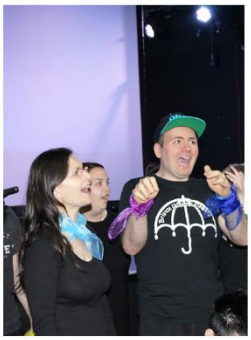
NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

Annual Report 2019-2020



AWP

2019-2020 Annual Report

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AWP

The following glossary is provided to help those unfamiliar with the abbreviations used within Avon and Wiltshire Mental Health Partnership NHS Trust. A list of abbreviations in use in the wider NHS can be found here:

www.nhsconfed.org/acronym-buster

A

- **A&E** Accident and Emergency
- **ADHD** Attention Deficit Hyperactivity Disorder
- **APSTT** Additional Professional, Scientific Therapeutic & Technical
- **AWP** Avon and Wiltshire Mental Health Partnership NHS Trust

B

- **BAF** Board Assurance Framework
- **BASS** Bristol Autism Specialised Service
- **BANES** Bath and North East Somerset
- **BNSSG** Bristol, North Somerset, South Gloucestershire
- **BSW** Bath and North East Somerset, Swindon and Wiltshire

C

- **CAMHS** Child and Adolescent Mental Health Service
- **CCG** Clinical Commissioning Group
- **CEO** Chief Executive Officer
- **CIP** Cost Improvement Plan
- **CL** Control Line
- **CPA** Care Programme Approach
- **CQC** Care Quality Commission
- **CQGG** Clinical Quality and Governance group
- **CQUIN** Commissioning for Quality and Innovation

D

- **DHSC** Department of Health and Social Care
- **DSP** Data Security Protection
- **DTOC** Delayed Transfer of Care

E

- **ECT** Electroconvulsive Therapy
- **EDI** Equality, Diversity and Inclusion
- **EiDA** Equality in Diversity Awards
- **EIA** Equality Impact Assessments
- **ESR** Electronic Staff Record

F

- **FCMA** Fellow of the Chartered Institute of Management Accounts
- **FFT** Friends and Family Test
- **FIP** Financial improvement plan
- **FRF** Financial Recovery Funding
- **FT** Foundation Trust
- **FTC** Fixed-term Contract

G

- **GDPR** General Data Protection Regulation

H

- **HBPoS** Health-based Places of Safety
- **HR** Human Resources

I

- **I&E** Income and Expenditure
- **IAPT** Improving Access to Psychological Therapies
- **ICD** International Classification of Diseases
- **ICO** Information Commissioners Office
- **ICS** Integrated Care Systems
- **IG** Information Governance
- **IGMS** Information Governance Management System
- **IQD** Improving Quality Delivery System
- **IM&T** Information Management and Technology
- **IT** Information Technology

L

- **LCFS** Local Counter Fraud Service
- **LDU** Local Delivery Unit
- **LiA** Listening into Action

M

- **MH** Mental Health
- **MaPSaF** Manchester Patient Safety Framework

N

- **NED** Non-Executive Director
- **NEWS2** National Early Warning Score
- **NIHR** National Institute for Health Research
- **NHSE** NHS England
- **NHSI** NHS Improvement

- **NHSI/E** NHS Improvement/England
- **NPSA** National Patient Safety Agency
- **NUS** National Union of Students

P

- **PCLS** Primary Care Liaison Service
- **PFI** Private Finance Initiative
- **PDC** Public Dividend Capital
- **PICU** Psychiatric Intensive Care Unit
- **PMO** Project Management Office
- **PWC** Pricewaterhouse Coopers

Q

- **QI** Quality Improvement
- **QIA** Quality Impact Assessment
- **QIP** Quality improvement plan

R

- **RMN** Registered Mental Health Nurse
- **RTT** Referral to Treatment

S

- **SFI** Standing Financial Instruction
- **SO** Standing Orders
- **SOF** Single Oversight Framework
- **STEPS** Specialised Treatment for Eating Disorders
- **STP** Sustainability and Transformation Partnership

T

- **TAC** Trust Accounts Consolidation

W

- **WDES** Workforce Disability Equality Standard
- **WGA** Whole Government Accounts
- **WRES** Workforce Race Equality Standard
- **WTE** Whole Time Equivalent

Welcome to our Annual Report for 2019/20

Our vision is be an Outstanding AWP, provider of specialist mental health and learning disability services. We are committed to providing outstanding care, through our outstanding people, ensuring our services are sustainable and delivered in partnership.

Outstanding Care is our first priority, so our service users receive the best possible treatment. We are proud of the comprehensive range of services we offer and the compassionate care our staff provide. We remain committed to working in partnership with service users, carers, healthcare providers, police, criminal justice and a wide range of voluntary sector organisations to ensure we can be responsive to individual needs.

This Annual Report allows us to look back at the last year, celebrate our successes, acknowledge the challenges and think ahead to the ambitions we want to realise in the coming year. These ambitions have been redefined in the context of our response to the Covid-19 pandemic, which has disrupted business as usual and has rapidly changed how we deliver care.

Statements from our Chair and Chief Executive

Message from our Chair

I'm delighted to welcome you to our 2019/20 Annual Report, which describes our achievements and the challenges we have faced over the past year. My comments below aim to provide an overview, with further detail contained in the body of the report and the Chief Executive's Statement.

This Trust is on a journey of improvement and this was the year we started to see encouraging results. The quality and safety of our services continues to improve, as evidenced by the largely improved ratings from the Care Quality Commission's (CQC) most recent inspection, in particular for our community Child and Adolescent Mental Health Services (CAMHS) and Learning Disabilities and Autism services.

Our staff survey results also improved this year, showing our efforts to engage better with our staff are having an impact. During the year the Board endorsed enthusiastically a proposal from our Clinical Directors to develop Compassionate Leadership across the Trust. There is huge commitment to this and I am convinced it will further strengthen our collective unity, engagement and purpose.

I am pleased that we have been able to secure capital to develop our estates, including our CAMHS inpatient facility. This is critical to being able to deliver inpatient services in modern, high quality and safe environments.

Our financial position remained challenged due to significantly increased demand for mental health services with no corresponding increase in income, and continued difficulty in recruiting. As a result, we ended the year with a worsened deficit position. We share these challenges with many partners in the two developing Integrated Care Systems in which we operate. We remain committed to working together to develop the future shape of mental health provision and funding through the two system Mental Health Strategies.

Working collaboratively with our system partners, we welcomed new services to AWP. North Somerset CAMHS transferred from Weston Area Health Trust to AWP to join with our Bristol based community CAMHS. AWP also took the lead provider role of 'Inspire Better Health' in partnership with Hanham Secure Health. This service delivers integrated mental and physical health care to prisons in our geography.

In the final quarter of 2019/20 we were, in common with the whole NHS, faced with the need to respond to the Covid-19 pandemic. I cannot over state how impressed I have been at our response; from the staff who have selflessly and courageously dedicated themselves to the care of patients and adapted to new ways of working, to the managers leading the response with a calm and compassionate focus on patient and staff safety. It is wonderful to see the nation also recognising and acknowledging the heroism and expertise of all NHS staff.

During the year we said good bye to Non-Executive Director Malcolm Shepherd. I'd like to thank him for his valuable contributions to our improvement journey over the past few years.

In August 2019 we welcomed our new Chief Executive Dominic Hardisty. Dominic was previously Chief Operating Officer and Deputy Chief Executive at Oxford Health Foundation Trust and has brought a wealth of experience and an exciting vision for our Trust, sharing the Board's ambition for improvement and excellence. I would like to thank Dominic for his energy, commitment and enthusiastic leadership over the past months. We also welcomed new Board members this year, Non-Executive Director Prof Paul Olomolaiye, Associate Non-Executive Director Samantha Budd and Associate Non-Executive Director Jan Baptiste-Grant. Our Board has been considerably strengthened by these appointments.

My biggest thanks on behalf of the Board have to be to our wonderful staff. Everything we do is aimed at delivering and improving care for our patients and anything that we accomplish in this endeavour is because of our people. Throughout the year I have had the privilege of meeting many people working in different services across the Trust and never cease to be both proud and in awe of their dedication, care and professionalism. Thank you also to our service users and carers, volunteers and the many organisations and individuals in our communities who supported us during the pandemic response.

As we move into 2020/21, there is a sense of facing the unknown as we move from one phase of the pandemic to the next. One thing I am certain of is that we will continue working together to build the Outstanding AWP we all aspire to; Outstanding Care delivered by Outstanding People, through Sustainable Services developed and delivered in Partnership with all our stakeholders.

Charlotte Hitchings

Chair

Message from our Chief Executive

Hello – my name is Dominic and I am the new Chief Executive of Avon and Wiltshire Mental Health Partnership NHS Trust.

I am enormously proud to have joined AWP and am committed to leading our Trust to truly be outstanding and recognised nationally as a leader in the provision of high quality specialist mental health services. I would like to thank my predecessor Hayley Richards for starting to build the foundations of a truly great Trust.

Since arriving in August 2019 I have visited many teams, got to know most of our senior leaders and clinicians, sat in key decision-making forums, and begun to understand the perspectives of patients, families, friends and carers and staff. I have also spent significant time with our commissioners, regulators, partner organisations and other key stakeholders.

I have found a workforce that displays extraordinary professionalism and commitment to maintain safe and effective services to our patients. As a general rule we provide good care, but this is not yet consistently good everywhere. This has been reflected in our annual staff survey and historic CQC inspection reports. In addition, there are some real challenges around contracts, money and workforce which hamper our ability to do everything that we would wish to do for our patients. We are at a crossroads as a Trust. In order to provide clarity and help generate both consensus and momentum, I asked that we refresh our strategic objectives. I call this 'Outstanding AWP'. At its core it has four elements.

- Outstanding care – ensuring that we provide safe, effective, caring, responsive and well-led services; and that Quality Improvement is embedded in service delivery
- Outstanding people – being a great place to work and learn – the sort of place that all of us would want to work, so becoming a magnet for talent
- Sustainable services – ensuring that the money, contracts and resource levels are right, and imbalances corrected over time
- Delivered in partnership – being a true system partner and indeed system leader, advocating for mental health/learning disabilities and being seen as the natural, unequivocal leader for mental health and learning disabilities in the systems in which we operate

I am delighted to say that CQC's assessment of the services that they inspected during the year confirms that we are well on our way towards achieving these objectives. Although our overall Trust rating remains as 'Requires Improvement', our services are now largely rated as 'Good' and none are rated as 'Inadequate'. This is testament to a huge amount of work by a large number of people, all of whom have a strong commitment to compassionate care. There remains much work to do - I find that prospect really exciting.

In February the whole of the world was hit by the Covid-19 pandemic. This has stretched health and care resources in ways that few could have previously imagined. AWP's response has been principally focused around three areas:

- Minimising the need for inpatient beds and providing home treatment instead, since Covid-19 can spread rapidly in mental health inpatient settings and can be lethal when it does
- Moving as many community services as possible to a 'digital by default' approach so as to protect both patients and staff
- Mobilising corporate support teams to work from home

Our teams have risen admirably to these challenges, in many cases going far above and beyond the call of duty. The scale and pace of change achieved is phenomenal, and there will be no going back to old ways. If we are careful we can turn the situation into an opportunity, using a community-based and largely digital delivery model, to increase the

responsiveness of mental health services within existing resources whilst also providing a highly flexible workplace.

This brings me back to my original thinking about AWP. Even in a post-Covid world, AWP is at a crossroads. We can choose just to survive, or we can choose to thrive. I want us to galvanise our organisation to transform care for mental health and learning disability patients, becoming recognised over time as one of the leading specialist mental health providers in the country. Covid-19 doesn't really change what this looks like – it just changes how we do it. It will still be about delivering outstanding care by outstanding people, with sustainable services that are delivered in partnership.

I commend our Annual Report to you, and ask you to join us in our journey towards becoming an outstanding organisation.

Dominic Hardisty

Chief Executive

About the Trust

Avon and Wiltshire Mental Health Partnership NHS Trust (the Trust) provides community and inpatient mental health services for the people of Bristol, North Somerset, South Gloucestershire, Bath and North East Somerset, Swindon and Wiltshire. We treat people with a wide range of mental health problems such as:

- Severe anxiety
- Severe depression
- Obsessive Compulsive Disorders
- Phobias
- Borderline Personality Disorder
- Schizophrenia
- Psychosis

Our service users increasingly want to be treated in or as near to their home as possible, and we are responding to this through providing more care in our communities. When service users require inpatient care, we continue to focus on keeping them in hospital for as short a time as possible, making sure that we provide timely and effective assessment and treatment so that they can go home and continue their recovery with the support of their families, carers and our community teams.

We also provide specialist care and treatment for people with more specific needs, including:

- Secure services – for people with a mental health disorder who pose or who have posed risks to others, and where that risk is usually related to their mental disorder
- Eating disorders – for people who have an eating disorder and may require specialist inpatient or community-based treatment
- Drug and alcohol services – for people who have a drug or alcohol dependency and who may need inpatient detoxification and treatment or community-based care, which is often delivered in partnership with third sector colleagues
- Perinatal services – for women who have mental health needs arising from pregnancy and childbirth, provided both in the community and also in our inpatient Mother and Baby Unit
- Specialist services for people with learning disabilities
- Child and Adolescent Mental Health Services (CAMHS) – for children and young people requiring community services in Bristol, North Somerset and South Gloucestershire, and for children and young people requiring inpatient treatment from across the South West region
- Veterans' Mental Health Services – for armed forces personnel who have been or who are about to be discharged from service and who have a mental health need
- Specialist services for deaf people with mental health needs

Our more specialised services are increasingly delivered in partnership with a much wider group of providers. We are an active member of the South West Regional Partnership which has responsibility for overseeing and commissioning the provision of our Secure Services (and soon Child and Adolescent inpatient care and Eating Disorder inpatient care) through the NHS England Provider Collaboratives. The aim of Provider Collaboratives is to make best use of highly specialist resources across a larger geography whilst also providing care closer to home to support individual recovery.

We provide expert mental health input as partners in two developing Integrated Care Systems (ICS) – Healthier Together covering Bristol, North Somerset and South Gloucestershire (BNSSG), and Bath, Swindon and Wiltshire (BSW) covering Bath and North East Somerset (BANES), Swindon and Wiltshire.


Avon and Wiltshire NHS
Bristol Annual Learning Disabilities
Conference 2019
Friday 22 March 2019: BAWA, Bristol
Limited Places | Book Now
£87.50 Standard
£55.00 Family Member & Carer
£0.00 Family Member (Limited Availability)
Non Refundable


Kingshill

Performance Analysis

We monitor our performance using a large number of quality, operational, workforce and financial measures. These measures are reported and scrutinised through the governance processes described in our Annual Governance Statement (page 58). We also have measures to test the accuracy of the data that we rely on to assess our performance.

As part of our annual planning cycle, we seek to identify the risks and uncertainties that may impact upon our key performance indicators and objectives in the future; these are laid out in our Annual Operating Plan. For example, our planning processes take account of uncertainty from the introduction of new standards or changes to the regulatory framework.

Once identified, the strategic risks to our objectives are set out in our Board Assurance Framework. Our corporate risk register describes how we will seek to control or mitigate risks throughout the year, and how we take assurances on whether these controls remain effective. Our risk management and assurance processes, including the role of internal and external audit, are also outlined in detail in our Annual Governance Statement (starting on page 58).

This section of our Annual Report outlines how well we did against key measures of performance, including:

- How well we did against our **2019/20 objectives** (page 14);
- How well we did on key **national and local indicators** (page 16);
- What our quality regulator, the **Care Quality Commission**, says about our services (page 17);
- What our service users tell us through the **Friends and Family Test, Annual Community Mental Health Survey and Inpatient Mental Health Survey** (page 19);
- What our staff tell us through the **Annual Staff Survey** (page 25);
- How well we are managing our **finances** (page 28);
- Our efforts towards achieving **environmental sustainability** (page 34);
- How we work with our partners (page 36) and;
- How we plan to continue our **improvement journey** in the coming year and what might stop us achieving our plans (page 39).

How well did we do against our 2019/20 objectives

What we said…		What we achieved…
Outstanding Care	**"We will improve the quality of our care by focusing on patient safety"**	• We achieved an improved rating of 'good' from the Care Quality Commission for community CAMHS and the Daisy, our inpatient unit for learning difficulties. • We implemented the Safewards programme across the Trust and established a Safewards Forum. • We saw an 88% reduction in violence and aggression when a Quality Improvement approach to reducing restrictive practice was piloted. • We have strengthened our approach to Safeguarding. Over 90% of staff completed Safeguarding training this year. • We have improved our recording of physical health and advice given when people are admitted to our wards. • We have increased the number of pressure ulcer risk assessments carried out on our Older Adult wards. • We have increased the uptake of staff flu vaccination, vaccinating 216 more staff than last year, a 10% increase. • To improve individual safety – we focused on improving risk assessment (99% of service users had their risk assessed); follow-up following discharge from hospital (90% of service users were followed up within three days of discharge); we joined the Zero Suicide Alliance and trained 87% of the workforce in suicide prevention. • We recruited a panel of 'Experts by Experience' to help us make strategic and operational improvements across the organisation.
Outstanding People	**"We will attract and retain great staff to support and provide safe and effective care"**	• We expanded the Apprenticeship opportunities available to clinical staff and created Clinical Career Pathways. • We trained 136 staff in Quality Improvement approaches to help us continuously improve the care we provide. • We introduced a new Managers' Toolkit to ensure staff are positively supported in their roles. • Our staff survey results improved – results told us that staff feel supported by their manager and have the resources to do their job.

Sustainable Services	**"We will transform our services to meet increased demand safely and sustainably"**	• We secured investment to expand our Children and Young People's Mental Health inpatient unit (Riverside Unit) to have four additional beds to support vulnerable young people recover. • We secured investment to improve our buildings and information technology (IT) infrastructure including Riverside development, Elizabeth Casson House and Electronic prescribing. • Our financial outturn demonstrated a £7.2m deficit for the year, consistent with our financial recovery plan.
Delivered in Partnership	**"We will plan and deliver care in partnership"**	• We continued working with Integrated Care System partners to develop mental health strategies focusing on prevention of mental ill health. • We worked with partners to transfer the Child and Adolescent Mental Health Services in North Somerset from Weston Area Health NHS Trust into AWP. • We worked to take the lead provider role for 'Inspire Better Health', delivering mental and physical health care to prisons in our area. Care is delivered in partnership with Hanham Secure Health. • We worked closely with statutory and third sector partners to respond safely to the current Covid-19 pandemic.

Outstanding Care

Our Contractual Performance

National standards

Quality Measure	Target	2017/18	2018/19	2019-20
7 day follow-up to inpatient discharge	95%	98%	97%	94.7%
72 hour follow-up to inpatient discharge	80%	n/a	n/a	*90%*
Service users with a review (Care Programme Approach, CPA)	95%	96%	98%	*98%*
Early Intervention – Referral to treatment (RTT)	56%	83%	80%	*74%*
Talking Therapies (IAPT) – RTT (6 weeks)	75%	95%	94%	*95%*
Talking Therapies (IAPT) – RTT (18 weeks)	95%	99%	99%	*99%*
Gate keeping admissions by the Crisis Team	95%	97%	96%	90%
Delayed transfers of care (DTOC)	3.5%*	10%	5.6%	5.2%
Data Quality Maturity Index	95%	n/a	n/a	93%

Table 1 - Performance against national standards in 2019/2020

**This was 7.5% in 2017/18*

The Trust has worked hard to achieve compliance against indicators on the NHS Improvement (NHSI) Dashboard. In 2019/20, the Trust took steps to implement new national guidance to follow-up patients within 72 hours post discharge, rather than the previous standard of seven days. In doing so, we saw a small reduction in our performance against the seven day standard, but a good first year's performance (90%) for those follow-up within 72 hours, 10% above the target.

The Trust has also continued to work closely with Clinical Commissioning Groups (CCGs) and Local Authority partners to minimise delayed transfers of care (DTOC) issues wherever possible. This partnership working led to a further reduction in 2019/20, to 5.2%.

Local indicators

Quality Measure	Target	2017/18	2018/19	2019/20
% of service users in employment	n/a	13%	17%	13%
% of service users in settled accommodation	n/a	72%	80%	73%
Crisis assessment within four hours of referral	95%	99%	99%	99%
Referral to Assessment within four weeks	95%	94%	94%	96%
Referral to Treatment within 18 weeks	95%	97%	97%	96%
% of service users with a risk assessment	95%	99%	99%	99%
% of service users with a crisis plan	90%	99%	98%	99%
% of service users with a care co-ordinator	95%	100%	100%	100%
Supervision rates	85%	84%	99%	97%

Table 2 - Performance against local indicators in 2019/20

The Trust has consistently achieved its 2019/20 performance targets for the majority of local indicators, and in some areas exceeded them. The Trust is committed to continually improving against these indicators to ensure that service users referred to the service access assessment and treatment as quickly as possible to enable recovery.

Our Service Quality: What the Care Quality Commission told us in 2018 and 2020

The Trust is fully compliant with the registration requirements of the CQC.

We were inspected by the CQC in September and October 2018 and three services were inspected in February 2020. We were delighted that the inspection team found that the Child and Adolescent Mental Health Community Services were rated as 'Good' across all domains (rated as 'Requires Improvement' in 2018). The wards for learning disability and autism were also rated 'Good' across all domains (rated as 'Inadequate' in 2018). This improvement was due to the sustained focus of our staff to improve services for patients and we thank them for this dedication.

The Well-Led inspection did not take place due to Covid-19 and the Trust was not issued with an updated overall 2020 rating. The overall rating for the Trust in 2018 was 'Requires Improvement'. We were rated 'Good' in the effective and caring domains and well-led domains, and 'Requires Improvement' in the safe, responsive and well-led domains. The CQC recognised the significant improvements made to the Mental Health Crisis Services and Health Based Places of Safety in 2018.

We were pleased that the 2018 inspection team found that, without exception, service users and carers spoke positively about the care they received and service users said they feel safe in our care. We are proud that our hard-working and committed staff were described by the inspection team as caring, enthusiastic and delivered high quality care, treating service users and carers with dignity and respect.

No warning notices were issued in 2018 or 2020.

Our CQC Progress 2020

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← May 2020	Good →← May 2020	Good →← May 2020	Requires improvement ↓ May 2020	Good ↑ May 2020	Requires improvement →← May 2020
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Forensic inpatient or secure wards	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Child and adolescent mental health wards	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Wards for older people with mental health problems	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Wards for people with a learning disability or autism	Good ↑ May 2020	Good ↑↑ May 2020	Good ↑ May 2020	Good ↑↑ May 2020	Good ↑↑ May 2020	Good ↑↑ May 2020
Community-based mental health services for adults of working age	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Mental health crisis services and health-based places of safety	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Specialist community mental health services for children and young people	Good ↑ May 2020	Good →← May 2020	Good →← May 2020	Good ↑ May 2020	Good →← May 2020	Good ↑ May 2020
Community-based mental health services for older people	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Community mental health services for people with a learning disability or autism	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Substance misuse services	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Overall	Requires improvement Dec 2018	Good Dec 2018	Good Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018	Requires improvement Dec 2018

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Table 3 - Our CQC progress 2020

Please note: CQC rating changes the services inspected in 2020 are indicated by arrows

Our ambition remains to provide ourstanding care across all services.

What our service users and carers told us

Friends and Family Assessment of care

We take part in the national Friends and Family Test (FFT), which is an important way for us to hear what people think of our services. At its heart, the test asks whether people would recommend the services they have used to their friends and family. It is designed to highlight areas of good practice as well as areas for improvement. To make the results of the test meaningful it is important that the Trust encourages as many people as possible to complete the test.

