

Annual Report and Accounts 2018-19



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Chair and Chief Executive's Foreword

It gives us great pleasure to present this Annual Report that outlines many of the Trust's successes and achievements over the last twelve months.

This past year has been a particularly strong year for the Trust with the two biggest achievements being our CQC "good" rating, including our first "outstanding" in CAMHS and our excellent staff survey results, building on previous years of strong performance and ranking us one of the best trusts in the country for supporting our staff.

Receiving our CQC feedback makes us very proud of our services and our staff which strengthens our position as an influential partner in our local integrated care system. Throughout the year we have played a leading role in shaping what integrated mental health services look like in our place based systems, and how we deliver the five year forward view for mental health across the Black Country STP. To further strengthen the clinical benefits of a Black Country wide approach to mental health services, we have also agreed to formally work towards a merger with Black Country Partnership NHS Foundation Trust

Our excellent staff survey results show staff engagement remains high and we are one of the top performing trusts in many areas. The link between an engaged workforce and the delivery of high quality services is well proven and therefore this will continue to be a key element of our future strategies.

During the year, we launched a number of new services including Thrive into Work, a randomised control trial to assess the success of Individual Placement and Support (IPS) in helping people with a long term physical or mental health condition to get into work.

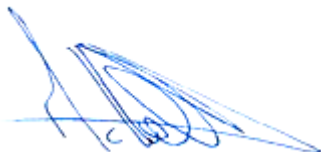
Our Specialist Community Perinatal service also went live in this year, where we are working in partnership with three other Trusts to deliver an STP wide service.

We were also successful in winning a contract to expand our Liaison and Diversion Black Country service into Worcestershire.

None of this could be achieved without the dedication and enthusiastic support from everyone who works for the Trust. The Board recognises this and has placed considerable emphasis on listening to our colleagues and responding to the issues they have raised.

As a Trust, our focus remains on improving quality, outcomes for service users, supporting our staff and ensuring through strong partnership working with primary care networks, 'place based', black Country and West Midlands partners we are delivering the best possible outcomes for the population we serve.

The Board would like to thank everyone that has worked for the Trust over the past year for their continued and unprecedented commitment to delivering a quality service. We are confident that with this level of support the Trust will continue to move forward and build on these successes in the coming year.



Mark Axcell

Chief Executive Officer



Harry Turner

Chair

PART A PERFORMANCE REPORT

1 OVERVIEW

1.1 About the Trust

The Trust is a multi-site provider (26 sites) of mental health and social care services serving the Black Country boroughs of Dudley and Walsall within the West Midlands. We also have some services across the Black Country and in neighbouring counties.

The Trust headquarters is situated in Dudley, approximately 10 miles north-west of Birmingham. We employ around 1300 staff and the Black Country region demonstrates cultural, economic and educational diversity. Walsall, along with Sandwell and Wolverhampton, experience higher than average levels of multiple deprivation.

The Trust is regarded as a high performing, well managed organisation and has built a reputation across the health economy as a collaborative and responsive partner and an exemplar employer.

We are a relatively small yet flexible organisation, responding to change and challenge, quickly and effectively.

We are especially proud of:

- Open and transparent culture
- Excellent staff engagement evidenced in our staff surveys
- Reputation for good service quality and robust governance processes
- Consistently high performance
- Robust relationships with commissioners and other partners across our STP
- Inclusive engagement with service users, carers, agencies and community groups

Figure 1 Key Statistics 2018/19 outturn

Statistic	2018/19
Population Served	Dudley 315,800; Walsall 274,200
Total Employees	1243 Healthcare staff, 57 social care staff
Number of Sites	26
Total Inpatient Beds	169
Number of Main Commissioners	2
Total Income	74,340
CCG Income from patient care activities	65,809
Other Patient Care Income	1,244
Income from non-healthcare sources	7,287
Service User activities	c356,400
Total Outpatient Attendances	17,468
Total Inpatients Treated	1,213

1.1.1 Highlights and Successes of 2018/19

In 2018 / 19, we continued to focus on maintaining the delivery of high quality services, evidenced by our performance against national and local indicators as well as feedback from our service users and carers. Below are some of the highlights from 2018/19.

Organisational:

- Our staff survey results were excellent:
 - Out of the major 10 themes in the staff survey we are a top performing Trust in the country in 7 of them and
 - That across all responses we have been rated as the best performing Mental Health/LD Trust, being above average in scores and trending up (as per scatter map attached).
- Introduced a “just culture” approach
- Agreement to pursue a merger with BCPFT, commencing with a comprehensive clinical engagement programme
- We continued our involvement in developing plans for mental health service delivery as part of the Black Country and West Birmingham Sustainability and Transformation Plan (STP)
- Leadership across the Trust at a senior management level has continued to develop a positive culture of leadership
- Successful implementation of E-Rostering which is supporting the Trust to plan and manage its staffing levels
- We have expanded the range of apprenticeships introducing access to degree level Leadership and Management apprenticeships
- Exceeded our target, achieving our highest ever uptake rate for flu vaccinations protecting our staff and service users from the flu virus
- CEO shortlisted for HSJ CEO of the year award
- Shortlisted for Nursing Times award and HSJ award for staff engagement
- Met all of our financial duties

Operational / quality:

- Continued to be rated GOOD by the CQC and outstanding for ‘caring’ in our Children and Adolescent Mental Health Services
- Mobilised a specialist community perinatal service that has been recognised as an exemplar in the use of app technology
- Launch of a number of new services that offer local people better access to specialist services closer to home
- In Partnership with BCPFT we have developed a single Black Country Liaison & Diversion / Criminal Justice Team
- Maintained Royal College of Psychiatrists Accreditation for Inpatient Mental health Scheme (AIMS)
- Maintained Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) accreditation
- Strengthened our commitment to provide cardio metabolic health assessment and treatment for people with psychosis across our service lines through ‘Closing the Gap’
- Recruited a Lead Nurse for Physical Health and Wellbeing, to support delivery of the Trust’s commitment to look after our service users’ physical health
- Bloxwich unveiled their sensory garden for the benefit of service users
- Launched Worcestershire Liaison and Diversion service
- Opened our new Inpatient Therapeutic Hub
- Introduction of Nurse Associates and Care Makers

1.1.2 Our Vision

The Trust's vision is one of a recovery-oriented service. The vision, encapsulating the concept of the benefits arising from a single mental health trust for the communities we serve is shown below:

Better Together - delivering flexible, high-quality, evidence-based services to enable people to achieve recovery.

The Trust's vision has been guided by national, regional and local intelligence and strategies where there is a growing emphasis on the well-being of the population and a focus on prevention, together with early detection and intervention.

1.1.3 Our Values

Our values are the essence of our identity. They describe what we are and what we stand for. They support our vision, shape the culture and more importantly represent the behaviours that staff value as employees.

A few years ago, we refreshed our values in close partnership with staff. This was a process that engaged all staff in revisiting what they felt were important values for us and that would shape our guiding principles and underpin the way we work.

We embedded these values through our behavioural framework that is used in recruitment, appraisals and supervision.

Today our values are lived and breathed and as a result we have excellent feedback from our staff surveys about our culture, our warm and friendly welcome to new staff, our approach to supporting staff and creating a place where staff are free to speak up and have their say.

Figure 2 Our Values



1.1.4 Our Strategy

The Trust has a clear, focused strategy that underpins the delivery of mental health services for the populations of Dudley and Walsall. In protecting its long term viability, the Trust explores opportunities that support the delivery of mental health services across the wider health economy, building on the skills of the Trust and meeting unmet or emerging needs.

In developing its strategy, the Board stated its commitment to be flexible in its on-going consideration of the scope of services it provides in order to reflect the genuine needs of service users and carers and delivery of the Five Year Forward View (5YFV) and the new NHS ten year plan.

1.1.5 Our Strategic position and partnerships

As a small trust within a relatively complex health economy we have built a robust and influential strategic position. In partnership with BCPFT, we have developed a strong voice for mental health services, ensuring that they remain at the heart of system-wide and local change plans.

Merger with BCPFT

Work is progressing on the coming together of the Trust and BCPFT. In January, the boards of both trusts signed off our strategic case, which outlines why we believe that joining together as one organisation is the best thing to do for staff, patients and our local communities. The strategic case has been reviewed by NHS Improvement and we are developing an addendum to the case. In the meantime, we have begun work on our full business case, which will set out our plans in more detail.

At the heart of this work will be a strong clinical vision shaped by staff. A number of workshops are currently being planned. Alongside clinical colleagues, support and corporate teams will also have the opportunity to contribute and have their say in the near future.

The merger is overseen by a robust governance structure led by the Joint Collaborative Committee and underpinned by a number of workstreams who will develop the merger plan and post integration plans.

Black Country and West Birmingham STP

By 2021 all STPs will have transitioned into Integrated Care Systems, bringing together our local organisations to redesign care and improve population health.

The Trust is involved with the STP at all levels and in particular, is working in partnership with BCPFT and commissioners to explore which mental health services can be delivered at scale across the Black Country.

We are currently reviewing 11 services as well as a number of other opportunities including perinatal mental health, female PICU, expansion of IPS services, liaison and diversion and bed management including Out Of Area placements.

Supporting place based models of care

Local place-based models of care (ICAs) are being developed and implemented for each of the four STP boroughs. These ICAs are a means to bring together health and care services for defined populations.

For both boroughs we have been working together to agree which services are best delivered at a place based level, borough level or at scale across the Black Country. The current plan is for primary care mental health services including IAPT to be delivered at a place level based close to or in primary care / GP settings. Core community and inpatient services will continue to be delivered in each borough coordinated in conjunction with place based partners and the “STP 11”, inpatients and further service developments will form the basis of a pan Black Country delivery model.

Dudley MCP – the Trust has been a key player in the development of Dudley MCP Clinical model since its inception. We have been instrumental in developing the model for place based care and successful MDT working. Moving forward we continue to shape the clinical model for Dudley and support ongoing engagement with stakeholders around the development of the organisational model.

Walsall Together – Walsall Together is gathering pace and we are involved at all levels of the development of integrated care plans. Clinical engagement events are being planned so that we can shape the clinical model together, learning from our work with Dudley MCP and the STP.

The Trust has been successful in embedding a robust reputation across the local health economy and beyond through proactive engagement in a number of strategic partnerships.

These partnerships play a fundamental role in our future organisational development and form the basis on which we will support new models of care and long terms sustainability of local services.

In particular, we have worked with commissioners in our two boroughs to develop place based models of care that focus on taking services traditionally provided in hospitals into the community, bringing care nearer to patients' homes. The principle behind the place based care is multi-disciplinary working with appropriate services being more closely aligned to the communities where people live.

MERIT

Mental Health Alliance for Excellence, Resilience, Innovation and Training (MERIT) Vanguard

– an Acute Care Collaboration to develop new ways of working in mental health and reducing variation in care, involving the Trust, Black Country Partnership NHS Foundation Trust, Coventry and Warwickshire Partnership Trust and Birmingham and Solihull Mental Health NHS Foundation Trust

Other partnerships

West Midlands Combined Authority – Within our STP, we work collaboratively to deliver the WMCA THRIVE project, the largest randomized control trial in Europe, providing employment support services to mental health service users.

Local Authorities – the trust works partnership with our local authorities to provide integrated social care services.

Third Sector – we work closely with a wide range of third sector providers to provide services in partnership and to provide appropriate sign posting for our service users and carers. An example of this is the co-location of Rethink staff within our crisis service.

1.1.6 Review of progress against our 2018/19 corporate priorities

In the table below, we present a review of progress against the 2018/19 priority activities. We reviewed the current position with regard to priority activities that are either complete or carried forward into next year or into business as usual.

The table below shows progress against our priority activities at Q4.

Figure 3 2018/19 Q4 position

Strategic Theme	Complete	Complete but carried forward	Incomplete and carried forward	All
High quality services (HQS)	10	6	0	10
Inclusive partnerships (IP)	8	5	0	8
Leadership culture (LC)	7	0	3	10
Responsible workforce (RW)	5	0	2	7
Supporting strategies (SS)	9	2	2	11
Efficient and effective resources (EER)	4	2	4	8
TOTAL	43		11	54

Those priorities carried forward into business as usual includes those that have long term plans associated with them such as zero suicide. Interim milestones were completed but more work is needed in the longer term.

A small number of priorities were delayed primarily due to other competing priorities such as plans to progress the merger with BCPFT and some large projects such as the new electronic patient record. Those priorities that slipped have had minimal impact and are being rectified in the first quarter of 2019 / 20. These include setting up a new clinical senate, fully meeting the new IAPT performance targets and the launching of a new performance dashboard for example.

1.2 Our Services

Mental health conditions are very common with 1 in 4 people experiencing some kind of mental health problem in the course of a year. These are split into two categories; “common mental health problems”, which include conditions such as depression and anxiety, and “severe and enduring mental health problems” such as schizophrenia and bipolar disorder.

The Trust provides a full range of mental health treatment and rehabilitation services that manage both categories of mental health conditions. The Trust’s range of services spans GP based primary care based counselling and psychological therapies for common mental health problems through to the treatment and care of people detained under the Mental Health Act.

Core services are provided predominately to Dudley and Walsall, but also to neighboring Trusts in Worcestershire, Staffordshire, Birmingham and Warwickshire.

We provide:

- Community mental health services for children, adults & older people
- Inpatient services for adults and older people, including Home Treatment
- Primary Care Mental Health services
- Improving Access to Psychological Therapies (IAPT) – in primary care
- Mental Health Social Care Services (via local authority partnership)
- Psychological Therapies in secondary care
- Employment, education and training support for people with mental health problems and long-term conditions
- Psychiatric Liaison Service at both acute hospitals
- Specialist Deaf CAMHS (national hub)
- Criminal Justice Mental Health Services
- Liaison and Diversion Services (in partnership with BCPFT)
- Adult Neurodevelopmental Service – regional service
- Early Intervention in Psychosis Service
- Crisis and Urgent Care including Street Triage

1.2.1 Operational services

Our services are organised as shown below. Black Country wide services are marked with *. Regional services are marked with **. In addition, we manage a number of specialist services that currently sit within the Clinical Services Development Directorate. There will be some changes to the service lines from April 2019. Social care services are integrated in Adult and Older Adult services in Dudley. These are also shown below.

Figure 4 Our Operational services

Service Area	Services
Urgent Care & Access Services	<ul style="list-style-type: none"> • Primary Care Mental Health • Improving Access to Psychological Therapies (IAPT) • Eating disorders • Early Access Service • Mental Health Assessment Service • Crisis Service • Street Triage * • Psychiatric Liaison • Place of Safety
Inpatient Services	<ul style="list-style-type: none"> • Adult inpatient wards • Older adult inpatient wards • Home Treatment • Inpatient Therapeutic Hub • Electro-Compulsive Therapy • Transcranial Magnetic Stimulation **
Early Intervention Services	<ul style="list-style-type: none"> • CAMHS • iCAMHS (intensive CAMHS) • Early Intervention in Psychosis • Deaf CAMHS **
Community Services	<ul style="list-style-type: none"> • Community Recovery Service • Enhanced Older Adult Community Mental Health Teams • Psychological Therapies Hub • Employment Services * • Memory Assessment Service • Outpatients
Clinical Service Development	<ul style="list-style-type: none"> • Adult Neurodevelopmental Service ** • Criminal Justice Team • Liaison and Diversion *

1.2.2 Medical services

The medical directorate consists of all medics, medical secretaries, medical records, postgraduate department and pharmacy services.

The medical workforce has significant involvement in service delivery planning including partnership involvement in the Dudley MCP and Walsall Together partnerships.

Referral to treatment times have been reduced due to different working practices in EAS which has significantly reduced waiting times. The reconfiguration of the consultant model in Walsall, mirroring Dudley has also been successful. Mental Health Assessments will allow doctors to work more closely with GPs, moving care from hospital bases to a Multi-disciplinary Team approach; this is being piloted through the Dudley MCP.

Medical Temporary staffing usage is well managed and in line with the agency cap rates.

The Pharmacy service includes Clinical and technical pharmacy services to inpatient / home treatment, Medicines reconciliation, Patient counselling, Medicines information, Formulary management and Antimicrobial stewardship.

The Trust is developing a single pharmacy provider service specification, covering Black Country mental health services. The single provider service will supply pharmaceuticals to mental health services across the region.

The Trust will consider implementing a Black Country electronic prescribing and administration
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system which is likely to generate need for additional supportive staff to help in the refinement of the electronic solution.

The pharmacy team continue to support work experience placements and undergraduate placements as part of a programme that supports research/service evaluation.

1.2.3 Corporate / support services

Behind our front line services are small yet effective back office / clinical support services that provide mainly in-house services to support service delivery and effective running of the Trust. They are shown below.

Figure 5 Corporate / support services

Corporate services	Corporate operational services
Workforce and recruitment Payroll (via contract with The Royal Wolverhampton NHS Trust) Learning and development including library services Financial services Estates IM&T (provided partly by Dudley Group NHS Foundation Trust) Communication and engagement Service Experience desk (including PALs) Information governance Programme management office Corporate governance Internal Audit (CW) and External audit (Grant Thornton) Information and Performance	Quality improvement Patient safety Clinical governance and audit Infection prevention and control Research and development Facilities management (ISS contract) Health and safety Safeguarding Nurse development

The Trust will maximise the opportunities created by our partnership to develop Corporate Support functions across the health economy where appropriate and this may mean the development of a shared service model of working.

1.2.4 Service improvements and developments

In the past year, we have received support to develop new, or enhance existing services, some examples are shown below:

- In partnership with BCPFT we have developed a single Black Country Liaison & Diversion / Criminal Justice Team
- Expansion of the Adult Neurodevelopmental Service to include two more specialist nurses and an OT which will enable further expansion in the coming year
- Received investment to launch:
 - in partnership with BCPFT, mobilise Worcester Liaison & Diversion Service
 - in partnership with BSMHFT, mobilise Black Country and West Birmingham Community Perinatal service
- NHSE investment secured to deliver Dudley Court Liaison and Diversion
- CAMHS are working towards implementing CYP IAPT and staff are already embarked on the training for this year

- The LA/CAMHS team are working across the STP with their colleagues in the Black Country regarding the CYP TCP complex cases so there is a good pathway
- We are working towards common outcome measures with the Black Country in CAMHS
- EiP have implemented a NICE compliant care package strengthening their family interventions and talking therapies capacity
- Access have introduced a follow up clinic for those who presented in crisis at the ED, not known to us. This helps to strengthen strategies to prevent subsequent crises another time and give some additional short term support
- Therapeutic inpatients hub across all three hospital sites by investment into occupational therapy staff and alignment of staffing hours to provide therapeutic space outside of the ward environment
- Training into Dementia Care Mapping and delivery of Tier 2 dementia training in house
- Secondment of a Dementia and Frailty Lead to work towards the Dementia Charter competencies
- Redesigning resources to introduce two discharge coordinator lead nurses to enhance the bed management function
- Successful multi-agency working with step down dementia beds
- Full operational roll out of THRIVE Service for Dudley
- IPS success with funding awarded for wave 2 building upon wave 1 success
- In-reach to care homes – Community Mental Health Nurses are in post as part of the development of older peoples' services in Dudley
- Further development of the Enhanced Community Health Team for Older People (ECMHTOP) in Dudley and preparation for starting a 'Treatment at Home' service to help reduce the need for hospital admission

1.2.5 Raising the quality of our services

The Trust has a robust approach to quality improvement. The quality of our services, safety, effectiveness and experience are at the heart of everything that we do.

In 2018/19 we have continued to implement our second Quality Improvement Strategy 2016 – 2020, delivering an annual cycle of quality improvement, evidenced through our Quality Account.

Key features of the Quality Improvement Strategy are:

- Its alignment with the national drivers and the Trusts clinical and social care vision and values
- Its support for the delivery of a year on year Quality Improvement programme which has included a number of ambitious Trust wide goals that have reflected local and national priorities. This has been evidence in our Quality Account

Its aim to:

- Support the development of a culture of continuous quality improvement which results in higher satisfaction and experience for service users, carers and their families
- Engage every member of staff because as quality is everyone's business and they have a key role to contribute to quality experience and continuous improvement
- Set out how goals for improvement will be identified and set
- Set out how we will measure and publish progress

The strategy is implemented through the Trust's Quality Governance framework. Service user and carer, staff and stakeholder engagement remains fundamental to the delivery of the strategy.

Progress and impact is monitored through the Quality and Safety (Q&S) Committee and Trust Board.

1.2.6 Quality highlights

Below are some of the quality highlights from 2018/19.

- Continued to be rated GOOD by the CQC and outstanding for 'caring' in our Children and Adolescent Mental Health Services (CAMHS)
- Our staff survey results were excellent - staff engagement remains high and we are one of the top performing trusts in many areas
- Maintained Royal College of Psychiatrists Accreditation for Inpatient Mental Health Scheme (AIMS)
- Maintained Royal College of Psychiatrists Memory Services National Accreditation Programme (MSNAP) accreditation
- Exceeded our target and achieved our highest ever uptake rate for flu vaccinations protecting our staff and service users from the flu virus
- Launched our Nursing Advisory Board, providing a forum for sharing best practice and supporting nurses to lead change to deliver improvements for patients
- Strengthened our commitment to provide cardio metabolic health assessment and treatment for people with psychosis across our service lines through 'Closing the Gap'
- Recruited a Lead Nurse for Physical Health and Wellbeing, to support delivery of the Trust's commitment to look after our service users' physical health alongside their mental health
- Trained more staff to deliver smoking cessation support to our patients
- Recruited a Staff Health and Wellbeing Lead, increasing initiatives to support staff health and wellbeing
- Introduced assistive technology to reduce harm caused by falls within Inpatient Services
- Undertook a comprehensive review of incidents, clinical practice and staff perceptions of 'disruptive and aggressive behaviour' informing a plan for improvement through 2019/20
- Strengthened our approach to reviewing Serious Incidents to maximize learning from these
- Embraced and embedded Duty of Candour at all levels
- Continued to improve our clinical environments through a Ward Refurbishment programme
- Launched the Inpatient Therapies Hub extending the range and access to therapies for patients within Hospital
- Enhanced our training programme for staff in suicide prevention and held a Trust wide learning event to share best practice in this area
- Continued to develop the role of Experts by Experience and widen the scope of their work in ensuring that service users and carers have a voice in service improvement
- Co-produced Trust standards to define 'Person Centred Care'
- Increased our capability in research and development working in partnership with Black Country Partnership NHS Foundation Trust
- Delivered a full programme of clinical audit within the Trust and ensured alignment of clinical audit to Trust's Quality Improvement Strategy
- Launched a programme to implement a Trust wide Electronic Patient Record System in partnership with Black Country Partnership Foundation NHS Trust

1.3 People and Relationships

1.3.1 *Involving and listening to our service users and carers*

As a provider of services, we are committed to ensuring that representatives of those people who use our services and their carers' are fully integrated within our decision-making and governance structures. On a day-to-day basis, we work closely with a wide range of service user and carer organisations across the two boroughs, seeking their views and ensuring their participation in the planning and delivery of services.

Understanding patient experience is important to the Trust in order to ensure that our services are developed and improved to meet service users' needs through listening to peoples' experiences and views, responding comprehensively to feedback and demonstrating what has improved as a result.

Here are some examples of how we engage service users and carers in our work:

- Experts by Experience (EBE) - An EBE is an expert volunteer who uses their experiences of mental health services, as a service user or a carer of someone with mental health problems, to influence the delivery and quality of services we provide. They also help represent the interests and views of other local service users and carers. We currently have 8 EBEs with each EBE bringing different skills and experience to the role to enhance the experience of services for our patients and carers
- Our Members – We have now recruited and retained over 7000 members - a proportion are service users and carers. By continuously engaging and involving our members we are becoming more accountable to our service users, carers, staff and the general public and can offer local people the opportunity to have a more direct influence on the way the Trust operates and develops. We send out various communications, such as surveys, invites to events, other information from stakeholders
- Mental Health Forum - The Trust runs a quarterly forum, which is well attended, by service users, carers, community groups, voluntary organisations and other public sector bodies. It is an opportunity to network, find out information, and ask questions. It is open to all service users and carers in Dudley and Walsall and provides an opportunity for people to express their views on our services. This year we have held sessions on the development of peer support, personality disorders, recovery and wellbeing, and employment and volunteering.
- Youth Engagement - we delivered a number of drop-in sessions with parents and children to give young service users the opportunity to share their views, opinions and ideas. The sessions led the development of a 'feedback tree' to be displayed in the CAMHS waiting areas, to enable young people to share their experiences. The tree was designed and painted by an EBE
- Supporting and listening to our carers - The Trust continues its commitment to the Triangle of Care initiative which is a programme that aims to improve support and information for carers and as recognition of carers as key partners in care. The Trust received a Gold star in recognition of the progress we have made. We have now delivered this programme within the community setting and are going for our second Gold star
- Patient stories - Patient stories are shared with Trust Board on a quarterly basis. The process involves asking patient about their experience of using Trust services and on what improvements could be made. A breakdown of the challenges and positive outcomes from the story are shared with the Board
- SED - Our Service Experience Desk offers advice and support to patients, service users, families and carers. They not only listen to concerns, comments and suggestions but receive compliments too. We have an online form and host drop-in sessions for people to share their concerns and ideas
- Patient information - We work with patients to develop our patient information leaflets. Taking our leaflets to local mental health groups and forums to have their say on the information
- Surveys - Continue to encourage feedback on services through the Friends and Family Test, community and inpatient mental health surveys and local user surveys. We are also implementing Patient Reported Experience Measures (PREMs) across the organisation, which are used to understand service users' views on their experience while receiving care. A standard set of core questions has been developed that are linked to the CQC's CREWS domains and will be asked in every service area to explore in more

depth the experience across our services, to highlight areas of good practice and any potential areas for improvement

- Recovery stories – we have worked with service users to articulate their story of recovery – we use recovery stories to describe an individual's journey of recovery to help inspire hope in others
- Engagement events - Inviting local groups and organisations to take part in Trust stakeholder event/workshops to help us plan for the future provision of mental health services in Dudley and Walsall
- Local service user and carer groups - We work with local groups and organisations to engage with service users and carers, to disseminate information and obtain feedback about Trust services, such as Healthwatch, Rethink Mental Illness and peer support groups
- Development of peer support in Inpatient Settings – EBEs secured £10,000 from Awards for All (National Lottery) to provide mentoring and befriending via peer support sessions and activity groups for service users admitted within the acute mental health wards at Dorothy Pattison Hospital and Bushey Fields. The project will provide emotional support to service users during their hospital stay by building self-esteem and confidence and reducing isolation, with the overall aim of enabling service users to achieve sustainable reintegration into the community, empowering them to lead more independent lives and leading to a meaningful recovery. The peer support project will be incorporated into the Therapeutic Hub and this will be built into the Therapeutic Hub Operational Policy

1.3.2 Our Staff

We support a culture that is based upon working openly and collaboratively to provide high quality services that put the experience of our service users at the heart of all that we do.

Around 1230 staff work for the Trust, the majority of whom are clinicians and “front-line” staff. They are our most important resource and without their dedication, we would not be able to provide the services that we do.

Communication is central to every organisation. When used effectively it supports the creation of a positive working environment, cements working relationships with internal and external stakeholders and sets the tone for the entire organisation.

We recognise that building a culture of two-way communication, is crucial in helping to ensure that staff feel recognised and valued. In order to develop and maintain effective communications, the Trust will promote a culture that:

- Is open, transparent and clear
- Encourages staff to suggest new ways of working
- Supports constructive feedback

Throughout 2018/19, we continued to strengthen how we communicate and engage with staff, which has increased involvement and positive feeling amongst colleagues. Examples throughout the year include staff embracing NHS70 celebrations, taking part in health and wellbeing initiatives and marking 10 years of the Trust.

We have also built our social media presence recognising many staff ‘like’ and ‘share’ stories about the Trust. Further to this, we recently introduced #DWMHandProud and more video content to our social media channels displaying the excellent work of the Trust and giving staff a sense of pride about working for the Trust.

We have developed a number of ways in which we engage and communicate with our staff including:

- **Ask the CEO** - A dedicated mailbox set up to encourage staff to email the Chief Executive any questions they may have
- Refreshed our **Team Brief** sessions encouraging more interactivity and focus on particular topics and learning for the Trust

- **Wednesday Wire** – a weekly news and information bulletin for all staff
- **Regular updates from CEO** – The Chief Executive will send regular emails to staff updating them on developments within the Trust
- **Freedom To Speak Up Guardian** - Acknowledging the on-going national challenges around bullying and harassment and following the recommendations from the Francis Report, in 2016 the National Guardians Office was set up to facilitate and support a national network of local Trust Freedom To Speak Up Guardians (FTSUG). This role which the Trust has appointed to is intended to create, support & maintain a Trust culture where staff can raise concerns, particularly those related to patient safety, which might otherwise ultimately result in whistleblowing
- **Staff Engagement Champions** – these are members of staff to act as 2-way channels for communication from staff to the executive and vice-versa
- **Staff Engagement Lead** – the Trust has a staff engagement specialist to ensure due attention is offered to the staff and their engagement, such as running focus groups and creating an action plan, agreed with the Trust's Board
- **Workplace Advisors (WPAs)** to offer staff resources / avenues to take if they have any issues
- A formal **Staff Partnership Forum** comprising recognised trade unions and other professional groups
- **On Board** - regular sessions which enable members of the Board to get out and about across all of our sites
- **The Exchange** –intranet for staff to access information on every aspect of Trust business
- **Active Desktop** – focused messages which appear on the desktop of all Trust computers and are seen by all users every time they login
- Membership magazine **"One in Four"** –magazine for all public and staff members of the Trust, providing information, news and updates on important mental health topics
- A **Twitter and Facebook** account where the public and staff can keep up to date with news
- The Trust has set up its own **You Tube** page where staff and the public can watch video content
- A **LinkedIn** page where we promote jobs across the Trust and key news stories
- **Staff Friends and Family Test** – careful analysis of these results is undertaken after each survey is completed, which has helped see a significant improvement in staff that would recommend the trust as a place to work or for treatment to friends and family

1.3.3 *Staff Health and Wellbeing*

The wellbeing of our staff continues to be of paramount importance to us as we recognise that this has a direct impact on clinical outcomes and the experience of patients. It is therefore important that our staff are energised, motivated and healthy.

The Trust is currently reviewing its Health and Wellbeing Group who have previously met bi-monthly to discuss and plan operational health and wellbeing activities and programmes for staff. The group currently consists of its newly appointed Workplace Wellbeing Coordinator, Human Resources, operational managers, Occupational Health and the Trust's Freedom to Speak Up Guardian/Staff Engagement Lead.

This group reports directly to the Trust's Workforce Committee and also monitors CQUIN targets and associated action plans.

Last year the Trust held health and wellbeing week. The Trust provided activities such as free health checks, organised walks and targeted communications throughout the week around different subject areas concerning health and wellbeing. The week focused more specifically on resilience, stress management and musculoskeletal conditions as our top reasons for sickness absence within the Trust.

The Trust continues to focus on developing meaningful relationships with its wider stakeholders ensuring they are kept up to date with Trust developments and providing them the opportunity to influence the delivery of services. Over the year, the Trust has participated in national and local events from NHS70 celebrations to shaping local health system priorities.

Below are some of the activities we have undertaken during the year. Over the last 12 months, the Trust has undertaken targeted wellbeing activities linked to National Awareness Days this included a week of mobile health checks for staff across different sites and participating in the 'On Your Feet Britain' campaign where the Trust encouraged staff to move more and sit less. Healthy walks were organised along with standing meetings.

In the Last 12 months, the Trust has also been successful in gaining a dedicated non-recurrent budget for Staff Health and Wellbeing. As part of the budget, a business case was approved for a dedicated resource to lead on the Staff Health and Wellbeing agenda. The Workplace Wellbeing Co-ordinator commenced in post in January 2019 on a 12 month fixed term contract.

The Trust has also been reviewing a range of benefits that can be offered to staff as part of staff wellbeing but also linking into the Trust's recruitment and retention strategy. In the final quarter of 2018/19 the Trust implemented a suite of flexible employee benefits and salary sacrifice schemes including Cycle to Work, White goods scheme, the Neyber financial wellbeing tool and a Lease car scheme for staff. The schemes will be managed via an online fully editable wellbeing platform through a company called Viv-Up.

The Trust will also be implementing, through Viv-up, an Employee Assistance Programme (EAP), which will provide all employees with a 24 hours advice and support line covering a range of wellbeing advice options and signposting to relevant NHS, 3rd sector and voluntary services.

Over the next 12 months, the Trust is planning to review the Health and Wellbeing Group, focus on embedding the Viv-UP wellbeing portal and promote the staff benefits available as well as planning and hosting a number of events for staff based around the areas identified as the top reasons for sickness absence and nationally recognised health campaigns. The Trust will also look to gain recognition for the strategy around workplace health and wellbeing by meeting the objectives in the Thrive at Work framework.

There will be an effort made to set up physical activity sessions, with Yoga taster sessions and walking groups experiencing previous success and still in demand. In addition, we will look to set up training that will be beneficial to staff from a health and wellbeing perspective, and regular information will be sent through communications.

1.3.4 Involving other stakeholders

We continue to focus on strengthening relationships with stakeholders and have undertaken a lot of work during the year to develop this.

At the heart of our Communications and Engagement Strategy 2015-19 is understanding stakeholders' needs and preferences, and ensuring that our messages are clear, targeted and consistent.

Below are some of the activities we have undertaken during the year.

Figure 6 Stakeholder engagement

Commissioners	<ul style="list-style-type: none"> • Attended local Mental Health Programme Boards • Hosted monthly Contract Review Meetings and quarterly Quality Reviews • Worked in partnership to develop services and pathways and address gaps and inconsistencies in service provision • Worked closely with CCG communications teams to support local initiatives such as NHS70 celebrations
GPs / referrers	<ul style="list-style-type: none"> • Engagement with GPs and commissioners on the development of place based models of care in Dudley • Highlighted relevant GP information via CCG communications channels • Created a GP resource page on our website • Clinicians attend regular forums providing education and input to GP Forums
Media	<ul style="list-style-type: none"> • Continued to develop relationships with local media responding to enquiries and proactively promoting news • Built on our national and regional profile. Alongside many positive news articles in local press, the Black Country Street Triage service featured in BBC One's Ambulance series. We also received local news and radio coverage for Perinatal Mental Health Services and one of our research trials.
Members and the public	<ul style="list-style-type: none"> • One in 4 member magazine distributed to our 7000+ members • Member emails highlighting Trust updates and events • Held an information and advice fair as part of the AGM including stalls from partners • Supported a number of national campaigns throughout the year including Mental Health Awareness Week, National Apprenticeship Week and LGBT and Black History Month • Quarterly Mental Health Forum focusing on mental health related topics including suicide prevention, understanding bi-polar disorder and coping with every day stresses
Local NHS providers, public sector / third sector organisations	<ul style="list-style-type: none"> • Attending local events to promote services • Utilising partners communication networks to promote services / service developments

We continue to develop relationships with stakeholders with an emphasis on encouraging two-way communications and engagement. Over the coming year there will be a continued focus on partnership working. Central to the success of this will be engaging with stakeholders.

