,270
Net gain / (loss) on revaluation of property, plant, equipment			2,683		2,683
Net gain / (loss) on revaluation of assets held for sale			0		0
Impairments and reversals			(493)		(493)
Movements in other reserves				(34)	(34)
Transfers between reserves		2,297	(2,297)	0	0
Reclassification Adjustments					
Net Actuarial Gain/(Loss) on Pension		0		0	0
Net recognised revenue/(expense) for the year	0	4,567	(107)	(34)	4,426
Balance at 31 March 2012	99,552	(13,402)	24,276	0	110,426

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED
31 March 2013

	2012-13 £000	2011-12 £000
Cash Flows from Operating Activities		
Operating Surplus/Deficit	9,709	10,990
Depreciation and Amortisation	5,761	5,654
Impairments and Reversals	1,828	891
Interest Paid	(5,690)	(5,410)
Dividend (Paid) / Refunded	(3,637)	(3,630)
(Increase)/Decrease in Inventories	(49)	(44)
(Increase)/Decrease in Trade and Other Receivables	(601)	2,421
Increase/(Decrease) in Trade and Other Payables	(777)	(5,552)
Provisions Utilised	(285)	(442)
Increase/(Decrease) in Provisions	782	180
Net Cash Inflow/(Outflow) from Operating Activities	7,041	5,058
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	40	27
(Payments) for Property, Plant and Equipment	(4,982)	(4,843)
(Payments) for Intangible Assets	(441)	(127)
Proceeds of disposal of assets held for sale (PPE)	1,973	2,557
Net Cash Inflow/(Outflow) from Investing Activities	(3,410)	(2,386)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	3,631	2,672
CASH FLOWS FROM FINANCING ACTIVITIES		
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI and LIFT	(781)	(781)
Net Cash Inflow/(Outflow) from Financing Activities	(781)	(781)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	2,850	1,891
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	7,150	5,259
Cash and Cash Equivalents (and Bank Overdraft) at year end	10,000	7,150

CHARITABLE FUNDS

Charitable funds arise from donations, subscriptions and bequests and must be accounted for independently of monies received from purchasers for the provision of health care. Charitable funds are very important to our Trust and provide additional benefits to patients and staff which could not otherwise be provided. The Avon and Wiltshire Mental Health Partnership NHS Trust is the Trustee for the charitable fund, registered charity number 1056576. Our Trust Board is therefore fully accountable for the funds but has delegated some responsibilities to the Charitable Funds Committee. The Charitable Funds Committee is supported by the Audit Committee and a finance department representative. The main duties of the Charitable Funds Committee are to ensure that the funds are collected, spent and managed legally, ethically and in accordance with all relevant legislation. The Committee also recommends policy and procedural changes to our Trust Board in relation to Charitable Funds to ensure compliance with statutory changes. This includes fundraising, investment, expenditure and operational policies.

CHARITABLE FUNDS (UNAUDITED)

Charitable funds arise from donations, subscriptions and legacies

Statement of Financial Activities for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Incoming resources		
Donations	91	11
Activities from generating funds	2	1
Investment income	0	0
Other Incoming Resources	0	2
Total incoming resources	93	14
Resources expended		
Patients welfare and amenities	64	22
Staff welfare and amenities	6	7
Research	1	0
Miscellaneous	0	0
Governance Costs	7	7
Total resources expended	78	36
Fund balances brought forward	283	305
Fund balances carried forward	298	283
Balance Sheet as at 31 March 2013		
	2012-13 £000	2011-12 £000
Current Assets	320	291
Debtors	0	0
Total Net Assets	320	291
Creditors	(8)	(4)
Provisions	(14)	(4)
Total Net Assets Less Liabilities	298	283
Funds of the Charity		
Restricted income funds	142	172
Unrestricted income funds	156	111
Total Funds	298	283

CONTACT

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SN15 1GG

Telephone: 01249 468000

Trust Switchboard: 01225 325680