Response rate 2017-2020

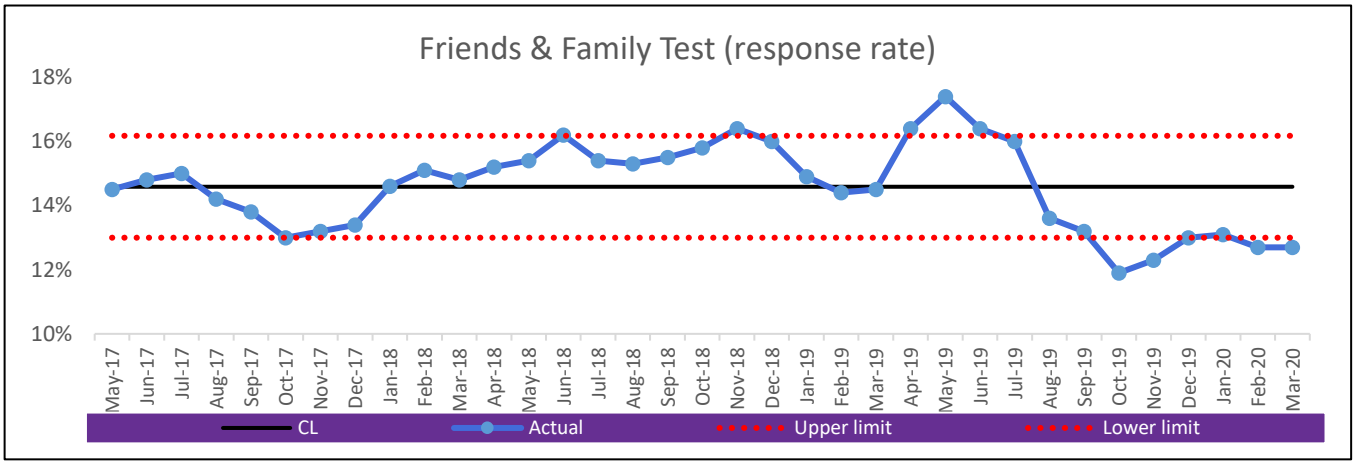


Figure 1

Positive responses 2017-2020

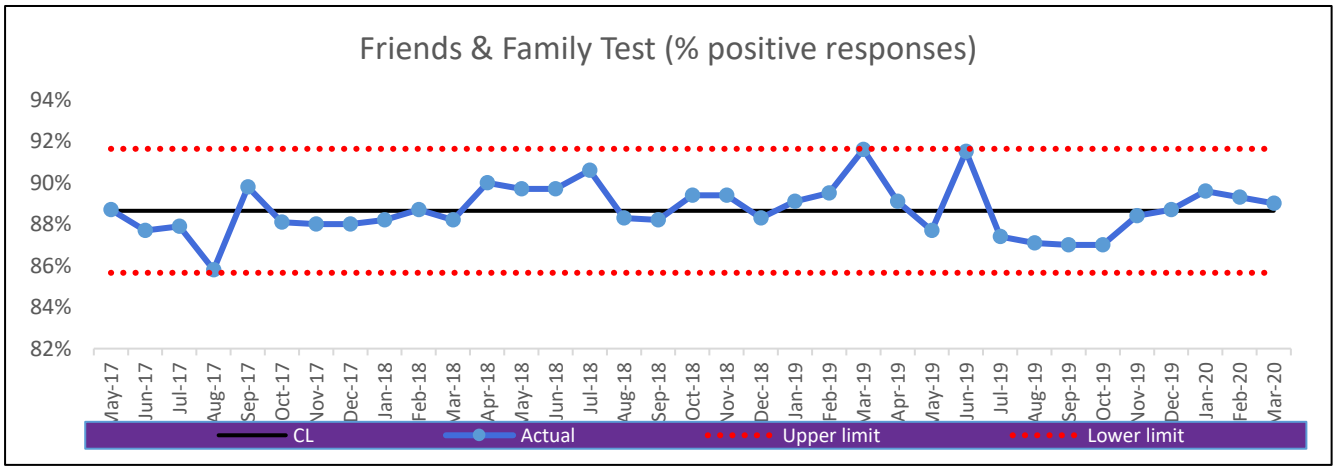


Figure 2

The drop in the number of FFT questionnaires completed since August 2019 is not clearly understood. However, the number of responses had begun to improve by December 2019 but were subsequently interrupted by the priorities of Covid-19. As our organisation returns to a new 'business as usual' we hope to see the response rates increase again.

Despite this drop-off in response rates we can see that the number of positive responses has shown an upward trend in community leadership and responsiveness and inpatient care as shown:

FFT Community	Oct 2019 - Dec 2019			
Theme	Positive comments		Negative comments	
Responsive	123	7.53%	79	28.42%
Effective	462	28.27%	59	21.22%
Caring	993	60.77%	95	34.17%
Safety	24	1.47%	16	5.76%
Well-led	32	1.96%	29	10.43%
	1,634	**100%**	**278**	**100%**

Table 4

FFT Ward	Oct 2019 – Dec 2019			
Theme	Positive comments		Negative comments	
Responsive	2	0.75%	4	11.11%
Effective	49	18.42%	6	16.67%
Caring	172	64.66%	12	33.33%
Safety	37	13.91%	10	27.78%
Well-led	6	2.26%	4	11.11%
	266	**100%**	**36**	**100%**

Table 5

FFT Community	Jan 2020- Mar 2020			
Theme	Positive comments		Negative comments	
Responsive	115	8.71%	65	29.15%
Effective	334	25.30%	60	26.91%
Caring	795	60.23%	69	30.94%
Safety	23	1.74%	10	4.48%
Well-led	53	4.02%	19	8.52%
	1,320	**100%**	**223**	**100%**

Table 6

FFT Ward	Jan 2020-Mar2020			
Theme	Positive comments		Negative comments	
Responsive	0	0.00%%	1	3.23%
Effective	56	18.54%	4	12.9%
Caring	204	67.55%	10	32.26%
Safety	38	12.58%	15	48.39%
Well-led	4	1.32%	1	3.23%
	302	**100%**	**31**	**100%**

Table 7

Patient Surveys

In November 2019, the Trust received the results of the annual community mental health survey commissioned by the CQC. The survey was undertaken between February and June 2019 and 850 community mental health service users were asked to comment on the care they had received. 250 surveys were returned giving a response rate of 30%.

The majority of scores were placed in the top 20% of NHS Providers; and performance remains on par with feedback received in the 2018 community survey.

Category	2018 summary (% positive responses)	2019 summary (% positive responses)
Your care and treatment	65.5%	65.5%
Your health and social care workers	75.9%	77%
Organising your care	86.9%	86%
Planning your care	74.2%	72.6%
Reviewing your care	78.6%	78.5%
Crisis care	71.7%	70%
Medicines	73.8%	74.4%
NHS Therapies	77%	76%
Support and Wellbeing	46.3%	46.8%

Table 8 Patient Survey Results

Service Users and Carer engagement and involvement

We have been working to ensure we engage, involve and move towards meaningful co-production where service users and communities are involved in planning and delivering care, as reflected in the strategic priorities outlined last year. We have held a number of engagement events with service users, carers, staff and other stakeholders to begin to scope the steps required. The majority of the efforts this year have focused on development of a Strategic Expert by Experience group and supporting development of objectives for the coming year that focuses on four key areas:

- Definition of purpose and establishment of key partnership
- Training and skill building within the group
- Supporting organisational readiness for co-production
- Care planning and CPA project

This coming year will see the Trust further embed and deliver this work but also focus on adapting the approach to develop a strategic carers' group.

Our approach to co-production is echoed in our systems, where service users and carers have participated in large-scale events to develop the Mental Health Strategies of both systems (BSW and BNSSG). Service users and carers, and their advocates, are also part of smaller-scale working groups to design and develop changes to specific pathways. Through this engagement we are confident that we are using the lived experience of those who have used mental health services to inform our plans for the next five years.

Triangle of Care

The Triangle of Care is the way service users, carers and health professionals work together to provide care. We currently hold a 2-star Triangle of Care membership and are actively engaged in the regional collaborative network focused on improvement for carers. We hold local engagement and involvement events for carers managed by the locality involvement co-ordinators and clinical carer leads identified as champions across the Trust. We also hold monthly carers' lead meetings to ensure delivery of the Triangle of Care against the standards as well as co-ordinating Trust-wide improvement work.

Service Improvement highlights in 2019/2020

Our learning disabilities inpatient service, Daisy, and our community CAMHS service were both awarded an improved rating of 'Good' by the CQC when inspected in 2020.

We piloted a new approach to restrictive practice on Bradley Brook ward in our Secure Services, which resulted in an 88% reduction in the use of restraint, seclusion and rapid tranquilisation. Following this success, we have adopted this approach in our other Secure wards and Psychiatric Intensive Care Units. Whilst we have increased the number of staff who have been trained in this approach we have not yet achieved the Restraint Reduction Network (2019) national standard, and we will continue to work towards this in 2020/21.

Training in Quality Improvement methodology for staff and Experts by Experience has continued during the year; with over 62 live projects registered the outcomes for the year have been achieved. We are now working on the development of a longer-term (three-five-year) plan to continue this important work.

We are delighted to have recruited ten Experts by Experience who have set up their own strategic group. Our Experts by Experience have joined our Care Planning Approach and Care Planning Steering Group and are actively contributing to the improvements we are making. We will continue to work with them and the wider organisation to improve the level of carer involvement during 2020/21.

Over 90% of staff completed Safeguarding Level 1 adults and children training this year. We have also made progress across our four priority safeguarding areas, including management information, learning from incidents, knowledge and skills, and systems and processes.

NEWS2, a National Early Warning Score for physical health, has been implemented on all inpatient wards. Targets for a number of physical health checks including pressure ulcer and fall screening have been exceeded.

Service Developments in 2019/20

Over the last year we have developed a number of our services to respond to demand and population needs. A number are described below:

North Somerset Child and Adolescent Mental Health Services (CAMHS)

Following the merger of Weston Area Health Trust and University Hospitals Bristol NHS Foundation Trust, we agreed to take over the provision of North Somerset CAMHS. This now means that we provide all CAMHS services across Bristol, North Somerset and South Gloucestershire, ensuring that we provide efficient and effective care for children and young

people who need our support. We will be making improvements to services in the coming year and we are delighted to welcome the North Somerset teams into our CAMHS and wider AWP family.

Specialist Community Forensic Teams

Working with colleagues in the South West Regional Partnership for Secure Services (previously the New Care Model), we were successful in bidding for new funding to enable us to establish a Specialist Community Forensic Team. This team will work alongside our inpatient secure services, enabling earlier supported discharge and ongoing rehabilitation in the community – meaning that more people can be looked after closer to their home and in the least restrictive environment possible. Establishing this team also means that we will create more inpatient capacity and can repatriate more service users to our region. All of this will help reduce length of stay and more importantly achieve sustained recovery.

Inspire Better Health Partnership – Prison Services

Our Inspire Better Health Partnership has changed over the last 12 months. Following the decision by Bristol Community Health to cease trading at the end of the financial year 2019/20, we have restructured our partnership with Hanham Secure Services to ensure that we continue to provide an integrated physical and mental health service across our prisons. We are delighted to be able to continue to provide these services, and to support our service users in prisons.

Improving Access to Psychological Therapies (IAPT) in Bristol, North Somerset and South Gloucestershire

Vita Health were successful in their bid to provide IAPT services across BNSSG, and as a result our staff transferred to Vita Health, the new provider, in August 2019. We were sad to say farewell to this group of dedicated staff, however we continue to work with many of them through other partnerships.

Improvements to our estate

We are pleased to be making improvements to our estate, following considerable work in 2019/20 to secure additional funding from national capital. A key component of this is the redevelopment of the Riverside (inpatient CAMHS) Unit, where we are currently completing improvements to the internal configuration of the unit and increasing the number of beds we have. This will enable us to treat more children and young people in an improved physical environment.

Provider Collaborative developments

As part of the NHS Long-Term Plan, and building on the success of the New Care Models Programme, NHS England has confirmed that all tertiary or highly specialised inpatient mental health services, will become part of regional Provider Collaboratives by 2022. Our Secure Services are already part of the South West Regional Partnership Provider Collaborative and following the success of this over the last two years, we have agreed that we will expand this to encompass CAMHS and Eating Disorders inpatient services. The aim of our partnership will be to maximise our inpatient capacity to treat more service users in-region, preventing long lengths of stay in out-of-area placements far away from family and community connections.

Outstanding People

Our dedicated staff directly influence the quality of care and experience a service user or carer receives. We are proud that the CQC provided positive feedback on the caring and responsive attitude of our staff when they inspected us this year.

Our Workforce

As at 31 March 2020 the Trust employs a skilled and diverse workforce of 3,668 people (whole-time equivalent) making for a total headcount of 4,412. Approximately half of our staff hold a professional clinical registration. The breakdown of our staff by professional group is as follows:

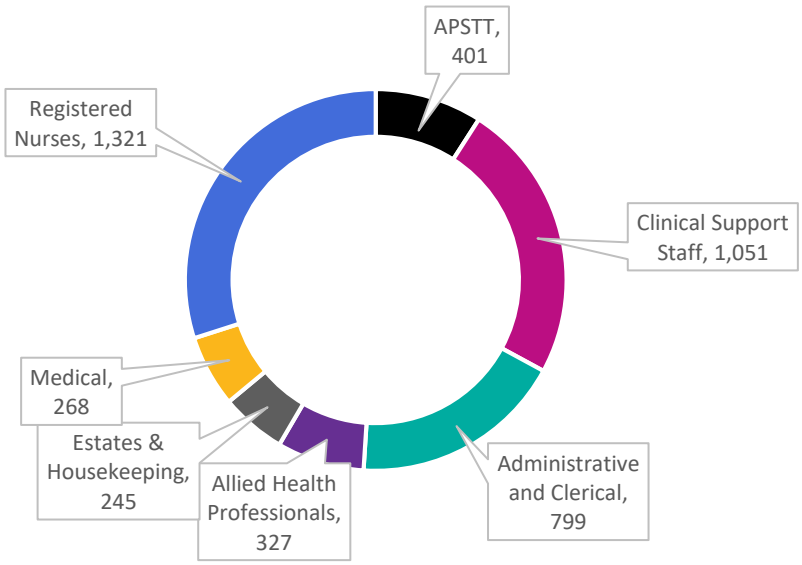


Figure 3 - Workforce headcount (by profession) 2019/20

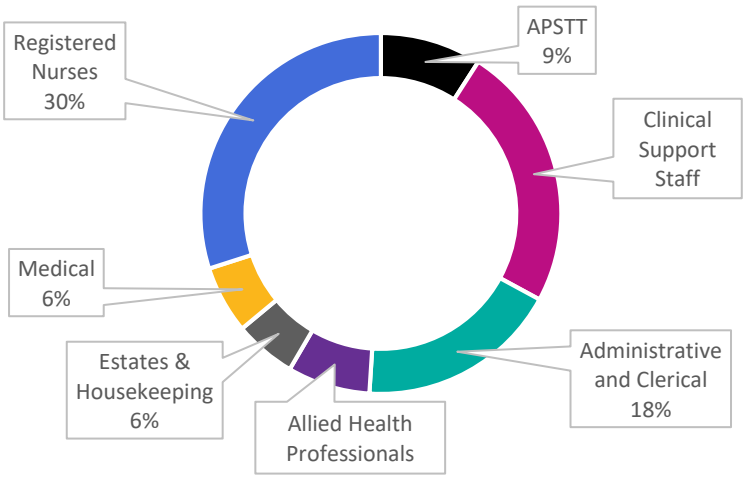


Figure 4 - Percentage of workforce WTE (by profession) 2019/20

These charts show staff grouped in line with the NHS staff groups used in the national Electronic Staff Record.

**APSTT - Additional Professional, Scientific Therapeutic and Technical which includes Clinical Psychologists and Social Workers.*

Our Workforce Performance Metrics

Supervision and appraisal

To ensure staff receive regular support, feedback and development we prioritise regular supervision and appraisal. All staff members have monthly meetings with their manager to support them in carrying out their role. Every member of staff also has an annual appraisal in which clear objectives are set for the forthcoming year that align with our Trust-wide priorities.

During 2019/20 we have met our target for supervision. We will continue to work towards achieving our appraisal target and ensuring that appraisals help staff to develop and do their job well.

Indicator	Target	2016/17 Performance	2017/18 Performance	2018/19 Performance	2019/20 Performance
Supervision	85%	85%	85%	87%	85%
Appraisal	95%	84%	87%	87%	91%

Table 9 - No. of staff supervised and appraised during 2020/21

Sickness and attendance

Our average rate of sickness absence over the last 12 months was 4.91% which is slightly higher than 2018/19 (4.44%). We continue to work to develop managers to be able to support staff to return to work as quickly as possible, and to better understand the drivers of sickness absence including the impact of COVID-19.

What our staff told us about working for AWP

We receive feedback on the experience of our staff through a number of sources. These include:

- Local and Trust-wide consulting groups with trade union representatives
- Local and Trust-wide staff experience groups
- Visits by Executives and Non-Executive Directors to our services, with identified Link Directors in each area
- Surveys, notably the annual NHS Staff Survey
- Frequent and constructive discussions with our various Trade Unions

Staff Survey Results

Every year, all of our substantively employed members of staff are invited to complete the NHS Staff Survey. This year, 54% of our staff completed the survey. This is a positive improvement on last year when 52% responded. We are now equal to the national average for Trusts of our type.

One of the key areas for improvement identified in the 2018/19 survey was the perception of communication with senior staff across our organisation. Over the course of the year, we have put a number of measures in place to address

this. Examples include senior managers introducing regular staff engagement sessions, greater use of video messaging, a new internal magazine, local newsletters, and better use of existing communication routes to make a difference. The outcome was a 6% improvement in this particular measure.

Other areas that showed improvement from 2018 included:

- Satisfaction with level of pay
- Positive action the Trust takes on health and wellbeing
- Care of service users being the organisation's top priority
- Disability: organisation made adequate adjustment(s) to enable me to carry out work
- Not felt pressure from manager to come to work when not feeling well enough

In response to the 2019 staff survey results, we will focus on four key priorities described below. These reflect our strategic intentions and recognise where we need to make the greatest progress.

- Care of Service Users is the organisation's top priority
- The health and wellbeing of our staff
- Improving communication with senior staff
- Appraisal/performance review - definitely feel work is valued

Each locality and corporate team also receive survey results that reflect in detail the experience of their own staff in that area. Managers use these results to discuss with staff where we can improve and, as a team, jointly develop department-specific responses that reflect their situation and experiences.

Staff wellbeing

During 2019/20 we continued the work to embed our approach to staff wellbeing, as described in our Staff Wellbeing strategy. The work encompasses welfare, physical health, mental health and the promotion of staff benefits.

The evolution of our management development programme also allowed us to properly incorporate wellbeing awareness and management into its content. This is important as line managers are crucial to supporting staff in their day- to-day work and signposting the many support mechanisms in place relating to staff wellbeing. We also introduced a new "Be Well Fund" through which staff or teams can apply for central funding to spend on local wellbeing initiatives to benefit colleagues or local teams.

During 2019/20 we re-tendered our substantial and wide-ranging Occupational Health provision, successfully concluding this re-procurement process with a better provision. We have also made use of an expert in this field to further develop the provision and contract management of the service.

Outstanding People highlights 2019/20

We made good progress in improving clinical career pathways for current staff during 2019/20, and new starters in 2020/21. These included Registered Nurses' apprenticeships with the Open University and student and placement pilot sites for Nursing Associate qualifications. Clinical competency booklets for Bands 2-4 have also been produced and guidance for managers and teams.

Apprenticeship Levy spend rose to 41% of the total contribution by 31 March 2020, achieving our 2019/20 target. Four times as many apprenticeships started in 2019/20 compared to the previous financial year. This increase means that the Trust will achieve the national public sector target for 2019/20 with over 2.3% of workforce headcount starting an apprenticeship.

Our Health and Wellbeing Steering Group implemented an extensive programme of activities in 2019/20. This programme included signing up to the 'Time to Change' initiative based on the six core Thriving at Work standards, delivering Mental Health First Aid training to non-clinical staff, planning the in-house Staff Trauma Service and encouraging managers to 'on board' their new starters.







AWP

Sustainable Services

Our financial performance, including the savings programme, performance by Local Delivery Unit, capital expenditure, cash holding and statement of financial position is reported on a monthly basis to the Finance and Planning Committee. This Committee is responsible for the detailed scrutiny of the financial performance and provides assurance to the Trust Board, including highlighting any issues.

Along with the wider NHS, we have had a challenging year from a financial perspective, whilst continuing to deliver safe services. For the financial year 2019/20, we reported a net deficit of £9.2m before technical adjustments (adjusted to £7.2m net of impairments) which is a significant worsening on the 2018/19 performance of £2.2m (adjusted to £1.0m net of impairments) and behind the break-even position agreed by the Trust Board with NHS Improvement in June 2019. The reported deficit excludes impairments which are technical in nature and are exceptional items.

2019/20 has proved a financially challenging year primarily due to the ongoing recruitment difficulties for both medical and nursing staff as well as a continued dependency on Out of Trust (OoT) placements. The majority of our business is commissioned by our four local Clinical Commissioning Groups (CCGs), NHS England, and local authorities (as commissioners for NHS patient care services and preventative services). Since CCGs, NHS England and local authorities are funded by Government to buy NHS patient care and preventative services, the Trust is not exposed to the degree of financial risk faced by business entities, apart from the normal contract negotiation/renewal that is expected in any organisation.

Given the financial deficit that we have experienced in 2019/20 we have drawn down a loan from the Department of Health of £3.0m (2018/19 £1.8m). This has enabled us to continue paying staff and suppliers on a timely basis which is shown in the Better Payment Performance target for invoices paid within 30 days. In addition to this, the Trust obtained a capital loan of £1.4m.

The assessment of the Trust's financial performance by NHS Improvement is based on the Single Oversight Framework (SOF). Within this there are five key financial performance measures known as the Use of Resources ratings. The financial risk is rated from 1 to 4, where 4 equals the highest risk, and where 1 is considered the lowest risk with no regulatory concerns. The overall score is determined by a simple average, with the result rounded up.

The measures are designed to thoroughly assess the Trust's financial robustness and efficiency:

- Capital Service Capacity - the degree to which the organisation's generated income covers its financing obligation.
- Liquidity - days of operating costs held in cash or cash-equivalent forms, including wholly committed lines of credit available for drawdown.
- Income and Expenditure (I&E) margin - the degree to which the organisation is operating at a surplus/deficit.
- I&E margin: distance from financial plan - variance between a Trusts's planned I&E margin in its annual plan and its actual I&E margin within the year.
- Agency spend - measures agency spend for the Trust against the NHSI target value.

The use of resources rating is reported as a 4 and consists of a liquidity ratio of 4, capital servicing of 4 an I&E margin metric of 4, I&E distance from plan of 4 and an agency rating of 4, with all scores being worse than the original plan. The 2018/19 comparators are shown in the table below.

Key financial performance indicators

Financial metrics and risk ratings 31 March 2019 and 31 March 2020				
	31 March 2020		31 March 2019	
Measure	**Planned rating**	**Actual rating**	**Planned rating**	**Actual rating**
Liquidity ratio metric	1	4	1	2
Capital servicing capacity	3	4	4	3
I&E margin	2	4	4	3
I&E distance from plan		4		1
Agency rating	3	4	4	4

Table 10 - Financial metrics and risk ratings at 31 March 2020

Income

The following chart shows the split of our total income by source; the majority of income is received from NHS commissioners, mainly CCGs, for the delivery of patient care and from local authorities for public health provision.

Operating income received in 2019/20 by the Trust was £257.6m, with £245.1m (95%) from the delivery of patient care services (2018/19 £236.8m, £223.9m (95%)). The largest proportion of our clinical income comes from our main four CCGs. The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on the Trust's behalf. The full cost and related funding have been recognised in these accounts.

Non-clinical income for the period is £12.5m, with the majority of this income received to fund education, training and research. We received Financial Recovery Funding of £1.1m (2018/19 was not applicable) and Provider Sustainability

Funding of £0.7m (2018/19 £2.9m) over the first two quarters of the year. Provider Sustainability Funding was not achieved during the final two quarters of the year. A breakdown of total income by source is shown in the graph below:

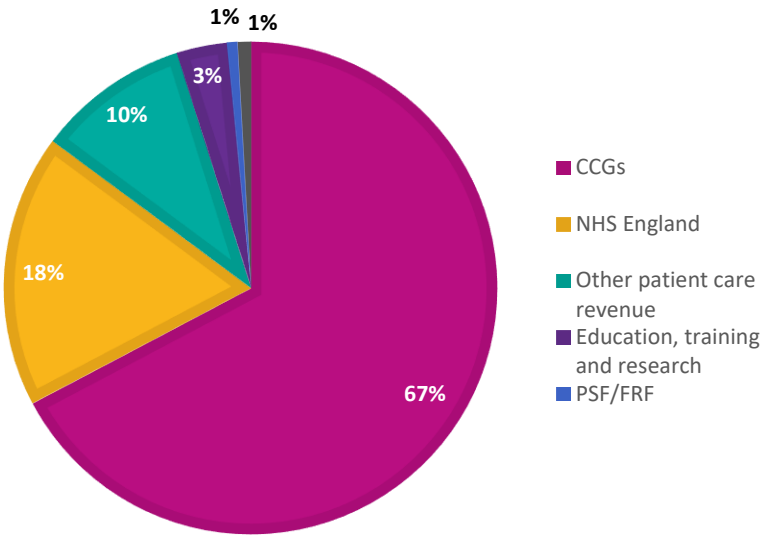


Figure 5 - Income by source, 2019/20

Expenditure

Operating expenses totalled £258.2m for the year and, as in previous years, staff costs account for the largest use of resources at 76% of the total expenditure (2018/19 £230.6m, 78%). Of the expenditure on staff costs in 2019/20, £7.6m of this relates to a notional income amount that is related to a 6.3% increase in employers' pension that was funded at a national level.

An analysis of operating expenditure by type is shown in the graph below.

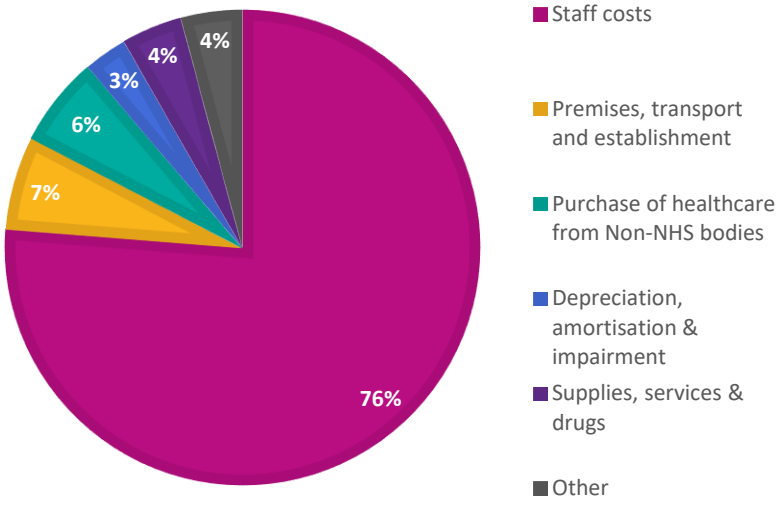


Figure 6 - Expenditure by type, 2019/20

Capital programme

Capital Expenditure for the year was £9.6m (plus £1.1m of lifecycle expenditure on the PFI). The capital plan and specific schemes has changed quite significantly throughout the course of the year, with the value of the plan increasing significantly due to the addition of a number of schemes being funded from Public Dividend Capital (PDC).

