

Annual Review 2011/12

Online

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Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) 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.

We operate across Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire, as well as providing specialist services for a wider catchment extending throughout the south west.

Our core catchment area totals some 2,200 square miles, a population of 1.6m and we employed 3,224 permanent staff (whole time equivalent) during 2011/12. Trust expenditure on mental health and social care services in 2011/12 totalled £190m.

Providing high quality services is of paramount importance to the Trust. There have been times however when we have not always given all of our service users and carers the quality of care that they rightly expect. As a result, we are committed to ensuring that we refocus our efforts on the journey of recovery for all those who use our services, taking steps to ensure that we deliver a consistent quality of service.

The past year has not been without its share of success though and we are rightly proud of the work undertaken by our staff on a diverse range of projects including for example:

- Our educational provision for GP trainees was praised by the Severn Deanery who awarded us an 'A' grading. This grade is only given to "a tiny minority of posts that are regarded as offering a truly outstanding training experience for our trainees".
- The specialist drug and alcohol strategic business unit continued to prove its excellence by winning several new contracts to provide services.
- A peer review of our medium-secure unit Fromside rated it a truly outstanding 96%.
- The adult community strategic business unit completed a successful seven team pilot project to further embed the principles of the recovery star tool across the Trust. The recovery star creates a framework for collaborative care planning, taking into account the views and wishes of staff, carers, families and service users themselves.
- The latest set of patient environment action teams (PEAT) survey results showed that standards in food, environment and privacy and dignity in AWP hospitals and units continue to meet a good - and in many cases, excellent - standard. 45 of our wards and units were assessed this year, with these latest results showing 17 improved ratings, a year-on-year rise in standards.
- 'This is me' life story work has been shared across all inpatient areas, with the aim of building on life story as a way of ensuring individualised and person-centred care. A rollout of dementia care mapping on every dementia ward further supports person-centred care, improved quality and reflective practice.
- We established a new section 136 place of safety suite in Swindon.

- AWP was at the centre of a major new initiative designed to improve the mental health provision for veterans of the armed services. Named the South West Veterans' Mental Health Service - www.swveterans.org.uk/ - , this important programme is helping to combat the stigma often associated with mental health issues among former service personnel.
- We adopted the principles of Mencap's Getting it Right charter to prove commitment to improving health care and treatment for people with a learning disability. More information can be found at <http://www.awp.nhs.uk/services/inpatient/learning-disabilities/>
- Following the Panorama programme on Winterbourne View independent hospital for people with learning disabilities, our learning disabilities and safeguarding teams were asked by commissioners to oversee the care and safe transfer of service users to other care facilities.
- Our carbon management plan was acknowledged by the international 10:10 campaign which said: "AWP has done a brilliant job! We can't wait to see what they do next."

The AWP magazine, *Ourvoice*, has continued to help us spread good news about the Trust and some of the big stories of the past year can be viewed through the back issues available on our web site at www.awp.nhs.uk/ourvoice/ . More Trust news over the year can be found at <http://www.awp.nhs.uk/news-publications/trust-news/>

Avon and Wiltshire Mental Health Partnership NHS Trust

Vision, values and objectives

Our vision is to enable and empower people to reach their potential and lead fulfilling lives. The values which inspire us in achieving our vision include:

- Listening
- Challenging stigma and promoting equality
- Being accountable to our communities
- Harnessing the enthusiasm and skills of our staff

We believe that we can make a difference by living these values and embracing partnerships with organisations that share our vision.

We hold NHS values that guide behaviours that are expected from all service users, public and staff.

Our strategic objectives are:

- To be the organisation of choice for service users, staff and commissioners alike, providing a comprehensive range of specialist mental health services in primary, secondary and tertiary care settings, across our existing geographical area.
- To provide person-centred services that intervene early, are highly accessible, focused on recovery, high quality and leading edge.
- To be a financially sustainable Trust through robust financial management, use of innovative technologies, efficiency and increased productivity.

Organisational structure and governance

The Trust is led by a Board of directors with joint and several responsibility for governance, leadership and strategic direction. This means that every director is equally accountable for the proper governance of the organisation. The Board comprises 13 directors: seven non-executive directors, one of whom is the chair and six executive directors, including the chief executive.

