



Worcestershire Mental Health Partnership NHS Trust

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Annual Reports & Accounts
2008-2009



Neil Lockwood
Chairman



Jon Parsons
Non-Executive
Director



Yvonne Milne, MBE
Non-Executive
Director



Colin Phillips
Non-Executive
Director



Bridget Nisbet
Non-Executive
Director



Robin Richmond
Non-Executive
Director

The photographs above and below show the executive and non-executive members of the Trust Board as at the end of the financial year, 31st March 2009



Dr Ros Keeton
Chief Executive



Rupert Davies
Director of
Resources



Dr Steve Choong
Director of Medical
Development



Jan Ditheridge
Director of Modernisation
& Nursing (to December 2008)
Chief Operating Officer
(from January 2009)



Robert Hipwell
Company Secretary



Mick Mather
Director of Integrated
Mental Health
Services

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Success in 2008/2009

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Welcome from the Chairman and the Chief Executive

In last year's Annual Report, we drew attention to the fact that we had a new team of Non-Executive Directors to deal with the challenges that lay ahead.

The Board drew up its objectives for the year (see page 26) and it is against these that our performance should be evaluated. We always emphasise that these are not a set of priorities, but an inter-locking set of actions that are aimed at improving the care we offer to the people we serve.

Have we made progress in improving our services?

Here are some external assessments that acknowledge improvements in the area of our four key principles: **Choice, Responsiveness, Integration and Shared Care.**

Health Care Commission (HCC) "excellent" rating.

For the second year running, the Healthcare Commission awarded us a rating of "excellent" for the quality of our clinical services in 2007/08. We have declared "full compliance" with all of the core quality standards for 2008/09 and will know in October if we have achieved an "excellent" standard again. More information about this is given on page 4.

2008 Meridan awards.

These awards, by the West Midlands Family Programme, are nominated by carers and we were the only Trust to receive two awards. Details of the awards ceremony are shown on page 10.

PICU Usage

The Hadley Psychiatric Intensive Care Unit is a purpose built environment, which offers intensive care and support for clients who are compulsorily detained and are experiencing an acutely disturbed phase of a serious mental disorder. It opened on 14th May 2008 and has seen an incremental opening of its beds up to its full capacity of 9 available beds on the ward.

Designed to meet national standards, the unit offers clients a light spacious environment with excellent facilities for therapeutic and recreational activity: the physical space enables the clinical team to develop and sustain individualised client centred care.

Further Primary Care Trust (PCT) investment -

Worcestershire PCT invested over £4m more in our services in 2008/09. In particular, £3.6m was provided to support our clinical modernisation strategy which is described in more detail on page 38.

Developments in partnership working -

We have continued to work closely with both Worcestershire PCT and Worcestershire County Council to improve the services we provide for Worcestershire residents.

*"challenge
our ways of
working"*

Have we strengthened our financial position?

We closed 2007/08 having achieved a small surplus. Our plan for 2008/09 was to make a surplus of £1.4m in order to pay back the first major instalment of the loan we took out in 2006/07 with the Strategic Health Authority (SHA).

In the event, we were able to repay the whole of the loan (£5.6m) in 2008/09. This has enabled us to transform our financial standing and we can now put our minds towards positive plans to invest in the development of the Trust.

We acknowledge that this has been a tough year for delivering Cost Improvement Programmes but we will be looking to our newly-established business units to continue this good work and enable the Trust to deliver its services within the financial resources made available to us.

This improvement in our finances is reflected in the upgrading of the Auditors' Local Evaluation (ALE) rating from weak to fair.

Our final challenge is, therefore, to achieve an ALE evaluation of excellent and thus match our Healthcare Commission rating for our clinical services.

Have we developed the organisation?

Throughout the year, we have continued to overhaul the way we work to ensure that there is clarity about what is important, processes are in place to challenge our ways of working and to identify any untoward event that might signal a weakness in the delivery of our services.

Board meetings, sub-committee infrastructure, the Executive Team structure, the way we present reports and work with our business units have all been reviewed and changed to enable the Trust to develop a management style and internal culture that allows innovation and initiative to flourish within strong governance arrangements.

We have consulted on our proposals to become a Foundation Trust and received support from the Strategic Health Authority to proceed with our application.

Neil Lockwood - Chairman

Ros Keeton - Chief Executive

*"We move
forward with
confidence."*



Neil Lockwood - Chairman



Ros Keeton - Chief Executive

Quality of Services Annual Health Check

Each year, the Healthcare Commission undertakes an Annual Health Check and awards every Trust a score based on the quality of services that they provide. The Quality of Services score encompasses compliance with a number of core standards and national targets, the outcome of several surveys and the results of national reviews of services.

In the Annual Health Check assessments for 2006/07 and 2007/08, we scored "excellent" for our quality of services and "weak" for Use of Resources (i.e. our financial position).

During 2008/09, a significant amount of work has been undertaken to maintain and develop the standard of our clinical services and to improve our financial position. The Care Quality Commission has now taken over the role of the Healthcare Commission and they will publish the final performance ratings for 2008/09 in October 2009. We have again declared "full compliance" with all of the core quality standards and we expect to retain our "excellent" rating for Quality of Services and to be awarded a rating of "fair" for Use of Resources.

A copy of our declaration is available on the internet: www.worcestershirehealth.nhs.uk

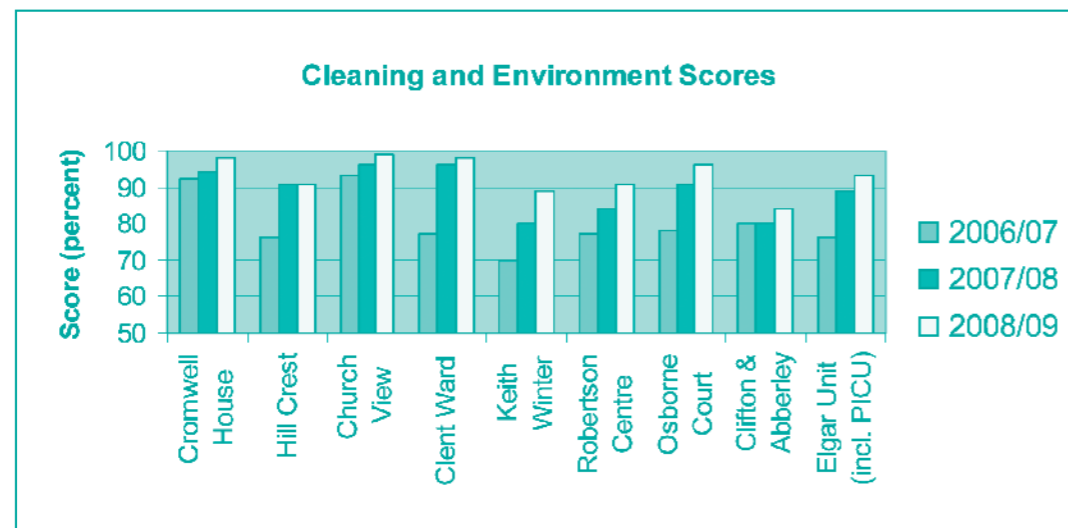
*"excellent
rating for
Quality
of Services"*

Patient Environment Action Team (PEAT)

All of our in-patient units have an annual PEAT inspection, which looks at standards of cleanliness, hospital food, privacy and dignity and the state of our buildings. We meet the national standards for cleanliness on every inpatient unit and the environment for all of them is rated as "good" or "excellent".

The table below shows how our scores have increased steadily over the last 3 years and this is due to the hard work and dedication of staff, supported by financial investment to keep our buildings in good condition.

PEAT scores contribute to our Quality Services score and the high standards achieved should help us to maintain our "excellent" rating for a further year.



To mark the 60th Anniversary of the NHS, the Worcestershire Mental Health NHS Partnership Trust introduced an annual Staff Achievement Award to recognise the remarkable contributions made by its staff.

There were nine categories in which staff were nominated with the winners chosen by a panel and awarded their prize at a special ceremony held later in the year.

The scheme was launched at the beginning of August 2008 when service users, carers and families and employees were asked to make nominations. All nominations were considered by a panel which included a member of the Trust's Service User/Carer Advisory Group and a member of the Trust's Community Forum as well as the Chief Executive. The winners received a certificate and £100 worth of High Street vouchers at an Award Ceremony held on the evening of Wednesday, 3 December 2008 at the Charles Hastings Education Centre.

Dr Ros Keeton, Chief Executive said
"The Trust Board wanted to recognise the work done by all our staff who had achieved so much for both the Trust and our service users and their families."

"We were looking for nominations for those staff who had made an excellent contribution to the Trust or who were always willing to go the extra mile."

"We made sure we included those who worked behind the scenes; the staff people often didn't see but who made all the difference to the service we provide."

Staff were nominated in one of nine categories:

1. Excellence in improving patient care or experience
2. Public, staff or patient engagement and involvement
3. Unsung hero
4. Lifetime achievement
5. Behind the scenes
6. Innovative work
7. Using resources effectively ensuring value for money
8. Working in partnership
9. Outstanding achievement

*"always willing
to go the
extra mile."*



Trust staff who won Staff Achievement Awards

Excellence in improving patient care experience:

Carole Dinshaw, Locality Manager

Carole has led and developed policy work which has been fundamental to improving delayed discharges across the service. Carole has taken the lead role in implementing the development of Dementia Care Mapping and is the Dignity Champion within the Older Adult Service. Carole remains highly committed to the developments and changes that are resulting in improved patient care and experience.

Carole said:
"It was both a surprise and an honour to receive such an award and a pleasure to be amongst colleagues I have worked with and respected who were also recipients. The 'ceremony' itself was informal but it also felt like an 'occasion' to enjoy"



The Trust's Chairman and Chief Executive with Carole Dinshaw

Public, staff or patient engagement & involvement:

Jan Vine, Community Support Worker

Jan has worked tirelessly over the last 5 years with the Evesham and Pershore Carers' and Relatives' Support Group, which is linked to the Evesham Community Mental Health Team (CMHT). The work which Jan has undertaken includes writing a monthly newsletter, organizing social events, developing a wide range of information for carers and she was involved in setting up a dedicated web page.



Jan Vine with Caroline Chambers, Wychavon CMHT Leader

Innovative work:

Helen Springthorpe, Admiral Nurse Team Leader

Since July 2003 Helen has been the Admiral Nurse Team Leader for the Older Adult Service. Previously she was the Ward Manager for Athelon ward since January 1990.

Helen's innovative work continues to result both locally and nationally in the delivery of improved services and support to carers of people with dementia. This work is vital and valued by carers themselves and includes: Alzheimer Café Evesham; Al's Café Worcester, Joe's Club (Evesham and Droitwich); Pershore Carers Group and Carers involvement in the National Dementia Strategy.



The Trust's Chairman and Chief Executive with Helen Springthorpe

Outstanding achievement:

Sarah Taylor, Practice Educator, Service User and Carer Promotion

Sarah commenced with the Trust in January 2003 and is employed as a Practice Educator. Sarah was nominated for her outstanding achievement in training and development and for always having service users and carers at the forefront of everything she undertakes. Sarah has been an enormous help in the development of some of the Worcester Mental Health Networks' activities.

Sarah said
"I was very honoured to receive this Award and would like to thank Pauline Arksey for my nomination. Having my work recognised and acknowledged is a great accolade and I am so fortunate to have a job that I am passionate about and I hope in some small way I am making a difference. It was particularly special for me to receive an award alongside Carole Dinshaw, who was the person who first got me to 'tell my story'

I never dreamt that I would end up working in Practice Development and still have to pinch myself sometimes. Congratulations to all the award

winners over the last 6 years, I have been fortunate enough to have worked with them all. I could not do the work I do without working in close partnership with Worcestershire Mental Health Network and other service users and carers, and I am grateful that I am supported by some very dedicated colleagues who, like me strive, to improve the experience for people who come into contact with our services either as a patient or family member."



The Trust's Chairman and Chief Executive with Sarah Taylor

Behind the scenes:

Alison Hyde-Chadwick, Service Improvement Manager

Alison has been employed by the Trust since July 1981 and is currently in the post of Service Improvement Manager.

Alison was a key link in the Electroconvulsive Therapy Department being awarded "Accredited with Excellence" by the Royal College of Psychiatry, Training and Education Committee. Through her involvement with the Electroconvulsive Therapy team, Alison has influenced and empowered staff to improve the service for patients by equipping staff with the necessary tools to meet the requirements of their roles.



The Trust's Chairman and Chief Executive with Alison Hyde-Chadwick

Lifetime achievement:

Martin Willmott, Trust Lead Psychologist

Since August 2001 Martin has been employed by the Trust as Chief Psychologist and has over 30 years service with the NHS.

Martin has dedicated his whole career to the NHS

and to helping people with mental health problems in every way he can. Martin is truly dedicated to what is best for the patients and has always been committed to ensuring that the clinical agenda never gets lost in the management agenda. Martin has been instrumental in developing services, is always there to support staff and never misses the opportunity to promote Psychology services and the important work they carry out as part of the Trust.



The Trust's Chairman and Chief Executive with Martin Willmott

Unsung hero:

Madeline Gould, retired Day Hospital Manager at Rowan Day Hospital

Madeline joined the Trust in September 1990 and until she retired on 1 October 2008 she was the Day Hospital Manager at Rowan Day Hospital, Redditch. Madeline was nominated for this award at the end of a long career which has been marked by outstanding hard work and dedication to her patient/client group. Madeline has never been one to claim credit for her hard work, achievements and her obvious dedication and care of her patients so through this award Madeline's contribution to the Trust can be acknowledged.