For key communication and engagement documents please visit our website at <http://www.dwmh.nhs.uk/publications/>

1.3.5 Valuing, Equality, Diversity and Inclusion - creating a personal, fair and diverse NHS

This has been a year of consolidating our previous good work, delivering support differently, and facing up to new challenges, including the NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). The Trust continues to value equality, diversity and inclusion and ensure there will be no barriers for any group or individual receiving a good health outcome.

In addition, the Trust's commitment to equality, diversity and inclusion continues to be recognised by NHS Employers with whom we meet regularly to report on our work and to learn from the successes of other NHS organisations.

During 2018/19 the Trust has continued to fulfil its mission to embed equality and inclusivity throughout the organisation to enable the Trust to excel in equality, dignity and diversity practice. Tackling inequality and removing barriers in respect of equality, diversity and human rights through employment and the services provided remains a key strategic focus for the Trust.

In relation to the workforce, the focus has been on monitoring equality practices in terms of allegations of discrimination, bullying and harassment as well as removing any barriers that would prevent an individual from being able to fulfil their role. Further development on this agenda together with the continued progression of the Equality Delivery System 2 framework (EDS2) the continued implementation of the NHS Workforce Race Equality Standard (WRES), and the implementation of the Accessible Information Standard (AIS).

Trust's successes and achievements:

The Trust has successfully completed the following actions to meet its Public Sector Equality Duty (PSED), to comply with the EDS2 and incorporate equality, diversity and inclusion in all our work.

Equalities Information Data - the Trust published its equalities data on the 31st January 2019.

Workforce Race Equality Standard (WRES) – Continued to implement the requirements of the WRES and deliver on the 2018/19 Action Plan.

Accessible Information Standard (AIS) – Continued to implement the requirements of the AIS in engagement with staff and Expert by Experience service users and carers.

EDS2 Self-Assessment Grading – The Trust continues to progress with the EDS2 implementation action plan. The Trust completed the grading process in November 2018 and is implementing the EDS Objectives Action Plan.

Workforce Disability Equality Standard (WDES) – The Trust's E&D Lead is a member of the national NHS England's WDES Steering Group. The group have been developing the final metrics and technical guidance in readiness for implementation and reporting in 2019. The Group has carried out six regional consultation events with a view of seeking feedback on each of the WDES metrics.

Equality Objectives – Achieved progress and compliance with Trust's four Equality Objectives.

Equality Impact Analysis (Assessments) – Continued to carry out EqlA's for policies, procedures and service development areas.

Training – Increased E&D mandatory compliance targets to exceed over 90%. Delivered unconscious bias training and rolled out a cultural competency training series as part of the nurse preceptorship and nurse revalidation programmes.

Merit Vanguard – the Trust is part of an alliance comprising of other Midlands based Trusts to work in partnership. The Trust continues to lead on the MERIT vanguard Equality, Diversity and Inclusion workstream. The aim of the workstream is to continue to share good practice on all matters related to equality, diversity and inclusion to support equality, diversity and inclusion in the workplace. The workstream have presented to national groups and have been accredited with the EW Group Culture Pledge 2018/19.

Personal, Fair and Diverse (PFD) Champion - the Trust continues to support the NHS Employers national PFD campaign to encourage NHS staff to become Champions for a personal, fair and diverse NHS.

Cultural Ambassador Programme - A pioneering new voluntary role has been developed by the Royal College of Nursing in partnership with the Trust for a 12 month period. Ethnic minority staff

have been given the opportunity to be trained to be a member of investigation teams and panels for disciplinary allegations against Black and Minority Ethnic (BME) staff. The Trust has recruited five Cultural Ambassadors and has developed a standard operating procedure, which will ensure fairness in how BME staff are treated.

NHS Leadership Academy Stepping Up Programme - The Leadership Academy has launched and promoted an aspirant leadership programme to help develop BME leaders in healthcare with a number of programmes designed to change the oppressive culture some colleagues face. Many staff expressed an interest in this programme and a total of three staff were successful to join the programme and complete the course and share learning and develop mentoring opportunities to other BME staff.

Gender Pay Gap Report - The gender pay gap is an equality measure that shows the difference in average earnings between women and men. The Trust has reported on its snapshot data for 2018 and continues to provide quarterly updates to the Workforce Committee and Trust Board.

Celebrating Equality, Diversity & Human Rights Week (EDHR) - EDHR Week is to help staff gain a better understanding of a number of topics across the equality landscape. A communication campaign was launched during this week dispelling some of the myths surrounding equality, diversity and Inclusion. The Trust also launched the BME and Disability staff Networks during EDHR week.

Supporting staff with disabilities

We are committed to supporting staff that have a disability or become disabled during the demonstrating that we meet the standard to encourage and make adjustments for applicants with disabilities, and to guarantee an interview to those who meet the person specification for the post. We actively work with staff who become disabled to seek and make reasonable adjustments which will enable them to continue at work.

We also actively support staff with both physical and mental health needs and have a robust Occupational Health and Staff Support service. The Trust is a certified Disability Confident Employer.

The Trust is signed up to the Mindful Employer Charter. The Charter for Employers who are Positive About Mental Health is a tangible display of commitment to improving the working lives of staff.

All Policies are equality Impact assessed to ensure that there is no adverse impact on staff who may have a disability or if a disability should arise.

Positive about Mental Health - Mindful Employer Charter

The Trust is a signatory of the Mindful Employers Charter. As a Trust, we recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedure. This may discourage them from seeking employment
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with on-going issues

As an employer we:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the
- Equality Act 2010, and given appropriate interview skills
- Make it clear in any recruitment or occupational health check that people who have experienced mental

health issues will not be discriminated against and that disclosure of a mental health problem will

- enable both employee and employer to assess and provide the right level of support or adjustments
- Do not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant
- Provide non-judgemental and proactive support to individual staff who experience mental health issues
- Ensure all line managers have information and training about managing mental health in the workplace
- To support us to deliver our commitment to equality, diversity and inclusion we have established three staff networks, BME, Disability and LGBT chaired by members of staff. Through these networks staff have a voice and means to ensure that the experience of our staff and service users is positive and inclusive

1.4 Sustainability

During 2018/19 there has been continued progress in the delivery of the Trust's Sustainability Strategy. The key achievements are:

- Planning the proposed new build at DPH aspires to the BREEAM excellent standard (an assessment using scientifically based sustainability metrics and indices that covers a range of environmental issues. Its categories evaluate energy and water use, health and wellbeing, pollution, transport, materials, waste, ecology and management processes).
- Ensuring all capital schemes comply with latest guidance regarding use of sustainable materials. For example only using timber sourced from only sustainable sources
- Using LED light fittings as a replacement standard.
- Continuing to invest in upgrading of Building Management System to all Trust's premises
- Staff are actively encouraged to recycle / reuse various items not only within their own team, but also across the Trust; items include stationary, print consumables, furniture etc.

The Trust recognises the importance of their contribution in promoting sustainable development in order to reduce emissions, save money and improve the health of people and communities as it works towards the 34% reduction target for 2020.

Looking forward, the Trust will consider as part of its refreshed strategy opportunities to refresh our sustainable development strategy, including the use of a Salix grant, interest free finance to:

- Refresh our sustainable development strategy, including:
- Review of Trust Board approved Policy
- Explore specialist services to support the Trust in this work, whilst also considering if other opportunities may be viable through our new strategic partnerships

1.5 Health and Safety

The Trust is committed to providing a healthy and safe environment for, service users, visitors and staff, at all Trust properties.

Health and Safety Advice and Training is supplied under contract by Bradley Environmental.

Fire Safety Advice and Training is supplied under contract by STK Fire and Risk Management Ltd.

Both companies provide the services of dedicated Health and Safety and Fire Safety advisors to the Trust, to ensure the Trust meets and achieves a high standard of Health and Safety and Fire Safety.

The Trust regularly updates its Health and Safety and Fire Safety processes. An example of this is to incorporate any new relevant guidance issued from the Health and Safety Executive (HSE) into

existing policies or create new policies and procedures.

During 2018/19 the main focus has been to continue to embed the revised HSG65 (Management of Health and Safety guidance) as issued by the HSE early in 2014. This latest guidance stipulates that organisation's follow the Plan, Do Check, Act (PDCA) Management model. To achieve this, the Health and Safety Policy and Strategy documents have been rewritten to reflect these changes.

The aim is to ensure that every person within the Trust has an awareness of safety in all that they do and whomever they work with.

To ensure the Health and Safety and Fire Safety of all persons who frequent the Trust, the following areas of Health and Safety and Fire Safety work are carried out regularly:

Property

- Full Annual Health and Safety audits are carried out by the Health and Safety Advisor to ensure Health and Safety standards are maintained.
- Quarterly Health and Safety audits are carried out by Ward and Office based staff.
- The Fire Safety Advisor carries out annual inspections of all Trust sites.
- The Fire Safety Advisor also carries out monthly walk round inspections of all Hospital sites.
- The results of these inspections and audits are reported to the Estates department for any remedial work. These reports are also presented to Trust Health and Safety Committee who meet on a bi-monthly basis.

Training

Training is currently being delivered to all staff to underpin this, both through H&S training and Link Worker training to encourage staff to volunteer to be H&S Ambassador's.

A new format of Fire Safety Training for all inpatient staff that incorporates "Tabletop Evacuation" training has also been started in February of 2019.

To underpin the managerial responsibility and leadership all Trust staff received their mandatory Health and Safety and Fire Safety training. The throughput targets have been achieved for both sets of mandatory training.

Incident investigations

All Health and Safety related incidents are reported via an online incident reporting system. The Health and Safety Advisor monitors all Health and Safety related incidents and carries out investigations where required.

RIDDOR

To ensure compliance with the requirements of "The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations" (RIDDOR), accidents and incidents are reported (when required) to the HSE. In the last year there has been a good reduction in the number of incidents that have been reported to the HSE. This is a 50% decrease on the previous year when 13 incidents were reported. Unfortunately, the key reason for RIDDOR reports is still physical assaults on Trust staff by service users.

Previous efforts to reduce this type of incident have proved successful and we will continue to improve patient risk assessments, training and incident monitoring and reporting for 2018/19.

HSE Inspectors

The Trust has not received any notices of Improvement, Prohibition or Enforcement from the HSE or the Care Quality Commission (CQC) in relation to matters of Health and Safety.

1.6 Planning for the Unexpected

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. This could be anything from extreme weather conditions to infectious disease outbreak or a major transport accident or terrorist attack. This work is referred to in the health service as “emergency preparedness, resilience and response” (EPRR) and is underpinned by legislation contained within the Civil Contingencies Act and the NHS Act 2006 (as amended).

As a specialist mental health Trust, the role that we would play in responding to such an incident would be very different from that of our health partners. Our main focus is to ensure that internal business continuity procedures are embedded across the entire organisation through effective planning and rehearsal.

Under the Civil Contingencies Act 2004 (CCA), there is a statutory requirement for all NHS organisations categorised as Category 1 responders to have appropriate emergency planning and business continuity arrangements in place.

In terms of how the Trust fits into the CCA 2004, mental health providers including other specialist service providers are not listed. However, Department of Health and NHS England guidance expects them to plan for and respond to emergencies and incidents in a manner that is relevant, necessary and proportionate to the scale of the services provided.

This means that the focus for the Trust is on developing and embedding appropriate business continuity arrangements to ensure it can effectively meet the challenges of incidents that can disrupt the continuity of its critical and essential services as described by the NHS England Emergency Preparedness, Resilience and Response Framework 2015.

The minimum requirements, which providers of NHS funded services must meet, are set out in the current NHS England Core Standards for EPRR. The standards are in accordance with the CCA 2004 and the NHS Act 2006 (as amended).

The NHS Standard Contract Service Conditions require providers to comply with the EPRR guidance. Therefore, commissioners must ensure providers are compliant with the Core Standards as part of an annual assurance process.

To monitor compliance, the Trust must assess itself against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) on an annual basis and submit the assessment to both NHS England and the CCGs. The Trust has been assessed as substantially compliant against the Standards for 2018/19.

Business Continuity is about maintaining our ability to deliver essential services during a critical incident or emergency situation e.g. a major security incident or an influenza pandemic. Effective Business Continuity Management is therefore about the identification, management and mitigation of particular risks to our ability to deliver these essential services. The Trust has a Business Continuity Management Policy and associated Business Continuity Plans to meet this need.

In producing the Business Continuity Policy and associated plans, a suite of business continuity models, standards and tools have been consulted, including the statutory guidance on business continuity contained in Chapter 6 of the Emergency Preparedness document, published by the Government in support of the Civil Contingencies Act 2004.

The model adopted accords with the best practice expectations placed upon all NHS organisations in the NHS England Business Continuity Management Framework (service resilience) 2013 and the associated requirements listed in the NHS England Core Standards for Emergency.

Preparedness, Resilience and Response (EPRR) being:

- a. Fully aligned with the methodology outlined in the International Organisation for Standardisation's ISO 22301 *Societal security – Business continuity management systems – Requirements* and in particular the supporting ISO 22313 *Societal security – Business continuity management systems –*

- Guidance which provides crucial detail in how best to implement the ISO 22301 standard
- b. Reflective of the British Standards Institute's PAS 2015:2010 *Framework for health services resilience* developed for the NHS

The BCM policy describes the strategic framework of how the Trust manages its business continuity planning. The associated business continuity plan describes how the Trust plans for emergencies / incidents, including its response arrangements should an incident occur, that requires assessment, monitoring and response to ensure the Trust can effectively maintain service delivery. In addition, there are a number of other policies, procedures and operational arrangements that underpin the Trust's resilience arrangements across the Trust.

The BCM policy and associated plans are regularly reviewed, tested and updated and have been effectively utilised to successfully manage an array of actual incidents.

1.7 Key strategic risks / issues

The Board Assurance Framework included five strategic risks, these are outlined below. These strategic risks continue from the previous year.

Figure 7 Strategic risks

RISK REFERENCE	Risk Description
SR1	Sustainability of the Organisation
SR2	Long term financial sustainability
SR3	Achieving quality of care
SR4	Ability to recruit and retain staff
SR5	Management, Maintenance and Strategy for the Estate

1.8 Our 2019/20 Plans

The past year has been pivotal for our Trust and for mental health services in general and gives us a solid foundation on which to build the highest quality mental health service provision and a brighter future for services across the Black Country.

We were delighted to maintain our CQC rating of "good" and to receive our first "outstanding" for care delivered in CAMHS. The past three years has seen us make steady progress towards "outstanding" and puts us in a strong position to make even further progress in 2019 / 20. In addition, we are a high performing trust, delivering financial balance, performance expectations and have some of the best staff survey results in the country.

2018/19 saw us agree to proceed with a merger with Black Country Partnership NHS Foundation Trust (BCPFT) to harness the synergies, best practice, skills and expertise of our staff to make a step change in improvement in services available to our service users and carers.

It will also bring great opportunities for shared learning, staff development and organisational resilience, as we become one NHS Trust. At the heart of this work is the development of a strong clinical vision that has wide involvement of staff and stakeholders.

In January, the boards of both Trusts signed off our strategic case, which outlines why we believe that joining together as one organisation is the best thing to do for staff, patients and our local

communities.

The NHS ten year plan was launched at the end of the year and brings with it a significant shift in focus on mental health services along with considerable investment with which we can ensure that more people receive the care they need at the right time and in the right place. The approach for delivery of mental health services described in the ten year plan is in line with our clinical model we have developing as a trust – that being the benefits of delivering services at all levels be it primary care, borough or Black Country.

As we look forward to planning for 2019/20, we do so with confidence that mental health services across the Black Country will benefit from both our emerging partnership with BCPFT and from the renewed vision and investment in services as part of the NHS ten year plan.

Our plans for 2019/20 will focus on the following:

- Playing our part in delivering place based system reform for mental health
- Embracing our partnership with BCPFT to deliver high quality, sustainable, effective services across the Black Country, in particular, strengthening core mental health services
- Harness best practise and economies of scale from our partnerships
- Provide more services locally for our communities
- Continue to foster a culture of openness and transparency for staff and service users
- Build on excellent engagement to allow our members, ambassadors and service users more opportunity to shape mental health services

In particular, we will:

- Continue to improve and enhance our services to achieve “outstanding”
- Work closely with BCPFT and our stakeholders to deliver a successful merger

Our annual plan describes our approach to delivering our priorities for the forthcoming year and describes the synergy with our STP and other local partnerships.

2 Performance Analysis

2.1 Managing trust performance

Over the course of 2018/19, we have continued with the use of OASIS and PC-MIS and the data warehouse which has enabled high quality Business Intelligence to be used to inform strategic and operational decisions at all levels of the organisation.

The key achievements for Performance and Information for 2018/19 include to:

- Enhanced Business Intelligence reporting Hub
- Significant assurance was given following an Internal Audit on the reporting of 7 day follow ups
- A clinical coding audit concluded the Trust was maintaining a good standard of clinical coding accuracy
- EPR procurement commenced following sign off of strategy and business case by the Trust Board
- Continuing the delivery of extensive data quality project actions to enable accurate reporting across a wide range of metrics including national, local and service transformation quality indicators

The key aims for Performance and Information for 2019/20 include to:

- Complete new EPR system implementation in partnership with Black Country Partnership Foundation Trust
- Develop and update the Performance report to reflect 2019/20 contractual Key Performance Indicators (KPI)
- Ensure the Trust is compliant with the standards set in the Data Quality Maturity Index – which will be monitored via a CQUIN
- Produce Trust information submissions to reflect all statutory returns, such as Mental Health Service Data Set (MHSDS)
- Produce the Adult Community and Inpatient Benchmarking for the Benchmarking Network and others where appropriate
- Prepare the Community survey and the patient dataset Quality Health
- Maintain full compliance with the Data Security Standards

2.2 Measuring the standards of our service

We have continued to make improvements to our performance management and reporting framework in 2018/19 and these changes have led to the availability of more timely and accurate data at all levels, as well as improved clinical engagement through performance information. To support real-time, flexible reporting of performance and support of business decision making, we have enhanced the suite of reports available via the BI Hub to front line services.

The Trust reports on all key performance metrics to the Contracted Activity and Review Meeting (CARM) and the Finance and Performance Committee (F&P). The F&P Committee is held every month, chaired by a Non-executive Director, with another Non-executive Director, Trust Chief Executive, Director of Finance, Performance and IM&T and Director of Operations, Director of Nursing, Medical Director, Director of People and Estates in attendance.

The Trust reports monthly to Dudley and Walsall Commissioners through monthly contract review and clinical quality review meetings on achievements against a suite of Contractual Key Performance Indicators (KPIs) and Quality Improvement measures. These meetings are attended by Commissioners, the Contract Manager, the Associate Director of Nursing and the Associate Director of Operations.

A performance report covering the following key areas of performance is reviewed at the monthly Contracted Activity Review Meeting and the Finance and Performance Committee:

- Month on month activity, together with analysis and comparison of activity levels in previous years
- Month on month performance against contractual KPIs
- Month on month performance against National Measures Indicators
- Month on month performance against internal Service Transformation Quality Indicators
- Data quality improvement

2.2.1 Performance Dashboard 2018/19

The Trust manages and monitors indicators at all levels across the Trust. An Integrated Performance Dashboard example is shown giving the trends over the last 12 months.

Figure 8 Month 12 performance dashboard

Integrated Trust Performance Dashboard 2018/19 Month 12						
Quality and Safety						
Indicator	Period	Target	Actual	RAG	Trend	
CQC Conditions or Warning Notices	YTD	0	0	G		
7 Day Follow Up on Inpatient Discharges	YTD	95%	96.47%	G		
CPA – Review in 12 months	YTD	95%	96.08%	G		
CPA – Copies of Care Plans	YTD	95%	96.52%	G		
Delayed Transfers of Care (all reasons)	Monthly	<7.5%	4.02%	G		
CRHT Gate Keeping of Inpatient Admissions (YTD-Walsall CCG)	YTD	95%	100.00%	G		
Never Events	YTD	0	0	G		
Incidents	Monthly	320	491	A		
Serious Incidents	Monthly	<4	6	A		
Falls Resulting in Severe Injury/Death	Monthly	0	0	G		
Grade 3 or 4 Pressure Ulcers (whilst in our care)	Monthly	0	0	G		
MRSA Bacteraemia	Monthly	0	0	G		
Mixed Gender Breaches (Wards)	Monthly	0	0	G		
Trust Compliance Rate	Monthly	Between 90-120%	108.86%	G		
Staffing Rate - Day RMN	Monthly	Between 90-120%	101.21%	G		
Staffing Rate - Day HCA	Monthly	Between 90-120%	97.19%	G		
Staffing Rate - Night RMN	Monthly	Between 90-120%	85.55%	A		
Staffing Rate - Night HCA	Monthly	Between 90-120%	114.16%	G		
Service User Experience						
Indicator	Period	Target	Actual	RAG	Trend	
Friends and Family Test - % of Promoters (CQUIN)	Monthly	70%	70.14%	G		
New Complaints	Monthly	13	12	G		
New Concerns	Monthly	<23	26	A		
% Complaints/Concerns regarding Care/Treatment	Monthly	80%	42.00%	G		
Compliments (Month)	Monthly	35	31	A		
Response Breaches	Monthly	30%	43.00%	A		

Efficiency					
Indicator	Period	Target	Actual	RAG	Trend
Out of Area Placements	Monthly	TBC	3	N/A	N/A
Bed Occupancy (Inc Leave)	Monthly	86%	94.12%	G	
Bed Occupancy (Exc Leave)	Monthly	75%	82.88%	G	
EIP Access Rates	Monthly	50%	76.92%	G	
Memory Assessment Service - Face to face initial assessment to be made within 20 days	Monthly	95%	97.40%	G	
Completion of NHS Number on MHMDS	Monthly	99%	99.51%	G	
Completion of Ethnicity Code on MHMDS	Monthly	90%	90.51%	G	
Activity Against Contract (NHS Activity)	YTD	330,810	351,014	G	
IAPT - people receiving Psychological Therapies	Monthly	838	888	G	
IAPT - people who have successfully completed treatment (Dudley)	Monthly	50%	53.04%	G	
IAPT - people who have successfully completed treatment (Walsall)	Monthly	50%	52.34%	G	
% Estates Jobs Completed	Monthly	N/A	68.00%	N/A	
Number of Jobs Completed Estates	Monthly	N/A	337	N/A	

Resources					
Indicator	Period	Target	Actual	RAG	Trend
Liquidity Ratio (days)	Monthly	1	1	G	
Capital Servicing Capacity (times)	Monthly	1	1	G	
I&E Margin Rating	Monthly	1	1	G	
I&E Margin Variance from Plan	Monthly	1	1	G	
Agency Metric	Monthly	2	3	A	N/A
CIP Against Plan (FYE of Delivery)	Monthly	£3,071	£3,053	A	
Income Against Plan (£000)	YTD	£72,373	£72,699	A	
Performance against Budget (£000)	YTD	B/Even	£22	G	
Cumulative Agency Spend as a % of Total Employee Benefits	YTD	6.70%	8.05%	R	
Vacancy Rate	Monthly	10.00%	11.17%	R	
Turnover - Rolling 12 Month	12 Month Rolling	10-13%	12.13%	G	
Sickness - in Month	Monthly	4.68%	4.44%	G	
Sickness - Rolling 12 Month	12 Month Rolling	4.68%	4.37%	G	
Appraisals	Monthly	85%	87.18%	G	
Mandatory Training (Aggregated)	Monthly	90%	90.04%	G	

2.3 Quality and Safety

2.3.1 *Managing the Quality of our services*

All staff working within the Trust has a duty to ensure the delivery of high quality, safe, effective and person centered services, which are continually reviewed, monitored and improved. Quality is at the heart of everything that we do and is rooted in our core values and culture of openness and transparency.

The Trust's Quality and Safety Committee has overarching responsibility for patient safety and quality and for the monitoring and assurance of quality performance. Underpinning this Committee's function are service line Quality Groups and Clinical Quality Review Meetings that are held with commissioners.

The Trust has an established, yearly process for identifying quality priorities based on intelligent data and risk profiles, from which targeted quality improvement plans are developed. The quality improvement plans set out measures of success and objectives, and are delivered through a project management approach. Monitoring of the implementation and impact of projects is via quarterly reports to the Quality and Safety Committee.

An annual Quality Account is produced by the Trust that sets out its quality priorities and then reports on outcomes in delivering these. Most importantly this Account is subject to scrutiny by commissioners, Health Overview and Scrutiny Committees, Health Watch, Experts by Experience and service users. This forms crucial assurance with regard to evidencing the Trusts track record of embedding quality outcomes.

The Trust continues to embed a positive culture of learning lessons and has adopted national guidance on 'Just Culture' to support learning and continuous improvement. Integral to this are 'embedding lessons meetings' a key governance process, linked to risk management and incident reporting policies, that facilitate learning, sharing and implementation of key lessons following serious incidents across all service lines. This is delivered through the Trust's Embedding Lessons procedures which are supported by Trust-wide Embedding Lessons and Triangulation meetings which aim to review data from various quality governance sources (e.g. complaints, incidents, audit, experience surveys, staff surveys and safeguarding) in order to identify wider learning opportunities and ensure a robust response to themes in learning.

The Trust Board remains committed to fully embedding Quality across the Trust and continues to undertake self- assessments against the Well-Led Framework which reviews the Quality and Corporate Governance arrangements of the Trust. The Well-Led Framework outlines key governance questions referencing good practice and how the Trust evidences compliance with the following:

- The Board having a credible strategy and robust plan to provide quality, sustainable services to patients and aware of the potential risks to the delivery of current and future services
- The Board having the skills and capability to lead the Trust, with an open, transparent and quality focused culture, supporting continuous learning and development
- Clear lines of accountability in relation to Board and Quality Governance, with defined processes for escalating and resolving issues and managing performance
- The Board actively engaging patients, staff and other key stakeholders on quality, operational and financial performance
- The appropriateness of information on organisational and operational performance being that is being analysed and challenged and the effective use of quality information

2.3.2 Quality Dashboard

The Trust manages and monitors the following quality improvement indicators at all levels across the Trust. A Quality and Safety Dashboard example is shown giving the trends over the last 18 months.

Figure 9 Month 12 Quality dashboard (snapshot from Integrated Performance Dashboard)

Quality and Safety					
Indicator	Period	Target	Actual	RAG	Trend
CQC Conditions or Warning Notices	YTD	0	0	G	
7 Day Follow Up on Inpatient Discharges	YTD	95%	96.47%	G	
CPA - Review in 12 months	YTD	95%	96.08%	G	
CPA – Copies of Care Plans	YTD	95%	96.52%	G	
Delayed Transfers of Care (all reasons)	Monthly	<7.5%	4.02%	G	
CRHT Gate Keeping of Inpatient Admissions (YTD-Walsall CCG)	YTD	95%	100.00%	G	
Never Events	YTD	0	0	G	
Incidents	Monthly	320	491	A	
Serious Incidents	Monthly	<4	6	A	
Falls Resulting in Severe Injury/Death	Monthly	0	0	G	
Grade 3 or 4 Pressure Ulcers (whilst in our care)	Monthly	0	0	G	
MRSA Bacteraemia	Monthly	0	0	G	
Mixed Gender Breaches (Wards)	Monthly	0	0	G	
Trust Compliance Rate	Monthly	Between 90-120%	108.86%	G	
Staffing Rate - Day RMN	Monthly	Between 90-120%	101.21%	G	
Staffing Rate - Day HCA	Monthly	Between 90-120%	97.19%	G	
Staffing Rate - Night RMN	Monthly	Between 90-120%	85.55%	A	
Staffing Rate - Night HCA	Monthly	Between 90-120%	114.16%	G	

2.3.3 Contractual quality requirement goals agreed with commissioners

For 2018/19, the Trust monitored 27 contractual Key Performance Indicators (KPIs). All of these metrics were either mandated nationally or negotiated locally with the host CCG's during the negotiation round.

The table below shows the performance levels achieved for the KPIs where thresholds were finalised in the year.

Figure 10 Contractual KPI's Performance in 2018/19

Contractual KPIs		Target	Achieved
1	Referral to Treatment Time – Incomplete	>92%	96.9%
2	7 day follow up on Inpatient Admissions	>95%	97.1%
3	Delayed Transfers of Care (All Reason)	<7.5%	5.8%
4	Completion of NHS Number on MHSDS	>99%	99.6%
5	Completion of Ethnicity Code on MHSDS	>90%	90.6%
6	Copies of Care Plans (CPA caseload)	>95%	96.5%
7	Percentage of people experiencing a first episode of psychosis	>50%	77.3%
8	The proportion of people that wait six weeks or less from referral to their first IAPT treatment appointment	>75%	89.2%
9	The proportion of people that wait 18 weeks or less from referral to their first IAPT treatment appointment	>95%	99.9%
10	Completion of IAPT Minimum Data Set outcome data	>90%	98.8%
11	The proportion of users on CPA who have had a review within the last 12 months	>95%	96.9%
12	Proportion of in-scope patients assigned to a cluster	Walsall>95%	95.3%
13	IAPT– People who receive psychological therapies – attending one session only	Dudley>5724	Dudley – 4560
		Walsall>4620	Walsall - 4325
14	IAPT – people who have successfully completed treatment	>50%	Dudley - 55.5%
			Walsall - 57.1%
15	CRS - proportion of patients seen within 6 weeks.	Dudley>75%	92.7%
16	PT Hub - proportion of patients seen within 18 weeks.	Dudley>95%	99.3%
17	Eating Disorders - % of children & young people who receive treatment within four weeks of referral for routine cases	Walsall>95%	92.7%
18	Eating Disorders - % of children & young people who receive treatment within one week of referral for urgent cases.	Walsall>95%	100%
19	PLT - number of patients seen on the wards within 24 hours.	Dudley>85%	98.2%
20	PLT - number of patients seen in A&E assessed within 4 hours.	Dudley>95%	97.9%
21	Proportion of patients within cluster review periods.	Dudley>95%	92.3%
22	Number of CPA patients assessed using DWRDM	Dudley>95%	92.8%

The Trust's overall performance against the commissioners' KPIs is very positive and has improved throughout the year.

Significant improvements have been made in data quality and the Trust meets regularly with commissioners to discuss performance and quality.

The Trust is fully aware of areas it needs to improve and is working closely with commissioners to achieve this.

2.3.4 Quality Account Priorities

In 2018/19, we have continued to implement our second Quality Improvement Strategy 2016-2020 and promote a culture of on-going quality improvement throughout the services delivered.

In 2018/19, we set ourselves 4 quality account priorities; the table below shows the progress we made against these.

To ensure the priorities are mapped into the Trust Quality Governance Framework, a full quarterly update is provided to the Quality and Safety Committee, detailing progress and an overview of outcomes and exceptions.

Figure 11 Progress against our quality account priorities

Quality Improvement Priority	Description	Progress
Patient Safety First Approach	The Trust is committed to providing harm free care to patients; reducing and preventing any unintended or unexpected event that could lead to harm	<p>Continued work to promote a culture of reporting of incidents and learning.</p> <p>Work to review aggressive and disruptive behaviour across services and to gather staff perceptions on staff safety leading to actions to improve management of violence and aggression.</p> <p>Continued progress in the development of the Trusts suicide prevention strategy Including :-</p> <ul style="list-style-type: none"> - Delivery of Trust wide Learning events - Review and enhancement of training for staff in suicide prevention - New model ward - Revised dual diagnosis policy - Working in partnership across the health economy <p>Continued implementation of falls prevention programme which has included the introduction of assistive technologies for falls prevention.</p>
Using technology to improve care and recovery	The Trust is committed to using technology and innovation to improve care and promote recovery. Working from the NHS Five Year Forward Plan the Trust will continue to realise and embed technology where possible to improve outcomes for service users and staff.	<p>Collaborative working with Black Country Partnership Foundation Trust established for EPR (Electronic Patient Records).</p> <p>Scoped usage of Skype as a tool to improve communication with service users and equipped identified teams with the technology.</p> <p>Moving towards introduction of Electronic prescribing.</p> <p>Electronic rostering further expansion of system including, mobile app, appraisal and supervision recording, safer staffing reports.</p>
Improving inpatient care and experience	The Trust is committed to improving the quality of inpatient service user care and experience. Following feedback from the CQC the Trust continues to undertake targeted work to improve the quality of inpatient services, to move the service towards a CQC rating of 'Outstanding'.	<p>Maintaining national Accreditation for Inpatient Mental Health Services (AIMS) hosted by the Royal College of Psychiatrists (RCP).</p> <p>Introduction of inpatient therapeutic hub providing improved therapeutic activities for inpatients. This has included scoping improvements to the therapeutic environment.</p> <p>Seven day activities programme reviewed and embedded across all wards.</p> <p>Programme of refurbishment of inpatient wards undertaken to improve the physical environment, with one ward completed in November 2018.</p>

Making sure care pathways are person centered and effectively support recovery	The Trust is committed to ensuring care pathways are person centered and effectively support recovery. The Trust will continue to improve its person centered which enhance communication and timely access to care.	Trust wide mapping exercise undertaken of person centered approaches undertaken within existing pathways to ensure consistency in standards across pathways. Trust wide standards established for person centered care. The recent Care Quality Commission (CQC) publication 7th February 2019 sited Trust compliance against regulation 9, person centered care, with staff demonstrating kindness, compassion, respect and individualised care planning.
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2.3.5 CQUINs

A proportion of the Trust's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between the Dudley and Walsall Mental Health Partnership NHS Trust and the commissioners through the Commissioning for Quality and Innovation (CQUIN) framework. CQUIN is a national initiative which aims to embed demonstrable quality improvements within the commissioning cycle for NHS healthcare.

For 2018/19, the Trust continued with the 2 year five national CQUIN schemes with a total value of £1.45m. The schemes cover a range of services including the four quality domains of Patient Experience, Safety, Effectiveness and Innovation.

The CQUIN scheme indicators summarised below.

Figure 12 National 2018/19 CQUINs Schemes

Scheme Title	
1.	NHS Staff Health and Wellbeing
2.	Child and Young Person MH Transition
3.	Physical Health for people with Severe Mental Illness
4.	Improving services for people with mental health needs who present to A&E
5.	Preventing ill health by risky behaviours – alcohol and tobacco

The final performance results for 2018/19 are expected in May 2019 following the quarter 4 submission at the end of April. It is expected that there will be an under performance to the value of £230k for 2018/19.

2.3.6 Serious Incidents

Figure 13 Reported Incidents 2018/19

	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
SI's	5	3	4	4	5	1	7	7	3	2	1	6
All Incidents	480	490	455	466	434	460	459	477	490	445	505	488
PSI	256	227	201	215	212	227	263	222	227	250	244	245

2.3.7 Patient Safety related incidents

Figure 14 Patient Safety Related incidents Submitted to the NRLS

	Number of Incidents per 1000 bed days	Median – per 1000 bed days	Percentile of 56 other reporters within mental health cluster
1 st October 2016 – 31 st March 2017	44.33	44.33	Middle 50%
1 st April 2017 – 30 th September 2017	63.29	42.66	Middle 50%
1 st October 2017 – 31 st March 2018	59.3	*	No evidence of potential under reporting
1 st March 2018 – 30 th September 2018	46.65	*	No evidence of potential under reporting

NB: NRLS reporting format has changed; data field no longer available.