In setting the organisation's aims and objectives, the Board provides strategic leadership and sets out the quality standards Trust services must deliver. The Board also ensures that appropriate financial and human resources are in place to meet these objectives. By setting high standards of corporate governance, and through its monitoring of the adequacy of the performance management arrangements within the organisation, the Board ensures that agreed objectives are met in a timely way and that any variation is recognised and tackled.

The Board ensures, through these performance monitoring arrangements, that effective processes for gathering information about service outcomes are in place. The Board also ensures, through its assurance framework, that appropriate evidence is reported to give the

Board confidence that the required standards of quality, patient experience and satisfaction are delivered.

Further information about how the Trust is managed, including details of directors and committees, is available on our website at www.awp.nhs.uk/about-us/management/.

Research and development (R&D)

Research continues to be an area of strength in AWP with annual income of over £2m mainly as a result of the R&D department hosting two national networks: the Mental Health Research Network (MHRN) and the Dementias and Neurodegenerative Diseases Research Network (DeNDRoN).

In recent years we have been one of the top four research active mental health trusts when measured by flexibility and sustainability funding (FSF) and we have increased recruitment to research studies year-on-year (750 in the previous year). We are also one of the major national centres for research into suicide prevention and the psychological treatment of depression.

We have worked with partner universities and NHS trusts in the region to form Bristol Health Partners (BHP) which aims to establish an academic health sciences centre in Bristol to improve service delivery, education and research in a coordinated and collaborative way.

The new AWP research strategy outlines AWP's aim to be one of the UK's leading mental health trusts for:

- Conducting research into the prevention, treatment and management of mental health problems and addictions
- Translating existing research findings into practice
- Working collaboratively with service users, carers, clinicians, managers and commissioners to identify practice-relevant research questions and funding for this research
- Ensuring that service users, carers and staff have every opportunity to take part in the research process
- Developing and supporting future leaders in mental health research.

The benefits of research are considerable for the 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/.

Serious untoward incidents

'Summary of other personal data related incidents in 2011/2012'		
Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	2

Freedom of Information Act 2000

We continue to embrace the openness and accountability of the Freedom of Information Act and during 2011/12 we responded to 188 requests. Contained within these requests were 982 individual requests for information. Requests covered a wide range of subjects including organisational structure, Trust policies, staff expenses and bonuses, medication and art expenditure, implementation of National Institute for Clinical Excellence (NICE) guidelines, Government procurement cards, waiting times, transport provision, information and communications technology (ICT), staffing and service information.

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

Emergency planning

We have focused in the past year on ensuring that the Trust has robust and tested plans in place to respond appropriately to any internal or external emergency, in line with the requirements of the NHS operating framework and the Civil Contingencies Act 2004. In doing so, we have worked closely with acute and primary care partners, the Strategic Health Authority and the local resilience forums.

A considerable amount of work has also been undertaken in collaboration with other trusts to ensure that AWP is well placed to respond to a broad range of threats as well as having the capability to support other health organisations in a major incident.

In addition we have run a seasonal flu vaccination programme for all staff, resulting in AWP having one of the highest vaccination uptakes in the country for the third year in a row. This adds a significant layer of resilience and ensures we are able to continue to deliver services throughout the winter 'flu' period.

AWP was also judged by the Strategic Health Authority's (SHA's) emergency planning assurance review as being one of the best prepared NHS Trusts in the south of England SHA

cluster. Our resilience and emergency preparedness will be further enhanced by a number of training exercises planned for 2012/13. AWP emergency planning is also working closely with the SHA in developing a number of training courses that trusts will be able to deliver in house.

The focus for the coming year is to continue to develop and enhance AWP's resilience by continuing to collaborate in planning activities with our commissioners and other partners.

Our services

We are committed to the delivery of accessible, effective, innovative and person-centred services which intervene early and effectively and concentrate on recovery and re-ablement.

We work together with our health and social care partners to provide service users with increased choice in the way they receive support and care which is closer to their homes and to avoid, where possible, disruptive inpatient stays.

AWP is committed to the constant improvement of services so that they are of the highest quality and 'enable and empower people to reach their potential and live fulfilling lives'.