In addition to Trust-funded capital there has also been additional funding provided from the Department for Health and Social Care of £1.5m for IT schemes, £2.2m for building-related schemes in the form of PDC and £1.4m in the form of a capital loan.

Capital expenditure in 2018/19 was £4.0m (plus £0.4m of lifecycle expenditure on the Private Finance Initiative (PFI), also receiving £0.5m of PDC for IT schemes.

The chart below sets out the capital split of projects.

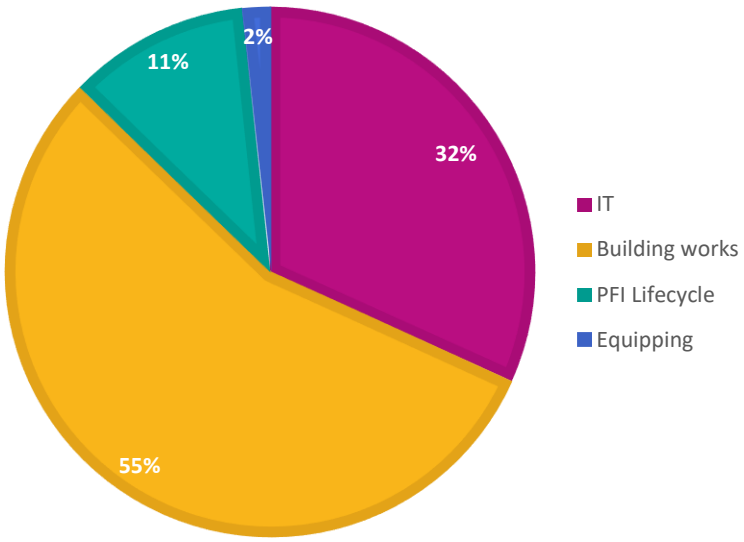


Figure 7 - Capital spending by type, 2019/20

Better Payment Practice Code

We are committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. In short, this means that we aim to pay at least 95% of invoices within the agreed terms, unless there is a dispute. For most of our partners, this would be within 30 days of the date of invoice.

In the case of the 2019/20 position, it should be noted that this was a relatively stable year in terms of cash availability, though the Trust faced significant challenges in processing the volume of agency invoices that were being received, which impacted upon overall invoice turnaround time. Despite having an increase of over 11,000 non-NHS supplier invoices in-year, the Trust maintained the payment against target in terms of the value of invoices paid.

Better payment practice code compliance	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS				
Total invoices paid in-year	67,789	94,853	56,850	79,590
Total invoices paid within target	45,463	84,421	45,257	69,832
Percentage paid within target	**67%**	**89%**	**80%**	**88%**
NHS				
Total invoices paid in year	957	10,773	990	9,283
Total invoices paid within target	833	10,216	805	6,913
Percentage paid within target	**87%**	**95%**	**81%**	**75%**

Table 11 - Better Payment Practice Code performance

Statement of Financial Position Events

During 2020/21 existing Department of Health and Social Care (DHSC) interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of PDC to allow the repayment. Outstanding interim loans totalling £23.4m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months. The move from current liabilities to PDC will be classified as a Post Statement of Financial Position events in the 2020/21 accounts. The move from current liabilities to PDC will be classified as a Statement of Financial Position event in the 2020/21 accounts.

Going Concern

The Trust incurred a retained deficit of £9.2m (adjusted of £7.2m) during the year ended 31 March 2020 and, at that date, had net current liabilities of £27.5m. The significant movement in this figure is the required movement of all interim loans as at 31 March 2020 from non-current to current, which equates to £23.4m.

The Trust is assuming cash support of £9.5m in 2020/21 to maintain current payment performance assuming that the Trust delivers its savings plan. If the Trust fails to deliver in full the savings plan in 2020/21 then a further cash loan will be required. The savings identified within the current Trust plan for 2020/21 are £5.1m with a further unidentified element required of £2.6m.

With the unprecedented measures in place due to Covid-19, funding arrangements for 2020/21 are continually changing, with the Trust closely monitoring all interim funding arrangements.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of PDC to allow the repayment. The affected loans totalling £23.4m are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.

As directed by the 2019/20 Department of Health and Social Care Group Accounting Manual, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. As such, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

We are required to report that on 15 February 2018 the auditors referred a matter to the Secretary of State under section 30(b) of the Local Audit and Accountability Act 2014 in relation to the Trust forecasting a breach of its break-even duty for the three-year period ending 31 March 2020. The auditors referral said "There is reason to believe that the Trust, or an officer of the Trust, has made a decision which would involve the body incurring unlawful expenditure and has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency. These circumstances constitute a material uncertainty that may cast significant doubt as to the Trust's ability to continue as a going concern and therefore it may be unable to realise its assets and discharge its liabilities in the normal course of business."

As presented in Note 33 to the financial statements, we have now breached the break-even duty having a cumulative deficit against break-even for the last three years.

Whilst the Trust does not consider itself to be significantly exposed to any significant risks arising from EU exit, the ongoing uncertainty of a final agreed outcome means that this cannot be fully assessed. The potential areas of exposure relate to anti-psychotic drugs and food supply, and the impact of any fuel costs and supply issues. The Trust does not consider itself to be financially exposed due the additional costs from the Coronavirus outbreak as all material costs are being funded directly from regular returns to NHS Improvement.

Financial position 2020/21 and beyond

Given the financial performance for 2019/20 the financial plan for 2020/21 will be just as challenging, if not more so. Having undertaken a detailed budget-setting process for 2020/21 our Trust Board agreed a budget that will require us to achieve savings of £7.7m in order to deliver the planned deficit control total of £9.5m. This level of savings represents approximately 2.9% of our funding and reflects the significant financial challenge that we currently face. Savings plans for £5.1m have been developed. The budgets have been agreed by our Trust Board for 2020/21 with work continuing on the delivery of the required savings.

In 2019/20, the level of savings achieved was £4.5m, which equated to 1.7% of our funding.

With the unprecedented measures in place due to Covid-19, funding arrangements for 2020/21 are continually changing and we are closely monitoring all interim funding arrangements.

A significant contributory factor to the continued financial pressure relates to the workforce challenges that we face and the continued high levels of usage of agency staff across many of our staff groups. In addition, continued high demand for inpatient beds above available capacity, leading to out-of-area placements, puts more financial pressure on us, despite a risk share arrangement being in place with commissioners.

We also continue to experience increasing levels of demand, particularly in urban centres. This is being compounded by the complexity of some service users' health needs, which is in turn creating further cost pressures through 'specialling' (intensive one to one care) requirements. We will continue to develop new models of care in order to cope with these levels of demand, as well as trying to close the financial gap.

Our Trust Board has agreed a capital plan that continues to focus on patient care and safety, heightened utilisation of the estate as well as focusing on the enhancement of the IT platform that we currently use as a way of promoting new working practices and increasing productivity.

Environmental Sustainability

We recognise that the healthcare service we provide to our local community and the resources we use to undertake our work all produce carbon emissions.

Our carbon footprint for 2018-2019 was 7,501 tonnes CO_2e.

7,501 tonnes of CO_2e is equivalent to the annual carbon emissions of 930 UK homes.

Source	Tonnes CO_2e	% share
Gas	3425	45.7
Electricity	2871	38.3
Water	80	1.1
Business transport	995	13.3
Patient transport	98.10	1.3
Waste	30.88	0.4
TOTAL	**7501**	

Table *12*

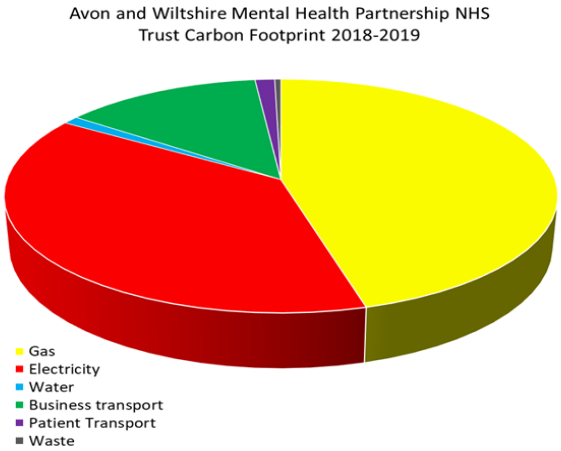


Figure 8

Carbon emissions 2007 to 2019

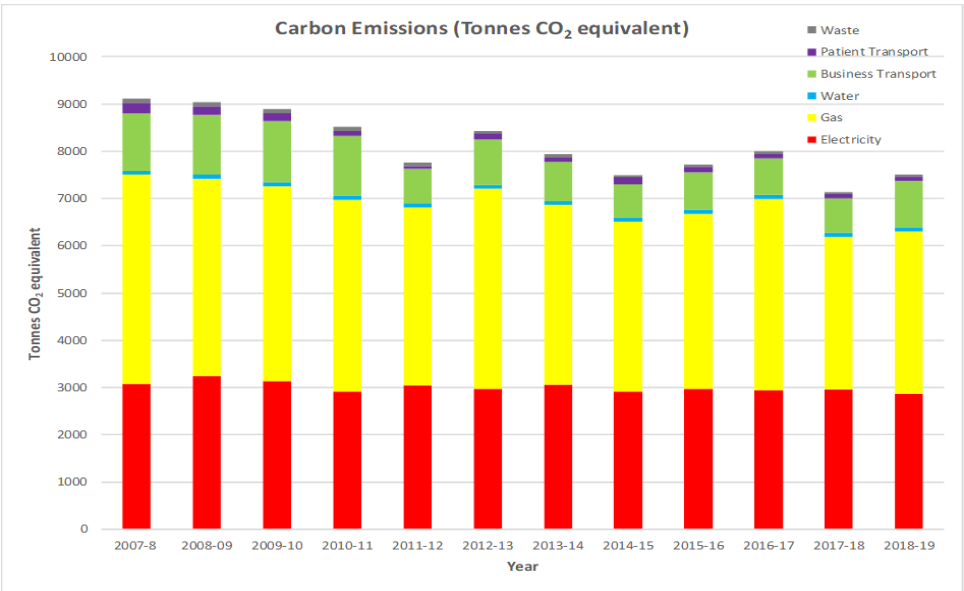


Figure 9

In 2018-19 we achieved a 24.6% carbon emissions reduction compared to our baseline year.

In June 2019, The UK Government amended the Climate Change Act 2008 and this set a new ambitious target of reducing carbon emissions to net zero by 2050. Achieving this will be a significant challenge for the Trust.

Sustainability achievements in 2019 to 2020

Creation of a new AWP Sustainability Group

We created a Trust-wide Sustainability Group that any staff member can join. Members can undertake various projects and initiatives that will encourage the wider adoption of more sustainable practices. The group is fully supported by the Trust Energy and Sustainability Manager and is chaired by the Director of Finance.

Sustainable transport improvements

We have been successful in obtaining grant funding from various local authorities in order to provide sustainable transport initiatives:

- New cycle stands at various sites
- New electric vehicle charging point and dedicated car park spaces at Bath NHS House

Building management system upgrades and heating system repairs at various sites

This has reduced energy consumption at several sites.

Sustainability partnerships formed with TravelWest and local Integrated Care Systems

This helps the Trust obtain prior knowledge of grant funding for energy and sustainability projects.

Sustainable Services Highlights in 2019/20

A key area of focus has been ensuring the sustainability of our Bristol services. We established a new programme started in quarter 2 to take forward this work. A Quality Summit was convened with a focus on understanding the operational challenges and proposing changes to the commissioning model that impact on service delivery. We have subsumed this important work into our Covid-19 response.

We have made positive improvements in our use of technology, including using SMS text reminders to help reduce Did Not Attend rates. We have also upgraded a large proportion of our IT equipment, and have started sending our discharge summaries electronically. Our IT improvements for 2019/20 are part of our longer-term IT improvement programme and we will continue to prioritise this in 2020/21.

We have continued to cover c60% of our temporary staff requirements from our in-house bank. However we have also continued our use of high-cost agency staff. This has meant that we have exceeded our agency cap for the year. The use of agency plus high-cost out-of-area placements means that we have not delivered our planned savings for 2019/20. We continue to work internally and with our commissioners to identify ways in which we can reduce expenditure and improve efficiency.

Delivered in Partnership

Sustainability and Transformation Partnerships (STPs)

We are members of two STPs, "Healthier Together" covering Bristol, North Somerset, and South Gloucestershire (BNSSG), and "BSW" covering BANES, Swindon and Wiltshire. These STP systems are developing their approach to become Integrated Care Systems (ICS) in which health outcomes are the shared responsibility of partners from statutory and voluntary sectors.

Both STPs have dedicated Mental Health workstreams, each of which has developed a Mental Health Strategy for their footprint. Key features of both strategies are:

- Improving crisis support for service users and carers, enabling earlier intervention and treatment
- Supporting people to look after their own mental health and wellbeing and creating more resilient communities
- Providing more care in the community, closer to people's homes
- Intervening earlier in children and young people's mental health, to reduce deterioration and support recovery
- Supporting the further development of services for women with perinatal mental health needs

The delivery of these Mental Health Strategies is set out in our STP Long-Term Plan submissions. These Long-Term Plans set out the key activities we will be completing over the next five years to ensure that we can provide safe and sustainable mental health services and to prevent mental ill-health and promote recovery. These Long-Term Plans rely not only on the contribution from ourselves but also from our wider health and care partners, demonstrating a truly 'whole system' improvement to mental health.

In the immediate term, we have been working with colleagues in BNSSG to understand the challenges faced by our Bristol services. Over the last three years, we have seen unrelenting demand for these services and we know that we need to think differently about how and where we provide both assessment and treatment for our service users if we are to ensure that we can provide sustainable services that deliver safe and effective care for people. We will be working with partners to consider new models of care that enable us to provide earlier support in the community, reduce demand for inpatient care and enable us to discharge people earlier with the right support. Many of the system-wide initiatives we are piloting as part of our response to Covid-19 will have a positive impact on demand for our services, and will enable us to progress new models of care in both BNSSG and BSW.

What were the risks to us achieving our strategic objectives in 2019/2020?

We identified and managed the following risks to our objectives, through our Board Assurance Framework (BAF):

BAF ID	Board Assurance Framework Risk	Assurance Committee
01	If we do not learn from, and embed change as a result of incidents, internal governance processes, issues raised by CQC and other regulatory bodies, then we will not improve clinical care.	Quality and Standards
02	If we are unable to improve our estate to ensure it is fit for purpose then clinical care may be compromised.	Delivery
03	If the Trust does not involve service users and carers effectively then there is a risk of poor patient experience of our services.	Quality and Standards
04	If we do not embed a culture of quality and safety in line with our values, then patient experience will not improve.	Delivery
05	If we are unable to attract and retain excellent staff, then our ability to provide sustainable high quality care will be compromised.	Delivery
06	If we do not address the issues affecting staff experience and wellbeing then there is a risk of increased staff turnover and sickness affecting the quality of care provided.	Delivery
07	If there is a lack of appropriate system response to meet the mental health needs across STPs (or future ICSs), then this may result in the failure to deliver sustainable quality services for the population.	Finance and Planning
08	If the Trust does not develop a robust medium-term financial plan, then the Trust will not be financially sustainable.	Finance and Planning
09	If we do not maintain and develop confidence in AWP as a provider of high quality mental health services, then we will not be successful in the retention or development of services.	Finance and Planning
10	If we do not have the capacity and capability to utilise new technologies, then there is a risk we cannot provide high quality services through digital transformation.	Finance and Planning

Table 13 - Summary BAF risk scores presented to the Trust Board in January 2020

Covid-19

On March 11, the World Health Organisation declared Covid-19 as a global pandemic. We had already initiated our emergency plans to ensure we were able to provide services as safely as possible. We set up an Incident Co-ordination Centre to manage the Trust's response, underpinned by a supporting infrastructure. A Clinical Leadership Oversight Group took responsibility for any clinical changes made to our services in response to the pandemic. We also established an Ethics Group to debate and discuss challenging issues, and make recommendations accordingly.

Based on evidence from other countries that demonstrated elevated risks associated with inpatient care, we made immediate changes to our clinical model to reduce the number of people being looked after in inpatient settings as far as was clinically appropriate. Wherever possible, we have moved our consultations on-line and to virtual consultations. We have been able to support home working for almost all our corporate and clinical community staff (where this was appropriate) and thus been able to maintain social distancing measures in our office environments.

Recognising the impact of Covid-19 on the health and wellbeing of our staff, we have established a Wellbeing Group. This team has focused on implementing short, medium and long-term actions aligned with Maslow's hierarchy of needs and the *Five Ways to Wellbeing*. We have been fortunate to receive funding from NHS Charities Together to support our initiatives, which have included providing care packages to our ward, community and corporate staff, establishing 'Recharge Rooms' on our inpatient wards where staff can take a moment to process often very difficult clinical situations and maintaining our physical fitness and wellbeing through a whole Trust walking initiative.

Our psychologists have developed a comprehensive model of psychological support for managers and staff, and are working on a trauma response in anticipation of the long-term impacts of Covid-19.

Local Staff Wellbeing Hubs – informed by feedback from local staff - will ensure the tools and resources developed are managed to meet the needs of staff at a local level.

We established a 'business as usual' work stream that helped maintain the key work that could not be postponed, and recruited more people to staff clinical areas. We are now developing a learning group to oversee the phased restoration of services whilst keeping the best of the changes implemented at pace.

Regular and open communication with our staff has been a cornerstone of our response. Our Executive Team has carried out weekly briefings via video for all staff across the Trust, we have continued to run our Leadership Forum and local managers have initiated new ways of working to ensure close monitoring of the wellbeing of our staff. We have been able to directly engage staff by setting up a private AWP Staff Facebook group to share information outside AWP information systems.

We have been amazed and humbled by the dedication of our staff to support our service users, making innovative changes to how they provide care so that we can support as many people as possible within the limitations of the Covid-19 environment. The support we have received from our local communities has been equally humbling. We are very grateful to everyone who has given support to us, large or small, and we thank each of them on behalf of all our staff.

Priorities for 2020/21

We are on a journey of improvement and this report provides an overview of our achievements and challenges during 2019/20. Our Trust Board and staff continue to strive to provide excellent care for individuals and their families in accordance with our shared values. We developed plans with our local health community for 2020/21 which the Board agreed. However, on 11 March 2020, the Trust instigated its emergency plans to manage the Covid-19 pandemic. This became the focus of staff in March to provide safe care to service users. The priorities for 2020/21 have been reviewed and some work has been delayed.

The proposed revised priorities are included below:

Outstanding Care	Outstanding People	Sustainable Services	Delivered in Partnership
• Develop Covid-19 adapted service model • Maintain focus on Physical health of patients with Severe Mental Illness • Making sure that we deliver CQC quality improvements	• Creating a new approach to inclusive and compassionate leadership model • Retaining our staff including through wellbeing support	• Delivering planned estates changes for the benefit of our service users and carers (CQC actions) • Digital transformation (e.g. Attend Anywhere) • Workforce Resourcing/AWP staff every time	• Transfer North Somerset CAMHS into AWP • Integrated care system development

Table 14 Proposed Revised priorities for 2020/21

2020/21 will be a challenging year for all health services and the population as a whole, as we grapple with creating a new 'normal' following the Covid-19 pandemic. We will endeavour to provide outstanding sustainable care to our services users in challenging times, delivered in partnership by our outstanding people.

AWP

Performance Report Declaration

Dominic Hardisty

Chief Executive

24 June 2020

Corporate Governance Report

The Corporate Governance report explains the composition of the Trust's governance structures and how they achieve the Trust's objectives, this includes the Directors' Report (p41), statement of Accountable Officer responsibilities (p88) and the annual governance statement (P58). The Remuneration and Staff Report (p77) sets out the policy on remuneration for directors and senior managers. The Parliamentary Accountability section includes the independent audit report (p91).

Directors' Report

The Board

Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is governed by a Board that provides strategic leadership to the organisation. Our Board comprises five executive directors and seven non-executive directors (including the Chair). This complies with the requirements of the NHS Act 2006 (as amended), which requires that the Board consists of at least five non-executive directors not including the Chair and that there are more non-executive directors than executive directors. Non-voting directors also regularly attend the Board.

To support the Board, the Trust has two statutory and four designated committees which provide assurances on specific functions within the organisation. The Trust's committee structure is set out in detail on page 61.

Board membership during 2019/20

Non-Executive Directors

Charlotte Hitchings
Chair

Prior to joining the Trust, Charlotte was Deputy Chair and Senior Independent Director of 2gether NHS Foundation Trust, which provides specialist social and mental healthcare services across Gloucestershire and Herefordshire. She has also served as Independent Chair of Health Education West Midlands Local Education and Training Board.

Charlotte has held senior positions at British Telecom and O2 and has her own executive coaching consultancy.

Appointed as Chair November 2016

Neil Auty
Non-Executive Director

Neil has had a 20-year corporate board career in the food industry, both in the UK and Europe, focusing on turnarounds, acquisitions and divestitures for national and international corporations.

14 years ago he took early retirement, but quickly became bored and set up a staff rostering software company. During this time Neil also founded a not-for-profit company providing a free on-line library of pre-vetted self-help videos for the over 60s and he mentors a group of care homes in Dorset.

Appointed to the Board: October 2016 as Associate Non-Executive Director
Appointed to the Board: January 2018 as a Non-Executive Director
Committees: Quality and Standards, Audit and Risk.

Ernie Messer
Non-Executive Director, Vice Chair, Senior Independent Director

Ernie has a broad general management career starting in the commercial sector, with senior roles in retail financial services, human resources, IT and large-scale strategic change. Twelve years ago he switched to the not-for-profit and charity sector providing management consultancy services at Cass Business School's Centre for Charity Effectiveness in respect of governance, building high performing leadership teams and helping successful collaboration between organisations. He also teaches on their MSc programme, coaches senior leaders and provides "turnaround" organisational services.

Appointed to the Board: February 2016 as an as Associate Non-Executive Director
Appointed to the Board: September 2016 as a Non-Executive Director and Vice Chair / Senior Independent Director from December 2017
Committees: Charitable Funds (Chair), Finance and Planning (Chair)

Marie-Noelle Orzel

Non-Executive Director

Marie-Noelle has worked for the NHS for over 30 years in a variety of clinical, academic, managerial and executive roles at local, regional and national levels. Her last NHS role was as Improvement Director for NHS Improvement (NHSI).

Appointed to the Board: December 2018, a Director Designate from 1 October 2018

Committees: Quality and Standards (Chair), Audit and Risk

Mark Outhwaite

Non-Executive Director

Mark runs his own consulting business specialising in coaching, change management and organisational development support, mainly to public sector organisations. He also has a long-term interest in the challenges of technology implementation and provides advice and support to tech start-ups in the healthcare sector. At the core of his approach is user engagement in co-design and co-production from inception to implementation and beyond.

Mark started his career as an army officer and subsequently became an NHS Chief Executive firstly in a Family Health Services Authority and subsequently in Health Authorities. He left the NHS to set up his own business after a final stint as a Director of the NHS Modernisation Agency.

Appointed to the Board: February 2016
Committees: Quality and Standards, Delivery Committee

Brian Stables

Non-Executive Director (from April 2019)

Brian has 17 years of experience in acute and primary care, most recently holding a nine-year position as Chairman of the Royal United Hospitals NHS Foundation Trust (RUH), in Bath. Prior to his appointment at the RUH, he was a Foundation Trust Network Board Member and Trustee, before which he worked in the position of Non-Executive Director and Vice Chairman of NHS Wiltshire.

Brian is a Fellow of the Chartered Institute of Management Accountants (FCMA), having an extensive career in the global automotive component industry.

Appointed to the Board: April 2019
Committees: Audit and Risk (Chair from June 2019)

Malcolm Shepherd Left February 2020

Non-Executive Director

Malcolm's early career was in industry where he held financial and commercial director posts with several large companies, but for the last 25 years he has worked within the voluntary sector as a consultant, employee, trustee and volunteer. In April 2016 Malcolm retired as Chief Executive of Sustrans, the charity behind the National Cycle Network and other projects which encourage people to travel in ways that benefit their health and the environment. Malcolm was Chief Executive for nine years.

Malcolm also held numerous other positions in the sector including being on the Council of the National Trust, a Director of Friends of the Earth (15 years in total, 3 years as Chairman) and in advisory roles to the Department of Transport.

Since retiring Malcolm has also become a trustee of Avon Wildlife Trust and Life Cycle UK, continuing his passion for the environment and public health.

Appointed to the Board: November 2016
Committees: Audit and Risk (Chair from September 2018), Finance and Planning, Charitable Funds

Shelley Whitehead

Associate Non-Executive Director

Shelley has supported a number of local and national organisations such as, Young Minds and her local chapter of the Carers' Support Service, in raising awareness and challenging to achieve improvements in mental health systems and services for children and young people.

Shelley specialises in strategic change projects, partnership development, governance and stakeholder management within both public sector and commercial organisations.

Appointed to the Board: December 2018
Committees: Audit and Risk (attendee), Finance and Planning, Quality and Standards Committee

New Non-Executive Directors from 1 April 2020

Paul Olomolaiye

Non-Executive Director

Paul Olomolaiye is a Professor of Construction Engineering, with over 200 publications to his credit and currently the Pro Vice-Chancellor for Environment and Technology at UWE-Bristol. Paul lays a huge emphasis on world-class education and cross-functional collaborations and the academic space under his wing is a testimony to this philosophy. A Fellow of the Royal Society of Arts and Manufacturing, Paul is committed to every cause he takes up. He is a gifted creative thinker and strategic policy developer, with a passion for vision and excellence. He is renowned among his colleagues and team members as an inspirational leader.