Figure 15 Patient Safety Related incidents

	None	Low	Moderate	Severe	Death	Total
1 st October 2016 – 31 st March 2017	738	464	19	0	9	1230
	60%	37.7%	1.5%	0	0.7	
1 st April 2017 – 30 th September 2017	961	660	36	2	9	1668
	57.6%	39.6%	2.2%	0.1%	0.5%	
1 st October 2017 – 31 st March 2018	1083	522	22	0	5	1632
	66.4%	32%	1.4%	0%	0.31%	
1 st March 2018 – 30 th September 2018	690	599	29	0	12	1330
	51.9%	45%	2.2%	0%	0.9%	

2.3.8 Patient environment

According to NHS England, “Good environments matter”. The expectation is that every NHS patient should be cared for with compassion and dignity in a clean and safe environment and that if patients believe that standards fall short then they should be able to hold the service and its management to account.

The annual Patient Led Assessment of the Care Environment (PLACE) was introduced in early 2013 and replaced PEAT (Patient Environment Action Team).

The Trust PLACE 2017 assessments were completed on all hospital sites between March and May 2017. This information, along with all other PLACE assessment data was subsequently collated together to create the PLACE 2017 Action Plan. Since October 2017 Estates have been working on the failures report, with many maintenance works carried out. Dementia signage is in progress of being updated. PLACE 2017 results were published on 15th August 2017 by NHS Digital; link to the full publication below:

<http://digital.nhs.uk/catalogue/PUB21325>

2.3.9 Patient Led Assessment of the Care Environment (PLACE) 2018

Patient Led Assessment of the Care Environment (PLACE) are self-assessments of a range of non-clinical services which contribute to the environment in which healthcare is delivered in the both the NHS and independent/private healthcare sector in England.

The assessments are led by local people (known as Patient Assessors) going into our inpatient buildings with 10 or more beds as part of teams to assess how the environment supports the provision of clinical care, assessing such things as privacy and dignity, food, cleanliness and general building maintenance and, more recently, the extent to which the environment is able to support the care of those with dementia. The assessment does not cover clinical care provision or how well clinical staff are doing their job.

The organisation is given notice to conduct an assessment and report on the nominated site. The wards and departments are not aware of the inspections until the Team arrives. The Team always introduce themselves to the person in charge and will never impact on the care being given to patients.

Assessment Areas:

- Bloxwich Hospital
- Dorothy Pattison Hospital
- Bushey Fields Hospital

PLACE Results and Analysis

The table below shows the high-level scores for each site assessed in 2018 and how this compares to the Organisational Average for 2018 also the National Average 2018.

Figure 15 Summary PLACE results

	Cleanliness	Food*	Organisation Food	Ward Food	Privacy	Condition	Dementia	Disability (New)
National Total Average 2018	98.47	90.17	89.97	90.52	84.16	94.33	78.89	84.19
Organisational Average 2018	96.16	86.06	74.67	98.15	86.81	92.67	87.00	86.61
Bloxwich	94.24	87.55	74.67	98.27	88.39	87.74	94.21	89.10
Variance to National scores	4.23	2.62	15.30	7.75	4.23	6.59	15.32	4.91
Dorothy Pattison	95.44	84.05	73.08	97.82	87.50	92.55	80.23	87.75
Variance to National scores	3.03	6.12	16.89	7.30	3.34	1.78	1.34	3.56
Bushey Fields	97.41	86.29	74.51	98.24	85.97	94.50	86.96	85.27
Variance to National scores	1.06	3.88	15.46	7.72	1.81	0.17	8.07	1.08

Year on year the criteria and questions have changed, therefore it is not possible to compare accurately any data with last year.

2.3.10 Duty of Candour

The Trust approach:

Duty of Candour procedures have contributed to the further development of a patient centered model of care. There has been a robust procedure developed for identifying incidents that fall within the set criteria and follow up has been consistent.

Incident data has been reviewed and followed up to give assurance that the process for Duty of Candour has been followed and evidenced. Systems have been developed to capture and evidence compliance with the Duty of Candour regulations.

Furthermore where incidents have taken place that do not necessarily meet the criteria of the Duty of Candour regulations, there is evidence to support a positive open culture exists; evidenced through clear documentation within electronic incident forms and in care records.

There have been 21 cases during 2018/19 where the process for Duty of Candour has been applied. All cases were investigated as serious incidents.

Figure 16 Number of Trust Incidents where the Duty of Candour process has been enacted.

	2018									2019		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Duty of Candor applied	4	1	1	1	1	1	1	5	1	1	1	3*

*3 additional cases are currently under review

2.3.11 National Health Service Authority (NHSLA) (Name change - NHS Resolution) Compliance

Following a change in approach the NHSLA confirmed there were to be no further standard based assessments after March 2014; however, the Trust is still committed to demonstrating compliance with these standards as they show an on-going commitment to the proactive management of risk within the organisation. Compliance with these standards and ensuring the on-going suitability of policies pertaining to NHSLA standards continues to be overseen by both the Trusts Policies and Procedures Focus Group and the Trust's Quality and Safety Committee".

2.3.12 National Clinical Audits and Confidential Enquiries

During April 2018 to March 2019, four National Clinical Audits and one National Confidential Enquiry covered NHS services provided by Dudley and Walsall Mental Health Partnership Trust. These were:

- Prescribing Observatory for Mental Health (POMH): The use of clozapine
- Commissioning for Quality Innovation (CQUIN) Early Intervention in Psychosis Spotlight
- National Audit for Care of End of Life (NACEL)
- Commissioning for Quality Innovation (CQUIN) Improving physical healthcare to reduce premature mortality in people with severe mental illness(PSMI)
- National Confidential Enquiry into Suicide and Homicide

During that period the Trust participated in 100% of the National Clinical Audits in which it was eligible to participate in and a summary is provided below:

Figure 17 National Clinical Audits

Audit Title	Participation	% Cases Submitted
POMH: Prescribing Clozapine	Yes	No set sample size 30 submitted
EIP Spotlight audit (NCAP)	Yes	107 cases submitted 100% of requested sample group
National Audit for Care of End of Life (NACEL)	Yes	Criteria Met
CQUIN: Improving physical health care	yes	108 cases submitted 100% of requested sample group

2.3.13 Local Clinical Audits

The Trusts own Quality Priority Audits for 2018/19 were derived from a number of key sources including trend analysis of incidents, complaints, commissioner requests, national best practice guidelines (e.g. NICE) and to gain assurance with regards to newly embedded processes and to ensure embedded quality processes were safe and effective. A selection of audits commissioned to support these processes and the key findings or recommendation arising from these audits is detailed in the table below:

Figure 18 Trust Priority Local Clinical Audits

Title of Audit	Summary of Actions / Recommendations
CQUIN Part 3b: Communication with GP's (Local audit requirement)	<p>The audit forms the second part of the 'Improving physical healthcare to reduce premature mortality in people with severe mental illness (PSMI) CQUIN'. The purpose of the audit was to evidence that patients have either an updated Care Programme Approach Care Plan or a comprehensive discharge summary shared with their GP. The overall audit results are positive and evidence good communication between specialist mental health services and GP's. The following recommendations are being implemented in response to this audit:</p> <ul style="list-style-type: none"> • Ensure that on-going monitoring of cardio-metabolic risk factors are noted within all correspondence to General Practitioners, including the recording of no physical health issues for patients • Continue to promote the importance of physical health assessment and interventions
Care Programme Approach Audit	<p>The audit is undertaken annually to monitor compliance against standards. The audit has evidenced significant improvements across the service since the last audit in 2017/18, with a 29% increase in compliance of reviews, and an improvement in FACE risk profiles and care plans being completed within the 12 month timescale. The following recommendations are being implemented in response to this audit:</p> <ul style="list-style-type: none"> • Implementation of a supervision tool for identifying areas where staff have challenges in completing KPI requirements and identifying support to enable quality improvement • Quarterly caseload audits which includes a focus on Risk Assessment • A re audit within 6 months for the Risk Assessment elements only

Safeguarding Supervision Audit	<p>The purpose of the audit was to ensure that members of staff working within services (CRS, CMHTOA, EAS, EI, CAMHS, MHAS) are able to address safeguarding concerns and are aware of how to access specific safeguarding supervision if it is required.</p> <p>The audit found that staff members are confident in how to access safeguarding supervision, and when safeguarding supervision takes place it is addressed formally within structured supervision sessions within the majority of services. The following recommendations are being implemented in response to this audit:</p> <ul style="list-style-type: none"> Continued supervision to identify learning opportunities and good practices, and include the use of local and national guidance. Documented evidence of safeguarding supervision taking place
CAMHS Record Keeping Audit	<p>The purpose of this audit was to determine whether documentation used throughout the CAMHS pathway was completed fully and appropriately. The audit results show that there is a good level of documented detail, with 100% compliance of documenting chronological accounts of the patient's care and progress. The following are recommendations are being implemented in response to this audit:</p> <ul style="list-style-type: none"> All clinicians refreshed on the standard requirement for record keeping Risk assessments and care plans to be contained in letters to meet NMC Ensuring Safety criteria Care plans and risk assessments to be reviewed in clinical supervision Random spot checks will be conducted by the end of 2019 A full re-audit will be conducted following the migration to new electronic patient records system

2.3.14 Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Dudley and Walsall Mental Health Partnership Trust in the period 1st April 2018 to 31st March 2019 that were recruited to participate in research approved by a Research Ethics Committee was 286. Patients and staff were offered the chance to take part in 19 large scale, high quality, national NIHR Portfolio research studies, 13 of which were new studies opened during 2018/19, including randomised control trials, epidemiological research and genetic research, as displayed below.

Participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. The Trust supports clinical staff to stay abreast of the latest treatment options through active participation in research.

Figure 19 Number of portfolio research studies 2018/19

Research Study Title	Topic	Service Line	Status
EO AD Genetics – Detecting susceptibility genes for early onset Alzheimer's Disease	Alzheimer's Disease	Older Adult Mental Health	Open
LO AD Genetics – Detecting susceptibility genes for late onset Alzheimer's Disease	Alzheimer's Disease	Older Adult Mental Health	Open
ASC – UK – Learning about the lives of adults on the autism spectrum and their relatives	Autism Spectrum Disorder in Adults	Adult Mental Health	Open
SYMBAD: Mirtazapine for patients with Alzheimer's Disease who presents agitative behaviour	Alzheimer's Disease	Older Adult Mental Health	Open
NCMH: National Centre for Mental Health, looking at genetic causes of mental health problems	Genetics	Adult Mental Health	Open
DLB: Dementia with lewy bodies	Dementia	Older Adult Mental Health	Open

MOLGEN - Molecular Genetics of Adverse Drug Reactions (Clozapine)	Genetics	Adult Mental Health	Open
Assistive Technology: Supporting Memory Services to enable people with dementia and their families' timely access to assistive technology.	Dementia	Older Adult Mental Health	Open
COPE: (E-support for Families and Friends of Individuals affected by Psychosis): A randomised controlled trial of a co-produced online intervention for carers	Families of Patients with Psychosis	Adult Mental Health	Open
THRIVE: The new service involves Employment Specialists working one-to-one with people to help them find a job and then support them once they find work. It is expected to be implemented in Sandwell and West Birmingham, Birmingham and South Central, Dudley and Wolverhampton.	Mental Health	Working Age Adults	Open
BI-425809- Clinical trial of BI 425809 (name of drug) effect on cognition and functional capacity in schizophrenia.	Schizophrenia	Adult Mental Health	Open
Evaluation of a new online Cognitive Remediation Therapy (CIRCuiTS) training programme for Mental Health Professionals	Online Training Research	EI Clinicians	Open
OPNT Bulimia Nervosa Naloxone Spray - Randomised, double-blind, placebo controlled trial evaluating the effects of naloxone hydrochloride nasal spray on eating behaviours in bulimia nervosa	Eating Disorders	Adult Mental Health	Closed
A Survey of mindfulness and self-compassion in IAPT - An anonymous survey of mindfulness, self-compassion, wellbeing and mental health	IAPT Service Delivery	Adult Mental Health	Closed
CoACTiON: Cultural adaptations in clinical interactions	R&I Service Delivery	Ethnic Minority Service Users and Clinicians	Closed
PPPH- Patient Preferences for Psychological Help	Schizophrenia	Adult Mental Health	Closed
REQOL- questionnaire to help understand and monitor progress of recovery and quality of life	All Service Users	Adult Mental Health	Closed
Treatment of adolescent anxiety disorders : the views of clinicians	Staff	CAMHS Clinicians	Closed
The contribution of the social work role in CMHTs	Staff	CMHT Team	Closed

2.4 Service Experience

Understanding patient experience is important to the Trust in order to ensure that our services are developed and improved to meet service users' needs through listening to peoples' experiences and views, responding comprehensively to feedback and demonstrating what has been improved as a Dudley and Walsall Mental Health Partnership NHS Trust







Annual report and accounts 2018/19

result. The following are a selection of indicators chosen by the Trust as important measures of patient experience.

2.4.1 Service Experience Dashboard

The Trust manages and monitors the following service user experience indicators at all levels across the Trust. A Service User Experience dashboard example is shown giving the trends over the last 12 months.

Figure 20 Month 12 Service User Experience Dashboard

Service User Experience					
Indicator	Period	Target	Actual	RAG	Trend
Friends and Family Test - % of Promoters (CQUIN)	Monthly	70%	70.14%	G	
New Complaints	Monthly	13	12	G	
New Concerns	Monthly	<23	26	A	
% Complaints/Concerns regarding Care/Treatment	Monthly	80%	42.00%	G	
Compliments (Month)	Monthly	35	31	A	
Response Breaches	Monthly	30%	43.00%	A	

2.4.2 Compliments, complaints and concerns

In addition to our focus on quality, we recognise that sometimes people's experience of our services is not always as positive as we would hope. In October 2007, the Health Service Ombudsman published 'Principles for Remedy' as an overall good practice guide for public bodies in dealing with complaints. Our complaints policy is based around these principles which are:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

In response to the Francis inquiry into the failings of Mid Staffordshire NHS Foundation Trust, the PHSO, LGO and Healthwatch England committed to developing a user-led "vision" of the complaints system and produced a report entitled "My Expectations for Raising Concerns". This report presents the vision/framework that was created and the findings of the primary research with patients, service users, frontline staff and stakeholders that lay behind it.

There are five main areas to the framework, which the Trust aims to follow and achieve which is incorporated into the SED induction programme, complaints training and promoted throughout the Trust.

During the period April 2018 to March 2019, we received a total of 146 formal complaints, 38 of which were withdrawn or closed. We responded to 53 cases within the target timescale; 20 cases remain open, 18 of which were still within target at the time of writing.

The number of complaints received is relatively small compared to the number of patients we see and treat each year but we ensure all complaints are investigated and any lessons learned implemented.

Figure 21 Compliments and Complaints data

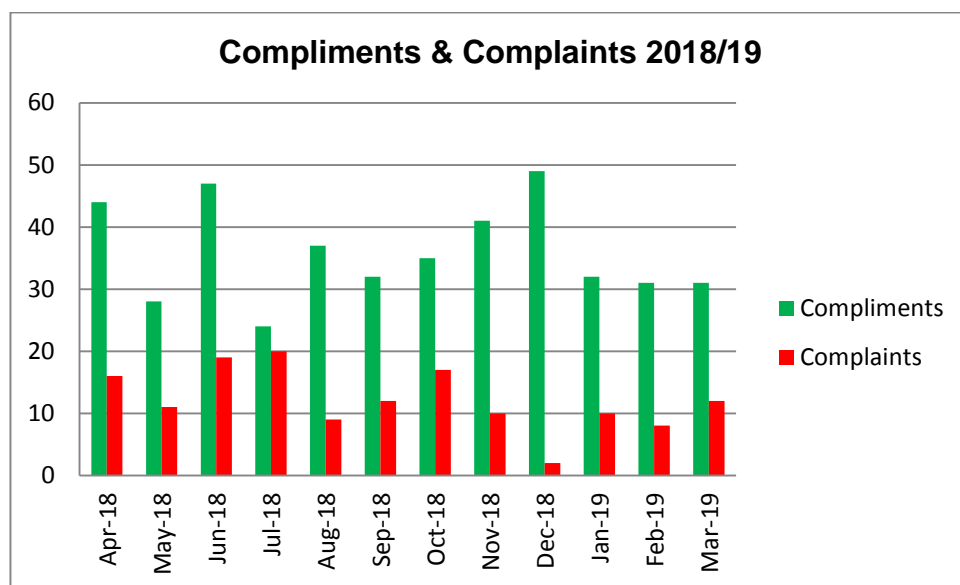
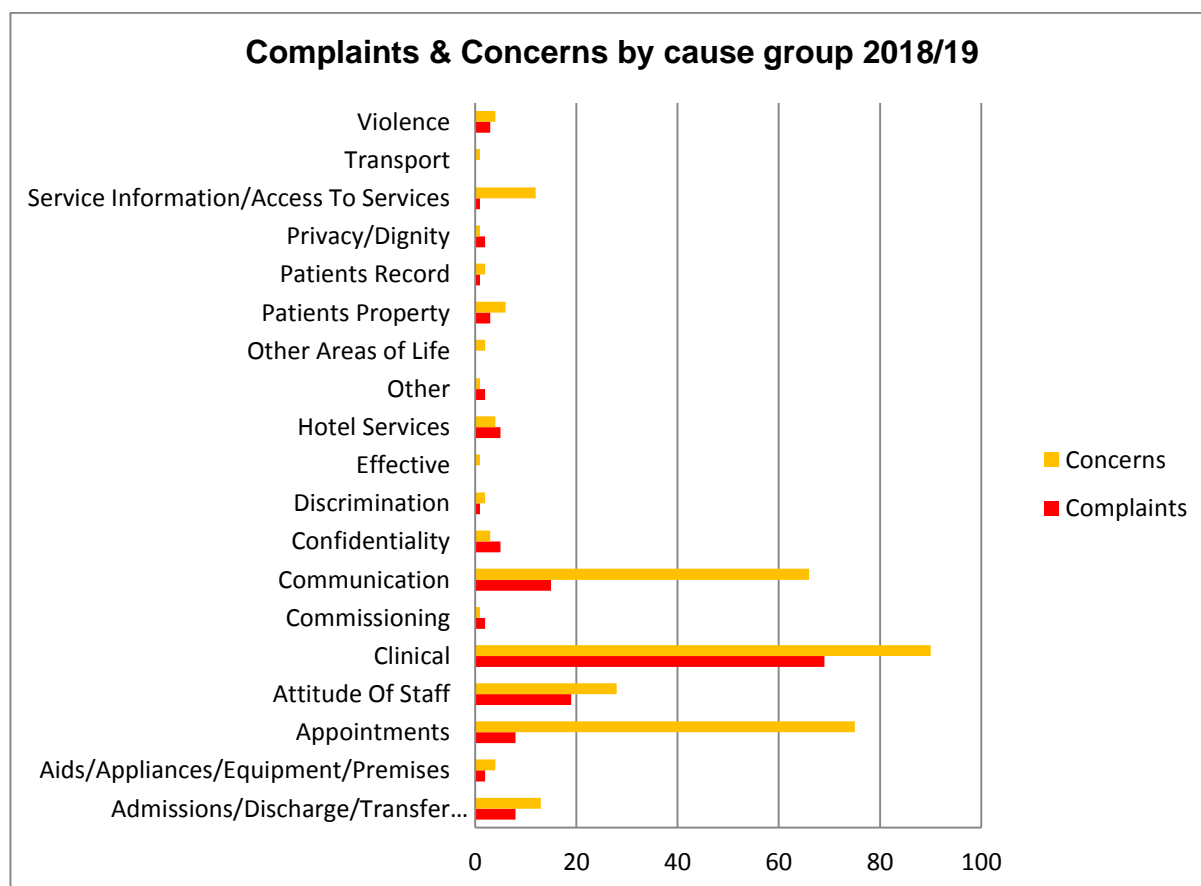


Figure 22 Complaints and Concerns by Cause Group



Over the last twelve months, we are pleased to say we have received a large number of compliments (430) from people who have accessed our services, highlighting cases where the quality of our services has been recognised and appreciated.

The Service Experience Desk (SED) feature “On a Happy Note” highlights the positive comments made by service users about their care by posting a selection of experiences from service users on the Trust Intranet every month.

Some examples of what people have said about our services are shown below:

I have found the service to be very helpful and very supportive. With this support I am no longer needing to take my medication. Staff have shown me new ways of dealing with my anxiety, which I find very helpful and now try to do each day.

The doctor has been very helpful through the whole process. Her expertise and advice helped me through the completion of my A levels – a stressful obstacle. Not only did I pass my A levels and did much better than expected and ended up getting into King’s College London with 3 A*s and an A at A level. At the beginning of the year, I had no motivation at all and was very depressed and always tired, but under the doctor’s care I made remarkable improvements. She also went out of her way to see me and give me my prescriptions.

I am writing to thank you and your team for all the support you have given me and my family for over 7 years, after 2 traumatic experiences. With the kind of help and support I received through you we are very grateful.

I have been going to the hospital for a number of years now. I have always felt comfortable when I visit. I have seen a couple of doctors over my time, the doctor I see now is very understanding of my problems. He listens to me and gives me good advice on how to deal with my issues. He is very polite and reassuring. I always feel better when I have been to see him.

I just wanted to thank you for all your work and dedication for my daughter over the past few years. Without your help and guidance I feel sure that she would have re-offended and as a result would have been removed from our care. I would have found that unbearable to deal with, I’m sure you know how grateful I am that you came into our lives.

Thank you for all the care and support provided to me and mom over the past few years. I first came to you when I was in such a bad mental state and I didn’t know who I was but with your help I’ve come to realise that life is precious and full of opportunities. I’m so grateful for everything, you are amazing.

This is just a thank you to all of you for the care and kindness shown to our relative while he was in your care. Also for the kindness and compassion shown to our family members when they visited.

To all the staff on the ward, many thanks for all the wonderful care I received during the last 5 weeks. Apologies for my initial behavior when I was frightened and thought my life was about to end. I now feel wonderful and look forward to the second part of my life with excitement.

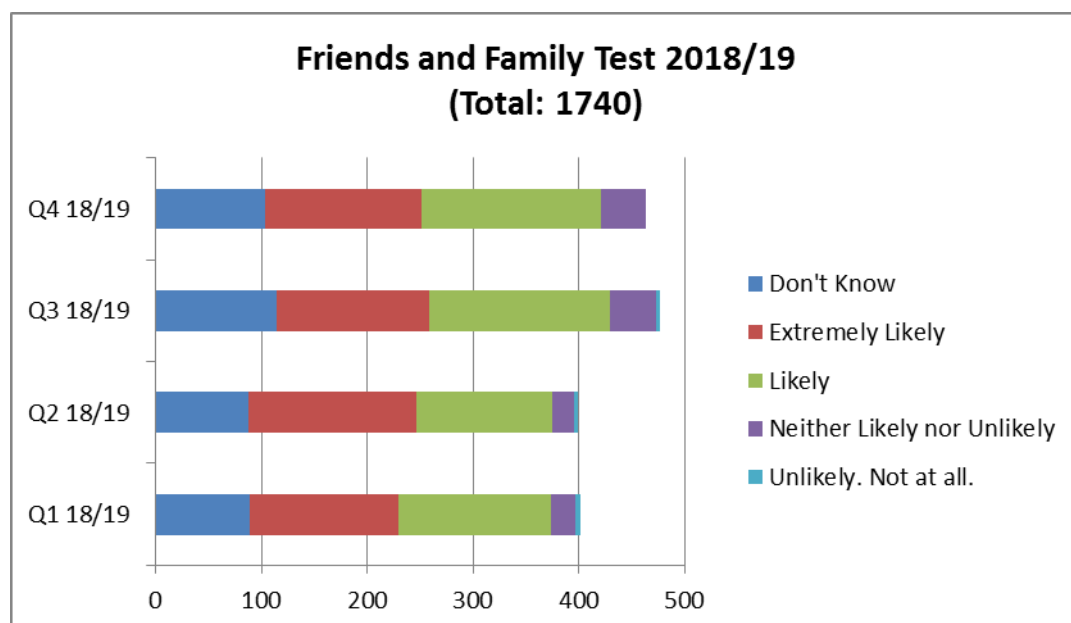
2.4.3 Friends and family test – net promoter

Introduced in April 2012, the Friends and Family Test (FFT) asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. This means patients are able to give feedback on their experience of our services, giving us a better understanding of the needs of our patients and enabling improvements.

The Trust implemented this test in 2013 as part of a CQUIN scheme. People being discharged from community services were asked “How likely is it that you would recommend this service?”

In 2018/19 of the 1740 people asked, 69% responded with ‘likely’ or ‘extremely’ likely. The full results are shown below.

Figure 23 Friends and Family Test Data



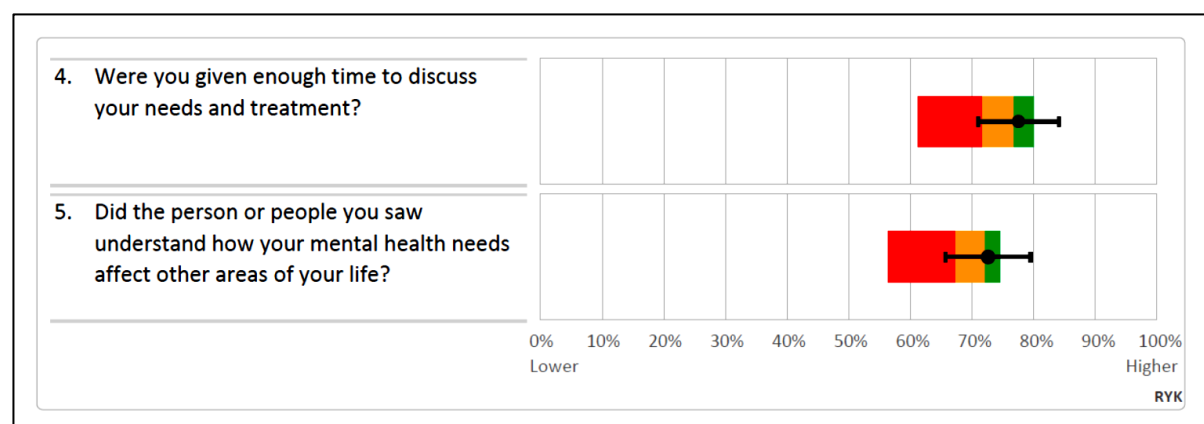
2.4.4 Community Mental Health Survey 2018

The Annual Community Mental Health Survey 2018 was conducted independently for the Trust by Quality Health and a questionnaire was sent out to around 850 people who received community mental health services. The response rate was 30% (247 usable responses received from a basic sample of 833). Some of the results are shown below.

Figure 24 Patient Experience

Performance	Experience of Care
	2018
Dudley and Walsall Mental Health Partnership NHS Trust	7.5 – Is the mean average score of the main three questions as shown below

Figure 25 Survey Overall Experience



The overall results for the Trust are good. Most scores are in the top and intermediate range. The Trust scored in the top 20% in a number of areas including care and treatment, health and social care workers, crisis care, medicines and support for wellbeing. The Trust's scores for planning care are all in the top 20% range. The overall rating of care is in the high 20% range of all Trusts surveyed by Quality Health at 71.2%, however scores for respect and dignity are in the intermediate 60% range but the score has improved slightly since the previous survey. Most service users are not sure why a change is taking place and this score is in the bottom 20% of all Trusts surveyed

Figure 26 Benchmarking against other Trusts

How this score compares with other Trusts		Based on patients' responses to the survey, this Trust scored
7.8/10	Time for the person or people seen most recently giving enough time to discuss their needs and treatment	About the same
7.3/10	Understanding for the person or people seen most recently understanding how their mental health needs affect other areas of their life	About the same

Areas for action focus on maintaining the positive feedback and in addressing some areas for improvement such as in the coordination of care, changes in who people see, participation in therapies, support and wellbeing and understanding medicines, and triangulating these findings with other patient experience methods to identify key themes.

2.4.5 Learning from feedback

Over the past twelve months our 7 Experts by Experience (EBEs) have been involved in raising awareness of Trust activities and gaining valuable feedback from service users and carers. We have also gained essential and valuable feedback via informal concerns and comments from the Service Experience Desk and patient surveys. Here are just a few of the selected actions that have been carried out as a result of feedback from those who use our services, their relatives and carers.

Figure 27 You Said – We Did

You Said:	We did:
Referral criteria for Dudley CAMHS was not evident from the website and there was a lack of information on support available.	We have engaged with young people accessing the CAMHS service to obtain ideas on the future development of our website to see how we can make it more user friendly using some of the feedback from the group. We have also added the referral criteria.
Visitors at Bloxwich Hospital requested more groups and therapy for patients with dementia	The ward is running Cognitive Stimulation Therapy Groups for patients on the ward and patients are enjoying them.
Patients raised concerns over the menu and choice of food on the wards at Bloxwich Hospital.	The Catering Manager attended the ward and engaged with patients to identify likes and dislikes and is in process of changing the menus to incorporate the information given by the patients.

Carers stated that they want more activities and options to support their own wellbeing	We have engaged with Dudley Carers Network and Walsall Carers Support Service to learn more about groups and support available. These are being promoted with staff through Internal Communication and via Service Line Managers meeting to cascade information to carers.
Carers/Trust Carers Champions wanted more information on support available for carers in terms of help, groups, assessments, information on the service and medication	We are developing a carers information pack to promote support and service available to carers and information that is useful to provide an understanding of the condition/treatment of the cared for person.
Patients would like more choice of ethnic/diverse food such as 'chili con carne, curry and rice, and lasagne on the ward'.	A new menu has been developed and new food options are being introduced on the ward.
We want the opportunity to talk to someone who shares similar experiences with us	Our therapeutic hub will include a peer support project, which will provide mentoring via sessions and activity groups for patients admitted to acute mental health wards. The project will provide emotional support to patients during their hospital stay by building self-esteem, helping them to achieve recovery, sustainable reintegration into the community and lead more independent lives
We are not sure who our named nurse is	Staff will highlight the name of your named nurse on the bedroom door along with your consultant name

2.5 Workforce Performance

2.5.1 Workforce Dashboard

The Trust manages and monitors the following workforce indicators at all levels across the Trust. A Workforce Dashboard example is shown giving the trends over the last 12 months.

Figure 28 Month 12 workforce dashboard

445 Dudley and Walsall Mental Health Partnership NHS Trust													Mar-19
Staff in Post													
	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Headcount		1127	1121	1114	1116	1135	1154	1159	1166	1176	1205	1239	1237
Funded Establishment		1181.6	1181.6	1193.8	1193.8	1189.6	1197.8	1230.0	1233.2	1253.8	1253.8	1253.8	1253.8
Staff in Post FTE (Contracted)		1022.8	1033.1	1038.9	1034.6	1038.2	1054.3	1070.3	1067.8	1073.9	1084.1	1110.7	1113.7
WTE Variance		158.8	148.5	154.9	159.2	151.4	143.5	159.7	165.4	179.8	169.7	143.1	140.1
Vacancy %	10.0%	13.44%	12.57%	12.98%	13.33%	12.73%	11.98%	12.98%	13.41%	14.34%	13.53%	11.41%	11.17%
Clinical Vacancy %	10.0%	11.70%	11.40%	11.30%	12.10%	13.00%	13.60%	13.12%	13.40%	14.83%	14.28%	12.80%	12.53%
Turnover % (12 Months)	*10-13%	13.21%	13.21%	13.21%	14.04%	13.70%	13.38%	12.61%	12.18%	11.78%	12.41%	12.33%	12.13%
Turnover % (in Month)	0.7-1.2%	1.11%	0.65%	1.17%	1.63%	1.55%	1.16%	1.15%	0.34%	0.83%	1.43%	0.51%	1.00%
Absence													
	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Sickness % (Month)	4.68%	4.11%	3.82%	4.42%	4.40%	4.49%	4.42%	4.55%	4.94%	4.47%	4.68%	4.34%	4.44%
Sickness Days Lost FTE (Month)		1,255	1,221	1,357	1,392	1,440	1,389	1,495	1,576	1,489	1,586	1,345	1,536
No of Sickness Episodes (Month)		171	159	151	167	175	187	227	223	196	270	202	195
Cost of Sickness (Month)		£114K	£120K	£140K	£134K	£140K	£135K	£133K	£144K	£162K	£164K	£140K	£161K
Maternity % (Month)		1.98%	1.86%	2.16%	2.26%	2.31%	2.12%	2.04%	2.16%	1.90%	1.72%	1.80%	1.72%
Sickness % (12 Months)	4.68%	4.39%	4.42%	4.46%	4.50%	4.55%	4.58%	4.61%	4.58%	4.50%	4.39%	4.34%	4.37%
Long Term Sickness % (12 Months)		63.0%	62.9%	63.5%	64.4%	64.6%	64.6%	63.3%	61.3%	62.7%	62.4%	62.6%	64.0%
Cost of Sickness (12 Months)		£1,464K	£1,487K	£1,515K	£1,528K	£1,555K	£1,577K	£1,588K	£1,587K	£1,599K	£1,599K	£1,611K	£1,654K
Development													
	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Apprialsals Completed		755	751	749	786	819	826	832	844	818	829	854	830
Appraisals Outstanding		193	191	181	166	127	121	121	127	139	134	125	122
Appraisals Required		948	942	930	952	946	947	953	971	957	963	979	952
Appraisal %	85%	79.64%	79.72%	80.54%	82.56%	86.58%	87.22%	87.30%	86.92%	85.48%	86.09%	87.23%	87.18%
Mandatory Training %	90%	-	-	-	-	-	-	-	-	-	-	-	-
Essential Skills Training %	90%	-	-	-	-	-	-	-	-	-	-	-	-
Combined Training %	90%	85.70%	87.00%	87.80%	88.30%	90.50%	90.27%	90.72%	90.63%	90.60%	90.70%	90.16%	90.04%
Number of Training DNAs		23	76	72	79	78	82	169	133	100	162	108	130
Training DNA Rate %		8.85%	15.80%	16.86%	22.19%	16.92%	19.11%	20.50%	20.37%	28.86%	26.51%	19.46%	21.59%
Supervision %					26.38%	39.13%	51.21%	40.76%	37.56%	24.75%	33.78%	33.39%	32.59%

* New turnover target from Nov 18, was previously 8-14%

2.5.2 Staff survey

Dudley and Walsall ranks as the best performing Mental Health / Learning Disability Trust in the country in terms of positive results which are trending upwards.

The Trust values staff feedback and recognises that the annual Staff Survey is the largest and most comprehensive means of understanding what is working well and what opportunities for improvement and development there are.

Quality Health (QH) acts independently on our behalf to undertake the Trust's Staff Survey which is sent to all permanent staff, via an approximately 70:30 split, of online and paper surveys to offer the widest opportunity for completion.