Madeline said:
"The concept of 'Staff Achievement Awards' for me personally resulted in a great morale booster as, having recently retired, I have had time to reflect on the highs and lows of my career and so to be awarded the 'Unsung Hero' award makes me feel very honoured, humbled and valued."

The awards ceremony was a very enjoyable and successful evening. It was well organised and although a serious affair, the atmosphere was both comfortable and informal."



The Trust's Chairman and Chief Executive with Madeline Gould

Community Development Worker receives Police Award

Malik Mohammed Fayaz, one of the Trust's five Community Development Workers received an award at a Ceremony on 13 May 2008 at the Hindlip Hall Headquarters of West Mercia Constabulary.

Malik has been a regular community contributor to West Mercia Constabulary's Phase III Diversity and Cultural Awareness training programme since it started in 2004/2005. His role is to lecture on Islam as a faith and the Muslim culture, but more importantly answering those difficult questions, in the light of the Quran and the teachings of holy prophet Mohammed.

His work has been positively received and has been acknowledged as improving the confidence of police officers in their dealings with our local communities. As a result, Malik also received the Chief Constable's Certificate of Appreciation for making an outstanding contribution.

Malik is one of only four people given this award and is continuing his involvement in training West Mercia police officers in addition to his work for the Trust. Malik's team is in the process of designing a Cross Cultural Awareness Training Programme covering Muslim, Jewish, Sikh, Hindu, Chinese and Polish cultures



Malik is shown centre with Paul Deneen, Police Authority Chairman and Paul West, Chief Constable of West Mercia Police

Moon Walk for Charity



Becky, Ros and Jan celebrating their success

On June 14th 2008, Ros Keeton, the Trust's Chief Executive, Jan Ditheridge, the Chief Operating Officer and Jan's PA, Becky Lane completed the Moon Walk in Edinburgh. This was a 26.2 mile power walk through the night. They joined 12,000 other walkers and not only raised money through sponsorship for breast cancer but also highlighted some of the issues faced by people who use the Trust's mental health services.

There are 1 million people with learning disabilities in the UK, 200,000 with schizophrenia or bipolar disorder and 6 million with depression. An investigation in 2006 by the Disability Rights Commission provided evidence that people with learning disabilities or mental health problems were more likely than other citizens to experience major illnesses, to develop them younger and die of them sooner. People with a learning disability are more likely to have respiratory problems, people with mental health problems are more likely to have heart disease, high blood pressure and stroke. People with schizophrenia are twice as likely to experience bowel cancer.

We also know that people with learning disability or mental health problems often have problems accessing screening services and women with learning disabilities in particular have a poor history of attending for breast screening. The report also said that these people were less likely to get some of the evidence based treatments and checks they needed and faced real barriers in accessing services. Healthcare staff were said to have a complacent attitude suggesting these people 'just died earlier' or 'wouldn't look after their health' or did not attend appointments. In a recent survey in the West Midlands people with mental illness reported that their physical health problems were often attributed to their mental illness and that they therefore avoided seeking treatment.

Great Wall Walk for Mental Health Nurses



Nurses from Berkley Ward

A group of nurses from Berkley Ward at Newtown Hospital walked part of the Great Wall of China to raise money for the Alzheimer's Society.

Staff Nurses, *Tanya Knibbs* and *Davina Laverick*; Deputy Ward Manager, *Pam Butts*; Nursing Assistants *Roberta Darling* and *Jenni Bluck*; Community Psychiatric Nurse, *Yvonne Richards* and a colleague *Karen Pearce* went to China in May 2009 to walk 90 miles of the Great Wall over 6 days with the aim of raising £21,000 for the Alzheimer's Society.

60th Anniversary of the NHS



Dot and Vinnie outside Clent Ward

On 2 July 2008 Dorothy (Dot) Sweeting and Lavinia (Vinnie) Cornford from Bromsgrove represented the Worcestershire Mental Health Partnership NHS Trust at a reception at Number 10 Downing Street where Prime Minister, Gordon Brown hosted a reception to mark the 60th Anniversary of the NHS.

Dot and Vinnie work at the Princess of Wales Community Hospital in Bromsgrove and between them they have spent over 75 years working for the NHS.

Dot and Vinnie were nominated by Trust Chief Executive, Dr Ros Keeton because of their long and exemplary service to the NHS and in particular to mental health services and for their significant part in keeping our wards clean and infection free.

New Drop-in Service in Worcester City Centre



The Worcestershire
Mental Health
Partnership
NHS Trust
offers

a range of services to people recovering from mental illness from a variety of facilities across the county. Of course the majority of people with mental illness can be very successfully treated at home or within their local community so in addition to the obvious inpatient facilities, we have a number of community based teams and outpatient facilities throughout Worcestershire.

To complement these we opened a drop-in service at 10 Sansome Place, based in the city centre in April 2008. This is an innovative development because it allows users of the mental health services to participate in the running of the drop in, while being supported by experienced health and social care professionals. This is a departure from the traditional way of delivering mental health services in Worcestershire.

To be able to use this service, people must already be receiving a mental health service from the Trust but, once referred, people will be able to call in between 10.00 am and 6.00 pm.

*"innovative
development"*



Drop in service at 10 Sansome Place

On Thursday 16 October 2008 Meriden, the West Midlands Family Programme, held its 10th Anniversary celebration and presented a number of awards including the international Ian Falloon Memorial Award for Family Work. Worcestershire Mental Health Partnership NHS Trust received 2 awards based on carers' nominations and was also highly commended in the international award category.

The Meriden awards were nominated by carers and Worcestershire had the greatest number of nominations.

It was the only county to receive two awards. The first was given to Tony Gillam who manages Worcestershire Mental Health Partnership NHS Trust's Early Intervention Service. The nomination was made by Michele Gladden, the mother of two young men with mental health problems.

The second award went to the Evesham Community Mental Health Team (CMHT) who were nominated by Paul Chamberlain, a local carer.

For the Ian Falloon Award there were 19 international entries. This award was made by an international judges' panel. The Trust's Early Intervention Service was highly commended and Tony Gillam received the award on their behalf.



Evesham Community Mental Health Team who won a Special Award

Professor Ian Falloon (who died in 2006) worked throughout his career to ensure that those with serious mental health difficulties received high quality care. He was particularly influential in developing services for families, and his evidence-based psycho-educational model of family work is employed worldwide. In order to honour his memory, Ian's family established a biennial award for services demonstrating excellence in developing services to families of those with mental health difficulties.



The Worcestershire Team

Gift of £30,000 from Women's Royal Voluntary Service (WRVS)



Furniture on Clifton Ward bought by WRVS

Worcestershire Mental Health Partnership NHS Trust received £30,000 from the WRVS on Monday 12 May 2008. Dr Ros Keeton, Chief Executive attended the ceremony, in the WRVS Coffee Shop at Newtown Hospital, with invitees from the Hadley Unit and also Clifton and Abberley wards in attendance.

Dr Ros Keeton thanked the WRVS for their continued support for our services. This money was used to furnish Abberley and Clifton wards at Newtown Hospital, as well as the newly opened Hadley Unit.

Joan Morrish, Project Manager for the WRVS said that they were delighted to be able to gift this money to the Trust and thus improve facilities for service users. The WRVS coffee shop has been in existence for 24 years and is used by patients, visitors and staff.



Dr Richard Taylor MP and Dr Sandy Roberston (picture courtesy of Kidderminster Shuttle)

Opening of the Robertson Centre

D Block at Kidderminster Hospital was renamed The Robertson Centre from 8 December 2008. Ward D1 was also renamed Harvington Ward at the same time following on from the renaming of Ward D2 to Witley Ward in 2007.

The renaming of the Robertson Centre took place to reflect a significant upgrade to the unit which was completed in late January 2009. There was a formal reopening of the unit by Dr Richard Taylor MP and Dr Sandy Robertson the consultant psychiatrist who led the establishment of community-focused mental health services in Kidderminster and after whom the unit was named.

The upgrade and refurbishment work included the redevelopment of the reception area with receptionist staff, a new suite of five ground floor consultant rooms, a new group therapy room, new carpeting, redecoration, improvement of external areas, new signage, a purpose-built Community Mental Health Team (CMHT) base and a new medical records base.

This was the Trust's most expensive project in the county for last year and generous funding was received from Kidderminster Hospital League of Friends.



Outside view of The Robertson Centre

In 2007 The West Midlands Strategic Health Authority offered funding to Trusts across the West Midlands to roll out the implementation of a hospital cross based Supportive Care Pathway (SCP).

The Trust engaged in this opportunity and introduced the initiative as a practice development project, to drive forward the End of Life Care programme within Mental Health & Learning Disabilities. The project was led by Annette Banner, Older Adult Service Practice Educator. She went on to:

- Develop capacity and capability amongst staff to care for service users and their carers at the end of life
- Increase end of life care professionals' understanding of the needs of the service users with mental health, learning disability and substance misuse problems
- Develop professional relationships across the end of life care pathway to increase optimum choice and quality of care for service users and their carers
- Review and update the organisation's End of Life Care Policy

Outcomes

- A baseline audit was developed and carried out to identify current practice and training requirements of professionals working in the Trust
- A training programme was developed in response to this to raise awareness and understanding in end of life care and the national initiative. Nine training days were delivered throughout 2008 for all disciplines and 104 staff attended.



Annette Banner

- An audit to monitor care at end of life was developed to identify current practice and care given to patients at the end of life
- The Trust's current End of Life Policy was also reviewed and updated in line with the Department Of Health's end of life programme
- With the input of clinical staff, the Supportive Care Pathway was adapted and piloted.
- SCP and its Policy was launched in December 2008 to enable professionals to understand the contribution the organisation can make to support carers and patients nearing their end of life. This would enhance the opportunity for early interventions and would allow service users more choice and involvement in decisions and to think about their wishes in relation to end of life, before this is an issue or before lack of capacity inhibits this.
- Reflective practice sessions and support is offered and provided for staff implementing the SCP
- Improved and more formal links have been made with specialist palliative care teams across Worcestershire to offer advice and practical support to mental health staff in and out of hours.
- A mini intranet site is under construction
- The initiative has been extremely well received across the Trust and other agencies

A year gone, where? Well, we've met lots of different people, professionals and community members, gypsies/ travellers, Eastern Europeans/migrants, Asians, Afro Caribbeans etc.. It's been a rollercoaster ride, but very enjoyable.

We have also organised several stalls for community events around the county to promote our role as a CDW. We also took part in World Mental Health Day.

For 2008 the theme was "Food and Mood." Various events were held across Worcestershire in the localities which were all different in their layout and style, but all held a common interest in promoting and raising awareness of mental health.

For Kidderminster, we arranged to have a stall in the Market place as it was a central location which was excellent in attracting the public to the cause. There was constant attention all day from the public from 8 am to 4.30 pm, and we even had visits of support from Dr Ros Keeton, Chief Executive, accompanied by Directors, and even a member of the Service User/Carer Advisory Group, Pauline Crew.



Sabi with Amy Louvaine (from the Chief Executive's office) and Dr Ros Keeton on World Mental Health Day

We are in the process of organising training for the community by devising a mental health first aid package, also a cross cultural package directed at the professionals, explaining differences between cultures.



Promoting and raising awareness of mental health in Kidderminster

The research we have undertaken shows that a minority of BME communities do visit their GP and are referred to the mental health services but there are a number where the GP has not referred. Also, communities tell us that their first language is not English so they feel that is a barrier for them to access the service as they find it difficult to express their feelings, and some find it easier to go back to their native country and seek help there. Even though interpreters are available, they do not feel comfortable talking in a three way conversation.

The stigma still predominately exists, about mental health, and even family members do not associate with the person who is suffering, so being open and telling people they are suffering, can isolate them from the family and their community.

"they do not feel comfortable talking in a three way conversation"



The Trust's Workshop at Shrub Hill provides activities in a supported setting for those moving towards college, employment or volunteering. Over the last year it has seen major development in its work helping people with their recovery.

The different activity areas within the Workshop focus on varying skills, helping people to build confidence and stamina. Each area has also been developing move-on pathways, to enable people to make their next step on the road to recovery.

To give some examples:

- Service users working in the Woodwork and DIY sections have moved on to skilled manual courses at college, or work experience placements with the Trust's Painter and Decorator, Lee Wilkes.
- An IT section provides training and qualifications in computing, linking with the unit's office skills section that now provides a printing service both to other Trust Departments and to external organisations and businesses. Those gaining administrative experience have moved on to work experience placements in Trust administration roles and then on to paid employment.

The real measure of success comes through service users' own feedback:

"I started out at Shrub Hill Workshop with no self worth, no confidence, poor memory and total lack of interest in all the things I previously had a zest for. I made a recovery; I feel good about myself and now have a job."



Pete Jordan, Team Leader at Shrub Hill Workshop

- Art, sometimes seen as just a recreational or therapeutic activity, has developed its pathways to enable service users to increase skills, move on to college courses, mount external exhibitions, run their own web-site and sell art work. The new Mental Health Act Code Of Practice features art work produced through the Art In Minds group, based at Shrub Hill.
- The Trust's Exemplar Employer Project based at Shrub Hill, has also seen major expansion through the year. From its initial phase developing work experience placements within Trust Departments, paid training placements are now being piloted, where service users have the chance to get back into the workforce through the Trust's own opportunities.



Lee Wilkes, The Trust's Painter and Decorator

Since October 2008 some of the Specialist Speech and Language Therapists from the Learning Disabilities Team have been offering a consultative service to their colleagues in Mental Health Services.

Anne Hancox, Karen Parkinson and (since January) Lois Peña have been responding to referrals from a variety of sources and have provided advice and support to colleagues, Service Users and their Carers across the county in both the community and in-patient settings.