In 2011/12, staff saw 33,424 individuals from over 35,017 referrals, admitted 2,380 people into our inpatient units while our community services teams had more than 500,000 contacts with service users.

In 2011/12 services were delivered through five strategic business units (SBUs):

- Acute adult inpatient services
- Acute adult community services
- Liaison and later life services
- Specialised and secure services
- Specialist drug and alcohol services

Strategic business units	Summary of services
Adult acute community services	<ul style="list-style-type: none"> • Community mental health teams • Crisis resolution and home treatment • Assertive outreach • Early intervention in psychosis • Specialist outpatient services • Psychological therapies in primary and secondary care • Vocational services
Adult acute inpatient services	<ul style="list-style-type: none"> • Acute inpatient care
Liaison and later life	<ul style="list-style-type: none"> • Community mental health teams • Day services – day hospitals, supported day care (inreach), therapy centres, specialist centres for younger people with dementia • Memory assessment services • Liaison (within acute hospitals, primary care and care homes) • Inpatient assessment and treatment services • Continuing health care • Inpatient intermediate care • Electro-convulsive therapy (ECT)

Specialised and secure services	<ul style="list-style-type: none"> • Medium secure inpatient services • Low secure inpatient services • Court liaison • Forensic Pathfinder personality disorder service • Forensic consultancy, discharge and aftercare services • Forensic intellectual developmental disorder services • Specialist mental health learning disability inpatient services • Community psychiatry for learning disabilities • Psychiatric intensive care • Specialist eating disorder services, inpatient, community and primary care • Mother and baby service • Community and hospital-based rehabilitation services • Attention deficit hyperactivity disorder (ADHD) service • Autism spectrum services • Deaf mental health service
Specialist drug and alcohol services	<ul style="list-style-type: none"> • Specialist community-based assessment and treatment services for drugs and alcohol including specialist prescribing and community detoxification • Inpatient stabilisation and detoxification service with therapeutic programme • Clinical and psychosocial substance misuse services in prisons • Criminal justice interventions teams (CJIT) • Court assessment and referral service (in courts and police custody suites)* • Mental health inreach teams (in prisons)* • Treatment programmes in prisons (12-step prison partnership programme and alcohol-related violence programme)

* Services transferred from specialised and secure services in February 2012

More information about the strategic business units can be viewed at <http://www.awp.nhs.uk/about-us/management/directorates/operations/> and information on services can be viewed at <http://www.awp.nhs.uk/services/>.

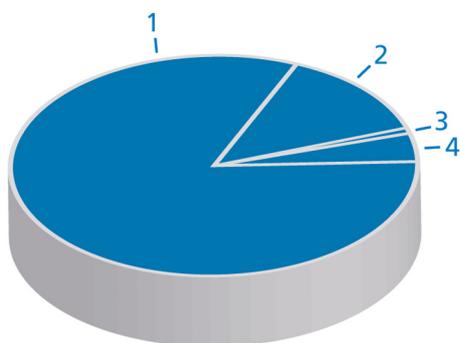
Managing our finances

We have achieved our control total for the sixth consecutive year. The control total is the surplus that the Trust is required to deliver for the year and which is set out in our operating plan at the beginning of the year.

We further strengthened our liquidity position at the end of the financial year by achieving such actions as a managed capital programme and land and buildings disposal plan through the year.

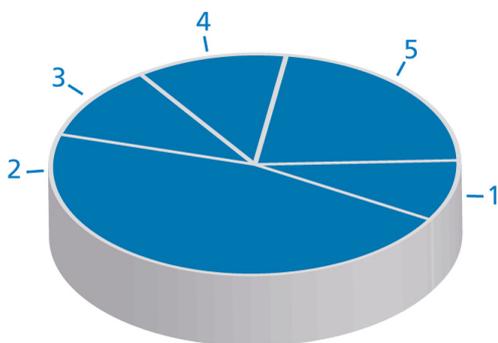
Where the money comes from

Income



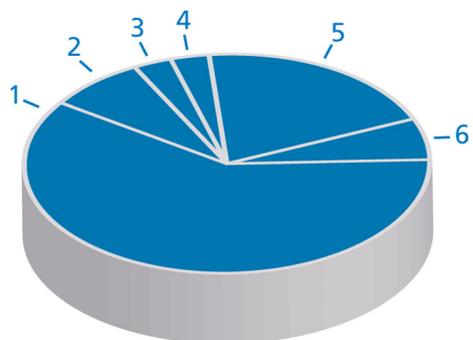
1. PCTs **82%**
2. Local authorities **13%**
3. Non NHS – other **1%**
4. Other income **4%**

