



# Annual Report 2005/06

The artwork on the front cover is the work of Amanda Warner.

# Annual Report 2005/06

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# Introduction from the Chair and Chief Executive

Welcome to the Trust's fourth annual report. It contains information required by the Treasury and provides the material for our annual meeting.

It offers the opportunity to share achievements, challenges and plans. These include delivering new National Terms and Conditions for staff, achieving Practice Plus status for Improving Working Lives and introducing the new Electronic Staff Record. Progress with the implementation of National Service Frameworks has continued and the Trust's development of early intervention services received national recognition. The Board approved a Smoke Free policy and integrated the new Standards for Better Health into our business planning. We also completed the transfer of over 300 staff from the Trust into new organisations. As part of its application for Foundation Trust status, the Trust conducted a widespread consultation, established a new pattern of Board Committees, recruited over 800 prospective public members, established a constitution and conducted elections for prospective Governors.

The Trust did not achieve level one compliance with the Clinical Negligence Scheme for Trusts as a result of shortfalls in monitoring mandatory training and induction. This is being addressed in 2006/07.

The Trust did not achieve financial balance as planned and has reported a year end deficit of £1.3 million. Summary financial statements for 2005/06 are set out within this report. For a complete set of financial accounts please contact Sandra Betney, Director of Finance, Trust Headquarters, Rikenel, Montpellier, Gloucester, GL1 1LY.

We have included, in this report, previous years' performance ratings and the outcome of the clinical governance review, since these set the context for much of the work in 2005/06. Performance ratings for 2005/06 will not be published until October - after the Trust's Annual Meeting. The Trust will ensure that the ratings for its services are publicised locally after they have been announced by the Healthcare Commission.

In 2005/6, we lost two Board members who had contributed greatly to the life of the Trust. John Edmonds, a Non Executive Director of the Trust, died suddenly in August 2005 and David Coombs, Director of Nursing and Deputy Chief Executive, retired in March 2006. Both are greatly missed and fondly remembered.

2005/6 was a year of transition. As the Board developed its application for Foundation Trust status and grappled with savings plans to address a historical deficit, it became clear that a programme of service re-design was required to deliver change of this magnitude. This was re-inforced by the worsening financial positions of the local health community and a national requirement to achieve and sustain financial surplus. Taken together these factors called for a systematic re-shaping of our services to meet national standards and become more efficient.

## The Year Ahead

The Trust faces its most significant challenges in 2006/07, both in terms of its own agenda for improving services and reducing costs and in terms of the financial difficulties that face Gloucestershire's PCTs.

The Government's expectation is that all NHS organisations will achieve and maintain balance in their income and expenditure and clear historic deficits. In addition, the Strategic Health Authority requires all NHS organisations in Avon, Gloucestershire and Wiltshire to contribute to a financial recovery scheme that provides short term support to NHS organisations in particular difficulty. The combined effect of these requirements is that the Trust needs to reduce costs by 12.8% or £9.6m. This is a substantial challenge that calls for a thorough review of the range of services we provide and the number of locations where we provide them.

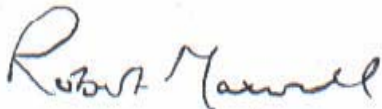
Over the past 2 years the Trust has been developing plans for improving the way it provides care and support for adults and older people. In the absence of an agreed commissioning strategy the Trust's plans have been developed on the basis that we should try to ensure that services in Gloucestershire match the models of good practice recommended in National Service Frameworks. In essence, this requires us to shift the balance between inpatient care and care provided by specialist teams working in the community so that we use fewer hospital beds and support more people at home.

The Trust has given a great deal of thought to drawing together the need to make substantial cost savings and the need to reshape services. The Trust is consulting the public and the Overview and Scrutiny Committee on proposals to change the location and number of inpatient beds for working age adults and older people and to end the provision of NHS-funded day services. The consultation runs from 23<sup>rd</sup> May to 11<sup>th</sup> August 2006. The Trust will report on the outcome of the consultation and next steps at the Trust's Annual Meeting.