Referrals have been received seeking help and advice with regard to the communication needs of individuals and for support with difficulties around eating, drinking and swallowing.

The therapists are currently planning to offer staff the opportunity to participate in a number of workshops which will explore a range of different approaches to communication and the use of non-verbal communication systems which can be used to support existing verbal skills.

Awareness training around eating and drinking skills will also be available over the coming months with a number of sessions being held at different venues around the county.



Anne Hancox
Team Manager



Karen Parkinson
Team Leader



Lois Peña Speech &
Language Therapist

It is hoped that with time it will be possible to extend the current limited service, perhaps to include some group sessions with Service Users and Carers and to work jointly with other professionals involved in their care around social language skills and activities of daily living.

Speech & Language Therapy Team - Learning Disabilities

The Specialist Speech & Language Therapy Team for Learning Disabilities is providing Social Language Skills Courses to enable Service Users to become more independent in the community and at work.

The courses aim to help learning disabled service users to develop conversation skills and their understanding about different relationships. Course members are supported by their carers who reinforce the work between sessions and report back on the progress made by the Service User. Course members have found the course "enjoyable", "fantastic" and "helpful"

They think they have improved their eye contact, listening skills and understanding. They are more aware of other's reactions and see progress in each other.

The carers feel their attendance at the course is important and have learned from the course themselves!



The Worcestershire Mental Health Partnership Trust's Prison In-Reach service was established in 2003/2004 and was set up to provide a community style secondary mental health service within HMP Hewell (formerly HMP Blakenhurst, HMP Brockhill and Hewell Grange) and HMP Long Lartin.

As a result of the publication "Changing the Outlook" (Department of Health, December 2001), the remit of the service is "to offer a comparable level of services provided within local community teams".

"Changing the Outlook"

The team is an integral part of prison healthcare, and a key role for Prison In-Reach is to develop joint strategies for improving mental health services within the prison and on the prisoners release. The service provides a care pathway that systematically assesses prisoners' mental health problems under Care Programme Approach, and delivers therapeutic interventions. A strong focus is a liaison role with mental health trusts, the independent sector, hospitals, probation services, ministry of justice etc, to ensure the prisoner receives a seamless service. The service is a key link between the prison healthcare department and relevant agencies up and down the country.



Prison In-Reach Service Team



Avril Gilmore - Services Manager

Tom Hall - Senior Clinical Manager

The Prison In-Reach Team has recently been combined with Worcestershire Mental Health Partnership Trust's Substance Misuse services, whose experience of joint working with mental health services and criminal justice services both complements, and benefits from the new alliance.

The Business Unit has forged links/developed partnership working with the Commissioners and the Clinical Director for Prisons. The mental health services within the prisons are currently undergoing a service redesign which is being led by Avril Gilmore, Service Manager and Tom Hall, Senior Clinical Manager.

A recent process mapping exercise has been completed, the outcomes of which will enable the Worcestershire Primary Care Trust and the Business Unit to design an integrated mental health service within Worcestershire's Prisons.

This is an exciting time for the service, and we look forward to the opportunities that new prison mental health service developments can bring to us and all of our stakeholders.



Heather Fraser, Occupational Therapist

Occupational therapy and the charity organisation, Friends of the Elderly, have very similar values. They both value individuals having the right to a good quality of life and recognise and value their passion and skills. It seemed therefore, like the perfect partnership to pilot a new type of clinical placement for occupational therapy students.

I now work in the Community Mental Health Team for Older Adults in Malvern, previously having worked in several of the locality teams in Worcestershire over the past 12 years. One of the services I was pleasantly surprised to find in Malvern was Friends of the Elderly. They provide day care opportunities for people suffering from dementia or for older people who are socially isolated, and are situated within Howbury Resource Centre and Geraldine Court in Malvern. They also provide a home support service which helps people to maintain their independence and pursue roles and activities which are important to them.

The College of Occupational Therapists has been encouraging us to consider areas where we feel occupational therapy students could gain valuable work experience outside of traditional health and social services settings. In a traditional clinical placement, the students would be with a qualified occupational therapist in their work setting, working alongside them. In a contemporary placement, the students go into an environment where there is not an established occupational therapy role. The students still receive supervision from an occupational therapist and also have day to day support from identified mentors within the work place.

Kate Matthew is the Lecturer within the Professional Practice Team at Coventry University whose job it is to develop these placements. Two final year occupational therapy students, Jules and Jennie, applied to do the placement which was 12 weeks long and was split between Howbury Lodge day care, for people suffering from dementia, and the home support service. The managers within these services were the students' mentors and provided day to day support and advice. Another Occupational Therapist with the Malvern Community Mental Health Team for Older Adults, met with the students weekly to provide supervision and advice specifically around their group work.



From left to right: Jules Theys, Jennie Bowes (final year Occupational Therapy students) with Kate Matthews (Coventry University Lecturer)

"day to day support from identified mentors"

The students worked extremely hard throughout their 12 weeks with Friends of the Elderly. They were both determined to show that occupational therapy could be a valuable asset to the organisation and their positive approach ensured they welcomed staff in both settings. Within Howbury Lodge, the students ran a Cognitive Stimulation Therapy group, which has been researched to be as effective as medication for people suffering from dementia.

This is a group recommended by the National Institute for Health and Clinical Excellence and the Social Care Institute for Excellence in their guidelines for supporting people with dementia.

Everyone felt the placements went well. Friends of the Elderly staff enjoyed learning about the Cognitive Stimulation Therapy and felt the students helped to reinforce their understanding around the importance of activity, whether that be in a day centre or in the client's own environment. They also

felt they had closer links with the mental health team at Rowan House and had more informal discussions about individual clients.

The students felt they were able to work more independently and learned more about how services link together. They felt they were challenged to justify the reasoning behind their clinical decisions more and also felt more equipped to work in less traditional settings when they qualify.

The clients benefitted from the occupational therapy students being there too. The students were able to work with Friends of the Elderly staff gathering information, such as the client's life history, to help inform their care. They worked with some clients individually on specific goals, such as building confidence to attend a coffee morning, or walking to the local shops. Sometimes this just added a fresh pair of eyes or an extra pair of hands to a situation.

It has turned out to be such a positive experience that Friends of the Elderly are already talking about things to improve ready for their next two occupational therapy students. The occupational therapy service is currently in the process of considering which other agencies we work closely with which might benefit from this supported input. Hopefully, by the time the next group of third year occupational therapy students come out on placement in September, we might have a whole range of contemporary placement opportunities to offer them.

Friends of the Elderly and Occupational Therapy Staff



This year saw the appointment of Helen Reynolds to the post of Mental Health Act/ Patient Records Manager following the retirement of Kate Shuttleworth, who had an NHS career spanning in excess of 40 years.

In addition to a change in Manager, the year has seen a major amendment to the Mental Health Act 1983 which came into force on 3 November 2007. In addition to a number of changes, the Act now has a set of five guiding principles to which the Trust adheres when treating people; these are:

Mental Health Act Guiding Principles

Purpose – decisions under the Act must be taken with a view to minimising the undesirable effects of mental disorder, by maximising the safety and wellbeing (mental and physical) of patients, promoting their recovery and protecting other people from harm.

Least restriction principle – people taking action without a patient's consent must attempt to keep to a minimum the restrictions they impose on the patient's liberty, having regard to the purpose for which the restrictions are imposed.

Respect principle – people taking decisions under the Act must recognise and respect the diverse needs, values and circumstances of each patient, including their race, religion, culture, gender, age, sexual orientation and any disability. They must consider the patient's views, wishes and feelings (whether expressed at the time or in advance), so far as they are reasonably ascertainable, and follow those wishes wherever practicable and consistent with the purpose of the decision. There must be no unlawful discrimination.

Participation principle – patients must be given the opportunity to be involved, as far as is practicable in the circumstances, in planning, developing and reviewing their own treatment and care to help ensure that it is delivered in a way that is as appropriate and effective for them as possible. The involvement of carers, family members and other people who have an interest in the patient's welfare should be encouraged (unless there are particular reasons to the contrary) and their views taken seriously.



Helen Reynolds, Mental Health Act/Patient Records Manager

Effectiveness, efficiency and equity principle – people taking decisions under the Act must seek to use the resources available to them and to patients in the most effective, efficient and equitable way, to meet the needs of patients and achieve the purpose for which the decision was taken.

Mental Health Act 1983 (amended 2007) code of practice

We rely on Associate Hospital Managers, lay people who form an important part of the patient journey through the Mental Health Act. In the past year, Gareth Hughes, Jean Stacey, June Morris and Sue Williams have stepped down from the role, having between them amassed 50 years worth of experience in the role. Our thanks go to them in recognition of their dedication and we welcome Annette de la Cour, Allan Scrafton, Lynda Longbottom, Sue Barclay and Jill Gramann as new Associate Hospital Managers and look forward to a long association with them.

If you are interested in becoming an Associate Hospital Manager, please contact **Helen Reynolds on 01527 500575, or via email on helen.reynolds@worcsmhp.nhs.uk**

We would particularly welcome applications from people belonging to the black and minority ethnic groups.

The Trust has Mental Health Act Administration offices in:

- **Newtown, Worcester:**
Annette Drury
- **The Robertson Centre, Kidderminster:**
Sandra Griffiths
- **Hill Crest, Redditch:**
Helen Reynolds/Sandy O'Hare

Emergency Assessment Unit at Osborne Court



The Thorn Lodge bungalow at Osborne Court

In 2008, Worcestershire County Council and Worcestershire Primary Care Trust jointly agreed to develop a Learning Disability Children's Emergency Assessment Service for the county at Osborne Court in Malvern.

A vacant bungalow was given a 'makeover' to create a bright, welcoming and homely two bedded facility to provide safe and appropriate care, support and assessment for children and young people with a moderate/severe learning disability/complex health needs and/or challenging behaviour.

The service operates on an 'as and when required' basis and has proved a valuable addition to our five bedded Children's Short Break Service as the new bungalow provides a quiet environment away from the 'hustle and bustle' of the short breaks bungalow.

The new service welcomed its first young person on 13 October 2008 and has had almost continuous bookings from there on. It has already proved to be extremely effective and additional funding to develop the service further has been committed for 2009/10.

"A vacant bungalow was given a 'makeover'"



View from inside the lounge



One of the bedrooms in Thorn Lodge

In early 2008, the Church View Short Breaks team was asked to develop a new service for three service users with very complex needs and challenging behaviour who previously accessed Lea Castle Hospital.

The re-provision of service was not going to be easy as the short breaks packages involved were 'high level' and would be difficult to introduce. The service at Lea Castle was due to come to an end quite soon and Church View was the most appropriate alternative.

It would be fair to say that the team was apprehensive and somewhat fearful of the unknown, but they were a strong, well trained and motivated team and knew that they would make a success of what lay ahead.

The staff team worked closely with the families, supporting colleagues and services to gather as much information as possible to make the transition and future service at Church View a success.

Meanwhile at Church View itself, building work was underway in order to make the adaptation to Upton Unit appropriate to meet the needs of the new service users: new floorings, walls, doors, new alarm systems – mayhem!

A big recruitment drive was also underway, with the objective of employing a further two qualified nurses and four team members to join the Church View staff.

March soon approached and everyone was ready. Everything was finalised and in place and the three service users began their transitions into Church View.

A year later and how proud the team stands. The apprehension gone; the team grown in confidence. They have successfully managed to offer and maintain a service for three service users and their families with only minor problems along the way.

The feedback the team gets now from the families involved is very positive. Yes, there will be problems and difficulties along the way, but they have shown that they can cope with such difficulties and, with a determination to evaluate and improve services, they feel that these challenges can, and will, be overcome.



A bedroom in the Upton Unit at Church View



New lounge area in the Upton Unit

Refurbishment of Courtyard at Hill Crest Mental Health Unit



“Before” photographs of the courtyard at Hill Crest



“After” photographs of the courtyard

The Hill Crest in-patient unit has been fortunate to have a new courtyard garden, which was completed on the 7th April 2009.

The garden was designed by David Singleton from DSA Environment & Design and service users were asked for their input on the design of the garden. Service users’ choices included the pots, a bird table and a bird bath.

Blakedown Landscapes carried out the work on the garden. The garden is accessible to all service users and

the feedback from everyone has been very positive.

The Drug Interventions Programme (DIP) is a key part of the government’s strategy for tackling drugs and reducing crime. It can be seen to be working as drug-related crime has fallen by a fifth since the programme started. Record numbers of people are now being helped with their drug misuse.

DIP was introduced in 2003, with new elements having been phased in each year since. The programme aims to get adult drug-misusing offenders out of crime and into treatment and other support. Some interventions operate right across England and Wales, while additional ‘intensive’ elements operate in those areas with the highest acquisitive crime.

Worcestershire is a non-intensive area and operates in a partnership approach to tackling drug-related crime, and encourages offenders to move out of the criminal justice system into treatment services with the ethos to prevent the need for further crime to be committed.

The Worcestershire DIP team work in partnership with probation, Turning Point, police and prisons in the main, although other services are instrumental in providing support with housing, benefits and social functioning to support offenders holistically. DIP works with a wide range of specialist clients, who are generally deemed as high risk offenders due to the nature or volume of the crimes they commit. To maximise our attempts to engage these individuals, we operate an in-reach service to police stations, prisons and courts, where offenders are offered the services of the partnership and forced to make some tough decisions about their lifestyle.

The range of substance misuse services we provide includes drug testing, support, substitute medication, education and direct access into other services who, like us, prioritise these individuals.

