

## Annual Report 2014/15

# Avon and Wiltshire Mental Health Partnership NHS Trust

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# Introduction

## Iain Tulley, Chief Executive

This year has been one of significant challenge for our Trust and for the NHS. Growing demand, greater public expectation and tightening finances combine and present a series of challenges for the clinical leaders across our Trust.

2014/15 was a year of mixed fortunes for the Trust. With an absolute focus on quality, our staff and living within our means, we made progress on many fronts while, at the same time, identifying where greater focus was needed and further improvements required.

The partnership that has been created in Bristol with nine voluntary sector organisations representing the diverse nature of the city, was instrumental in winning the majority of the services tendered by our commissioners during the year. Our appointment as system leader in Bristol is testament to our recovering brand and willingness to work in partnership to enhance the quality and range of services we provide.

The significant improvement in many of our services and the closer relationship with our commissioners is of note, as we move to further integrate our services locally. Our inpatient services have been accredited by the Carers Trust for implementing the Triangle of Care and our community services will follow in due course. We have seen an increased number of service users and carers participating in our Friends and Family Test and the improving feedback is encouraging. This rich source of feedback is invaluable as we seek to improve further.

In contrast, and following a comprehensive 'pilot' inspection by health regulator the Care Quality Commission (CQC), some key areas of concern were raised and we have redoubled our efforts in addressing quality and safety issues adequately. Our staff and our commissioners have responded remarkably to the matters raised by the CQC and in December, at the point of re-inspection, the four 'warning notices' levelled at the Trust by the CQC were lifted. We continue to focus on continuous quality improvement and look forward to a full inspection from the CQC in the coming year.

Our focus on staff and improving organisational culture and staff wellbeing has continued. Our staff survey, however, highlights areas where greater focus and attention is needed.

Looking forward, we will maintain an absolute focus on quality, our staff and our resources and to build on the progress of the last year.

I am grateful to our staff, our clinical leaders and our partners for supporting the progress made and for the contribution in overcoming some key challenges during the year.



Iain Tulley

Chief Executive

June 2015

# Strategic Report

## About us

Avon and Wiltshire Mental Health Partnership NHS Trust (the Trust) is a significant provider of mental health services across a core catchment area covering Bath and North East Somerset (B&NES), Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. The Trust also provides specialist services for a wider catchment extending throughout the south west. Delivering services across this wide geography requires the Trust to meet differing health needs across local communities. This geography includes densely populated urban areas, with a large ethnic diversification, and more sparsely populated rural areas with growing aging populations. There are a number of universities, large manufacturing companies and healthcare services across the area, resulting in large transient populations commuting each day, and popular tourist destinations throughout the region.

All these elements combine to make a unique population group accessing the services the Trust provides. In response to this, the Trust offers a locally focussed service in each area, with local business plans aligned to commissioner intentions and strategic development opportunities within the local area.

As a partnership trust, we have important responsibilities to work together at a local level with other public bodies, such as local authorities; the police and the criminal justice system including prisons; and also with the voluntary sector. This is to ensure we provide a joined up service for the communities we serve. Throughout 2014/15, the Trust has continued to work with partner organisations to improve service accessibility, experience and outcome across all and we plan to continue this throughout 2015/16.

This report highlights our strategic direction and the key risks and challenges the Trust is facing currently and in the coming year. It

also takes a look back at the key achievements for the Trust during 2014/15.

### Our purpose and values

Our purpose is to provide the highest quality mental healthcare that promotes recovery and hope.

We have defined our values as “PRIDE”; Passion, Respect, Integrity, Diversity and Excellence.

### Our services

The 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, the Trust provides treatment and care in people's own homes and other community settings, reflecting the references of our service users. Our community services are supported by high quality inpatient services that provide short term assessment, treatment and care.

The Trust has placed the clinical voice at the centre of its decision making through a devolved, locality focused and clinically led 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 Quality. This structure is also applied to the service delivery units (SDUs) providing Specialised services and Secure services, which operate over a wider geographical catchment area.

Our Trust's central support functions add value to our locality management teams, ensuring that Clinical Directors have the support required to be accountable and responsible for our services in each locality.

Services delivered by our Trust in 2014/15 included:

- Acute hospital liaison

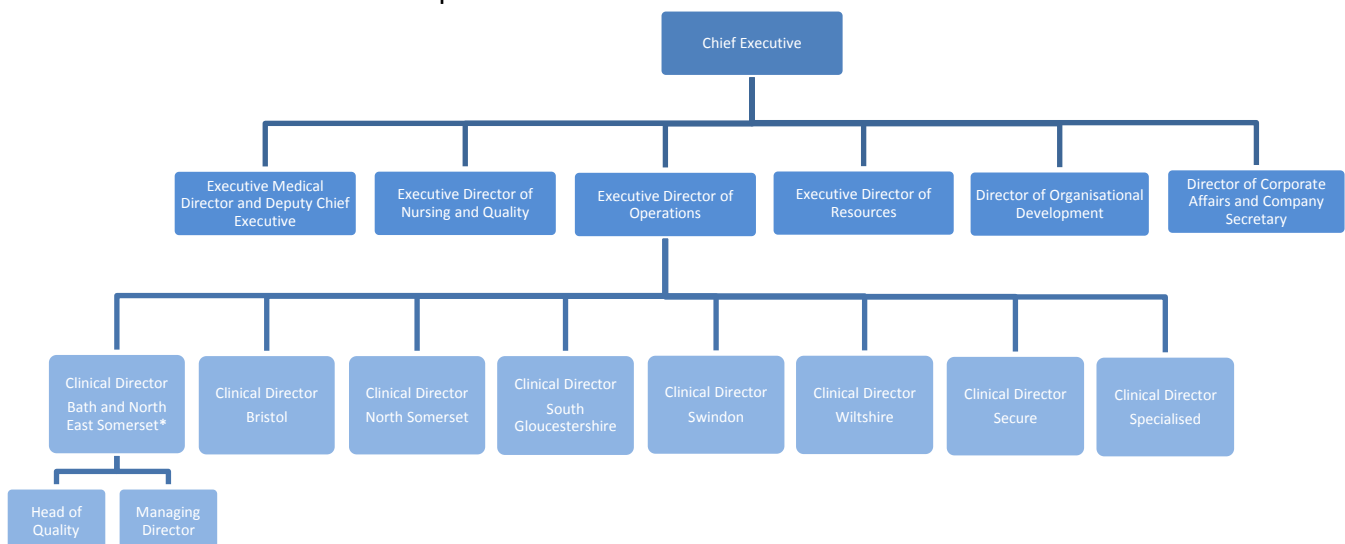
- Attention deficit hyperactivity disorder (ADHD) service
- Autism spectrum services
- Care home liaison
- Clinical and psychosocial substance misuse services in prisons
- Community drug and alcohol services
- Complex interventions teams
- Court assessment and referral service (in courts and police custody 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 I 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 services
- Psychiatric intensive care
- Psychological therapies in primary and secondary care
- Recovery services
- Rehabilitation inpatient service
- 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)

## Our structure

Our organisational structure supports our clinically led and locally focused approach to what we do, with the services in every local or service delivery unit led by a Clinical Director. Further detail on how we manage our Trust is included in the Annual Governance Statement at page 39 of this report.



## Chief Inspector of Hospitals

### Trust Inspection, June 2014

Having radically overhauled the way the Trust was managed and run, we wanted our progress to be independently assessed and so pressed to be part of the mental health pilot inspections being undertaken by the Chief Inspector of Hospitals team.

The Care Quality Commission (CQC) Chief Inspector of Hospitals team completed its review of our Trust in June 2014. This was a key element of the Trust's Foundation Trust journey and we recognised that the CQC inspection would play an invaluable part in achieving our mission to become the best provider of mental health care and in our work to continually improve our services.

In the initial feedback, the inspection team was complimentary about the quality of care being offered in our Trust. The team found staff to be hard working and dedicated and observed compassionate care in most of the sites visited. They commented positively on clinical leadership across our Trust and recognised the significant improvements and changes we had made over the preceding 18-24 months.

The team did, however, raise concerns about some aspects of safety including concerns relating to issues such as the environment, risk from ligatures, medicine safety, training and in some of our processes. The Trust recognised it needed to take swift steps to address these concerns to ensure safety across our Trust.

A summit led by the CQC and NHS Trust Development Authority (TDA) to report the findings was held in September 2014 with key stakeholders including our partners and commissioners invited to attend.

The Trust received four warning notices and a number of compliance actions following the inspection, and feedback received highlighted the need to re-prioritise some of the planned actions and to make sure that changes were made faster.

Our Trust readily accepted the inspectors' conclusions and reaffirmed its absolute

commitment to delivering consistently the required standards.

### Re-inspection, December 2014

Following the summit, the Trust undertook an extensive programme of work to address the concerns raised by the CQC and ensure the safety and quality of the services it provides. This Quality Improvement Plan included both Trust-wide and local actions to ensure all aspects of the concerns raised were comprehensively addressed. To monitor progress against action plans the Trust strengthened its governance arrangements by implementing a "check and challenge" process led by the Executive Director of Operations which directly challenged progress reported by Clinical Directors, and began a complete redesign of its internal quality inspection approach. This informed monthly reporting to our Quality and Standards Committee on completeness of actions and associated assurances, and to our Finance and Planning Committee on management of costs associated with this programme of work. We reported progress against our Quality Improvement Plan to our Trust Board each month, and engaged our Non-Executive Directors throughout the process, seeking their advice in their individual areas of expertise as well as seeking their challenge and scrutiny through our Committee and Board meetings.

At this time we also engaged our Internal Audit provider to undertake a review of our Quality Improvement plan and provide an independent assessment of our response to the CQC's concerns.

In December 2014 the Trust was re-inspected by the Chief Inspector of Hospitals team. This was a focused inspection which sought to evaluate our progress in addressing the safety and quality concerns raised in the initial inspection.

The inspectors concluded that we had done everything that we could reasonably have been expected to do to tackle the issues, and all four warning notices were lifted.

Having the warning notices lifted is however just the first step in the pursuit of our goal of

delivering services of the highest quality and as a result being rated a 'good' and then 'outstanding' Trust. We recognise that we must not reduce the intensity of our efforts but instead continue to improve and to focus on delivering high quality, safe and responsive care, ensuring that in doing so we meet the full requirements of the CQC all of the time. It is this focus that is driving our short, medium and long term strategy as an organisation.

## Our strategy

### Strategic priorities

Our strategic priorities set the direction for our Trust in achieving our vision. We defined these in 2013/14 and continued to be led by these priorities throughout 2014/15.

Each year we define the objectives which will support us in the delivery of our priorities. In 2014/15 our strategic objectives were:

2014/15 annual objectives	
Priority	Objectives
We will deliver the best care	To achieve a rating of 'good' from the Chief Inspector of Hospitals
We will support and develop our staff	To implement Friends and Family for staff To enable every team to receive Team Development in the coming two years To see 10% of questions on the annual staff survey improve on 2013 results
We will continually improve what we do	To fully establish the Quality Academy To achieve a 20% reduction in the use of restrictive practices
We will use our resources wisely	To establish the Resources Directorate To achieve our CIP Programme
We will be future focused	To become authorised as a Foundation Trust To implement the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol

Throughout this year, the Trust has continued our journey of organisational

development, improving our processes, governance, engagement and service quality. This approach has delivered sustainable change and improvement, which is reflected within this plan. This includes areas such as quality, clinical strategy, productivity and efficiency and operational performance.

The health & social care needs of the population have continued to develop, with increasing demand and expectation and it is expected that this will continue throughout 2015/16 and beyond. Across the local and regional healthcare economy there have been a number of challenges developing, including access to primary care services, acute and emergency healthcare and delays to discharge, these have been duplicated across the country.

This year we have had success in growing our business and confirming the Trust's market position through the development of specialised and liaison services, as well as winning new business through competitive tenders. This included the retention of the Bristol mental health service contract which was a great success for the Trust.

Whilst the Trust was successful in growing its business in response to formal tender and other opportunities, there was also some loss of business. This included the ending of the contract for services in Dorset Prison, a contract with Criminal Justice Services in Bristol and the Bristol Dementia Service. We have identified areas for development of our business in response to commissioner intentions, opportunities, regulatory requirements and efficiency programmes which improved the overall service quality. We have translated these into our objectives for the year.



Of the 10 objectives set for the year, the Trust reported performance as follows:

Achievement of 2014/15 annual objectives	
Objective	Achievement
1. To achieve a rating of 'good' from the Chief Inspector of Hospitals	Blue
2. To implement Friends and Family for staff	Green
3. To enable every team to receive Team Development in the coming two years	Green
4. To see 10% of questions on the annual staff survey improve on 2013 results	Blue
5. To fully establish the Quality Academy	Amber
6. To achieve a 20% reduction in the use of restrictive practices	Blue
7. To establish the Resources Directorate	Green
8. To achieve our CIP Programme	Green
9. To become authorised as a Foundation Trust	Blue
10. To implement the Bristol Tender and provide Mental Health Services as part of Mental Health Bristol	Green

<b>We have used the below colour codes to indicate the progress against the objective. These are:</b>	
Blue	Not achieved and objective rolled over to 2015/16
Amber	Partially achieved
Green	Achieved

The Trust has fully achieved five objectives, with objective five regarding establishment of our Quality Academy partially achieved and is to be fully implemented during quarter 1 of 2015/16.

Objectives 1 and 9 are not achieved as a result of factors outside the Trust's control. This is due to delay in the Foundation Trust pipeline, but both objectives have been rolled forward to the 2015/16.

Finally, objective 6 is not achieved due to lacking baseline data but has been rolled forward to the 2015/16 strategic priorities (restrictive priorities).

## 2015/16 annual objectives

Our commitment to continuously improving what we do led us to review how we set our objectives and how we define our baselines for measuring progress throughout each year. We have set ourselves an aim within each of our priorities and agreed objectives which will ensure we achieve our aims.

In setting our objectives for the coming year we have clearly defined the starting point for our performance in each area and identified the actions we will take to deliver these over the year.