The Trust has agreed with Monitor that the final stage of the assessment to determine whether the Trust is ready to be licensed as an NHS Foundation Trust will be completed after the outcome of consultation is known. The precise timetable will be agreed in the autumn.

In the course of 2006, we can also look forward to the emergence of a single Primary Care Trust for Gloucestershire and the South West Strategic Health Authority with responsibility for the whole of the South West: this will require us to forge new working relationships and re-cast others.

Yours



Robert Maxwell  
Chair



Jeff James  
Chief Executive

# Facts about the Trust

Gloucestershire Partnership NHS Trust was established in April 2002.

The Trust serves the residents of the county of Gloucestershire: approximately 560,000 people living in an area of 1,000 square miles. It provides specialist community and inpatient services to people of all ages with mental health problems, to people with learning disabilities and to people who have developed problems with substance misuse. Working in partnership with service users and carers and other agencies, such as Social Services and Housing, is important to achieving good quality care.

The Trust has service level agreements with three Gloucestershire Primary Care Trusts and ten or so other NHS bodies totalling £60 million. The Trust has a Section 31 agreement of £5 million with Gloucestershire County Council for the provision of social care: the Trust holds a number of contracts with voluntary organisations as part of this arrangement. The Trust also holds contracts with Supporting People for the provision of £2.4 million of housing-related support.

The Trust employs almost 1,900 staff (1,600 Full Time Equivalents) providing services from more than 50 sites. The Trust transferred 330 staff to other organisations at the end of 2005/06. Most of the staff were transferred to the Brandon Trust as a more suitable provider of residential care to people with learning disabilities. Some staff providing Information Management and Technology (IMT) services were transferred from the Trust to a county-wide shared service for IMT, hosted by Gloucestershire Hospitals NHS Foundation Trust.

## Key Values

The Trust's founding statement of values is to transform the experience of users and carers by:-

- Focusing on the individual needs of the user
- Improving responsiveness to carers
- Integrating the delivery of health and social care
- Bringing practical health improvements to the lives of users and carers
- Valuing staff and investing in their development
- Developing evidence based practice and a commitment to best value
- Achieving national standards for treatment and care across the county
- Engaging with the particular needs of communities
- Promoting effective partnership working with users, carers and voluntary, independent and statutory agencies
- Promoting social inclusion

## Trust Vision

The Trust's vision is to be a leading provider of high quality, specialist mental health, learning disability and substance misuse services, so we will offer services that:

- emphasise recovering, inclusion and choice
- achieve standards and promote good practice
- create opportunities for staff

- deliver best value
- contribute to effective networks of care

## Strategic Goals

Our strategic goals for the next three years are to achieve a:

- Better specified and more focused range of services to service users and carers, staffed by a motivated and trained workforce and delivered in accordance with local commissioning strategies
- Closer relationship between income, cost and activity
- Well functioning Board supported by a range of committees overseeing the work of the Trust
- Vibrant Council of Governors and a growing body of committed members able to identify local needs and priorities for service development

## Trust Services

The Trust provides Child and Adolescent Mental Health Services (CAMHS); Substance Misuse Services; Mental Health Services to Adults of Working Age and Older People and Services to People with Learning Disabilities. CAMHS provides an outpatient service only. All other services are provided in community and inpatient settings. Inpatient services are provided at:

	Bed numbers
<b>Mental Health Service to Adults of Working Age</b>	
Wotton Lawn, Gloucester - adult acute	72
Montpellier Low Secure Unit, Gloucester	12
Charlton Lane, Cheltenham - adult acute	42
Honeybourne – rehabilitation, Cheltenham <sup>1</sup>	10
Sherbourne House, Cheltenham – rehabilitation <sup>2</sup>	8
The Vron, Gloucester - rehabilitation	6
Laurel House, Gloucester - rehabilitation	12
<b>Substance Misuse Services</b>	
Sezincote Ward, Charlton Lane, Cheltenham	6
<b>Mental Health Services to Older People<sup>3</sup></b>	
Charlton Lane, Cheltenham	32
Holly House, Gloucester	18
Colliers Court, Cinderford	12
Weavers Croft, Stroud	18
Baunton Ward, Cirencester <sup>3</sup>	16
<b>Services to People with Learning Disabilities</b>	
Hollybrook, Stroud	8
St. Mary's, Gloucester	12
Westridge, Standish	8
Windrush, Cheltenham <sup>4</sup>	11