Primary Care Trust income 2011/12



1. B&NES **9%**
2. Bristol **46%**
3. North Somerset **11%**
4. South Gloucestershire **12%**
5. Wiltshire **22%**

Local authority income 2011/12

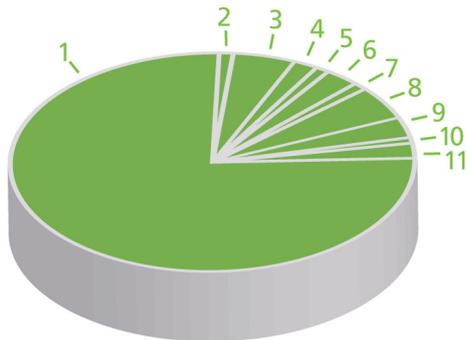


1. Swindon **60%**
2. Wiltshire **8%**
3. South Gloucestershire **3%**
4. North Somerset **3%**
5. Bristol City **30%**
6. B&NES **6%**

Note: much of Swindon PCT income (circa £15.8m) is incorporated into the Swindon Borough Council (local authority analysis) above rather than being shown as PCT income (PCT income analysis) as funding is provided through joint commissioning arrangements with Swindon Primary Care Trust.

Where the money is spent

Operating expenditure 2011/12



1. Staff costs **76%**
2. Services from all NHS **1%**
3. Clinical supplies **5%**
4. General supplies **2%**
5. Consultancy **1%**
6. Establishment **3%**
7. Transport **1%**
8. Premises **5%**
9. Depreciation **3%**
10. Research **1%**
11. Other aggregated **2%**

The largest areas of spend are staff costs (76% of expenditure), premises (5% of expenditure) and clinical supplies (5% of expenditure).

Our full financial accounts, containing all the statutory documentation, auditor's report and remuneration report are available here: <http://www.awp.nhs.uk/news-publications/publications/annual-report/> .

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 81% and was graded 'green'. We have achieved 'level 2' in all requirements; this is a further improvement on 2010/11.

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).

How we did and how we measured

Providing high quality services is of paramount importance to us. We measure this through the experiences of our service users and their carers and by the outcomes of our clinical interventions by using data gathered from a variety of sources, such as patient surveys and the electronic patient record.

We strive to continually improve the quality of our services whilst ensuring that we consistently maintain standards that service users have the right to expect.

Set out below is some of the evidence that demonstrates key aspects of our performance in relation to the quality of our services. More detail is provided in our quality account 2011/12 (available at <http://www.awp.nhs.uk/news-publications/publications/QA>) which describes progress on key areas we have prioritised for improvement and a comprehensive and balanced account of how we have performed against a broad series of measures.

Our care quality achievements

The quality of our services is measured in different ways under the categories of patient experience, effectiveness and safety and listed below is a selection of these measures:

Patient experience

- Speed of access for assessment and treatment: 97% of service users are receiving treatment within 13 weeks of their referral and 99% of crisis referrals are seen within four hours
- Working in partnership with carers: 97% of identified carers have an assessment within four weeks and 91% of carers with an assessed need have a carer's support plan
- Patient survey results: for the question 'how you would rate the care you have received?' we perform within the mid 60% of comparable trusts
- Implementation of outcome measurement with over 90% of the caseload at the year end having a baseline HoNOS (Health of the Nation Outcome scale) score (a tool used by mental health clinicians before and after treatment so that changes can be measured)
- Achievement of Mencap's Getting it Right charter standards: improvements have been made during the year to improve the mainstream access to our services for those people with a learning disability. This has been achieved through a programme of staff training, production of easy read patient information and improved partnership working with service users and carers.