2015/16 annual objectives		
Priority	Aim	Objectives
We will deliver the best care	To consistently deliver high quality services that are clinically led, locally integrated and quality focused.	<p>Maintain CQC registration and achieve full compliance with CQC essential standards.</p> <p>Achieve a measurable reduction in avoidable harm.</p> <p>Improve the physical health of our service user population.</p> <p>Improve the clinical effectiveness of our services.</p> <p>To improve service user and carer experience.</p> <p>To improve medicines management across all Trust localities.</p>
We will support and develop our staff	To develop all members of staff to support improved patient care and promote staff wellbeing.	<p>To address, in full, the 3 most concerning matters in the 2014 staff survey.</p> <p>To achieve a 10% improvement in response to the question 'would you recommend your team in AWP as a place to work.'</p> <p>To achieve 100% of substantive staff to receive structured appraisal.</p> <p>To achieve recommended 'safer staffing' levels across all teams.</p> <p>To reduce staff turnover rate in the Trust by at least 2%.</p>

Priority	Aim	Objectives
We will continually improve what we do	To achieve a comprehensive and high functioning acute care pathway across all localities.	<p>To reduce the number of patients placed out of trust area by 50%.</p> <p>To admit 90% of those needing admission to beds with home locality.</p> <p>To reduce overall bed occupancy across the Trust by 5% to enable flow and achievement of objective 2.</p> <p>To achieve one hour of therapeutic activity per patient in each of our wards every day.</p>
We will use our resources wisely	To improve our efficiency and maximise resources to front line care teams	<p>Achieve 100% of our planned cost improvement schemes.</p> <p>Reduce our overheads by 3.5% in year.</p> <p>Achieve our growth income target of £4.2m.</p> <p>To use our reference costs as a means of improving efficiency and reduce future reference costs by at least 10%.</p>
We will be future focused	To become a sustainable Foundation Trust that meets the needs of its communities and can respond to national and local changes in the health and social care system.	<p>To develop a clear strategy in the light of 5 year forward view</p> <p>To operate within our local areas as system leader to the benefit of the wider system</p> <p>To make an active contribution to the local, regional and national debate around Mental Health commissioning and delivery</p>

We understand that improvement needs to be a continual process, and therefore our focus for 2015/16 continues to be to improve our quality, including in response to the CQC, developing our acute care pathway and reducing out of area placements. We are also continuing to develop our workforce, including engagement, organisational development, appraisal quality and the implementation of the Trust bullying and harassment policy. The Trust is also continuing to develop its financial position in line with the Trusts financial

strategy, including early budget setting and a clear cost improvement programme and quality impact assessments.

### Risk

Risks to the achievement of our objectives are identified and managed through our risk management processes, discussed in the Annual Governance Statement at page 39 of this report.

Our identified risks include failure to develop a positive organisational culture is a significant risk for the Trust associated with our second strategic priority and is a risk that we have been working to manage since we undertook a Trust-wide redesign in 2013. Recognising the importance of supporting our workforce and providing them with a positive and open culture in which to work has driven development of organisational development programmes, improved learning and development opportunities, a greater focus on health and wellbeing and development of our leaders. This is discussed in further detail on page 37 of this report.

Looking ahead we have also identified that we are at risk of failing to maximise our position in the health economy if we are unable to respond to opportunities for growth and development. In the coming year we are focusing on development of a five-year strategy which responds to the political and policy changes in our external environment.

The Trust recognises the need to balance how it responds to internal and external pressures and associated risks as these emerge.

## Research and development

The Trust benefits from good collaboration with three local universities (Bristol, UWE and Bath) and is one of the major national centres for research into suicide prevention. Over recent years, we have worked with our partner universities and NHS trusts in the region to form Bristol Health Partners; a collaboration of NHS organisations, universities and councils. The Partners mission is to generate significant health gain

and improvements in service delivery in Bristol by integrating, promoting and developing Bristol's strengths in health services, research, innovation and education. The Trust has good representation on all health integration teams relevant to the trust including dementia, self-harm, psychological therapies and avoiding unnecessary hospital admissions.

Due to the success of Bristol Health Partners the west has secured a Collaboration for Leadership in Applied Health Research (CLAHRC). The purpose of the CLAHRCwest is to get the right health research done for a wide geographical area. It undertakes high-quality applied health research, focused on the needs of patients, and supports the translation of research evidence into practice in the NHS.

The Trust is also part of the West England Academic Health Science Network, the objectives of which are to; focus on needs of patients and local people; accelerate the adoption of innovation into practice to improve clinical outcomes and patient experience; build a culture of partnership and collaboration and; make a meaningful contribution to the West of England and UK economy.

### Research and Development Strategy

During 2014/15 we have updated our strategy for research and development. This has been designed with extensive consultation in order to consider a range of creative ways of adjusting existing systems, capitalising on existing resources and improving ways of working to deliver the goal of becoming an excellent trust in which to undertake and collaborate on research, where opportunities to participate are widely available. This strategy is closely aligned with the National Institute for Health Research (NIHR) strategy (2012-2017) and the NHS England Research and Development Strategy (2013-2018) as well as local partners strategies.

The strategy is aligned with the Trusts overarching strategy and will develop an

embedded culture of research as core business, including integration into clinical services. Our objectives are defined as:

- We will be the first choice for service users: We have launched Everyone Included to ensure we give all our service users the opportunity to be part of nationally excellent research.
- We will be widely recognised as the best mental healthcare employer in the country: Research active Trusts are not only appealing to potential employees but also attract the best people to work for us.
- We will be a highly established learning, teaching and research organisation: Research active Trusts have better outcomes for all service users, not just those who take part in research. This helps improve services, outcomes and produce knowledge critical for the future of our services.
- We will be rated as 'excellent' by regulators and described as excellent by commissioners: R&D have received two consecutive years commendations from NIHR for contribution to research.
- We will be a strong partner and a system leader that ensures best quality, best value and coherence across complex pathways of care: R&D are involved with Bristol Health Partners and the relevant Health Integration Teams, as well as the West of England Academic Health Science Network and West Collaboration for Leadership in Applied Health Research and Care.
- We plan to grow – consolidate, integrate and expand: R&D has grown in 2014-15 partially due to the network transition but also due to the work with local researchers to hold more research posts within the Trust.

### Everyone Included

Everyone Included is a Trust-wide initiative letting people know about relevant research studies, launched on 14th March 2014. Since then we have been embedding this into services, informing service users and

implementing processes to support. Everyone Included will imminently be piloted with 3 studies and has been submitted for a HSJ Award.

### Medical Research Leads

This initiative was launched to engage medics with research and development. Eight leads have now been appointed and are working with the Medical Research Fellow to continue the engagement agenda.

### Specialist Registrar Research Involvement Course (SpRRIC)

This is the first initiative in the country of it's kind and, now in its second year, is proving successful with the third year to begin in September 2015. An article on the course is in the process of publication and other regions are interested in adopting the course.

### Research Link Coordinators

This initiative was undertaken to engage clinical teams with research and development. An initial pilot was completed in January 2015 and the full programme officially started on 1<sup>st</sup> March 2015 with 15 Coordinators from 13 teams.

### BEST in Mental Health

BEST in Mental Health is a clinical question and answering service. In 2014/15 it answered 142 questions. Funding has been awarded from NHS England to additionally answer Forensic Clinical Reference Group questions.

### National Institute for Health Research (NIHR)

In terms of activity, this has been our busiest year for recruitment to NIHR Portfolio studies with 723 recruited, this is a lower overall figure than last year but a far higher proportion of these are into complex studies. Our recruitment complexity score is the highest we have ever achieved at 5,641 points. Last year we achieved our second national commendation from NIHR for increases in our recruitment activity. Despite this, the local network received reduced funding and so our income has been reduced accordingly.

## Corporate governance

### Membership of the Board of Directors

*Anthony Gallagher, Chairman*



Tony has over 25 years' leadership experience at Board level in Financial and Operational teams in Electronics both in European and US multi-national companies. As Chief Financial Officer,

Tony has led international finance teams through major change initiatives including significant M&A projects which changed strategic direction in markets and technology.

As Vice President of a quoted US company, Tony led a Asian outsourced strategy and was instrumental in implementing lean manufacturing teams across international teams. Changing scale, Tony was Chief Operating Officer for a UK based Semiconductor company leading Finance, Operations, HR and all engineering functions.

Tony advises several smaller scale hi-tech companies on Financial, Operational and Strategic issues. His education includes degrees in Economics and Business Administration and he is a qualified accountant. Previously Tony was Chair of a further education college.

*Susan Thompson, Vice Chair*



Susan is a practicing solicitor with 30 years' experience and is a partner at DAC Beachcroft LLP, an international commercial law firm, based in their Bristol office. Much of her legal career has been

advising and defending health and social care 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 a former Chair of the Law Society's influential Mental Health and Disability Committee which seeks to influence law and policy and support lawyers practising in this field and was a member from 2005-2014.

*Lee O'Bryan, Senior Independent Director*



After a career in Royal Mail, Lee now runs an HR and Change Management consultancy, working with both public and private sector clients across the UK. During his time with Royal Mail Lee held a

variety of Board level roles including Regional Operations Director, Head of Transformation and UK HR Director for the Commercial Business Unit. Lee has also worked for the Economic and Social Research Council and Birkbeck College. He is a Fellow of the Chartered Institute of Personnel and Development, and a UK accredited mediator. Lee is a member of the Avon and Somerset Constabulary/PCC, Audit Committee, and also a NED with Wiltshire based Selwood Housing Association, where he is Chair of the Group Remuneration/Employee and Governance Committees. Lee is the Statutory Independent Person for Bath and North East Somerset, a voluntary role involving review of complaints about councillors.

*Ruth Brunt, Non-Executive Director*



Ruth Brunt is a former Chief Executive of North Bristol NHS Trust.

Ruth brings to the Trust some 40 years' NHS experience through a wide ranging career

encompassing roles in hospital nursing, midwifery, district nursing, nurse education and management. Prior to retiring in Spring 2012, 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.

*Barry Dennington, Non-Executive Director*



Barry brings extensive leadership experience to the Trust. He brings a breath of international business and management knowledge from Philips Electronics in his role as Senior Vice President and

as Managing Director of NXP UK Ltd. Most recently he was chief operating officer with Plessey. He has worked across the global electronic systems and microelectronics sectors. His experience includes setting up and leading operations in the USA, India, China and Europe, as well as serving on industry boards.

Alongside his international business career, Barry has lived in Wiltshire for many years and has remained committed to the area. He is chair of the Swindon and Wiltshire Local Enterprise Partnership and provides business support to small and medium sized companies.

*Peaches Golding, Non-Executive Director*



Peaches Golding OBE is a highly experienced executive and non-executive director. She is principal consultant of Moon Consulting Ltd, Chair of the ITV West Country Viewer Advisory Panel and

a Trustee of the SS Great Britain. Her previous involvement in the health sector includes Non-Executive Director roles with North Bristol NHS Trust and the General Chiropractic Council. She has valuable experience working in partnership with public, private and voluntary sector, principally gained through regional and national leadership roles for Business in the Community (one of The Prince's Charities)

and as an advisor to regional and national public sector bodies.

Peaches is a former High Sheriff of Bristol. She was awarded the OBE for services to minority ethnic people in the South West in 2009 and awarded an honorary MBA by the University of the West of England in 2010. She is a Chartered Marketer of the Chartered Institute of Marketing and an Accredited Mediator.

*Tony McNiff, Non-Executive Director*



Tony is a 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, Tony 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. Tony served four years as Managing Director of First's bus division in Wales and then subsequently as Managing Director of First's bus interests across both Wales and the West of England. During this time he chaired the Confederation for Passenger Transport in Wales.

Tony is a Fellow of the Institute of Chartered Accountants in England and Wales and fellow of the Chartered Institute of Logistics and Transport.

*Graham Coxell, Associate Non-Executive Director*



Graham has a strong track record of leading companies through significant changes & growth, including acquisitions and partnerships

His working life has focused on leading "the growth and transformation of businesses

through building clearly defined strategies which together with tight management, engaging cultures and cost control deliver compelling results."

In 2001 he became one of the youngest chief executives of a FTSE 250 company at the age of 31.

He currently holds a number of senior positions including executive chairman of the investment management company Rowan Dartington & Co, and chairman of the Forward Internet Group, a company that invests and acquires companies needing transformational growth capital. He is also chairman of JCA Occupational Psychologists, a company which helps organisations achieve greater success though getting the best from their people in a sustainable way.

As an Associate Non-executive Director, Graham is active in business case development and evaluation, relationship management and attends Finance and Planning Committee meetings in an advisory capacity.

*Iain Tulley, Chief Executive*



Iain Tulley has 13 years' experience as a chief executive and over 30 years' experience in healthcare, predominately in mental health.

Prior to joining the Trust, 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 was actively involved in the

development of the National Service Framework for mental health services.

*Hayley Richards, Executive Medical Director and Deputy Chief Executive*



Hayley qualified in medicine from the University of Bristol in 1986 and became a member of the Royal College of Psychiatrists in 1993. Prior to her appointment as Medical Director, Hayley

was the Trust'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 has been a supervisor to advanced psychiatric trainees and associate specialist doctor, and a College Approved Advisor to Deaneries.

*Sue Hall, Executive Director of Resources*



Sue is a Chartered Management Accountant with over 20 years' experience of working in Senior Finance roles both within the public and private sectors including higher education, car

rental, local government and latterly the health service including establishing a new Primary Care Centre working with GPs. She joined the Trust from Great Western Hospital NHS Foundation Trust where she had worked as Deputy Director of Finance for five years, and was 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. 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.

*Kristin Dominy, Executive Director of Operations*



Before taking up her role as Operations Director, Kris was service director for the Trust's specialist drug and alcohol service and acting interim area director for South Gloucestershire. The 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 is 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 Specialist Drugs and Alcohol Service (SDAS) since 2009, having previously worked in Bristol as an SDAS service manager. Before joining the Trust, Kris worked in London for both the Healthcare Commission and the National Treatment Agency.