<sup>1</sup>Honeybourne opened September 2005

<sup>2</sup>Sherbourne House was closed temporarily in December 2005

<sup>3</sup>Baunton Ward at Cirencester Hospital was closed temporarily in August 2003. Bed numbers at other sites reduced to 80 on 1/1/06

<sup>4</sup>Number reduced in 2005/06 from 16 as clients re-provided for in alternative placements

# Our Performance

## NHS Performance Ratings

NHS Performance ratings have been replaced by an Annual Health Check, the results of which will not be available until October 2006 – after this report has been published and beyond the date at which it is possible to hold an Annual Meeting. As a result, the Trust is unable at the time of writing to share a formal position on its rating for 2005/06. We can, however, share the results from previous years.

In 2004/05 the Trust achieved three stars, scoring at or above average for 25 out of 28 measures. The Trust achieved all of its key targets and scored seven good; three better than average, ten average and two below average. In 2003/04 the Trust achieved three stars, scoring at or above average for 34 out of 38 measures; in 2002/03 the Trust achieved three stars, scoring at or above average for 26 out of 30 measures. The results for 2004/05 are compared with 2003/04 results in the table below:

	2003/04	2004/05
<b>Key Targets</b>		
Care Programme Approach (CPA) System Implementation	Achieved	Achieved
Crisis resolution team implementation	Poor	Achieved
Financial management	Achieved	Achieved
Hospital cleanliness	Achieved	Achieved
Mental Health Minimum Data Set (MHMDS)	Achieved	Achieved
<b>Clinical Focus</b>		
Child protection	Good	Good
Clinical risk management	Not included	Average
Enhanced CPA indicator	Average	Below average
Drug misuse: 12 week treatment retention rate	Not included	Data not available
Psychiatric readmissions (adults)	Average	Average
Psychiatric readmissions (older people)	Average	Average
Suicide rate	Average	Average
<b>Patient Focus</b>		
Better hospital food	Better than average	Good
Learning Disability: reducing long-term NHS residence	Not included	Good
Patient complaints	Poor	Below average
Privacy and dignity	Good	Good
Service user survey: access and waiting	Average	Average
Service user survey: better information, more choice	Average	Average
Service user survey: building closer relationships	Average	Better than average
Service user survey: safe/high quality/coordinated care	Average	Average
<b>Capacity and capability</b>		
CAMHS: increased services	Below average	Good
CMHT integration (older people)	Achieved	Good
Data quality on ethnic group	Better than average	Good
Physical environment	Better than average	Better than average
Staff opinion survey: health, safety and incidents	Average	Average
Staff opinion survey: human resource management	Average	Average
Staff opinion survey: staff attitudes	Average	Average
Workforce indicator	Not included	Better than average

## Healthcare Commission Clinical Governance Review

The Healthcare Commission published its clinical governance review (CGR) of the Trust in February 2005. It judged that the Trust had developed a strong value base since its formation. The Trust received the following scores from the Review

Use of information	ii (a)
Risk management	ii (a)
Clinical audit	ii (b)
Clinical effectiveness	ii (b)
Education and training	ii (b)
Staffing and staff management	ii (c)
Service user involvement	ii (c)

*ii (a) worthwhile progress and development at strategic and planning level but not at operational level*

*ii (b) worthwhile progress and development at operational level but not at strategic and planning level*

*ii (c) worthwhile progress and development at strategic and planning and at operational level but not across the whole organisation*

The recommendations of the CGR identified an agenda to take forward the values and vision of the Trust. An action plan to address these implications was approved by the Board as part of its business plan for 2005/06. The action plan was reviewed by the Trust's Practice Standards Committee in June 2006. Progress reports on the implementation of the review's recommendations are to be found in key sections of this report.