Samantha Budd

Associate Non-Executive Director

Sam is the Chief Executive of the University of Bristol Students' Union and has over 30 years of senior experience within the recruitment, training and education sectors. She has held several non- executive and trustee roles.

Sam has a particular interest in equality, diversity and inclusion. She is a member of the University of Bristol's board of trustees Equality, Diversity and Inclusion (EDI) Oversight Group and the Mental Health and Wellbeing Vice Chancellors Taskforce. She has worked in an advisory capacity with National Union of Students' (NUS) to shape the Race Matters agenda and has been involved in the development and implementation of Careers in Students' Unions, the new employer brand created to improve the diversity of the sector's workforce.

Sam is also a passionate advocate for mental health issues and was a member of the 2018 Bristol Leadership Challenge, an ambitious programme convened by the Mayor's City Office, aimed at addressing the systemic difficulties faced in Bristol by those citizens experiencing complex mental health problems.

Jan Baptiste Grant

Associate Non-Executive Director

Jan has worked in the NHS for the last 40 years. Holding executive and sub board positions since 2001, she has worked locally as a Chief Nurse/ Director of Nursing & Quality in Hospitals, CCG's and Primary Care Trusts, regionally, as the Director of Nursing across Thames Valley Strategic Health Authority, and nationally at the Department of Health as the Clinical Advisor in the development of NHS Professionals. Passionate about patient and service user outcomes and experiences, Jan previously held Trustee positions for the Terence Higgins Trust and the National Sickle Cell Society.

Executive Directors

Dominic Hardisty (from 1 August 2019)

Chief Executive

Previously the Chief Operating Officer and Deputy Chief Executive at Oxford Health NHS Foundation Trust, Dominic commenced his role at AWP in August 2019.

Dominic has 20 years experience as a leader, with the last 10 in the NHS, where he has worked across acute and community trusts. He has led teams to transform services across acute, community, mental health and children's/young people's pathways, as well as leading on responses to CQC inspections and the formation of partnerships across primary, acute, community and social care.

Simon Truelove

Director of Finance and Deputy Chief Executive

Simon has spent the whole of his working career in the NHS having started as a trainee accountant with Bristol and Weston Health Authority in 1989. He qualified as a Chartered Accountant in 1995 and secured his first finance director post in 2002. He has worked in a range of organisations including commissioning organisations, ambulance trusts and integrated health and social care providers.

He joined the Trust at the end of September 2016 having been the Chief Financial Officer and Deputy Accountable Officer for Wiltshire CCG since 2013. Simon is passionate about the NHS and particularly supports the empowerment of his teams to deliver the best they can in order to transform the services that they support.

Simon was made Deputy Chief Executive in February 2019.
Committees: Audit and Risk (attendee), Finance and Planning, Charitable Funds

Rachel Clark

Director of Strategy

Following an early career in health research and research management, Rachel joined the NHS where she has worked for more than 19 years. During this time Rachel has supported and enabled research, innovation and improvement, and enterprise development in an acute setting. Rachel joined AWP in 2010 as Head of Innovation before moving to the role of Director of Organisational Development and in 2017 she became the Director of Strategy.

Rachel is strongly committed to the values and aims of the NHS and is proud to work in AWP.

Committees: Charitable Funds (attendee), Finance and Planning (attendee)

Julian Feasby

Director of Human Resources

Julian's career encompasses a range of sectors, focusing on sustainability and people leadership.

During his early career in the private sector, Julian ran a range of functions from large contact centres in the UK and the US to water distribution and sustainability teams. During eleven years with the Environment Agency, Julian fulfilled key roles in the senior human resources team, pursuing particular interests in staff engagement and the development of effective and motivational line management. Throughout his career, Julian's interests have remained in working with organisations that provide services people really need – an interest that led to him joining AWP, an organisation he describes as meaningful and inspiring.

Committees: Delivery Committee, Nomination and Remuneration Committee (attendee)

Julie Kerry

Director of Nursing and Quality

Julie spent her early career in and around the Thames Valley working with young people with psychosis. As well as spending time in housing and for a charity, she has also held senior clinical and operations roles before moving to the Strategic Health Authority and then NHS England. Before joining AWP Julie was Director of Nursing in an independent sector provider.

Julie joined AWP at the beginning of April 2018. She is passionate about ensuring our service users are at the heart of all we do and wants to increase co-production at every level of the organisation alongside empowering our front-line staff to drive quality improvements that will help to reduce suicide, reduce restrictive practice, and improve our physical health care offer.

Committees: Quality and Standards

Mathew Page

Chief Operating Officer

Mathew trained as a mental health nurse at the University of the West of England, qualified in 1999 and joined the Trust in 2014 as Deputy Director of Operations. He became Chief Operating Officer in July 2018.

Before joining AWP, Mathew specialised in Psychiatric Intensive Care Unit (PICU) and acute care and set up and ran the Montpellier Secure Recovery Service in Gloucester for seven years. He was instrumental in securing the contract for Child and Adolescent Mental Health Services (CAMHS) in Gloucestershire before going on to lead the transformation and expansion of the service, helping to develop several system-wide solutions for vulnerable children and their families, such as the Family Drug and Alcohol Court and a Functional Family Therapy Team. Mathew also developed the National Minimum Standards for CAMHS PICU.

Committees: Quality and Standards Committee, Delivery Committee and Finance and Planning Committee

Sarah Constantine

Medical Director

Sarah, who joined AWP in April 2019, was brought up in Chippenham in Wiltshire and studied at Southampton University Medical School.

She gained dual accreditation in older people and adult mental health and after 10 years as a consultant moved into more leadership roles, including lead for the Mental Health Act, appraisal/revalidation and Electroconvulsive Therapy (ECT). She completed a Masters in Healthcare Leadership and has Quality Improvement (QI) experience; she strives to shape services and provide high quality care in partnership with service users and carers locally and at population level.

Committees: Quality and Standards

Hayley Richards Left May 2019

Chief Executive Officer

Hayley qualified in medicine from the University of Bristol in 1986. She became a member of the Royal College of General Practitioners in 1990 and a member of the Royal College of Psychiatrists in 1993, achieving dual accreditation in General and Old Age Psychiatry.

Hayley joined the Trust as a Consultant Psychiatrist in 2006, and has since undertaken a variety of leadership roles, including Director of Medical Education and Clinical Tutor. In 2013 Hayley became Medical Director where she played a key role in developing our clinically-led structure and clinical involvement in decision-making. She became Deputy Chief Executive in 2014 and was appointed Chief Executive in February 2016. Hayley retired in May 2019.

Appointments to the Board

The skill mix and experience of the Board is kept under continual review and is taken into account when new directors are appointed.

Paul Olomolaiye joined the Board from 1 April 2020 as a Non-Executive Director
Samantha Budd joined the Board from 1 April 2020 as an Associate Non-Executive Director
Jan Baptiste-Grant joined Board from May 2020 as an Associate Non-Executive Director

Board Diversity
As of 31 March 2020, the Board was composed of five voting executive directors, three of whom are male, two female. Of the seven non-executive directors (including the Chair and Associate Non-Executive Director), three are female, four are male.

Board Development
To continually improve the capacity and capability of the Board of Directors, the Trust provides a comprehensive programme of Board development throughout the year. In 2019/20, Board seminars covered the following areas:

- Leadership and organisational culture
- Compassionate leadership
- Strategic finance
- Risk and assurance
- Strategy and planning
- Service transformation
- Well-Led
- Quality improvement
- Cyber security
- Mental Health Act training

Register of Interests
Each non-executive director is considered to be independent, with no financial or business interest in the Trust. No director has close family ties with any of the Trust's advisors, directors or senior employees. None of the non-executive directors have previously been employed by the Trust.

In the reporting period, no Board director declared any significant interest in a commercial company that the Trust is either currently doing business with or seeking to do business with in the future. One director is married to the Deputy Accountable Officer/Chief Financial Officer of the Bristol, North Somerset and South Gloucestershire CCG. These interests have been declared and to date no conflict of interest has arisen. Were a conflict to arise this would be handled in accordance with the Trust's standing orders and NHS guidance.

A Directors' Register of Interest is maintained by the Company Secretary and is available on the Trust website **http://www.awp.nhs.uk/news-publications/freedom-of-information/lists-and-registers/**

Board meeting attendance

This table sets out the number of meetings directors attended, against the total number they could have been expected to attend.

Non-Executive Director	Number of meetings attended in 2019/20
Neil Auty	7/10
Charlotte Hitchings - Chair	9/10
Ernie Messer	9/10
Marie Noelle Orzel	8/10
Mark Outhwaite	7/10
Malcolm Shepherd - left February 2020	7/9
Brian Stables	10/10
Shelley Whitehead	9/10
Executive Directors in attendance	
Rachel Clark	8/10
Sarah Constantine	9/10
Julian Feasby	8/10
Dominic Hardisty - from 1 August 2019	7/7
Julie Kerry	8/10
Mathew Page	9/10
Hayley Richards - left May 2019	2/2
Simon Truelove	10/10

Table 15 - Board meeting attendance

Declaration

Each director knows of no information that would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken "all the steps that he or she ought to have taken" to make himself/herself aware of any such information and to establish that the auditors are aware of it.

Personal data-related incidents

The Trust has made a full declaration of all personal data-related incidents that were reported to the Information Commission in the Annual Governance Statement.

Board Committees

Audit and Risk Committee (statutory)

Role of the committee

This Committee provides the Board with assurance that the Trust has an effective system of integrated governance, risk management and internal control in place across the Trust's activities (both clinical and non-clinical) to support the achievement of the Trust's objectives.

The Committee meets at least six times a year.

Principal activities in 2019/20

- Review of risk management arrangements of the Trust to provide assurance that risks are being systematically identified and mitigated.
- Review of the Board Assurance Framework and strategic and corporate risk registers with deep dives into individual Directorate risk registers.
- Planning and delivering work programmes for external audit, internal audit, clinical audit and counter fraud to ensure that these provide assurance that the Trust is managing risks.
- Review of the Trust's arrangements around internal control including policies and exceptions to policies.
- Scrutiny of governance statements including annual report and accounts.

Committee attendees

Non-Executive Director	**Number of meetings attended in 2019/20**
Mark Outhwaite	1/7
Charlotte Hitchings	1/7
Malcolm Shepherd (finished end February 2020 member)	6/6
Neil Auty	3/7
Marie-Noelle Orzel	6/7
Brian Stables (Chair From 1 April 2019)	6/7
Shelley Whitehead, Associate NED (in attendance)	7/7
Executive Directors in attendance	
Pete Tilley - From 1 June-31 July 2019	1/1
Hayley Richards	1/2
Simon Truelove	6/7
Rachel Clark	2/7
Julie Kerry	2/7

Table 16 - Audit and Risk Committee attendance

In 2019/20, the following are regular attendees of the meeting:

- Director of Finance
- Director of Nursing and Quality
- Internal Audit
- External Audit
- Local Counter Fraud Specialists

- Company Secretary
- Head of Financial Accounting, Treasury management and Finance Systems

Nomination and Remuneration Committee (statutory)

Role of the committee

The Committee ensures a formal, rigorous and transparent procedure for the appointment of Executive Directors to the Trust Board and executive directors (non-voting) who attend the Board. It also develops, maintains and implements a remuneration policy that will enable the Trust to attract and retain the best candidates for executive directors (voting and non-voting) who attend Trust Board meetings.

Principal activities in 2019/20

- Remuneration for directors
- Annual performance evaluation of directors
- Oversight of recruitment process for directors
- Oversight of redundancy and severance pay

Committee attendees

Non-Executive Director	**Number of meetings attended in 2019/20**
Neil Auty	4/5
Charlotte Hitchings (Chair)	4/5
Ernie Messer	5/5
Marie-Noelle Orzel	3/5
Mark Outhwaite	4/5
Malcolm Shepherd	2/3
Brian Stables	4/5
Executive Directors in attendance	
Dominic Hardisty - from 1 August 2019	3/3
Julian Feasby	4/5

Table 17 - Nomination and Remuneration Committee attendance

In 2019/20, the following have also attended committee meetings:

- Company Secretary

Quality and Standards Committee (designated)

Role of the committee

The purpose of the Committee is to provide assurance to the Board that the Trust has in place the necessary structures and processes for the effective provision of safe, high quality patient care that complies with all legislation, regulations and guidance relevant to the Trust.

Principal activities in 2019/20

- Oversight of the preparation of the Quality Accounts
- Providing assurance of learning from serious untoward incidents
- Oversight of CQC preparation and action plan
- Scrutiny of the Trust's clinical audit programme
- Review of Trust performance indicators
- Quality impact assessment of transformation projects
- Oversight of medicines safety

Committee attendees

Non-Executive Director	**Number of meetings attended in 2019/20**
Ernie Messer	1/10
Mark Outhwaite (member)	9/10
Charlotte Hitchings	2/10
Neil Auty	2/10
Marie-Noelle Orzel (Chair)	9/10
Shelley Whitehead (member)	10/10
Executive Directors in attendance	
Dominic Hardisty - from 1 August 2019	4/6
Sarah Constantine (member)	7/10
Mathew Page (member)	8/10
Julie Kerry (member)	10/10

Table 18 - Quality and Standards Committee attendance

In 2019/20, the following have also attended committee meetings:

- Director of Human Resources
- Associate Director, Governance, Improvement and Quality
- Company Secretary
- Service user/Carer representative

Finance and Planning Committee (designated)

Role of the committee

The Committee provides assurance to the Board that the Trust's financial performance and business development arrangements are sufficient and effectively managed and controlled.

Principal activities in 2019/20

- Oversight of progress against the Trust's Financial Improvement Plan (FIP)
- Review of the estate transformation programme
- Budget setting and contract negotiations
- Overview of commercial activities
- Monitoring the finance risk register
- Scrutiny of business planning processes
- Benchmarking information

Committee attendees

Non-Executive Director	Number of meetings attended in 2019/20
Ernie Messer (Chair)	10/11
Mark Outhwaite	3/11
Charlotte Hitchings	1/11
Malcolm Shepherd (left end February 2020)	10/10
Neil Auty	9/11
Shelley Whitehead (member part year)	5/11
Brian Stables - from 1 April 2019	1/11
Executive Directors in attendance	
Dominic Hardisty - from 1 August 2019	2/7
Sarah Constantine - from 16 April 2019	9/11
Pete Tilley - from 1 June-31 July 2019	1/2
Simon Truelove (member)	9/11
Mathew Page (member)	9/11
Rachel Clark (member)	8/11
Julian Feasby	2/11

Table 19 - Finance and Planning Committee attendance

In 2019/20, the following have also attended committee meetings:

- Divisional Associate Directors
- Associate Director of Planning and Business Development
- Company Secretary

Charitable Funds Committee (designated)

Role of the committee

The purpose of this Committee is to oversee the management of charitable funds, supporting the delivery of the Trust's vision and strategic objectives through the enhancement of the work of staff and service users.

The Committee reports to the Trust Board as Corporate Trustee.

Principal activities in 2019/20

- Oversight of the charitable fund account balance
- Review of income-generating activities
- Approval of bids for funds greater than £5,000
- Ensuring organisational compliance with charity regulations
- Review of the Fundraising Strategy
- Review of Charitable Funds policy

Committee attendees

Non-Executive Director	**Number of meetings attended in 2019/20**
Ernie Messer (Chair)	4/4
Malcolm Shepherd (finished end February 2020) member	3/4
Executive Directors in attendance	
Pete Tilley - from 1 June-31 July 2019	1/1
Simon Truelove (member)	2/4
Rachel Clark (member)	4/4

Table 20 - Charitable Funds Committee attendance

In 2019/20, the following have also attended committee meetings:

- Fundraising Manager
- Head of Financial Accounting and Treasury

Delivery Committee

Role of the committee

The Delivery Committee (the Committee) is established by the Board of Directors (Trust Board) as the senior operational assurance committee of Avon and Wiltshire Mental Health Partnership NHS Trust. The role of the Committee is to seek assurance in respect of the Trust's capability and capacity to deliver its:

- Operational performance targets and ambitions
- Change programmes
- Workforce strategy and implementation
- Estates programme
- Health and Safety obligations
- Emergency preparedness and resilience planning

Principal activities in 2019/20

- The Committee received updates within the Integrated Performance Report on challenges across the Trust and in particular in Bristol, Swindon, Out of Trust (OOT)/Out of Area (OOA), Daisy, Child and Adolescent Mental Health Services (CAMHS) (Riverside and Weston) and Attention Deficit Hyperactivity Disorder (ADHD).
- The Committee received regular updates on plans and progress in Estates, and from the Change Board, noting projects that had completed or were put on hold.
- The Committee received regular Workforce updates, noting progress on recruitment and retention. The Committee also received a report on Occupational Health, plus regular Health and Safety updates.
- The committee received the reports on Gender Pay Gap, Public Sector Equality Duty Annual monitoring report, Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

Committee attendees

Non-Executive Director	**Number of meetings attended in 2019/20**
Mark Outhwaite (Chair)	5/5
Neil Auty (member)	3/5
Executive Directors in attendance	
Dominic Hardisty - from 1 August 2019	1/3
Sarah Constantine - from 16 April 2019	1/5
Simon Truelove (member)	2/5
Mathew Page (member)	5/5
Julian Feasby (member)	4/5

Table 21 - Delivery Committee attendance

In 2019/20, the following have also attended committee meetings:

- Clinical Directors
- Company secretary

Annual Governance Statement 2019/2020

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Avon and Wiltshire Mental Health Partnership NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Avon and Wiltshire Mental Health Partnership NHS Trust for the year ended 31 March 2020 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Accountable Officer, I recognise that risk is inherent in the provision of health care and that effective risk management is a critical component in providing high quality services. I understand that I have overall accountability for risk management. Our approach is both proactive where staff are encouraged to identify risks through risk assessment and raising concerns; and reactive through systematic learning from incidents, complaints and claims.

To help execute my responsibilities for managing risk, the Director of Finance and Deputy Chief Executive has delegated responsibility for the overall co-ordination of risk management.

The other Executive Directors have collective responsibility for the appropriate operational application of the risk management process and lead for specific areas of risk within their individual areas of responsibility.

- The Director of Nursing leads on quality, clinical governance, safeguarding, patient safety and compliance with Care Quality Commission standards.
- The Medical Director leads on medicines management and safe standards of medical practice.
- The Director of Finance leads on financial risk, informatics, information governance risks and matters relating to Health and Safety.
- The Director of Operations leads on risk across all clinical and operational services and manages risk in relation to the development, management and maintenance of the Trust estate.
- The Director of Human Resources leads on risks associated with workforce capacity, retention of staff, absence management and staff wellbeing.
- The Director of Strategy leads on risks associated with the health community and reputational risks.

A 'Well-Led Group' was introduced in 2019, chaired by the Deputy Chief Executive. This group has continued to review the Corporate Risk Register and the Board Assurance Framework throughout

2020. The Well-Led Group considers the Corporate Risk Register and Board Assurance Framework, prior to submission to the Audit and Risk Committee.
The Well-Led Group seeks assurance that robust systems of governance, risk management and internal control are in place to support safe, patient-centred care.

How we support our staff to manage risk

The Trust has a policy framework to guide staff in the identification, management and reporting of risk to managers. This combined Risk Strategy and Policy has been in place since September 2017. The policy was reviewed in March 2019 by the Head of Risk and Legal Services with minimal changes recommended. The Risk Management Policy defines the roles and responsibilities for managing risk to support risk management as an integral part of all our activities including all aspects of business planning and decision-making. Following a Risk Management Audit this will be reviewed again in 2020/21 to work towards optimum integration of risk management throughout the Trust.

Responsibility for risk management is assigned throughout the organisation with most team or department managers responsible for a risk register. Further guidance is available to staff in our Incident, Risk Assessment, Being Open and Freedom to Speak Up policies. Each member of staff holds a responsibility for risk management integral to their role and included as part of the job description. Staff are expected to identify and report issues, risks and incidents.

In June 2019, we held a Board Seminar on risk management during which the Board reviewed and agreed the Board Assurance Framework risks, reviewed the corporate risks and risk process. At that seminar, the Board considered its risk management tolerance and confirmed the risk appetite for the Trust as being 'cautious'. It is the intention to repeat this process annually.

All Trust employees have a responsibility for the delivery of high quality, safe care. To support this our Risk Management Team co-ordinates and delivers a variety of risk management training packages. All staff are required to attend a corporate induction on joining the Trust with risk management refresher training available on request.

In 2019/20, senior staff from each of our divisions received dedicated training, either in groups or in one-to-one sessions. In addition, our Risk Management Facilitator provides individualised face-to-face or Skype training sessions on the use of the Risk Module of Ulysses (our electronic risk and incident system) and monthly review sessions with Executive Directors. Our Learning and Development department monitors training compliance.

A significant amount of work was undertaken on the risk register in 2019/20 with further work planned for 2020/21.

The Board recognises that, although risk management processes had improved in 2019/20 with internal audit providing a 'reasonable assurance' view of our risk processes in 2018/19, they still need to be strengthened at a local level. This was confirmed in a risk management audit in March 2020 which provided partial assurance, whilst noting that the Trust has a Board Assurance Framework in place throughout the year that is regularly updated; this supports the oversight and management of the principal risks to the achievement of the Trust's objectives.

The following actions were undertaken in 2019/20:

- A new substantive Head of Risk and Legal Services was appointed in November 2019.
- All corporate risks were reviewed and re-worded to ensure they accurately reflect the current risks. These risks were mapped against the Board Assurance Framework.
- An action plan was developed to embed risk processes throughout the Trust; this will equip staff to better understand and manage risk.
- New risks added to the risk register are reviewed by the Risk Management Facilitator for quality control with support and guidance given to risk owners to improve performance.
- The reporting structure to discuss operational risks was reviewed in 2019. The Operational, Nursing and Quality and Medical Directorate Risk Registers are reviewed at the monthly Quality, Safety and Risk Assurance Group (QSRAG) with escalation where required.
- Risk training is to be included in the Manager's Toolkit.
- Improved communication to all staff about the risk management process.

Corporate Governance

The Trust's corporate governance framework includes its Standing Orders (SOs), Standing Financial Instructions (SFIs), Scheme of Delegation, Board Assurance Framework, Risk Management Strategy and, finally, the Policy Framework.

The Trust has taken the following steps to strengthen its governance processes in 2019/20:

- Reviewed governance processes and revised the terms of reference for board committees.
- Introduced a Delivery Committee, an assurance committee, chaired by a Non-Executive Director to review workforce and operational issues. This Committee was introduced to allow the Quality and Standards Committee to focus on quality governance.
- Increased support to the structure of the Nursing and Quality Directorate, to ensure we have the correct staff to support the quality agenda. An Interim Quality Advisor to the Board was appointed in November 2019.
- Increase the Board focus on Quality Improvement.
- Developed an assurance map with internal auditors.

Board and Committee structure

The Board committee structure is summarised below. The Chair of each committee provides an assurance report to the Board on the work of the committee.

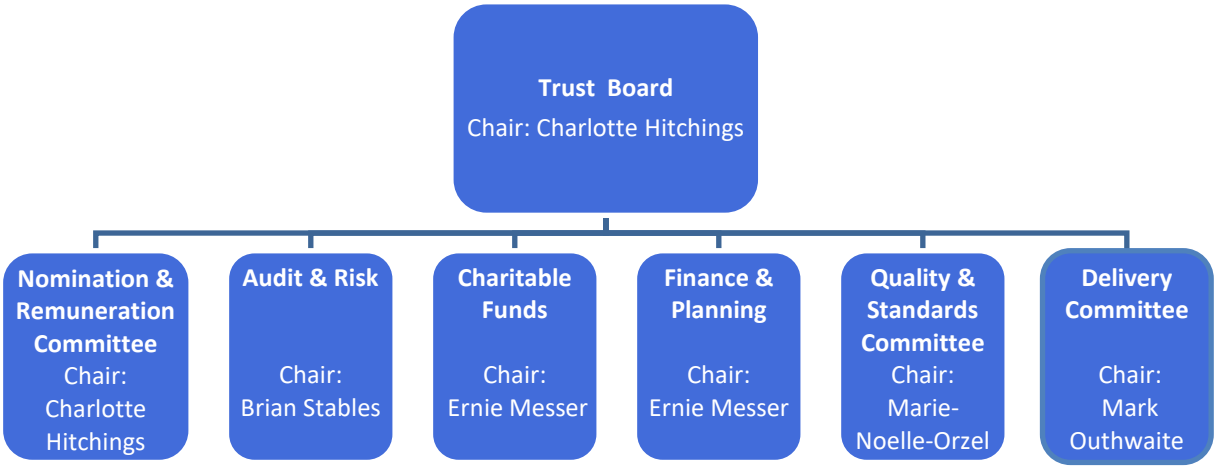


Figure 10 - Trust committee structure, as of 31 March 2020

Audit and Risk Committee
Responsibility for the oversight and scrutiny of our risk management systems has been delegated to the Audit and Risk Committee. The Audit and Risk Committee seeks assurance as to the effectiveness of management through the provision of reports, risk registers and the Board Assurance Framework. It also takes assurance from internal audit, through our internal audit programme and from our external auditors. The Chair of the Audit and Risk Committee provides a regular report to the Trust Board on the work of the Committee including any concerns or issues that require escalating to the Board. There is cross-membership between the Board committees and the Audit and Risk Committee to triangulate the sources of information and assurance.

Finance and Planning Committee
The Finance and Planning Committee has responsibility for reviewing and proposing the annual financial budget for the year and monitoring the in-year financial position. It has oversight of significant business transactions, financial risks and reviews financial metrics, prior to submission at the Board.