The QH sample size for Dudley and Walsall Mental Health Partnership NHS Trust, NHS national staff survey was 1111, after excluding ineligible staff, the final sample was 1089, of which 644 responded. This gave us an overall response rate of 59.1% compared to 52.3% in 2017 and the 2018 sector average response rate of 54%, across the 24 specialist mental health and learning disability trusts.

This ranks as 4th highest MH/LD response rate and 11th place ranked nationally across 230 NHS Trusts. We regard the response rate itself as indicative of engagement and as such welcome that fact that this is one of the higher response rates for any Trust and well above the average as a positive.

The results of the 2018 Staff Survey show a positive picture, with the Trust holding steady at a high point, 95% of questions show no significant change from the excellent results achieved in 2017.

The overall staff engagement score for the Trust is 7.27 out of a possible score of 10 - this is a slight decline since 2017 but remains above the sector average score of 7.09 and ranks as the 2nd highest out of 26 MH/LD Trusts and 13th place ranked nationally across 230 NHS Trusts.

The survey questions are now summarised into 10 themes, of which the Trust scored as top performing MH Trust across 7 themes in 2018 (indicated below in green) and holding firm across 9/9 themes vs 2017.

*(1 theme, "Morale", has no 2017 equivalent)

	DWMH	Best in Sector
1. Equality, Diversity & Inclusion	9.2	(9.4)
2. Health & Wellbeing	6.6	(6.6)
3. Immediate Managers	7.5	(7.5)
4. Morale	6.6	(6.6)
5. Quality of Appraisals	6.4	(6.4)
6. Quality of Care	7.9	(7.9)
7. Safe Environment – Bullying & Harassment	8.4	(8.4)
8. Safe Environment – Violence	9.4	(9.7)
9. Safety Culture	7.0	(7.0)
10. Staff Engagement	7.3	(7.4)

At question level, the majority of scores fall into the middle 60% (50 questions) and top 20% (28 questions) of similar Trusts surveyed by QH.

Only two questions out of 91 have significantly slipped vs 2017 and only one of which is below the sector average (in brackets):

My immediate manager can be counted on to help me with a difficult task at work: 76% vs 81% (78%).

My organisation acts on concerns raised by patients / service users: 80% vs 86% (78%).

While we always seek areas for improvement, Trust wide none of the 10 themes stand out as concerns across the whole organisation. However, the Trust will continue to focus on some broad strategic trust wide initiatives to maintain and improve the survey results, working in partnership with other organisations and NHSI, especially around issues such as staff health & well-being, work related stress and bullying, harassment and abuse.

The main opportunity to improve on the already positive results will be via a more nuanced and localised approach through empowering service lines and departments to use their own specific directorates breakdown reports on the 10 themes to focus on their own local priorities. Working with relevant managers the Engagement Lead will support teams to select and own their own areas for improvement which we can then track progress against in the 2019 results. This will be monitored via Workforce Committee and pulse surveys for example on the back of the quarterly staff friends and family test.

2.5.3 Staff Friends and Family Test

The Trust launched the Staff Friends and Family Test via its intranet, in May 2014 and monitors these results quarterly throughout the year, drilling down into the free text comments as to why people answered the way they did. Results, including free text comments, are shared with staff and the CEO provides filmed responses to the main questions raised as part of our Engagement strategy to foster an open dialogue between Staff and Board.

This has seen staff stating they would recommend the Trust as a place for treatment/care to friends and family increase from 72% in Quarter 1 2014 to 82% in Quarter 4, February 2018 and 66% of staff saying they would recommend the Trust as a place of work. The Trust's performance against this question was as follows:

Figure 29 How likely are you to recommend the Trust to friends and family as a place for treatment/care?

Survey Period	Result
2015/16 Q1	75%
Q2	79%
Q3	National Staff Survey replaces SFFT
Q4	79%
2016/17 Q1	79%
Q2	82%
Q3	National Staff Survey replaces SFFT
Q4	84%
2017/18 Q1	79%
Q2	82%
Q3	National Staff Survey replaces SFFT
Q4	82%
2018/19 Q1	81%
Q2	75%
Q3	National Staff Survey replaces SFFT
Q4	79%

The Trust's performance against this question was as follows:

Figure 30 How likely are you to recommend the Trust to friends and family as a place of work?

Survey Period	Result
2014/15 Q1	59%
Q2	53%
Q3	National Staff Survey replaces SFFT
Q4	66%
2015/16 Q1	73%
Q2	68%
Q3	National Staff Survey replaces SFFT
Q4	70%
2016/17 Q1	68%
Q2	68%
Q3	National Staff Survey replaces SFFT
Q4	71%%
2017/18 Q1	71%
Q2	65%
Q3	National Staff Survey replaces SFFT
Q4	66%
2018/19 Q1	71%
Q2	65%
Q3	National Staff Survey replaces SFFT
Q4	77%

2.5.4 Freedom to speak up guardian

The Trust has had a Freedom To Speak Up Guardian in November 2016, alongside an existing "Speak Up" form available on the Intranet for staff to directly raise concerns to members of the Board (and now also the FTSU Guardian).

The Guardian continues to visit teams across the Trust to introduce themselves and promote their role with senior managers and locally at team meeting talking directly to front line staff, also meeting new staff at Trust Induction, Junior Doctors on placement and Students nurses.

Alongside of range of promotional materials and approaches there is also a dedicated email dwmh.raisingconcerns@nhs.net via which staff can directly and confidentially contact the Guardian, as well as by phone and face to face; there is a new "Speak Up" option on the incident reporting tool enabling concerns to be raised to the Guardian circumventing the normal incident escalation process and excluding staff's immediate line manager, providing reassurance that staff can safely raise concerns about managers in confidence if needed.

The Guardian continues to report directly to the CEO, and has regular meeting with a nominated NED and Chair and reports to the Board quarterly on numbers of incidents, themes and plans for a Trust FTSU vision and strategy and revamping of the trust policy to reflect latest NHSI guidance.

Recently the CQC reviewed the FTSU role within the Trust as part of the Well led Domain, below are some of their observations:

“Staff said they felt able to raise concerns without fear of victimisation and felt supported by the managers.”

“Staff we spoke with told us they feel supported to raise concerns, feel listened to and have high levels of job satisfaction.”

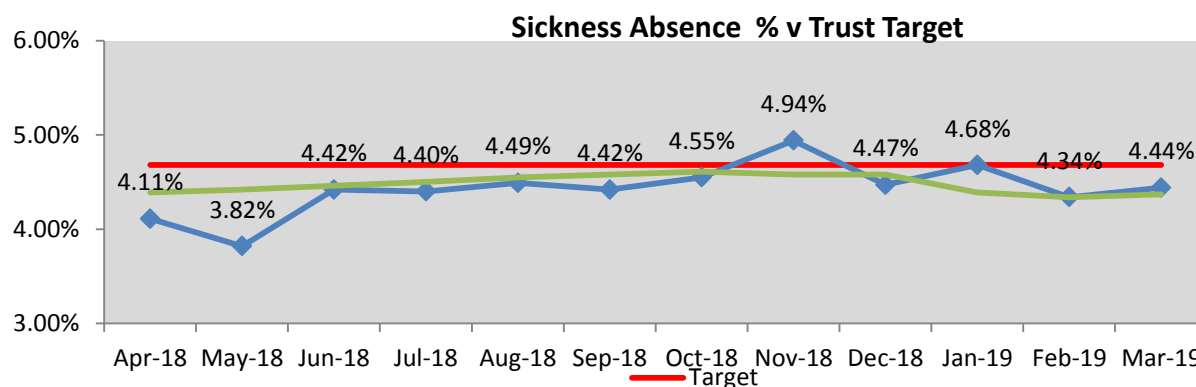
“Most staff were aware of the speak up guardian and felt able to raise concerns without fear of retribution. They felt respected supported and included.”

“They felt that they could raise concerns if needed and that their voice would be heard.”

2.5.5 Managing sickness absence

The Trust's sickness KPI rate is 4.8%, during 2018/19 the Trust's sickness rate was largely under the KPI from an in month perspective and a rolling 12 month perspective. See Figure 33.

Figure 31 Sickness absence % v Trust target



Short and long term sickness

- 77% of sickness episodes lasted 7 days or less, whereas 11% of sickness episodes were 28 days or longer
- Rolling sickness absence remained under the Trust's target of 4.68% for the entire year
- Long term sickness accounts for 64% of sickness for the rolling 12 month period to Mar-19.

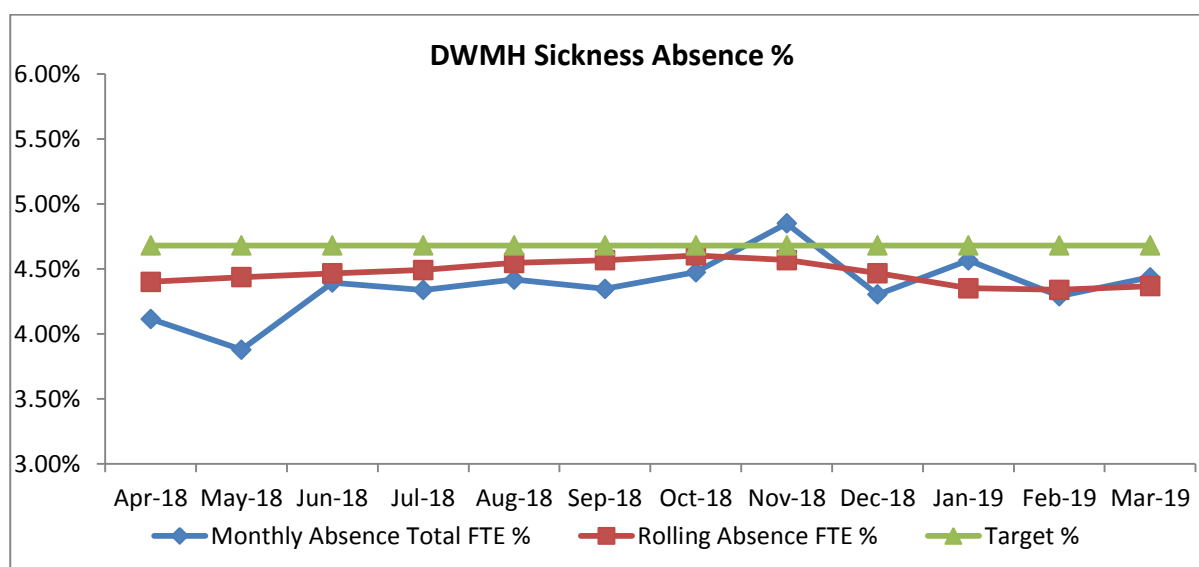
The top 3 reasons for sickness based on FTE days lost for that period were:

1. Anxiety (4468)
2. Other musculoskeletal problems (1490)
3. Gastrointestinal problems (1366)

Figure 32 Short and long term sickness

Month	Monthly Absence Total FTE %	Rolling Absence FTE %	Target %
Apr-18	4.11%	4.40%	4.68%
May-18	3.88%	4.44%	4.68%
Jun-18	4.39%	4.47%	4.68%
Jul-18	4.34%	4.49%	4.68%
Aug-18	4.42%	4.55%	4.68%
Sep-18	4.35%	4.57%	4.68%
Oct-18	4.47%	4.60%	4.68%
Nov-18	4.85%	4.57%	4.68%
Dec-18	4.30%	4.47%	4.68%
Jan-19	4.57%	4.35%	4.68%
Feb-19	4.29%	4.34%	4.68%
Mar-19	4.44%	4.37%	4.68%

Figure 33 DWMH Sickness Absence %



The HR function works alongside managers and Occupational Health to monitor and manage sickness absence in line with Trust Policy and the Equality Act 2010. A weekly report is managed within HR of all long-term sickness absence cases to ensure early intervention. HR Advisors have been assigned to dedicated service lines to help support the management of sickness absence. Deep dives have been carried out in areas experiencing high sickness levels with action plans put in place to address these and to support managers and staff.

The Trust has extended its service level agreement with Sandwell and West Birmingham NHS Hospitals Trust for Occupational Health and staff support services and is currently undertaking a competitive procurement process for these services working collaboratively with Black Country Partnership NHS Trust.

2.5.6 Mandatory and Essential Training

During 2018/19, the Trust decided to combine Mandatory and Essential training into a single Mandatory Training requirement with a completion target of 90% a KPI the Trust has consistently achieved over the last 12 months.

Whilst the Trust has hit the overall KPI of 90% some training programmes still lag behind this figure. As such, with the Director of People as executive sponsor, Professional Leads have created Rapid Action Plans to address these areas:

- Head of Pharmacy: Medicines Management including Rapid Tranquilization
- Associate Director of Nursing: Resuscitation programmes
- Head of Social Care: Mental Health Act
- Lead Clinical Trainer: MAPA and Conflict Resolution.
- Clinical Director: Suicide Training

The Rapid Action Plans are monitored through the Workforce Development Committee.

The focus for 19/20 will be to continue to drive improvements in these areas whilst maintaining and improving the Trusts overall target of 90%. Work is also planned to review the "Training Needs Analysis" which documents the competency requirements by staff group with the intention to take this down a level and assess the competency requirements by role.

Work to maximise use of training places and increase uptake of eLearning will continue.

Figure 34 Training

445 Dudley and Walsall Mental Health Partnership NHS Trust									Mar-19
Training Compliance									
Competence	Target	Completed	Feb-19 Required	%	Completed	Mar-19 Required	%	+/-	
Mandatory Training	90%	8529	9305	91.7%	8342	9124	91.4%	▼	
Essential Skills	90%	5631	6411	87.8%	5611	6373	88.0%	▲	
Combined Training %	90%	14160	15716	90.1%	13953	15497	90.0%	▼	
Mandatory Training									
Competence	Target	Completed	Feb-19 Required	%	Completed	Mar-19 Required	%	+/-	
Equality, Diversity and Human Rights	90%	1093	1134	96.4%	1045	1113	93.9%	▼	
Fire Safety	90%	1023	1134	90.2%	1006	1113	90.4%	▲	
Health and Safety	90%	1079	1134	95.1%	1047	1113	94.1%	▼	
Infection Control (Clinical)	90%	650	798	81.5%	635	777	81.7%	▲	
Infection Control (Non Clinical)	90%	315	333	94.6%	306	332	92.2%	▼	
Information Governance	95%	1006	1134	88.7%	1004	1113	90.2%	▲	
Moving and Handling (Foundation)	90%	1072	1134	94.5%	1054	1113	94.7%	▲	
Moving and Handling (Patient Handling)	90%	179	228	78.5%	176	228	77.2%	▼	
Safeguarding Adults Level 1	90%	297	312	95.2%	305	313	97.4%	▲	
Safeguarding Adults Level 2	90%	778	821	94.8%	744	798	93.2%	▼	
Safeguarding Children Level 1	90%	288	321	89.7%	293	312	93.9%	▲	
Safeguarding Children Level 2	90%	749	822	91.1%	727	799	91.0%	▼	
Essential Skills									
Competence	Target	Completed	Feb-19 Required	%	Completed	Mar-19 Required	%	+/-	
Clinical Risk Assessment (Suicide Training)	90%	433	504	85.9%	398	473	84.1%	▼	
Conflict Resolution (Personal Safety)	90%	591	677	87.3%	565	644	87.7%	▲	
Domestic Violence and Abuse	90%	624	669	93.3%	595	638	93.3%	▼	
Medicines Management (Competency Framework)	90%	299	373	80.2%	276	363	76.0%	▼	
Mental Capacity Act	90%	684	757	90.4%	651	726	89.7%	▼	
Mental Health Act	90%	443	508	87.2%	425	477	89.1%	▲	
PREVENT - No Renewal	90%	706	754	93.6%	677	728	93.0%	▼	
Rapid Tranquilisation	90%	130	152	85.5%	128	151	84.8%	▼	
Resuscitation Level 2 with AED (BLS)	90%	510	674	75.7%	479	643	74.5%	▼	
Resuscitation Level 3 (ILS)	90%	99	119	83.2%	92	121	76.0%	▼	
Safeguarding Adults Level 3	90%	472	501	94.2%	567	591	95.9%	▲	
Safeguarding Children Level 3	90%	472	501	94.2%	572	596	96.0%	▲	
Violence & Aggression Module A (MAPA®)	90%	168	222	75.7%	186	222	83.8%	▲	

2.5.7 Managing staff performance (Appraisals)

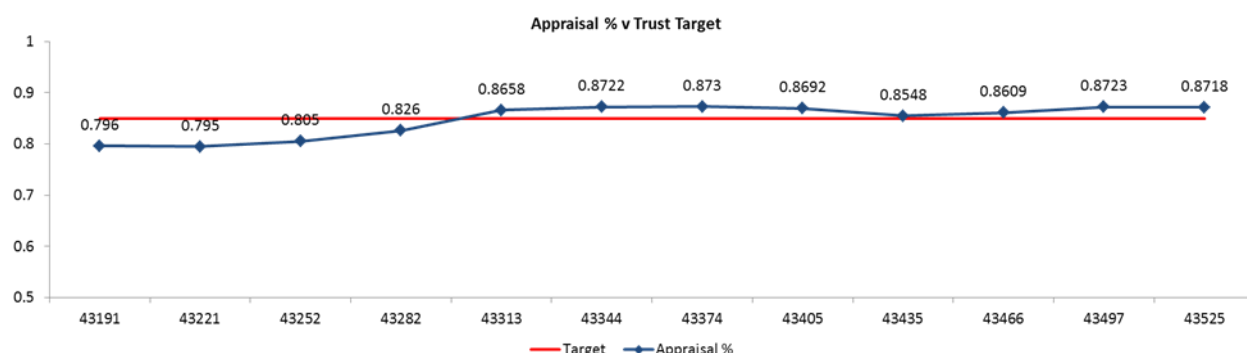
During 2018/19 the level of appraisal activity has been sustained at a good level within the Trust with targets consistently exceeded during the year.

The quality of appraisals has been rated highly through staff survey feedback, with staff reporting leaving their appraisal feeling valued by the organisation.

In 2019/20 an improvement to the recording process will see Line Managers enter completion information directly into ESR.

A proposal has been present to the Senior Leadership Team to move to having all appraisals completed during a defined window of quarter 1 and the Head of Service are obtaining feedback from their service lines.

Figure 35 Appraisals



Month	Target	Appraisal %
Apr-18	85.0%	79.6%
May-18	85.0%	79.5%
Jun-18	85.0%	80.5%
Jul-18	85.0%	82.6%
Aug-18	85.0%	86.6%
Sep-18	85.0%	87.2%
Oct-18	85.0%	87.3%
Nov-18	85.0%	86.9%
Dec-18	85.0%	85.5%
Jan-19	85.0%	86.1%
Feb-19	85.0%	87.2%
Mar-19	85.0%	87.4%

Appraisal compliance is tracking at 87.43% at the end of Mar-19.

3 FINANCIAL PERFORMANCE

3.1 Financial Trends

The Trust has continued to build financial strength since its formation in 2008, growing its surplus, developing its contracting capabilities and relationships with commissioners, transforming services and continuing to improve the estate from which services are provided. The following table summarises high-level financial information since the Trust was formed.

Figure 36 High-Level Financial Information

	Income £000	Surplus* £000	Cash £000	Savings £000
2008/09	24,186	202	5,398	1,500
2009/10	66,578	377	6,132	2,000
2010/11	67,918	883	6,230	1,991
2011/12	67,298	1,163	6,932	2,736
2012/13	71,302	3,575	11,923	2,804
2013/14	65,388	1,936	12,748	2,888
2014/15	64,750	888	14,187	2,616
2015/16	64,546	1,960	14,294	2,380
2016/17	66,293	2,199	16,966	2,500
2017/18	69,482	3,384	17,982	3,462
2018/19	74,340	3,050	18,818	2,096

* Breakeven duty in-year financial performance

The table above reflects the following factors:

- 2018/19 was financially another successful year for the Trust – the Trust has delivered a surplus in every year since its establishment in 2008
- An increase in income of almost £4.9m over 2017/18 which reflects an investment in services by both Dudley and Walsall CCG of £732k and £1,131k respectively. The Trust has also increased some of its other contracts with non-host commissioners which has generated approximately an additional £500k. Other increases include income in respect of the new peri-natal service of £600k and increased investment in Thrive and IPS services of approximately £1m combined. The Trust has also benefitted from additional income from the Department of Health and Social Care in respect of central funding to cover the impact of Agenda for Change pay awards in year and additional Provider Sustainability Fund income.
- A continuing improvement in the level of the Trust's cash balance. An average cash balance in excess of £20 million through the financial year saved the Trust over £700k in Public Dividend Capital (PDC) charges.
- In line with all other NHS provider organisations the Trust has been required to deliver cost improvement savings (CIP) over recent years. The Trust delivered almost £2.1m of such savings in 2018/19.
- Received Provider Sustainability Funding (PSF) of £703k as part of delivering its surplus control total for 2018/19, as well as Incentive PSF of £1,641k received at year end. Total PSF received for 2018/19 was therefore £2,344k.

3.2 Financial Targets

The table below summarizes the Trust's performance against the key financial duties for the year ended 31 March 2019.

Figure 37 Performance against Key Financial Duties

Duty	Target	Performance	Comment
Ensuring expenditure does not exceed income	Breakeven	£3,050,000 Surplus	Achieved
To remain within approved Capital Resource Limit (CRL)	£3,352,000	£3,351,000	Achieved
Achieve a capital cost absorption rate of 3.5%	3.5% (+/- 0.5%)	3.5%	Achieved
To not exceed the approved External Finance Limit (EFL)	£1,421,000 Cash Outflow	£2,119,000 Undershoot	Achieved

3.3 Where does the Trust's Income come from?

The Trust had contracts with 2 key NHS commissioners in 2018/19. These were Dudley CCG and Walsall CCG.

The Trust also provides services to people who live in the boroughs of Dudley or Walsall but are registered with GPs in neighboring boroughs. These services are covered by contracts with other local CCGs, namely:

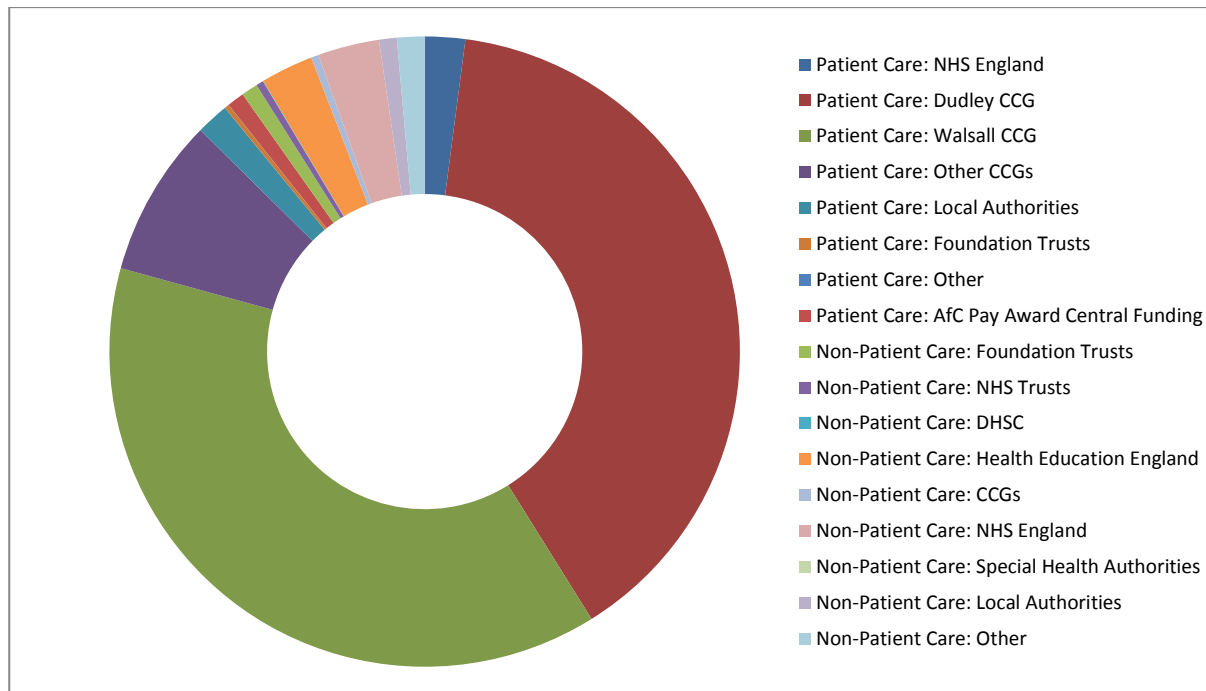
- Sandwell & West Birmingham CCG
- Wolverhampton CCG
- Birmingham & Solihull CCG
- South East Staffordshire and Seisdon CCG
- Stafford and Surrounds CCG
- Cannock Chase CCG
- Redditch & Bromsgrove CCG
- Wyre Forest CCG
- South Worcester CCG

In addition, the Trust provided mental health services to Deaf Children and Adolescents under a contract with NHS England (West Midlands Commissioning Hub) and provided Inpatient Detox Services, CAMHS Tier 2 Services and Step Down Beds under contracts with Dudley Metropolitan Borough Council.

All key contracts for the year were signed.

The Trust received £74.3m of income in 2018/19; a breakdown of where this income was received from is shown in the chart below.

Figure 38 The Trust's Income

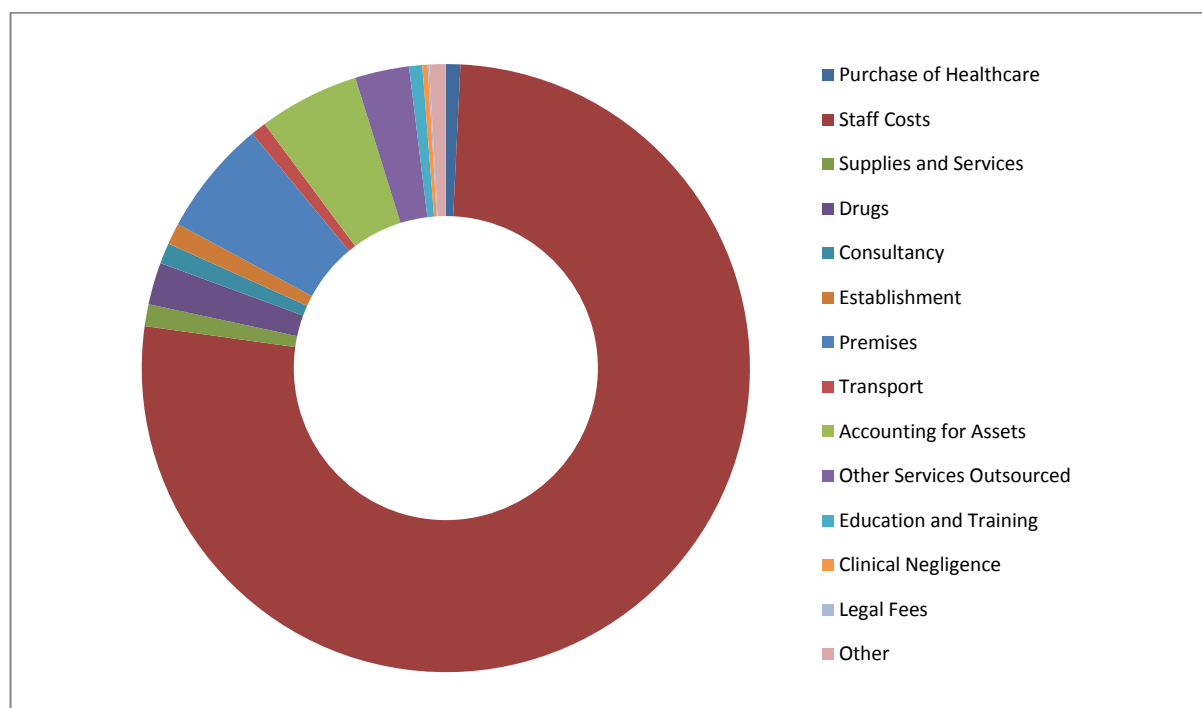


3.4 How is the Trust's money spent?

The Trust's total operating expenditure for the 2018/19 financial year was £72.8m, against £65.5m in 2017/18. The main drivers for the increase are as follows:

Staff and Executive Director Costs incurred in delivering the additional activity and resulting income in the financial year. This is by far the largest element of expenditure incurred by the Trust and relates to salaries and wages of directly employed staff and invoices paid in respect temporary workers employed via employment agencies. On average the Trust employed 1,282 whole time equivalent staff which resulted in employee benefits being paid to staff of £56.1m, this equates to 77% of total operating expenditure.

Figure 39 Summary Expenditure



3.5 Capital Expenditure

The Trust has continued to build on the large sums invested in previous years to improve its estate and IT infrastructure during the financial year, with £3.351m being spent on capital works in 2018/19. Capital projects undertaken in 2018/19 included:

Figure 40 Capital Works Undertaken

Capital Scheme	Expenditure £000
Bushey Fields Hospital – Clee Ward Refurbishment	262
Bushey Fields Hospital – Clent Ward Refurbishment	824
Bushey Fields Hospital – Staff Attack Alarms	104
Bloxwich Hospital – Bathroom Refurbishments	80
Other Estates Schemes	676
Trust Wide – Fire Precaution Works	136
Trust Wide – Replacement Ward and Medical Equipment	43
Purchase and Development of IT Software inc. Electronic Patient Record	1,038
Purchase of IT Hardware	188
Total Capital Expenditure	3,351

3.6 Payment of Suppliers

3.6.1 Better Payment Practice Code

The Better Payment Practice Code (BPPC) requires organisations to aim to pay all valid invoices by their stated due date or within 30 days of receipt, whichever is later. Performance against this target, over the financial year, was as follows:

Figure 41 Better Payment Practice Code Performance

	2018/19	
	Number No.	Value £000
Non-NHS Payables		
Total Non-NHS trade invoices paid in the year	17,100	30,588
Total Non-NHS trade invoices paid within target	14,893	28,974
Percentage of non-NHS trade invoices paid within target	87%	95%
NHS Payables		
Total NHS trade invoices paid in the year	530	5,354
Total NHS trade invoices paid within target	482	5,010
Percentage of NHS trade invoices paid within target	91%	94%

3.6.2 Prompt Payments Code

The Prompt Payment Code (PPC) sets standards for payment practices and best practice. The code is administered by the Chartered Institute of Credit Management. Dudley and Walsall Mental Health Partnership NHS Trust signed up to the code in October 2009.

3.7 External Audit Services

The Trust's external auditors are Grant Thornton UK LLP, The Colmore Building, 20 Colmore Circus, Birmingham, West Midlands, B4 6AT.

Expenditure recognized with Grant Thornton UK LLP for the period for were as follows:

Figure 42 External audit

	2018/19 £000	2017/18 £000
Audit services	£50,000	£49,000
Other auditor's remuneration – audit-related assurance services	£12,000	£12,000

3.8 Countering Fraud, Bribery and Corruption

The Trust is committed to ensuring NHS resources are appropriately protected from fraud, bribery and corruption and follows the national counter fraud strategy and the series of standards for providers of NHS services. As an NHS Provider the Trust ensures that NHS funds and resources are safeguarded against those minded to commit fraud, bribery or corruption. Failure to do so impacts on a provider's ability to deliver services and treatment, as NHS funds and resources are wrongfully diverted from patient care.

In order to reduce economic crime against the NHS, it is necessary to take a multi-faceted approach that is both proactive and reactive. The Trust's Local Counter Fraud Specialist (LCFS) follows the four key principles, in accordance with the NHS counter fraud strategy. These are designed to minimise the incidence of economic crime against the NHS and to deal effectively with those who commit crime.

The four key principles are:

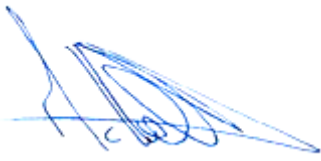
1. **Strategic Governance** - this standard sets out the standards in relation to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation
2. **Inform and involve** those who work for, or use the NHS, about economic crime and how to tackle it. NHS staff and the public should be informed and involved to increase everyone's understanding of the impact of economic crime against the NHS. This takes place through communications and promotion such as face to face counter fraud presentations, public awareness campaigns and media management. The LCFS presents as part of the Trust induction. Working relationships with stakeholders are strengthened and maintained through active engagement
3. **Prevent and deter** economic crime in the NHS to take away the opportunity for crime to occur or to re-occur and discourage those individuals who may be tempted to commit economic crime. Successes are publicised internally during counter fraud presentations and using other media opportunities so that the risk and consequences of detection are clear to potential offenders. Those individuals who are not deterred should be prevented from committing economic crime by robust systems, which will be put in place in line with policy, standards and guidance
4. **Hold to account** those who have committed economic crime against the NHS. The Trust's LCFS is a professionally accredited investigator and is qualified to the required standards. Once allegations of suspected economic crime are received by the Trust, the LCFS must ensure that investigations are undertaken to satisfy national legislation. The Trust encourages the prosecution of offenders, and where appropriate refers offenders to their professional bodies for disciplinary sanction. Economic crimes must be detected and investigated, suspects prosecuted where appropriate, and other methods of redress sought where possible. Where necessary and appropriate, economic crime, investigation and prosecution will take place locally wherever possible. Nevertheless, the LCFS also works in partnership with the police and other crime prevention agencies to take investigations forward to criminal prosecution

The Trust has a Counter Fraud Bribery and Corruption Policy in place, which is designed to make all staff aware of their responsibilities, should they suspect offences being committed. When economic crime is suspected, it is fully investigated in line with legislation, with appropriate action taken, which can result in criminal, disciplinary and civil sanctions being applied. In addition, the Trust has the following policies and procedures which support counter fraud work:

- Security Management Policy
- Standards of Business Conduct Policy
- Whistle Blowing Policy and Procedure
- Disciplinary Policy.

If you are concerned about fraud in the NHS, report it to the confidential NHS Fraud and Corruption Reporting Line on **0800 028 4060** or online at <https://cfa.nhs.uk/reportfraud>

I confirm adherence to the reporting framework in preparation of the Performance Report



Signed Mark Axcell (Chief Executive)

Date 22.05.2019


PART B ACCOUNTABILITY REPORT



4 CORPORATE GOVERNANCE REPORT



4.1 The director's report



The following table provides detail of the Trusts substantive¹ Directors, Non-Executive Directors, Chair and Chief Executive.