*Alan Metherall, Acting Director of Nursing and Quality (from 1 January 2014 to 15 March 2015)*



Alan is a Registered Mental Health Nurse with a wide range of experience in mental health inpatients and community services. He is a committed advocate for the provision

of high quality services to the people we serve and works regionally and nationally to promote mental health and learning disability nursing. Alan is on the Executive Committee of the National Association of Psychiatric Intensive Care Units and has recently joined the NHS England's Mental Health Patient Safety Board.

Alan returned to his position as Deputy Director of Nursing from 16 March 2015.

*Andrew Dean, Executive Director of Nursing and Quality (from 16 March 2015)*



Andrew Dean joins the Trust with a wealth of experience of delivering mental health services within the public and private sectors, with a number of years at executive level. He is fundamentally committed to improving quality and patient care and nursing as a profession, and has previously run a nursing development unit. His previous roles have included Director of Operations, Chief Operating Officer and Specialist Commissioner as well as Director of Nursing. He was the executive lead for the successful 2014 Chief Inspector of Hospital's inspection at South West London and St. George's NHS Mental Health Trust where he was the Director of Nursing and Quality Standards.

#### Trust Board employment terms

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

All Executive Directors of our Trust for the year are on permanent contracts and have a notice period of six months.

#### Board member skill mix

In line with Monitor Code of Governance requirements, the Chair keeps under active review the appropriateness of board membership and the independence of Non-Executive Directors. He ensures that the balance of skills, expertise and experience of the Board of Directors provides effective and proactive leadership through a process of skills mix review and analysis of recruitment needs when new Directors are recruited. With the Trust Development Authority Appointments Department, all new Non-Executive Director appointments are

carefully considered to mirror skills and experience gaps in the board composition.

#### Board performance evaluation

The Trust seeks an independent review of its governance arrangements in full every three years, working with experts in the field of corporate governance , and validated by Internal Audit. The Board has established a practice of periodically reviewing the effectiveness of our governance arrangements to ensure they continue to comply with best practice and remain fit for purpose.

In 2013 the Trust Board was subject to an independent review of its operation and performance by DAC Beachcroft. The report reflected that the Board demonstrated many areas of good practice and was supported by a Board development action plan to improve upon progress already demonstrated.

During the summer of 2014 the Trust invited DAC Beachcroft to undertake a further review of the operation of Board sub-committees and management groups. This review focused on improving the provision of assurance to the Board through increasing the efficacy of how our committees were working.

As a result we have realigned the operation of all of the sub-committees of the Board to condition FT4 of the Monitor Provider License (known as the "governance condition") and clearly defined the scope of each sub-committee's role.

The findings of this review gave us further learning and we reviewed our Board development action plan again in December 2014 to capture the resulting actions. Actions completed to date include development of three-year structured work programmes for the Board and its committees, provision of workshops on preparation of papers for Board and committee meetings and development of a minimum standard for governance arrangements in our localities, to be implemented in practice during 2015/16.

We also undertake annual surveys of Board members to assess the performance of our



Board and committees and use feedback received to inform development of our process for the coming year.

#### Board member performance appraisal

The Chief Executive is responsible for undertaking the appraisal of the Executive Directors in line with the Trust appraisal process, and Directors are required to demonstrate board level leadership behaviours as defined in job descriptions.

The appraisal of the Chief Executive is conducted by the Chair (or the Senior Independent Director in his absence), and utilises a 360 degree feedback mechanism, in line with Trust policy, which gathers feedback from a range of stakeholders.

The appraisal of the Chair is conducted by the Trust Development Authority, using a 360 degree feedback mechanism. The Chair appraises the Non-Executive Directors using the Trust adopted process, and also meets regularly to review achievement of objectives and development needs.

All Executive and Non-Executive Directors are appraised annually.

#### Attendance at meetings

Board member attendance at Board meetings is reported within the Annual Governance Statement from page 39 of this report.

#### Committee memberships

The membership of the sub-Committees of the Trust Board during 2014/15 was as follows:

Committee	Chair	Member	Member	Member	Member	Member	Member
<b>Appointments</b>	<i>Tony Gallagher</i>	Susan Thompson	Lee O'Bryan	Tony McNiff	Peaches Golding	Ruth Brunt	Chief Executive
<b>Audit and Risk</b>	<i>Anthony McNiff</i>	Peaches Golding					
<b>Charitable Funds</b>	<i>Peaches Golding</i>	Ruth Brunt	Director of Resources	Director of Organisational Development (in attendance)			
<b>Employee Strategy and Engagement</b>	<i>Ruth Brunt</i>	Peaches Golding	Director of Operations	Director of Nursing	Director of Organisational Development (in attendance)	Director of Resources (in attendance)	
<b>Finance and Planning</b>	<i>Lee O'Bryan</i>	Tony Gallagher	Barry Dennington	Director of Resources	Director of Operations	Graham Coxell (in attendance)	
<b>Quality and Standards</b>	<i>Susan Thompson</i>	Ruth Brunt	Barry Dennington	Medical Director	Director of Nursing	Director of Operations (in attendance)	
<b>Remuneration</b>	<i>Tony Gallagher</i>	Susan Thompson	Lee O'Bryan	Tony McNiff	Peaches Golding	Ruth Brunt	

This table is reflective of the membership of the sub-Committees of the Trust Board throughout 2014/15, with the only change in year to be noted as the addition of Barry Dennington as a member of the Finance and Planning Committee and Quality and Standards Committee from 1 February 2015. Until this time the memberships of both Committees were the same as stated above without the inclusion of Barry Dennington.

## Performance against key indicators

### National indicators

The NHS Trust Development Authority (TDA) monitored our Trust against Monitor's standards throughout the year. The Trust Board received and reviewed monthly performance reports.

Our performance against national indicators is reported within our Annual Governance Statement on page 43 of this report.

### Local indicators

Using the Commissioning for Quality and Innovation (CQUIN) framework, we agreed a total of five Trustwide schemes with our Commissioners, as well as a number of local schemes in each area. During the year, each of these schemes delivered measurable improvement in service quality and the Trust expects Commissioners to confirm full delivery once end of year reports have been reviewed.

Local indicators were:

- Friends & Family test: focussing on improved response rates within community services
- Friends and Family Test for staff
- Cardio-metabolic risk assessment: improving assessment / recording for patients with schizophrenia
- Sharing care plans: improving accessibility for care plan for GPs
- NHS Safety thermometer

In addition, we met performance targets in most local indicators agreed with our Commissioners, some of which are noted below:

### Performance against local Commissioner indicators

Indicator	Achieved
Waiting times for crisis assessment	95% of emergency assessments within 4 hours
Waiting times for routine assessment:	>95% of routine assessments within 4 weeks
Crisis, relapse and contingency plans	>85% with a plan in place
Risk assessments	>99% with a risk assessment in place

## Employees

### Equal opportunities

We are an equal opportunities employer and abide by the Equality Act 2010, which consolidated, strengthened and clarified existing anti-discrimination legislation. As a public sector body we are under an additional duty to eliminate unlawful discrimination, advance equality of opportunity and foster/encourage good relations between different groups.

The Trust is committed to promoting equality, diversity and human rights for our staff. We recognise that everyone is different, and want to ensure our employment practices respect, promote and celebrate these differences.

Our Workforce Diversity and Equal Opportunities Policy framework provides clarity around the equalities legislation that applies to the Trust as a public body, sets out roles and responsibilities and standards of behaviour that the workforce must adhere to in this regard. This policy underpins the application of other organisational policies which outline how the Trust will respond to allegations of inappropriate behaviour linked to equality and diversity issues, such as the Bullying, Harassment and Dignity at Work Policy.

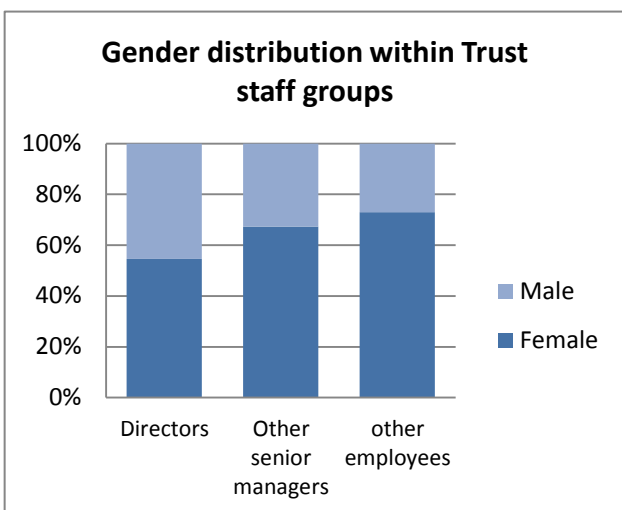
### Our staff

The Trust protects people from unlawful discrimination, victimisation, bullying or harassment on the grounds of race, sex, gender reassignment, 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.

At the time of producing this report the gender distribution of our staff was:

Gender distribution			
Staff group	Female	Male	Total
Directors	6	5	11
Other senior managers	187	91	278
Other employees	2576	956	3532
<b>Total headcount</b>	<b>2769</b>	<b>1052</b>	<b>3821</b>



Headcounts given above exclude locums, honorary contracts and bank staff. Directors include voting members of the Board. Other senior managers are those staff in bands eight and nine and senior medical staff. Other employees include all other staff on Agenda for Charge pay scales and staff who have been transferred under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) on other pay scales.

The Trust acknowledges and respects the fundamental human right of every person not to be discriminated against on the grounds of perceived difference. Direct and/or indirect discrimination, harassment or victimisation will not be tolerated within the workplace, or in the way services are delivered or functions and duties carried out.

We welcome applications from disabled people, who are an under represented group in the workforce of the NHS. We will make reasonable adjustments to ensure that disabled workers are not disadvantaged when doing their jobs.

## Engaging with our communities

We know that understanding the day-to-day experiences of service users and carers is the best way of judging how good our services are. The Trust is committed to engaging with, listening to and learning from service users, carers, and the public so that we can collaboratively improve the quality of our services. This is articulated within the Trust's Patient and Public Engagement Strategy.

### Locality Involvement Coordinators

The Trust has a Locality Involvement Coordinator based in each of our localities, to lead local involvement activity, to develop a dynamic network of service users and carers willing to be involved in the improvement and monitoring of Trust services, and to signpost involvees to other organisations for information and support. This network provides information around service quality from a service user and carer's perspective which will be fed into local and Trust-wide groups and forums.

The Locality Involvement Coordinators support service users and carers to be actively involved in the selection processes for Trust staff, particularly front line roles, where their input and advice is invaluable. As we embed Values Based Recruitment Practice into the Trust we will be able to demonstrate further the benefit that this involvement can bring to the quality of care provided by the Trust.

Locality Involvement Coordinators have this year been responsible for a number of successful events including locality recovery festivals, art trails and the production of calendars and materials.

### Trust wide Involvement Group (TWIG)

TWIG is the main forum within the Trust through which we consult and share with service users, carers and public stakeholders.

Chaired by the Trust Chair, TWIG is attended by a representative group including Chairs/representatives from a number of key groups – the Trust’s Service User group, our Carers forum, staff and local Healthwatch groups. It is a meeting held in public and we invite members of the public and our membership to attend too.

TWIG reports directly to the Trust Board via the Chair, and is the conduit for information between those represented sub-groups and the Board. Through this group we demonstrate how we have responded to what our stakeholders have told us and illustrates the Trust’s commitment to actively listen to the voice of our stakeholder groups.

At the end of each meeting, attendees are asked to rate the success of the meeting and to tell us how we could do things better. We collate this feedback to improve what we do. In response to the feedback that we have heard, we are actively planning to vary the location and timing of these meetings with the vision of encouraging and nurturing greater variety and more diverse attendance, to help us to better understand issues and concerns of our stakeholders.

### Service User Membership Group (SUMG)

This group is chaired by a service user currently in receipt of services from AWP as part of their recovery pathway and attended by service users from LDUs together with Locality Involvement Coordinators. It is also attended by Trust Chair.

Concerns and matters raised by service users are addressed through this group, with escalation to TWIG via the SUMG Chair.

This group has been in operation for one year and we have recently reviewed its operation. In order to encourage diversity and breadth of attendance, and to enable more people to attend to represent their communities, our plan for the coming year

is to host these meetings at other locations in the Trust operating area.

### Trust-wide Carers’ Forum

This group is made up of Carers, Carer Leads, Involvement Coordinators and third sector partner organisations. It meets on a quarterly basis and provides an opportunity for all these people to oversee, scrutinise and monitor the work being done to improve partnership with carers and carer organisations. Carer representatives from this group sit on TWIG. They are able to take carer issues to this group for discussion and action.

## Public and patient involvement

### Surveys

We listen to people who use our services to help us to provide the best possible care. In 2014, one in three people who received care from the Trust from September to November 2013 were sent the annual national Community Mental Health Survey. This year, 1,151 people shared their views about their care with us; an increase from the previous year. Early intervention services had the highest satisfaction levels. We have improvement plans in place, to respond to any concerns raised by service users through surveys and improve the quality of services.

As in previous years, we chose to repeat the national inpatient survey. 90 service users who were in inpatient units in the second half of 2013 took part. Feedback about contact with psychiatrists improved since the previous survey.

The Friends and Family Test gives service users regular opportunities to tell us whether they would recommend our services to friends and family if they needed similar care or treatment. 8,321 surveys were completed this year. Participation has increased steadily since April 2013, with 13,350 surveys completed to date. The majority of comments are positive and tell us that our services have made a difference. Comments are reviewed locally each month,

and, where concerns are raised, we are able to respond swiftly to make improvements.

Further details are available in the Trust Quality Accounts 2014-15, published in addition to this report.

### Volunteering

Gardening, supporting staff in our Active Life programmes and chaplaincy are just some of the roles volunteers undertake in the Trust. We have over 150 volunteers and are always looking to develop new opportunities.

We work closely with a number of other organisations. Bristol University students continue to offer lively activities for service users at our Callington Road site in Bristol on Sunday evenings in term time. Royal Voluntary Service runs a shop on weekdays on the same site.