Effectiveness

- As part of our care programme approach, 99% of service users received a visit or phone call within seven days of discharge from an inpatient unit and 97% of our service users received a comprehensive multi-disciplinary annual review

- Access to crisis resolution and home treatment teams: 93% of admissions to inpatient services have had an assessment by a specialist crisis resolution and home treatment team
- Active care coordination: 97% of service users have been seen by their care coordinator within the last three months
- All of our assertive outreach, early intervention and crisis resolution home treatment teams meet the fidelity criteria set out in the national service framework for mental health services.

Safety

- Maintaining a fully compliant registration with the Care Quality Commission against their essential standards for quality and safety: this has been verified by a number of inspections
- Providing care in a safe and secure environment by fully meeting the national standards for the elimination of mixed sex accommodation
- Ensuring our inpatients receive the appropriate physical health care they need with at least 98% of admissions having received a physical health check and a risk assessment for venous thromboembolism (VTE) within seven days of admission
- Meeting a year-on-year reduction in the incidence of hospital communicated and acquired infections (HCAIs).

The Trust Board remains totally committed to improving quality across the organisation, putting service users and carers at the heart of everything the Trust does. Our performance is supported by a rigorous system of internal performance management and assurance of service quality and is reported monthly at Board meetings, the papers for which appear on our website at <http://www.awp.nhs.uk/news-publications/publications/trust-board-papers/>.

Service users, carers, staff and partner organisations also contribute to helping us make improvements by giving us their views. During the year regular monthly patient feedback systems were established in all of our services.

We recognise that we can still do better and have identified a number of improvement priorities for the coming year, including to:

- Introduce multi-disciplinary medication reviews and improved information on medications for those receiving treatment for dementia
- Ensure full compliance to our care programme approach standards and to improve service user engagement in care planning
- Improve the physical health of our service users through the provision of health promotion activities for inpatients
- Meet the Royal College of Psychiatrists accredited standards for all inpatient wards.

Commissioning for quality and innovation (CQUIN)

One-and-a-half percent of our income in 2011/12 was conditional on achieving quality improvement and innovation goals – known as CQUINs – agreed with our six primary care trust commissioners. There were six goals, of which we fully achieved the requirements for four: VTE risk assessments for inpatient admissions; Mencap's Getting it Right charter standards; a pilot implementing the use of the recovery star key working tool; and improving the quality of our communication with GPs.

Registration for essential standards of quality and safety

The Care Quality Commission (CQC) is the government regulator for health and social care. AWP is registered with the CQC and is fully compliant, without conditions, against the 16 essential standards of quality and safety. The standards cover important issues for service users such as: treating people with respect; involving them in decisions about care; keeping clinical areas clean; and ensuring services are safe.

Further information about our performance and how it is measured can be found on our website at <http://www.awp.nhs.uk/about-us/how-we-are-doing/> .

Engaging and involving our communities

Listening to, learning from and acting on what service users, carers and members of the public tell us helps to continually improve our services and this is reflected on our website at <http://www.awp.nhs.uk/advice-support/service-users/> .

We increased the range of volunteering options, with some volunteers helping service users to complete the monthly surveys and more volunteers placed in community settings such as active life and early intervention teams, utilising individuals' skills, such as music and sports. Looking forward, we have peer mentor volunteers being placed in specialist drug and alcohol services (SDAS) and will shortly have volunteers holding 'reading out loud' sessions on wards.

Monthly 'real time' surveys continue to give us up-to-date information about people's experiences. We have developed an 'easy read' version of the monthly survey for older people with dementia, to help them to give us their views about our services. As a result of seeking feedback from service users in specialised and secure services, some concerns were raised about noise on the ward at night, a creative approach to this was successfully piloted, with staff using key pouches to reduce the noise from jangling keys.

National surveys also provide service user feedback. In the 2011 community mental health survey 1,490 people, more than in any previous year, told us what they thought about their care. We also chose to repeat the national inpatient survey and 168 service users who had been in inpatient units in the second half of 2010 took part.

We meet regularly with the six local involvement networks (LINKs) which offer the public a say about the quality of services. The LINKs stakeholder group provides a forum for discussion, feedback and information sharing. There have been some LINKs 'enter and view' visits to hospital sites during the year which the Trust has welcomed. LINKs also contributed to the quality accounts. From April 2013, HealthWatch will be the 'local consumer voice' on health and social care. The Trust will continue to work closely with LINKs and the areas that have been awarded HealthWatch 'pathfinder' status during this transitional period.