Figure 43 Board Directors 2018/19

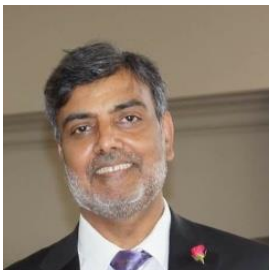

Board Member	Profile	Committee Involvement	Declared Interests
 <p>Harry Turner, Chair</p>	<p>Harry's professional career has been spent in the hospitality sector, managing a range of hotel groups, golf courses and leisure clubs.</p> <p>Recently he has held senior operational management positions in national and international companies such as Travel Inn (now Premier Inn), Marriott Hotels international and most recently a Director of a private equity backed takeover of Travelodge.</p> <p>Since 2008 he has held Board level positions within the NHS, he was, for 6 years, the Chair of Worcestershire Acute NHS Trust.</p> <p>He is currently a Magistrate within West Mercia, Chairman of the John Taylor Hospice in Birmingham, a Non-Executive Director at Robert Jones and Agnes Hunt Orthopaedic Hospital. He is also a steering group member on an NHS research project focused on patient experience</p>	<p>Harry is Chair of the Nominations and remuneration Committee.</p>	<ul style="list-style-type: none"> • Chair – John Taylor Hospice, Birmingham • Deputy Chair Worcestershire Magistrates • Steering Group Member – NHS Research Project PEARL • Owner – FTK Associates • Owner – Vacation Rentals Lda Portugal • Magistrate – West Mercia benches • Non-Executive Director – Robert Jones and Agnes Hunt NHS Foundation Trust


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Chris Fearn, Non-Executive Director</p>	<p>Christine has over thirty years' experience in the NHS. She began her career as a nurse in 1983. A former Deputy Chief Executive and an experienced NHS Director, she has held a number of senior roles in Acute and Community Trusts and in NHS Commissioning, leading on strategy and transformation. In recent years she has led transformational work across economies and whole systems to deliver new models of care and specifically enable the sustainability of high quality clinical services for patients. She is married with two grown up sons. She loves walking and exploring new places and people.</p>	<p>Chair of the Quality and Safety Committee</p> <p>Member of the Workforce Committee</p> <p>Member of the Nominations and Remuneration Committee</p>	<p>Director – Inhealth Strategic Solutions Ltd</p> <p>Alzheimers Society – Volunteer</p> <p>National Trust - Volunteer</p>
 <p>John Lancaster, Non-Executive Director</p>	<p>John, following a period in the motor industry joined Dairy Crest, initially in finance, before moving into general management where he was responsible for operations in the East of England before working his way up to Operations Director for the National liquid business. In 1996, he joined British waterways as general manager in the Midlands. He retired a decade later, in October 2006 as Managing Director.</p> <p>He served as a Non-Executive Director with West Midlands Ambulance Service for ten years from their formation as a Trust, to obtaining Foundation Trust status. He chaired Stratford town Trust, and South Warwickshire Young Enterprise.</p> <p>John and his wife, Mo, have a home in Stratford-upon-Avon, where they have lived for nearly thirty years. They have three grown up children and John now occupies his spare time rowing on the Avon and running, having completed the New York Marathon.</p> <p>John is a Chartered Accountant</p>	<p>Chair of the Audit Committee</p> <p>Member of the Finance and Performance Committee</p> <p>Member of the Nominations and Remuneration Committee</p>	<p>No declared interests</p>


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Simon Murphy, Non-Executive Director</p>	<p>Simon is Chair of the Sandwell Local Improvement Finance Trust Company, a public- private partnership that builds and manages health centres. He is a Board member of the Worcestershire Local Enterprise Partnership, and also Chair of the Finance and Audit Committee of the regional employment and environment charity, Groundwork West Midlands.</p> <p>Simon has represented Dudley and Walsall as a Member of the European Parliament. He is former Director of the Birmingham Coventry and Black Country City Region, and has been a Governor of the University of Wolverhampton, as well as a University Tutor. He holds a PhD in conflict management.</p> <p>Simon is married with two children, and in his spare time are a junior rugby coach, and the manager of a girls' cricket team.</p>	<p>Simon is the Senior Independent Director (SID)</p> <p>Chair of the Finance and Performance Committee</p> <p>Member of the Quality & Safety Committee</p> <p>Member of the Nominations and Remuneration Committee</p> <p>NED lead for Duty of Candour and NED lead for Mortality</p>	<p>Chair, Sandwell Local Improvement Finance Trust Company Ltd</p>
 <p>Debbie Nixon, Non-Executive Director</p>	<p>Debbie has worked in the NHS since 1981, qualifying as a Registered Nurse in 1985. Debbie has operated as an Executive at Board level for the past 15 years working in both commissioning and provider organisations and has spent the whole of her career in the North West.</p> <p>Debbie's previous role to this appointment was a Chief Operating Officer and Executive Nurse for a Clinical Commissioning Group, also working as the Senior Responsible Officer for Mental Health and Learning Disability programme, across the Lancashire and South Cumbria Integrated Care Partnership.</p> <p>Debbie has also had experience working in a number of national roles that included the National Institute of Mental Health for England as senior consultant and as a review team member for the Department of Health Gateway Team. Debbie is married with two children and is a keen walker and cyclist.</p>	<p>Chair of the Mental Health Act Scrutiny Committee</p> <p>Member of the Audit Committee</p> <p>Member of the Nominations and Remuneration Committee</p>	<p>No declared interests</p>


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Tracey Orr, Associate Non-Executive Director (Non Voting)</p>	<p>Tracey is Support Services Executive for Central England Co-operative, a regional retail Co-operative based in the Midlands and East of England. With a HR background, her responsibilities also include Organisation Design and Change as well as the oversight of a Shared Service Centre.</p> <p>Tracey has worked for over thirty years in the Co-operative movement and is also Chair of the Co-operative Employers Association, a national body for collective bargaining. With a keen interest in mental health matters, she is also a member of the Trust board for Selly Oak School, a specialist school in south Birmingham providing education to support pupils with learning disabilities.</p>	<p>Chair of the Workforce Committee</p> <p>Member of the Mental Health Act Scrutiny Committee</p> <p>Member of the Nominations and Remuneration Committee</p>	<p>Director of Insbanus Quantity Surveying</p> <p>Member of Selly Oak Trust Board</p> <p>Support Services Executive – Central England Co-Operative</p> <p>Chair of Co-operative Employers Association</p>
 <p>Pawiter Rana, Non-Executive Director to 30 September 2018</p>	<p>Pawiter has enjoyed a successful and varied career in ICT spanning the last 28 years, and took up his first role as a Test Software Engineer. Subsequently he undertook several software engineering roles, gaining a number of individual contribution awards. In 1993 Pawiter joined Fujitsu Telecommunications Europe Ltd and made rapid progress from his position as a software engineer to Technical Lead on the first major development Fujitsu had implemented in the UK. Since 1995 he has been involved with leading the software and systems development on many new products, owning the complete end to end development and delivery.</p> <p>In 2003 Pawiter became Engineering Director and is presently Director of Design, Implementation and Platform Operations in Fujitsu UK&I. Born in the West Midlands, he currently lives in Walsall, is married with three daughters and enjoys sports and watching the Horizon channel.</p> <p>Pawiter has a Postgraduate Certificate in Mathematical Modelling and Computer Simulation.</p>	<p>Pawiter was the Chair of the Workforce Committee, Member of the Nominations and Remuneration Committee.</p>	<p>Head of Automation, Fujitsu</p>


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Adam Williams, Associate Non-Executive Director (Non-Voting)</p>	<p>Adam is the Regional Operations Manager for St John Ambulance, overseeing operational activity across the West of England and supporting the charity by taking responsibility for Care Quality Commission regulation within his area of responsibility.</p> <p>Prior to operations, Adam was National Head of Volunteering at St John Ambulance driving forward the strategic approach to volunteering and driving large scale organisational change. Adam is still a current volunteer with St John Ambulance as an Emergency Medical Technician and supports the training of emergency first aid. Prior to this Adam spent over 5 years in the Youth Sector working on local and national youth work initiatives, including National Citizen Service, Local Government Association projects and overseeing the Youth in Action programme through the British Council. During this time, Adam led on Youth Participation and believes strongly in the voice and influence of young people.</p> <p>Since 2014, Adam has been a Public Governor for West Midlands Ambulance Service NHS Foundation Trust.</p>	<p>Member of the Audit Committee</p> <p>Member of the Nominations and Remuneration Committee</p> <p>NED Lead for Emergency Planning</p> <p>Whilst it still met Adam was representative on the MERIT NED Assurance Group</p>	<p>Regional Operations Manager – St John Ambulance</p> <p>Public Governor – West Midlands Ambulance NHS Foundation Trust</p>
 <p>Mark Axcell, Chief Executive</p>	<p>Mark is a qualified accountant with over 20 years' experience in NHS Finance.</p> <p>Mark has worked both in provider and commissioning Trusts. Prior to joining the Trust, Mark worked at Mid Staffordshire NHS Foundation Trust and Trusts in the local health economies.</p> <p><i>Chartered Institute of Public Finance and Accountancy</i></p>	<p>Member of the Finance & Performance Committee</p> <p>Member of the Quality and Safety Committee</p> <p>Member of the Workforce Committee to 10th January 2019</p> <p>Chair of MExT</p>	<p>Chair – A Child of Mine Charity</p>


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Dr Iftikhar Ahmad, Joint Medical Director from 14 May 2018 to 10 February 2019</p>	<p>Dr Ahmad graduated from Punjab University in Pakistan and after initial work in Psychiatry, he moved to the UK where he completed basic and higher Specialist Training in Psychiatry in the Trent region.</p> <p>He has worked as Consultant Adult Psychiatrist since 1999, first in Sheffield and since 2004, for Dudley and Walsall Mental Health Partnership NHS Trust. During his time with the Trust he undertook responsibilities as Clinical Director for community and recovery services from 2011-2018.</p> <p>He is a trainer of core psychiatric trainees and medical students. He has been an elected member of Executive Committee West Midlands Division, an examiner for CASC and he is currently an assessor for the Royal College of Psychiatrists. He is an active member of Mental Health Act Approval Panel for Midlands and East of England.</p>	<p>Member of the Quality & Safety Committee</p> <p>Member of the Mental Health Act Scrutiny Committee</p> <p>Member of the Finance & Performance Committee</p> <p>Member of the Workforce Committee</p>	<p>No declared interests</p>
 <p>Rupert Davies, Director of Finance, Performance and IM&T to 31 August 2018</p>	<p>Rupert has over thirty years' experience in NHS finance, including as Director of Resources at Worcestershire Partnership NHS Trust and Director of Finance at West Midlands Ambulance Service NHS Foundation Trust. Other key roles included supporting one of the first NHS foundation trust mergers – that of South Staffordshire Healthcare with the Shropshire PCT's mental health services, resulting in the expanded trust securing the first ever 'Monitor/HFMA Foundation Trust of the Year' award</p> <p><i>Chartered Institute of Public Finance and Accountancy</i></p> <p><i>Ph.D, Economic and social history, University of Leicester</i></p> <p><i>M.A Economic history, University of Leeds</i></p> <p><i>BA Social Sciences, University of Kent</i></p>	<p>Rupert was a member of the Finance & Performance Committee, a Member of the Workforce Committee and a member of MExT.</p> <p>Rupert was the Senior Information Risk Owner (SIRO) for the Trust.</p>	<p>Sole Director of Radic Solution Ltd</p> <p>Non active member of the Labour Party</p>


Board Member	Profile	Committee Involvement	Declared Interests
 <p>Marsha Foster, Interim Director of Operations and from 1 September 2018 Deputy Chief Executive (substantive Director of People and Corporate Development)</p>	<p>Marsha began her NHS career in 1995 via the NHS General Management Training Scheme. She then undertook a range of general management and service development posts within mental health services in Birmingham and Solihull, before project managing a number of NHS mergers.</p> <p>She was the project director for the formation of Dudley and Walsall Mental Health Trust and was then appointed as Head of Corporate Affairs for the Trust. Appointment as Executive Director of People & Corporate Development followed in March 2012.</p> <p><i>PG Diploma Healthcare Management</i> <i>BA (Joint Hons) Economics & Management Studies</i></p>	<p>Member of the Finance & Performance Committee</p> <p>Member of the Quality & Safety Committee</p> <p>Member of the Mental Health Act Scrutiny Committee</p> <p>Member of the Workforce Committee</p> <p>Member of MExT.</p>	<p>No declared interests</p>

Board Member	Profile	Committee Involvement	Declared Interests
 <p>¹Rosie Musson, Acting Director of Nursing</p>	<p>Rosie has worked in the NHS since 1985, qualifying as a Registered Nurse in 1988. Rosie's career has spanned a number of clinical and leadership roles including Nurse Consultant in Acute Mental Health Services and Associate Director of Nursing.</p> <p>Rosie has an MSc in Quality Management in Healthcare and is passionate about driving quality improvement and patient safety and has a broad experience in Quality Governance.</p>	<p>Member of the Quality and Safety Committee</p> <p>Member of the Mental Health Act Scrutiny Committee</p> <p>Member of the Finance & Performance Committee</p> <p>Member of the Workforce Committee</p> <p>Rosie has the role of the Director of Infection Prevention and Control (DIPC) for the Trust.</p> <p>Member of MExT</p>	<p>No declared interests</p>

Board Member	Profile	Committee Involvement	Declared Interests
 <p>Robert Pickup, Interim Director of Finance, Performance and IM&T from 1 September 2018</p>	<p>Rob is a qualified accountant with over 15 years' experience in NHS Finance having started his career as a member of the NHS Financial Management Training Scheme. Rob has worked both in provider and commissioning sectors in senior management roles through his career.</p> <p>Prior to joining the Trust on secondment, Rob worked as Deputy Director of Finance at Birmingham & Solihull NHS Foundation Trust.</p> <p>Rob is a member of the Chartered Institute of Management Accountants and also the West Midlands branch vice chair and a member of the Mental Health steering committee for HFMA.</p>	<p>Member of the Finance & Performance Committee</p> <p>Member of the Workforce Committee</p> <p>Member of MExT</p> <p>Robert is the Senior Information Risk Owner (SIRO) for the Trust.</p>	<p>Substantive Employee of Birmingham and Solihull Mental Health NHS Foundation Trust</p>

Board Member	Profile	Committee Involvement	Declared Interests
 <p>¹Wendy Pugh, Director of Operations, Nursing, Governance, Quality & Estates to 19 April 2018</p>	<p>Wendy has worked within the NHS for over 20 years and began her career as a staff nurse in 1989. Since then Wendy has worked in a variety of roles all of which contributing to local mental health services. Over the last five years Wendy has undertaken a whole systems approach to the delivery of mental health services, and introduced a robust Care Program Approach for mental health services provided in Dudley and Walsall.</p> <p><i>Registered Mental Health Nurse</i></p>	<p>Wendy was a member of the Quality & Safety Committee, a member of the Finance & Performance Committee and member of the Workforce Committee and a member of MExT.</p> <p>She was also a member of the Health & Safety Committee.</p> <p>Wendy had the role of the Director of Infection Prevention and Control (DIPC) for the Trust.</p>	<p>No declared interests</p>

Board Member	Profile	Committee Involvement	Declared Interests
 <p>Mark Weaver, Joint Medical Director to 10 February 2019, Medical Director from 11 February 2019</p>	<p>Mark grew up in the Midlands and qualified at Kings College Hospital Medical School London. Following post-graduate psychiatric qualifications in Birmingham, he was a Senior Registrar, Clinical Research Fellow and Consultant in General Adult Psychiatry at St Bartholomew's Hospital, London. He was also lecturer and examiner for the undergraduate psychiatry course, examined for the University of London final MBBS medical examinations and ran the Royal College of Psychiatrists membership course.</p> <p>Since 2004, he has been Consultant in General Adult Psychiatry in Walsall and Associate Medical Director since 2005.</p> <p><i>MB.BS London</i> <i>M R C Psych</i></p>	<p>Member of the Quality & Safety Committee,</p> <p>Member of the Mental Health Act Scrutiny Committee,</p> <p>Member of the Finance & Performance Committee</p> <p>Member of the Workforce Committee</p> <p>Member of MExT.</p> <p>Mark is the Responsible Officer for Medical Revalidation and is the Caldicott Guardian for the Trust</p>	<p>No declared interests</p>

Board Member	Profile	Committee Involvement	Declared Interests
 <p>¹ Ashi Williams, Acting Director of People</p>	<p>Ashi has 12 years' experience working in the NHS in both Provider and Commissioning settings. Prior to joining the NHS Ashi worked in HR in manufacturing and private sector organisations. Ashi has an MSc in HR Management and Business and is also a Fellow of the Chartered Institute of Personal Development.</p> <p>Ashi is a member of the West Midlands HPMA Committee supporting the development of HR and OD Professionals. Ashi is passionate about ensuring people have the right skills and resources to do their jobs well and that their health and wellbeing is looked after.</p> <p>Ashi is a health and fitness enthusiast and completed the London Marathon in 2009, Ashi enjoys travel, would describe herself as a foodie and keen cinema goer.</p>	<p>Member of the Workforce Committee</p> <p>Member of the Finance & Performance Committee</p> <p>Member of MExT</p>	<p>Married to Accountable Officer of Sandwell & West Birmingham CCG and Black Country STP Lead</p> <p>Sister employed by the Trust in the Dudley Talking Therapies Team</p>

¹ Marsha Foster, Director of People and Corporate Affairs is the Interim Director of Operations, Ashi Williams, Associate Director of People has been acting into the role of Director of People, and Rosie Musson, registered mental health nurse, Head of Nursing, Quality and Innovation has been acting into the voting role of Director of Nursing.

The Board of Dudley and Walsall Mental Health Partnership NHS Trust is ultimately responsible for the actions and decisions of the organisation and notably for service delivery and quality, financial stewardship and strategic direction. It is composed of both Non-Executive and Executive Directors and meets in public in varied and accessible venues every month; the details of these meetings are publicised via the website.

Our Chair is appraised on an annual basis by NHS Improvement following a 360 degree review. Following the Chair's appraisal, a summary of the appraisal outcomes is produced and shared with the Chair.

All Non-Executive Directors are independent of the Trust and any direct business interests or otherwise must be declared. Our Non-Executive Directors come from a variety of working backgrounds and each has specific interests and skills that contribute to the overall structure of our Trust Board.

In 2012, as preparation for our transition to Foundation Trust, a shadow Council of Governors was established. Governors represent the views of the membership and have the opportunity to relay members' thoughts to the Trust Board. This important role ensures that the membership directly influences the future development of mental health services across Dudley and Walsall boroughs.

However as the Trust's application for Foundation Trust status remained deferred and with the emergence of the TCT Partnership and the decision of all three partner Board's was taken to formally integrate which provided a clear direction for the Trust, the formalities of the Council of Governors were disbanded in October 2016. Since then the Trust has continued to engage with those former shadow Governors who wished to be engaged as Ambassadors for the Trust. Following the ending of the TCT Partnership, but the continuing work with Black Country Partnership NHS Foundation Trust towards integrating the two Trusts, that engagement will be focused on encouraging membership of the enlarged organisation and its Council of Governors.

Senior Managers Service Contracts (directors only)

The remuneration and terms and conditions for Directors who sit on the Board (except Non-Executive Directors) are set by the Nominations and Remuneration Committee. For all post holders except the Joint Medical Directors / Medical Director, the Acting Director of Nursing, the Acting Director of People and the Director of Finance Performance and IM&T the remuneration and terms and conditions are in accordance with Very Senior Manager terms and conditions. The Chief Executive's pay has been set using benchmark information for similar Chief Executive Positions in other comparable Trusts.

All Directors receive regular appraisals. The Non-Executive Directors are appraised by the Chair of the Trust, as is the Chief Executive. The other directors are appraised by the Chief Executive. The Nominations and Remuneration Committee have not determined any performance related pay arrangements or bonuses. Any inflationary pay award for those Executive Directors on Very Senior Manager Contracts is determined under the guidance from NHSI annually by the Nominations and Remuneration Committee.

All Directors are on substantive contracts of employment, with the exception during the year of the Interim Director of Finance, Performance and IM&T appointed from September 2019 who is on a secondment from another NHS Trust. The Chief Executive is subject to a six month notice period as are all other Directors who are on very Senior Manager Contracts of Employment. Any termination payment would be determined in line with the standard NHS redundancy payment scheme, where appropriate. No termination payments have been made during the reporting period.

There are no other additional benefits that will become receivable by a senior manager in the event he/she retires early. It is customary that staff retiring from service within the Trust or NHS have their contribution recognised in the form of a gift and/or leaving event. Staff are given a gift with a maximum Trust contribution of £100, in accordance with the Trust Retirement Policy.

4.1.1 Board and Committees

The Board has established a number of Board Committees to ensure good Board governance and a focus on specific key strategic themes. These committees are:

The Remuneration and Nominations Committee which advises the Board on appropriate pay and terms of service for all Board level posts, excluding the Chair and Non-Executive Directors whose pay and terms of service are set by NHS Improvement (NHSI). The Nominations and Remuneration Committee is chaired by the Trust Chair and comprises all the Non-Executive Directors and Associate Non-Executive Directors.

The Mental Health Act Scrutiny Committee which is responsible for ensuring the Trust's compliance with all aspects of the Mental Health Act and that significant reports, including those from the Care Quality Commission (CQC) are appropriately actioned. The Mental Health Act Scrutiny Committee is chaired by Debbie Nixon, Non-Executive Director. The other substantive members of this Committee are Tracey Orr, Associate Non-Executive Director, the Director of Operations, the [Joint] Medical Director(s) and the Director of Nursing.

The Audit Committee which provides an independent and objective view of financial systems and governance, financial information, assurance processes and compliance with regulations governing NHS Trusts. The Audit Committee is chaired by John Lancaster Non-Executive Director and to maintain its independence the other members of the Committee are Non-Executive Directors.

The Auditor Panel which has been established by the Trust, in accordance with the Local Audit and Accountability Act 2014 and constituted with the same membership as the Audit Committee to provide advice on the appointment of external auditors which became the responsibility of the Trust for the financial year 2017/18, advise the Board on their removal or resignation and also advise on the contents of the Trust's policy on the purchase of non-audit services from the appointed external auditor.

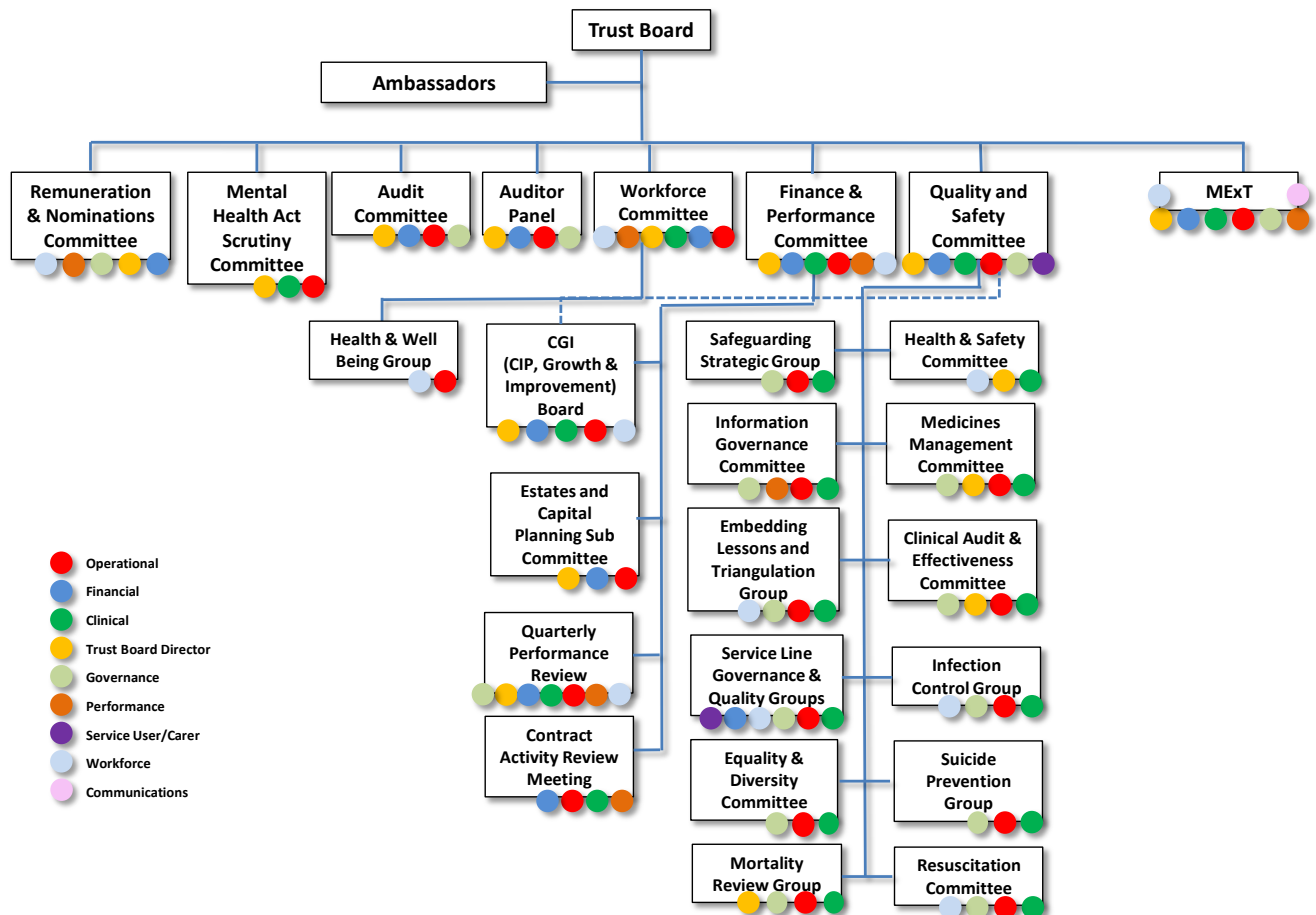
The Finance and Performance Committee is responsible for reviewing the Trust's performance against key financial and operational targets. It is also responsible for reviewing the Trust's key financial strategies and policies. The Finance and Performance Committee is chaired by Dr Simon Murphy, Non-Executive Director. The other substantive members of this Committee are John Lancaster, Non- Executive Director, Pawiter Rana, Non-Executive Director (to 30 September 2018 after which the third Non-Executive position on this Committee remained vacant) the Chief Executive, the Director of Finance, Performance and IM&T, the [Joint] Medical Director(s) the Director of Operations, the Director of Nursing and the Director of People.

The Quality and Safety Committee is responsible for reviewing and maintaining effective systems for integrated governance, risk management and internal control across all of the Trust's activities, both clinical and non-clinical. The Quality and Safety Committee is chaired by Christine Fearn, Non-Executive Director. The other substantive members of this Committee are Dr Simon Murphy, Non-Executive Director, Adam Williams, Associate Non-Executive Director, the Chief Executive, the [Joint] Medical Director(s), the Director of Nursing and the Director of Operations.

The Workforce Committee is responsible for ensuring that there is a coordinated strategic response to the workforce needs of the organisation and ensure the delivery of the Trusts strategic objectives in relation to "People" and ensure that there is an appropriate response to the strategic workforce risks and performance against workforce standards and key performance indicators. The Workforce Committee was chaired by Pawiter Rana, Non-Executive Director, until 30 September 2018, after which it was chaired by Tracey Orr, Associate Non-Executive Director. The other substantive members of this Committee are Christine Fearn, Non-Executive Director, the Director of People, the Director of Nursing, the Director of Operations, the Director of Finance, Performance and IM&T and the [Joint] Medical Director(s).

Management Executive Team (MExT) operates as the Trust's 'Operational Board' and oversees all day-to-day matters of operational and corporate significance. MExT is chaired by the Chief Executive the other substantive members of MExT are the Director of Finance, Performance and IM&T, the [Joint] Medical Director(s), the Director of Operations, the Director of Nursing, the Director of People, Clinical Services Director, the Clinical Directors, Deputy and Associate Directors, Heads of Service, the Chief Pharmacist, the Head of Compliance and Patient Safety and the Head of Communications

Figure 44 Board and Committees



4.1.2 Composition of Management Executive Team (MExT)

The executive team comprises:

- Chief Executive (Chair)
- Director of Finance, Performance and IM&T
- [Joint] Medical Director(s)
- Director of Operations
- Director of Nursing
- Director of People
- Clinical Services Director
- Clinical Directors
- Deputy and Associate Directors
- Heads of Service
- Chief Pharmacist
- Head of Compliance and Patient Safety
- Head of Communications

4.1.3 Names of Directors forming Audit and other committees

These are included in the profiles within Board Directors 2018/19.

4.1.4 Details of company directorships and other interests

These are included within section 4.1 figure 43.

4.1.5 Statement that Directors are satisfied that the adoption of the going concern basis is not in doubt

The Board of Directors is satisfied that the Trust is not about to take or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency and is therefore satisfied of the adoption of a going concern basis.

4.1.6 Statement as to disclosure to auditors

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are unaware. As a Board of Directors, we have taken all appropriate steps to make ourselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

4.2 Information Governance

4.2.1 Cost Allocation and Charges for Information

We certify that Dudley and Walsall Mental Health Partnership NHS Trust have complied with HM Treasury's Managing Public Money guidance on the setting of charges for information.

4.2.2 Disclosure of Personal Data Related Incidents

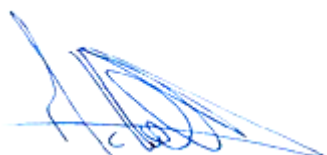
In 2018/19, the Trust has experienced 1 reportable level 2 data IG related incident which was reported to the ICO, this incident is still under review by the ICO and the Trust are awaiting a final outcome response. The process the Trust adopts when incidents do occurs is that the person who has caused / noticed the breach notify their line manager and record the incident on the Trust's incident reporting system (Safeguard). The IG Manager would launch an investigation and score the incident via the Information Governance Toolkit incident reporting tool. If the score/severity of the breach warrant it, the IG Manager would alert the SIRO, the Caldicott Guardian and the Clinical Governance Department.

4.3 The Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. 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 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 22.05.2019

4.4 Statement of Director's 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 HM 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, the directors are required to:

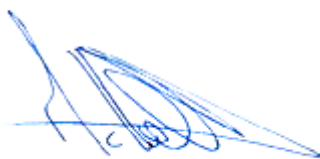
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and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

The directors are responsible for keeping proper accounting records that 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.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy.

By order of the Board



22.05.2019

.....Date.....Chief Executive



22.05.2019

.....Date.....Finance Director

4.5 Annual Governance Statement

4.5.1 Scope of responsibility

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

4.5.2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Dudley and Walsall Mental Health Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Dudley and Walsall Mental Health Partnership NHS Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

4.5.3 Capacity to handle risk

The management of risk is everybody's responsibility within the Trust. Risk management forms an aspect of the "introduction to Governance" training provided as part of the Trusts package of induction training. In line with the wider improvements to the Trust's staff induction format in 2019/20 rather than a formal presentation there will be a series of "market stalls" where a number of teams will talk about their roles, one of which will be the Compliance and Safety Team which will include a talk on Risk Management in the organisation. All staff should familiarise themselves with the risk management process be aware of risks within their working environment and identify any new risks to their line manager. Risks are identified through the Service Line Meetings and are owned and managed by the services.

The Trust Board retains overall responsibility for ensuring that appropriate risk management systems are in place to enable the organisation to deliver its objectives. Board Committees and Sub Committees / Groups through the parent Committee have the responsibility to provide assurance to the Board that risks within its remit are being identified and managed appropriately.

I have overall responsibility for the Trusts risk management programme and for ensuring that this system operates effectively. The Executive Directors are responsible for ensuring that there are appropriate processes for risk management within the directorate.

The Trust adopts a structured and pragmatic approach to risk management training and will provide a comprehensive programme of risk management training.

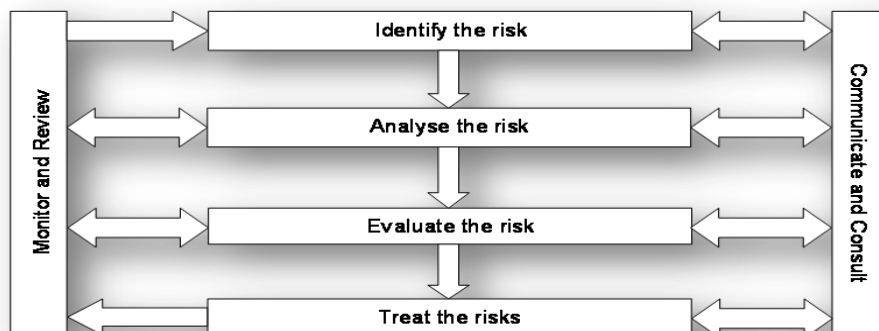
All board members and senior managers (those with a responsibility for a tier 3 directorate risk register undergo specialist risk management training on a 12 monthly basis as a mandatory

requirement.

4.5.4 The risk and control framework

The process of risk management in the Trust, graphical demonstrated below is a continuous process and involves the identification, evaluation and treatment (mitigation) of risks, aiming to reduce either the severity or the likelihood of a risk occurring.

Figure 45 Risk management approach



The Trusts risk management strategy sets out the Trusts risk management arrangements, defining a framework that enables the effective management of these risks and in particular those relating to the achievement of strategic, corporate and clinical objectives. Specifically the strategy:

- Provides a framework for proactively identifying uncertainties in order that risks can be mitigated and opportunities to eliminate and prevent risks utilised
- Provides systems and structures for identifying, assessing, prioritising managing, and reporting risk in a consistent manner across all services in the Trust
- Facilitates the development of an embedded culture of safety awareness throughout all levels of the Trust
- Provides a framework from which meaningful risk metrics can be provided to the Trust Board, Senior Management and Service Lines
- Provides a framework for assurance to the Trust Board and senior management that risks are being appropriately identified, appraised, managed and monitored
- The use of a robust framework allows the organisation to identify, assess, record, prioritise and escalate risk in a systematic and consistent manner, thus allowing risks to be managed to a level which is seen as acceptable. The Trust uses a structured approach to risk identification and assessment, and the subsequent collation, prioritisation and management of risks at both an organisational and local level.

Risk appetite in the Trust represents a balance between the potential benefits of innovation or change and the threats that this innovation or change will potentially bring and is circumstance dependant and therefore individually assessed. The Trust's identification is twofold. Residual risk ratings are established for all risks and are a means of expressing a target for the lowest acceptable (tolerated) level for that risk. A trigger score has been set, currently that is a risk score of 15 or above which automatically trigger a discussion via the risks held on the Trust Wide Risk Register.

Risks are identified through a variety of external and internal sources and the Trust takes the widest possible approach to the identification of risks, with risks identified at all levels throughout the organisation.

On identification of a risk, the current controls in place to mitigate the risk are assessed and the risk is allocated a risk rating using a matrix and agreed likelihood and severity (consequence) descriptors.

This prioritisation tool (risk matrix) is based upon the Australian and New Zealand Risk Management Risk Management Standard (AS/NZ 4360:1999).

The matrix below is used to assess both the initial and residual likelihood and severity of identified risks, providing an overall risk rating.