Volunteers make a real difference to the lives of service users. In October, at the annual awards ceremony, the winning volunteer was Vickie Townsend. She volunteers at the STEPS Eating Disorders Unit in Bristol and has made a significant contribution supporting the families of people using the service. In early 2015, we also organised two events in different parts of the Trust to thank all our volunteers for the time and skills they contribute.

We now have more music volunteers than ever before. Our first Time Bank music volunteer on Sycamore Ward in Bath has proved very popular. Angie plays guitar and runs a music group with Victoria every week.

### Healthwatch

Healthwatch is the consumer champion for health and social care. There are six local Healthwatch in the AWP area. Their representatives comment on our Quality Accounts and take part in the annual PLACE visits to wards (Patient Led Assessments of the Care Environment). A Joint Working Agreement is in place and the Trust hosts a Healthwatch Stakeholder Group which meets quarterly. Two places on the Trust-wide Involvement Group are allocated to Healthwatch representatives, nominated via the Stakeholder Group. This year, staff Healthwatch leads have been agreed in each

of the AWP localities, to further develop our local relationships.

## Engaging with carers

### Triangle of Care

The Trust is a member of the Triangle of Care accreditation scheme. In the last year all acute and rehabilitation wards plus Intensive teams completed self-assessments against the six standards in the Triangle of Care. These were scrutinised at national and regional level and in May 2014 the Trust was awarded one star. All the Community Teams have since been completing their self-assessments for Phase Two with the aim to gain a second star in 2015. Participation in the two star scheme is designed to demonstrate and recognise AWP's commitment to working in partnership with family, friends and carers of people using our services. Once the stars are gained it will be AWP's responsibility to maintain and improve the standards. The action plans resulting from the Triangle of Care self-assessments will be actively progressed through the Trust-wide Carers' Forum and local carer meetings. This will ensure that there is on-going improvement to partnership working and consolidation of the standards in the Triangle of Care.

### Family, Friends' and Carers' Charter

The charter was developed by carers and staff and signed up to by the Trust Board in April 2014. There are 11 standards in the Charter and we will seek to audit the impact that the Charter has made during 2015.

### Carer Involvement

Locality Involvement Coordinators have actively been recruiting carers within their LDUs and SDUs to ensure carer engagement in a wide range of projects including recruitment, audits, training, Triangle of Care evaluations, conferences and experience based design projects. Valuing carers' expertise and first-hand knowledge of supporting someone with mental health problems is an integral part of ensuring high quality and responsive services. Carer contributions to Quality and Standards

meetings at local and Trust level have also been highly valued.

### Network of Champions

A network of Carer Leads across the Trusts LDUs and SDUs has been instrumental in supporting the Carer Champions in each of the clinical teams. Establishing these networks ensures learning and dissemination of good practice occurs. Many of the carer champions now have protected time allocated to their role which helps to ensure momentum is maintained with delivering the Trust’s carer agenda.

## Foundation Trust membership

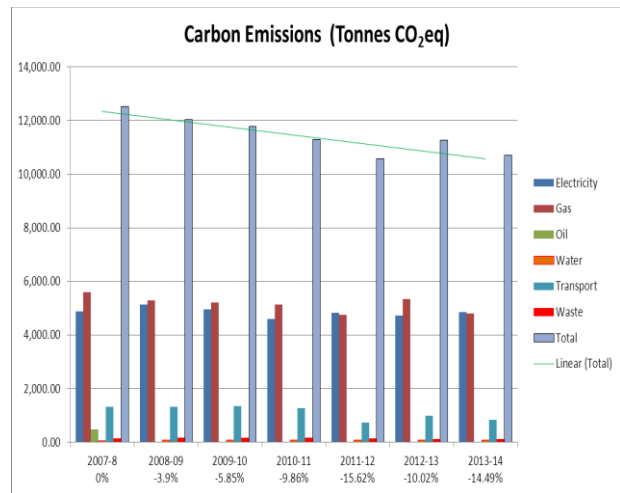
Our Foundation Trust Membership Strategy aims to increase participation of our members in the business of the Trust. Recognising the value of working in partnership, our aim is to weave together the strands of work delivered by this strategy with involvement and engagement strategies, to ensure that we work in collaboration with our local communities.

With an active membership in excess of around 16,000 people, including service users and carers, staff and public members, our members provide a valuable arena for any involvement, engagement and inclusion activities.

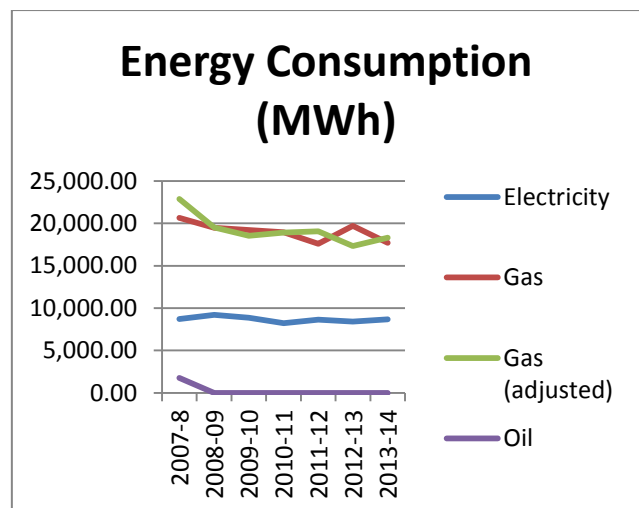
## Sustainability Report

The Trust has already completed its initial five-year carbon reduction plan resulting in 17.5% reduction in our carbon production (2014/15). We have achieved this reduction through a number of schemes, including replacing our older estate with more modern buildings and improving efficiency by replacing boilers /windows and reducing drafts.

The Trust current energy performance is shown below:



This data is based on current Defra Factors(see<http://www.ukconversionfactors.carbonsmart.co.uk/>), used for the public sector carbon emission calculation.



Looking ahead, the Trust is aiming to further reduce carbon production by 18% over the next 5 years via:

- the introduction of a more effective Building Management System (BMS) across our estate. This will allow the Trust to establish benchmarks for the performance of each building and reducing carbon use by more accurately controlling the heating systems and managing environmental conditions.
- development of more sophisticated methods for engagement with service users and staff to achieve reduced consumption via reduced carbon use through, for example, improved waste management.
- more effective transport management, including a more rigorous choice of vehicles, leading to a “green fleet”.

# Directors' Report

## Statement of disclosure

Declaration to the effect that, in the case of each of the persons who are the directors/members at the time the report is approved:

- so far as the director/member is aware, there is no relevant audit information of which the Trust's auditor is unaware
- he/she has taken all the steps that he ought to have taken as a director/member in order to make himself aware of any relevant audit information and to establish that the Trust's auditor is aware of that information

By order of the Board

Signed

A handwritten signature in black ink, consisting of several overlapping, sweeping strokes.

Chief Executive



# Remuneration Report

## Remuneration and pension benefits of Senior Managers

The following tables provide details of the remuneration and pension benefits for senior managers for the year ended 31st March 2015.

Single total figure table

Name and Title	2014-15						2013-14					
	Salary	Expense payments <sup>1</sup>	Performance pay and bonuses	Long term performance pay and	All pension-related benefits	TOTAL	Salary	Expense payments <sup>1</sup>	Performance pay and bonuses	Long term performance pay and	All pension-related benefits	TOTAL
	(bands of £5000)	(taxable) total to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)	(bands of £5000)	(taxable) total to nearest £100	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000	£000
Anthony Gallagher - Chair	20-25	0	0-5	0-5	0-2.5	20-25	20-25	0	0-5	0-5	0-2.5	20-25
Iain Tulley - Chief Executive	160-165	67	0-5	0-5	57.5-60	230-235	155-160	26	0-5	0-5	67.5-70	225-230
Hayley Richards - Medical Director	145-150	36	0-5	0-5	0	145-150	145-150	36	0-5	0-5	137.5-140	285-290
Paul Miller - Deputy Chief Executive (until 7th Apr 2014) <sup>2</sup>	0-5	0	0-5	0-5	242.5-245	245-250	110-115	45	0-5	0-5	0	115-120
Sue Hall - Director of Resources <sup>3</sup>	110-115	36	0-5	0-5	97.5-100	215-220	100-105	33	0-5	0-5	0	100-105
Andrew Dean - Director of Nursing (from 16th March 2015) <sup>2</sup>	5-10	2	0-5	0-5	0	5-10	*	*	*	*	*	*
Alan Metherall - Acting Director of Nursing (until 15th March 2015) <sup>4</sup>	90-95	30	0-5	0-5	0-2.5	95-100	20-25	0	0-5	0-5	87.5-90	105-110
Kristin Dominy - Director of Operations	90-95	36	0-5	0-5	17.5-20	115-120	90-95	36	0-5	0-5	220-222.5	320-325
Emma Roberts - Director of Corporate Affairs and Company Secretary	80-85	36	0-5	0-5	30-32.5	115-120	75-80	33	0-5	0-5	22.5-25	105-110
Rachel Clark - Director of Organisational Development	80-85	36	0-5	0-5	77.5-80	165-170	60-65	28	0-5	0-5	0	65-70
<b>Non Executive Directors</b>												
Anthony McNiff	5-10	0	0-5	0-5	0-2.5	5-10	5-10	0	0-5	0-5	0-2.5	5-10
Susan Thompson	5-10	0	0-5	0-5	0-2.5	5-10	5-10	0	0-5	0-5	0-2.5	5-10
Barry Dennington (from 17th August 2014)	0-5	0	0-5	0-5	0-2.5	5-10	*	*	*	*	*	*
Graham Coxell (Associate)	0-5	0	0-5	0-5	0-2.5	0-5	*	*	*	*	*	*
Ruth Brunt	5-10	0	0-5	0-5	0-2.5	5-10	5-10	0	0-5	0-5	0-2.5	5-10
Peaches Golding	5-10	0	0-5	0-5	0-2.5	0-5	0-5	0	0-5	0-5	0-2.5	0-5
Lee O'Bryan	5-10	0	0-5	0-5	0-2.5	5-10	5-10	0	0-5	0-5	0-2.5	5-10

Notes:

1. The expense payments relate to car allowances
2. Relates to Part year employment
3. In 2013-14 the posts held were Interim Director of Business Development and Interim Director of Finance
4. Relates to Part year directorship

All of the above Directors were in post for the 12 month period to 31st March 2015 except where indicated.

Only the Chief Executive contract is entitled to a performance related bonus. All other executive posts are not contractually entitled to performance related bonuses for the year.

No annual performance or long term performance related bonuses were paid during the period.

No senior manager in the current or previous financial year has received a payment for loss of office.

## Pension Benefits

Name and title	Real increase in pension at age 60  (bands of £2500) £000	Real increase in pension lump sum at age 60  (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2015  (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31  (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2014  £000	Real Increase in Cash Equivalent Transfer Value  £000	Cash Equivalent Transfer Value at 31 March 2015  £000	Employers Contribution to Stakeholder Pension  £000
Iain Tulley - Chief Executive	2.5-5	10-12.5	55-60	165-170	1,009	98	1,135	0
Hayley Richards - Medical Director	0	0	45-50	145-150	919	18	962	0
Paul Miller - Deputy Chief Executive (until 7th Apr 2014) <sup>1</sup>	0-2.5	0-2.5	40-45	130-135	815	4	1,071	0
Sue Hall - Director of Resources	5-7.5	15-17.5	25-30	75-80	386	90	486	0
Andrew Dean - Director of Nursing (from 16th March 2015) <sup>1, 2</sup>	*	*	*	*	*	*	*	*
Alan Metherall - Acting Director of Nursing (until 15th March 2015) <sup>3</sup>	0-2.5	0-2.5	30-35	100-105	543	25	583	0
Kristin Dominy - Director of Operations	0-2.5	2.5-5	35-40	115-120	682	45	745	0
Emma Roberts - Director of Corporate Affairs and Company Secretary	0-2.5	0	0-5	0	31	19	51	0
Rachel Clark - Director of Organisational Development	2.5-5	10-12.5	10-15	35-40	178	65	248	0

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

### Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary'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 in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, and contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement). The Trust has used a common market valuation factor as at 31 March 2015 (2.7%) and this is different to that used at the start of the period (2.2%).

Notes:

1. Relates to Part year employment
2. Employee is member of NEST scheme of negligible accrued benefit
3. Relates to Part year directorship

All the figures in the above table, together with the pay multiples on Page 27 have been subjected to external audit

## Remuneration Committee

Director's salaries (excluding Non-Executive Directors) are determined by the Trusts Remuneration Committee, the membership consisting of the Chairman and all the Non-Executive Directors. The policy of the committee is to reward Executive Directors fairly, individually and collectively to recruit and retain high quality people, ensuring a clear link between pay increases and Trust performance. The purpose of the Committee is to consider the remuneration and terms of service, including any performance related elements and the provision of other benefits, for executive members of the Trust Board.

During the period there were no compensation payments made to former senior managers nor any amounts payable to third parties for the services of a senior manager with Board level authority.

Independence of Non-Executive Directors is established in accordance with good governance principles, defined for the NHS within the Healthy NHS Board: principles for good governance and the NHS Foundation Trust Code of Governance. Interests of Non-Executive Directors are reported on page 29.

Signed



Chief Executive

## Exit packages and severance payments

The Trust did not pay any exit packages to its directors during the 2014/15 financial year. Exit packages for all other Trust staff can be found in note 8.4 in the accounts.

## Directors expenses

### Expenses paid to Directors from 1 April 2014 to 31 April 2015

Directors	2014-15	2013-14
Number of Directors in office	9	10
Number of Directors receiving expenses	7	10
Total sum of expenses paid to Directors	£12,993	£10,720

## Hutton review of fair pay – pay multiple

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. In this context the median is defined as the total remuneration of the staff member who lies in the middle of the linear distribution of staff, excluding the highest paid director. The median is based on the annualised, full time equivalent remuneration for the year excluding employers' costs.

The banded remuneration of the highest paid director of the Trust in the financial year 2014/15 was £170k to £175k (2013/14 £155k to 160k). This was 6.7 times (2013/14 5.7 times) the median remuneration of the workforce, which was £25,755 (2013/14 £27,648).