DIP aims to retain offenders in treatment for an initial period of 12 weeks, which research indicates is the most prevalent time in making positive life changes, before moving them into stream-line services for continued key working.

Worcestershire’s volumes of DIP clients engaging in both structured and unstructured treatment have run at or above its DIP Treatment profile guideline through 2008. The advantage of DIP is that it is engaging with drug users who are ‘new’ to the treatment system. The retention of these offenders is above the national average with 87% of clients remaining within the service and results in positive outcomes.

DIP offers a win-win solution: drug-misusing offenders get help, communities suffer less crime, and the taxpayer saves money through reduced burdens on the criminal justice system and health services. For every £1 spent on drug treatment, at least £9.50 is saved in health and crime costs.

“DIP works with a wide range of specialist clients”

We currently employ around 1,500 staff working from over 50 sites across the county, and spend in excess of £60 million of NHS funding each year. As a specialist NHS Trust, it is our principal role to provide:

- Primary and secondary mental health services, including in-patient, day care, out-patient and community services for working age adults and older people in Worcestershire
- Specialist services to people with learning disabilities
- Substance misuse services including a Drugs Intervention Programme
- Shared support services to Worcestershire Primary Care Trust

Our Clinical Services

Local Primary Care Trusts and other partner organisations purchase ('commission') a range of services from our Trust to ensure individuals and their carers to get the necessary support, help and treatment for their condition. We cover adult and older adult mental health, substance misuse, and learning disability services (in conjunction with Worcestershire County Council).

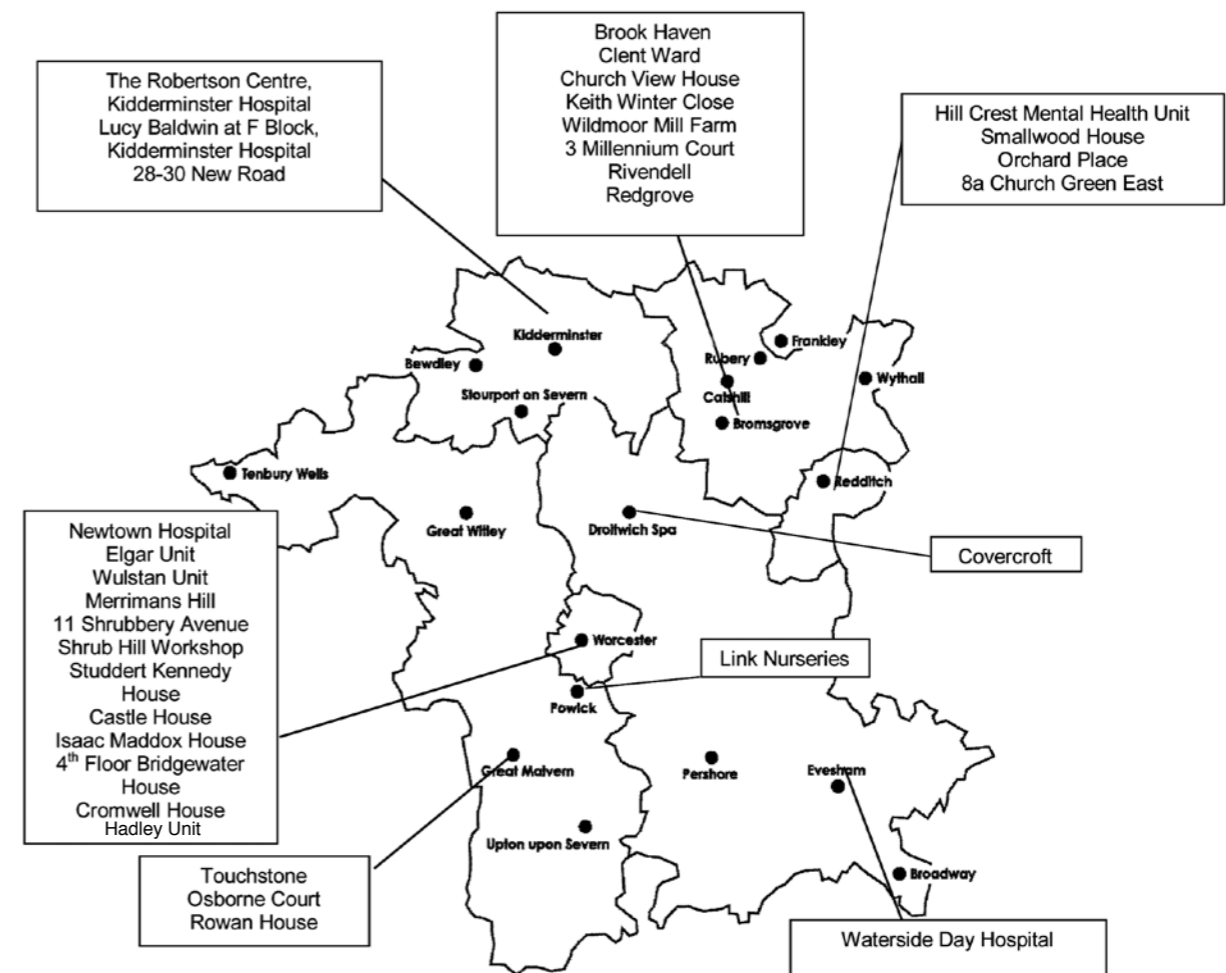
In the last 25 years, mental health and learning disability services have moved away from care in institutional settings to smaller inpatient facilities and community based services that support people to live as independent a life as possible. We often provide services in people's own homes (e.g. through Community Mental Health Teams) as well as offering visits to clinics, in-patient and out-patient settings. Services today often include a mix of skills and professions so that people's specific needs and conditions are met effectively and are addressed early.

What Our Service Users Want

The Trust aims to place patients at the very heart of the organisation, and seeks to understand the needs of its service users. Here are just a few examples of needs, as identified by the Trust's Service User and Carer Advisory group, which includes patients and carers:

- An 'ordinary life'
- Dignity and respect
- Choice
- Right to take risk and make decisions
- Clear pathways for treatment with responsive services, accessible 24 hours a day
- Services from caring and understanding staff
- Public education which addresses stigma and promotes acceptability

"help and treatment"



Our aim is to provide:

Prompt access and early intervention for those in need of specialist services thereby aiming to maximise an individuals' potential for health and wellbeing.

Effective interventions and positive support through a well trained and sensitive workforce, delivering identified outcomes for service users, their families and carers.

Services and interventions that help promote independence, rehabilitation and recovery. Individuals will be supported to manage and maintain their health and wellbeing and maximise independence and autonomy.

There are **four** important principles to our work:

CHOICE Including choice of professional, environment, treatments and support

INVOLVEMENT Co-working with patients/service users and carers is our approach

INTEGRATION Services being person-centred and holistic, delivered in partnership with both the statutory and voluntary sectors

SHARED CARE Promoting joint working and smooth transfers of care

Our Values

- To uphold the principles of the NHS and to provide person-centred care
- To deliver high quality integrated services
- To create an inclusive and supportive culture
- To ensure excellent performance and efficiency

Our Objectives

Underpinning our vision and values are a number of corporate objectives, developed each year within our services and programmes. Our current objectives are to:

- Become a Foundation Trust and maximise benefits for members, staff and the community
- Develop and extend the range of the Trust's specialist services
- Maintain and develop further strong integrated governance arrangements to ensure safe and effective services with strong accountability
- Extend choice and personalisation in order to deliver a patient-led service
- Strengthening our strategy of Patient and Public Involvement
- Extend our relationship with commissioners to ensure the Trust is the provider of choice
- Develop a culture of service improvement across all our services
- Sustain and develop partnerships with key stakeholders

Our vision includes our plans to become an NHS Foundation Trust and to secure the benefits that we will gain from this. Foundation Trust status will strengthen our ability to shape local health services in partnership with our local community.

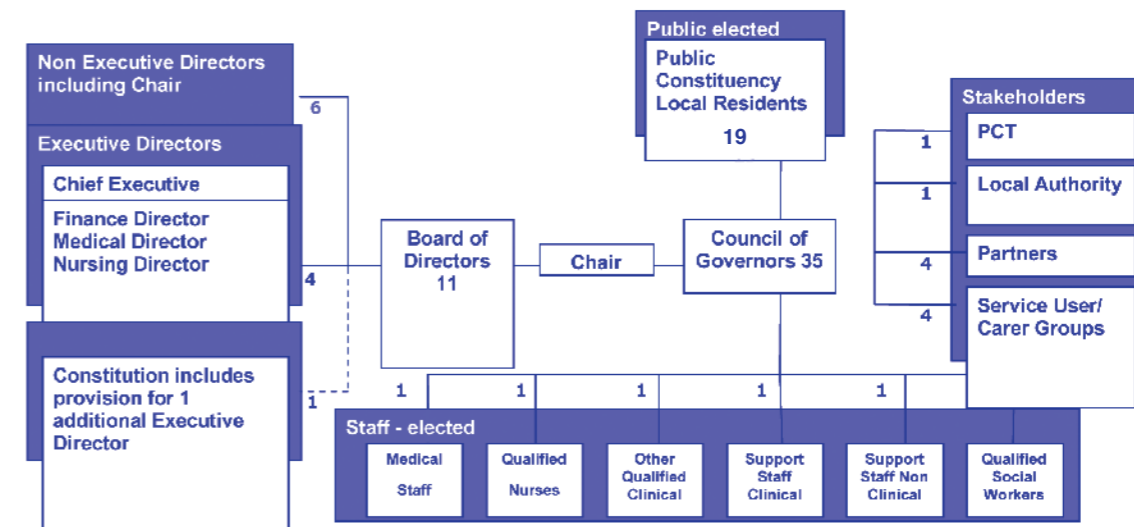
“maintain their health and wellbeing”

Update on our NHS Foundation Trust application

In the period 27 September to 19 December 2008 we undertook public consultation on our plans for becoming an NHS Foundation Trust. In particular we invited comments on our proposals for encouraging service users, carers and the wider community to become involved in the development of services and in addressing the stigma encountered by people who use our services.

As a result of public consultation we revised the proposed composition of the Council of Governors and increased the number of seats in the public constituency by 3 and the number of seats in the stakeholder constituency by 2. The revised composition is shown below.

Proposed Composition of Board of Directors and Council of Governors



Our staff are playing an important role in recruiting service users, carers and the public at large as members of the future NHS Foundation Trust.

We anticipate that we will be authorised as an NHS Foundation Trust towards the earlier end of 2010. Between now and then our application will be subject to an historic due diligence review, consideration by the Department of Health Applications Committee and assessment by Monitor, the Independent Regulator of NHS Foundation Trusts.

In the short term we will meet our financial commitments, improve access to services, reduce inequalities, promote health and wellbeing, and improve the patient experience.

Over the next three years we will continue delivering on the NHS modernisation programme. We will provide services in line with current best practice guidance, making sure we seek the views of service users and carers about how those services are received, and meet the spending commitments of those local organisations that purchase services from us.

Looking Ahead

Over the longer term, we will continue to modernise and reform services to ensure the highest standards of care and treatment. Our main priorities will include:

- Continue to provide good quality services and clinical strategies
- Continue to meet Care Quality Commission core standards
- Continue to modernise in-patient facilities
- Continue to involve patients, carers and staff in the planning and delivery of our services
- Develop specialist services using additional sources of revenue
- Expand services to meet local and national commitments (e.g. psychological therapy)



Oliver Orr, a member of Worcestershire Mental Health Network

As part of the Care Quality Commission's annual health check, the Trust will be assessed against a range of indicators which measure existing commitments and national priorities. These indicators can be summarised as follows:

The Trust will be assessed on its performance in all of the areas listed in the table. The graphs below depict performance against a selection of these indicators.

Health Dimension	Indicator Name	Existing Commitment	National Priority
Health and wellbeing	Data quality on ethnic group	✓	
Clinical quality	Patterns of care from mental health minimum data set (MHMDS)		✓
	Completeness of the mental health minimum data set (MHMDS)		✓
	Access to crisis resolution home treatment	✓	
Safety	Care programme approach (CPA) 7 day follow up		✓
Patient Focus and access	Delayed transfers of care	✓	
	Best practice in mental health services for people with a learning disability		✓
	Experience of patients		✓
	Numbers of drug misusers in effective treatment		✓
	NHS staff satisfaction		✓

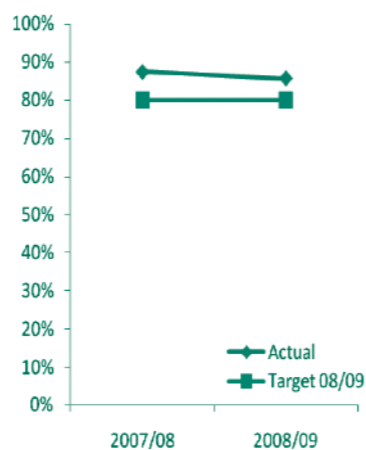
Numbers of drug misusers in effective treatment

An estimated 3.764 million people in England and Wales use at least one illicit drug each year (British Crime Survey), and around one million people use at least one of the most harmful drugs (such as heroin and cocaine). For most people this will be a passing phase and they will not continue to take drugs or require any special treatment in order to deal with it. The Home Office however estimate that approximately 330,000 people in England experienced a serious drug problem involving crack and/or opiates in 2005/06.

A major strand of the National Drug Strategy is the provision of effective and high quality drug treatment. The Drug Strategy recognises that providing effective treatment for drug users not only reduces rates of individual harm (e.g. the spread of blood borne viruses and accidental death through overdose) but also contributes significantly to reducing wider social harms such as rates of acquisitive crime.