Figure 46 Overall Risk Rating Matrix C (Severity) x L (Likelihood) = Risk Score

Likelihood	Severity (Consequence)				
	1	2	3	4	5
	1	2	3	4	5
	2	4	6	8	10
	3	6	9	12	15
	4	8	12	16	20
	5	10	15	20	25
Risk Score = Severity (Consequence) x Likelihood					

For identified risks, a programme of actions is agreed to manage and control the risks. The Trust uses the following approaches to risk control:

- Reduce/mitigate - The taking of action to reduce risk as far as is possible, either through reducing the likelihood of the occurrence or reducing its severity
- Eliminate - The taking of action to completely eliminate the risk of the occurrence
- Avoid - Whether a particular task can be undertaken in a different way so that the risk does not occur
- Transfer - The movement of risk from one party to another (department/individual/ organisation)
- Acceptance/Retention - If the risk is small or cannot be reduced, eliminated, avoided or transferred the Trust will need to accept it and prepare an action plan to avoid its exposure. Action plans are developed to set out the steps required to manage each risk. Where additional resources are required to effectively manage a risk, this is linked into the Trust's business planning process

Along with a robust structure/framework for risk management, the Trust's risk management strategy is further underpinned through effective communication of risk including the use of risk registers and through suitable risk management education and training. The use of a robust framework allows the organisation to identify, assess, record, prioritise and escalate risk in a systematic and consistent manner, thus allowing risks to be managed to a level which is seen as acceptable. Risks are therefore escalated in accordance with their risk score and as such a tiered approach to this is taken in accordance with the following framework.

Tier 1 (Team Risk Registers) – These are Team Risk Registers and hold only green risks and as such do not contain amber or red risks which are escalated upwards according to the Trust's risk

escalation framework.

Tier 2 (Department Risk Registers) – These are Department Risk Registers which contain Amber and Green risks (dependent upon the risk escalation framework within that particular directorate. Red will not be managed via this risk register as red risks should be escalated in accordance with the agreed framework.

Tier 3 (Directorate Risk Register) – These contain the Red Operational Risks for the directorate, each of these are held by the Trust's appropriate Executive Director. These risks will be presented to the Trust Board via a monthly report and to appropriate Board Committees.

In autumn 2018 the Trust commissioned the Good Governance Institute to undertake a comprehensive review of its risk management framework and processes through the Trust. The initial findings indicated that there was a positive and genuine commitment to risk management by the Trust leaders who also had a general understanding of risk appetite, albeit identifying the need to develop a risk appetite statement. Board Agendas are risk driven and whilst refinements were identified in processing risk information to assure Board, Committees of Board have sight of their risks. The Board Assurance Framework process and system was robust, recognising the need to refresh the BAF in light of the Trust's revised strategic objectives. The review also identified the need to improve clarity on roles and responsibilities through the Trust, devolving ownership, ensuring lessons learnt are followed.

The final report is due early in 2019/20; however the Trust is already working to make enhancements to its risk management system, completing a series of system updates and delivering training on the system to improve its operability and accessibility. This will improve the quality of risk information and therefore reporting through the governance structure to ensure that risks continue to be managed in a consistent and timely manner.

4.5.5 Developing Workforce Safeguards recommendations

The Trust must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively and should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using services and keep them safe using an approach that reflects current legislation and guidance. A nurse establishment and skill mix review was conducted during the year and the Trust is revising its Workforce Strategy through the Workforce Committee for Board approval.

Within the Trust wide parameters agreed by the Board, decisions regarding the safe staffing levels on Wards are taken on the basis of risk. Implementing an acuity tool and safe care, which is a systematic approach to calculating number of staff required against acuity and professional judgment regarding the safe staffing levels on wards with the support of the Trust's E-Rostering system. Staffing and skill mix is displayed on Wards. The Trust has a Safer Staffing Escalation Framework and a mature incident reporting process and culture reported through the Quality and Safety Dashboard.

Compliance with the Trust's Safe Staffing indicators is included in the Integrated Performance Report and a more detailed analysis of planned and actual staffing, exception reporting for variances and concerns relating to safer staffing, trends in monthly average fill rate, Bank and agency actual hours' against substantive hours and the number of Qualified staff per shift is reported to Workforce Committee on a monthly basis and then onto Board through the Workforce Report.

In September the CQC undertook a core service inspection of the Trust, followed by a Well-Led review in November, the CQC's final report was published in February 2019 the Trust maintaining its Good rating, underlined by a number of improved ratings compared to the

previous inspection across a number of services, including an outstanding rating in the caring domain for the Trust's Specialist Community Mental Health Service for Children and Young People. The matrix below shows the detailed ratings:

Figure 47 CQC rating

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Wards for older people with mental health problems	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Community-based mental health services for adults of working age	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Mental health crisis services and health-based places of safety	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2018	Good ↔ Jan 2018	Good ↔ Jan 2019	Good ↔ Jan 2019
Specialist community mental health services for children and young people	Good ↔ Jan 2019	Good ↔ Jan 2019	Outstanding ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019
Community-based mental health services for older people	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017	Good ↔ Mar 2017
Overall	Good ↔ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019	Good ↔ Jan 2019

Overall the Trust was rated good in all but two domains and achieved our first outstanding; this was a real achievement reflecting the positive response to the outcome of the previous inspection and the hard work of staff across the Trust.

In its inspection of the Trust, the CQC rated the services well-led through evidence that the trust board operated effectively and as one body with a rounded understanding of performance, which appropriately covered and combined their views with information on quality, operations and finances. The leadership was consistent, stable and had a comprehensive knowledge of current priorities and challenges and acted to address them. There was a strong vision and value for the trust there were plans to refresh them through a series of consultation exercises with staff with its strategy and priorities aligned. Governance systems from ward to board provided good performance management information to make decisions and the trust communicated well with patients, carers, staff and stakeholders and included them in decisions about service re-design and development. The expert by experience role was a good example of patient involvement and showed that the trust listened to, also valued the views and experience of service users. There was also good arrangements in place to recognise, record and manage risks.

There are no conditions attached to the Trust's CQC registration, therefore the trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust understands that there are still improvements to be made and has added further to the Trust's CQC action plan in 2019/20 to further improve the Trust towards an outstanding rating. The Trust has also maintained a Sector 2 banding within the Single Oversight Framework.

The trust has published an up-to-date register of interests for decision-making staff within the past twelve months, as required by the '*Managing Conflicts of Interest in the NHS*' guidance.

4.5.6 Quality Governance

Quality Governance in the Trust is the combination of structures and processes at and below board level to lead on trust-wide quality performance including:

- ensuring right standards are achieved;
- investigating and taking action on substandard performance
- planning and driving continuous quality performance
- identifying, sharing and ensuring delivery of best practice; and
- identifying and managing risks to quality of care

The Trust reports at all levels within the organisation regarding quality of care, culminating with detailed information to the Trust's Quality and Safety Committee and the Trust's Board. Quality within the Trust is embedded from the BAF, where the risk to achieving quality of care is identified as a risk and action is monitored. All targets can be tracked through Board reporting, with clear progress identified against each objective along with clear risks to their achievement and mitigation to be undertaken. The Trust also has a number of mechanisms in place to review lessons learned from enquiries and capture actions from internal and external reviews. Mechanisms include the Embedding Lessons and Triangulation Group and the Clinical Audit Effectiveness Committee (CAEC), which report through the Quality and Safety Committee.

The Trust has not received any Regulation 28 prevention of future death reports during the year.

Data quality is subject to internal review with actions taken where appropriate. At each Quality and Safety Committee and Board meeting a report is provided on progress against quality of care standards.

The Trust has processes in place to ensure the engagement of staff, patients, carers and other stakeholders in the consideration of the quality of care, with various groups established to facilitate this. The Trust's Experts By Experience have a comprehensive work programme and regularly report on their activity and observations around the quality and safety of the care afforded to the Trust's patients to the Quality and Safety Committee.

The Trust's strategy sets out a focus on continuous improvement and the strategy contains reference to a number of Trust wide quality improvement priorities and CQUINs. The Trust has continued to deliver an annual programme of quality improvement which includes the nationally defined CQUINs. The process to deliver this has been applied across the Trust and also for each service line to address key areas of risk and is in line with the strategic direction of Trust.

Areas for improvement have been based on continuous intelligence about the quality of service, including from performance data, incidents, internal audits, clinical audit, appreciative enquiries, service user and stakeholder feedback. Improvement Plans have been developed on a project management approach, with assurance on the delivery of those plans being given to the Trust Board through its Quality & Safety Committee. Measurement is through both quantitative and qualitative methods. Metrics enable the trust to identify variations against plans and targets, provide analyses and commentary on performance, and enable review of projections and trajectories and risks to achieving these.

Improving the use of metrics has focused on accuracy, timeliness, completeness and reliability of data and measures in line with the Trust's Data Quality Policy and their increased use at Service, Team and Individual level through the quality improvement education programme.

The Trust seeks assurance that it complies with the CQC registration requirements through the work of the Trust's CQC Steering Group. The Group is central in the development and monitoring of the any action plans developed in relation to CQC compliance and CQC Mental Health Act Visits. The Trust also undertakes compliance / supportive visits which review services against set criteria / standards aligned to the CQC standards outlined within the CQC's registration requirements.

Action plans are developed in relation to the outcomes of these compliance / supportive visits which are reviewed and monitored by Trust's CQC Steering Group.

The Trust has an Incident, Near Miss and Serious Untoward Incident Policy; any events falling under the definition of the policy are reported and managed through the Trust's online incident reporting system. The policy clearly requires all staff to report incidents as soon as practicable. Considerable work continues to be undertaken by the Trust's Staff Engagement Lead working with engagement champions across the organisation to encourage the reporting of incidents to enable the trust to learn and continual improve the delivery of safe quality services to its patients.

The Trusts Compliance and Safety Team actively engages with the Trusts clinical teams to provide advice, guidance and training in relation to the incident reporting system where required and regularly provide feedback, sharing trends and analysis to appropriate Committees and Individuals. Incident reporting is also discussed as part of the Trusts induction training and is also included on a number of other training programs, such as nursing preceptorship and band 5 nursing development sessions.

The Trust promotes a just culture and in 2018/19 a multi-disciplinary approach to Serious Incidents was introduced to improve the co-ordination and quality of Serious Incident Investigations, including the learning from the Root Cause Analysis of Serious Incidents.

In 2018/19, all major service development and redesign projects were managed through project management principles supported by an electronic software solution, embedding Quality Impact Assessments (QIA's). The Trust has an effective Quality Impact Assessment process in place to ensure that quality of care is not compromised through its Cost Improvement Plans. Quality and Equality Impact assessments have been completed for all service transformation developments and cost improvement programmes. QIAs are designed to ensure that service transformation plans place quality and safety improvement as the highest priority.

These assess the potential positive impacts on quality and detail the measurement methodology. They also identify any potential risks to quality and describe how these risks will be mitigated. Quality Impact assessments are linked to the 6 strategic quality objectives in the Trusts Quality Improvement Strategy. These are signed off by the Director of Nursing and Medical Director and assurance given to the Quality and Safety Committee before schemes are presented to Board for discussion and approval. This helps to ensure that quality and safety issues are robustly debated before presentation to Board. Mechanisms exist within the Trust to ensure the impact of initiatives on quality is measured on an ongoing basis and that mitigating action is taken where necessary and reported through the Trust's governance structure. Project closure documentation includes any residual risks moving into business as usual.

Data Protection Assessments are also being embedded within the process in accordance with the General Data Protection Regulations (GDPR).

The Trust continues to encourage the sharing of best practice and innovation. Whilst this will take place within the operations of the services the Trust's embedding lessons and Triangulation Group supports and promotes the sharing of learning across the organisation.

4.5.7 Major Risks

The Trust has a 5 year strategy - Integrated Business Plan (IBP) which supports its Clinical and Social Care Strategic Vision, resulting in a clear annual "strategy on a page" linking the Trust's vision and values into strategic domains which feed into annual corporate objectives. Risks to the achievement of the strategy are managed through the Board Assurance Framework (BAF) whilst organisational risks identified are managed through the high level corporate risk register.

The strategic risks to delivering the IBP are clearly identified and inform the BAF. Board members are able to comprehensively describe the same set of risks facing the organisation.

The Trust Board receives assurance on key issues from each Committee the impact of the risks on the Trust's strategic aims and objectives being monitored quarterly by the Trust Board's Committees to provide assurance to the Board on the effective management of the strategic risks to the organisation. The process by which this happens is monitored through the Audit Committee.

The Board Assurance Framework included five strategic risks, these are outlined below and there is further detail elsewhere in the Trust's annual report. These strategic risks continued from the previous year.

Figure 48 Strategic risks

RISK REFERENCE	Risk Description
SR1	Sustainability of the Organisation
SR2	Financial Sustainability
SR3	Achieving quality of care
SR4	Ability to recruit and retain staff
SR5	Management, Maintenance and Strategy for the Estate

The Trust's BAF underpins the delivery of its key objectives and incorporates the highest risks faced by the organisation. It therefore aligns the Trust's principal risks with the key controls and assurances for each of the Trust's key objectives. Where gaps in assurances are identified, mitigating actions are developed to reduce the risk of the non-delivery of these key objectives.

I am satisfied that corporate governance systems in place are appropriate.

The Trust had an operational plan developed and approved by the Board for 2018/9. The monitoring against delivery of this plan occurred through the committees of Board on a regular basis through the business cycle of reporting and has been triangulated by the internal audit programme and other mechanisms including visits to clinical areas, wards and departments. The Trust has in place a robust governance framework that includes the Standing Orders, Standing Financial Instructions and a Scheme of Delegation, which along with the Committee Terms of Reference provide the mechanisms to support effective Board and committee structures, clear responsibilities for the Board and committees.

I and the Executive Directors (both voting and non-voting) who report to the Board are suitably qualified, both professionally and through experience. A robust process is in place to ensure compliance with the Fit and Proper Persons Regulations.

Our Chairman set objectives for the Chief Executive and Non-Executive Directors for 2018/19. In turn, the Chief Executive set objectives for the Executive Directors and Corporate Directors in relation to the delivery of the Annual Plan for 2018/19. Performance against objectives is reviewed formally on an annual basis by the Chairman and Chief Executive, respectively.

There are a number of acting and interim arrangements within the Executive Director team however the externally appointed interim arrangements continued to add experience to the Board and the internal acting up arrangements are experienced practitioners in their profession and have undertaken the aspiring leaders programme.

Following the decision of the three Trusts under the TCT Partnership to formally end the partnership and therefore stand down the proposed acquisition of Dudley and Walsall Mental Health Partnership NHS Trust by Birmingham Community Healthcare NHS Foundation Trust Marsha Ingram, Director of People and Corporate Development, acting into the role of Director of Operations returned from her secondment to Birmingham Community Healthcare NHS Trust as the formal arrangement entered into with Black Country Partnership NHS Trust to share its Director of Operations, Lesley Writtle, ceased with the end of the TCT Partnership.

Arrangements were made in March 2018 to appoint two substantive Non-Executive Directors Christine Fearn and Debbie Nixon and two Associate Non-Executive Directors Tracey Orr and Adam Williams to the Trust's Board, all of whom took up post from 1 April 2018.

Rupert Davies, Director of Finance, Performance and IM&T retired from the Trust on 31 August 2018, Robert Pickup was appointed to that role on a secondment from 1 September 2018.

Pawiter Rana, Non-Executive Director stepped down from the Board at the end of his term of office on 30 September 2018. The Trust continues to hold this vacancy as it works towards the integration with Black Country Partnership NHS Foundation Trust.

Dr Kate Gingell, stood down from her position of Joint Medical Director on the Board effective from 31 January 2018. On 14 May 2018 Dr Iftikhar Ahmad was appointed interim Joint Medical Director pending a review of the medical management structure within the Trust. Following that review on 10 February 2019, Dr Ahmad stood down from his interim role and Dr Mark Weaver was appointed Medical Director within a revised medical management structure.

Following the end of the TCT Partnership, both the mental health trusts in the partnership gave a commitment to continue the positive work that had begun under that partnership. In June / July 2018 both Trust's signed a Memorandum of Understanding to work together to identify opportunities to enhance the qualitative and economic sustainability of the services they separately provide and to collaborate to develop services not currently provided including the consideration of alternative and jointly provided models of care and the most effective form of delivery and in autumn 2018 the Board confirmed its belief that the work of the two Trust's, subject to a robust clinically led business case would result in a formal transaction integrating the two Trusts. A Strategic Case was submitted to NHSI in January 2019 and the two Trusts are continuing to work to an integration date in 2020.

It is against this background that as a proxy measure of the effectiveness of the Board's leadership the Trust delivered a surplus of £1 million, maintained performance against its Key Performance Indicators and received some very positive results through the Staff Survey. A full review of the Board's effectiveness will be undertaken as the Board stabilises in 2019/20.

There has been a process in place to further develop the service lines within the Trust to support delivery and accountability, with a revised service line structure being implemented from 1 April 2019. All staff have access to performance information dashboards. Each division has its own governance structure and is responsible for gaining assurance on performance including quality indicators of their service. Service level meetings help foster a culture whereby learning points can be noted and shared through the Management Executive Team and this will continue as into 2019/20.

Appropriate governance structures are in place to support working towards compliance with healthcare standards, in particular through the Quality and Safety Committee and its sub Committees. A CQC Steering Group has continued to operationally lead the delivery of the CQC action plan following the Trust's inspection and re-inspection in February 2016 and November 2016, overseen particularly by the Quality and Safety and Mental Health Act Scrutiny Committees. The one significant area of work to conclude is the implementation of a revised Electronic Patient Record.

The considerable work undertaken by the Trust in 2016/17 to procure a new Electronic Patient Record was appropriately put on hold, with a view to aligning systems across the partner Trust's under the TCT Partnership in anticipation of the integration of the three Trusts. When the partnership and the acquisition was stood down a new approach to quickly mobilise the procurement of a new EPR was developed. The contract for a new EPR has now been finalised and the new system will be implemented in 2019/20.

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

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

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 risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

As Accounting Officer, I am responsible for ensuring that the Trust has arrangements in place for securing value for money in the use of its resources. To do this I have maintained systems to:

- Set, review and implement strategic and operational objectives
- Engage actively with patients, staff, members and other stakeholders to ensure key messages about services are received and acted upon
- Monitor and improve organisational performance
- Establish plans to deliver cost improvements.

The Trust submits to NHS Improvement (NHS I) an Annual Plan incorporating a supporting financial plan approved by the Board of Directors. This informs the detailed operational plans and budgets which are also approved by the Board. The Trust actively engages Commissioners, NHS Improvement and others as necessary to develop and agree detailed financial and operational plans. Prior to approval the Board takes the views obtained from stakeholders into account.

The Board agrees annually a set of corporate objectives and milestones which are communicated to colleagues. Achievement of those milestones is reviewed on a quarterly basis.

Operational performance is kept under constant review by the Executive Team and Board of Directors.

4.5.9 Performance Management Reporting

To ensure that the Board is aware to a sufficient degree of what is happening across the Trust, a comprehensive Integrated Performance Report and Dashboard is reviewed at each monthly public Board meeting. The report is structured across the domains of Quality, Finance and Workforce. This includes outcome and quality governance measures and performance indicators rated red, amber or green. Importantly the quality and performance report includes information on 'Serious Incident' and 'never events' and the Trust Board receives information on follow-up action.

The Trust keeps under review the indicators by which it monitors its quality financial, operational and workforce performance.

The Trust has clear performance reporting on Human Resource issues and through performance management reporting the Board are sighted on service level achievement of targets for statutory and mandatory training, appraisal details and levels of sickness.

This formal Board performance management reporting framework is accompanied by a series of measures to achieve a more interactive style of governance, moving beyond paper reporting. Examples include: patient and staff stories to Board and 'Experts By Experience' (EBE) reflections, which are presented quarterly. Board members also carry out programmed onBoard Walks. These shine a light on individual experiences of care provided by the Trust and act as a catalyst for improvement.

These arrangements allow Board members to help model our values through direct engagement, as well as ensuring that Board members take back to the boardroom a better understanding of the lived reality for staff, public and patients.

4.5.10 Cost Improvement

The Trust designs annually a programme of Cost Improvements to drive efficiency and the transformation in services across the Trust. The Trust achieved £2,099k of the £2,096k target for its programme in 2018/19, albeit not all recurrently.

4.5.11 The Role of the Board and its Committees

The Trust Board is held accountable by the Department of Health on behalf of the Secretary of State to ensure effective financial stewardship through value for money, financial control and financial planning and strategy and to oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken where necessary.

The infrastructure of the Board and its Committees, which has been considered and revised periodically to reflect independent review and revised regulatory guidance has a key role in ensuring that resources are used economically, efficiently and effectively and currently comprises:

Figure 49 The role of committees

Committee	Role/ Function	Frequency
Trust Board	Retains overall responsibility for setting strategic direction, monitoring the delivery of strategic objectives and ensuring that appropriate risk management systems are in place. It sets the risk appetite for the organisation in relation to new business cases and the balance between potential benefits of innovation or change and potential threats.	Monthly
Quality and Safety Committee	The Committee holds the delegated responsibility for ensuring that clinical and operational risks are managed appropriately. It has an overview of service quality, patient experience, clinical audit, patient safety and incident management. The Committee also scrutinises the assurances associated with the development and sign-off of the Trust's Quality Governance Assurance Framework and Quality Account.	Monthly
Audit Committee	The Committee provides an objective opinion to the Trust Board on whether there are effective internal control systems in place within the organisation. It also presides over the internal audit programme which verifies the suitability and effectiveness of internal controls in respect to risk management.	Quarterly
Auditor Panel	Established by the Trust, in accordance with the Local Audit and Accountability Act 2014 and constituted with the same membership as the	As required

Committee	Role/ Function	Frequency
	Audit Committee to provide advice on the appointment of external auditors which will become the responsibility of the Trust for the financial year 2017/18, advise the Board on their removal or resignation and also advise on the contents of the Trust's policy on the purchase of non-audit services from the appointed external auditor.	
Finance & Performance Committee	Reviews the Trust's financial management and performance , makes recommendations and provides advice to management and the Trust Board. It is also responsible for reviewing the Trust's performance against key financial and operational targets and for reviewing key financial and performance strategies. It has the authority to require the attendance of any officers of the Trust and hold them to account for financial and operational performance.	Monthly
Workforce Committee	This Committee holds the delegated authority for ensuring that there is a coordinated strategic response to the workforce needs of the organisation and ensure the delivery of the Trusts strategic objectives in relation to "People" and ensure that there is an appropriate response to the strategic workforce risks and performance against workforce standards and key performance indicators	Monthly
Mental Health Act Scrutiny Committee	Oversees and scrutinises the use of the Mental Health Act within the Trust. It oversees the functioning of the Mental Health Act Lay Managers.	Bi-monthly
Nominations and Remuneration Committee	Holds responsibility for reviewing and agreeing executive terms and conditions and receives executive appraisals	As required (at least annually)
Management Executive Team (MExT)	Oversees all significant operational issues and their delivery within the Trust. It provides executive and senior management input and discussion into key decisions to implement Trust strategy. It provides a forum in which senior managers can formally raise and discuss concerns and issues.	Monthly

A review of the Governance Structure has taken place during the year. In order to further support delivery and accountability within the Trust and facilitate an increased emphasis on the Board's Strategic role from 1 April 2019 two additional meetings will be established under a revised Management Executive Team – the Clinical Senate meeting monthly will bring together the clinical voice from across the organisation in leading the development of our services and ensure that the Trust's clinically led approach as an organisation continues to grow. The Operational Board also meeting monthly will be responsible for operational delivery of all services.

This innovation will enable the existing Management Executive Team to have a more strategic focus on moving the organisation forward, the trust wide priorities, strategic partnerships and oversight of organizational wide programmes. Trust Board and its Committees currently meeting monthly will move to bi-monthly meetings with a programme of strategic development sessions arranged in the months the Board will not formally meet.

4.5.12 Internal and External Audit

During the year, a comprehensive programme of internal audit work has reviewed a wide range of issues and has contributed significantly to the framework of assurance.

There are no significant control issues (as defined by HM Treasury) that have been highlighted as a result of these programmes of work. External Audit had not identified any control weaknesses; however internal audit identified some Level 2 Audit Recommendations.

These are recommendations where a system has been subject to high levels of risk or has prevented the system from meeting its objectives and may have impacted on the Trust from meeting its objectives and which were included in the following reports:

Mental Health Assessment Service

The Trust's Mental Health Assessment Service has formulated a multi-point access system into adult mental health services in Dudley and went live on live in May 2017. The audit confirmed that processes are in place for referral and assessments have been documented in an operational policy, however it identified a number of improvements that could be made to the policy to help ensure it provides clarity around the specified timelines for assessments, follows ups and paperwork for completion.

Staffing and accountability arrangements for the service have not been formally documented. The audit found a number of issues with the availability of Medics to support the service which had led to cancelled appointments and delays. Risk registers and KPIs for the service are in the process of being developed.

Key documentation was not always being completed and in a number of instances there was no detailed care plan for the patient. The audit also found non-compliance with the DNA Policy and a lack of awareness of the Policy.

Incident reporting could be improved in terms of ensuring that incident forms relating to MHAS are fully completed in all cases and that evidence of Duty of Candour has been undertaken where applicable.

Consultant Job Planning – Community

The Trust has a job planning policy which was ratified whilst this brought together and updated job planning documentation already in place and previously circulated widely at the Trust, at the time of the audit the policy had not yet been made fully available to medical staff. The Audit found that Job planning is not being given sufficient priority across the Trust including Community teams and consequently job plans are not being completed on a timely basis. As a result current personal and service based objectives are not reflected within job plans. The Audit highlighted the need for a clear governance structure with monitoring to ensure plans are maintained and do not fall out of sight as the Trust faces other emerging issues, but recognised there is a clear understanding at senior level of the actions required to make improvements.

Estates Service Review

The Trust recognises that it has a number of Estates related challenges but is now reporting improvements in key areas with significant progress made. Whilst the Estates Department does not yet have an effective system in place to record regulatory compliance, the Audit concluded that steps are being taken to address this as part of action planning. The repairs service is operating under establishment, with action plans showing the need to recruit relevant posts. The user survey also highlighted that the system in place makes it hard to track the status of repair requests made and to feedback on services.

There has been some progress in relation to Leased Property arrangements during the year; however the audit highlighted the need for this work to continue to ensure all required assurances are in place.

Systematic risk management processes are also in the process of being formalised to enable more effective risk identification and it is important that key issues in progress are not lost.

Action plans have been developed and agreed with internal audit in respect of all of the recommendations identified through their reviews and the implementation of those plans is being monitored. These plans are overseen on behalf of the Trust Board by the Audit Committee. The

Audit Committee has in place a robust audit recommendation tracking system which is extremely effective in monitoring progress against actions taken.

4.5.13 Information governance

Data Protection Accountability

The Trust appointed a Joint Data Protection Officer, under a SLA with Black Country Partnership NHS Foundation Trust, in January 2019. The Data Protection Officer role is undertaken by the Trusts Head of Information Governance and Data Protection, following the appointment of the Data Protection Officer role there has been a review of the Information Governance Structure to ensure that the Data Protection Officer is adequately resourced, in addition any risks in relation to assurance were identified and action plans developed. The roles of Caldicott Guardian and Senior Information Risk Officer are undertaken by the Medical Director and Director of Finance respectively, and the job requirements of other key corporate officers include relevant responsibilities associated with information and data security.

The Trusts Information Governance Committee has been reviewed to ensure that it monitors and meets new Data Protection Legislation, the Group consists of core members required for quoracy which are the Trusts Senior Information Risk Officer, Data Protection Officer and a Cyber Security Manager, in addition the membership of the group includes the Caldicott Guardian who chairs the Committee. During the year the Information Governance Committee reviews assurance and compliance with the Data Security and Protection Toolkit and monitors the Trust wide information governance action plan on a monthly basis.

Data Security and Protection Toolkit Self-Assessment Assurance

The Data Security and Protection Toolkit (DSPT) superseded the IG Toolkit, the DSPT is based upon the National Data Guardian Standards. Unlike the previous IG Toolkit, the DSPT does not provide a score or rating of the assessment so the Trust either met or did not meet the DSPT standard. The Trust submitted the Data Security and Protection Toolkit in March 2019 and reported partial compliance with mandatory assertions, where the Trust was unable to demonstrate compliance a full action plan is in place with an aim to provide evidence of compliance by the baseline submission for 2019/20. In addition to the mandatory assertions there are 49 non-mandatory requirements the Trust met 6 of these requirements.

Relevant Data Security training is mandatory for all staff within the Trust as is in accordance with national information governance standards.

Data Breach Incidents

Any incidents and/or risks associated with data and information security are reported and dealt with in accordance with the Trust risk management and incident reporting policies.

In 2018/19, the Trust has experienced 1 reportable level 2 data IG related incident which was reported to the ICO, this incident is still under review by the ICO and the Trust are awaiting a final outcome response.

4.5.14 Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust's Quality Account is based on the Quality Account Toolkit published in 2010/11, additional guidance published by the Department Of Health in 2013, the NHS (Quality Accounts)

Amendment Regulations 2017 and additional Quality account considerations and guidance for 2018/19 issued by NHS Improvement. The Quality Account will be developed through a process which has received previous assurance from both internal and external audit.

The internal assurance process for the quality account includes scrutiny by Quality & Safety Committee, Audit Committee and Trust Board. Data contained within the report has been subject to scrutiny throughout the year through internal performance and quality governance processes, for example KPI monitoring by Finance & Performance Committee and clinical audits by the Clinical Audit and Effectiveness Committee and Quality & Safety Committee.

In line with NHS England guidance on the Quality Account reporting for 2017/18 and the Quality Account toolkit 2010/11 the draft Quality Account will receive local external scrutiny from:

- Dudley CCG
- Walsall CCG
- Dudley HealthWatch
- Walsall HealthWatch
- Dudley Health and Well Being Board
- Walsall Health and Well Being Board

External Audit has been engaged to ensure the Quality Account contains mandated data and also carry out detailed audit testing of two mandated KPIs in relation to data quality. The assurance report will be published as part of the Quality Account. The quality account will be published as set out in NHS Improvement guidance.

In reviewing the draft Quality Account 2018/19, the Quality and Safety Committee has noted our internal controls and standards which underpin the Statement of Directors' responsibilities in respect of the Quality Account.

4.5.15 Review of effectiveness

As Accountable 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 information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and the Quality and Safety Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part Internal Audit's work. The Head of Internal Audit provided 'significant assurance', within his Head of Internal Audit Opinion for 2018/19, that:

- There is there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently
- An Assurance Framework has been established which is designed and operating to meet the requirements of the 2018/19 Annual Governance Statement and provide reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation
- Taking account of the respective levels of assurance provided for each audit review, an assessment of the relevant weighting of each individual assignment and the extent to which agreed actions have been implemented, that the Trust has a generally sound system of internal control

Executive Managers within the Trust who are responsible for the development and maintenance of the system of internal control provide assurance in relation to the same.

The Board Assurance Framework provides evidence that the adequacy and effectiveness of controls that manage the principal risks to the organisation achieving its principal objectives are being reviewed. Furthermore the Internal Audit opinion is that an Assurance Framework has been established which is designed and operating to meet the requirements of the 2018/19 Annual Governance Statement and provides reasonable assurance that there is an effective system of internal control to manage the principal risks identified by the organisation.

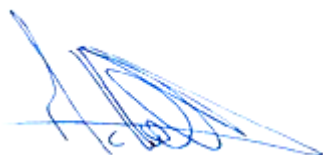
The internal and external audit programme, the clinical audit programme, CQC registration, the performance framework, the Quality Governance Framework and the CQC Chief Inspector of Hospitals inspection provide further assurance on the effectiveness of the internal control systems.

The Audit Committee continues to manage the programme of internal audit, whilst the Quality and Safety Committee has reviewed and approved clinical audit plans, monitored progress and outcomes and have provided confirmation to Audit Committee that there are appropriate levels of assurance in place to enable Audit Committee to approve the draft Annual Governance Statement. Compliance with the CQC Registration requirements is monitored through the Trust's CQC Steering Group.

I take further assurance from the Quality and Safety Committee which has continued to receive feedback from the Trust's Experts by Experience and from the Board which has heard their reflections on a quarterly basis through the year. The Board has also continued during the year to receive patient stories on a quarterly basis, this practice has been expanded to also receive staff stories. This triangulation has been supplemented during the year through a protocol to embed the Board Visibility Programme On Board in the quality improvement process.

4.5.16 Conclusion

There have been no significant internal control issues that have been identified.



Signed Mark Axcell (Chief Executive)

Date: 22.05.2019

5 REMUNERATION AND STAFF REPORT

5.1 Remuneration Policy

5.1.1 *Directors' Remuneration and Terms and Conditions*

The remuneration and terms and conditions for Directors who sit on the Board (except Non-Executive Directors) are set by the Nominations and Remuneration Committee. Remuneration for Executive Directors (excluding the Joint Medical Directors) has been set using benchmark information for similar Very Senior Manager Pay. The Joint Medical Directors pay is in line with the Medical Consultant Contracts and an element of their pay reflects their Board/management responsibilities.

All Executive Directors receive regular appraisal. The Non-Executive Directors are appraised by the Chair of the Trust, as is the Chief Executive. The other Executive Directors are appraised by the Chief Executive. The Nominations and Remuneration Committee have not determined any performance related pay arrangements or bonuses. Any inflationary pay award for the Chief Executive is determined annually by the Nominations and Remuneration Committee.

All Directors are on substantive contracts of employment are subject to a six month notice period including the Chief Executive. Any termination payment would be determined in line with the standard NHS redundancy payment scheme, where appropriate. No termination payments have been made during the reporting period.

The purpose of the Nominations and Remuneration Committee is to advise the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors and to regularly review the structure, size and composition (including the skills, knowledge and experience) required of the Board and make recommendations to the Board with regard to any changes.

The Nominations and Remuneration Committee has no authority to determine remuneration arrangements for Non-Executive Directors for whom nationally determined terms will apply.

The Nominations and Remuneration Committee was chaired by Harry Turner and members are the Chair and all the Non-Executive and Associate Non-Executive Directors. In addition, when appointing executive directors other than the Chief Executive, the Chief Executive will attend the Committee.