Carers survey

This year we have engaged with our carers by carrying out a carer survey. This was first carried out in June and then repeated in the third week of November 2011 and the response rate was over 200 both times. Over 95% of the respondents were carers who had had a good experience of AWP. Staff and carers reviewed the findings and agreed areas for improvement.

The improvement plans are continuing to show improvements and the survey has been repeated again in quarter 1 of this year. We have done an enormous amount of work on this, not just ensuring that the survey works but also working with service users and carers to ensure that the service improves.

Patient Advice and Liaison Service (PALS)

Our PALS team provides a free, confidential and impartial service, providing information, signposting advice and guidance to service users, carers, family and friends and also to staff and service user involvement groups.

Enquiries range from simple information requests to more complex concerns from those not wanting to complain but feeling the need for impartial input to resolve an issue.

In the past year the team received on behalf of the Trust 1,724 enquiries and provided confidential, impartial information, advice or solutions in relation to more than 2,570 issues.

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

Learning from complaints

We continually seek to improve our services and part of the PALS role is to help resolve problems and learn where things could be improved.

The team received 304 complaints in the past year. Although this number of complaints is relatively small in relation to the quantity of contacts with service users, we take each seriously. We aim to resolve problems sensitively and promptly and act to reduce the likelihood of a similar situation arising again.

We have adopted the 'principles for remedy', produced by the parliamentary and health services ombudsman and which provides remedies for injustice or hardship resulting from maladministration or poor service.

Getting it right

PALS recorded 756 items of praise during the year – an increase of 81 from last year - including cards, letters and telephone calls. These are not only greatly appreciated by staff but are very helpful in highlighting good practice that we can share around the Trust.

In addition, 675 positive comments were received through the community mental health survey in 2011 and 74 through the inpatient survey, an increase on the previous year. Most of the positive comments in both surveys were about relationships with staff.

To find out more or to contact PALS visit their page on our website at <http://www.awp.nhs.uk/advice-support/pals/> .

Working with our staff

We are committed to developing an organisation which is recognised for the excellence of its services, giving staff pride in the work they do, being a good place to work and attracting commitment and loyalty from its staff through a 'high expectations, high support' ethos. The disappointing results of the national NHS staff survey show that we do not consistently deliver this.

Throughout the past year we have continued to strive to tackle these concerns and also implement initiatives in line with the NHS Constitution's staff pledges. Implementation of our service redesign has provided greater clarity of roles and responsibilities as well as job security for staff. We have also continued to take a strong stand on violence and aggression towards staff, increased the range of wellbeing services, continued the 'fit for life' clinics launched last year and encouraged all staff to have seasonal flu vaccinations.

We continue to work closely with representative groups within the Trust such as:

- The professional council which includes representation from the main professions, including both the medical advisory group and the nursing advisory group
- The joint union council which represents the views of staff at regular formal Trust level consultation and negotiation groups and at strategic business unit level.

In the past year we again ran our staff awards, designed to celebrate excellence and improvement and published for the first time a staff handbook and a training prospectus.

Ensuring high quality supervision and appraisals remain a priority and we are investing in a new system designed to ensure these remain effective and relevant to day-to-day activity. Regular surveying of staff opinion takes place through the Trust intranet, Ourspace, with feedback influencing the development of policies, practice and ways of working with staff across the Trust.

The Trust Board reviews sickness absence rates on a quarterly basis. The agreed sickness absence target this year was a rate of 4.8% averaged over the previous 12 months. At the beginning of the year sickness absence levels stood at 5.00% and decreased for three months before increasing to a peak of 5.20% in October. By year end the figure had returned to 5.00%.