### Service User Surveys

The Healthcare Commission Service User Survey 2005 targeted 850 adults of working age who were on the Trust's CPA register in December 2004 and who had been seen in the preceding three months. Three hundred and one questionnaires were returned with feedback regarding care and treatment, relationships with health professionals, medications, talking treatments, care plans, support in the community, and crisis care. For 24 of the 39 performance indicators the Trust was in the best 20% of performing trusts. It was in the lowest 20% for only two, highlighting difficulties with contacting staff in a crisis by phone out of hours. Service Users and Carers were actively involved in drawing up an action plan to address the findings and both the Working Age Management Board and Speakout Gloucestershire were consulted before the action plan to address the survey findings was agreed.

# Operating and Financial Review of the Year

## Achievements and Challenges

### Financial Balance

The Trust ended the year, for the first time since its formation, with an unplanned, end of year deficit of £1.3 million. This was the result of overestimating the effectiveness of short-term controls put in place mid-year to address the forecast financial position.

The Trust identified an underlying deficit and established a savings plan of £8.3 million to address this. In addition there were additional in-year pressures of £1.1m, meaning that savings of £9.4m were required to break even. The required savings were not made in full, and in some cases were made non recurrently. As a result, an underlying recurring deficit of £4.6 million has been carried forward to 2006/07.

### Inpatient Bed Reductions

The Trust Board has taken decisions to reduce inpatient bed numbers to reflect changes in usage as follows. Older Peoples' bed numbers at Holly House, Colliers Court and Weaver's Croft were reduced in December 2005. In response to a variety of factors, Sherbourne House, a rehabilitation unit on the Charlton Lane site, was also temporarily closed by the Board in December 2005. Bed numbers at the Windrush Unit, Cheltenham have reduced as clients were re-provided for in alternative placements.

### Foundation Trust Status

The Trust was invited to make an application for Foundation Trust status in 2004.

The Trust developed its application as part of the first wave of Mental Health Trust applicants. The application was submitted to the Secretary of State in December 2005. The Trust was due to be assessed by Monitor – the independent regulator for NHS Foundation Trusts - in the spring/early summer of 2006. In the light of the Trust's financial position and the consequent period of public consultation to consider significant changes to the way the Trust provides its services, it was agreed with Monitor that assessment should be delayed until a more suitable time.

As part of the development of the Foundation Trust application, the Trust carried out a 12 week public consultation; revised the roles of Non Executive Directors and Executive Directors; established a new pattern of Board Committees; recruited over 800 public members; established a constitution and elected prospective Governors.

### Strategic Health Authority Review of Mental Health Services

The Trust Chairman and Chief Executive represented the organisation at the Strategic Health Authority's review of mental health services. The Trust's Chief Executive also acted as Chief Executive Officer of Avon and Wiltshire Mental Health Partnership NHS Trust until the review was concluded.

## **Agenda for Change & Knowledge and Skills Framework**

The Trust introduced new national terms and conditions of service for staff with new pay arrangements (Agenda for Change). We also developed outline knowledge and skills profiles for posts covering 96% of staff. This helps identify the training and development needs of staff in a systematic way.

## **Improving Working Lives**

The Trust achieved "Practice Plus" in February 2006. This means that the Trust is able to demonstrate that we have implemented policies, procedures and practices which create a balance between home and work life for our staff.

## **Implementation of Electronic Staff Record (ESR)**

The national payroll and Human Resource system was implemented by the Trust in March 2006. ESR provides staffing information to inform decisions about improving services.

## **Transfer of Staff to Brandon Trust**

The Trust completed the process of transferring 300 registered and non registered staff providing residential support to people with learning disabilities to the Brandon Trust (a total expenditure of £8 million).

## **Transfer of IMT shared service**

The Trust approved and implemented the transfer of 30 staff (a total expenditure of £2 million) to a county-wide IMT service to be provided by Gloucestershire Hospitals NHS Foundation Trust.