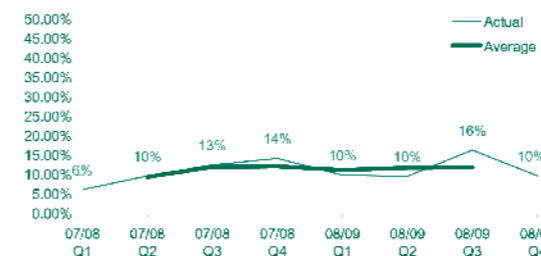
The Trust will be assessed on the number of drug misusers using crack and/or opiates admitted into treatment in the year who were discharged after 12 weeks or who remain in treatment beyond a 12 week period or who were discharged from treatment in a care planned way.

The Trust must aim to retain 80% of drug misusers in effective treatment. We have exceeded this level for the past two years, achieving 87% in 2007/08 and 86% in 2008/09.



Delayed Discharge

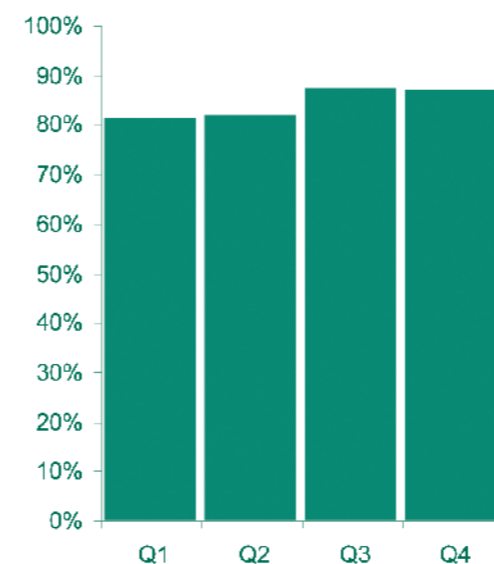
It is important to us that patients are treated appropriately; this includes discharging patients once they are safe to transfer, not only to enable us to use our resources to treat more patients, but also to ensure the quality of care we provide. On occasion difficulties arise that mean patients stay on a ward while their discharge is facilitated. Approximately 12% of our admissions result in some delay; through joint working with our partners (e.g. social services) we look to identify the causes of delay, and implement the actions required to tackle these delays within our local system.



Care Programme Approach (CPA) 7 day follow-up

Reductions in the overall rate of death by suicide will be supported by arrangements for the provision of appropriate care for all those with mental ill health. This includes action to follow up quickly all those on the care programme approach (CPA) who are discharged from a spell of inpatient care.

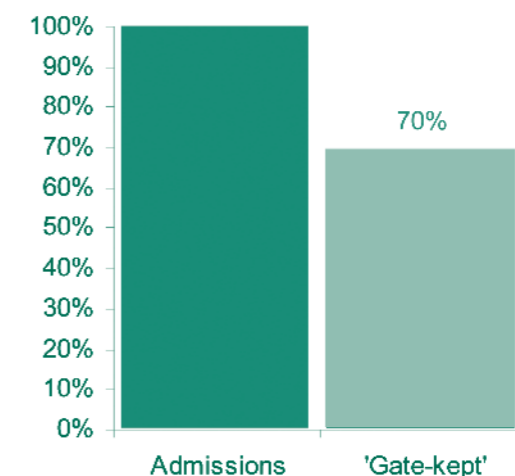
The Trust discharged 186 patients on CPA in 2008-09, of which 162 were followed up within 7 days (87.1%). Whilst there is still room for improvement, there has been significant progress from 2007-08 when there were 191 discharges of patients on CPA, of which 109 were followed up within 7 days (57%).



Access to Crisis Resolution Home Treatment

A crisis resolution home treatment (CRHT) team provides intensive support for people in mental health crises in their own home: they stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admissions and give support to informal carers. In 2008/09, trusts were required to demonstrate that the teams in place were functioning properly as a gateway to inpatient care and also facilitating early discharge of service users.

In 2008/09 there were 289 admissions to acute wards, of which 201 were "gate-kept" by the CRHT team (69.5%).



NHS Staff Satisfaction

The purpose of the national Staff Survey, which was undertaken between September 2008 and January 2009 was, as in previous years, to gauge the mood of the 1.3m strong NHS workforce and to establish the effectiveness of nationally agreed Human Resources policies in the context of each Trust.

As with previous Staff Surveys, the content of the 2008 questionnaire was determined nationally, as was the sample size. The names of those asked to take part was generated at random (using a nationally agreed protocol) from all those employed by this Trust as at 30 September 2008.

The survey is more than just an exercise, it is about staff having clear objectives for their role and recognising that they make a real difference to patient care.

All NHS Trusts are required to undertake an annual staff survey. The results are a valuable collection of staff views and opinions. Both positive and negative feedback is important for the future development of Worcestershire Mental Health Partnership NHS Trust and the services we provide.

The survey also enables Trusts to gather information which assists them to deliver better care for patients.

The Trust had a response rate of 61%; up by 2% on the 2007 result. This level of response has placed the Trust in the highest 20% for the response rate for Mental Health/Learning Disability Trusts in England.

When the Trust's scores are compared with those achieved by similar Trusts the results are disappointing; however we maintained or improved on our 2007 results in 22 of 26 indicators, our top 4 performing measures were. (please see over page):

Percentage of staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months (Lower is better)



Percentage of staff experiencing physical violence from staff in last 12 months (Lower is better)



Percentage of staff experiencing physical violence from patient / relatives in last 12 months (Lower is better)



Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (Lower is better)



Our greatest improvements since the 2007 survey have been in: Availability of hand washing materials (Higher is better)



Perceptions of effective action from employer towards violence and harassment (Higher is better)



Fairness and effectiveness of procedures for reporting errors, near misses or incidents (Higher is better)



Staff intention to leave jobs (Lower is better)



Human Resources

2008/09 was a year of major change for the Trust's Human Resources (HR) Team. As part of the preparation for NHS Foundation status, the decision was taken to end the shared service arrangement with the Primary Care Trust for the provision of this service.

Following the appointment to the Head of Human Resources role in the autumn of 2008, the Trust's HR team has been restructured; each business unit now has a dedicated HR Manager working as a business partner. This reshaping has enabled the HR Team to continue to support the wider restructuring of the Trust. The wider restructuring process has, as in previous years been delivered through a partnership approach between the Trust management, its staff and the recognised trade unions (the British Medical Association (BMA), Chartered Society of Physiotherapists, the Royal College of Nursing (RCN), UNISON and UNITE).

The HR team has continued to work with line managers and staff-side partners to utilize the flexibility, which the introduction of Agenda for Change terms & conditions has afforded; an example of this would be introduction of new roles such as Support Time Recovery Worker. In addition, measures such as flexible working arrangements, self rostering and improved access to childcare facilities through childcare vouchers have assisted the Trust to recruit, develop and retain a high quality workforce all functions; this in turn has enabled the Trust to improve its services to its service users.

During 2008/09, the Trust has continued to invest in training, education and development in order to support and encourage staff to reach their full potential in delivering the Trust's core services. In 2009/10, the Trust will, through effective workforce planning be well placed to commission training, education and development that will support its existing services and assist with the development of new ones.

Towards the end of 2008/09, the HR Team, in partnership with its staff-side partners commenced the task of reviewing and updating the Trust's Human Resources policies and procedures; this review will be completed during 2009/10.

In the autumn of 2008, the Trust again participated in the annual NHS staff survey. The response rate was 2% higher (at 61%) than it was in 2007; 33% of responses to key questions were in the top

20% for mental health/learning disability trusts. The investment made in key areas, such as the availability of hand washing materials, the fairness and effective of procedures for reporting errors, near misses or incidents were reflected in this year's positive scores.

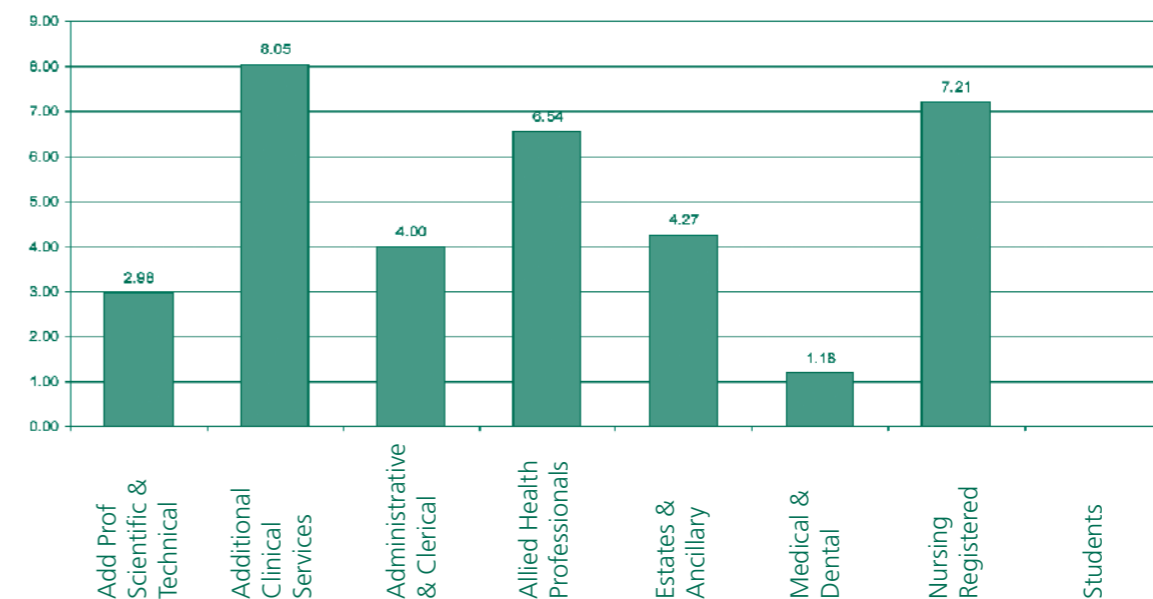
The focus during 2009/10 will be on improving the Staff Experience. At the heart of this programme are a series of initiatives which aim to:

- Encourage staff to live healthy life styles.
- Support individuals to achieve an effective work/life balance.
- Improve on communication/staff engagement.
- Develop individuals to their full potential.

Throughout 2009/10, the Trust Board will be receiving regular progress reports on the Staff Experience programme.

The sickness absence rate shown in the table below is the percentage of the whole time equivalent days lost divided by the contracted whole time equivalent days

2008-2009 Sickness Absence Rate % by workforce group



Introduction

Patient and public engagement is central to the modernisation of the NHS and its importance was re-emphasised in Lord Darzi's review. The Trust is committed to involving service users, carers and the public in its decision-making, planning and service delivery.

The Chief Executive has overall responsibility for patient and public engagement, with the Head of Community Engagement Patient Experience having responsibility for ensuring the Trust engages with service users, carers, organisations representing service users and carers, representatives of the communities the Trust serves and of the organisations it works with.

In March 2008 a new Head of Community Engagement Patient Experience was appointed to the Trust. An Admin Assistant was recruited in August 2008 and has assisted the Head of Community Engagement Patient Experience across the range of her duties.

This report identifies the patient and public engagement activity that has taken place across the Trust in 2008/09.

Internal Trust Fora

Service users and carers are involved across the Trust's committee structure and in addition the Trust has 3 specialist fora for involving service users, carers, and the public. These are:

- Service User/Carer Advisory Group – for service users and carers
- Community Forum – for representatives of the communities we serve
- Partnership Forum - for representatives of stakeholder and representative organisations in Worcestershire

Service User/Carer Advisory Group

The Service User/Carer Advisory Group was established in 2005 to ensure that the views of service users and carers were taken into account by the Trust in its decision-making. The Group currently has five members and efforts have been made to recruit new members to ensure it is representative of all services. The Group plans monthly meetings and this year 10 meetings have

taken place.

Work undertaken:-

At the start of this year the Group reviewed its membership and updated its terms of reference. A new role description, person specification and recruitment process were agreed.

The Group agreed its Work Programme for 2008/09 would be:

- To consider the implications of the new Mental Health Act; in response members attended the training sessions, received a presentation and discussed this.
- To consider the services for people with dementia; in response members received a presentation and discussed the dementia strategy with the service manager for older adult mental health services
- PALS surgeries and PALS volunteers; in response members discussed a proposal from the Head of Community Engagement Patient Experience about this
- Ensuring patients are given their rights in adult mental health services; in response arrangements were made to meet with the adult acute mental health services manager



Chris Marsh, Head of Community Engagement and Patient Experience

The Group has also:

- Discussed changes to learning
- Discussed the implications of 'Choice and Control'
- Discussed a new campaign to raise awareness of mental health and challenge the stigma associated with mental illness.
- Met with the Chief Operating Officer
- Met with members of the Community Forum with whom they intend to do some joint work in the coming year

Community Forum

In March 2008 the Government abolished the independent Patient and Public Involvement Forum (PPIF). Some members of the PPIF for the Trust wished to continue their involvement and with the support of the Chief Executive, the Community Forum was established on 1 April 2008. A role description, person specification, and recruitment process were agreed and there are currently 10 members representing the communities served by the Trust. The Forum has monthly meetings and this year 12 meetings have taken place.

Work undertaken

Much of the first 6 months was taken up with agreeing Forum procedures; becoming familiar with Trust procedures and agreeing membership of Trust committees and groups. Terms of reference were agreed and a member's handbook has been collated. With the assistance of the Head of Community Engagement Patient Experience, protocols have been agreed in respect of making visits and writing reports. Arrangements were made for all Forum members to attend the Trust's induction programme and training about changes to the Mental Health Act.