Quality and Standards Committee
The Quality and Standards Committee provides assurance to the Board on quality governance, has oversight of clinical risks and reviews quality metrics, prior to submission at the Board.

Delivery Committee
The Delivery Committee, chaired by a Non-Executive Director, was introduced in 2019/20. This assurance committee scrutinises operations and workforce performance, health and safety and the delivery of the estates strategy prior to presentation to the Board.
The Committee Chairs meet every other month to plan the year going forward, to co-ordinate work and to monitor progress of the work of committees.

Nomination and Remuneration Committee and Charitable Funds Committee
The Board has a Nomination and Remuneration Committee which reviews matters relating to executive pay and appointments. The Board, as corporate trustee of charitable funds, has established a Charitable Funds Committee for oversight of the Trust's charitable funds.

Board and Committee evaluation

Throughout 2019/20 the Board sought feedback about its effectiveness at the end of every Board meeting. Each attendee is asked to score the meeting and identify 'what went well' and 'what could be improved' in the future. The Chair is responsible for acting on the feedback. This reflective practice is a requirement of all our Board committees. All Board committees prepare an end-of-year review which summarises the work undertaken, reviews the terms of reference and agrees a work plan for the following year.

External Well-Led Review and CQC Well-Led Review

Between July and October 2018, PricewaterhouseCoopers (PWC) undertook a Well-Led review. In October 2018 the Care Quality Commission (CQC) rated the Trust as 'Requires Improvement' overall and for the Well-Led domain. Both the external Well-Led review and the CQC reviewed the trust governance structures and were consistent in their findings.

"Governance structures and processes at Board and subcommittee level broadly operate in line with our expectations of a mental health trust. Reporting lines are clear, as is the split of business between the committees. However, we noted a gap in governance with reports on workforce going to the Board via the Executive Committee rather than via a formal assurance subcommittee.

The Board meeting we observed was effectively chaired, with strong engagement around the table and robust challenge from both NEDs and between Executives.

We found the Finance and Planning, and Audit and Risk Committees to be operating effectively but noted an opportunity to strengthen the information presented to the Quality and Standards Committee, as well as the level of debate and challenge."
Well-Led review PWC 2018

The CQC 2018 report stated that
"The trust had structures, systems and processes in place to support the delivery of its strategy including committees, subcommittees and team meetings. In 2018, the trust underwent an external review of its committees and their terms of reference. The review identified the need for more robust quality governance reporting systems."

The Board agreed with the findings and has taken action to address the identified gaps. The action plan was closed in December 2019 and a new review commenced. The CQC Well-Led review for 2020 was stood down, in response to the Covid-19 pandemic. The Trust had self-assessed itself as 'good' in its own internal assessment. The CQC rated the three core services in 2020, two of the three services had their overall rating increased from 'requires improvement' and 'inadequate' to 'good'.

Board Assurance Framework

The Board Assurance Framework sets out the Trust's principal risks to our strategic and annual objectives, how we would seek to control those risks in-year and the mechanisms for reporting whether those controls remain effective (assurances). Throughout the reporting period, the Executive Directors were individually accountable for the corporate risks within their area of responsibility. The Board reviewed the Board Assurance Framework (BAF) three times in 2019/20. In addition, the Audit and Risk Committee reviewed the BAF at every meeting in 2019/20, and subcommittees review the risks allocated to them on the BAF.

Risks featured on the BAF in 2019/20 were aligned to the strategic and annual objectives. A lead Director and a lead subcommittee were identified for oversight of the risks.

Risks to our strategic objectives are managed through the BAF.

BAF ID	Board Assurance Framework Risk	Assurance Committee	Risk Level	Target
01	If we do not learn from, and embed change as a result of incidents, internal governance processes, issues raised by CQC and other regulatory bodies, then we will not improve clinical care.	Quality and Standards	16	8
02	If we are unable to improve our estate to ensure it is fit for purpose then clinical care may be compromised.	Delivery	16	12
03	If the Trust does not involve service users and carers effectively then there is a risk of poor patient experience of our services.	Quality and Standards	16	12
04	If we do not embed a culture of quality and safety in line with our values, then patient experience will not improve.	Delivery	12	8
05	If we are unable to attract and retain excellent staff, then our ability to provide sustainable high quality care will be compromised.	Delivery	12	8
06	If we do not address the issues affecting staff experience and wellbeing then there is a risk of increased staff turnover and sickness affecting the quality of care provided.	Delivery	12	8
07	If there is a lack of appropriate system response to meet the mental health needs across Sustainability and Transformation Partnerships (STPs) (or future Integrated Care Systems (ICSs), then this may result in the failure to deliver sustainable quality services for the population.	Finance and Planning	16	12
08	If the Trust does not develop a robust medium-term financial plan, then the Trust will not be financially sustainable.	Finance and Planning	16	8
09	If we do not maintain and develop confidence in AWP as a provider of high quality mental health services, then we will not be successful in the retention or development of services.	Finance and Planning	12	8
10	If we do not have the capacity and capability to utilise new technologies, then there is a risk we cannot provide high quality services through digital transformation.	Finance and Planning	12	8

Table 22 - Summary of BAF risk scores presented to the Trust Board in January 2020

The key corporate risks scored at 12 and above in March 2020, presented to the Audit and Risk Committee were:

Organisational risks scored 12+ in March 2020:

No.	Risk ID	Risk Description	Current Score	Committee
1	1682	Covid-19 – Business Continuity	25	Delivery / Quality and Standards
2	225	CIP challenges and cost pressures associated with operational pressures	20	Finance and Planning
3	922	Trust-wide staffing	16	Delivery
4	1347	Clinical demands in Bristol	16	Delivery/ Quality and Standards
5	989	Ligature management - Health and Safety	15	Delivery
6	1570	Staff Safety - Assaults	15	Delivery
7	193	Staff Engagement - HR	12	Delivery
8	1134	Medical staffing levels - recruitment and retention	12	Delivery
9	742	Staff Health and wellbeing - HR	12	Delivery
10	842	RCA processes - learning from experience	12	Quality and Standards
11	1316	Recruitment and retention of adequate clinical staff	12	Delivery
12	1066	Estate Modernisation	12	Finance and Planning
13	1248	Bed capacity and management OPEL 4	12	Delivery
14	1399	Bed management (demand exceeding availability)	12	Delivery
15	612	Compliance with new 2019/20 Information Governance (IG) Standards, (General Data Protection Regulation (GDPR), cyber-security and senior managers' engagement	12	Audit and Risk
16	1593	Inquest Management	12	Delivery/Quality and Standards
17	1678	CAMHS North Somerset	12	Quality and Standards/ Delivery
18	1310	HR Systems - Infopath	12	Delivery

Table 23 - Risks featured on the Corporate Risk Register (in year risks) as of 31 March 2020 the highest scoring risks are highlighted in red

The Trust has not been able to fully self-certify 'confirmed' compliance with the NHS provider licence Condition 4 due to the deficit in 2016/17, 2017/18 and 2019/20. The Trust achieved its control total in 2018/19 but did not in 2019/20. The Trust has a financial recovery plan, approved by the Trust Board and Region; however, it does not achieve financial balance. The lack of a balanced financial plan, combined with the NHSI quality investigation led to the Board decision not to certify 'comply' against Condition 4 of the licence.

The key challenges remain the shortfall in the substantive workforce which results in agency staff usage, use of out-of-trust beds when the Trust's internal bed capacity is exceeded and the demand that is being placed upon community services. All of these contribute to the overall financial sustainability challenge of the Trust.

Quality Governance

A Quality and Standards Committee, chaired by a Non-Executive Director, oversees the Trust's quality agenda on behalf of the Board. The role of the Committee is to provide assurance to the Board that the structures and processes are in place for the provision of safe, high quality patient care and that we comply with legislation, regulation and guidance. The Director of Nursing and Quality has executive responsibility for maintaining the system of quality governance.

In early 2019 NHSI/E confirmed that they would open an investigation following a number of concerns including the CQC comprehensive inspection report from December 2018, the findings detailed in the Health and Safety Executive's (HSE) letter of 20 December 2018 in respect of manual handling, violence and aggression management and reduction, the Coroner's September 2018 Regulation 28 report and the CQC's draft December 2018 findings from its investigation into low roofs.

Following a thorough investigation NHSI/E have received all information required and are moving towards a single oversight position. The Trust also developed and delivered an action plan to address the concerns raised by the HSE in 2019 and also strengthened the work of the Health and Safety Committee in the Trust, reducing the procedural and environment risks relating to low roofs and ligature points.

The Trust quality priority areas will continue into 2020/21:

1. **Getting the basics right** – Improvement to care planning, safeguarding practice, physical healthcare, clinical governance and serious incident management
2. **CQC and regulatory improvement** – CQC regulatory improvement, Health and Safety regulatory improvement, low roof mitigation, Daisy improvement (Learning disability ward) and reducing restrictive practice and NHSI/E
3. **Embedding and culture of Quality Improvement** (QI) -– Building QI capacity and methodology and driving co-production.

We are committed to continuing to improve the quality of incident investigations to enable Trust-wide learning and improvement. Considerable work has been undertaken to improve governance and quality processes in relation to investigations.

All investigation reports are reviewed by a multidisciplinary team, including executive level staff to ensure that reports are honest, transparent and reflect organisational learning when things go wrong. All investigation reports undergo further scrutiny by our commissioners and we are working collaboratively with them to further improve the quality of investigations.

We are currently developing our specially trained patient safety review team to further support this work. The most commonly reported serious untoward incidents are suspected suicide. We have developed a suicide prevention strategy, which will lead the organisation through a framework aimed at reducing the number of service users whose lives are ended following suspected suicide. This work is being led by our specialist Suicide Prevention Lead.
More information about this can be found in the Trust's Quality Account for 2019/20.
In order to deliver and maintain its system of quality governance we are developing a Quality Strategy and Quality Improvement Plan. The Board, as part of its Board development programme, received training on QI methodologies in 2019/2020; the Quality and Standards Committee

received a draft QI plan detailing an approach to QI. We recognise the importance of a coherent QI strategy supported by an achievable plan; this will be a priority in 2020/21.

Quality Impact Assessments (QIAs) are undertaken when any change to clinical services is planned. The QIA occurs at various points during the change process to ensure any potential impact is known, can be monitored and any potential risks adequately mitigated. The QIAs are approved by the Director of Nursing and Quality and QIAs for significant projects are reviewed by the Quality and Standards Committee. During 2018/19, the Trust implemented a strengthened approach to QIA assessments following an internal audit, which included a dedicated clinical quality sub group, multi-disciplinary decision making and clearer escalation to the Quality and Standards Committee.

The Trust developed a new approach toward Board assurance following the 2018 CQC inspection. The new approach uses quality data metric that flows through our localities and divisions triangulating information to Trust level through to committee and our Board.
Each locality and division is required to show clear mitigation and actions against all concerning quality data and relevant metrics, providing assurance for mitigation, action planning for improvement or escalation.

The Audit and Risk Committee made significant changes to the oversight and scrutiny of risks and the levels of assurance to Board. The Committee aligned the internal audit days to focus more closely on the Board Assurance Framework risks, populated and reviewed an assurance map for the Trust and improved the flow between the corporate, divisional and locality risk registers. Clinical leaders are invited to present their local risk register at Committee meetings where the linkages between the different levels of risk are discussed.

The Non-Executive Directors undertake a series of '15 Step' visits to clinical areas where they meet with staff and if appropriate are able to talk with service users. The visits are written up and learning is shared with services.

The Trust has a Link Director role where each locality has a linked executive and non-executive director. The purpose of the Link Director role is to build a deeper relationship with the senior leaders and staff in a given locality or service delivery unit and increase visibility of the executive team. It was introduced as a response to staff survey feedback.
In December 2019 a Quality Advisor to the Board was engaged to provide a clear pathway for achieving the following aims:

- To review the current corporate and operational structures, clinical leadership and care pathway prioritisation
- Preparing a fit for future vision, articulate next development stages towards this and implement agreed structures and processes for both corporate and divisional governance

- To develop a framework of learning culture that puts quality at the heart of all that we do
- An environment which is focused on staff safety and development

The Trust is expected to start implementing changes to the quality governance structure, based around the CQC domains, in June 2020.

Care Quality Commission (CQC)
The Trust is fully compliant with the registration requirements of the Care Quality Commission.

We were inspected by the Care Quality Commission in September and October 2018 and rated 'good' in the effective and caring domains and 'requires improvement' in the safe, responsive and well-led domains. However, the overall rating remained 'requires improvement'. The CQC recognised that the Trust had made many of the improvements from previous inspections but had not made all the improvements relating to acute wards and psychiatric intensive care units. The ward for people with a learning disability or autism (Daisy Unit) was rated as 'inadequate' and the CAMHs service was rated as 'requires improvement'. The CQC found that improvements were still required relating to ligature management environment risks and seclusion practices. The CQC did not issue any warning notices in 2018.

Detailed action plans were implemented in 2019 developed for both the CAMHs service and the Daisy Unit. An inspection in 2020 of CAMHs community services and the Daisy reassessed the services and both services were rated as 'good'. The acute psychiatric inpatient unit rating remained unchanged at requires improvement.

We were pleased that the inspection team found that, without exception, service users and carers spoke positively about the care they received and service users said they feel safe in our care. We are proud that our hard-working and committed staff were described by the inspection team as caring, enthusiastic and delivered high quality care, treating service users and carers with dignity and respect.

Deterrents to fraud
RSM were appointed to work with the Trust on deterring fraud in 2019/20 as the Local Counter Fraud Service (LCFS). A risk-based plan was developed and agreed by the Audit and Risk Committee and a self-assessment undertaken by RSM rated the AWP as fully compliant with the Standards.

Elective waiting time data
The Trust has in place a Data Quality Management Strategy that sets out the approach to ensuring the quality of all Trust data, including the data that underpins waiting list management and measurement. This approach sees:

- Clinical teams actively managing their waiting lists using daily reports; ensuring that patients are seen quickly following prioritisation based on clinical need.
- Performance against all waiting time standards is reported monthly to Committee and Board, and externally to the Commissioners of our services. Importantly, this includes both nationally defined standards such as those for Early Intervention and Improving Access to Psychological Therapies (IAPT) services, but also those standards that have been agreed locally, such as waiting times for emergency assessment.
- The Trust uses validation reports provided by NHS Digital, checking that performance reported locally matches data published nationally.

Risk management

The Trust uses the 5 x 5 matrix (likelihood and consequence) to identify the rating for each individual risk. All divisions and departments are required to identify, assess and manage risks within their areas, and to record risks via an electronic risk register. This enables the Trust to report on risks thematically, by risk score or the date of identification, amongst other indicators. The Trust seeks to proactively identify risks through a variety of sources, including:

- Health and Safety Assessments
- Fire Assessments
- Non-Executive Director Visits
- Business Continuity and Major Incident plans
- Incidents
- Serious Incident Investigations and Root Cause Analysis Reports
- Coroner's Reports
- Staff and Patient Surveys
- Audits
- Services Reviews
- National Guidance

The Trust has formally adopted the 'identify / assess / act / monitor / review' cycle for the management of these risks.

The Clinical Directors and Associate Directors for each of our three divisions are accountable for managing the day-to-day operational risks within their areas. The divisions are held to account for the management of their risks at the Operational Delivery Group meeting, which is chaired by the Chief Operating Officer. The Chief Executive Officer holds the Chief Operating Officer to account for the performance of the organisation, including risk management.

Management teams at all levels review and manage risks related to their services. Divisions and localities present their risks to the Audit and Risk Committee on a rotational basis. This provides the Committee with assurance on how top risks are being managed.

Divisional risk registers are reviewed by the Chief Operating Officer to identify any risks that require escalation to the Corporate Risk Register. The Corporate Risk Register is reviewed on a twice-yearly basis at the Trust Board and at every Audit and Risk Committee meeting. The Audit and Risk Committee monitors the adequacy of the risk identification, monitoring and control of corporate risk within the Trust. A named Executive Director is responsible for each of our corporate risks and accountable to the Trust Board for demonstrating actions taken to eliminate or mitigate the risk.

Workforce

During 2019/20, the Trust has continued to focus heavily on the recruitment and retention of its workforce, which the Board identified as one of its top strategic risks. We also further developed our attention on line manager recruitment and development, as it is through good management that we are enacting the workforce strategies. The Director of Human Resources (HR) has addressed these risks from both a strategic and operational perspective. The workforce strategy and workforce plans were refreshed during the year. The cohort of "retention champions" has continued to evolve and particular success has been seen in the outcomes of our secure services where there have been numerous successful open-days where potential staff have been offered roles following an interactive discovery day.

Our comprehensive workforce report is scrutinised at both our bi-monthly Delivery Committee, chaired by a non-executive director, and also at the main Board. This ensures a particularly strong focus on assurance. We also ensure that workforce matters are not only addressed by the one report. There are a number of reports which reflect on different aspects, including the very well received Integrated Performance Report which blends clinical measures with workforce measures. This helps to show that workforce is embedded throughout our organisation, and not just the HR department.

In line with the "developing workforce safeguard" recommendations, we are making continuous improvements in our approaches to workforce planning. Our HR Director, which was a new role on the Board in 2017, is the executive sponsor for workforce issues, supported actively by all Board members. Developments are happening collaboratively between our nursing professionals, as far as safe staffing is concerned, operations, medical, finance and human resources to develop safe staffing initiatives. We are also working increasingly collaboratively with our two Sustainability and Transformation Partnerships in this regard.

We have a wide-ranging approach to tackling an ever-increasing pressure to use agency staff. The approach has been externally audited and found to be robust. We actively manage our internal bank of staff through e-rostering, to maximise their deployment where gaps in staffing occur, or patient issues require a short-term staffing enhancement.

We are developing new roles across our Trust to reduce the reliance on hard-to-recruit roles in challenging geographical situations. We have also seen a substantial increase in our take-up of apprenticeships as a core part of our learning and development strategy. Leadership skills have also seen considerable focus with a monthly development forum running for the top 100 leaders, based on the Healthcare Leadership Model.

There is a national and local shortage of nursing staff. We have been proactively working with universities to encourage students to join AWP after graduation. We have also sponsored nurses to study in areas of particular staff shortages, such as learning disabilities.

We complete Equality Impact Assessments (EIA) in relation to development of services, service changes, key policies and transformation programmes. The Equality and Diversity Advisor works with the Project Management Office (PMO) colleagues to prioritise EIAs to be

completed. Additionally, an Impact Assessment Group has been set up where EIA's and Quality Impact Assessments are discussed on key strands of work currently taking place.

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past 12 months, *Managing Conflicts of Interest in the NHS'* guidance.

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

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

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

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

The Trust's Business Plan and Annual Operating Plan are approved by the Trust Board and submitted to NHS Improvement (NHSI). Delivery against the Annual Operating Plan, via the Trust's annual objectives, is monitored in detail by the Board on a quarterly basis using the Board Assurance Framework and specific quarterly reports to Board updating on progress against objectives.

The Finance Director and Chief Operating Officer provide detailed monthly financial, activity and performance reports to the Finance and Planning and Delivery Committees. The Finance and Planning Committee reviews and challenges on the delivery of the statutory financial targets including the delivery of the income and expenditure target, capital target, cash target and the better practice payment code. The reports are made available to the members of the Trust Board, the Trust's external auditors and NHSI. The Chair of the Finance and Planning Committee provides a report to the Trust Board after each meeting of the Committee, describing the level of assurance that has been gained.

The Trust's resources are managed within the framework defined in its Standing Financial Instructions. Financial governance arrangements are reviewed by internal and external audit to ensure economic, efficient and effective use of resources. The processes by which expenditure is committed are continually being reviewed and are audited by internal audit on an annual basis. All budgets are delegated to budget managers at the start of the

financial year and each budget manager is required to sign the Declaration of Budgetary Responsibility. Areas where budgetary performance are not adequate result in services being put into internal financial recovery. In 2019/20 they included the Bristol, Wiltshire and Secure services local delivery units. The continued approach to budgetary management in 2019/20 saw a number of local delivery units and corporate and support services maintain their financial position by continuing with the tight grip and control on expenditure. These processes will need to be continued and further enhanced going forward into 2020/21.

The financial performance of the Trust in 2019/20 has again been challenging given that the Board accepted the NHSI control total which required it to deliver savings of £7.1m. The Trust's savings programme focused on increasing the productivity and impact of its community services and a rigorous focus on improving flow through its inpatient services in order to reduce out-of-area bed usage. Unfortunately, in 2019/20 the demand for acute inpatient care has been significant resulting in the target for out-of-area bed usage being missed. Furthermore the pressure on inpatient and community services has resulted in additional staffing being brought into the Trust to manage excess demand and to cover high rates of absence. This has resulted in the Trust not meeting the target set by NHSI to cap agency spend in 2019/20.

Given the operational challenges the Trust has not delivered all of its savings recurrently in 2019/20 resulting in the original control total not being delivered. Given this position the Trust was required to pull together a financial recovery plan that described how the Trust could improve its financial position over a three year period. The Financial Recovery Plan was agreed by the Finance Committee and the Trust Board before submission to NHSE/I. This resulted in a revised control total of a £8.5m deficit which the Trust has delivered and exceeded by £1.2m due to increased unplanned income for mental health services. For 2020/21 the Trust has agreed a financial plan that delivers a £9.5m deficit. The Trust Board has decided not to accept the financial targets for 2020/21 due to the level of savings that would be required to deliver the targets.

Since the Board approval of the 2020/21 plan the financial framework for the NHS has been changed due to the Covid-19 crisis. For the period April 2020 to the end of July 2020 all providers will receive income to cover all costs including the additional costs relating to the crisis. This will significantly improve the financial position of the Trust in the short term. Work continues on identifying opportunities to reduce the expenditure base of the Trust; however, given the expectation that normal business will not resume for much of 2020/21, the financial outlook for the Trust will be difficult to predict.

The Trust is working closely with commissioners and operational services to develop a local sustainable financial plan for the Trust, along with the delivery of a system-sustainable plan.

Information governance

The Trust has put in place a comprehensive Information Governance Management System (IGMS) to ensure the security of data under its control. This is based on high level information governance and information security policies which are designed to ensure the integrity, confidentially and availability of information in compliance with the NHS Information Governance Guidance on Legal and Professional Obligations. Additionally the Trust implements technical and operational controls to ensure compliance with the cyber security standards defined in the NHS Digital's Data Security and Protection Toolkit and guidance issued by NHS Digital, CareCERT and the National Cyber Security Centre.

Data Security and Protection Toolkit

The Data Security and Protection Toolkit (DSP) is the new set of NHS standards requirement for information governance and cyber security which NHS Digital has been appointed to develop and maintain on behalf of NHSE. It draws together the legal requirements, central guidance set out by NHS policy and best practice and presents them in a single standards process to improve the handling and protection of IT systems and information held by NHS providers.

Each year the Trust is required to carry out a self-assessment of its compliance, against these DSP requirements. The 2019/20 DSP consists of 116 mandatory targets and additional non-mandatory targets. Compliance requires all 116 mandatory targets to be met. While significant progress has been made this year the Trust only achieved compliance on 107 of the required targets.

The target for IG training is 95% of staff trained. AWP on average hit around 93% which is below the mandatory target and we are currently running at 90%. Once normal operating conditions are resumed the Trust will need to agree an action plan to ensure compliance is achieved before submission.

Of the remaining targets, work had been delayed due to the current Covid-19 pressures. Understanding that this will be an NHS-wide issue NHSD has extended the reporting deadline to 30 September 2020. Internal Audit reviewed the evidence prepared to support the submission in March 2020 and were satisfied that the Trust was generally able to support the assertions within the DSP Toolkit with suitable evidence. No significant issues were identified.

Information governance incidents
In 2019/20 there were 314 information governance incidents reported via the Safeguard system; of those 10 met the criteria to be reported to the Information Commissioner's Office (ICO).

Category and description	No.	Feedback from ICO	Action taken By AWP
Confidentiality Breach AWP team presented to the AWP internal leadership forum meeting showing service users names and photographs.	18228	Not applicable to report	Still being investigated by team manager.
Confidentiality breach Bank staff member was found to be looking at a service user's Medical records within our Rio system. This staff member had no legitimate reason to access these notes.	18160	No further action required	Investigated by team manager and the bank staff member is no longer a bank member for the Trust.
Disclosure of confidential information Complaint received from family of patient. Clinical letter was sent to house number 17 and not house number 71.	17108	No further action required	The team has implemented stricter routines when sending out patient letters.
Disclosure of confidential information A newsletter was sent to service users using the CC method instead of the BCC method.	17418	No further action required	The team has a new process in place when sending newsletters. We are also looking into options of using different mailing software.

Category and description	No.	Feedback from ICO	Action taken By AWP
Disclosure of confidential information A staff member left their diary on the train whilst attending a supervision group.	14838	No further action required	Staff are advised where possible and practical to use a Trust phone as a diary to mitigate the risks.
Disclosure of confidential information Psychiatrist visited a patient in their home and may have left a notebook in the patient's home. Notebook thought to contain patient information.	14678	No further action required	Staff are advised where possible and practical to use a trust phone / laptop for storing notes to mitigate the risks.
Confidentiality breach Local authority worker undertook an audit of patients who are open to our Trust. They then accessed Rio without the knowledge of AWP.	14081	ICO happy with investigation and incident has been closed	A process has been implemented when outside bodies want to conduct audits of our service users and appropriate sharing agreements are implemented.
Confidentiality breach We conducted the Connecting Care quarterly audit. The results from the audit suggested that members of staff were looking at their own records plus those of family members.	14047	No further action required	The IG team are conducting monthly audits and liaising with HR and the team manager in investigating these cases. IG are also sharing more communications around unlawful access.
Incorrect disposal Service user's mother collected information regarding the service user's mental health condition on a USB stick. This was handed to the consultant. The consultant's secretary emailed the mother to say the USB stick did not work and it had been thrown away in NHS waste.	13919	ICO happy with investigation and incident has been closed	Single incident which occurred. The USB stick was recovered and returned to the patient.
Disclosure of confidential information Two service users' records were mixed up due to both having similar names and were archived together. AWP was informed by one of the service users.	13636	ICO happy with investigation and incident has been closed	The Medical Records Manager informed the patient who received the incorrect records and they were shredded. Changes have been made to the archiving system.