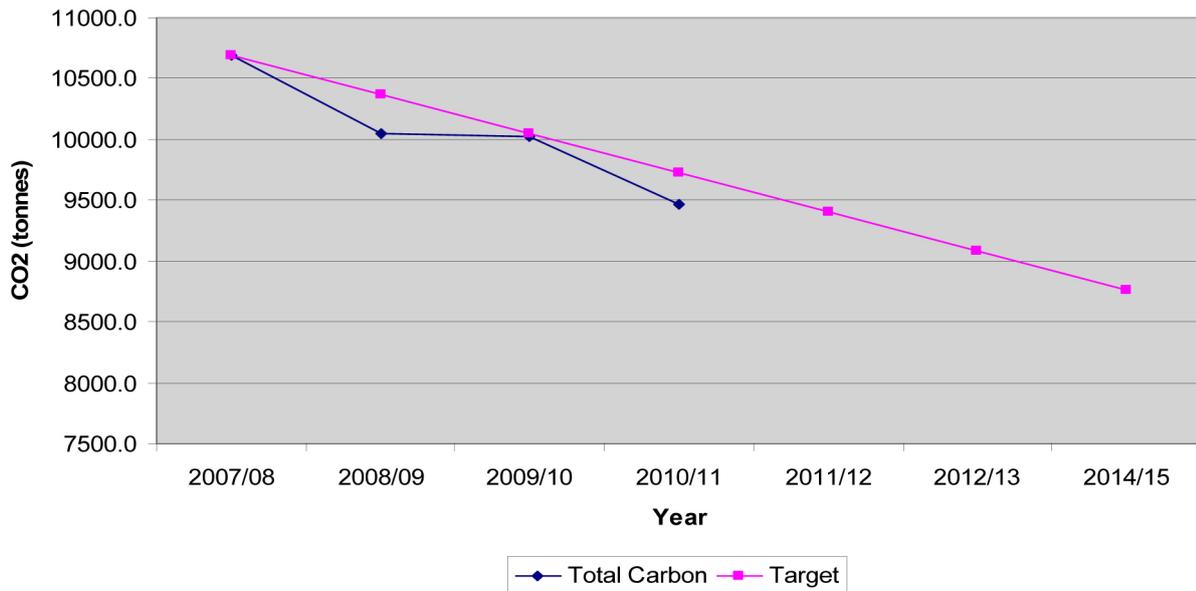
These results should be seen in the context of a worrying and uncertain time for many staff. Whilst the target of 4.80% has not been achieved, there has been considerable management action to address sickness absence, without which the sickness absence levels would have been higher. In addition a wellbeing plan for the Trust was implemented in September 2011 with a comprehensive communications plan to ensure that staff are aware of the considerable support and benefits available to them.

Environmental sustainability

We continue to pursue our ambitious environmental sustainability target of reducing CO2 emissions by 18% by 2013/14 as set out in its carbon management plan.

Over the past financial year, a further 5.5% reduction was achieved which means that since 2007/08 we have reduced our carbon production by a total of 11.4% (figures for 2011/12 will be available soon).

Figure 1: CO2 emissions against target



We continue to invest £250,000 annually to support the development of physical estate and other carbon reduction initiatives such as:

- Solar heating pilot at Green Lane Hospital
- Boiler replacements and control upgrades
- Roof and window insulation
- Lighting control upgrades.

An estimated 359 carbon tonnes have already been saved as a result of these projects.

Considerable efforts have been made to tackle the environmental and health consequences of the 4.2 million business miles travelled by AWP staff. As well as reducing mileage through more effective planning and video conferencing, the use of 22 low emission cars and 22 electric cycles by community teams in Bristol has reduced car travel by 110,000 business miles, reducing our carbon output by 28 tonnes of CO2.

This project, which is endorsed and supported by the NHS sustainability development unit and the Department for Transport sustainability and equalities unit, continues to attract attention from other health and social care organisations.

Our procurement policies also contribute to the pursuit of our sustainability goals. The Trust continues to work with suppliers to reduce the amount of packaging delivered to our sites and the delivery miles undertaken, resulting in journey times being reduced by 30%.

We have increased the number of recycling contracts covering paper, card, tin, plastic and mobile phones and have ensured that any pool and lease cars acquired produce lower CO2 emissions.

We are members of the 10:10 campaign which asks organisations and individuals to reduce their CO2 emissions by 10% over 12 months. The Trust plays an active role in the West of England Carbon Challenge process organised by Forum for the Future. This scheme coordinates the carbon reduction work being undertaken by organisations and businesses in the south west region.