Members:

- Have completed a survey of notice boards across the Trust which informed the Trust's service user and carer information policy.
- Have participated in the Patient Environment Action Team inspections
- Have participated in the interviews for service managers, the Chief Operating Officer and Director of Resources.
- Have been advised about the revised Trust committee structure and changes to Directors' portfolios.
- Are carrying out a review of the Trust's external areas
- Are reviewing catering arrangements for in-patients

Partnership Forum

The Partnership Forum replaced the Trust's Involving People Group and brings together organisations with an interest in the work of the Trust.

The purpose of the Forum is to:

- Provide a forum for the sharing of information related to the work and activities of the Trust
- Discuss and monitor progress towards the Trust acquiring Foundation Trust status and the impact of this on relationships between the Trust and other organisations.
- Discuss key issues and service developments in the Trust
- Support the Trust's community engagement activities

- Monitor implementation of and progress with agreed Trust projects
- Identify projects that can be undertaken by the Forum or member organisations that will improve Trust services or service user and carer experience
- Facilitate relationships between participating organisations

The meetings are attended for the Trust, by the Chief Executive, the Company Secretary and the Head of Community Engagement Patient Experience and the member organisations are:

- Worcestershire Mental Health Network
- Speakeasy NOW
- SURGE (Service Users Rights Group Enterprise)
- Community First in Herefordshire and Worcestershire
- Worcestershire Association of Carers
- Worcestershire Association of Voluntary Organisations in Community Care
- Worcestershire Primary Care Trust
- Worcestershire Acute Hospital NHS Trust
- University of Worcester
- West Mercia Constabulary
- West Mercia Probation Trust
- Worcestershire County Council – Adult and Community Services
- Chamber of Commerce in Herefordshire and Worcestershire
- Worcestershire Local Involvement Network (LINK)
- Worcester 6th Form College
- Worcestershire County Association of Local Councils
- WMHPT Community Forum
- WMHPT Service User/Carer Advisory Group

Communications

Communication is an important part of engaging with the communities served by the Trust. The Head of Community Engagement & Patient Experience is also lead officer for the Trust in respect of communications and in this year has produced 41 press releases. Staff have been actively encouraged to provide positive news stories for publication and every effort is made to secure publication.

The Worcester News provides a regular news column for the Chief Executive for which 15 articles have been provided this year.

The Head of Community Engagement & Patient Experience has reviewed and updated the Trust's communications policy to take account of new media opportunities. A draft communications plan for pandemic flu has also been developed in conjunction with staff at Worcestershire Primary Care Trust and the Emergency Planning Officer.



A survey of staff attitudes and experience of communications within the Trust has been developed by the Head of Community Engagement & Patient Experience in response to the outcome of the national staff survey. This took place early in 2009.

Patient Advice and Liaison Service (PALS) and Complaints

Patient involvement can also take the form of compliments or complaints made, or issues raised with PALS, by service users or carers. In 2008/09 the Trust received 640 compliments, 144 PALS issues and 36 complaints.

Compliments, PALS issues and complaints for each of the Trust's services are shown below.

It is pleasing to note that compliments received by the Trust continue to significantly outnumber both complaints and PALS issues, especially when those related to other organisations are excluded.

Compliance

The Trust's response time for responding to the 36 complaints in 2008/09 was within the statutory timescale of 25 working days was 100%, in 2007/08, and 100% in 2006/07. The Trust also achieved a 100% compliance with the statutory timescale of 2 working days for acknowledging complaints.

Compliments

Mental Health Adult	470
Mental Health Older Adult	161
Substance Misuse	3
Learning Disability	1
Other	5
Total	640

PALS Issue

Mental Health Adult	62
Mental Health Older Adult	12
Substance Misuse	5
Learning Disability	2
Other	33
Total	144

Complaints

Mental Health Adult	34
Mental Health Older Adult	1
Substance Misuse	0
Learning Disability	0
Other	1
Total	36

During this year the Trust replaced the PALS and complaints committee with a new community engagement committee. In addition to monitoring compliments, complaints, and PALS issues the remit of the committee also includes monitoring the Trust's patient and public engagement activities. The committee is chaired by a Non-Executive Director and the meetings are held quarterly, with two meetings held so far this year.

In addition to producing a new PALS, and an updated complaints policy, the Head of Community Engagement & Patient Experience has provided guidance to staff on investigating complaints and PALS issues. The Trust's senior managers were provided with training in relation to the Trust's procedure and staff investigating complaints and PALS issues have been advised and supported as necessary. A new leaflet for service users and carers, about how to pay a compliment, raise a PALS issue or make a complaint, and called 'Roses or raspberries?' has also been produced. The Head of Community Engagement & Patient Experience has introduced a new process of learning plans for all complaints and PALS issues requiring formal investigation.

These plans set out the actions that have been taken, or need to be taken, in response to the issues raised in the complaint or PALS issue and is in line with new Government guidance 'Making Experience Count.' The Community Engagement Committee will monitor the plans to ensure actions are taken and any cross-organisational issues are identified and appropriate action taken.

The Head of Community Engagement & Patient Experience has established a PALS and complaints network for Worcestershire to share knowledge and experience.

It should be noted that the Government has introduced a revised procedure for complaints, which will apply to both health and social care services, from 1st April 2009.

Independent Review

If a complainant remains dissatisfied with the Trust's response to their complaint they have the right to request an Independent Review. Until 31st March 2009 they were able to review their complaint to the Healthcare Commission and during the year 2008/09 five complaints were referred.

The Trust has been carrying out work in the last financial year which will continue into this year to improve our carbon footprint.

A temporary Energy Manager has been employed who has made recommendations to help improve our environmental footprint.



The following recommendations have been made:

- Carbon Trust Energy audit of our larger sites have been carried out.
- Firm recommendations for energy efficiency improvements have been incorporated into the capital programme, including enhanced metering, insulation and lighting controls.
- A preliminary on-line survey of staff attitudes to environmental issues was undertaken which established that most staff are generally supportive of carbon saving initiatives and would like to do more.
- Systems have been implemented to enhance the available data relating to climate change including meter readings and waste collections. These will, over time, improve the quality of forecasting energy consumption and enable better, more proactive management of energy water and waste. This work complements the recent launch of the NHS Carbon Reduction Strategy for England "Saving Carbon Improving Health".



- It is also anticipated that further energy efficiency measures will be made part of the capital programme.
- Introduction for 'good housekeeping' measures and behavioural change with regard to environmental issues, including an awareness campaign, regular staff newsletters, regular and reliable information concerning consumption patterns and the introduction of a green champions scheme across the Trust.
- Introduction of some segregation of paper and card for recycling. It is hoped that these measures will be either cost-neutral or very inexpensive.

Following the energy survey, the Trust has identified potential savings on utilities by carrying out the following:

- Automatic control on lighting.
- Replace old luminaires with high frequency energy efficient ones.
- Insulation on water pipes.
- Upgrade heating controls.

An environmental newsletter is in the process of being produced which will be made available to all staff in the Trust being produced which will be made available to all staff in the Trust.

"Saving Carbon Improving Health".

Serious Untoward Incidents

Table showing total Serious Untoward Incidents from April 2008 until March 2009

SUI Incident Type	Total SUIs from April 2008 until March 2009
Accident whilst in Hospital	1
Attempted suicide by In-patient	1
Attempted suicide by Outpatient	3
Confidential Information Incident	1
Suicide by In-patient	3
Suicide by Outpatient	7
Unexpected Death of In-patient	2
Unexpected Death of Outpatient	6
Ward Closure	3
TOTAL SUI'S	27

The purpose of a structured investigation of a serious untoward incident using Root Cause Analysis is to identify the true cause of a care or service delivery problem, and the actions necessary to minimise its effect or eliminate it. A serious untoward incident is in general an incident involving NHS service users, staff or contractors that causes death or serious injury or was life threatening.

Root Cause Analysis is a retrospective review of an incident undertaken in order to identify what, how, and why it happened. The analysis is then used to identify areas for change, recommendations and sustainable solutions to help minimise the re-occurrence of the incident type in the future.

A care delivery problem is where care deviated beyond safe limits of practice and the deviation had a direct effect on the eventual outcome for the service user. These could be failure to monitor, observe or act; an incorrect decision or action or not seeking help when necessary.

Service delivery problems are acts or omissions identified during the analysis of the incident, but are not associated with direct provision of care. These are generally associated with decisions, procedures and systems that are part of the whole process of service delivery. They may include failure to undertake environmental risk assessment; failure to implement safe systems e.g. ensuring all new phones have the emergency number on them etc.

The recommendations from serious incident investigations are developed into action plans with people identified to do the work within specific timescales. The actions are monitored by the Business Unit Managers to ensure the changes are implemented.

Management of the Trust

The photographs on page 56 show the Trust's management structure as it was at 31st March 2009, with executive and non executive members of the Trust Board.

Public meetings of the Trust Board are held six times each year and members of the public are welcome to attend. Dates and venues for these meetings are available from Christine Marsh, Head of Community Engagement and Patient Experience, Worcestershire Mental Health Partnership NHS Trust.

Register of Board Members' Interests

The Codes of Conduct and Accountability require Trust Board members to declare interests that are relevant and material to the business of the Trust Board. They also ensure that Board members act impartially, are not influenced by social or business relationships and do not use their public position to further their private interests.

The Trust maintains a formal register of Board members' interests. This includes Directorships and other relevant and material interests which have been declared by both Executive and Non-Executive Board members.

This register is available, on request, to the public for inspection.

Anyone wishing to view the register should contact:

Tracey Broadley
Executive Assistant to the Chief Executive
Worcestershire Mental Health
Partnership NHS Trust,
Isaac Maddox House,
Shrub Hill Road,
Worcester
WR4 9RW



Standing Committees

The Trust Board has a number of standing committees to oversee key aspects of work and these are shown in the table below.

COMMITTEES	NEIL LOCKWOOD	YVONNE MILNE	COLIN PHILLIPS	ROBIN RICHMOND	BRIDGET NISBET	JONATHAN PARSONS
Board Matters	✓	✓	✓	✓	✓	✓
Audit Committee		✓	✓	✓ (Chair)		
Charitable Funds Committee				✓ (Chair)		
Finance and Performance Committee	✓				✓	✓ (Chair)
Governance Committee			✓		✓ (Chair)	
Mental Health Act Monitoring Hospital Manager's Group		✓ (Chair)	✓	✓	✓	✓
Remuneration and Board Development Committee	✓ (Chair)	✓	✓	✓	✓	✓
Business Development Group	✓					✓ (Chair)
Community Engagement Group		✓	✓ (Chair)			

Director of Resources' Review

Outline of our services

The Trust provides in-patient, out-patient, and community-based mental health, learning disability, and substance misuse services. It provides these services predominantly, although not entirely, for the residents of Worcestershire from over 50 sites across the county.

Summary of financial performance in 2008/09

2008/09 has proved to be a successful year from a financial point of view.

We have ended the year making a small surplus of £2,000. This figure however hides the immense challenge that we faced financially. In 2006/07 the Trust secured a loan of £5.6m from the West Midlands Strategic Health Authority. A small repayment was made in 2007/08 but the major repayments were due to be paid in over the four years commencing 2008/09. As a result of this the Trust was required to set a surplus budget (income in excess of expenditure) equivalent to the planned loan repayment for the year of £1.4m. To achieve this surplus the Trust had to set a demanding cost improvement programme (CIP) of £2.4m.

Part way through the year the Trust secured the support of Worcestershire PCT and the agreement of the West Midlands SHA for a proposal to pay off the full outstanding balance on the loan (just

under £5.6m). The Trust was able to repay the loan through a non-recurrent uplift to the contract with Worcestershire PCT (£3.6m), the £1.4m already planned for as part of our budget setting process plus the application of an additional £600k of internally-generated cost savings. The requirement for these additional cost savings effectively increased the CIP from £2.4m to £3m. In the event some £1.8m of planned cost improvements were secured and the balance achieved through other savings.

The Trust secured £68.2m of income in 2008/09 - mostly from Worcestershire commissioners. Although most of the Trust's income is ultimately sourced from Worcestershire PCT, the 'Section 75' partnership arrangements within the county means that the Trust actually receives most of its funding from Worcestershire PCT. In 2008/09 we received some £49m from the Commissioners. A further £13.5m was received directly from Worcestershire PCT (£7.5m of which related to the provision of non-clinical 'shared services' such as catering, domestic services, and maintenance work). Around £1.2m of income related to the funding of education and training (mostly from the SHA), £2m came from providing patient services to 'out of county' NHS Commissioners and the balance came from other miscellaneous agreements.

"a successful year from a financial point of view"

The Trust was particularly pleased to secure almost £4.6m of additional income from Worcestershire PCT over and above the contract for the previous year. As already noted, £3.6m of this directly supported the Trust in paying the balance of its loan with the SHA. As explained in the Operating and Financial Review, the forward look into 2009/10, this support has allowed the Trust to develop a long term service strategy designed to improve the quality of its in-patient facilities.



Through close monitoring and management of the Trust's financial resources I am pleased to report that we have achieved all our financial duties for 2008/09:

**Target 1:
Income and expenditure balance**

Target	Breakeven
Actual performance	£2,000 surplus

The Trust set a budget based upon breakeven for the financial year.

**Target 2:
External financing limit**

Target	(£2,190,000)
Actual performance	(£6,299,000)

The external financing limit (EFL) is a control on the amount of cash the Trust can use to finance its total – revenue and capital – activities. The Trust was set a negative EFL of £2,190k for the year, which meant that it had to generate at least this amount of cash and/or pay off loans. The actual external financing requirement was a negative figure of £6,299k, which meant that the Trust had an undershoot and achieved its EFL target; NHS Trusts are permitted to undershoot their EFL. The undershoot was artificially large due to the repayment of the working capital loan to the Strategic Health Authority (SHA).