Total remuneration includes salary, non-consolidated performance-related pay if applicable and benefits-in-kind. It does not include severance payments, employer pension contributions or the cash equivalent transfer value of pensions. The highest paid director's salary increase was the most significant factor affecting the ratio.

## Better Payment Practice Code and additional pension liabilities

A statement describing the better payment practice code, any other policy adopted on payment of suppliers, performance achieved and the number and average additional pension liabilities for individuals who retired early on ill-health grounds during the year can be found in the note 8.3 to the accounts.

## External Auditor's remuneration

The remuneration paid to the External Auditor in respect of the audit of the accounts for 2014/15 was approximately £67,000 (Trust and Charitable Fund) and £12,000 (Quality Accounts) inclusive of VAT.

## Off-payroll engagements

### Reporting of off-payroll engagements earning more than £220 per day

For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last longer than six months

Number of existing engagements as of 31 March 2015	13
Of which, the number that have existed:	
For less than one year at the time of reporting	13
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

For all new off-payroll engagements between 1 April 2014 and 31 March 2015, for more than £220 per day and that last longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	12
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	12
Number for which assurance has been requested	12
Of which:	
Assurance has been received	12
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0

It is the Trust policy that assurance that individuals are paying the right amount of tax is not specifically sought for those that are contracted through an employment agency. This is on the basis that these organisations will have existing arrangements in place for ensuring appropriate deductions are made and therefore there is low risk associated with these individuals. Of the 12 new engagements disclosed above, no individuals were contracted through an employment agency.

### Off-payroll engagements of board members with significant financial responsibility between 1st April 2014 and 31st March 2015

#### Off-payroll engagements of board members

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

# Disclosures in the Public Interest

## Directors' interests

The NHS Code of Accountability requires Trust Board members to declare interests which are relevant and material to the NHS Board of which they are a member.

The Trust's Standing Orders define this requirement. Members of the Board of Directors must declare on appointment any interests, which might place, or be seen to place them in a potential conflict of interest between their personal or private interest and those arising from their membership of the Board of Directors. Board Directors are also required to declare any conflict of interest that arises in the course of conducting Trust Business, specifically at each meeting of the Board and its Committees.

### Register of Interests

Interests declared by Directors, current at 31 March 2015	
Director	Relevant and material Interests declared
Anthony Gallagher	None specified
Susan Thompson	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	DAC Beachcroft, Partner
Lee O'Bryan	<b>Shareholdings in private or unquoted companies</b>
	The Camden Partnership Ltd
	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	Selwood Housing Association, NED Avon and Somerset Police/PCC, Independent Member Audit Committee
Ruth Brunt	None specified

Interests declared by Directors, current at 31 March 2015 (continued)	
Barry Dennington	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	Swindon and Wiltshire Local Enterprise Partnership, Chairman
	<b>Other possible conflicts of interest</b>
	Corsham Institute Board of Governors, Board Member Executive coach
Peaches Golding	<b>Membership of Committees operating in Trust area</b>
	Diversity Group, ITV West (Covering Gloucestershire, Bristol, BANES, North Somerset, Wiltshire)
	<b>Other possible conflicts of interest</b>
	Viewer Advisory Panel, ITV West Country, Chair
Tony McNiff	<b>Shareholdings in private or unquoted companies</b>
	Ora et Labora Ltd, Director
	<b>Other possible conflicts of interest</b>
	Prior Park Educational Trust, Business Director
Graham Coxell	<b>Shareholdings in private or unquoted companies</b> Rowan
	Dartington Holdings JCA Psychologists
	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	Rowan Dartington & Co Ltd/ Rowan Dartington Holdings, Chairman & Director JCA Psychologists, Chairman & Director Ardan International, Director Forward Internet Group, Chairman & Director
	<b>Other possible conflicts of interest</b>
	Company in the Community/ Bristol Leadership Programme

Interests declared by Directors, current at 31 March 2015 (continued)	
Iain Tulley	<b>Membership of Committees operating in Trust area</b>
	South Western Ambulance Service NHS Foundation Trust, Governor West of England Academic Health Science Network, Director
Hayley Richards	None specified
Sue Hall	<b>Shareholdings in private or unquoted companies</b>
	PJH Consulting Ltd Raregift Ltd T/A Alison Miles Designer
	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	Pound Arts Centre, Corsham, Chair of Trustees
	<b>Other possible conflicts of interest</b>
University Hospitals Bristol Trust - Appointed Governor for AWP	
Kristin Dominy	None specified
Alan Metherall	<b>Shareholdings in private or unquoted companies</b>
	Mental Health Connections Ltd
	<b>Directorships of Companies and Partnerships of Non-incorporated bodies</b>
	Treasurer - National Association of Psychiatric and Low Secure Units
	<b>Other possible conflicts of interest</b>
AIMS Accreditation Committee (Royal College of Psychiatrists CCQI)	
Andrew Dean	None specified

The Register of Interests is maintained by the Company Secretary. It is annually reviewed by the Trust Board and is made publicly available on request.

## Fit and Proper Persons

Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 5 created a new requirement for all Directors of NHS organisations must be confirmed as “fit and proper” as assessed against criteria defined within the Regulation.

The new Fit & Proper Persons requirement came into effect from November 2014. Executive Directors and Non-Executive Directors are required to certify on appointment and on an annual basis thereafter that they meet the requirements of the Fit & Proper Persons test.

All Trust Board members have declared that they meet the requirements of the Fit & Proper Persons test, and the Trust continues to develop its processes for ensuring that it remains compliant with this Regulation for both newly appointed and existing Directors.

## Fraud

The Trust Board is committed to maintaining an honest and open atmosphere within the Trust through minimising any fraud within the Trust and rigorous investigation of any such cases. Where any acts of fraud or corruption are proven, the Trust ensures that these are appropriately dealt with, and takes steps to recover any losses in full.

The Trust’s reporting procedures are detailed in the Trust’s Counter Fraud Policy which is available on the Trust’s Intranet and external website. It is the 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 Executive Director of Resources. Serious concerns may also be raised using the Trust’s Public Interest Disclosure (Whistleblowing) Policy.

Reports on counter fraud activity are made available to the Audit and Risk Committee.

## Cost allocation and charges for information

The Trust has complied with cost allocation and charging requirements set out in the HM Treasury Guidelines.

## Disclosure of personal data related incidents

During the year the Trust reported the following incidents involving data loss or confidentiality breaches:

Summary of serious incidents requiring investigations involving personal data as reported to the Information Commissioner's Officer 2014/15

Date	Nature of incident	Nature of data involved	Number of data subjects potentially affected	Notification steps
20/03/2014	Lost in transit	Patient – demographic and personal data	One	Record found – non-event – not informed
06/06/2014	Disclosed in error	Patient – demographic and personal data	One – eleven	Patients are deceased
04/12/2014	Disclosed in error	Patient – demographic and personal data	One	Patient advised verbally
20/10/2014	Unauthorised access	Patient – demographic and personal data	One	Patient advised verbally
30/03/2015	Unauthorised access	Patient – demographic and personal data	One	Still being investigated
23/02/2015	Technical security failing (loss of IT system)	Patient – demographic and personal data	Multiple	Not applicable

The Trust will continue to monitor and assess its information risks, in light of the events noted above, in order to identify and address any weaknesses and ensure continuous improvement of its systems.

Staff involved in the above incidents were dealt with in accordance with Trust disciplinary policies and procedures.

Summary of other personal data related incidents in 2014/15

Category	Breach type	Total
A	Corruption or inability to recover electronic data	One
B	Disclosed in error	One
C	Lost in transit	One
D	Lost or stolen hardware	One
E	Lost or stolen paperwork	Zero
F	Non-secure disposal – hardware	One – non event
G	Non-secure disposal – paperwork	One
H	Uploaded to website in error	Zero
I	Technical security failing (including hacking)	One
J	Unauthorised access/disclosure	Two
K	Other – failure to decommission former premises securely	One

## Patient Advice and Liaison Service (PALS)

The PALS team provide 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 groups. Information gathered from issues brought to PALS help us to know how people experience our services and they act as an early warning system for the Trust to identify when things may have gone wrong. It can also help to shape staff training, for example, PALS officers help to deliver the Trust's 'Working in Partnership with Families and Carers' training using scenarios taken from their case work.

Over the past year, the team have received 1887 enquiries (compared to 1631 last year) and provided confidential, impartial information, advice or solutions.

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

The Trust recognises that promoting a culture of openness is important to help us improve service user safety and the quality of our services. Sharing the learning from complaints and concerns helps us to make changes to practice, processes and systems so that the risk of harm or recurrence is reduced and so people's experience is improved. This year we received 314 formal complaints, compared to 272 last year. This number is small compared to the number of people seen in our services, but every complaint is important and we take each issue seriously.

The Trust encourages people to raise their concerns and complaints. For example, PALS carry out ward visits and attend Trust forums (inpatient and community) so they are available to speak to people face to face. This year we have also increased our presence on older people's wards, rehabilitation units and carer groups.

When you make a complaint we want to get this right. In 2015/16 a user-led panel will be formed to look at how we handle complaints. The aim of this panel is to consider our complaint investigations and to identify when we have got it wrong, when best practice can be identified and reinforced, and how we can improve our systems and in turn improve people's experience of raising complaints and concerns.

Further information about making a complaint is available on our website at:

<http://www.awp.nhs.uk/advice-support/pals/complaints/>

### Getting it right

The PALS team have recorded 724 items of praise from people who are in using our services or their representatives.

Compliments come in many forms, such as cards, letters and telephone calls to staff. Praise is used alongside the comments received through surveys and the Friends and Family Test so good practice can be identified and shared within our Trust.

### Principles for Remedy

The complaints service is an operational service subject to national legislation (The Local Authority Social Services and National Health Service Complaints (England) Regulations, 2009) and related guidance. It must also operate within prescribed national standards laid down regulation 19 of the Health and Social Care Act 2008 Registration Requirements Regulations 2009, related Care Quality Commission guidance to Quality and Safety Outcome 17 on Complaints, the NHS Constitution and in line with the Parliamentary Health Services Ombudsman's Principles for Remedy.



## Health and safety

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

Overall scrutiny is provided by the Health, Safety, Security and Fire Group which meets regularly. Membership includes accredited safety representatives, managers and leads in the key roles of fire safety, health & safety, security, estates and buildings.

The Trust's systems and buildings were reviewed externally for fire safety compliance. There were no serious fire issues reported and overall the condition of our estate is much improved. We have robust fire risk management systems in place for identifying and tracking fire actions. We have also developed on line resources for staff with copies of fire log book templates, FRAs and action plans available.

The Local Security Management Specialist (LSMS) continues to work with staff and the police to support staff when assaulted by service users as part of the Secretary of States Directions. For the financial year 2014/15 the Trust reported to NHS Protect 18 criminal sanctions against service users which had been taken through the courts.

The LSMS and Health and Safety team have carried out security audits to ensure environments remain safe, secure and fit for purpose.

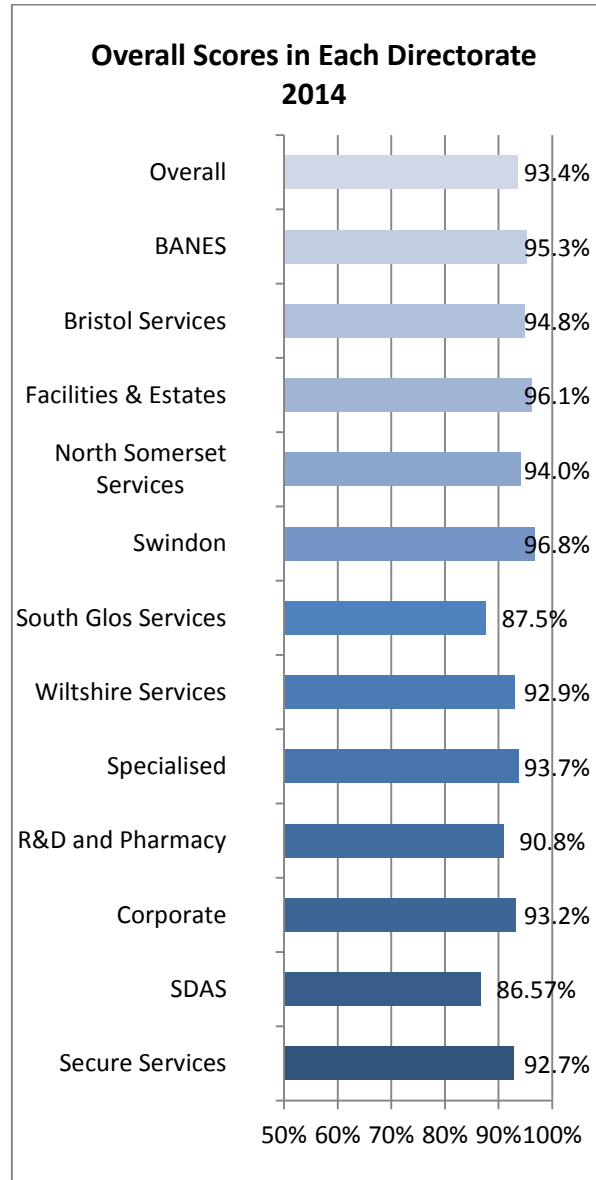
### Statutory and mandatory training

A key priority for 2014/15 was to increase the percentage of staff compliant with the requirement to undertake annual health and safety training. By the end of February 2015 the Trust had attained 83%, an increase on previous years. Feedback from the 2014 Staff Survey has shown an improvement in the indicator of staff receiving health and safety training in the last 12 months (KF10) now at 79% compared to 70% in 2013 and 65% in 2012. This compares with a national average in mental health and LD Trusts of 73%.