Table 24 - Information governance incidents

Information Flow Mapping

The IG team has implemented a robust information flow mapping system. In total there are 294 information flow maps for the Trust; this is broken down by departments. This is the responsibility of the teams to ensure their flow mapping for their department is accurate, up to date and reviewed yearly and confirmed with the IG team.

Our current status is 140 out of 294 have been reviewed for this year. This has been highlighted by our external auditor as a priority going forward.

Annual Quality Accounts

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

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee, Quality and Standards Committee, Finance and Planning Committee and Delivery Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board and its Committees have a substantial role in reviewing effectiveness of the system on internal control.

Trust Board

I provide an update on the significant events or matters that affect the Trust at each Board meeting. The Board also receives the Board Assurance Framework (BAF) and risk register and reviews the significant risks and mitigations. Each committee regularly reviews the BAF and corporate risks assigned to that Committee. Chairs of the Board subcommittees provide reports to the Board on the work of the committee and the assurance received regarding the items presented for assurance or approval. Items are escalated to the Board as required.

Audit and Risk Committee

The effectiveness of the system of internal control has been reviewed by the Audit and Risk Committee which receives the Board Assurance Framework as well as other reports including those from Internal Audit, External Audit and Counter fraud. The Committee receives all internal audit reports on both financial and non-financial areas and has monitored the implementation of all the recommendations via the use of a tracker system.

The Trust had a clinical audit programme in place for 2019/20 which is agreed by the Quality and Standards Committee, prior to presentation to the Internal Audit Committee.

Internal audit

A further key source of assurance is our internal audit programme. The Trust agreed an internal audit plan at the beginning of the year, which focused on key areas of risk for the Trust. The Audit and Risk Committee has had oversight of the internal audit plan, receipt of internal audit reports and has monitored compliance with recommendations. Six internal audit reports in 2019/20 gave a reasonable assurance opinion and five reports were granted partial assurance.

The Head of Internal Audit has provided me with the following opinion:

> *"The organisation has an adequate and effective framework for risk management, governance and internal control.*
>
> *However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective".*

In the preparation of these accounts, the Audit and Risk Committee, Internal Audit and External Audit have had the opportunity to review the Annual Governance Statement and provide any comments

they may have.

Covid-19

Alongside the rest of the NHS, Covid-19 has been the primary focus of our work since the final month of 2019/20. We have worked hard both to support our patients, staff and partner organisations to free up beds in the health community whilst providing as safe a service as possible. We recognise that managing Covid-19 whilst operating social distancing will continue to be a big challenge for the Trust. This will impact on the ability to deliver some other plans to the originally foreseen timescales. I am working with the Board to continue to prioritise both our response to Covid-19, to best support our patients, staff and stakeholders and to manage the other risks facing the Trust.

Weaknesses in control

The Board identified weaknesses in the system of internal controls relating to quality governance following a review of systems in 2018. Detailed action plans were put in place to manage the identified risks and improve the issues relating to these areas:

- Governance weaknesses relating to quality governance structures, risk, safeguarding, health and safety and serious incident management reporting. A revised quality governance structure was put in place. A Quality Advisor to the Board was appointed who has led a further review of our governance structures. These will be strengthened and based on the Care Quality Commission domains. This will be implemented by summer 2020.
- CQC prosecution regarding low roofs in 2019/20 relating to an incident in 2016 and the subsequent mitigation of low roof risk. The Trust was fined £80k, however, the phased approach the capital works to mitigate the low roof risk was noted.
- A lack of Quality Improvement capability was identified in the internal Well-Led assessment undertaken in 2017. A comprehensive programme was introduced with 62 QI projects delivered in 2019/20.
- The Trust participated in a quality investigation in 2019, due to the issues noted above. The Trust has met all of the information requests from NHSI.
- The Trust agreed enforcement undertakings with NHSI in 2017. Although significant progress has been made regarding financial and quality governance, these remain in place.

The Board, via subcommittees, is monitoring the progress of all of the above weaknesses in internal control systems.

I have received further assurance from the CQC with an improved rating for two out of three services and all services being rated as well-led.

Board turnover

During 2019/20 there have been a number of changes to the Board, including a new Chief Executive and Medical Director. On 1 April 2019 a new Non-Executive Director with a financial background started who chairs the Audit and Risk Committee. Whilst this provides an opportunity for new leadership, it is recognised that further support will be required to develop together as an effective unitary board. A board development programme is being established in 2020/21 to ensure Board members have a clear understanding of operational, financial and quality improvement areas which are aligned to the Trust strategy.

Conclusion

No significant control issues have been identified.

Signed

Chief Executive Date: 24 June 2020

Remuneration report

Remuneration and staff report

The following tables provide a breakdown of the workforce including senior managers by grade (band 8d and above), the numbers and costs of staff by whole-time equivalent (wte) rather than head count.

Senior managers by grade (at 31 March 2020)	
Pay grade	**Number**
Band 8d	19
Band 9	1
Clinical Director (not on AfC)	2
Director	7
Total	29

Table 25 - Senior managers by grade as of 31 March 2020

Number and cost of staff employed by staff group	Permanent	Other	2019/20	2018/19
			Total	Total
	£000	**£000**	**£000**	**£000**
Salaries and wages	138,591	3,357	**141,948**	135,823
Social security costs	12,502	-	**12,502**	12,001
Apprenticeship levy	681	-	**681**	640
Employer's contributions to NHS pension scheme	25,041	-	**25,041**	16,565
Pension cost - other	38	-	**38**	52
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	380
Temporary staff	-	16,757	**16,757**	14,534
Total gross staff costs	**176,853**	**20,114**	**196,967**	**179,995**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**176,853**	**20,114**	**196,967**	**179,995**
Of which				
Costs capitalised as part of assets	-	89	**89**	-

Table 26 - Number and cost of staff employed by staff group

Average number of employees (wte basis)	Permanent	Other	2019/20 Total	2018/19 Total
Medical and dental	283	20	**303**	294
Ambulance staff	-	-	**-**	-
Administration and estates	359	18	**377**	370
Healthcare assistants and other support staff	1,422	101	**1,523**	1,531
Nursing, midwifery and health visiting staff	1,207	98	**1,305**	1,252
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical staff	572	1	**573**	581
Healthcare science staff	-	-	**-**	-
Social care staff	-	-	**-**	-
Other	170	-	**170**	160
Total average numbers	**4,013**	**238**	**4,251**	**4,188**
Of which:				
Number of employees (wte) engaged on capital projects	3	-	**3**	-

Table 27 – Average number of employees (wte)

Gender pay gap

The 'Gender Pay Gap' is a measure of the difference in the average earnings between males and females across an organisation. The data is expressed as a percentage of males' earnings on the snapshot date of 31 March each year, which must then be published on the government and organisation websites by 31 March of the following year.

AWP, in line with all NHS organisations, has a predominantly female workforce in almost all disciplines and professions. At 31 March 2019, 75% of our workforce was female.

At 31 March 2019 our executive directors (voting and non-voting) consisted of three women and four men.

Amongst other requirements, the Trust is required to publish the following:

- The mean and median gender pay gap based on hourly rates of ordinary pay.
- The difference between the mean and median hourly rate of ordinary pay of male and female employees.
- The mean and median bonus gender pay gap based on the bonus paid during the period.

As of 31 March 2019, our mean gender pay gap was 14.41% in favour of males, down from 16.03% on 31 March 2018. Our median gap was 11.03% down from 11.54%. Despite females being well-represented at every level in the organisation, their average hourly pay is not equal.

Our analysis shows that our mean and median gender pay gap was most significantly affected by the nationally-defined medical salary arrangements. This is consistent with the results published by other NHS organisations.

The overall pay gap for staff on Agenda for Change pay bandings shows a significantly smaller pay gap at 7.05% which is up from 5.08% last year.

For Very Senior Manager pay, the average hourly base wage percentage gap favours females who earn 10.42% more per hour than males which is an increase from 2.72% last year.

The Trust's 2019 gender pay gap report can be read in full on the Trust's website at: Gender Pay Gap.

Sickness and attendance

Our average rate of sickness absence over the last 12 months was 4.91% which is slightly higher than 2018/19 (4.44%). We continue to work to develop managers to be able to support staff back to work as appropriately as possible, and to better understand the drivers of sickness absence.

Trade Union Facility Time

In line with Trade Union (Facility Time Publication Requirements) Regulations 2017 the following statements are included. The purpose of the regulation is to promote transparency and public scrutiny of facility time.

i) Relevant Union Officials

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

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
17	15.52

Table 28 - Relevant Union Officials

ii) Percentage of time spent on facility time

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

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	18
50-99%	0
100%	0

Table 29 – Percentage of time spent on facility time

iii) Percentage of pay bill spent on facility time

What percentage of your total pay bill was spent on paying employees who were relevant union officials for facility time during the relevant period?

Total cost of facility time	£56,665.74
Total pay bill	£196,967,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time / total pay bill) x100	0.03%

Table 30 - Percentage of pay bill spent on facility time

iv) Paid trade union activities

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

Time spent on paid trade union activities as a percentage of total paid facility time hours	10.75%

Table 31 - Paid trade union activities

Staffing policies

The Trust is committed to treating our workforce and volunteers fairly, regardless of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex and their sexual orientation, mental health needs, domestic circumstances, ex-offender status, political allegiance or trades union membership. The means by which we seek to safeguard against such discrimination is set out in the Workforce Diversity and Equal Opportunities policy.

We continue to support the national 'Disability Confident' scheme. This means that any disabled applicant meeting the minimum requirements of a job specification will be guaranteed an interview. We are committed to making reasonable adjustments during the selection process where required.

We have the same proportion of staff who have declared a disability, remaining at 5%. We continue to explore for ways to improve the formal capture of this information as it is not currently in line with reporting from our staff survey. The most recent staff survey asks a slightly broader question about physical *and* mental health disability, and reports a figure of 22% of staff answering in the positive.

Staff who become disabled during employment are also supported. Under our Managing Attendance and Absence Policy we commit to making reasonable adjustments both to an employee's role and to their workplace so that, wherever possible, disabled staff are enabled to make best use of their skills and abilities and to ensure the Trust retains the skills and talent of the workforce. This includes providing appropriate and relevant training to enable staff to take up alternative roles if, due to health reasons, they are unable to continue in their substantive post. Our staff survey indicated a very positive position in this regard compared to other Trusts of our type.

All staff, regardless of protected characteristics including disability, have equal access to training and career development and promotion opportunities. Managers are supported through training and coaching by the Employee Relations team to ensure that staff are treated fairly during their employment. We have been working to develop career pathways to support all employees to achieve their full potential.

Other issues

The Trust's HR directorate supports employee matters through a range of engagement structures, management coaching and work with staff-side representatives. We also maintain and develop a formal policy structure that enables the organisation to carry out its work effectively. The HR team provides support and advice on informal and formal concerns relating to employment matters to staff and managers.

We employ an Equality and Diversity Advisor whose role is to provide coaching, development, advice and support to executives, managers and staff and also to ensure that the Trust meets its obligations in relation to the publication of relevant data.

Engagement with employees is carried out through a range of initiatives. The senior management of the Trust actively engages with the trades unions via regular meetings.

All staff are welcome to participate in online policy development workshops which are held regularly. These are finalised in conjunction with elected staff-side representatives and agreed via the General Negotiating Group. Alongside these formal structures the Trust has local staff engagement and consultative groups which meet regularly. These groups also address matters of health and safety to promote safe working. This is supported by statutory and mandatory training.

In advance of organisational change there is formal engagement with staff-side representatives and feedback from staff and staff-side is gathered during consultation processes. Organisational change is undertaken in line with Trust policy.

The Trust is continuing to develop succession planning to ensure career development opportunities for staff, supported through acting up and secondment arrangements. It also reduces the risk of critical roles being unfilled for extended periods of time.

The Trust pays staff in line with nationally agreed Terms and Conditions, and makes use of recruitment and retention premia where appropriate to attract and retain staff.

Exit packages and severance payments

The Trust did not pay any exit packages to its directors during the 2019/20 financial year.
Exit packages for all other Trust staff can be found in the table below. Exit packages for all other Trust staff were also zero in 2019/20 (2018/19 £380,000).

Reporting of compensation schemes - exit packages 2019/20	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	-	**-**
£25,001 - £50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**-**	**-**
Total cost (£)	£0	£0	**£0**

Table 32 - Compensation schemes – exit packages 2019/20

Reporting of compensation schemes - exit packages 2018/19	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
Exit package cost band (including any special payment element)			
<£10,000	2	-	**2**
£10,000 - £25,000	1	1	**2**
£25,001 - £50,000	-	-	**-**
£50,001 - £100,000	2	-	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	1	-	**1**
>£200,000	-	-	**-**
Total number of exit packages by type	**6**	**1**	**7**
Total resource cost (£)	£360,000	£20,000	**£380,000**

Table 33 - Compensation schemes – exit packages 2018/19

Exit packages: other (non-compulsory) departure payments	2019/20		2018/19	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Voluntary redundancies including early retirement contractual costs	-	-	-	-
Mutually agreed resignations (MARS) contractual costs	-	-	-	-
Early retirements in the efficiency of the service contractual costs	-	-	-	-
Contractual payments in lieu of notice	-	-	1	20
Exit payments following Employment Tribunals or court orders	-	-	-	-
Non-contractual payments requiring HMT approval	-	-	-	-
Total	**-**	**-**	**1**	**20**
Of which:				
Non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-	-	-

Table 34 - Non-compulsory departure payments

Nomination and Remuneration Committee

On behalf of the Trust Board, the Committee is responsible for all decisions concerning the appointment, remuneration and terms of service of Executive Directors and other very senior appointments.

Director's salaries (excluding Non-Executive Directors) are determined by the Trust's Nomination and Remuneration Committee, the membership consisting of the Chair and all the Non-Executive Directors. The policy of the Committee is to reward Executive Directors and very senior managers fairly, individually and collectively to recruit and retain high quality people.

The purpose of the Committee is to consider the remuneration and terms of service, including the provision of other benefits, for members of the Trust Board and senior managers where national terms and conditions do not apply. The Committee uses benchmarking information provided by NHSI and nationally agreed terms and conditions to inform its decision-making.

The Trust remuneration policy is to appoint Executive Directors to at least the lower quartile rate for similar roles in similar-sized Trusts. This is based on comparable information provided NHSI.

There were no compensation payments made to former senior managers, nor any amounts payable to third parties for the services of a senior manager with Board-level authority.
Should a current Director/senior manager retire early they would be eligible only for the benefits associated with their membership of the NHS Pension scheme.

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

Directors' expenses

Expenses paid to Directors from 1 April 2019 to 31 March 2020		
Directors	**2019 to 20**	**2018 to 19**
Number of paid Directors in office	20	18
Number of Directors receiving expenses	14	13
Total sum of expenses paid to Directors	**28,375**	**34,456**

Table 35 - Directors' expenses

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. In this context the median is defined as the total remuneration of the staff member who lies in the middle of the linear distribution of staff, excluding the highest paid director. The median is based on the annualised, full-time equivalent remuneration for the year excluding employers' costs.

The banded remuneration of the highest paid director of the Trust in the financial year 2019/20 was £145k to £150k (2018/19 £165k to £170k). This was 5.2 times (2018/19 6.1 times) the median remuneration of the workforce, which was £28,276 (2018/19 £27,528).
Total remuneration includes salary, non-consolidated performance-related pay if applicable and benefits-in-kind. It does not include severance payments, employer pension contributions or the cash equivalent transfer value of pensions.

External Auditor's remuneration

The remuneration paid to the External Auditor in respect of the audit of the accounts for 2019/20 was £52,080 and £4,200 (Quality Accounts) inclusive of VAT. In addition, there was a fee of £3,120 to provide an opinion on the charitable funds accounts.

Expenditure on consultancy

The Trust spent £485,400 on consultancy in 2019/20 compared to £365,890 in 2018/19. In 2019, the Trust engaged a Quality Advisor to the Board to help with the preparation for the CQC inspection which increased the consultancy expenditure when compared to 2018/19.

Off-payroll engagements

It is Trust policy that all substantive staff should be paid through the payroll wherever possible. The Trust has not needed to engage contractors on an off-payroll basis that have not been employed through an agency and therefore fulfilling all tax and national insurance requirements.

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

For all off-payroll engagements as of 31 March 2020, for more than £220 per day and that last longer than six months	
Number of existing engagements as of 31 March 2020	0
Of which, the number that have existed:	
For less than one year at the time of reporting	0
For between one and two years at the time of reporting	0
For between two and three years at the time of reporting	0
For between three and four years at the time of reporting	0
For four or more years at the time of reporting	0

Table 36 - Off-payroll engagements as of March 2020

For all new off-payroll engagements between 1 April 2019 and 31 March 2020, for more than £220 per day and that last longer than six months	
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	0
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for which assurance has been requested	**0**
Of which:	
Assurance has been received	0
Assurance has not been received	0
Engagements terminated as a result of assurance not being received	0

Table 37 - New off-payroll engagements between 1 April 2019-31 March 2020

Off-payroll engagements of board members with significant financial responsibility between 1 April 2019 and 31 March 2020

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

Table 38 - Off-payroll engagement of board members

Remuneration and pension benefits of Senior Managers

SALARIES AND ALLOWANCES	2019-20						2018-19					
Name and Title	Salary (bands of £5000)	Expense payments[1] (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)	Salary (bands of £5000)	Expense payments[1] (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000	£000	£00	£000	£000	£000	£000
Charlotte Hitchings	30-35	-	0-5	0-5	0-2.5	35-40	35-40	0	0-5	0-5	0-5	35-40
Hayley Richards - Chief Executive (until 31/05/2019)	30-35	9	0-5	0-5	-	30-35	165-170	56	0-5	0-5	7.5-10	180-185
Dominic Hardisty - Chief Executive (from 01/08/2019)	115-120	24	0-5	0-5	87.5-90	205-210						
Mathew Page - Chief Operating Officer	115-120	36	0-5	0-5	55-60	180-185	110-115	33	0-5	0-5	155-157.5	270-275
Simon Truelove - Director of Finance	135-140	36	0-5	0-5	75-77.5	215-220	125-130	36	0-5	0-5	45-47.5	175-180
Rachel Clark - Director of Strategy	95-100	36	0-5	0-5	32.5-35	130-135	95-100	36	0-5	0-5	50-52.5	145-150
Peter Wood - Acting Medical Director (from 16/02/2019 until 15/04/2019)	5-10	-	0-5	0-5	95-97.5	100-105	20-25	-	0-5	0-5	47.5-50	70-75
Julian Feasby - Director of Human Resources	105-110	-	0-5	0-5	25-27.5	130-135	105-110	-	0-5	0-5	25-27.5	130-135
Sarah Knight - Company Secretary	70-75	-	0-5	0-5	15-17.5	85-90	70-75	-	0-5	0-5	140-142.5	210-215
Julie Kerry - Director of Nursing (from 09/04/2018)	120-125	36	0-5	0-5	102.5-105	225-230	115-120	35	0-5	0-5	222.5-225	345-350
Peter Tilley - Acting Director of Finance (from 01/06/2019 until 31/07/2019)	15-20	-	0-5	0-5	0-2.5	0-5	-	-	-	-	-	-
Sarah Constantine - Medical Director (from 16/04/2019)	145-150	-	0-5	0-5	0-2.5	135-140	-	-	-	-	-	-
Andrew Dean - Director of Nursing (until 31/10/2018)	-	-	-	-	-	-	80-85	21	0-5	0-5	0-2.5	85-90
Sue McKenna - Director of Operations (until 31/05/2018)	-	-	-	-	-	-	15-20	6	0-5	0-5	-	15-20
Rebecca Eastley - Medical Director (until 15/02/2019)	-	-	-	-	-	-	135-140	32	0-5	0-5	80-82.5	220-225
Non Executive Directors												
Malcom Shepherd (until 29/02/2020)	5-10	-	0-5	0-5	0-2.5	5-10	5-10		0-5	0-5	0-2.5	5-10
Ernest Messer	5-10	-	0-5	0-5	0-2.5	5-10	5-10		0-5	0-5	0-2.5	5-10
Brian Stables (from 01/04/2019)	5-10	-	0-5	0-5	0-2.5	5-10	-	-	-	-	-	-
Mark Outhwaite	5-10	-	0-5	0-5	0-2.5	5-10	5-10		0-5	0-5	0-2.5	5-10
Sarah Elliot (until 31/07/2018)	-	-	-	-	-	-	0-5		0-5	0-5	0-2.5	0-5
Marie-Noelle Orzel (from 01/12/2018)	5-10	-	0-5	0-5	0-2.5	5-10	0-5		0-5	0-5	0-2.5	0-5
Shelley Whitehead (from 01/12/2018)	5-10	-	0-5	0-5	0-2.5	5-10	0-5		0-5	0-5	0-2.5	0-5
Neil Auty (from 01/01/2018)	5-10	-	0-5	0-5	0-2.5	5-10	5-10		0-5	0-5	0-2.5	5-10
Charlotte Moar (until 21/08/2018)	-	-	-	-	-	-	0-5		0-5	0-5	0-2.5	0-5

Notes:
1. The expense payments which are taxable relate to individual car allowances

All of the above Directors were in post for the 12-month period to 31 March 2020 except where indicated.
No annual performance or long-term performance related bonuses were paid during the period.
Salary amounts include all salary paid and payable to the Directors by the Trust; this may include payments in arrears made during the year.

Band of Highest Paid Directors Total Annualised Remuneration (£'000)	145-150	165-170
Median Total Remuneration	28,276	27,528
Ratio	5.2	6.1

2. Simon Truelove was acting Chief Executive from 1 June 2019 to 31 July 2019

Table 39 - Salaries and allowances of Senior Managers

PENSION BENEFITS Name and title	Real increase in pension at pension age (bands of £2500) £000	Real increase in pension lump sum at pension age (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2020 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2020 (bands of £5000) £000	Cash Equivalent Transfer Value at 1 April 2019 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000	Employers Contribution to Stakeholder Pension £000
Hayley Richards - Chief Executive (until 31/05/2019	-	-	-	-	-	-	-	-
Dominic Hardisty - Chief Executive (from 01/08/2019)	2.5-5	0-2.5	20-25	-	250	53	336	-
Rachel Clark - Director of Strategy	0-2.5	0-2.5	25-30	55-60	421	40	471	-
Sarah Constantine - Medical Director (from 16/04/2019)	0-2.5	0-2.5	55-60	160-165	1,068	28	1,122	-
Julian Feasby - Director of Human Resources	0-2.5	0-2.5	5-10	0-2.5	40	25	66	-
Sarah Knight - Company Secretary	0-2.5	0-2.5	20-25	45-50	354	24	386	-
Simon Truelove - Director of Finance	2.5-5	5-7.5	40-45	90-95	667	87	770	-
Peter Tilley - Acting Director of Finance (from 01/06/2019 until 31/07/2019)	-	-	5-10	0-2.5	78	-	54	-
Julie Kerry - Director of Nursing (from 09/04/2018)	5-7.5	0-2.5	35-40	85-90	627	93	735	-
Mathew Page - Chief Operating Officer	2.5-5	2.5-5	30-35	70-75	365	128	502	-
Peter Wood - Acting Medical Director (from 16/02/2019 until 15/04/2019)	0-2.5	0-2.5	55-60	175-180	1,141	5	1,288	-

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

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated in accordance with the Occupational Pension Schemes (Transfer Values) Regulations 2008.

Following the government's announcement that all public sector pension schemes will be required to provide the same indexation on the Guaranteed Minimum Pension (GMP) as on the remainder of the pension, the NHSPS has revised its method to calculate the CETV values. The real increase in CETV will therefore be impacted as it will include any increase in CETV due to the change in GMP methodology. NHS Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, and contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

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

Table 40 - Pension benefits of Senior Managers

Accountability Report Declaration

Dominic Hardisty, Chief Executive
24 June 2020

NHS
Avon and Wiltshire
Mental Health Partnership
NHS Trust

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

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

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

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

Signed.....Chief Executive

24 June 2020

AWP

Statement of Directors' Responsibilities in respect of the accounts

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

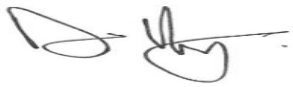
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and accounting estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures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

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 that they have complied with the above requirements in preparing the account.

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

By order of the Board
Signed



Chief Executive
24 June 2020

Signed

Director of Finance
24 June 2020

AWP

Avon and Wiltshire Mental Health Partnership NHS Trust

Certificate on summarisation schedules

Trust Accounts Consolidation (TAC) Summarisation Schedules for Avon and Wiltshire Partnership NHS Trust

Summarisation schedules numbers TAC01 to TAC34 and accompanying WGA sheets for 2019/20 have been completed and this certificate accompanies them.