5.1.2 Remuneration report tables

Figure 50 Single total figure table – 2018/19

Name Title <i>Period of Office</i> <i>(if not 01/04/2018 – 31/03/2019)</i>	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) total (to nearest £100) £00	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension-related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Harry Turner Chair	30.0 – 35.0	27	-	-	-	30.0 – 35.0
Mark Axcell Chief Executive	145.0 – 150.0	14	-	-	22.5 – 25.0	170.0 – 175.0
Rupert Davies Director of Finance, Performance and IM&T <i>01/04/2018 – 31/08/2018</i>	40.0 – 45.0	0	-	-	-	40.0 – 45.0
Wendy Pugh Director of Nursing, Operations and Estates <i>01/04/2018 – 19/04/2018</i>	0.0 – 5.0	0	-	-	0.0 – 2.5	5.0 – 10.0
Marsha Foster Acting Director of Operations	100.0 – 105.0	0	-	-	62.5 – 65.0	165.0 – 170.0
Rosie Musson Acting Director of Nursing	100.0 – 105.0	0	-	-	135.0 – 137.5	235.0 – 240.0
Ashi Williams Acting Director of People	85.0 – 90.0	10	-	-	37.5 – 40.0	130.0 – 135.0
Dr Mark Weaver Medical Director	195.0 – 200.0	6	-	-	22.5 – 25.0	220.0 – 225.0
Dr Iftikhar Ahmad Medical Director <i>14/05/2018 – 08/02/2019</i>	110.0 – 115.0	1	-	-	135.0 – 137.5	250.0 – 255.0

Simon Murphy Non-Executive Director	5.0 – 10.0	17	-	-	-	5.0 – 10.0
Pawiter Rana Non-Executive Director <i>01/04/2018 – 30/09/2018</i>	0.0 – 5.0	0	-	-	-	0.0 – 5.0
John Lancaster Non-Executive Director	5.0 – 10.0	23	-	-	-	5.0 – 10.0
Chris Fearnese Non-Executive Director	5.0 – 10.0	10	-	-	-	5.0 – 10.0
Debbie Nixon Non-Executive Director	5.0 – 10.0	9	-	-	-	5.0 – 10.0
Adam Williams Non-Executive Director	5.0 – 10.0	2	-	-	-	5.0 – 10.0
Tracey Orr Non-Executive Director	5.0 – 10.0	0	-	-	-	5.0 – 10.0

Medical Directors remuneration in relation to their clinical roles was as follows:

- Dr Mark Weaver £135,000 - £140,000
- Dr Iftiqhar Ahmed £45,000 - £50,000

Since 1 September 2018, the services of Robert Pickup as Interim Director of Finance, Performance and IM&T have been provided under an agreement with Birmingham and Solihull Mental Health NHS Foundation Trust.

Robert Pickup was not directly remunerated by Dudley and Walsall Mental Health Partnership NHS Trust for services performed as the Interim Director of Finance, Performance and IM&T. The benefit paid to Birmingham and Solihull Mental Health Partnership NHS Trust in respect of these services was £72,000.

Senior staff members that regularly attend the Board and are non-voting include the following:

- Paul Lewis-Grundy, Company Secretary

Figure 51 Single total figure table – 2017/18

Name Title <i>Period of Office</i> <i>(if not 01/04/2017 – 31/03/2018)</i>	(a) Salary (bands of £5,000) £000	(b) Expense payments (taxable) total (to nearest £100) £00	(c) Performance pay and bonuses (bands of £5,000) £000	(d) Long term performance pay and bonuses (bands of £5,000) £000	(e) All pension-related benefits (bands of £2,500) £000	(f) TOTAL (a to e) (bands of £5,000) £000
Ben Reid Chair <i>01/04/2017 – 31/01/2018</i>	20.0 – 25.0	0	-	-	-	20.0 – 25.0
Harry Turner Non-Executive Director <i>01/04/2017 – 31/01/2018</i> Chair <i>01/02/2018 – 31/03/2018</i>	10.0 – 15.0	4	-	-	-	10.0 – 15.0
Mark Axcell Chief Executive	140.0 – 145.0	10	-	-	100.0 – 102.5	245.0 – 250.0
Rupert Davies Director of Finance, Performance and IM&T	95.0 – 100.0	0	-	-	-	95.0 – 100.0
Wendy Pugh Director of Nursing, Operations and Estates	105.0 – 110.0	0	-	-	15.0 – 17.5	120.0 – 125.0
Marsha Foster Acting Director of Operations <i>01/04/2017 – 21/04/2017</i> <i>01/03/2018 – 31/03/2018</i>	10.0 – 15.0	0	-	-	-	10.0 – 15.0
Rosie Musson Acting Director of Nursing	80.0 – 85.0	7	-	-	70.0 – 72.5	155.0 – 160.0

Ashi Williams Acting Director of People	80.0 – 85.0	12	-	-	47.5 – 50.0	130.0 – 135.0
Dr Kate Gingell Medical Director <i>01/04/2017 – 31/01/2018</i>	115.0 – 120.0	9	-	-	60.0 – 62.5	180.0 – 185.0
Dr Mark Weaver Medical Director	195.0 – 200.0	14	-	-	75.0 – 77.5	270.0 – 275.0
Simon Murphy Non-Executive Director	5.0 – 10.0	5	-	-	-	5.0 – 10.0
Pawiter Rana Non-Executive Director	5.0 – 10.0	0	-	-	-	5.0 – 10.0
Gillian Cooper Non-Executive Director <i>01/04/2017 – 31/07/2017</i>	0.0 – 5.0	0	-	-	-	0.0 – 5.0
Olivia Clymer Non-Executive Director <i>01/04/2017 – 11/08/2017</i>	0.0 – 5.0	0	-	-	-	0.0 – 5.0
John Lancaster Non-Executive Director	5.0 – 10.0	9	-	-	-	5.0 – 10.0
John Burbeck Non-Executive Director <i>01/08/2017 – 31/03/2018</i>	0.0 – 5.0	0	-	-	-	0.0 – 5.0

Medical Directors remuneration in relation to their clinical roles was as follows:

- Dr Kate Gingell £100,000 - £105,000
- Dr Mark Weaver £135,000 - £140,000

During the secondment of Marsha Foster to a Transforming Care Together role from 21 April 2017 to 28 February 2018 the services of Lesley Writtle as Acting Director of Operations were provided under an agreement with Black Country Partnership NHS Foundation Trust.

Lesley Writtle was not directly remunerated by Dudley and Walsall Mental Health Partnership NHS Trust for services performed as the Acting Director of Operations. The benefit paid to Black Country Partnership NHS Trust in respect of these services was £54,346.

Figure 52 Pension benefits – 2018/19

Name Title <i>Period of Office (if not 01/04/2018 – 31/03/2019)</i>	(a) Real increase in pension at pension age (bands of £2,500) £000	(b) Real increase in pension lump sum at pension age (bands of £2,500) £000	(c) Total accrued pension at pension age at 31 March 2019 (bands of £5,000) £000	(d) Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000) £000	(e) Cash Equivalent Transfer Value at 1 April 2018 £000	(f) Real increase in Cash Equivalent Transfer Value £000	(g) Cash Equivalent Transfer Value at 31 March 2019 £000	(h) Employer's contribution to stakeholder pension £000
Mark Axcell Chief Executive	0.0 – 2.5	-	50.0 – 55.0	120.0 – 125.0	697	111	850	-
Wendy Pugh Director of Operations and Nursing <i>01/04/2018 – 19/04/2018</i>	0.0 – 2.5	0.0 – 2.5	55.0 – 60.0	165.0 – 170.0	992	-	-	-
Marsha Foster Acting Director of Operations	2.5 – 5.0	0.0 – 2.5	30.0 – 35.0	70.0 – 75.0	419	93	538	-
Rosie Musson Acting Director of Nursing	5.0 – 7.5	17.5 – 20.0	45.0 – 50.0	145.0 – 150.0	752	215	1,003	-
Ashi Williams Acting Director of People	0.0 – 2.5	0.0 – 2.5	15.0 – 20.0	30.0 – 35.0	161	47	226	-
Dr Mark Weaver Medical Director	0.0 – 2.5	5.0 – 7.5	95.0 – 100.0	295.0 – 300.0	2,002	219	2,307	-
Dr Iftikhar Ahmad Medical Director <i>14/05/2018 – 08/02/2019</i>	5.0 – 7.5	20.0 – 22.5	45.0 – 50.0	135.0 – 140.0	760	194	1,070	-

5.1.3 CETV disclosures for each director (Subject to audit)

Cash Equivalent Transfer Values Disclosures for Directors – subject to audit

As Non-Executive directors do not receive pensionable remuneration, there are no entries in respect of pensions for Non-Executive directors.

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. CETVs are calculated in accordance with SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide.

The pension benefit table provides further information on the pension benefits accruing to the individual.

5.1.4 Treatment of Pension Liabilities in the Accounts

The policy on accounting for pensions can be found at note 9 to the Annual Accounts, and details of the pension schemes to which Dudley and Walsall Mental Health Partnership NHS Trust has contributed, together with the amount of employer contributions, are detailed in note 8 to the Annual Accounts.

Details of Directors' pension entitlements are contained in the Remuneration Report.

5.1.5 Compensation for loss of office (subject to audit)

The Trust made no compensation for loss of office during 2018/19.

5.1.6 Payments to past directors (subject to audit)

The Trust made no payments to past directors during 2018/19.

5.1.7 Pay Multiples (Subject to audit)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the Trust in the financial year 2018/19 was £197,500 (2017/18: £197,500). This was 6.7 times (2017/18: 7.4 times) the median remuneration of the workforce, which was £29,608 (2017/18: £26,565).

The decrease in the ratio between 2017/18 and 2018/19 was due to the increase in the median remuneration of the workforce of £3,043 (11.5%).

Median remuneration of the workforce has increased in year from £26,565 (Spine Point 21) to £29,608 (Spine Point 23). This was due to a combination of the Agenda for Change pay award given in 2018/19 plus the impact of incremental drift in the workforce. In addition, a number of clinicians were appointed substantively in the year, which also changed the composition and helped to further increase the median remuneration of the workforce.

In 2018/19 no employees (2017/18, no employees) received remuneration in excess of the highest-paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

5.2 Staff Report (Subject to audit)

Our workforce is typical of most NHS provider organisations with female staff making up the majority of employees, in our case 76.6% of our workforce. 36.74% of colleagues have worked in our organisation for more than 10 years and only 17.48% of the workforce has less than 12 months service.

5.2.1 Number of senior civil service staff (or senior managers) by band

Figure 53 Number of senior civil service staff (or senior managers) by band

Band	Headcount No.
Senior Manager	5
Consultant	2
Total	7

5.2.2 Staff Numbers and Costs – subject to audit

Figure 54 Analysis of staff numbers – average number of employees on a whole time equivalent (WTE) basis

Average Staff Numbers	2018/19			2017/18
	Permanent No.	Other No.	Total No.	Total No.
Medical and dental	72	11	83	92
Administration and estates	272	34	307	284
Healthcare assistants and other support staff	151	91	242	217
Nursing, midwifery and health visiting staff	420	35	455	425
Scientific, therapeutic and technical staff	160	10	170	134
Other	26	0	26	16
Total average numbers	1101	181	1,282	1,168
Of which:				
No. of employees engaged on capital projects	1	4	5	1

Figure 55 Staff costs

Staff Costs	2018/19			2017/18
	Permanent £000	Other £000	Total £000	Total £000
Salaries and wages	39,177	2,697	41,874	38,647
Social security costs	3,796	230	4,026	3,684
Apprenticeship levy	189	-	189	160
Employer's contributions to NHS pensions	5,150	-	5,150	4,767
Pension cost – other	9	-	9	3
Temporary staff	-	4,870	4,870	4,348
Total gross staff costs	48,321	7,797	56,118	51,609
Of which:				
Costs capitalized as part of assets	104	393	497	169

Other relates to temporary (bank and agency) staff

5.2.3 Staff Composition – subject to audit

Figure 56 Staff composition by gender

Gender	Headcount No.	Headcount %
Female	941	76.5
Male	289	23.5
Total	1,230	100.0

Figure 57 Staff composition by grade

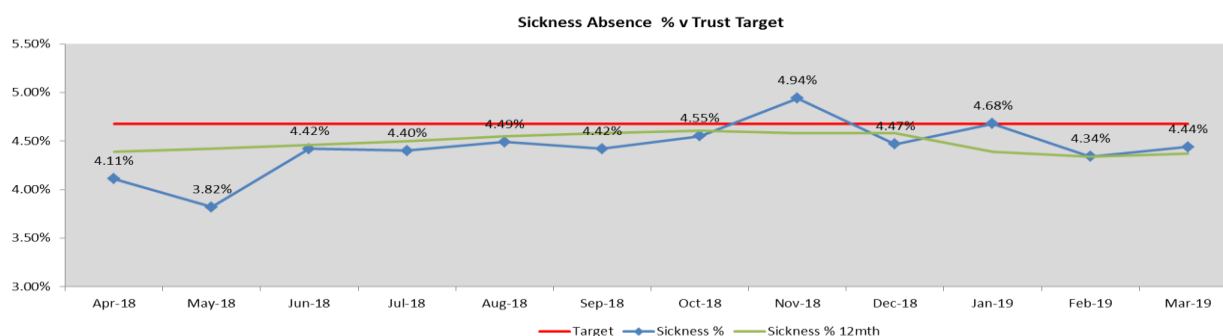
Grade	Female Headcount No.	Male Headcount No.	Total Headcount No.
Director	3	4	7
Employee	938	285	1,223
Total	941	289	1,230

Other relates to temporary (bank and agency) staff

5.2.4 Sickness absence data

Figure 58 Sickness absence data

	2018/19 No.	2017/18 No.
Total Days Lost FTE	10,440	9,350
Avg FTE of Staff	1,033	993
Average Absence Days Lost per FTE	10.1	9.4



5.3 Staff policies

5.3.1 Supporting staff with disabilities

We are committed to supporting staff that have a disability or become disabled during the demonstrating that we meet the standard to encourage and make adjustments for applicants with disabilities, and to guarantee an interview to those who meet the person specification for the post. We actively work with staff who become disabled to seek and make reasonable adjustments which will enable them to continue at work. We also actively support staff with both physical and mental health needs and have a robust Occupational Health and Staff Support service. The Trust holds the Positive about Disability Two Ticks kite mark.

The Trust has established a Disability Network which has developed priorities to address in order to improve working conditions and experience of current and future employees.

The Trust is signed up to the Mindful Employer charter. The Charter for Employers who are Positive About Mental Health is a tangible display of commitment to improving the working lives of staff. It is different to the 'two ticks' Disability Symbol and other accreditations and is a Charter for Employers who are Positive About Mental Health.

All Policies are equality Impact assessed to ensure that there is no adverse impact on staff who may have a disability or if a disability should arise.

Modern Slavery Statement 2018/19

This statement, made pursuant to section 54(1) of the Modern Slavery Act 2015, sets out the approach taken by the Trust to understand all potential modern slavery risks related to its business, and the actions undertaken to mitigate any such risks during the financial year ended 31st March 2019.

The Trust is committed to delivering high standards of corporate governance and a key element of this is managing the Trust in a socially responsible way. The Trust is absolutely committed to preventing slavery and human trafficking in its corporate activities and its supply chains. The Trust also expects the same high standards which we set for ourselves from those parties with whom we engage, such as our suppliers and customers.

Due to the nature of our business and our approach to governance, we assess that there is very low risk of slavery and human trafficking in our business and supply chains. However, we aim to periodically review the effectiveness of the relevant policies and procedures that we have in place. We do not have key performance indicators in relation to slavery or human trafficking as any instance would be expected to be a breach of law, our supplier standards and/or our company policies.

5.3.2 Positive about Mental Health - Mindful Employer Charter

The Trust is a signatory of the Mindful Employers Charter. As a Trust we recognise that:

- People who have mental health issues may have experienced discrimination in recruitment and selection procedure. This may discourage them from seeking employment
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with on-going issues

As an employer we:

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will
- enable both employee and employer to assess and provide the right level of support or adjustment
- Do not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant
- Provide non-judgemental and proactive support to individual staff who experience mental health issues
- Ensure all line managers have information and training about managing mental health in the workplace

5.3.3 Trade Union Facility Time Reporting Requirements

Figure 59 Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

<i>Number of employees who were relevant union officials during the relevant period</i>	<i>Full-time equivalent employee number</i>
8	7.15

Figure 60 Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	
1-50%	6
51%-99%	1
100%	

Figure 61 Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	£22,357.2
Provide the total pay bill	£51,059k
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.04%

Figure 62 Paid trade union activities

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	0.5%
--	------

5.4 Expenditure on Consultancy

Expenditure on consultancy in 2018/19 was £802,000 (2017/18: £501,000).

5.5 Reporting related to the review of Tax Arrangement of Public Sector Appointee

Following the Review of the Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the treasury on 23 May 2012, departments and their arm's length bodies (this is taken to include all those bodies included within the DHSC reporting boundary) must publish information on their highly paid and/or senior off-payroll engagements.

5.6 Off-payroll engagements

For all off-payroll engagements as of 31 March 2019, for more than £245 per day and that last for longer than six months.

Figure 63 Off-payroll engagements longer than 6 months

	Number of off-payroll engagements No.
No. of existing engagements as of 31 March 2019	3
Of which:	
No. that have existed for less than one year at time of reporting	1
No. that have existed between one and two years at time of reporting	2
No. that have existed between two and three years at time of reporting	0
No. that have existed between three and four years at time of reporting	0
No. that have existed between four years or more at time of reporting	0

For all new off-payroll engagements, or those that have reached six months in duration, between 1 April 2018 and 31 March 2019, for more than £245 per day and that last for longer than six months.

Figure 64 New Off-payroll engagements

	Number of off-payroll engagements No.
No. of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019	1
Of which:	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	1
No. engaged directly (via PSC contracted to the entity) and are on the departmental payroll	0
No. of engagements reassessed for consistency / assurance purposes during the year	0
No. of engagements that saw a change to IR35 status following the consistency review	0

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2018 and 31 March 2019.

Figure 65 Off-payroll board members/senior official engagements

	Number of off-payroll engagements No.
No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year	-
No. of individuals that have been deemed 'board members, and/or, senior officials with significant financial responsibility', during the financial year	7

5.7 Exit packages

Figure 66 Reporting of compensation schemes – exit packages 2018/19

Exit package cost band (including any special payment element)	Number of compulsory redundancies No.	Number of other departures agreed No.	Total number of exit packages No.
<£10,000	-	-	-
£10,001 - £25,000	-	-	-
£25,001 - £50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total resource cost (£)	-	-	-

Figure 67 Reporting of compensation schemes – exit packages 2017/18

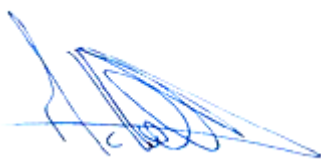
Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	-	-	-
£10,001 - £25,000	-	-	-
£25,001 - £50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total resource cost (£)	-	-	-

Figure 68 Exit packages: other (non-compulsory) departure payments

	2018/19		2017/18	
	Payments agreed No.	Total value of agreements £000	Payments agreed No.	Total value of agreements £000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignation (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-

Contractual payments in lieu of notice	-	-	-	-
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	-	-	-	-
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

I confirm adherence to the reporting framework in preparation of the Accountability Report.



Signed Mark Axcell (Chief Executive)

Date 22.05.2019

5.8 Independent auditor's report to the Directors of Dudley and Walsall Mental Health Partnership NHS Trust

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Dudley and Walsall Mental Health Partnership NHS Trust (the 'Trust') for the year ended 31 March 2019, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the guidance issued by NHS Improvement or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2018-19 and the requirements of the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements 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 are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of the Directors and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Director's Responsibilities, the Directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The Audit Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2019.

We have nothing to report in respect of the above matter.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities, as the Accountable Officer of the Trust, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing

economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that 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 2019, and to report by exception where we are not satisfied.

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 be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of Dudley and Walsall Mental Health Partnership NHS Trust in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the Directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's Directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's Directors, as a body, for our audit work, for this report, or for the opinions we have formed.

M C Stocks

Mark Stocks, Partner

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

Birmingham office

28 May 2019

PART C Financial statements

Dudley and Walsall Mental Health Partnership NHS Trust

Annual accounts for the year ended 31 March 2019

Statement of Comprehensive Income

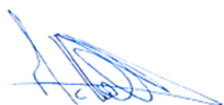
		2018/19	2017/18
	Note	£000	£000
Operating income from patient care activities	3	67,054	62,988
Other operating income	4	7,286	6,494
Operating expenses	6.1	(72,764)	(65,545)
Operating surplus/(deficit) from continuing operations		1,576	3,937
Finance income	11	122	50
PDC dividends payable		(743)	(747)
Net finance costs		(621)	(697)
Other gains / (losses)	12	1	-
Surplus / (deficit) for the year		956	3,240
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(502)	-
Revaluations	15	-	276
Total comprehensive income / (expense) for the period		454	3,516
Adjusted financial performance (control total basis):			
Surplus / (deficit) for the period		956	3,240
Remove net impairments not scoring to the Departmental expenditure limit		2,094	137
Adjusted financial performance surplus / (deficit)		3,050	3,377

Statement of Financial Position

		31 March 2019	31 March 2018
	Note	£000	£000
Non-current assets			
Intangible assets	13	1,248	639
Property, plant and equipment	14	28,175	29,829
Total non-current assets		29,423	30,468
Current assets			
Receivables	16	4,843	4,525
Cash and cash equivalents	17	18,818	17,982
Total current assets		23,661	22,507
Current liabilities			
Trade and other payables	18	(7,390)	(7,953)
Provisions	19	(691)	(611)
Total current liabilities		(8,081)	(8,564)
Total assets less current liabilities		45,003	44,411
Total assets employed		45,003	44,411
Financed by			
Public dividend capital		47,674	47,536
Revaluation reserve		255	757
Income and expenditure reserve		(2,926)	(3,882)
Total taxpayers' equity		45,003	44,411

The notes on pages AA5 to AA35 form part of these accounts.

Name



Position

Chief Executive

Date

22 May 2019

Statement of Changes in Equity for the year ended 31 March 2019

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2018 - brought forward	47,536	757	(3,882)	44,411
Impact of implementing IFRS 15 on 1 April 2018	-	-	-	-
Impact of implementing IFRS 9 on 1 April 2018	-	-	-	-
Surplus/(deficit) for the year	-	-	956	956
Impairments	-	(502)	-	(502)
Public dividend capital received	138	-	-	138
Taxpayers' equity at 31 March 2019	47,674	255	(2,926)	45,003

Statement of Changes in Equity for the year ended 31 March 2018

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - brought forward	47,536	481	(7,122)	40,895
Surplus/(deficit) for the year	-	-	3,240	3,240
Revaluations	-	276	-	276
Taxpayers' equity at 31 March 2018	47,536	757	(3,882)	44,411

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve, to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Statement of Cash Flows

		2018/19	2017/18
	Note	£000	£000
Cash flows from operating activities			
Operating surplus / (deficit)		1,576	3,937
Non-cash income and expense:			
Depreciation and amortisation	6.1	1,796	1,656
Net impairments	7	2,098	144
(Increase) / decrease in receivables and other assets		(226)	(1,936)
Increase / (decrease) in payables and other liabilities		(456)	654
Increase / (decrease) in provisions		80	(45)
Net cash generated from / (used in) operating activities		4,868	4,410
Cash flows from investing activities			
Interest received		117	43
Purchase of intangible assets		(1,011)	(222)
Purchase of property, plant, equipment and investment property		(2,447)	(2,466)
Net cash generated from / (used in) investing activities		(3,341)	(2,645)
Cash flows from financing activities			
Public dividend capital received		138	-
PDC dividend (paid) / refunded		(829)	(749)
Net cash generated from / (used in) financing activities		(691)	(749)
Increase / (decrease) in cash and cash equivalents		836	1,016
Cash and cash equivalents at 1 April - brought forward		17,982	16,966
Cash and cash equivalents at 31 March	17.1	18,818	17,982

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Note 1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

As part of the financial statements preparation process, and as required under IAS 1, the Trust's Board of Directors have assessed the Trust's ability to continue as a going concern. Even in light of the potential acquisition of Dudley and Walsall Mental Health Partnership NHS Trust by a local Foundation Trust, there are no plans for, or realistic alternative to, the dissolution of the Trust without the transfer of its services to another entity. Therefore, these accounts have been prepared on a going concern basis.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations, which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time, as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year where a patient care spell is incomplete.

Provider Sustainability Fund

Provider Sustainability Fund (PSF) is used by the Department of Health and Social Care to support and incentivise the sustainable provision of efficient, effective and economic care by NHS trusts. PSF income recognised is linked to performance against the Trusts financial control total. It is accounted for under IFRS 15 as variable consideration as the fixed amount offered is promised as a performance bonus. The Trust has estimated the amount of consideration it is entitled to as 100% of the amount promised. This is based on the Trust's achievement of its financial control total in the year. The Trust's financial control total (excluding PSF) was set at a surplus of £688,000 in 2018/19 and the Trust achieved an adjusted financial performance surplus (excluding PSF) of £706,000.

Education and Training

Education and Training income is income received for the delivery of education and training to medical, and other students, on placements within the Trust. Performance obligations relating to delivery of placements are generally satisfied over time, as training income is received by the Trust and training and education consumed by the customer simultaneously. The customer in such a contract is Health Education England, or the training commissioner, but the customer benefits as training and education is provided to their student.

Note 1 Accounting policies and other information (continued)

Note 1.3 Revenue from contracts with customers

Other Income

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer, and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Note 1.3.1 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies, other than income from commissioners or Trusts, for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.3.2 Other income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.4 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments, such as social security costs and the apprenticeship levy, are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme, except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.5 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Note 1.6.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has a cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Note 1 Accounting policies and other information (continued)

Note 1.6 Property, plant and equipment (continued)

Note 1.6.2 Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use, are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements of the services being provided.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

All land and buildings are restated to fair value using professional valuations in accordance with IAS16 every five years. Three-year interim revaluations and annual desktop valuation exercises are also carried out. The last asset valuation was undertaken in 2019 with an effective valuation date of 31 March 2019.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

The property valuations are carried out primarily on the basis of (DRC) for specialised operational property (e.g. NHS patient treatment facilities) and Existing Use Value (EUV) for non-specialised operational property. The value of land for existing use purposes is assessed at EUV. For non-operational land, including surplus land, the valuations are carried out at Market Value.

The Department of Health has adopted the Modern Equivalent Asset (MEA) approach for its DRC valuations rather than the previous identical replacement method. The MEA approach used to value the property will normally be based on the cost of a modern equivalent asset that has the same service potential as the existing asset and then adjusted to take account of obsolescence. In the past, functional obsolescence has not been reflected in asset valuations for the NHS.

Functional obsolescence examines a building's design or specification, and whether it may no longer fulfil the function for which it was originally designed, or whether it may be much more basic than the MEA. The asset will still be capable of use but at a lower level of efficiency than the MEA, or may be capable of modification to bring it up to a current specification. Other common causes of functional obsolescence include advances in technology or legislative change. The obsolescence adjustment will reflect either the cost of upgrading, or if this is not possible, the financial consequences of the reduced efficiency compared with the modern equivalent.

The MEA approach incorporates the Building Cost Information Service Index, to determine an increase or decrease in building costs which impact on the asset valuation.

Note 1 Accounting policies and other information (continued)

Note 1.6 Property, plant and equipment (continued)

Note 1.6.2 Measurement (continued)

Valuation (continued)

Additional alternative Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

The costs arising from financing the construction of property, plant and equipment are not capitalised but are charged to the Statement of Comprehensive Income (SOCl) in the year to which they relate.

All impairments resulting from price changes are charged to the SOCI. If the balance on the revaluation reserve is less than the impairment the difference is taken to SOCI.

The Trust's land and building valuation was carried out by the Trust's current valuer District Valuer Services (DVS), the commercial arm of the government owned Valuation Office Agency on a MEA "Alternative Site" method valuation, and applied on 31 March 2019. This valuation takes into account that all services currently provided by the Trust could theoretically be provided from one of the Trust's existing hospital sites, namely Dorothy Pattison Hospital in Walsall.

The valuation has been undertaken having regard to IFRS as applied to the UK public sector and in accordance with HM Treasury guidance. The Trust has valued its land and buildings at fair value - non-specialised assets at existing use value and specialised operation assets at depreciated replacement cost.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Note 1 Accounting policies and other information (continued)

Note 1.6 Property, plant and equipment (continued)

Note 1.6.2 Measurement (continued)

Valuation (continued)

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Note 1.6.3 De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable ie:
 - management are committed to a plan to sell the asset
 - an active programme has begun to find a buyer and complete the sale
 - the asset is being actively marketed at a reasonable price
 - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
 - the actions needed to complete the plan indicate it is unlikely that the plan will be abandoned or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Note 1 Accounting policies and other information (continued)

Note 1.6 Property, plant and equipment (continued)

Note 1.6.4 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	-	29
Plant & machinery	-	15
Transport equipment	-	7
Information technology	-	5
Furniture & fittings	-	10

The gross carrying amount of fully depreciated property, plant and equipment assets still in use is £950,000 at 31 March 2019.

Note 1.7 Intangible assets

Note 1.7.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use
- the trust intends to complete the asset and sell or use it
- the trust has the ability to sell or use the asset
- how the intangible asset will generate probable future economic or service delivery benefits, eg, the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and
- the trust can measure reliably the expenses attributable to the asset during development.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Note 1.7.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Note 1 Accounting policies and other information (continued)

Note 1.7 Intangible assets (continued)

Note 1.7.2 Measurement

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Note 1.7.3 Useful economic life of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	-	5

The gross carrying amount of fully depreciated intangible assets still in use is £1,206,000 at 31 March 2019.

Note 1.8 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.9 Financial assets and financial liabilities

Note 1.9.1 Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations, which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie. when receipt or delivery of the goods or services is made.

Note 1.9.2 Classification and measurement

Financial assets and financial liabilities are initially measured at fair value, plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities classified as subsequently measured at amortised cost.

Note 1 Accounting policies and other information (continued)

Note 1.9 Financial assets and financial liabilities (continued)

Note 1.9.2 Classification and measurement (continued)

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability, and recognised in the Statement of Comprehensive Income and a financing income or expense.

Impairment of financial assets

For all financial assets measured at amortised cost including contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables and contract assets, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently, at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined using an expected credit loss provision matrix. Lifetime expected loss rates have been calculated with reference to historical experience of losses incurred on Local Authority and other Non-NHS contract receivables, with separate loss rates established for each. Adjustments are made for any forward looking information available to the Trust at the point that the provision is made.

Credit losses are not normally recognised in relation to other NHS organisations.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Note 1.9.3 Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired, or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Note 1.10.1 The Trust as lessee

Operating leases

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently, as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

Note 1 Accounting policies and other information (continued)

Note 1.10 Leases (continued)

Note 1.10.2 The Trust as lessor

Operating leases

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset, and recognised as an expense on a straight-line basis over the lease term.

Note 1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 19.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes; under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.12 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for;

- (i) donated assets (including lottery funded assets),
- (ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and
- (iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.13 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category, or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1 Accounting policies and other information (continued)

Note 1.14 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *FReM*.

Note 1.15 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.16 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below), that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

The Trust has concluded that it operates and reports as a single segment - the provision of mental healthcare. The judgement has been reached through analysis of IFRS 8 by senior finance management and via a consultation process with similar organisations. The judgement does not impact on the primary statements, merely what is disclosed in the notes to the accounts.

Note 1.16.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty, that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

The Trust's property assets (land and buildings) were subject to a valuation with an effective date of 31 March 2019. The valuation was undertaken on a Modern Equivalent Asset (MEA) alternative site basis. As in previous years, this assumed that the physical assets would be replaced with a modern equivalent asset capable of delivering the same service potential but not of an identical design. As a result the MEA asset is smaller, having a reduced Gross Internal Area (GIA) and resulting valuation. Future valuations of these assets and any changes to the basis of valuation may result in material changes to the carrying values of non-current assets.

Note 1.16.2 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2018/19.

Note 1.16.3 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following standards and interpretations to be applied in 2018/19. These standards are still subject to HM Treasury *FReM* adoption.

- IFRS 14 Regulatory Deferral Accounts – Not EU-endorsed – Applies to first time adopters of IFRS after 1 January 2016: therefore not applicable to DHSC bodies.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the *FReM*: early adoption is not therefore permitted.
- IFRS 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the *FReM*: early adoption is not therefore permitted.

The Trust is unable to provide a full assessment of the impact of the adoption of these standards at this time, however, early work suggests that the impact will not be significant.

Note 2 Operating segments

The Trust operates as a single operating segment, the provision of Healthcare.

As a single segment the Trust receives £63,666,000 (2017/18: £60,690,000) of its income from CCGs. This equates to 86% (2017/18: 87%) of the Trust's total income of £74,340,000 (2017/18: £69,482,000).

The Trust receives in excess of 10% of its income from two single organisations, Dudley CCG £29,219,000 (2017/18: £28,325,000) and Walsall CCG £28,567,000 (2017/18: £28,130,000).

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3.1

Note 3.1 Income from patient care activities (by nature)	2018/19	2017/18
	£000	£000
Mental health services		
Block contract income	64,312	61,050
Clinical partnerships providing mandatory services (including S75 agreements)	1,241	896
Clinical income for the secondary commissioning of mandatory services	178	-
Other clinical income from mandatory services	662	1,038
All services		
Agenda for Change pay award central funding	657	-
Other clinical income	4	4
Total income from activities	67,054	62,988

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2018/19	2017/18
	£000	£000
NHS England	1,537	1,405
Clinical commissioning groups	63,426	60,683
Department of Health and Social Care	668	-
Other NHS providers	178	-
Local authorities	1,241	896
Non NHS: other	4	4
Total income from activities	67,054	62,988
Of which:		
Related to continuing operations	67,054	62,988

Note 4 Other operating income

	2018/19 £000	2017/18 £000
Other operating income from contracts with customers:		
Education and training (excluding notional apprenticeship levy income)	2,004	2,320
Non-patient care services to other bodies	1,965	1,050
Provider sustainability / sustainability and transformation fund income (PSF / STF)	2,344	1,889
Income in respect of employee benefits accounted on a gross basis	631	770
Other contract income	234	448
Other non-contract operating income		
Education and training - notional income from apprenticeship fund	102	5
Charitable and other contributions to expenditure	6	6
Rental revenue from operating leases	-	6
Total other operating income	7,286	6,494
Of which:		
Related to continuing operations	7,286	6,494

Note 5 Additional information on revenue from contracts with customers recognised in the period

	2018/19 £000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous	-
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

Note 5.1 Transaction price allocated to remaining performance obligations

	31 March 2019 £000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	-
after one year, not later than five years	-
after five years	-
Total revenue allocated to remaining performance obligations	-

The Trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the Trust recognises revenue directly corresponding to work done to date is not disclosed. Having reviewed the Trust's income streams, no additional disclosure is being made in respect of revenue from contracts with customers recognised in the period as all contracts either have a contract term covering 1 April 2018 to 31 March 2019 or are considered as falling into either (i) or (ii) above.

Note 6.1 Operating expenses

	2018/19	2017/18
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	346	369
Purchase of healthcare from non-NHS and non-DHSC bodies	212	164
Staff and executive directors costs	55,621	51,440
Remuneration of non-executive directors	76	65
Supplies and services - clinical (excluding drugs costs)	187	178
Supplies and services - general	661	607
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	1,630	1,496
Consultancy costs	802	501
Establishment	828	951
Premises	4,487	3,452
Transport (including patient travel)	593	578
Depreciation on property, plant and equipment	1,367	1,278
Amortisation on intangible assets	429	378
Net impairments	2,098	144
Movement in credit loss allowance: contract receivables / contract assets	5	-
Movement in credit loss allowance: all other receivables and investments	-	(58)
Audit fees payable to the external auditor		
audit services- statutory audit	50	49
other auditor remuneration (external auditor only)	12	12
Internal audit costs	50	50
Clinical negligence	207	164
Legal fees	56	175
Insurance	3	3
Education and training	508	803
Rentals under operating leases	253	263
Other services, eg external payroll	2,095	2,039
Other	188	444
Total	72,764	65,545
Of which:		
Related to continuing operations	72,764	65,545

Note 6.2 Other auditor remuneration

	2018/19	2017/18
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	12	12
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	12	12

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000,000 (2017/18: £2,000,000).