### Annual self-assessments

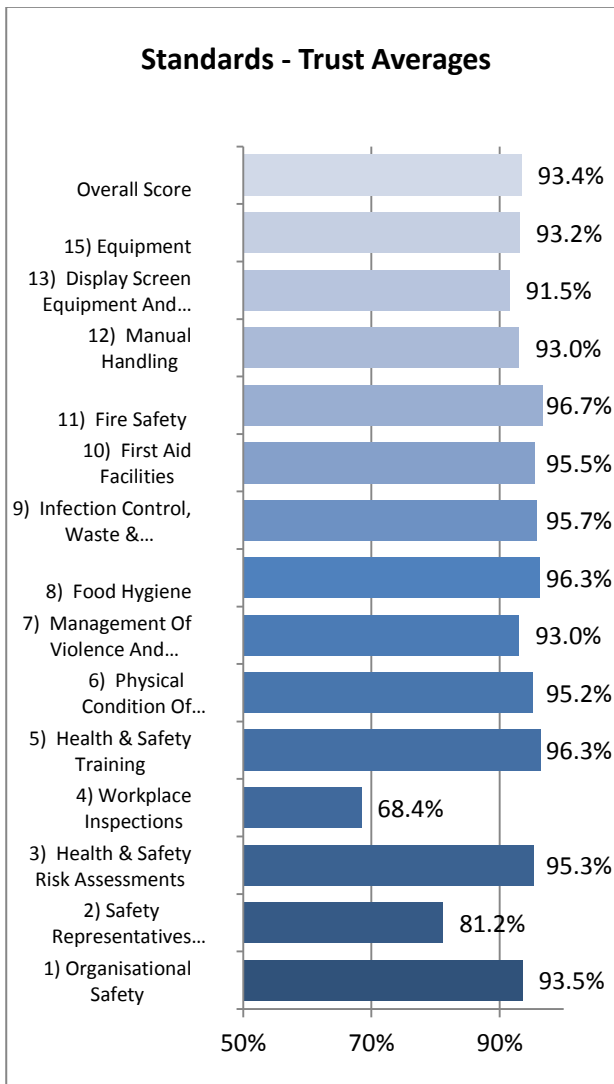
A self-audit is completed annually by each team. These are evaluated on a sample basis by the health and safety department.

The results of these audits allow individual teams as well as our Trust to focus attention and inform direction for our 2014/15 Trust safety action plan.



Analysis of the returns for 2014/15 has shown levels of compliance plateauing after 7 years of year on year improvement. The Trusts compliance target remains at 90%.

The objective is for all standards to achieve at least 90%. Not all topic areas scored as well as in previous years and a number had been identified as areas for improvement in the work plan.



### Safer sharps

Health and Safety, Nursing and Infection Control have worked collaboratively to introduce a number of safer devices in order to reduce the risk of “needlestick” injuries and contraction of blood borne viruses such as hepatitis B. This established an approved product list of safer devices, guidance on their use and selection of appropriate device and staff training.

### Ligature points

As a result of the Chief Inspector of Hospitals inspection Trust-wide issues regarding ligature points came to light. The Trust undertook an extensive programme of work to address the issues, which included installation of anti-ligature sanitary ware, modification of existing windows and installation of anti-ligature windows, replacement of en-suite doors, extensive staff training and renewal of risk assessments.

## Resilience

The Trust continues to place significant focus and effort into ensuring that, as a minimum, we remain fully compliant with the requirements of the NHS Emergency Preparedness Framework 2013 and the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) 2014. This enables us to comply with the duties placed upon us by the Civil Contingencies Act 2004, the Health and Social Care Act 2012 and the NHS Standard Contract. In a number of areas, we exceed the requirements.

This compliance is monitored through peer review and annual Emergency Preparedness, Resilience and Response audits conducted by NHS England Area Teams and relevant Clinical Commissioning Groups (CCG’s). This ensures that in times of operational challenges, for example during severe weather, fuel supply problems or industrial action, AWP is capable of delivering its core critical services. We continue to work closely with other providers of NHS funded care to enhance resilience and are active members of our two Local Health Resilience Partnerships at both Strategic and Tactical levels. This enables us to collaborate with and support our local health communities, thereby influencing and improving system wide resilience.

Business Continuity also continues to be enhanced at both a Trust and Locality (service delivery) level and we continue to be compliant with the International Standard for Business Continuity ISO22301. We have recently conducted a series of Service Continuity exercises at both Trust and Locality levels to test the plans and enable relevant staff to become familiar with their roles during disruption. Additionally, key personnel have undertaken internal and external training to further increase knowledge and capability.

# Working with our staff

## NHS National Staff Survey results

The Trust values the hard work of our staff and their dedication to providing high quality mental health care that promotes recovery and hope. We have committed to supporting and developing our staff as a strategic priority.

We maintain regular 'temperature checks' on staff experience and wellbeing through the use of a quarterly internal survey that incorporates the Staff Friends and Family test. This complements the annual NHS Staff Survey that seeks responses to questions that relate to staff pledges in the NHS Constitution. We invite our entire workforce to respond to both surveys to gain the best insight into staff experience.

Survey results are analysed by Locality as well as providing a Trust wide picture. Results are used to develop and refine plans to improve staff experience of working at the Trust. The Trust wide results of the 2014 Annual Staff Survey are reported below.

### Response rates for 2014 and comparison with 2013

2013	
Trust	National average
48.4% (1704 staff)	50.8%
2014	
51% (1790 staff)	42%

We were pleased to receive feedback from such a significant proportion of our staff.

### Highest 5 ranking scores

2014		
Highest 5 Ranking Scores	Trust	National average for mental health/ learning disabilities
% of staff appraised in last 12 months	91%	88%
% of staff receiving health and safety training in the last 12 months	79%	73%
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice	70%	69%
% of staff having equality and diversity training in the last 12 months	68%	67%
Fairness and effectiveness of incident reporting procedures	3.53	3.53

### Year on year comparison (2013/2014)

Highest 5 Ranking Scores	Trust Improvement (+)/ Deterioration (-)
% of staff appraised in last 12 months	+8%
% of staff receiving health and safety training in the last 12 months	+10%
% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice	No comparable question in 2013
% of staff having equality and diversity training in the last 12 months	+10%
Fairness and effectiveness of incident reporting procedures	+0.01%

Positive results evidence improvement in areas where significant focus has been

applied. We have increased training and appraisal rates as a means of improving staff skills and confidence to deliver safe, high quality care. The Trust is pleased to see evidence that our emphasis on the reporting of incidents and concerns about clinical practice is reflected in the results. Taken alongside increased reporting of incidents, this survey result evidences a positive reporting culture.

### Lowest 5 ranking scores

2014		
Lowest 5 Ranking Scores	Trust	National average for mental health / learning disabilities
% of staff feeling pressure in last 3 months to attend work when feeling unwell	25%	20%
% of staff receiving job-relevant training, learning or development in the last 12 months	77%	82%
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	27%	21%
% of staff reporting good communication between senior management and staff	26%	30%
Effective team working	3.76	3.84

Year on year comparison (2013/2014)	
Highest 5 Ranking Scores	Trust Improvement (+)/ Deterioration (-)
% of staff feeling pressure in last 3 months to attend work when feeling unwell	+1%
% of staff receiving job-relevant training, learning or development in the last 12 months	-5%
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	+5%
% of staff reporting good communication between senior management and staff	-5%
Effective team working	-0.17%

The results of the survey have informed action for future improvement.

### Sickness absence

Our Trust Employee Strategy and Engagement Committee (ESEC) reviews sickness absence rates on a quarterly basis. This is in addition to the fortnightly review of the sickness levels with all members of the senior leadership teams through the Quality Huddle.

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 3.37% in month and a rolling 12 month average of 4.42%. This increased to a peak of 5.1% (in month) in November 2014. By the end of the year the figure had reduced to 4.04% in month and a rolling 12 month average of 4.51%.

While the Trust is pleased to achieved its absence target it recognises that the small increase in absence across the 12 months will have impacted on the continuity of service user care. The Trust continues with

its efforts to support staff to maintain and improve their health and wellbeing.

The Health and Wellbeing Programme delivers a range health and wellbeing resources and programmes to support staff to improve and maintain both their physical and mental wellbeing. A highlight from last year was the 'Walking Challenge' which saw 10% of our workforce wearing pedometers with the aim of increasing physical activity.

The Trust continued to make flu vaccinations available to all staff across the Trust; 44.1% of staff received vaccinations. This is a reduction on the uptake in 2013 (44.8%).

The new online process of clearing new staff from Occupational Health has resulted in approximately 98% of medical clearances being received within one day of the questionnaire being completed by the applicant, thus improving the time taken to recruit. Our new Occupational Health service provider has decreased the time taken to arrange appointments for management referrals to two days, and weekly contact with the Account Manager along with a monthly contract review meeting, has resulted in a more proactive approach to ensure staff are supported.

## Our ambition

Our ambition is to be the best Mental Health Employer in England and as such we take this feedback from staff seriously. Action is being taken at two levels. At a Trust wide level the following approaches will target key areas of concern:

### Pressure to attend work when unwell

Recruitment and Retention Strategy to increase our substantive staff and retain our existing workforce

An active Health and Wellbeing Programme of work led by our Health and Wellbeing Manager. This programme provides staff with financial benefits (e.g. salary sacrifice schemes and retail discount and support to stay well physically and mentally.

## Bullying and Harassment

We recently launched a new Bullying and Harassment Policy which clearly defines bullying and harassment, how to get help and how to report it. A campaign approach is raising awareness of this throughout the Trust and close partnership working with Staff Side representatives ensures that the policy is visible and actively used.

To deeply understand the issues behind staff reported bullying and harassment in the staff survey we have commissioned an independent partner to run engagement events with staff. The output of this work will help to inform what further actions we can take to address this concerning issue.

## Senior Leader Communication

We have launched an accredited leadership development programme in partnership with the University of the West of England. This will see 160 middle-senior managers supported to develop leadership competence and confidence. This programme is complemented by local and national development programmes offered by the South West Leadership Academy and NHS Leadership Academy.

Research shows that high performing teams provide safer, higher quality care. We have launched a major programme of team based working that will see every team in the Trust, clinical and non-clinical, supported to undertake team development by 31 March 2016. We have partnered with recognised experts in team development, Aston OD, to deliver this programme.

In order to tailor the implementation of the programmes described above a Workforce Development Plan has been developed for each Locality based on specific need. The implementation of Workforce Development Plans will be closely monitored.

The Board maintains active oversight in all issues relating to our staff through the Employee Strategy and Engagement Committee. This Committee maintains oversight of staff survey responses and receives assurance that appropriate action is being taken in response. The Board is

committed to seeing positive change in survey results in the coming year as evidence of improved staff experience and engagement.

### Staff appraisals

Staff appraisal figures have improved from 87.8% in February 2014 to 88.1% in March 2015 based on appraisals completed in the previous 12 months.

The staff survey indicates that the quality of appraisals has improved since the implementation of the new approach to appraisals was implemented 1 April 2014.

### Availability of job relevant training

Launch of the Development HIVE (illustrated below), an interactive tool, that allows staff to see the full range of learning, development and support opportunities available. Major areas of development in the year ahead include recruiting at least 100 apprentices and appraisal training to ensure appraisers have the skills, confidence and tools to deliver an excellent appraisal.

## We care about supporting and developing staff



Workforce Planning and Development | Organisational Learning | Appraisals and Supervision |  

# Annual Governance Statement 2014/15

## Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of Avon and Wiltshire Mental Health Partnership NHS Trust's ('the Trust's') policies, aims and objectives, whilst safeguarding the public funds and Trust assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the organisation is administered prudently and economically and that resources are applied efficiently and effectively.

I also acknowledge my responsibilities as set out in the Accountable Officer memorandum demonstrating an understanding of propriety and accountability issues. As the Chief Executive Officer I am accountable to the Board and Chairman. I am also accountable, along with the Board, to the Secretary of State via the NHS Trust Development Authority.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to an acceptable 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 the effectiveness of our controls. 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 the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage those risks efficiently, effectively and economically. The system of internal control has remained in place in the Trust for the year ended 31 March 2015 and up to the date of approval of the annual report and accounts.

## How we are managed

Avon and Wiltshire Mental Health Partnership NHS Trust has an annual turnover of £198,530m and a workforce of 3287 substantive staff serving a population of over 1.6 million people.

The Trust is divided into six directorates which form the structure of the Trust and its internal control framework. The Trust has identified three overarching areas of Executive responsibility as follows.

### Delivery Executive

#### Operations directorate

Services are delivered over six locality delivery units (LDUs) and two service delivery units (SDUs) covering all of the Trust's services. This is our Operations directorate, led by the Executive Director of Operations, supported by a 'triumvirate' management team in each LDU and SDU made up of a Clinical Director, Managing Director and Head of Quality.

The Operations directorate leads the delivery of all Trust services.

### Clinical Executive

#### Nursing and Quality directorate

The Nursing and Quality directorate sets the standards for the quality of our care.

The Executive Director of Nursing and Quality oversees patient safety, health and safety, clinical and quality governance, patient advice and complaints, safeguarding and mental health legislation compliance.

#### Medical directorate

Led by the Executive Medical Director, the Medical directorate leads the Trust's Clinical Strategy, medical staff, setting standards, ensuring compliance with professional standards and supporting medical education, and providing Pharmacy services Trust-wide.

The eight Clinical Directors are accountable for ensuring that governance arrangements

within their LDU or SDU are robust, and are held to account by the Executive Medical Director.

### Business Executive

#### Resources directorate

The Resources directorate, led by the Executive Director of Resources, includes the finance, human resources, estates, business intelligence, strategy and business development, IM&T and contracts and procurement functions of the Trust.

#### Corporate Affairs directorate

The Director of Corporate Affairs leads the Corporate Affairs directorate which manages Trust communications, corporate governance and risk management, legal services, compliance and inclusion, including management of the Trust's membership which is in excess of 15,000 members.

#### Organisational Development directorate

Supporting the Trust's workforce, our Director of Organisational Development leads the Organisational Development directorate to provide training and development opportunities to our large and diverse staff groups.

This structure is supported by effective and robust governance systems.

In addition to the internal governance and control framework, to fulfil our objectives, the Trust requires effective partnership working across the wider health economy in each of the six commissioning areas the Trust covers.