Looking ahead

Priorities in the coming months for environmental sustainability include reviewing ongoing investment in our buildings and exploring the delivery of sources of renewable energies such as the solar heating pilot in Green Lane Hospital, pilots to evaluate ground sources heat pumps and a review of photovoltaic technology to generate energy.

Travel will continue to be a key focus as we seek to both reduce our business mileage and the carbon emissions associated with travel. We plan to reduce our business miles by further improving our IT infrastructure to support remote working and promoting the use of video and teleconferencing to reduce staff travel for meetings. We also intend to reduce the impact of necessary business miles by expanding the fleet of low emission pool cars and electric bikes across the wider AWP geography.

We will continue to seek greater service user involvement at site level via the patient environment and action teams (PEATs) for each in-patient unit.

AWP carbon dioxide emissions 2007/8 - 2010/2011*

Source	CO2 (tonnes)				Percentage change
	Year				
	2007/08	2008/09	2009/10	2010/11	
Energy and water	8,936	8,460	8,393	7,835	-12.4%
Transport	1,493	1,483	1,509	1,483	-0.7%
Waste	257	101	120	153	-40.5%
Total	10,686	10,044	10,022	9,471	-11.4%

* Improvements in data gathering has led to figures published in previous annual reports being revised

More information about our environmental sustainability can be viewed at <http://www.awp.nhs.uk/about-us/how-we-are-doing/environmental-sustainability/> . 2011/12 figures will be available soon.

Equality and diversity

During 2011/12 we worked with our stakeholders to come to an agreed position on how well we were doing on the four broad equality goals contained within the equality delivery system: better health outcomes for all; improved patient access and experience; empowered, engaged and included staff; and inclusive leadership.

We used feedback from our stakeholders along with evidence available to the Trust to set our equality objectives and these, along with our commitment to meeting the duties set out within the Equality Act 2010, are described in our equality, diversity and human rights strategy and implementation plan 2011/12.

We recognise that the needs of some service users from protected and other disadvantaged groups can be distinct and specific. The Trust responds by designing services which reflect those needs and by continuing to ensure that the 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.

We have an equality and delivery steering group that is responsible for delivering our equalities agenda. The group reports directly to the modernisation and workforce management group and is chaired by the director for people.

The Trust provides a comprehensive programme of equality and diversity training which all staff are required to attend as part of their induction. A cohort of staff have also undertaken a racial equality and cultural capability (RECC) 'train the trainers' course and will deliver this training to staff within the organisation. This will enable us to develop a workforce which is culturally competent.

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. The Trust has also continued to hold the 'two ticks' disability symbol, demonstrating our commitment to supporting disabled employees.

Our equality and diversity annual report, published in January 2012, summarises all our equality and diversity activity and includes details of the workforce monitoring that is routinely undertaken across the workforce.

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



Looking ahead

We are seeking to improve continuously the way we deliver services while achieving the efficiency savings which all parts of the NHS must deliver.

The significant redesign of core services begun during 2011/12 is continuing into 2012/13. We have launched a new primary care liaison service (PCLS) that is locally based and is the first point of contact for all of our referrals, operating between 8.00am and 8.00pm. The service provides advice to GP referrers, assesses patients needs, undertakes risk assessments and decides upon the best care pathway for the individual.

Alongside the PCLS we are providing an intensive service which will operate 24/7 and will deliver a 'hospital at home' service, providing an alternative to inpatient treatment as well as dealing with any emergency care requirements.

Ongoing care in the community, short or long term, will be provided by our recovery services from 8.00am to 8.00pm, focusing on recovery and consistency of care.

Inpatient services will be strengthened to ensure the right levels of skilled and experienced staff are available to provide increased levels of therapy daily and operate at nationally accredited standards. Through engagement with service users, carers and families and other professionals we will reduce the risk of care becoming fragmented as a result of admission.

At the centre of all that we do will be service users and carers and the Trust is committed to increasing clinical engagement and being open and transparent, internally and externally.

We continue to work towards achieving foundation trust status and appreciate the support we have received from our 16,000 plus members.

This is another ambitious programme of improvement but a necessary one. We are, once again, immensely grateful to all those service users, carers, Trust members, staff, commissioners and others who have supported and worked with us during the past year and, in many cases, for far longer. Together, we can succeed in continuing to improve the standards of our services and the quality of care.