**Target 3:
Capital resource limit**

Target	£1,814,000
Actual performance	£1,811,000

The capital resource limit (CRL) represents the maximum a trust can spend on new capital assets. Again, it is a target set by the Department of Health. Underspends are permissible; the limit is not to be exceeded. Against a target of £1,814k the Trust underspent by £3k.

**Target 4:
Capital cost absorption rate**

Target	3.5%
Actual performance	4.0%

This refers to the rate of return achieved on capital investment. As one of its performance measures, the Trust must demonstrate that it has achieved an investment yield (i.e. income generated from its capital investments) of between 3% and 4%. This measure is calculated by comparing the Trust Debt Remuneration paid with Average Net Relevant Assets. The Trust achieved a rate of 4.0% for the year.

*“achieved
all our
financial
duties”*

Repayment of the loan to the SHA took place on 17th March 2009. This was a pivotal day for the Trust's finances. As a result of that loan repayment the Trust can now look to invest resources into improving the environment in which care particularly inpatient care – is provided.

For 2009/10 we have set a budget which is designed to generate £1m surplus by year end. This surplus will be available to support our proposed review of in-patient facilities across the Trust. The programme of improvement is planned to take over seven years. By the end of the programme we hope to have spent almost £30m on improving those facilities. As part of that programme the Trust proposes spending over £3m on capital investment in 2009/10 – an increase of £1m over 2008/09.

We are currently negotiating with Worcestershire PCT over a number of service developments which we hope will be implemented in the course of 2009/10. £400,000 has already been committed by the PCT to allow us, in association with Worcestershire Acute Hospitals NHS Trust, to further develop a psychiatric liaison service. The PCT is also committed to investing additional resources into dementia and peri-natal psychiatry. The Trust and the PCT are also working closely on increasing investment in psychological therapies as part of the government's national policy of improving access to psychological therapies.

We are not however complacent about the future. Delivering our 2009/10 plan will be – as ever – challenging. We will require cost improvements of £1.1m to deliver our overall plan. We are aware of cost pressures around the use of agency staffing and energy costs. And, of course, the Director of Resources will be paying close attention to the impact that the current downturn in economic activity has on the NHS.

We hope to secure Foundation Trust status in 2009/10. We are well prepared for the challenges we will face in the course of the assessment process. We have developed a five year business plan – ‘the Integrated Business Plan’ – along with a detailed five year financial model. In the next few months we will be submitting these documents, along with other key documents, to Monitor, the independent regulator of NHS Foundation Trusts. We are confident that we will secure Foundation Trust status later in this financial year.

The Financial Statements included in this Annual Report may not contain sufficient information for a full understanding of the Trust's financial position and performance. A copy of the Trust's full Annual Accounts can be obtained on request from:

Mr Rupert Davies
Director of Resources,
Worcestershire Mental Health Partnership NHS Trust,
Isaac Maddox House,
Shrub Hill Road,
Worcester,
WR4 9RW



Rupert Davies
Director of Resources

*“increasing
investment in
psychological
therapies”*

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

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

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

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

10 June 2009
Chief Executive



Statement of Directors' Responsibilities in respect of the accounts

The directors are required under the National Health Services Act 2006 to prepare accounts for each financial year.

The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, 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 which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

10 June 2009
Chief Executive



10 June 2009
Director of Resources



Worcestershire Mental Health Partnership NHS Trust

- Worcestershire Local Involvement Network (LINK)
- Worcester 6th Form College
- Worcestershire County Association of Local Councils
- WMHPT Community Forum
- WMHPT Service User/Carer Advisory Group

We will continue the strategy of providing more opportunities to involve people in our organisation through effective communication, appropriate and timely consultation and genuine and meaningful participation. A specific programme of work for the coming year is to:

- Continue to recruit people to become members of the prospective Foundation Trust. We are particularly keen that service users and carers are recruited as members.

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 organisation's policies, aims and objectives;
- 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 Worcestershire Mental Health Partnership NHS Trust (WMHPT) for the year ended 31st March 2009 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Risk Management processes are guided and provided for by the Risk Management Strategy.

Whilst ultimate accountability rests with the Chief Executive, the Director of Service Development & Executive Nurse (supported by the Governance Manager), the Director of Medical Development and the Company Secretary (supported by the Risk & Security Manager) have taken leading roles in managing the Governance and Risk agenda.

1. Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

A key partnership outside the Health Service is with Worcestershire County Council. We receive the majority of our income via a Section 75 Agreement.

Within the NHS our key partnerships are with:

- West Midlands Strategic Health Authority
- Worcestershire Primary Care Trust
- Worcestershire Acute Hospitals NHS Trust
- Other PCTs within the West Midlands

We continue to seek opportunities to extend and broaden partnership working. In 2008/9 we set up a Partnership Forum and invited the following organisations to send representatives to the forum's meetings:

- Worcestershire Mental Health Network
- Speakeasy NOW
- SURGE
- Community First in Herefordshire and Worcestershire
- Worcestershire Association of Carers
- Worcestershire Association of Voluntary Organisations in Community Care
- Worcestershire Primary Care Trust
- Worcestershire Acute Hospital NHS Trust
- University of Worcester
- West Mercia Constabulary
- West Mercia Probation Trust
- Worcestershire County Council – Adult and Community Services
- Chamber of Commerce in Herefordshire and Worcestershire

The Risk Management profile within the organisation continues to improve:

- Risk Management training in general can be evidenced in the Induction plan, various ad-hoc incident reporting training sessions, written guidance disseminated to all Clinical and Service leads by the Risk & Security Manager on the legislative requirements of risk management and risk assessment within a safe system of work, which is actively promoted by the Trust.
- The Sentinel Risk Management software system is used by the Trust for incident recording and reporting. During 2009/10 the latest version of the software will be rolled out and will enable complaints, PALS enquiries, claims and serious untoward incident investigations to be recorded on the system. The corporate risk register will also be held on the system.
- The work of the Governance Committee is supported by a number of governance working groups each of which produces an annual work plan that is signed off and monitored by that committee.

The need to engage each and every staff member and to provide the appropriate level of training to each remains a key objective and priority within the Trust. There are systems in place for staff to raise concerns/risks/near misses to allow action to be taken and lessons learned.

4. The risk and control framework

The Trust currently monitors risk by a variety of methods, not least via an assurance framework. This is the key document for the Trust Board to ensure all principal risks against strategic objectives are identified, managed, controlled and reported upon. The assurance framework is aligned to board objectives that have been updated to ensure Standards for Better Health and key risks from the risk register feature. During 2008/2009 the assurance framework has been updated and reported to the Audit Committee and the Board. The assurance framework is presented to, and discussed by, the Trust Board at each public meeting.

The key elements of the Risk Management strategy focus on:

- Individual and corporate responsibility.
- A structured framework for the management of risk with a clear definition of the roles and responsibilities for directors, managers, clinicians and allied health professionals.
- A purposeful approach to enabling the Trust to embed risk management within its structure and so support the Trust in meeting its new functions and objectives.

- Compliance with all relevant statutory and non- statutory standards relating to the assessment and control of risk.
- Identifying, and where possible eliminating, risk and controlling any remaining risk Monitoring the controls and procedures to ensure effective risk management within the Trust.
- In order to prove, properly identify and evaluate risk in the organisation, formal risk assessments are taking on an even greater importance. Such risk assessments are now being undertaken locally. If advice and/or training is required on clinical risk assessment this will be provided by the Governance Department. If advice and/or training is required on non clinical/generic risk assessment this will be provided by the Risk & Security Manager.
- Risk assessment and incident reporting systems remain key to the ongoing assessment of risk. Evaluation of any, or all, control measures are considered, not only by line management but also by the Governance department. This provides a robust double check within the system.
- Risk management continues to be promoted and embedded throughout the organisation.

As an organisation we have excellent links with our Local Safeguarding Board and Partnership Working with the Executive Nurse sitting on the Board, the named professional sitting on the Executive Group and representation on a further four sub-groups.

The Trust has previously secured accreditation at the Clinical Negligence Scheme for Trusts (CNST) level 1. This entitles the organisation to a 10% discount on its premium for CNST and the Risk Pooling Scheme for Trusts (RPST). However, the NLSLA introduced a new set of risk management standards in April 2008 specifically designed for Mental Health and Learning Disability Trusts. The organisation was required to re-apply for level 1 accreditation under the new standards which are significantly more challenging. At level 1 the assessor was looking for assurance that the organisation can demonstrate the process for managing risks has been described in approved documentation. The assessment was carried out on 8th and 9th January 2009 and the assessor was pleased with the standard of policies. However, clarification was required on aspects relating to the Trust's Training Brochure and Matrix. This was duly provided and the assessor confirmed the Trust's success at level 1 at the end of January 2009.

Work is now being developed to demonstrate

that the policies are being implemented across the organisation. The Trust will then apply for accreditation at level 2.

The Trust is fully compliant with the core standards for better health. The Board of Worcestershire Mental Health Partnership NHS Trust has reasonable assurance that there have been no significant lapses in meeting each of the 24 core standards during the period 1st April 2008 to 31st March 2009.

Compliance with the core standards has been discussed by the Governance Committee and the Board during 2008/2009, together with reviewing details of the evidence that is available to support a declaration of "fully met" for each of the 24 core standards. In particular, we have introduced a new process for assessing standards, which brings together ALE, the NHS Litigation Authority (CNST) and the core standards, enabling the Trust to more effectively cross check compliance with all of these standards. The Trust's thorough approach to reviewing its position against the core standards and the evidence presented to the Board has enabled the Board to be confident that all of the 24 core standards continued to be met throughout 2008/2009.

The SHA has considered this organisation's performance on core standards only where evidence is available to the SHA through current working arrangements. The following are specific comments in relation to the standards for which the SHA holds key information. This process has not identified any major concerns. The SHA understand that this organisation has assessed itself as fully compliant with all core standards.

- **Standard C1a** - There has been particular focus on patient safety in the last year for this organisation and the Trust and its commissioners have been making every effort to learn from difficult situations and build and implement change that will positively impact on patient safety.
- **Standard C2** - A regional safeguarding audit has been undertaken recently and results show there is good evidence of this organisation working towards statutory requirements.
- **Standard C4a** - This Trust has an HCAI action plan in place.
- **Standard C24** - We participated in the first national on-line self-assessment audit in respect of preparedness to deal with emergencies, including pandemic influenza. Our feedback scores demonstrated a high level of preparedness.

Worcestershire Mental Health Partnership Trust is registered with the Information Commissioner's

Office under the Data Protection Act 1998. We are compliant with NHS Connecting for Health's Information Governance Statement of compliance. Our 2008/2009 self assessment Information Governance Toolkit score is 70%. We submitted our self assessment on 30th March 2009 and received approval from NHS Connecting for Health on 31st March 2009. The Director of Resources has been appointed as the Senior Information Risk Owner (SIRO) to take ownership of information governance risks.

The Head of Internal Audit's opinion is that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisations objectives, and that controls are generally being applied consistently. The basis of the opinion is guided by :

- an assessment of the design and operation of the underpinning assurance framework and supporting processes; and
- an assessment of the range of individual opinions arising from risk based audit assignments, contained within internal audit risk- based plans that have been reported throughout the year. The assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses;
- any reliance that is being placed upon third party assurances.

The assurance framework and other risk reporting mechanisms are in place that clearly links the objectives through to the principal risks, controls and assurances. This has been revisited during the year, revised as necessary, and considered by the Board and relevant sub-committees of the Board. The controls relied upon are in place and demonstrate satisfactory levels of assurance on the operation of these controls.

The audit opinion is that there is a generally sound system of internal control, with the exception of the following where limited assurance for each review was provided:

• Clinical Audit

In order to achieve improvements in patient safety and quality more robust systems and processes are required to increase the frequency with which action plans and reports are produced and followed up. There was also a concern about the lack of resources and how these have impacted upon delivery of Clinical Audits for 07/08. The Board have requested a further internal audit report into Clinical Audit activity be carried out in 2009/10 to confirm that the recommendations of the 2008/09 report have been implemented.

• ADB Procurement

The audit highlighted that streamlining the number of organisations and systems would improve the timescales in the processes involved. Project work will be undertaken to address these issues.

• Information Governance – Ethnicity Data

The audit highlighted that Ethnicity data is not always captured on NCRS and within the medical record. The report's recommendations have been accepted by the Audit Committee and work is in progress to input those recommendations.

There are no Serious Untoward Incidents involving data losses or breaches in confidentiality to be included in the annual report.

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 in to 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.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Annual Health Check
- Healthcare Commission declaration
- Auditors' Local Evaluation (ALE) NHS Litigation Authority's Risk Management Standards for Mental Health & Learning Disability Trusts

- External assessments e.g. by Mental Health Act Commission, Royal College of Psychiatrists etc
- Reports to the Board – The assurance framework and corporate risk register is submitted to each board
- Patient and Staff Surveys
- External Audit reports
- Internal Audit reports
- Counter Fraud reports
- Annual Returns in relation to the Information Governance Toolkit

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
- The Finance and Performance Committee
- The Charitable Funds Committee
- The Governance Committee
- The Senior Management Team
- Internal Audit
- External Audit
- Reviews undertaken by external specialists against specifications provided by the Trust

Plans to address weaknesses and ensure continuous improvement of the systems are in place. We have introduced a new process for assessing standards, which brings together ALE, the NHS Litigation Authority (CNST) and the core standards, enabling the Trust to more effectively cross check compliance with all of the core standards.