Avon and Wiltshire Mental Health Partnership NHS Trust has developed a clear clinically-led approach to delivering services with devolved management to enable locally-focused services within a robust, self-regulated structure.

## Quality governance

Early in 2014/15 the Trust took the decision to volunteer to become involved in the CQC inspection pilot. This was based on the Board's commitment to openness and quality improvement. In June 2014 the Trust

was inspected by the CQC Chief Inspector of Hospitals. As a result of this Trust-wide inspection the Trust received a number of compliance actions and four Warning Notices.

Concerns raised focused on:

- staffing
- environments
- medicines, and
- learning from incidents.

The warning notices were addressed through comprehensive action plans, implemented locally, scrutinised by senior management and monitored via the Quality and Standards Committee. Immediate action was taken and sustained improvements were made.

The Trust was re-inspected in December 2014 and all four notices were lifted. All action plans were incorporated in the Trust's Quality Improvement Plan which is monitored by the Quality and Standards Committee.

Our approach to internal inspection has been developed based on learning from this experience, with local week-long inspections commenced across our LDUs and SDUs in March 2015. These are supported by quality-focused walk-arounds undertaken by Board members and local inspections by senior management.

#### Information for Quality (IQ)

The Trust monitors compliance with seven core indicators via its IQ system which reports at all levels of the organisation:

- Compliance with 16 of the Care Quality Commission's Essential Quality and Safety Outcomes
- Performance with the agreed contractual requirements, Monitor and CQUIN indicators
- Sickness Absence rates
- Compliance with Records Management standards
- Financial balance
- Supervision and Appraisal rates



- Service user experience

This information is reviewed at our fortnightly Quality Huddle which takes place at Trust HQ with the Executive Team and representatives of all localities in attendance. The Quality Huddle is open to all Trust staff and Board members and reinforces accountability with senior managers.

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

## Capacity to handle risk

The Trust recognises that effective management of risk is a fundamental principle in the provision of high quality services and understands the need for a robust system for the identification and management of risks.

As Accountable Officer I am the Executive Director on the Trust Board with overall accountability for risk management, supported by the Director of Corporate Affairs. The Director of Corporate Affairs ensures a sound system of internal control is in place in respect of risk management, including the development of the Risk Management Strategy and policy for the identification, assessment and management of risks. The Trust’s Risk Management Strategy defines our approach to risk management, recognising that risk is inherent in our core business and that the Trust requires all staff to play a role in the management of risk. The Strategy provides a structured and systematic approach to the management of risks to ensure that risk assessment is an integral part of clinical and business processes Trust-wide.

I have delegated responsibility for management of areas of risk as follows:

<b>Business Executive</b>	<b>Business risk</b> , including financial, human resources, workforce, corporate, business development, IM&T and estates risks.
<b>Clinical Executive</b>	<b>Clinical risk</b> , including nursing, medical, pharmaceutical, health and safety and safeguarding risks.
<b>Delivery Executive</b>	<b>Delivery risk</b> , including operational risk across the Trust’s localities and service delivery units and operational resilience risk

### Oversight

Oversight of risk management systems is delegated by the Trust Board to the Audit and Risk Committee, reporting to the Board via the Non-Executive Chair of the Committee. The Audit and Risk Committee seeks assurance of the integrity and efficiency of the management of risk in relation to the Trust’s financial, governance and clinical operations.

The Finance and Planning Committee plays a key role in managing financial risk and ensuring that resources are used economically and prudently.

The Quality and Standards Committee provides assurance in relation to all aspects of quality and associated risks.

The Employee Strategy and Engagement Committee maintains an oversight of employee risk, providing assurance to the Board on strategic employee and workforce risk.

There are also clearly defined devolved structures for management of risk within localities and SDUs, with Clinical Directors held accountable for risk management within their LDU or SDU.

Management oversight is maintained through the meetings of the Directors’ Team which review all directorate risk registers on

a monthly basis, recommending escalation and de-escalation of risks as appropriate.

### Training

The Trust requires that all senior managers receive training and three yearly updates in relation to risk management. This can be delivered via classroom learning or through one to one sessions with the Head of Corporate Governance. The statutory and mandatory training programme reflects all key training requirements for risk management for all staff within the organisation.

### Continuous Improvement

The Trust Board encourages a culture of continuous improvement through its strategic priority, “continually improving what we do”. We seek to learn from good practice through a range of methods including responding to national guidance/alerts, benchmarking, clinical supervision and reflective practice, individual and peer reviews across clinical and non-clinical areas, performance management, continuing professional development programmes, clinical audit and application of evidence-based practice and meeting risk management standards.

Sharing of good practice across the Trust is facilitated through:

- Directors’ Team meetings, which bring together our Executive Team and all Clinical Directors;
- Board Committees, which receive assurances over activity in all our LDUs and SDUs; and
- dissemination of information via monthly supervision sessions undertaken with all staff.

## The risk and control framework

### Leadership

#### Board of Directors

All Non-Executive Directors are deemed to be independent. The Board endeavours to conduct its business in an open and

transparent manner, with the majority of each Board meeting held in public.

The meetings are held at different locations across the Trust and members of the public are welcomed to the first part of the meeting. Public questions are invited both before and during the meeting.

The Board regularly assesses its own performance, and spends time at each Board meeting reflecting on successes and areas for improvement. The Trust surveys Board and Committee members annually using a tool based on best practice evaluation methodologies.

The Board welcomes presentations from patients, service users and carers to review quality of service and experience, and to guide the Trust in continually learning from feedback and improving our services.

#### Board membership

In line with Monitor Code of Governance requirements, the Chair keeps under active review the appropriateness of board membership and the independence of Non-Executive Directors.

We make sure that the balance of skills, expertise and experience of the Board of Directors is sufficient through a process of skills mix review and analysis of recruitment needs when new Directors are recruited. With the Trust Development Authority Appointments Department, all new Non-Executive Director appointments are scoped carefully to mirror skills and experience gaps in the board composition.

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 have close family ties with the Trust’s advisors, directors or senior employees and none has served on the Board of Directors of the Trust for more than nine years. No Director has declared any interest in any company with which the Trust is likely to do or seeking to do business with at this time. A Register of Directors’ Interests is maintained by the Director of Corporate Affairs.

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

### Board Committees

The Board's sub-Committees are all chaired by Non-Executive Directors. Committee structures are reviewed annually and changes made to reflect learning and best practice.

The Board has maintained a constant committee structure throughout the year following changes made during 2012/13 to reflect best practice, and its assurance and governance arrangements have become further embedded over the course of the year. The structure can be viewed at appendix 1.

The Board commissioned an independent review the effectiveness of its Committees this year which reviewed how Committees operate and made recommendations about how the Trust could realise greater benefit from the work of its Committees through clearer lines of assurance and accountability. This gave the Board a clear direction for future improvement and an action plan has been developed with actions part-implemented at the end of the year.

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 are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The Trust has undertaken environmental risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that

this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### Performance against key indicators

The NHS Trust Development Authority (TDA) monitored our Trust against Monitor's standards throughout the year. The Trust Board received and reviewed monthly performance reports.

Every month, via the AWP website, we provide our 'in month' performance in relation to all nationally recognised service quality measures, so that comparisons can be made with other mental health service providers. Over the last 12 months the Trust achieved the following results against national indicators:

Performance against key indicators 2014/15		
Indicator	Target	Achieved
7 day follow-up to discharge from hospital	95%	96%
Annual review for patient on CPA	95%	96%
Gate-keeping of admissions by crisis services	95%	95%
Completeness of key demographic data	97%	99%
Completeness of key outcome data	50%	80%
Improved early intervention in psychosis caseload	182	261
Delayed transfer of care	7.5%	9%

**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

As can be seen, the Trust is above target for all but one indicator, namely, Delayed Transfers of Care. During 2014-15, the Trust has experienced increased difficulty in finding appropriate care home placements for some service users with highly complex health and social care needs and this has led to a higher percentage on this indicator. The Trust is working closely with partner organisations to ensure timely discharge and is hoping to see an improvement in 2015-16.

## Management

The Trust's Risk Management Strategy outlines the leadership, responsibility and accountability arrangements for risk management. These arrangements are demonstrated through the Board Assurance Framework, the Trust's risk registers, its business planning processes and its quality monitoring systems enabling the coherent and effective delivery of risk management throughout the organisation. The Trust's approach to risk is to ensure that risks are systematically assessed and reviewed, as it is recognised that risks cannot always be eliminated. The Trust Board has therefore defined its risk appetite collectively in seminar, approving two clearly differentiated risk appetites, one associated with the provision of care and the second concerning organisational and business development. These are stated within the Risk Management Strategy, with the Trust committed to mitigating risks to an acceptable level in the context of this risk appetite.

The Trust undertakes regular reviews of its risk management arrangements and wider internal control framework to maintain systems which remain fit for purpose and take account of good governance principles and good practice. There has been Internal Audit coverage across the Trust's governance arrangements during the year and both Internal and External Audit have been sighted on the preparation of the annual governance statement.

The Risk Management Strategy is underpinned by the Risk Management Policy which defines processes for risk identification, assessment, evaluation and mitigation. The Risk Management Policy works in conjunction with the Incident Policy which describes how incidents will be reported and managed and identifies the processes that must be adopted in the event of a serious untoward event. During 2014/15 the Trust has further developed its systems for responding to incidents and sharing learning across the organisation and in the

coming year has plans in place to continue to develop its systems in this area.

Over the past two years the Trust has actively sought to increase the level of incident reporting throughout the organisation and there has been a measurable increase in incidents reported in that time. The Trust aims to systematically review and learn from untoward incidents and complaints. Good practice and changes to policies are communicated through Policy Alerts, newsletters and through dissemination by senior management. We share safety information via specific Trust-wide Red-Top Alerts to ensure immediate communication is received by staff on significant and priority issues.

There are formal mechanisms in place to ensure that external changes to best practice are incorporated into Trust policies, procedures and clinical guidelines.

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

Systematic identification of risks is undertaken using the Trust's risk registers. The Trust-wide risk register captures corporate and strategic risks and is underpinned and informed by the Executive and directorate, with routes for escalation and de-escalation defined. Each director is accountable for maintaining a register of risks that fall within their area of responsibility.

Evaluation of risk is undertaken through an analysis of the relative significance of the risk using a risk scoring matrix. Low scoring risks are managed locally within the area in which they are identified while higher scoring risks are managed at progressively higher levels within the organisation. Risk control measures are identified and taken to

reduce the risk of harm. Control measures which are implemented are proportional to the level of the risk identified.

Quality governance risks are captured on the relevant departmental risk register and escalated to the Clinical Executive risk register if the risk score increases beyond a locally manageable level. The Directors' Team reviews all Executive risk registers on a monthly basis and agrees risk for escalation to the Trust Board via the Trust-wide risk register. The Board then receives assurances via the Board Assurance Framework.

Information governance and data security risks are managed as part of this process. Risks are assessed using the Information Governance Toolkit and captured on the risk register.

The Trust has a Data Quality Management Strategy which is the responsibility of the Executive Director of Resources. Assurance regarding Data Quality is provided through the Business and Clinical Systems Group.

The Board Assurance Framework is developed via a review of all risks to the achievement of strategic and underpinning directorate objectives through the Audit and Risk Committee and reported to the Board on a quarterly basis. The Board Assurance Framework provides the Board with the required assurance that risks to achieving key strategic objectives are being effectively controlled.

The Trust has continued to apply the Board Governance Assurance Framework (BGAF) and the Quality Governance Assurance Framework (QGAF). Our most recent external assessment of compliance was undertaken in September 2013, and internal assessment was undertaken in July 2014. The Trust commenced assessment of compliance with the Well Led Framework in December 2014 and is working with peers to ensure readiness for external assessment during 2015-16.

Key risks to the delivery of strategic objectives and Directorate objectives underpinning these is identified as a core

requirement of the business planning process.

The key in year risks facing the organisation which have been managed and mitigated at Board level are:

Ref	Risk description
IBP12	Impact of continuing to deliver services within a sub-optimal estate, and failure to ensure productive use of the Trust's estate
IBP13	Failure to develop a positive organisational culture
TW6	Failure to identify, agree and implement and systematically deliver Cost Improvement Plans (CIPS)
TW7	Inability to provide sufficient and appropriately qualified staff to maintain effective service delivery recruitment.
TW8	Failure to deliver care that meets all of the requirements of the Health and Social Care Act
TW16	Failure to achieve an overall rating of Good as assessed by the CQC as a result of enforcement and compliance actions following a pilot inspection.

The key future risks in addition to the above are:

1-1b	Serious quality failure event if the Trust's quality system fails to proactively identify areas of poor practice
1-3	Lack of engagement of management and staff to deliver the actions of the Quality Improvement Priorities
2-1	Clinical and professional standards will not be maintained as a result of failure to release staff to attend training.
4-1	Failure to deliver all of the Trust's plans if we are unable to reduce apportioned costs
4-3a	Inability to develop our services if funding for service improvement is not identified.
4-3b	Failure to maximise our position in the health economy if we are unable to respond to opportunities for growth and development.
4-4	The Trust becomes a loss-making or financially non-viable business
5-1	Insufficient organisational resilience/flexibility to respond to significant downturns in funding

In accordance with Condition FT4 of the Monitor Provider Licence relating to governance arrangements, the Trust Board has continued to ensure that there are consistent systems in place to ensure:

- the effectiveness of governance structures,
- the responsibilities of directors and subcommittees;
- reporting lines and accountabilities between the board, its subcommittees and the executive team;
- the submission of timely and accurate information to assess risk; and
- the degree and rigour of oversight the board has over the Trust's performance.

As a result, the Board confirms that it has complied with Condition FT4 in-year, as far as is appropriate for an aspirant Foundation Trust, to date and that it expects to continue to comply with this condition throughout 2015/16.

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

The Trust's Integrated Business Plan and Annual Operating Plan are approved by the Board of Directors and submitted to the Trust Development Authority. Delivery against the Annual Operating Plan via the Trust's annually defined strategic objectives is monitored in detail by the Board of Directors on a quarterly basis.