## **The 2005/06 Capital Programme**

The Trust's capital programme for 2005/06 included:

- Completion of the Honeybourne rehabilitation service in St Paul's, Cheltenham at a total cost of £658K
- Investment of £121K in a programme of works to address the Disability Discrimination Act, Fire Hazards and Health and Safety
- Additional investment of £101K to improve safety, privacy and dignity at Charlton Lane and Wotton Lawn acute mental health units
- Investment of £544K across the Trust in minor capital expenditure and improvements to the physical condition of the Trust's buildings (£400K in 2004/05)
- Investment of £146K in IMT (£114K in 2004/05)
- The installation of back up generators at a number of Trust sites at a cost of £47K

## **Energy, Waste and the Environment**

The Trust incurred approximately £280,000 of expenditure on energy and utilities in 2005/06. Its environmental compliance measure for energy and utilities increased from 44% in 2003/4 to 57% over 2004/05. The measure of Trust compliance with current waste regulations and legislation increased from 74% in 2004/05 to 76% in 2005/06. The Trust intends to use the information it gathers to produce Key Performance Indicators for all its properties and to institute closer monitoring and review.

## **Information Management and Technology**

During 2005/06 the Trust has continued to develop the range of information available to clinicians and operational managers to assist them in the provision and planning of high quality services.

In March 2006 the Trust Board took a major decision to continue the development of the Clinical Manager information system up to March 2008. There are now over 600 clinicians who have been trained and are using the system. The aim is now to ensure that all clinicians and support staff in working age, older peoples and learning disability services will have access to the system by the end of 2006.

The Trust has been heavily involved in preparing for the implementation of the new national IT systems which are planned to be implemented in Gloucestershire starting during 2006/07. This has involved considerable work to ensure that our networks and infrastructure are fit for purpose and that all staff who will potentially use the systems have been identified so that suitable training can be provided.

During the year the Trust also successfully completed the implementation of Electronic Staff Record which will provide improved workforce management and planning information.

## **Safeguarding Standards**

### **Clinical Governance**

This year's work plan for clinical governance was in response to the Healthcare Commissions review of clinical governance arrangements within the Trust in the previous financial year. The review focused on seven main areas, these being service user involvement, risk management, clinical audit, staffing and staff management, education and training, clinical effectiveness and use of information. Good progress has been made against many of the objectives. However, further work is required to ensure a robust organisational approach to the delivery and monitoring of training is in place. This is a priority area for 2006/07.

### **Patient Environment Action Team**

Trust inpatient sites were visited by a Patient Environment Action Team made up of staff from the Trust, Cotswold and Vale PCT, Hotel Services, the Community Infection Control Team and the Patient Forum. The results - which are reported to

NHS Estates and published as part of the Trust's performance rating - were as follows:

Site Name	Environment Score		Food Score	
	Last year	This year	Last year	This year
Charlton Lane Centre	Excellent	Excellent	Excellent	Good
Colliers Court	Excellent	Good	Good	Good
Holly House	Excellent	Excellent	Excellent	Excellent
Weavers Croft	Excellent	Excellent	Excellent	Excellent
Windrush	Acceptable	Excellent	Acceptable	Good
Wotton Lawn	Excellent	Excellent	Excellent	Good

### **Smoke Free policy**

The Board approved a Smoke Free policy for the Trust with the support of the Gloucestershire Smoking Advisory Service and informed by the experience of Avon and Wiltshire Mental Health Partnership Trust.

### **Complaints**

Eighty-one formal complaints were made to the Trust during 2005/06, the same number as in the previous year. In addition, 61 recorded contacts were resolved informally or referred to another agency. Response times were broadly similar to 2004/05. Fifty-nine percent were responded to within 20 working days, compared with 63% in 2004/05 and 47% in 2003/04.

Ten complaints received during previous years became the subject of reviews by the Healthcare Commission. One complaint was considered by an Independent Panel at Stage 3 of the Social Services Complaints Procedure and one was investigated by the Health Service Ombudsman. The Trust has responded to all recommendations made by these reviews.