Note 7 Impairment of assets

	2018/19	2017/18
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Loss or damage from normal operations	4	7
Changes in market price	2,094	137
Total net impairments charged to operating surplus / deficit	2,098	144
Impairments charged to the revaluation reserve	502	-
Total net impairments	2,600	144

Note 8 Employee benefits

	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	41,874	38,647
Social security costs	4,026	3,684
Apprenticeship levy	189	160
Employer's contributions to NHS pensions	5,150	4,767
Pension cost - other	9	3
Temporary staff (including agency)	4,870	4,348
Total gross staff costs	56,118	51,609
Recoveries in respect of seconded staff	-	-
Total staff costs	56,118	51,609
Of which		
Costs capitalised as part of assets	497	169

Note 8.1 Retirements due to ill-health

During 2018/19 there was 1 early retirement from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2018). The estimated additional pension liabilities of these ill-health retirements is £99,000 (£106,000 in 2017/18).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

Note 9 Pension costs

Note 9.1 NHS pension scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018, the Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9.2 NEST pension scheme

As of 1 April 2013 it became a statutory requirement to enrol all eligible staff into a workplace pension scheme. Where employees are not eligible to enrol in the NHS Pension Scheme they are enrolled in the NEST Pension Scheme as an alternative. The employee can choose to "opt out" of the scheme after they have been auto-enrolled, this opt out lasts for three years, after which time the Trust will be required to re-enrol the employee. The Trust is required to make employer contributions of 2% of the employee's qualifying salary to the NEST Pension Scheme. For the period 1 April 2018 to 31 March 2019 the Trust has contributed £9,000.

Note 10 Operating leases**Note 10.1 Dudley and Walsall Mental Health Partnership NHS Trust as a lessor**

This note discloses income generated in operating lease agreements where Dudley and Walsall Mental Health Partnership NHS Trust is the lessor.

During 2017/18, the Trust leased an area of land, forming part of a larger site owned by the Trust, to a third party. The carrying value of the whole site is £3,625,000 (2017/18: £3,625,000), with the carrying value of the area of land leased being valued at £264,000 (2017/18: £264,000). This lease agreement expired during 2017/18.

	2018/19 £000	2017/18 £000
Operating lease revenue		
Minimum lease receipts	-	6
Total	-	6

Note 10.2 Dudley and Walsall Mental Health Partnership NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Dudley and Walsall Mental Health Partnership NHS Trust is the lessee.

	2018/19 £000	2017/18 £000
Operating lease expense		
Minimum lease payments	253	263
Total	253	263

	31 March 2019 £000	31 March 2018 £000
Future minimum lease payments due:		
- not later than one year;	223	245
- later than one year and not later than five years;	554	623
- later than five years.	170	269
Total	947	1,137

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2018/19 £000	2017/18 £000
Interest on bank accounts	122	50
Total finance income	122	50

Note 12 Other gains / (losses)

	2018/19 £000	2017/18 £000
Gains on disposal of assets	1	-
Total gains / (losses) on disposal of assets	1	-
Total other gains / (losses)	1	-

Note 13 Intangible assets

Note 13.1 Intangible assets - 2018/19

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2018 - brought forward	2,522	-	2,522
Additions	426	612	1,038
Valuation / gross cost at 31 March 2019	2,948	612	3,560
Amortisation at 1 April 2018 - brought forward	1,883	-	1,883
Provided during the year	429	-	429
Amortisation at 31 March 2019	2,312	-	2,312
Net book value at 31 March 2019	636	612	1,248
Net book value at 1 April 2018	639	-	639

Note 13.2 Intangible assets - 2017/18

	Software licences	Intangible assets under construction	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	2,349	-	2,349
Additions	173	-	173
Valuation / gross cost at 31 March 2018	2,522	-	2,522
Amortisation at 1 April 2017 - as previously stated	1,505	-	1,505
Provided during the year	378	-	378
Amortisation at 31 March 2018	1,883	-	1,883
Net book value at 31 March 2018	639	-	639
Net book value at 1 April 2017	844	-	844

Note 14 Property, plant and equipment

Note 14.1 Property, plant and equipment - 2018/19

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2018 - brought forward	3,852	25,585	980	48	2,230	587	33,282
Additions	-	1,853	214	-	197	49	2,313
Impairments	-	(502)	-	-	-	-	(502)
Revaluations	-	(3,997)	-	-	-	-	(3,997)
Disposals / derecognition	-	-	(37)	(21)	-	(4)	(62)
Valuation/gross cost at 31 March 2019	3,852	22,939	1,157	27	2,427	632	31,034
Accumulated depreciation at 1 April 2018 - brought forward	-	989	529	39	1,548	348	3,453
Provided during the year	-	923	109	2	266	67	1,367
Impairments	-	2,096	2	-	-	-	2,098
Revaluations	-	(3,997)	-	-	-	-	(3,997)
Disposals / derecognition	-	-	(37)	(21)	-	(4)	(62)
Accumulated depreciation at 31 March 2019	-	11	603	20	1,814	411	2,859
Net book value at 31 March 2019	3,852	22,928	554	7	613	221	28,175
Net book value at 1 April 2018	3,852	24,596	451	9	682	239	29,829

Note 14.2 Property, plant and equipment - 2017/18

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - as previously stated	3,852	22,835	828	48	2,180	581	30,324
Additions	-	2,474	179	-	50	19	2,722
Revaluations	-	276	-	-	-	-	276
Disposals / derecognition	-	-	(27)	-	-	(13)	(40)
Valuation/gross cost at 31 March 2018	3,852	25,585	980	48	2,230	587	33,282
Accumulated depreciation at 1 April 2017 - as previously stated	-	20	447	37	1,281	286	2,071
Provided during the year	-	832	106	2	267	71	1,278
Impairments	-	231	3	-	-	4	238
Reversals of impairments	-	(94)	-	-	-	-	(94)
Disposals / derecognition	-	-	(27)	-	-	(13)	(40)
Accumulated depreciation at 31 March 2018	-	989	529	39	1,548	348	3,453
Net book value at 31 March 2018	3,852	24,596	451	9	682	239	29,829
Net book value at 1 April 2017	3,852	22,815	381	11	899	295	28,253

Note 14.3 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019							
Owned - purchased	3,852	22,928	554	7	613	221	28,175
NBV total at 31 March 2019	3,852	22,928	554	7	613	221	28,175

Note 14.4 Property, plant and equipment financing - 2017/18

	Land	Buildings excluding dwellings	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018							
Owned - purchased	3,852	24,596	451	9	682	239	29,829
NBV total at 31 March 2018	3,852	24,596	451	9	682	239	29,829

Note 15 Revaluations of property, plant and equipment

The Trust's property assets (land and buildings) are held at revalued amounts in the accounts.

The effective date of the most recent valuation was 31 March 2019. The valuation was undertaken by Jonathan Jones BSc (Hons) MRICS, Senior Surveyor, District Valuation Service (DVS). DVS is the commercial arm of the government-owned Valuation Office Agency.

The valuation was undertaken on a Modern Equivalent Asset (MEA) alternative site basis. As in previous years, this assumed that the numerous physical assets of the Trust would be replaced with modern equivalent asset capable of delivering the same service potential but not of an identical design and from a single location. As a result the MEA asset is smaller, having a reduced Gross Internal Area (GIA) and resulting valuation.

The valuation resulted in an overall reduction in the residual values of the Trust's non-current assets of £2,595,000. This was transacted as an impairment charged to I&E of £2,094,000 and an impairment charged to the revaluation reserve of £502,000. Useful lives were not impacted.

Note 16.1 Trade receivables and other receivables

	31 March 2019	31 March 2018
	£000	£000
Current		
Contract receivables*	4,062	-
Contract assets*	-	-
Trade receivables*		1,706
Accrued income*		2,156
Allowance for impaired contract receivables / assets*	(6)	-
Allowance for other impaired receivables	-	(1)
Prepayments (non-PFI)	473	435
Interest receivable	12	7
PDC dividend receivable	102	16
VAT receivable	167	169
Other receivables	33	37
Total current trade and other receivables	4,843	4,525

Of which receivables from NHS and DHSC group bodies:

Current	3,886	3,834
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*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 16.2 Allowances for credit losses - 2018/19

	Contract receivables and contract assets	All other receivables
	£000	£000
Allowances as at 1 Apr 2018 - brought forward		1
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	1	(1)
New allowances arising	5	-
Allowances as at 31 Mar 2019	6	-

Note 16.3 Allowances for credit losses - 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables
	£000
Allowances as at 1 Apr 2017 - as previously stated	72
Increase in provision	154
Amounts utilised	(13)
Unused amounts reversed	(212)
Allowances as at 31 Mar 2018	1

Note 16.4 Exposure to credit risk

The Trust's exposure to credit risk is quantified below.

Credit Loss Provision - Local Authority Contract Receivables

	Gross Amount	Lifetime Expected Loss Rate	Lifetime Expected Loss Allowance
	£000	%	£000
Days past due date			
Current	19	0.86	0
1-30 Days	0	4.5	0
31-60 Days	0	0.13	0
61-90 Days	0	0.02	0
Over 90 Days	7	1.14	0
Total	26		0

Credit Loss Provision - Other Non-NHS Contract Receivables

	Gross Amount	Lifetime Expected Loss Rate	Lifetime Expected Loss Allowance
	£000	%	£000
Days past due date			
Current	60	1.81	1
1-30 Days	59	0.38	0
31-60 Days	8	0.02	0
61-90 Days	8	0.00	0
Over 90 Days	88	4.96	5
Total	223		6

Note 17.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2018/19	2017/18
	£000	£000
At 1 April	17,982	16,966
Net change in year	836	1,016
At 31 March	18,818	17,982
Broken down into:		
Cash at commercial banks and in hand	4	4
Cash with the Government Banking Service	18,814	17,978
Total cash and cash equivalents as in SoFP	18,818	17,982
Bank overdrafts (GBS and commercial banks)	-	-
Drawdown in committed facility	-	-
Total cash and cash equivalents as in SoCF	18,818	17,982

Note 17.2 Third party assets held by the Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2019	31 March 2018
	£000	£000
Bank balances	24	22
Total third party assets	24	22

Note 18 Trade and other payables

	31 March 2019	31 March 2018
	£000	£000
Current		
Trade payables	2,604	2,420
Capital payables	692	799
Accruals	1,746	2,426
Social security costs	644	564
Other taxes payable	498	444
Other payables	1,206	1,300
Total current trade and other payables	7,390	7,953
Of which payables from NHS and DHSC group bodies:		
Current	1,114	929

Note 19.1 Provisions for liabilities and charges analysis

	Legal claims	Other	Total
	£000	£000	£000
At 1 April 2018	23	588	611
Arising during the year	82	160	242
Utilised during the year	(3)	(31)	(34)
Reversed unused	(37)	(91)	(128)
At 31 March 2019	65	626	691
Expected timing of cash flows:			
- not later than one year;	65	626	691
Total	65	626	691

The obligations categorised as 'Legal Claims' relate to provisions made by the Trust in respect of clinical negligence claims recognised by NHS Resolution on the Trust's behalf. The provision balance relates to the excess that is expected to become payable on these claims.

The obligations categorised as 'Other' relate to provisions made by the Trust for Medical Pay Arrears, Employees on Fixed Term Contracts and potential costs associated with Employment Relations and Tribunals.

Note 19.2 Clinical negligence liabilities

At 31 March 2019, £290,000 was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Dudley and Walsall Mental Health Partnership NHS Trust (31 March 2018: £425,000).

Note 20 Contractual capital commitments

	31 March 2019	31 March 2018
	£000	£000
Property, plant and equipment	204	108
Intangible assets	-	-
Total	204	108

Note 21 Financial instruments

Note 21.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with commissioners, and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the Board of Directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and therefore sterling based. The Trust has no overseas operations. The Trust therefore has no exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure, subject to affordability as confirmed by NHS Improvement. The borrowings are for 1 – 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust has no borrowings and therefore has no exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 21.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2019 under IFRS 9		
Trade and other receivables excluding non financial assets	4,101	4,101
Cash and cash equivalents at bank and in hand	18,818	18,818
Total at 31 March 2019	22,919	22,919

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial assets as at 31 March 2018 under IAS 39		
Trade and other receivables excluding non financial assets	3,906	3,906
Cash and cash equivalents at bank and in hand	17,982	17,982
Total at 31 March 2018	21,888	21,888

Note 21.3 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those

	Held at amortised cost	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2019 under IFRS 9		
Trade and other payables excluding non financial liabilities	6,248	6,248
Provisions under contract	691	691
Total at 31 March 2019	6,939	6,939

	Other financial liabilities	Total book value
	£000	£000
Carrying values of financial liabilities as at 31 March 2018 under IAS 39		
Trade and other payables excluding non financial liabilities	6,945	6,945
Provisions under contract	611	611
Total at 31 March 2018	7,556	7,556

Note 21.4 Fair values of financial assets and liabilities

Book values (carrying values) of financial assets and liabilities are a reasonable approximation of fair value.

Note 21.5 Maturity of financial liabilities

	31 March 2019	31 March 2018
	£000	£000
In one year or less	6,939	7,556
Total	6,939	7,556

Note 22 Losses and special payments

	2018/19		2017/18	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Fruitless payments	15	6	29	14
Bad debts and claims abandoned	-	-	6	14
Total losses	15	6	35	28
Special payments				
Ex-gratia payments	27	1	-	-
Total special payments	27	1	-	-
Total losses and special payments	42	7	35	28

Note 23 New Accounting Standards**Note 23.1 Initial application of IFRS 9**

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Reassessment of allowances for credit losses under the expected loss model resulted in no change in the carrying value of receivables.

Note 23.2 Initial application of IFRS 15

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018).

Application of IFRS 15 has had no impact for the Trust.

Note 24 Related parties

In relation to related parties, the Trust has considered materiality from the perspective of the Trust and that of the Trust's counter parties and set materiality at an appropriate level.

During the year none of the Department of Health and Social Care Ministers, the Trust's Board of Directors or members of the key management staff, or parties related to any of them, have undertaken any material transactions with Dudley and Walsall Mental Health Partnership NHS Trust.

The Department of Health and Social Care is regarded as a related party. During the year Dudley and Walsall Mental Health Partnership NHS Trust has had a number of material transactions with entities for which the Department of Health and Social Care is regarded as the parent Department. These included:

	Income 2018/19 £000	Expenditure 2018/19 £000	Receivables 31 March 2019 £000	Payables 31 March 2019 £000
Black Country Partnership NHS Foundation Trust	683	522	268	234
The Dudley Group of Hospitals NHS Foundation Trust	7	2,355	0	63
West Midlands Ambulance Service University NHS Foundation Trust	102	0	0	0
Sandwell and West Birmingham Hospitals NHS Trust	0	248	0	71
The Royal Wolverhampton NHS Trust	109	129	0	0
Walsall Healthcare NHS Trust	168	411	84	119
NHS Birmingham and Solihull CCG	778	0	68	0
NHS Cannock Chase CCG	158	0	2	0
NHS Dudley CCG	29,219	0	419	0
NHS Sandwell and West Birmingham CCG	2,294	23	10	23
NHS South East Staffs and Seisdon Peninsular CCG	198	0	12	0
NHS Walsall CCG	28,567	0	433	0
NHS Wolverhampton CCG	2,148	0	303	0
NHS England	3,928	79	2,020	96
Health Education England	2,004	1	114	0
NHS Resolution	0	207	0	0
NHS Property Services	0	495	0	494
Community Health Partnership	0	57	0	0
Department of Health and Social Care	688	0	0	0

In addition, the Trust has had a number of material transactions with other Government Departments and Other Central and Local Government Bodies. These included:

HM Revenue and Customs	0	4,215	167	1,142
NHS Pension Scheme	0	5,150	0	742
Dudley Metropolitan Borough Council	1,510	112	84	26
Walsall Metropolitan Borough Council	388	3	145	0

Note 25 Better Payment Practice code

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	17,100	30,588	15,945	27,156
Total non-NHS trade invoices paid within target	14,893	28,974	14,801	26,157
Percentage of non-NHS trade invoices paid within target	87.09%	94.72%	92.83%	96.32%
NHS Payables				
Total NHS trade invoices paid in the year	530	5,354	623	6,224
Total NHS trade invoices paid within target	482	5,010	593	5,835
Percentage of NHS trade invoices paid within target	90.94%	93.57%	95.18%	93.75%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 26 External financing

The Trust is given an external financing limit against which it is permitted to underspend:

	2018/19 £000	2017/18 £000
Cash flow financing	(698)	(1,016)
Other capital receipts	0	0
External financing requirement	(698)	(1,016)
External financing limit (EFL)	1,421	845
Under / (over) spend against EFL	2,119	1,861

Note 27 Capital Resource Limit

	2018/19 £000	2017/18 £000
Gross capital expenditure	3,351	2,895
Charge against Capital Resource Limit	3,351	2,895
Capital Resource Limit	3,352	2,900
Under / (over) spend against CRL	1	5

Note 28 Breakeven duty financial performance

	2018/19 £000
Adjusted financial performance surplus / (deficit) (control total basis)	3,054
Remove impairments scoring to Departmental Expenditure Limit	(4)
Breakeven duty financial performance surplus / (deficit)	3,050

Note 29 Breakeven duty rolling assessment

NHS Improvement has provided guidance that the first year for consideration for the breakeven duty should be 2009/10

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	376	883	1,163	3,575	1,936	888	1,960	2,199	3,384	3,050
Breakeven duty cumulative position	578	1,461	2,624	6,199	8,135	9,023	10,983	13,182	16,566	19,616
Operating income	66,578	67,918	67,298	71,302	65,388	64,750	64,546	66,293	69,482	74,340
Cumulative breakeven position as a percentage of operating income	0.9%	2.2%	3.9%	8.7%	12.4%	13.9%	17.0%	19.9%	23.8%	26.4%

The breakeven cumulative net surplus of the Trust has exceeded 0.5% of operating income of the reporting year in every year of the breakeven period. The main reason for this is consistent delivery of in-year control totals as currently set by NHS Improvement.

PART D GLOSSARY

This glossary describes the acronyms used in this report.

Acronyms	Phrase	Description
A&E	Accident and Emergency	The part of a hospital where people go when they are injured or sick and need treatment quickly.
AIMS	Accreditation for Inpatient Mental Health Services	AIMS is an initiative of the CCQI. It is a standards based accreditation programme designed to improve the quality of care in inpatient mental health wards.
ANS	Adult Neurodevelopmental Service	Adult Neurodevelopmental Service is led by two highly qualified consultant psychiatrists with experience in the assessment and management of adults with neurodevelopmental disorders. The service works with individuals with ASD and ADHD. The team comprises of two consultants and a team of specialist nurses, occupational therapists and psychiatrists.
ASC	Autistic Spectrum C	Autism spectrum, also known as autism spectrum disorder (ASD), is a range of mental disorders of the neurodevelopmental type. Individuals on the spectrum often present with problems with social communication and interaction; and restricted, repetitive patterns of behavior, interests or activities.
BAF	Board Assurance Framework	Reporting infrastructure which enables the Board to monitor progress against the Trust's strategic objectives.
BCM		The BCM policy describes the strategic framework of how the Trust manages its business continuity planning.
BME	Black and Minority Ethnic	
BCPFT	Black Country Partnership NHS Foundation Trust	Our partner provider in the Black Country, delivering mental health and learning disability services.
BPPC	Better Payment Practice Code	This is a target that NHS organisations will pay 95% of bills within contract terms or in 30 days where there are no terms agreed.
BREEAM		An assessment using scientifically based sustainability metrics and indices that covers a range of environmental issues. Its categories evaluate energy and water use, health and wellbeing, pollution, transport, materials, waste, ecology and management processes.
CAEC	Clinical Audit Effectiveness Committee	To review lessons learned from enquiries and capture actions from internal and external reviews.
CAMHS	Child and Adolescent Mental Health Services	Mental Health services for under-18s. NB – inpatient beds for under-18s in Dudley and Walsall are provided by Birmingham Children's Hospital.
CARM	Contract Activity review Meeting	The contract performance review meeting template is a list of items that should be covered off during a contract and performance review meeting. These meetings can take place annually, bi-monthly or quarterly depending on the complexity of the contract and the desired level of performance monitoring.
CCA	Civil Contingencies Act 2004	The Civil Contingencies Act 2004 is an Act of the Parliament of the United Kingdom that makes provision about civil contingencies. It also replaces former Civil Defense and Emergency Powers legislation of the 20th century.
CCG	Clinical Commissioning Group	They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.
CCQI	Royal College of Psychiatrists Centre for Quality Improvement	The CCQI provide national initiatives which aim to improve standards of care in mental health services. They engage directly with managers, clinicians, and service users and support them to take responsibility for improving local services. CCQI also recognises local achievement, offering accreditation.
CEO	Chief Executive Officer	The chief executive officer or just chief executive, is the most senior corporate, executive, or administrative officer in charge of managing an organization – especially an independent legal entity such as a company or nonprofit institution.
CIP	Cost improvement Programme	Annual targets for reducing costs.
CIRCuits	Cognitive Remediation Therapy	Training programme for Mental Health Professionals.

Acronyms	Phrase	Description
CMHN	Community Mental Health Nurses	
CMHT	Community Mental Health Team	
CMHTOA	Community Mental Health Team for Older Adults	
COACTION	Cultural adaptations in clinical interactions	Cultural adaptations in clinical interactions
COPE		(E-support for Families and Friends of Individuals affected by Psychosis): A randomised controlled trial of a co-produced online intervention for carers
CPA	Care Programme Approach	An overall clinical approach which covers the assessment of individuals' needs, the planning of their care, evaluation of progress and review of treatment. As a result, of CPA, a 'Care Plan' is developed and agreed with the service user; this is a comprehensive description of all aspects of the person's care and treatment.
CQC	Care Quality Commission	Quality regulator for health and social care providers. In 2010, introduced a system of 'registering' providers as a demonstration of quality.
CQUIN	Commissioning for Quality and Innovation	CQUIN is a national initiative which aims to embed quality improvements within the commissioning cycle for NHS healthcare. The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals.
CRL	Capital Resource Limit	The capital resource limit (CRL) is applicable to NHS trusts only and controls the amount of capital expenditure an NHS trust may incur in a year. NHS trusts require CRL to cover all capital expenditure and must not incur expenditure in excess of this limit
CRS	Community Recovery Service	There are two Community and Recovery Teams in each of the Dudley and Walsall localities. The team will provide services to people who have a range of severe and persistent mental health problems and require ongoing treatment and interventions. They may also have substantial or critical social care needs directly associated with their mental illness. The service aims to improve independence and access to community care, and increase stability in the lives of service users and their carers.
CYP	Children and Young People	
DIPC	Director of Infection Prevention and Control	An individual with overall responsibility for infection control and accountable to the registered provider.
DLB		Dementia with lewy bodies.
DNA	Did Not Attends	DNA's are the people who didn't turn up to their appointment.
DSPT	The Data Security and Protection Toolkit	The Data Security and Protection Toolkit (DSPT) superseded the IG Toolkit, the DSPT is based upon the National Data Guardian Standards. Unlike the previous IG Toolkit, the DSPT does not provide a score or rating of the assessment so the Trust either met or did not meet the DSPT standard.
DWROM	Dudley and Walsall Recovery Outcome Measure	Compliance against local psychological therapies performance metrics
EAP	Employee Assistance Programme	This all employees with a 24 hours advice and support line covering a range of wellbeing advice options and signposting to relevant NHS, 3 rd sector and voluntary services.
EAS	Early Access Service	The Early Access Service delivers a single point of entry for all adult referrals (17 to 65) in Walsall and will provide mental health screening and assessment of all secondary care referrals. The service will accept referrals for patients with a moderate to severe mental illness.
EBE	Expert by Experience	'Expert By Experience' use their experiences of mental health services - as a service user or a carer of someone with mental health problems - to inform and influence the delivery, planning and quality of services.
ECMHTOP	Enhanced Community Mental Health To Older People	The Enhanced Community Mental Health Team for Older Adults offer assessment and a range of specialised interventions for all complex mental health needs and associated risks. This includes people with working age dementia.
ED	Eating Disorders	This is a specialist service provided across Dudley and Walsall, exclusively for people who have an eating disorder. In the absence of an eating disorder we are unable to provide services for clients suffering from obesity. However we are able to advise of alternative services.

Acronyms	Phrase	Description
EDHR	Equality, Diversity & Human Rights	In our role as service provider it is imperative that we ensure equality of access, equality of experience and equality of outcome for all of the diverse populations we serve. For our Trust, equality is about making sure people are treated fairly and given fair chances. It's about making sure everyone gets an equal outcome – either in the standard of the service they receive or in their experience as an employee.
EDS	Equality Delivery System	This is an optional tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse.
EFL	External Finance Limit	
EIP	Early Intervention in Psychosis	The Early Interventions in Psychosis service offers young people – aged between 14 and 35, with a recent diagnosis of psychosis – intensive interventions aimed at preventing relapse and hospital admission. It aims to promote less traumatic and stigmatising recovery whilst preventing further episodes of psychosis.
EO AD	Early Onset Alzheimer's Disease	Younger – onset (also known as early-onset) Alzheimer's affects people younger than 65.
EPR	Electronic Patient Record	EPR is a systematized collection of patient and population electronically-stored health information in a digital format
EPRR	Emergency Preparedness, Resilience and Response	The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care. This could be anything from extreme weather conditions to infectious disease outbreak or a major transport accident or terrorist attack. This work is referred to in the health service as “emergency preparedness, resilience and response”
EqIA's	Equality Impact Analysis (Assessments)	
ESR	Electronic Staff Record	The Trust reports training compliance on all levels of training. All records of attendance are entered onto and monitored via the Trust Electronic Staff Record (ESR) system
FACE		
FFT	Friends and Family Test	The Staff Friends and Family Test is a simple feedback tool that allows staff to give their feedback on NHS services
FLO		
F&P	Finance and Performance Committee	This is a sub-committee of the Trust Board that meets monthly
FYFV	Five Year Forward View	This document sets out a new shared vision for the future of the NHS based around the new models of care.
FT	Foundation Trust	Type of NHS provider organisation which has more autonomy and different governance arrangements. FTs are authorised and regulated by NHSI.
FTE	Full Time Equivalent	An FTE is the hours worked by one employee on a full-time basis. The concept is used to convert the hours worked by several part-time employees into the hours worked by full-time employees.
FTSUG	Freedom to Speak Up Guardian	Guardians work with all staff to help NHS trusts become more open and transparent places. Employees are encouraged to 'speak up' without fearing the consequences.
GDPR	General Data Protection Regulations	The General Data Protection Regulation 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union and the European Economic Area. It also addresses the export of personal data outside the EU and EEA areas
GP	General Practitioner	A doctor based in the community who treats patients with minor or chronic illnesses and refers those with serious conditions to a hospital.
HR	Human Resources	Human resources are the people who make up the workforce of an organization, business sector, or economy
HMT		
HSE	Health and Safety Executive	
HSJ	Health Service Journal	
H&S	Health and Safety	
HPMA	Healthcare People Management Association	

Acronyms	Phrase	Description
IAPT	Improving Access to Psychological Therapies	An NHS programme rolling out services across England offering interventions for treating people with depression and anxiety disorders.
IBP	Integrated Business Plan	Produced as part of the Foundation Trust application process, the IBP must follow a standard 9-chapter template. The IBP forms the basis of assessment for Foundation Trust readiness.
IFRS	International Financial Reporting Standards	International Financial Reporting Standards, usually called IFRS, are standards issued by the IFRS Foundation and the International Accounting Standards Board to provide a common global language for business affairs so that company accounts are understandable and comparable across international boundaries
IG	Information Governance	Information governance, or IG, is the management of information at an organization. Information governance balances the use and security of information. Information governance helps with legal compliance, operational transparency, and reducing expenditures associated with legal discovery.
IM&T	Information Management and Technology	
IPS	Individual Placement Support	Individual Placement Support helps people with a long term Physical or Mental Health condition get back into work.
ISAs	International Standards on Auditing	International Standards on Auditing (ISA) are professional standards for the performance of financial audit of financial information
KPI	Key Performance Indicators	These are measures of performance and are used by the Trust to evaluate levels of success in achieving its goals
LCFs	Local Counter Fraud Specialist	
L&D	Liaison and Diversion	Liaison and Diversion (L&D) services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders
LD	Learning Disabilities	LD Services aren't provided by DWMHPT
LGO	Local Government Office	A local government will typically only have control over the specific geographical region, and cannot pass or enforce laws that will affect the wider area
LO AD	Late Onset Alzheimer's Disease	This is the most common form of the disease, which happens to people ages 65 and older. It may or may not run in families. So far, researches haven't found a particular gene that causes it.
MARS	Mutually agreed resignation scheme	
MBBS		Medical degree in London
MCP	Multi-Speciality Community Provider	The vision for the Dudley Multi-specialty Community Provider is to put patients at the heart of integrated GP-led health and social care services across the borough.
MERIT	Mental Health Alliance for Excellence, Resilience, Innovation and Training	Four mental health trusts in the West Midlands have come together in a new healthcare alliance to transform the way acute mental health services are provided.
MExT	Management Executive Team	A regular meeting. The Management Executive of the Trust meet regularly to discuss relevant Trust business and progresses.
MHAS	Mental Health Assessment Service	
MHSDS	Mental Health Service Data Set	Set of information which is used as the basis for measuring, recording and evaluating activity.
MH/LD	Mental Health / Learning Disabilities	
MOLGEN	Molecular Genetics of Adverse Drug Reactions	
NACEL	National Audit for Care of End of Life	
NCAP	National Clinical Audit of Psychosis	
NCMH	National Centre for Mental Health	Looks at genetic causes of mental health problems
NHS	National Health Service	The NHS provides free healthcare, regardless of wealth, for resident in the

Acronyms	Phrase	Description
		UK. It covers everything from antenatal screening and routine treatments for long-term conditions, to transplants, emergency treatment, and end-of-life care.
NHSE	National Health Service England	NHS England is an executive non-departmental public body of the Department of Health and Social Care. NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England as set out in the Health and Social Care Act 2012
NHSI	National Health Service Improvement	NHS Improvement is responsible for holding NHS Providers to account to ensure patient receive high quality safe services from NHS providers
NHSLA	National Health Service Litigation Authority	A Special Health Authority which deals with legal claims against NHS organisations. The Trust is currently accredited at NHSLA level 1.
NICE	National Institute for Health and Clinical Excellence	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
NRLS	National	
OD	Organisational Development	The development, implementation and review of various strategies and plans to improve an organisation
OPNT		
OT	Occupational Therapy/ist	Professional Group within Mental Health
PALS		
PC-MIS	Primary Care Management Information System	PC-MIS are implemented in less developed countries with the expectation that they will contribute to improving Primary Health Care delivery. Information generated through these systems is conceived as an imperative for better decision making processes and strengthening accountability arrangements that underpin the delivery of PHC.
PDC	Public Dividend Capital	This is a payment made each year by the Trust to the Department of Health to reflect the investment they have provided. It is calculated at 3.5% of the Trust's asset base and is generally regarded as being equivalent to the long term cost of capital in the public sector.
PDCA	Plan, Do, Check, Act	The PDCA Cycle is an iterative four-step management method used in business for the control and continuous improvement of processes and products.
PEAT	Patient Environment Action Team	A national programme of assessment managed by the NPSA. PEAT is a bench marking tool which helps demonstrate how well healthcare providers are performing in non-clinical aspects of patient care, focusing on care environment, food, privacy and dignity.
PFD	Personal, Fair and Diverse (PFD) Champion	The Trust continues to support the NHS Employers national PFD campaign to encourage NHS staff to become Champions for a personal, fair and diverse NHS.
PHSO	Public Health Service Ombudsman	The Parliamentary and Health Service Ombudsman (PHSO) comprises the offices of the Parliamentary Commissioner for Administration (PCA) and the Health Service Commissioner for England (HSC). The Ombudsman is independent of both the Government and the civil service and reports annually to both Houses of Parliament
PLACE	Patient Led Assessment of the Care Environment	A national programme of assessment managed by the National Patient Safety Agency. PLACE is a benchmarking tool which helps demonstrate how well healthcare providers are performing in non-clinical aspects of patient care, focusing on care environment, food, privacy and dignity.
POMH	Prescribing Observatory for Mental Health	Services that are members of POMH-UK take part in audit-based QIP's that focus on specific topics within mental health prescribing practice and reduce risks associated with medicines management.
PPC	Prompt Payment Code	The Prompt Payment Code (PPC) sets standards for payment practices and best practice. The code is administered by the Chartered Institute of Credit Management. Dudley and Walsall Mental Health Partnership NHS Trust signed up to the code in October 2009.
PPPH	Patient Preferences for Psychological Help	The aim of this study is to learn more about patient difficulties so that we can improve the psychological help offered in the future. Developing personalised psychological interventions for patients with non-affective psychosis.
PREM's	Patient Reported Experience Measures	PREMS are used to understand service users' views on their experience while receiving care. A standard set of core questions has been developed that are linked to the CQC's CREWS domains and will be asked

Acronyms	Phrase	Description
		in every service area to explore in more depth the experience across our services, to highlight areas of good practice and any potential areas for improvement.
PSED	Public Sector Equality Duty	
PSMI	People with Severe Mental Illness	It seems to be a very grey area with no consensus on operational definitions other than that a psychotic disorder always seems to fit the description
QIA's	Quality Impact Assessments	The Trust has an effective Quality Impact Assessment process in place to ensure that quality of care is not compromised through its Cost Improvement Plans. Quality and Equality Impact assessments have been completed for all service transformation developments and cost improvement programmes. QIAs are designed to ensure that service transformation plans place quality and safety improvement as the highest priority.
QH	Quality Health	An organisation that carries out surveys including the NHS patients and staff surveys.
Q&S	Quality and Safety Committee	The Trust's Quality and Safety Committee has overarching responsibility for quality and for the monitoring and assurance of quality performance.
RCP	Royal College of Psychiatrists	The Royal College of Psychiatrists is the main professional organisation of psychiatrists in the United Kingdom, and is responsible for representing psychiatrists, for psychiatric research and for providing public information about mental health problems.
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations	RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).
SED	Service Experience Desk	
SIRO	Senior Information Risk Owner	
STP	Sustainability and Transformation Plans	The aim of this plan is to address on a larger scale the gaps in health and well-being, quality and care and finance and efficiency.
SYMBAD		Mirtazapine for patients with Alzheimer's Disease who presents agitative behaviour
TCP		
TCT	Transforming Care Together	A planned partnership agreement between the Trust, Birmingham Community Healthcare NHS Foundation Trust and Black Country Partnership NHS Foundation Trust that has subsequently dissolved.
UKCP18	UK Climate Projections 2018	
WDES	Workface Disability Equality Standard	
WMCA	West Midlands Combined Authority	
WRES	Workforce Race Equality Standard	
WTE	Whole Time Equivalent	

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