Finance Director Certificate

1. I certify that the attached TAC schedules have been compiled and are in accordance with:
   - the financial records maintained by the NHS Trust
   - accounting standards and policies which comply with the Department of Health and Social Care's Group Accounting Manual and
   - the template accounting policies for NHS trusts issued by NHSI, or any deviation from these policies has been fully explained in the Confirmation questions in the TAC schedules.
2. I certify that the TAC schedules are internally consistent and that there are no validation errors.
3. I certify that the information in the TAC schedules is consistent with the financial statements of the NHS Trust.

Signature

Simon Truelove, Director of Finance
Date 24 June 2020

Chief Executive Certificate

1. I acknowledge the attached TAC schedules, which have been prepared and certified by the Finance Director, as the TAC schedules which the Trust is required to submit to NHSI.
2. I have reviewed the schedules and agree the statements made by the Director of Finance above.

Dominic Hardisty, Chief Executive
Date 24 June 2020

AWP

Independent auditor's statement to the directors of Avon and Wiltshire Mental Health Partnership NHS Trust on the Trust accounts consolidation schedules

We have examined the consolidation schedules designated TAC02 to TAC29 for tables outlined in red, excluding TAC05A and TAC23 of Avon and Wiltshire Mental Health Partnership NHS Trust, version 1.19.12.2A for the year ended 31 March 2020, which have been prepared by the Director of Finance and acknowledged by the Chief Executive.

This statement is made solely to the Board of Directors of Avon and Wiltshire Mental Health Partnership NHS Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and paragraph 4.2 of the Code of Audit Practice and for no other purpose.

For the purpose of this statement, reviewing the consistency of figures between the audited financial statements and the consolidation schedules extends only to those figures within the consolidation schedules which are also included in the audited financial statements.

Auditors are required to report on any differences over £300,000 between the audited financial statements and the consolidation schedules.

Unqualified audit opinion on the audited financial statements; no differences identified:

The figures reported in the consolidation schedules are consistent with the audited financial statements, on which we have issued an unqualified opinion.

Deloitte LLP

Deloitte LLP

5 Callaghan Square,

Cardiff,

CF10 5BT

24 June 2020

AWP

Independent auditor's report to the directors of Avon and Wiltshire Mental Health Partnership NHS Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Avon and Wiltshire Mental Health Partnership NHS Trust (the 'Trust'):

- give a true and fair view of the financial position of the Trust as at 31 March 2020 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of HM Treasury as relevant to the National Health Service in England (the 'Accounts Direction').

We have audited the financial statements of the Trust which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statements of Changes in Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 33.

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

- the table of salaries and allowances of senior managers on pages 86 and 87;
- the table of pension benefits of senior managers and related narrative notes on pages 86 and 87; and
- the disclosure of pay multiples and related narrative notes on page 84.

The financial reporting framework that has been applied in their preparation is applicable law and the 'Accounts Direction'.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Local Audit and Accountability Act 2014 (the 'Act') and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (FRC's) Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of matter – material uncertainty related to property valuation

Property valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.

We draw attention to note 1.25, which states that in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in relation to the valuation of the Trust's assets as at 31 March 2020. This is on the basis of uncertainties in markets caused by Covid-19. Our opinion however, is not modified in respect of this matter.

Emphasis of matter – material uncertainty related to going concern

We draw attention to note 1.2 in the financial statements, which indicates that The Trust incurred a net deficit of £9.2m during the year ended 31 March 2020 (31 March 2019: deficit of £2.2m and 31 March 2018: £11.9m) and has net current liabilities at 31 March 2020 of £27.6m (31 March 2019: £0.042m).

The operational plan for 2020/21 forecasts a £12m deficit which includes an additional working capital loan of £9.5m which is on top of the current loan of £23m (31 March 2019: £19m) to support it in meeting its liabilities if it delivers in full the savings plan for 2020/21. The savings identified within the current Trust plan for 2020/21 are £7.7m (31 March 2020: £7.1m). If it fails to deliver in full the savings plan, then a further working capital loan will be required.

As stated in note 1.2, these events or conditions, along with the other matters as set forth in note 1.2 to the financial statements, indicate that a material uncertainty exists that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other information

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

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

We have nothing to report in respect of these matters.

Responsibilities of directors

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Trust or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

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

Report on other legal and regulatory requirements

Opinions on other matters

In our opinion:

- the parts of the Remuneration Report subject to audit have been prepared properly in accordance with the Accounts Direction made under the National Health Service Act 2006; and
- based on the work undertaken in the course of the audit the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

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

We are required to report to you if, in our opinion the Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in November 2017, with the exception of the matters reported in the basis for qualified conclusion section below, we are satisfied that, in all significant respects, Avon and Wiltshire Mental Health Partnership NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

In November 2018, the Trust received a report on the external Well Led Review undertaken during 2018/19. Some positive steps were noted but the report identified the need for further Board development to ensure team cohesion and effectiveness and noted that the cultural change programme to ensure high quality of care is foremost still had a significant amount more to achieve. In response the Trust implemented a Well Led action plan to improve governance and leadership at the Trust. A report was presented to the Board in September 2019 closing the project and PWC specific actions. This report highlighted a number of actions that remained ongoing to support the Trusts Well led agenda. PWC have not yet followed up on the closure of their actions due to Covid-19, but it is expected a follow-up review will take place during 2020/21.

In May 2020 the CQC issued an inspection report on the findings following up from its December 2018 review. The rating remains the same, "Requires Improvement", however the report has noted that the findings only reflected the service operations and not the Trust-level well-led review as a result of Covid-19. CQC found areas for improvement including three breaches of legal requirements (15 in the 2018 report) that the Trust must put right. CQC found 15 things that the Trust should improve

to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality (2018/19: 20 actions).

On 6 February 2019, NHS Improvement issued a notification of a decision to open a formal investigation into the Trust's arrangements for ensuring high quality care and its associated quality governance and oversight arrangements.

NHS Improvement stated that it had opened the investigation due to the growing number of quality concerns highlighted by recent external reviews including the December 2018 CQC comprehensive inspection report, NHSI have not followed up on this review in 2019/20 due to Covid-19 and therefore the investigation remains open.

- **These issues are evidence of weaknesses in proper arrangements for planning and deploying the workforce to deliver the Trust's priorities effectively.**

On 15 February 2018 the Trust's former auditor made a referral to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014. The referral stated that the auditor had reason to believe that Avon and Wiltshire Mental Health Partnership NHS Trust had taken a course of action that, if followed to its conclusion, would lead to a breach of the Trust's break even duty for the three year rolling period ending 31 March 2020.

The financial statements of the Trust for 2019/20 noted that for the period ending 31 March 2020 the Trust had a cumulative deficit of £10.2m and a year-end deficit of £9.2m which has led to a breach of its breakeven duty set out in Paragraph 2(1) of Schedule 5 of the National Health Service Act 2006.

During 2019/20 the Trust overspent by £3.1m against its agency cap and CIP delivery was £4.5m against a £7.1m target, with £1.5m relating to non-recurrent efficiencies.

The Trust's Use of Resources rating is a 4 and the forecast deficit for 2020/21 is £12m.

- **These issues are evidence of weaknesses in proper arrangements for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.**

Respective responsibilities of the accounting officer and auditor relating to the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources.

We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a) of the Local Audit and Accountability Act to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion, published by the Comptroller & Auditor General in November 2017, as to whether the Trust has proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people.

The Comptroller & Auditor General determined this overall evaluation criterion as that necessary for us to consider under its Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

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

Matters on which we are required to report by exception

We have a duty under the Act to refer the matter to the Secretary of State without delay if we have reason to believe that the trust, or an officer of the trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

The Trust has breached its duty to breakeven over the three year period ending March 2020 as required under paragraph 2(1) of Schedule 5 of the National Health Service Act 2006. We will be required to report to the Secretary of State in respect of this matter.

We are required to report in respect of the following matters if:

- in our opinion the governance statement does not comply with the NHS Trust Development Authority's (NHS Improvement) guidance; or
- we issue a report in the public interest under section 24 of the Act.

We have nothing to report in respect of these matters.

Certificate

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

Use of our report

This report is made solely to the Board of Directors of Avon and Wiltshire Mental Health Partnership NHS Trust in accordance as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

I C Howse

Ian Howse, CPFA (Engagement Lead)

For and on behalf of Deloitte LLP

Statutory Auditor

Cardiff, United Kingdom

24 June 2020






Avon and Wiltshire Mental Health Partnership NHS Trust

Annual accounts for the year ended 31 March 2020





AWP

Statement of Comprehensive Income

	Note	2019/20 £000	2018/19 £000
Operating income from patient care activities	3	245,147	223,926
Other operating income	4	12,456	12,856
Operating expenses	6.1, 8	(258,211)	(230,642)
Operating (deficit) / surplus from continuing operations		**(608)**	**6,140**
Finance income	11	96	78
Finance expenses	12	(7,106)	(6,980)
PDC dividends payable		(1,584)	(1,452)
Net finance costs		**(8,594)**	**(8,354)**
(Deficit) / surplus for the year from continuing operations		**(9,202)**	**(2,214)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairment reversals - property valuation	7	14,951	-
Other reserve movements		-	(3)
Total comprehensive income / (expense) for the period		**5,749**	**(2,217)**

The notes on the following pages form part of this account.

Statement of Financial Position

	Note	31 March 2020 £000	31 March 2019 £000
Non-current assets			
Intangible assets	13.1	722	965
Property, plant and equipment	14.1	128,515	111,322
Receivables	16.1	33	-
Total non-current assets		**129,270**	**112,287**
Current assets			
Inventories	15	231	289
Receivables	16.1	13,938	13,458
Cash and cash equivalents	17.1	3,549	3,572
Total current assets		**17,718**	**17,319**
Current liabilities			
Trade and other payables	18.1	(20,253)	(15,537)
Borrowings	20	(24,295)	(1,157)
Provisions	21.1	(683)	(570)
Other liabilities	19	(55)	(97)
Total current liabilities		**(45,286)**	**(17,361)**
Total assets less current liabilities		**101,702**	**112,245**
Non-current liabilities			
Borrowings	20	(38,778)	(58,693)
Provisions	21.1	(1,391)	(1,510)
Total non-current liabilities		**(40,169)**	**(60,203)**
Total assets employed		**61,533**	**52,042**
Financed by			
Public dividend capital		105,241	101,499
Revaluation reserve		27,647	13,235
Income and expenditure reserve		(71,355)	(62,692)
Total taxpayers' equity		**61,533**	**52,042**

The notes on the following pages form part of these accounts.

Dominic Hardisty - Chief Executive

24 June 2020

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**101,499**	**13,235**	**(62,692)**	**52,042**
Deficit for the year	-	-	(9,202)	**(9,202)**
Other transfers between reserves	-	(539)	539	**-**
Impairment reversals - property valuation	-	14,951	-	**14,951**
Public dividend capital received	3,742	-	-	**3,742**
Taxpayers' and others' equity at 31 March 2020	**105,241**	**27,647**	**(71,355)**	**61,533**

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

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' and others' equity at 1 April 2018 - brought forward	**101,018**	**13,583**	**(60,823)**	**53,778**
Prior period adjustment	-	-	-	**-**
Taxpayers' and others' equity at 1 April 2018 - restated	**101,018**	**13,583**	**(60,823)**	**53,778**
Deficit for the year	-	-	(2,214)	**(2,214)**
Other transfers between reserves	-	(348)	348	**-**
Public dividend capital received	481	-	-	**481**
Other reserve movements	-	-	(3)	**(3)**
Taxpayers' and others' equity at 31 March 2019	**101,499**	**13,235**	**(62,692)**	**52,042**

Information on reserves

Public dividend capital

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

Revaluation reserve

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

Financial assets reserve

This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve

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

Statement of Cash Flows

	Note	2019/20 £000	2018/19 £000
Cash flows from operating activities			
Operating (deficit) / surplus		(608)	6,140
Non-cash income and expense:			
Depreciation and amortisation	6.1	5,655	5,343
Net impairments	7	1,963	1,198
(Increase) / decrease in receivables and other assets		(880)	438
Decrease in inventories		58	3
Increase in payables and other liabilities		2,337	2,598
Decrease in provisions		(41)	(755)
Other movements in operating cash flows		-	(3)
Net cash flows from operating activities		**8,484**	**14,962**
Cash flows from investing activities			
Interest received		96	78
Purchase of intangible assets		-	(474)
Purchase of PPE and investment property		(7,049)	(4,546)
Net cash flows used in investing activities		**(6,953)**	**(4,942)**
Cash flows from financing activities			
Public dividend capital received		3,742	481
Movement on loans from DHSC		4,350	1,800
Capital element of PFI, LIFT and other service concession payments		(1,130)	(1,275)
Interest on loans		(532)	(519)
Other interest		(2)	(3)
Interest paid on PFI, LIFT and other service concession obligations		(6,534)	(6,448)
PDC dividend paid		(1,448)	(1,540)
Net cash flows used in financing activities		**(1,554)**	**(7,504)**
(Decrease) / increase in cash and cash equivalents		**(23)**	**2,516**
Cash and cash equivalents at 1 April - brought forward		**3,572**	**1,056**
Cash and cash equivalents at 1 April - restated		**3,572**	**1,056**
Cash and cash equivalents at 31 March	17.1	**3,549**	**3,572**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

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

Note 1.2 Going concern

These accounts have been prepared on a going concern basis.

The Trust incurred a retained deficit of £9.2m (adjusted of £7.2m) during the year ended 31 March 2020 and, at that date had net current liabilities of £27.5m. The significant movement in this figure is the required movement of all interim loans as at 31 March 2020 from non-current to current, which equates to £23.4m.

The Trust is assuming additional cash support of £9.5m in 2020/21 to maintain current payment performance assuming that the Trust delivers its savings plan. The Trust is however not currently anticipating the receipt of either Provider Sustainability Funding (PSF) or Financial Recovery Funding (FRF) due to a changing national finance regime. If the Trust fails to deliver in full the savings plan in 2020/21 then a further cash loan will be required. The savings identified within the current Trust plan for 2019/20 are £7.7m.

With the unprecedented measures in place due to COVID-19, funding arrangements for 2020/21 are continually changing, with the Trust closely monitoring all interim funding arrangements, which may change the cash loan requirements within the year.

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. The affected loans totalling £23.4 are classified as current liabilities within these financial statements. As the repayment of these loans will be funded through the issue of PDC, this does not present a going concern risk for the Trust.
As directed by the 2019/20 Department of Health Group Accounting Manual, the Directors have prepared the financial statements on a going concern basis as they consider that the services currently provided by the Trust will continue to be provided in the foreseeable future. On this basis, the Trust has adopted the going concern basis for preparing the financial statements and has not included the adjustments that would result if it was unable to continue as a going concern.

The Trust is required to report that on 15 February 2018 the auditors referred a matter to the Secretary of State under section 30(b) of the Local Audit and Accountability Act 2014 in relation to the Trust forecasting a breach of its break- even duty for the three year period ending 31 March 2020. There is reason to believe that the Trust, or an officer of the Trust, has made a decision which would involve the body incurring unlawful expenditure and has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

These circumstances constitute a material uncertainty that may cast significant doubt as to the Trust's ability to continue as a going concern and therefore it may be unable to realise its assets and discharge its liabilities in the normal course of business.

Whilst the Trust does not consider itself to be significantly exposed to any significant risks arising from Brexit, the ongoing uncertainty of a final agreed outcome means that this cannot be fully assessed. The potential areas of exposure relate to anti-psychotic drugs and food supply, and the impact of any fuel costs and supply issues.

The Trust does not consider itself to be financially exposed due the additional costs from the Coronavirus outbreak as all material costs are being funded directly from regular returns to NHS Improvement.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

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

Revenue from NHS contracts

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

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income. No material challenges are expected.

Where the Trust is aware of a penalty based on contractual performance, the Trust reflects this in the transaction price for its recognition of revenue. Revenue is reduced by the value of the penalty.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. It should also be noted that this is not a material income stream for the Trust.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

The PSF and FRF enable providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Note 1.4 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The Trust policy is that all annual leave entitlement should be taken in the year in which it is earned, therefore the Trust does not make an accrual for annual leave note taken.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.6 Expenditure on other goods and services

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

Note 1.7 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are 'machinery of government changes' and treated as continuing operations.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

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

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

Subsequent expenditure

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

Measurement

Valuation

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

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

Revaluations of property, plant and equipment are performed with sufficient regularity (once every three years, and last completed in September 2019) to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

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

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust.

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

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

Depreciation

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

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

Revaluation gains and losses

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

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

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

Impairments

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

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

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met. Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's *FReM*, are accounted for as 'on-Statement of Financial Position' by the Trust. In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Subsequently, the assets are accounted for as property, plant and equipment and/or intangible assets as appropriate.

The annual contract payments are apportioned between the repayment of the liability, a finance cost, the charges for services and lifecycle replacement of components of the asset. The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

The service charge is recognised in operating expenses and the finance cost is charged to finance costs in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

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

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	15	55
Plant & machinery	1	15
Transport equipment	1	10
Information technology	1	10
Furniture & fittings	1	7

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.9 Intangible assets

Recognition

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

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.
Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

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

Measurement

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

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

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

Amortisation

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

Useful lives of intangible assets

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

	Min life Years	**Max life Years**
Information technology	1	5
Websites	1	5
Software licences	1	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.11 Cash and cash equivalents

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

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

Note 1.12 Financial assets and financial liabilities

Recognition

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

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

Classification and measurement

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

Financial assets and liabilities are classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

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

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

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust would recognise an allowance for expected credit losses expected, though none are expected at this stage.

Derecognition

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

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

Note 1.13 Leases

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

The Trust as a lessee

Finance leases

The Trust holds only its PFI asset as a finance lease, which was initially valued, at the inception of the lease, at fair value, with a matching liability for the lease obligation. Finance charges of the PFI obligation are recognised in calculating the Trust's surplus. Contingent rentals are recognised as an expense in the period in which they are incurred.

Operating leases

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

Leases of land and buildings

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

The Trust as a lessor

Operating leases

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

Note 1.14 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The Trust therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a) Payment for the fair value of services received;

b) Payment for the PFI asset, including finance costs; and

c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'

PFI Asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term accrual or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the NHS Trust to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the NHS Trust's Statement of Financial Position.

Other assets contributed by the NHS Trust to the operator

Assets contributed (e.g. cash payments, surplus property) by the NHS Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the NHS Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the NHS Trust through the asset being made available to third party users.

The balance is subsequently released to operating income over the life of the concession on a straight-line basis.

Note 1.15 Provisions

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

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.5% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 21.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

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

Note 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 22 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 22, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.17 Public dividend capital

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

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

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

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

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

Note 1.18 Value added tax

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

Note 1.19 Third party assets

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

Note 1.20 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

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

Note 1.21 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2019/20.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently, this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

The Trust has estimated the impact of applying IFRS 16 in 2021/22 on the opening statement of financial position and the in-year impact on the statement of comprehensive income and capital additions as follows:

	£000
Estimated impact on 1 April 2021 statement of financial position	
Additional right of use assets recognised for existing operating leases	21,192
Additional lease obligations recognised or existing operating leases	(21,192)
Changes to other statement of financialposition line items	-
Net impact on net assets on 1 April 2021	**-**
Estimated in-year impact in 2021/22	
Additional depreciation on right of use assets	(1,902)
Additional finance costs on lease liabilities	(269)
Lease rentals no longer charged to operating expenditure	2,054
Other impact on income / expenditure	-
Estimated impact on surplus / deficit in 2021/22	**(117)**
Estimated increase in capital additions for new leases commencing in 2021/22	**(117)**

Note 1.24 Critical judgements in applying accounting policies

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

The Trust's PFI contracts have been assessed against the requirements for IFRIC 12 and have determined that the underlying assets and liabilities should be treated as on Statement of Financial Principles (SoFP). This was principally due to the degree of control exercised by the Trust over the assets and the fact that the residual assets revert to the Trust at the end of the agreement in 2037. The Trust has used the cost model provided by the PFI operator since it became operational in 2006, updating the values as necessary for inflationary uplifts and underlying asset values and economic lives. Asset values and remaining lives were last determined by the Trust District Valuer in September 2019 in line with other Trust buildings.

Note 1.25 Sources of estimation uncertainty

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

Existing Use Valuation

The Trust has considered the appropriate valuations in assessing a true and fair value of its property and equipment, and its intangible assets at the Statement of Financial Position date. All property has been valued using MEA (Modern Equivalent Asset) and RICS (Royal Institute of Chartered Surveyors)

The valuation exercise was carried out in September 2019. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2017 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19. The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. With the valuer having declared this material valuation uncertainty, the valuer has continued to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

Of the £117,218k net book value of land and buildings subject to valuation, £98,444k relates to specialised assets valued on a depreciated replacement cost basis. Here the valuer bases their assessment on the cost to the Trust of replacing the service potential of the assets. The uncertainty explained above relates to the estimated cost of replacing the service potential, rather than the extent of the service potential to be replaced. It is possible that the COVID-19 pandemic will affect the Trust's future assessment of what would be required in a modern equivalent asset, but as yet there is insufficient evidence to affect the assumptions used in the valuation.

Economic Lives of Non-Current Assets

The Trust has applied useful economic lives to its assets as provided by the District Valuer and has depreciated on that basis.

Non Property Assets

The Trust has applied the depreciated historic cost method in valuing its non property assets so that the valuation is not materially different from fair value. The net book value (NBV) of all non property assets (equipment) is £7,531k at 31 March 2020. Intangible assets have a carrying value of £722k and Assets Under Construction have a carrying value of £3,766k

Note 1.26 Events after the reporting period

On 2 April 2020, the Department of Health and Social Care (DHSC) and NHS England and NHS Improvement announced reforms to the NHS cash regime for the 2020/21 financial year. During 2020/21 existing DHSC interim revenue and capital loans as at 31 March 2020 will be extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment. Given this relates to liabilities that existed at 31 March 2020, DHSC has updated its Group Accounting Manual to advise this is considered an adjusting event after the reporting period for providers. Outstanding interim loans totalling £23.4m as at 31 March 2020 in these financial statements have been classified as current as they will be repayable within 12 months.

Note 2 Operating Segments

The Trust Board receives regular reports on the financial position of the Trust, that is also reviewed by the Finance and Planning Committee. These reports include a Statement of Comprehensive Income and a Statement of Financial Position, which are provided on a 'whole Trust' basis. It is therefore considered that the Trust has just one reportable segment, that being a healthcare segment.

The total income in the Trust position from external customers is £237.1m, and this has been classified between block contracts, cost and volume contracts and clinical income from mandatory services.

The total income from CCGs under common control amounts to 10% or more of total income and is £173.3m. This excludes direct income from NHS England which is £38.6m

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

Note 3.1 Income from patient care activities (by nature)	2019/20 £000	2018/19 £000
Mental health services		
Cost and volume contract income	1,108	1,333
Block contract income	186,534	179,399
Other clinical income from mandatory services	49,470	40,734
All services		
Agenda for Change pay award central funding*	-	2,460
Additional pension contribution central funding**	7,607	-
Other clinical income***	428	-
Total income from activities	**245,147**	**223,926**

*Additional costs of the Agenda for Change pay reform in 2018/19 received central funding. From 2019/20 this funding is incorporated into tariff for individual services.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. For 2019/20, NHS providers continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on Trust's behalf. The full cost and related funding have been recognised in these accounts £7,607k.

***Other clinical income relates to 3 payments from NHS England - £110k for Local Authority inflation funding, £156k for Medical pay inflation and £162k for COVID-19 funding

The most significant movement on block contract income is related to tariff inflation and growth & the largest movement in other clinical income is Out of Area funding

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2019/20 £000	2018/19 £000
NHS England*	46,175	34,334
Clinical commissioning groups	173,272	162,527
Department of Health and Social Care	-	2,543
Other NHS providers	2,416	1,010
NHS other	24	-
Local authorities	5,380	5,665
Non NHS: other	17,880	17,847
Total income from activities	**245,147**	**223,926**
Of which:		
Related to continuing operations	245,147	223,926
Related to discontinued operations	-	-

* Note that of the £46,175k of income from NHS England in 2019/20, £7,607k of this relates to a notional income amount that is related to a 6.3% increase in employer's pension that was funded at a national level. There is a notional equal expenditure entry also noted within the accounts

Note 4 Other operating income

	2019/20			2018/19		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	1,438	-	**1,438**	1,271	-	1,271
Education and training	6,840	280	**7,120**	6,760	164	6,924
Non-patient care services to other bodies	-	-	**-**	-	-	-
Provider sustainability fund (PSF)	655	-	**655**	2,875	-	2,875
Financial recovery fund (FRF)	1,105	-	**1,105**	-	-	-
Income in respect of employee benefits accounted on a gross basis	233	-	**233**	491	-	491
Rental revenue from operating leases	-	683	**683**	-	568	568
Other income	1,222	-	**1,222**	727	-	727
Total other operating income	**11,493**	**963**	**12,456**	**12,124**	**732**	12,856
Of which:			**12,456**			12,856
Related to continuing operations			**-**			-
Related to discontinued operations						

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2019/20	2018/19
	£000	£000
liabilities at the previous period end	97	291

AWP

Note 6.1 Operating expenses

	2019/20	2018/19
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	2,279	1,127
Purchase of healthcare from non-NHS and non-DHSC bodies**	15,896	8,520
Staff and executive directors costs*	196,878	179,615
Remuneration of non-executive directors	95	73
Supplies and services - clinical (excluding drugs costs)	1,848	1,798
Supplies and services - general	4,458	5,552
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	4,334	3,962
Consultancy costs	485	366
Establishment	2,070	2,837
Premises	10,314	8,025
Transport (including patient travel)	4,036	4,045
Depreciation on property, plant and equipment	5,412	5,124
Amortisation on intangible assets	243	219
Net impairments	1,963	1,198
Increase/(decrease) in other provisions	91	70
Change in provisions discount rate(s)	31	(36)
Audit fees payable to the external auditor		
audit services- statutory audit	52	47
other auditor remuneration (external auditor only)	4	12
Internal audit costs	66	69
Clinical negligence	741	570
Legal fees	472	380
Insurance	320	241
Research and development	435	222
Education and training	1,071	954
Rentals under operating leases	1,903	2,561
Redundancy	-	380
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	1,329	1,265
Car parking & security	534	538
Hospitality	28	30
Losses, ex gratia & special payments	34	53
Other services, eg external payroll	262	225
Other	527	600
Total	**258,211**	**230,642**
Of which:		
Related to continuing operations	258,211	230,642
Related to discontinued operations	-	-

* Note that of the £196,878k of expenditure on staff costs in 2019/20, £7,607k of this relates to a notional income amount that is related to a 6.3% increase in employer's pension that was funded at a national level. There is a notional equal income entry also noted within the accounts

** Note that of the £7,376k change in non-NHS healthcare purchases, £5,620k was in relation to Out of Area placements

The audit fees shown above are recorded inclusive of VAT as this is the actual cost to the organisation, with the VAT not being recoverable for these services.