The Trust's Complaints Policy and Procedure is being revised in the light of a complaint reviewed by the Healthcare Commission. The revision will be completed shortly, when new regulations on Social Services complaints are issued.

One-off training on complaints has been delivered to about 100 staff as well as to six teams and as part of the Trust's corporate induction programme.

### **Compliance with Standards for Better Health**

Standards for Better Health comprises 24 core and 13 developmental standards across seven domains designed to cover the full spectrum of health care. The seven domains encompass safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities, and public health. They describe a level of service which is acceptable and which must be universal. The core standards represent a level of service that all patients and service users of all ages should be able to expect from the NHS.

The Trust was able to give a full compliance declaration for all the standards other than for mandatory training and induction. The Trust does not have a system in place that can identify, with sufficient accuracy, each individual employee's training needs,

their attendance at training and the follow-up action taken when a staff member misses a programmed training event. Urgent action is being taken to rectify this. A new system should be in place by October 2006.

### **Risk Management**

The Trust retains Risk Pooling Scheme for Trusts (RPST) Level 1 accreditation as awarded by the NHS Litigation Authority, but not did achieve Level 1 compliance with the Clinical Negligence Scheme for Trusts (CNST) standards. The Trust will be reassessed in March 2007 by which time it will have reviewed how it monitors the delivery of training, in particularly statutory and mandatory training which was the area in which it performed poorly.

### **Clinical Audit**

The Clinical Audit Department has worked hard this year to promote the clinical audit strategy and framework amongst Trust practitioners. It has also worked in collaboration with partner agencies and focused its efforts to develop an effective training programme and share the learning from clinical audit activity.

### **Health and Safety**

The numbers of incidents reported within the Trust has fallen by 25% over the past three years. Incidents resulting in staff absence of more than three days absence rose from 19 in 2004/05 to 23 in 2005/06. The number of patient incidents reported to the HSE was three.

### **Clinical Negligence**

The Trust has claims made against it by people seeking redress as a result of perceived clinical negligence. In 2004/05 four new claims were received, one of which did not proceed, and in 2005/06 one potential claim has been raised but has not yet formally been brought against the Trust.

### **Other litigation**

In 2004/05 five claims were received from members of staff for personal injuries. In 2005/06 three new claims were received from members of staff and no claims from other third parties.

### **Emergency and Major Incident Planning**

The Trust continues to work in partnership with other NHS Providers in the county and local NHS mental health providers to provide an integrated and robust response to a local or national emergency. The Trust's Major Incident Plan ensures our response to known hazards and emergency situations providing a solid basis for recovery and continuity.

Training for emergencies took place throughout 2005. This was tested during 'Exercise Glevum' conducted in November 2005. Feedback reported that there was good communication between the Partnership Trust, the Hospitals Trust and the PCTs.

The Trust is currently reviewing its Major Incident Plan and will take into account its response in the event of a pandemic flu outbreak. This will be tested later in the year in 'Exercise Gladiator' when Gloucestershire Partnership NHS Trust and partner agencies will undertake a table top event to explore the preparedness of participating organisations.

## **Working with Service Users, Carers and the Public**

This section of the report explains progress the Trust is making in involving service users, carers and members of the public in its work.

### **Commitment to the "Recovering Approach"**

The Board committed itself to working in line with Recovery Principles in its Service Development Strategy which forms the platform for the work of the Trust over the next five years. As service redesign is implemented, new job descriptions include references to social inclusion and recovery.

Workshops in "Recovering and discovering" were rolled-out county-wide to Trust staff, service users, carers and other partners.

A half-day workshop has been developed for service users and carers to develop their understanding of a 'recovering approach' to care. This is now being delivered regularly throughout the year.

A policy and procedural guidance for Advance Directives/Statements has been written and is due to be implemented towards the end of 2006. The aim is to assist service users in adopting a 'recovering approach' to care through expressing advance wishes and preferred plans in the event of an unforeseen mental health difficulty.