The Trust still faces some known and potentially some unknown significant risks and will inevitably face additional risks in the future.

Internal Audit reports concerning the effectiveness of the system of internal control are reviewed by the Audit Committee and are shared with other committees when appropriate and relevant.

As Accountable Officer I can confirm that Worcestershire Mental Health Partnership NHS Trust has a generally sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. Furthermore, any internal control issues have, or are being addressed and that the Statement of Internal Control is a balanced reflection of the actual current position.

10th June 2009
Chief Executive



Independent Auditor's Statement to the Board of Directors of Worcestershire Mental Health Partnership NHS Trust

I have examined the summary financial statement which comprises the Income and Expenditure Account, Balance Sheet, Cashflow, Statement of Total Recognised Gains and Losses and Remuneration report set out on pages 46 to 50.

This report is made solely to the Board of Directors of Worcestershire Mental Health Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009.

Tony Corcoran
Engagement Lead
Audit Commission
Ground Floor, Suite 1,
Observer House,
Horsefair, Abbey Forgeate
Shrewsbury, SY2 6BL

11 June 2009

“examined the summary financial statement”

Income and Expenditure Account for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
Income from activities	56,681	49,653
Other operating income	11,475	12,328
Operating expenses	(66,151)	(60,218)
OPERATING SURPLUS/(DEFICIT)	2,005	1,763
Cost of fundamental reorganisation/restructuring	0	0
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS/(DEFICIT) BEFORE INTEREST	2,005	1,763
Interest receivable	125	167
Interest payable	(268)	(300)
Other finance costs - unwinding of discount	(48)	(41)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	1,814	1,589
Public Dividend Capital dividends payable	(1,812)	(1,528)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	2	61

The Trust has a Remuneration Committee, chaired by our Chairman, which determines pay for senior officers. The membership is listed on page 39 and the Committee has ensured compliance with the pay award guidance for senior managers.

	2008/09 £000	2007/08 £000
Management Costs	2,500	2,546
Income	68,156	61,981
	3.7%	4.1%

Balance Sheet as at 31 March 2009

(What the Trust is worth, i.e. the value of what we own)

	31 March 2009 £000	31 March 2008 £000
FIXED ASSETS		
Intangible assets	107	0
Tangible assets	45,242	53,952
Investments	0	0
	45,349	53,952
CURRENT ASSETS		
Stocks and work-in-progress	71	68
Debtors	3,263	5,136
Investments	0	0
Cash at bank and in hand	265	277
	3,599	5,481
CREDITORS: Amounts falling due within one year	(4,121)	(5,159)
NET CURRENT ASSETS/(LIABILITIES)	(522)	322
TOTAL ASSETS LESS CURRENT LIABILITIES	44,827	54,274
CREDITORS: Amounts falling due after more than one year	0	(4,177)
PROVISIONS FOR LIABILITIES AND CHARGES	(1,249)	(1,106)
TOTAL ASSETS EMPLOYED	43,578	48,991
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	33,019	33,761
Revaluation reserve	9,607	15,170
Donated asset reserve	494	510
Government grant reserve	0	0
Other reserves	26	26
Income and expenditure reserve	432	(476)
TOTAL TAXPAYERS' EQUITY	43,578	48,991

The Trust's Auditors

The Trust is provided with an external audit service by staff from the Audit Commission, under the management of Tony Corcoran, District Auditor. The total cost for this service in 2008/2009 was £153,733 which related to Audit services, ie the statutory audit and services carried out in relation to the statutory audit, eg reports to the Department of Health,

ALE, and the additional cost of the International Reporting Standard's restatement exercise.

The Audit Committee consists of the following directors:

Robin Richmond (Chair)
Colin Phillips (Non-Executive Director)
Yvonne Milne (Non-Executive Director)
Rupert Davies (Director of Resources)
Robert Hipwell (Company Secretary)

Public Sector Payment Policy

Better Payment Practice Code

- measure of compliance

	2008/09 Number	£000
Total Non-NHS trade invoices paid in the year	20,083	13,119
Total Non NHS trade invoices paid within target	17,974	11,943
Percentage of Non-NHS trade invoices paid within target	89%	91%
Total NHS trade invoices paid in the year	923	9,667
Total NHS trade invoices paid within target	615	6,724
Percentage of NHS trade invoices paid within target	67%	70%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

	2008/09 £000	2007/08 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

Statement of total recognised gains and losses for the year ended 31 March 2009

(A summary of the Trust's gains and losses during the year)

	2008/09 £000	2008/08 £000
Surplus / (deficit) for the financial year before divided payments	1,814	1,589
Fixed asset impairment losses	0	0
Unrealised surplus / (deficit) on fixed asset revaluations / indexation	(4,657)	3,597
Increase in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	0
Defined benefit scheme actuarial gains / (losses)	0	0
Additions / reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	(2,843)	5,186
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	(2,843)	5,186

Cash Flow Statement

for the year ended 31 March 2009

(Cash coming in and out of the Trust during the year)

	31 March 2009 £000	31 March 2008 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	10,366	5,139
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	125	167
Interest paid	(276)	(300)
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	(151)	(133)
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(1,997)	(2,678)
Receipts from sale of tangible fixed assets	0	0
(Payments) to acquire intangible assets	(107)	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	(2,104)	(2,678)
DIVIDENDS PAID	(1,812)	(1,528)
Net cash inflow/(outflow) before management of liquid resources and financing	6,299	800
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of investments with Department of Health (DH)	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	6,299	800
FINANCING		
Public dividend capital received	0	931
Public dividend capital repaid (not previously accrued)	(742)	(1,592)
Loans received from DH	0	1,126
Other loans received	0	0
Loans repaid to DH	(5,569)	(1,189)
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies*	0	0
Net cash inflow/(outflow) from financing	(6,311)	(724)
Increase/(decrease) in cash	(12)	76

The Remuneration and Board Development Committee is a sub-committee of the Worcestershire Mental Health Trust Board and is constituted within the Standing Orders of the Trust. These can be found on the Trust website.

The membership of the Committee will be the Chairman of the Trust and all Non-Executive Directors. The Chief Executive shall normally be in attendance, save where there would otherwise be a conflict of interest

Salaries and Allowances						
Name and Title	2008/09			2007/08		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Round to the nearest £000) £000	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in kind (Round to the nearest £000) £000
Mr Neil Lockwood Chairman	15 - 20	Nil	Nil	5 - 10	Nil	Nil
Mrs Yvonne Milne Non-Executive Director	5 - 10	Nil	Nil	5 - 10	Nil	Nil
Mrs Bridget Nisbet Non-Executive Director	5 - 10	Nil	Nil	0 - 5	Nil	Nil
Mr Jonathon Parsons Non-Executive Director	5 - 10	Nil	Nil	5 - 10	Nil	Nil
Mr Colin Phillips Non-Executive Director	5 - 10	Nil	Nil	0 - 5	Nil	Nil
Mr Robin Richmond Non-Executive Director	5 - 10	Nil	Nil	0 - 5	Nil	Nil
Dr Ros Keeton Chief Executive	110 - 115	Nil	Nil	105 - 110	Nil	Nil
Dr Steve Choong Director of Medical Development	75 - 80	75 - 80	Nil	65 - 70	65 - 70	Nil
Mr Rupert Davies Director of Resources	95 - 100	Nil	Nil	15 - 20	Nil	Nil
Ms Jan Ditheridge Chief Operating Officer	75 - 80	Nil	Nil	70 - 75	Nil	Nil
Mr Michael Mather Director of Integrated Mental Health Services	70 - 75	Nil	Nil	65 - 70	Nil	Nil

Name	Title	Start Date	Type of Contract	Notice Period
Ros Keeton	Chief Executive	1st March 2004	Permanent	3 months
Steve Choong	Medical Director	14th June 2004	Permanent	3 months
Jan Ditheridge	Director of Modernisation & Nursing	1st October 2006	Permanent	3 months
Mick Mather	Director of Integrated Mental Health Services	1st October 2006	Secondment	3 months
Stephen Chandler	Head of Health & Social Care (left 2 Jan 2009)			
Robert Hipwell	Director of Assurance	1st November 2005	Permanent	3 months
Rupert Davies	Director of Resources	November 2008 (period from Jan 2008 seconded into the Trust)	Permanent	3 months

Pension Benefits

As non-executive directors do not receive pensionable remuneration, there are no entries in the table on the next page in respect of pensions for these officers.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and, from 2004/05, the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any

additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV: this reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

“additional pension benefit”

Past and present employees are covered by the provisions of the NHS Pensions Scheme.

Full details of pension liabilities are given in the Trust's full accounts, in clause 1.13.

Pension Benefits											
Name and Title	Real increase in pension at age 60 (bands of £2,500) £'000's	Real increase in lump sum at age 60 (bands of £2,500) £'000's	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) £'000's	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £'000's	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £'000's	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) £'000's	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £'000's	Cash equivalent transfer value at 31 March 2009 £'000's	Cash equivalent transfer value at 31 March 2008 £'000's	Real increase cash equivalent transfer value £'000's	Employer's contribution to stakeholder pension £'000's
Mr Neil Lockwood Chairman	Nil	Nil	Nil	Nil	Nil	Nil	Nil	368	272	Nil	Nil
Mrs Yvonne Milne, MBE Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Bridget Nisbet Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mr Jonathon Parsons Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mr Colin Phillips Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mr Robin Richmond Non-Executive Director	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Dr Ros Keeton Chief Executive	2.5 to 5.0	10.0 to 12.5	40.0 to 45.0	125.0 to 130.0	35.0 to 40.0	115.0 to 120.0	835	593	243	Nil	Nil
Dr Steve Choong Director of Medical Development	0.0 to 2.5	5.0 to 7.5	35.0 to 40.0	105.0 to 110.0	30.0 to 35.0	100.0 to 105.0	738	545	192	Nil	Nil
Mr Rupert Davies Director of Resources	7.5 to 10.0	22.5 to 25.0	30.0 to 35.0	90.0 to 95.0	20.0 to 25.0	65.0 to 70.0	640	368	272	Nil	Nil
Ms Jan Ditheridge Chief Operating Officer	2.5 to 5.0	10.0 to 12.5	20.0 to 25.0	60.0 to 65.0	15.0 to 20.0	50.0 to 55.0	358	230	127	Nil	Nil
Mr Mick Mather Director of Integrated Mental Health Services	0.0 to 2.5	5.0 to 7.5	20.0 to 25.0	60.0 to 65.0	15.0 to 20.0	55.0 to 60.0	317	230	86	Nil	Nil

The financial statements on page 54 pertaining to the Charitable Funds are not the full accounts, but a summary of information relating to both the Statement of Financial Activities and the Balance Sheet. The full accounts are due to be audited by the Audit Commission and then submitted to the Charity Commission by the end of January 2010, after which date copies can be obtained, if required, on request by contacting the Secretary to the Director of Resources on 01905 681559. Because these accounts are as yet unaudited, they may be subject to change.

Signed:

Chief Executive (on behalf of the Trustees)
10 June 2009

Funds Held on Trust

The Trust is responsible for administering charitable funds on behalf of itself and Worcestershire Primary Care Trust (formerly South Worcestershire, Redditch & Bromsgrove and Wyre Forest Primary Care Trusts).

The funds are controlled by trustees who are responsible for:

- keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the funds held on trust, to enable them to ensure that the accounts comply with requirements in the

Charities Act 1993 and those outlined in the directions issued by the Secretary of State

- establishing and monitoring a system of internal control
- establishing arrangements for the prevention and detection of fraud and corruption

The trustees are required under the Charities Act 1993 and the National Health Service Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the financial position of the funds held on trust, in accordance with the Charities Act 1993. In preparing those accounts, the trustees 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

"keeping proper accounting records"

Unaudited Statement

of Financial Activities for year ended 31 March 2009

Recommended categories by activity

				2008/09	2007/08
	Unrestricted funds	Restricted funds	Endowment funds	Total	Total
	£'000	£'000	£'000	£'000	£'000
Incoming resources					
Incoming resources from generated funds					
Voluntary income	46	153	0	199	213
Activities for generating funds	0	0	0	0	0
Investment income	5	23	0	28	23
Total incoming resources	51	176	0	227	236
Resources expended					
Costs of Generating Funds					
Charitable Activities	63	151	0	214	175
Governance costs	3	15	0	18	18
Total resources expended	66	166	0	232	193
Net incoming/(outgoing) resources before transfers	(15)	10	0	(5)	43
Gains and losses on investment assets	(20)	(100)	0	(120)	-35
Net movement in funds	(35)	(90)	0	(125)	8
Total funds brought forward at 1 April 2008	115	521	0	636	628
Total funds carried forward at 31 March 2009	80	431	0	511	636

Unaudited Balance Sheet

as at 31 March 2009

				2008/09	2007/08
	Unrestricted funds	Restricted funds	Endowment funds	Total	Total
	£'000	£'000	£0'000	£'000	£'000
Total fixed assets	74	380	0	454	575
Stock and work-in-progress	0	0	0	0	0
Debtors	0	1	0	1	2
Cash at bank and in hand	13	53	0	66	62
Creditors: amounts falling due within one year	7	3	0	10	1
Total Net Assets	80	431	0	511	636
Funds of the Charity					
Income Funds:					
Unrestricted funds	80	0	0	80	115
Restricted income funds	0	431	0	431	521
Total funds	80	431	0	511	636

Roger is the person responsible for the day-to-day management of all charitable funds for both Worcestershire Mental Health Partnership NHS Trust and Worcestershire Primary Care Trust



Roger Pugh,
Assistant Financial Accountant for Capital & Charitable Funds