A number of coding changes have taken place in year which have led to improved reporting going forward. This accounts for movements between rentals, premises costs, establishment and general supplies.

Note 6.2 Other auditor remuneration

	2019/20 £000	2018/19 £000
Other auditor remuneration paid to the external auditor:		
8. Other non-audit services not falling within items 2 to 7 above	4	12
Total	**4**	**12**

Note 6.3 Limitation on auditor's liability

There is no limitation on auditor's liability for external audit work carried out for the financial years 2019/20 or 2018/19.

Note 7 Impairment of assets

	2019/20 £000	2018/19 £000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	(1,362)	-
Other	3,325	1,198
Total net impairments charged to operating surplus / deficit	**1,963**	**1,198**
Impairment reversals charged to the revaluation reserve	(14,951)	-
Total net impairments	**(12,988)**	**1,198**

Of the impairments and reversals shown above for 2019/20, the changes in market price (charged to the operating deficit) and impairment reversals charged to the revaluation reserve are all related to the District Valuers revaluation exercise that was undertaken on 30th September 2019. This gave a net gain on revaluation of £16,313k
The other impairments shown in the table above for 2019/20 are related to safety and quality works that were capital in nature though not adding value to the building. In addition to this, there are PFI capital works, paid as part of the unitary payment that are also not felt to have added building value.

Note 8 Employee benefits

	2019/20 Total £000	2018/19 Total £000
Salaries and wages	141,948	135,823
Social security costs	12,502	12,001
Apprenticeship levy	681	640
Employer's contributions to NHS pensions	25,041	16,565
Pension cost - other	38	52
Termination benefits	-	380
Temporary staff (including agency)	16,757	14,534
Total gross staff costs	**196,967**	**179,995**
Recoveries in respect of seconded staff	-	-
Total staff costs	**196,967**	**179,995**
Of which		
Costs capitalised as part of assets	89	-

Salaries and wages have increased significantly in year due to the increase in employer's pension payable of 6.3% (£7,607k), in addition to the standard inflationary uplift of basic pay.

Note 8.1 Retirements due to ill-health

During 2019/20 there was 1 early retirement from the trust agreed on the grounds of ill-health (2 in the year ended 31 March 2019). The estimated additional pension liabilities of these ill-health retirements is £63k (£112k in 2018/19).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 9 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2020, is based on valuation data as 31 March 2019, updated to 31 March 2020 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The employer contribution rate for 2019/20 is 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 10 Operating leases

Note 10.1 Avon and Wiltshire Mental Health Partnership NHS Trust as a lessor

This note discloses income generated in operating lease agreements where Avon and Wiltshire Mental Health Partnership NHS Trust is the lessor.

	2019/20 £000	2018/19 £000
Operating lease revenue		
Minimum lease receipts	683	568
Total	**683**	**568**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease receipts due:		
- not later than one year;	681	473
- later than one year and not later than five years;	1,397	390
- later than five years.	597	188
Total	**2,675**	**1,051**

As part of the work in preparation for the introduction of IFRS 16 on 1st April 2021 a full review has taken place on all leases, including income for future years

Note 10.2 Avon and Wiltshire Mental Health Partnership NHS Trust as a lessee

This note discloses costs and commitments incurred in operating lease arrangements where Avon and Wiltshire Mental Health Partnership NHS Trust is the lessee.

	2019/20 £000	2018/19 £000
Operating lease expense		
Minimum lease payments	1,903	2,561
Total	**1,903**	**2,561**

	31 March 2020 £000	31 March 2019 £000
Future minimum lease payments due:		
- not later than one year;	1,966	2,664
- later than one year and not later than five years;	7,347	6,729
- later than five years.	11,439	23,948
Total	**20,752**	**33,341**

As part of the work in preparation for the introduction of IFRS 16 on 1st April 2021 a full review has taken place on all leases, including expenditure for future years. The most significant leases that the Trust has, are with South Gloucestershire Council for use of Kingswood Civic Centre and North Bristol NHS Trust for the use of the Riverside Unit in Bristol.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2019/20	2018/19
	£000	£000
Interest on bank accounts	96	78
Total finance income	**96**	**78**

Note 12 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2019/20	2018/19
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	535	529
Interest on late payment of commercial debt	2	3
Main finance costs on PFI scheme obligations	3,187	3,287
Contingent finance costs on PFI scheme obligations	3,347	3,161
Total interest expense	**7,071**	**6,980**
Unwinding of discount on provisions	35	-
Total finance costs	**7,106**	**6,980**

Note 12.1 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2019/20	2018/19
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	2	3

Note 13.1 Intangible assets - 2019/20

	Software licences	Internally generated information technology	Websites	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - brought forward	**1,904**	**669**	**14**	**2,587**
Additions	-	-	-	-
Valuation / gross cost at 31 March 2020	**1,904**	**669**	**14**	**2,587**
Amortisation at 1 April 2019 - brought forward	**939**	**669**	**14**	**1,622**
Provided during the year	243	-	-	**243**
Amortisation at 31 March 2020	**1,182**	**669**	**14**	**1,865**
Net book value at 31 March 2020	**722**	**-**	**-**	**722**
Net book value at 1 April 2019	**965**	**-**	**-**	**965**

Note 13.2 Intangible assets - 2018/19

	Software licences	Internally generated information technology	Websites	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2018 - as previously stated	**1,430**	**669**	**14**	**2,113**
Valuation / gross cost at 1 April 2018 - restated	**1,430**	**669**	**14**	**2,113**
Additions	474	-	-	**474**
Valuation / gross cost at 31 March 2019	**1,904**	**669**	**14**	**2,587**
Amortisation at 1 April 2018 - as previously stated	**796**	**593**	**14**	**1,403**
Amortisation at 1 April 2018 - restated	**796**	**593**	**14**	**1,403**
Provided during the year	143	76	-	**219**
Amortisation at 31 March 2019	**939**	**669**	**14**	**1,622**
Net book value at 31 March 2019	**965**	**-**	**-**	**965**
Net book value at 1 April 2018	**634**	**76**	**-**	**710**

Note 14.1 Property, plant and equipment - 2019/20

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2019 - brought forward	**19,101**	**106,231**	**297**	**251**	**1,566**	**605**	**24,913**	**12,210**	**165,174**
Additions	-	3,968	-	3,515	139	-	1,995	-	**9,617**
Impairments	(128)	(167)	-	-	-	-	-	-	**(295)**
Reversals of impairments	384	14,862	-	-	-	-	-	-	**15,246**
Reclassifications	(11)	(28)	-	-	89	(59)	(7)	16	**-**
Valuation/gross cost at 31 March 2020	**19,346**	**124,866**	**297**	**3,766**	**1,794**	**546**	**26,901**	**12,226**	**189,742**
Accumulated depreciation at 1 April 2019 - brought forward	**88**	**21,939**	**297**	**-**	**1,167**	**431**	**18,439**	**11,491**	**53,852**
Provided during the year	-	3,004	-	-	100	34	2,048	226	**5,412**
Impairments	780	3,804	-	-	-	-	-	-	**4,584**
Reversals of impairments	(296)	(2,325)	-	-	-	-	-	-	**(2,621)**
Accumulated depreciation at 31 March 2020	**572**	**26,422**	**297**	**-**	**1,267**	**465**	**20,487**	**11,717**	**61,227**
Net book value at 31 March 2020	**18,774**	**98,444**	**-**	**3,766**	**527**	**81**	**6,414**	**509**	**128,515**
Net book value at 1 April 2019	**19,013**	**84,292**	**-**	**251**	**399**	**174**	**6,474**	**719**	**111,322**

Note 14.2 Property, plant and equipment - 2018/19

	Land £000	Buildings excluding dwellings £000	Dwellings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation / gross cost at 1 April 2018 - as previously stated	**19,101**	**104,754**	**297**	**49**	**1,376**	**605**	**22,888**	**12,210**	**161,280**
Valuation / gross cost at 1 April 2018 - restated	**19,101**	**104,754**	**297**	**49**	**1,376**	**605**	**22,888**	**12,210**	**161,280**
Additions	-	1,477	-	202	190	-	2,025	-	**3,894**
Valuation/gross cost at 31 March 2019	**19,101**	**106,231**	**297**	**251**	**1,566**	**605**	**24,913**	**12,210**	**165,174**
Accumulated depreciation at 1 April 2018 - as previously stated	**88**	**18,054**	**297**	**-**	**1,069**	**414**	**16,421**	**11,187**	**47,530**
Accumulated depreciation at 1 April 2018 - restated	**88**	**18,054**	**297**	**-**	**1,069**	**414**	**16,421**	**11,187**	**47,530**
Provided during the year	-	2,687	-	-	98	17	2,018	304	**5,124**
Impairments	-	1,198	-	-	-	-	-	-	**1,198**
Accumulated depreciation at 31 March 2019	**88**	**21,939**	**297**	**-**	**1,167**	**431**	**18,439**	**11,491**	**53,852**
Net book value at 31 March 2019	**19,013**	**84,292**	**-**	**251**	**399**	**174**	**6,474**	**719**	**111,322**
Net book value at 1 April 2018	**19,013**	**86,700**	**-**	**49**	**307**	**191**	**6,467**	**1,023**	**113,750**

Note 14.3 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020								
Owned - purchased	18,774	58,799	3,766	527	81	6,414	509	**88,870**
On-SoFP PFI contracts and other service concession arrangements	-	39,645	-	-	-	-	-	**39,645**
NBV total at 31 March 2020	**18,774**	**98,444**	**3,766**	**527**	**81**	**6,414**	**509**	**128,515**

Note 14.4 Property, plant and equipment financing - 2018/19

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2019								
Owned - purchased	19,013	43,518	251	399	174	6,474	719	**70,548**
On-SoFP PFI contracts and other service concession arrangements	-	40,774	-	-	-	-	-	**40,774**
NBV total at 31 March 2019	**19,013**	**84,292**	**251**	**399**	**174**	**6,474**	**719**	**111,322**

The District Valuation Office has taken into account the market conditions to assess any asset values under Modern Equivalent Asset (MEA) valuation. In doing this the received the formal independent advice of the District Valuer to reflect the values of assets that are reflective of local market conditions. The valuation technique is referred to in 1.8 to Note 1.9 to the accounts.

The Trust underwent a full revaluation as at 30 September 2019 of Land and Buildings by the District Valuer using the appropriate valuation methodology for the class and asset. At 31 March 2020, no further full site valuation amendments were made as there were not considered to be any material changes in usage. There was one further valuation made for the works to Laurel ward as this was considered to be the only significant expenditure item not already considered at the September valuation date.

Note 15 Inventories

	31 March 2020	31 March 2019
	£000	£000
Drugs	123	108
Other	108	181
Total inventories	**231**	**289**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £1,445k (2018/19: £1,441k). Write-down of inventories recognised as expenses for the year were £0k (2018/19: £0k).

Note 16.1 Receivables

	31 March 2020 £000	31 March 2019 £000
Current		
Contract receivables	5,795	7,344
Prepayments (non-PFI)	4,005	1,817
PFI lifecycle prepayments	3,052	3,283
PDC dividend receivable	26	162
VAT receivable	1,031	815
Other receivables	29	37
Total current receivables	**13,938**	**13,458**
Non-current		
Total non-current receivables	-	-
Of which receivable from NHS and DHSC group bodies:		
Current	3,916	5,715
Non-current	33	-

Prepayments have increased by £2,188k in year relating to new contracts requiring early payments and new IT systems where payments for multiple years were beneficial

Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income.

Note 17.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2019/20	2018/19
	£000	£000
At 1 April	**3,572**	**1,056**
Prior period adjustments	-	-
At 1 April (restated)	**3,572**	**1,056**
Net change in year	(23)	2,516
At 31 March	**3,549**	**3,572**
Broken down into:		
Cash at commercial banks and in hand	74	84
Cash with the Government Banking Service	3,475	3,488
Total cash and cash equivalents as in SoFP	**3,549**	**3,572**
	3,549	**3,572**
Total cash and cash equivalents as in SoCF		

Note 17.2 Third party assets held by the trust

Avon and Wiltshire Mental Health Partnership NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2020	31 March 2019
	£000	£000
Bank balances	137	117
Total third party assets	**137**	**117**

Note 18.1 Trade and other payables

	31 March 2020 £000	31 March 2019 £000
Current		
Trade payables	3,978	4,384
Capital payables	3,336	999
Accruals	12,306	10,074
VAT payables	568	17
Other payables	65	63
Total current trade and other payables	**20,253**	**15,537**
Non-current		
Total non-current trade and other payables	-	-
Of which payables from NHS and DHSC group bodies:		
Current	722	1,656
Non-current	-	-

Note 18.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2020 £000	31 March 2020 Number	31 March 2019 £000	31 March 2019 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 19 Other liabilities

	31 March 2020 £000	31 March 2019 £000
Current		
Deferred income: contract liabilities	55	97
Total other current liabilities	**55**	**97**
Non-current		
Total other non-current liabilities	**-**	**-**

Note 20 Borrowings

	31 March 2020 £000	31 March 2019 £000
Current		
Loans from DHSC	23,428	27
Obligations under PFI contracts	867	1,130
Total current borrowings	**24,295**	**1,157**
Non-current		
Loans from DHSC	-	19,048
Obligations under PFI contracts	38,778	39,645
Total non-current borrowings	**38,778**	**58,693**

Due to the national requirement to move all DHSC loans from interim loan provisions to Public Dividend Capital (PDC) provision from 1 April 2020, all interim loans as at 31 March 2020 have been moved from non-current to current borrowings. This includes £19.0m from prior years, £3.0m from 19/20 deficit funding and £1.4m from 19/20 Capital funding.

Note 20.1 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC £000	PFI schemes £000	Total £000
Carrying value at 1 April 2019	**19,075**	**40,775**	**59,850**
Cash movements:			
Financing cash flows - payments and receipts of principal	4,350	(1,130)	**3,220**
Financing cash flows - payments of interest	(532)	(3,187)	**(3,719)**
Non-cash movements:			
Application of effective interest rate	535	3,187	**3,722**
Carrying value at 31 March 2020	**23,428**	**39,645**	**63,073**

Note 20.2 Reconciliation of liabilities arising from financing activities - 2018/19

	Loans from DHSC £000	PFI schemes £000	Total £000
Carrying value at 1 April 2018	**17,248**	**42,050**	**59,298**
Prior period adjustment	**-**	**-**	**-**
Carrying value at 1 April 2018 - restated	**17,248**	**42,050**	**59,298**
Cash movements:			
Financing cash flows - payments and receipts of principal	1,800	(1,275)	**525**
Financing cash flows - payments of interest	(519)	(3,287)	**(3,806)**
Non-cash movements:			
Impact of implementing IFRS 9 on 1 April 2018	17	-	**17**
Application of effective interest rate	529	3,287	**3,816**
Carrying value at 31 March 2019	**19,075**	**40,775**	**59,850**

Note 21.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2019	**779**	**864**	**77**	**360**	**-**	**2,080**
Change in the discount rate	**7**	**24**	**-**	**-**	**-**	**31**
Arising during the year	**4**	**-**	**60**	**200**	**33**	**297**
Utilised during the year	(90)	(43)	(4)	(59)	-	**(196)**
Reversed unused	**(34)**	**(25)**	**(49)**	**(65)**	**-**	**(173)**
Unwinding of discount	**11**	**24**	**-**	**-**	**-**	**35**
At 31 March 2020	**677**	**844**	**84**	**436**	**33**	**2,074**
Expected timing of cash flows:						
- not later than one year;	120	43	84	436	-	**683**
- later than one year and not later than five years;	317	220	-	-	**33**	**570**
- later than five years.	240	581	-	-	**-**	**821**
Total	**677**	**844**	**84**	**436**	**33**	**2,074**

Early Departure Costs:

Early departure costs all relate to pre 1995 early retirements.

Legal Claims:

This provision includes employment tribunals where the Trust has made a provision for the costs of legal fees and/or settlement costs, and employers and public liability claims Resolution which are limited to an excess.

Other Provisions:

Injury benefits are payable through the NHS Pensions Agency.

Redundancy:

The Trust has notified a number of individuals for redundancy as at 31 March 2020, and therefore redundancy payments are likely within the next 12 months

Change in Discount Rate:

The discount rate used has been changed within the year from 0.29% to -0.5% in line with Treasury guidance.

Other:

Notional estimate for provision required for the national 'Scheme Pays' consolidation in relation to clinicians pension tax. This figure is for national consolidation purposes and not a cost to the Trust.

Note 21.2 Clinical negligence liabilities

At 31 March 2020, £2,783k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Avon and Wiltshire Mental Health Partnership NHS Trust (31 March 2019: £2,629k).

Note 22 Contingent assets and liabilities

	31 March 2020	31 March 2019
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	24	30
Gross value of contingent liabilities	**24**	**30**
Net value of contingent liabilities	**24**	**30**
Net value of contingent assets	**-**	**-**

Note 23 Contractual capital commitments

	31 March 2020	31 March 2019
	£000	£000
Property, plant and equipment	1,258	337
Total	**1,258**	**337**

Note 24 On-SoFP PFI arrangements

Note 24.1

On-SoFP PFI obligations

The following obligations in respect of the PFI arrangements are recognised in the statement of financial position:

	31 March 2020 £000	31 March 2019 £000
Gross PFI liabilities	**72,804**	**77,120**
Of which liabilities are due		
- not later than one year;	3,966	4,317
- later than one year and not later than five years;	17,644	17,231
- later than five years.	51,194	55,572
Finance charges allocated to future periods	(33,159)	(36,345)
Net PFI obligation	**39,645**	**40,775**
- not later than one year;	867	1,130
- later than one year and not later than five years;	6,185	5,354
- later than five years.	32,593	34,291

Note 24.2 Total on-SoFP PFI commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2020 £000	31 March 2019 £000
Total future payments committed in respect of the PFI arrangements	**189,353**	**198,069**
Of which payments are due:		
- not later than one year;	9,427	9,211
- later than one year and not later than five years;	39,904	38,973
- later than five years.	140,022	149,885

Note 24.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2019/20 £000	2018/19 £000
Unitary payment payable to service concession operator	**10,056**	**9,568**
Consisting of:		
- Interest charge	3,187	3,287
- Repayment of balance sheet obligation	1,130	1,275
- Service element and other charges to operating expenditure	1,329	1,265
- Capital lifecycle maintenance	1,063	400
- Contingent rent	3,347	3,161
- Addition to lifecycle prepayment	-	180
Total amount paid to service concession operator	**10,056**	**9,568**

Under IFRIC12, the asset is treated as an asset of the Trust; the substance of the contract is that the Trust has a finance lease and payments comprise of two elements - imputed finance lease charges and service charges and can provide details of the imputed finance lease charges in the table above.

The PFI Operator is expected under the Schedule 14 Hard Services Agreement to maintain the assets to a condition at the end of the project term that is consistent with when the assets were first brought into use. The PFI contract is currently with the PFI Operator.

Financial Close was achieved for the PFI scheme in March 2004 to modernise Mental Health Services in Avon and expand Secure Services. Construction was completed for all units by the 2006/07 financial year.

The Project will expire its term in November 2036 at which time the entire PFI asset will revert to being owned by the

The Trust will own the assets at the end of the finance lease arrangement and this consists of the following Trust buildings:

- Callington Road - all blocks
- Blackberry Hill - Fromeside
- Blackberry Hill - Acer
- Blackberry Hill - Wickham
- Hanham Whittucks Road
- Weston-Super-Mare Long Fox Unit
- Weston-Super-Mare Elmham Way
- Weston-Super-Mare Coast Resource Centre

There has been no re-negotiation or re-financing within the accounting year of the PFI scheme. The indices used to inflate the unitary charge within the financial year are those agreed with the PFI operator contract.

Note 25 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2020	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	5,832	**5,832**
Cash and cash equivalents	3,549	**3,549**
Total at 31 March 2020	**9,381**	**9,381**

Carrying values of financial assets as at 31 March 2019	Held at amortised cost £000	Total book value £000
Trade and other receivables excluding non financial assets	7,338	**7,338**
Cash and cash equivalents	3,572	**3,572**
Total at 31 March 2019	**10,910**	**10,910**

Note 25.1 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	23,428	**23,428**
Obligations under PFI, LIFT and other service concession contracts	39,645	**39,645**
Trade and other payables excluding non financial liabilities	19,521	**19,521**
Total at 31 March 2020	**82,594**	**82,594**

Carrying values of financial liabilities as at 31 March 2019	Held at amortised cost £000	Total book value £000
Loans from the Department of Health and Social Care	19,075	**19,075**
Obligations under PFI, LIFT and other service concession contracts	40,775	**40,775**
Trade and other payables excluding non financial liabilities	15,461	**15,461**
Total at 31 March 2019	**75,311**	**75,311**

Note 25.2 Maturity of financial liabilities

	31 March 2020 £000	31 March 2019 £000
In one year or less	43,816	16,591
In more than one year but not more than two years	1,189	867
In more than two years but not more than five years	4,996	23,562
In more than five years	32,593	34,291
Total	**82,594**	**75,311**

Note 26 Losses and special payments

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	19	7	28	9
Bad debts and claims abandoned	1	1	-	-
Total losses	**20**	**8**	**28**	**9**
Special payments				
Ex-gratia payments	44	26	45	43
Total special payments	**44**	**26**	**45**	**43**
Total losses and special payments	**64**	**34**	**73**	**52**
Compensation payments received		-		-

Note 27 Gifts

	2019/20		2018/19	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Gifts made	14	3	-	-

Note 28 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Avon and Wiltshire Mental Health Partnership NHS Trust.

Whilst no material transactions take place between parties, it should be noted that the Trust has the Headlight Charitable fund that is directly linked to it with the Trust Board acting as the Trustee of the charity

The Department of Health and Social Care is regarded as a related party. During the year 2019/20 the Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. As below :

- CCGs
- NHS England
- NHS Foundation Trusts
- NHS Trusts
- NHS Resolution
- NHS Business Services Authority
- Local authorities

Note 29 Better Payment Practice code

	2019/20 Number	2019/20 £000	2018/19 Number	2018/19 £000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	67,789	94,853	56,850	79,590
Total non-NHS trade invoices paid within target	45,463	84,421	45,257	69,832
Percentage of non-NHS trade invoices paid within target	67.1%	89.0%	79.6%	87.7%
NHS Payables				
Total NHS trade invoices paid in the year	957	10,773	990	9,283
Total NHS trade invoices paid within target	833	10,216	805	6,913
Percentage of NHS trade invoices paid within target	87.0%	94.8%	81.3%	74.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 30 External financing limit

The Trust is given an external financing limit against which it is permitted to underspend

	2019/20 £000	2018/19 £000
Cash flow financing	6,985	(1,510)
External financing requirement External financing limit (EFL)	**6,985** 7,034	**(1,510)** 1,029
Under / (over) spend against EFL	**49**	**2,539**

Note 31 Capital Resource Limit

	2019/20 £000	2018/19 £000
Gross capital expenditure	9,617	4,368
Charge against Capital Resource Limit	**9,617**	**4,368**
Capital Resource Limit	9,981	4,587
Under / (over) spend against CRL	**364**	**219**

Note that the above figures represent the Capital Resource Limit, whereas the Trust is monitored on the Capital Departmental Expenditure Limit which shows total Capital Cash financing of £8,554k with gross capital expenditure (less IFRS) of £8,554k.

Note 32 Breakeven duty financial performance

	2019/20 £000
Adjusted financial performance deficit (control total basis)	(7,223)
Breakeven duty financial performance deficit	**(7,223)**

Note 33 Breakeven duty rolling assessment

	1997/98 to 2008/09 £000	2009/10 £000	2010/11 £000	2011/12 £000	2012/13 £000	2013/14 £000
Breakeven duty in-year financial performance		1,113	3,219	3,541	2,936	2,784
Breakeven duty cumulative position	86	1,199	4,418	7,959	10,895	13,679
Operating income		198,752	195,955	192,190	194,609	197,437
Cumulative breakeven position as a percentage of operating income		0.6%	2.3%	4.1%	5.6%	6.9%

	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000
Breakeven duty in-year financial performance	2,810	90	(8,918)	(9,707)	(1,000)	(7,223)
Breakeven duty cumulative position	16,489	16,579	7,661	(2,046)	(3,046)	(10,269)
Operating income	198,530	197,394	214,357	220,555	236,618	257,603
Cumulative breakeven position as a percentage of operating income	8.3%	8.4%	3.6%	(0.9%)	(1.3%)	(4.0%)