Detailed monthly financial reports are reviewed by the Finance and Planning Committee and are made available to all members of the Trust Board, the Trust's External Auditors and the Trust Development Authority. The Chair of the Committee provides a report to the Trust Board after each meeting of the Committee.

The Trust's resources are managed within the framework defined in its Standing Financial Instructions. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

## Information Governance

The Executive Director of Resources has been identified as the senior information risk owner (SIRO) with responsibility for managing information security risks at Board level.

The Trust has had seven level two Information Commissioner reportable information security breaches in 2014 – 2015.

Information security risks are managed in line with the Trust's Risk Management Strategy, Risk Management Policy and Information Security Risk Policy and our data security arrangements are reviewed periodically by Internal Audit.

The Trust has achieved level 2 compliance with all of the Information Governance Toolkit version 12 indicators, with an overall satisfactory score of 77%. Internal Audit undertook a review of our Information Governance Toolkit return in year.

## 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.

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 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 2015.

The Trust has prepared its Quality Account for 2014/15 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.

Our Quality Account has been developed in partnership with our service users, carers, clinicians, managers, commissioners, Healthwatch and local authority health overview and scrutiny committees.

## Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have

been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and Quality and Standards Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board Assurance Framework provides me with evidence that we are controlling the risks to our strategic objectives.

The Head of Internal Audit has provided me with an opinion giving significant assurance over the overall arrangements for gaining assurance (through the assurance framework) and on controls that are reviewed as part of the annual internal audit plan.

My review is also informed by:

- Board review of Board Assurance Framework and action plans
- Audit and Risk Committee scrutiny of controls in place
- Review of serious incidents and learning by the Quality and Standards Committee
- Review and challenge from non-executive directors within committees and at the Board
- Challenge of Trust-wide risk register and individual directorate risk registers by the Directors Team which consists of all Clinical Directors and Executive Directors
- Internal audits of effectiveness of systems of internal control
- Counter Fraud Specialist reviews of fraud control and deterrent activity
- Effectiveness reviews undertaken by DAC Beachcroft as described within this statement and subsequent improvement action taken
- NHS Litigation Authority assessments

## Conclusion

The Board has concluded that there are no significant internal control issues identified.

Signed



Chief Executive

Date: 27 May 2015

## Appendix 1 – Governance arrangements

### Board membership

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

Name	Role	Committees
Anthony Gallagher	Chair of the Trust	Appointments Remuneration
Susan Thompson	Vice Chair	Appointments Quality and Standards Remuneration
Lee O'Bryan	Senior Independent Director	Appointments Finance and Planning Remuneration
Ruth Brunt	Non-Executive Director	Appointments Charitable Funds Employee Strategy and Engagement (Chair) Quality and Standards Remuneration
Barry Dennington	Non-Executive Director	Appointments Finance and Planning (from 1 February 2015) Quality and Standards (from 1 February 2015) Remuneration
Peaches Golding	Non-Executive Director	Appointments Audit and Risk Charitable Funds (Chair) Employee Strategy and Engagement Committee Remuneration
Tony McNiff	Non-Executive Director	Appointments Audit and Risk (Chair) Remuneration
Graham Coxell (Associate)	Associate Non-Executive Director	Finance and Planning Committee (in attendance only)
Iain Tulley	Chief Executive	Appointments
Hayley Richards	Executive Medical Director and Deputy Chief Executive	Quality and Standards
Sue Hall	Executive Director of Resources	Charitable Funds Employee Strategy and Engagement Finance and Planning
Kristin Dominy	Executive Director of Operations	Employee Strategy and Engagement Finance and Planning Quality and Standards (in attendance only)
Alan Metherall	Acting Director of Nursing and Quality (to 15 March 2015)	Quality and Standards
Andrew Dean	Executive Director of Nursing and Quality (from 16 March 2015)	Quality and Standards



## Board member attendance

The Trust Board attendance record during 2014/15 was:

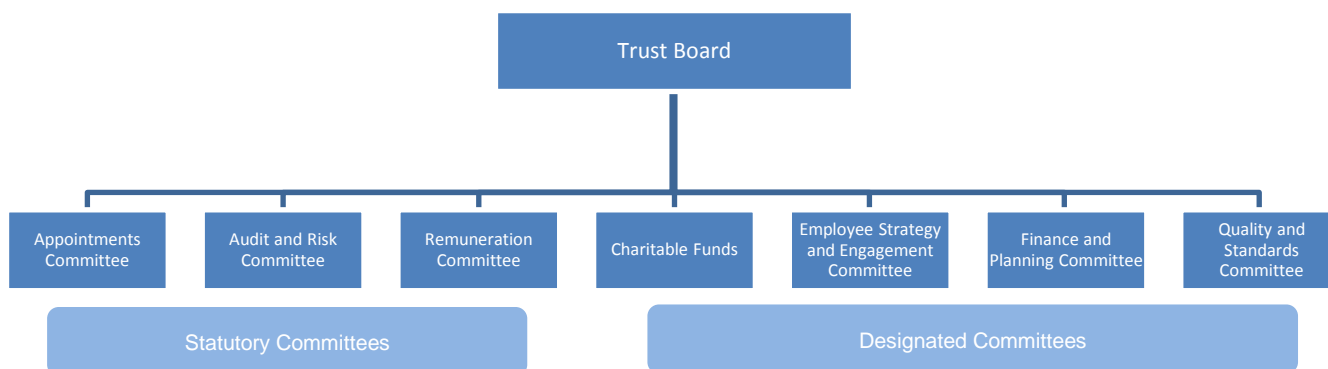
Director	Number of meetings attended (total available)
Anthony Gallagher	11 (12)
Susan Thompson	8 (12)
Lee O'Bryan	10 (12)
Ruth Brunt	12 (12)
Barry Dennington	6 (12)
Peaches Golding	11 (12)
Tony McNiff	5 (12)
Graham Coxell (Associate)	6 (12)
Iain Tulley	11 (12)
Hayley Richards	9 (12)
Sue Hall	10 (12)
Kristin Dominy	10 (12)
Alan Metherall	9 (11)
Andrew Dean	1 (1)

## Appointment of Non-Executive Board members

The length of appointment of each Director is as follows:

Name	Start of Appointment	End of Appointment (actual or contracted)
Anthony Gallagher	1 May 2008	24 April 2012
Appointed as Interim Chair	25 April 2012	11 July 2012
Appointed as Chair	12 July 2012	11 July 2016
Susan Thompson	1 December 2008	30 November 2012
Reappointed	30 November 2012	29 November 2016
Lee O'Bryan	1 August 2011	14 October 2015
Ruth Brunt (Associate)	1 February 2013	30 November 2013
Ruth Brunt	1 December 2013	30 November 2017
Peaches Golding	1 June 2013	31 May 2017
Barry Dennington	17 August 2014	16 August 2016
Tony McNiff	1 March 2012	29 February 2016
Graham Coxell (Associate)	1 April 2014	31 March 2018

## Board Committees



The role of each committee is defined as follows:

Committee	Role
<b>Appointments Committee</b>	to conduct the formal appointment to, and removal from office of the Board of Directors
<b>Audit and Risk Committee</b>	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
<b>Remuneration Committee</b>	to agree policy and frameworks for executive and senior officer remuneration
<b>Finance and Planning Committee</b>	to provide specialist financial and commercial scrutiny and oversight
<b>Quality and Standards Committee</b>	to monitor, review and report to the Board on the standards of quality, compliance and performance of Trust services
<b>Employee Strategy and Engagement Committee</b>	to monitor, review and report to the Board on approaches to employee engagement and the effectiveness of employee facing policy and strategy
<b>Charitable Funds Committee</b>	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.

# Financial Information & Review – Annual Report and Accounts 2014-15

## 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; and
- 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: 27<sup>th</sup> May 2015

## 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

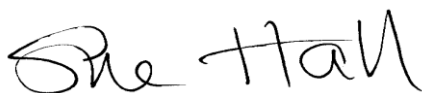
Signed



Chief Executive

Date: 27<sup>th</sup> May 2015

Signed



Director of Resources

Date: 27<sup>th</sup> May 2015

# Independent Auditor's Report to the Directors of Avon and Wiltshire Mental Health Partnership NHS Trust

The Trust is reporting a full year surplus of £750k which is in line with plan.

The retained surplus excludes impairments which are technical in nature and are exceptional items. A reconciliation of these amounts can be found in the Income and Expenditure Account (Page 1 of the Accounts).

Capital Expenditure for the year is £6.6m which represents 100% of the plan.

A cash balance of £10.5m at the year-end is £40k more than planned.

The Financial Risk Rating is reported as a 3 which is in line with the plan and this is made up of liquidity ratio (4) and debt servicing ratio (2). The score of 2 on the debt servicing ratio is due to the Trust having PFI financing obligations.

Achievement of the planned surplus for the year is a reflection of sound operational and financial management and represents an excellent result for the year.

## Key financial performance indicators

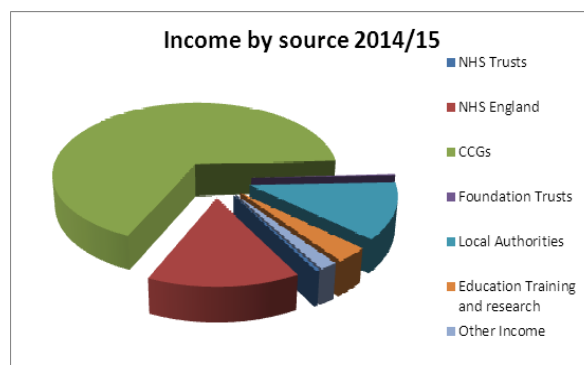
The following tables summarise key financial performance indicators:

Financial Risk Rating (FRR) and Continuity of Services Rating (CSR)			
Criterion	Measure	Weighting	CSR
1 Liquidity Ratio (days)	Shows ratio of liquid assets	50	4
2 Capital Servicing Capacity	Shows revenue available for capital service	50%	2
<b>Overall CSR</b>			<b>3</b>

CSR is Monitor's rating score of 1(lowest) and 4 (highest), the Trust has achieved a 3 for the year.

## Income

Total income received by the Trust in the year ended 31st March 2015 was £198.5m, with £189.9m (96%) coming from the delivery of patient care services. The largest proportion of the Trust's clinical income comes from its main six CCG's. Non-clinical income for the period is £8.7m with the majority of this income received to fund education, training and research. A breakdown of total income by source is shown in the graph below:

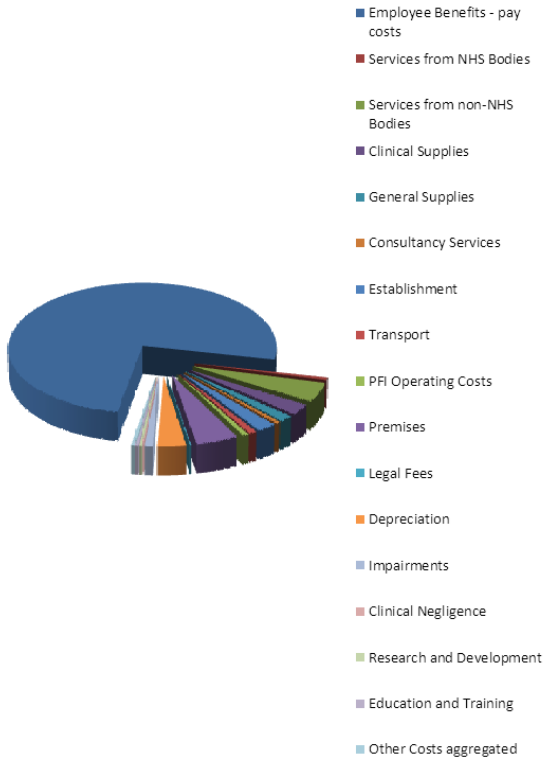


## Expenditure

Operating expenses totalled £188m for the year and, as in previous years, staff costs including Board members account for the largest use of resources, 76% of total expenditure.

An analysis of operating expenses by type is shown in the graph below:

### Analysis of Expenditure 2014/15



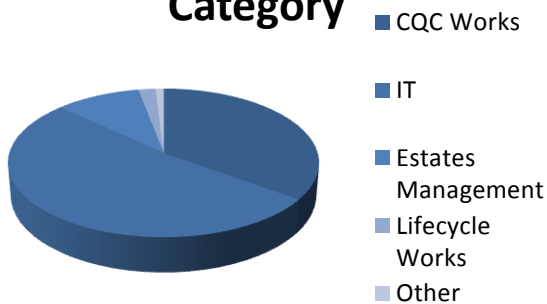
## Going Concern

After submission of the latest operating plan and forecasts, the Directors of the Trust have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

## Capital Programme

During the year the Trust committed £6.1m of capital investments which has improved services for both service users and staff. A summary of the key capital spend undertaken in the year is provided in the table below:

### Capital Spend by Category



## Balance Sheet Events

In the opinion of the Board of the Trust there are no post balance sheet events.

# 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 2015 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 and related narrative notes on page 25
- the table of pension benefits of senior managers and related narrative notes on page 26
- the narrative on pay multiples on page 27.

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 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. 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 the opinions we have formed.

## Respective responsibilities of Directors and auditor

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, 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 also 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 directors; and the overall presentation of the financial statements.

In addition, we read all the financial and non-financial information in the annual report which comprises the Strategic Report (excluding the Sustainability Report), Directors' Report, Remuneration Report, Disclosures in the Public Interest, Working with our Staff, Annual Governance Statement and Governance Arrangements (Appendix 1) and The Trust's performance in 2014/15 against the Financial Duties set by the Department Of Health to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 2015 and of its expenditure and income for the year then ended; and
- 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; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

## Matters on which we report by exception

We report to you if:

- in our opinion the governance statement does not reflect compliance with the NHS Trust Development Authority's Guidance
- we refer the matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have 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; or
- 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 in October 2014.

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 review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2014, 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 2015.

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 October 2014, 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 2015.

## Certificate

We certify that we have completed the audit of the accounts of Avon and Wiltshire Mental Health Partnership NHS Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Barrie Morris

for and on behalf of Grant Thornton UK LLP, Appointed Auditor

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27 May 2015