### **Speakout Gloucestershire**

The Speakout User Group for Working Age Adults continues to meet on a monthly basis and is now called "Speakout Gloucestershire". It receives some funding from the local authority to provide the mental health voice for the Council's Service User Forum co-ordinated by Mencap and Gloucestershire Older People's Forum. Additional funding is also being sought to enable the Group to become more independent of the Trust and to fund a regular newsletter. The Group has agreed its constitution and nominated its committee members. New members have joined and the Group has moved to a larger venue for meetings. Promotional leaflets have been printed and widely distributed and a sub group is developing a website. Members of the Group are working on self-help leaflets and an open day is being planned to coincide with World Mental Health Day 2006. Staff from the Trust have attended the meetings either to consult or to inform on the following:

- Foundation Trust Status
- Day and Employment Services Review
- Section 136 Policy
- Medication
- Healthcare Commission Survey Action Plan

- Draft strategy for Nursing
- Recovery, Care Programme Approach, Nurse Prescribing and Wellness Recovery Action Planning

### **Access to Out of Hours services and Alternatives to Hospital**

The out-of-hours contact line is a key requirement for the Service Redesign Group which is reconfiguring services within Working Age Adults. The intention is that by September 2006 there will be one number per locality to contact services both in and out of hours.

Care Programme Approach cards with useful contacts were piloted with Milsom Street Day Centre, the Black Mental Health Team and a Community Mental Health Team in Stroud during 2005. Use of the cards was evaluated by the Trust's Clinical Audit Department.

### **Access to Psychological Therapies**

As part of service redesign, a county-wide management framework for Psychological Therapies is being developed which will be in place by the end of September 2006.

### **Day and Employment Services Review**

A review of in-house and commissioned services continues with current contracts extended to end of March 2007. Service users and their carers at all of the sites have been invited to give their views about both current services and ideas for future provision. A service user and a carer are part of the review steering group.

### **User and Carer Involvement in Service Redesign**

Meetings with users and carers have been held across the county to consult on proposed reconfiguration of services within Adults of Working Age. Approximately 60 service users and carers attended events facilitated by the Deputy Care Group Manager and supported by the Participation Workers.

### **User and Carer involvement in Care Planning Process**

Care Programme Approach practice was reviewed and included consultation with service users and carers to ascertain views relating to care planning processes. The CPA review will result in a new policy and procedural framework, together with revised paperwork that aims to better reflect a 'recovering approach' to care. A half-day on-going training package has been developed specifically for service users and carers. This enables the exchange of ideas about how to improve care planning arrangements.

### **Increased services for carers**

Trust staff have had significant input into Carers Education Groups facilitated by Carers Gloucestershire Mental Health Carers Support Team. Older Age Adult services continue to deliver carer education groups for carers of people with dementia. The Tyndale Centre in Dursley and Holly House in Gloucester have held evening sessions to enable working carers to attend.

Feedback from Carer Education Groups is consistently positive: carers feel valued and supported in their caring role. Information packs written for young carers by young carers are about to be printed.

### **A Carers Pathway Pilot**

A pathway was developed with carers and staff and piloted from April 2005 for six months in a Community Mental Health Team in Cirencester and the ACT Team in Cheltenham. Following the pilot, it was recognised that there is still work needed to improve the number of carers being identified and offered assessments. A number of actions were identified as a result of the pilot including the need to visit teams on an individual basis and to consider of the role of new mental health carers support workers in relation to carers' assessments. Some of this work is in progress and will be influenced by service redesign and the review of CPA policies and procedures.

### **Carers Making a Difference Day**

This took place in October 2006 and was aimed at informing carers about how they can get involved in influencing service planning and delivery in the Trust.

### **Patient and Public Involvement Forum**

Forum members visited the new Honeybourne Unit at Cheltenham, the CAMHS Service, the Charlton Lane Centre and Avon House, Tewkesbury. They have worked with the Gloucestershire Ambulance Trust PPI Forum to raise awareness around the conveyance of detained patients and shared some concerns with the Trust regarding confidentiality. Members actively engaged in the Trust's workshops to explore Foundation Trust status and submitted a formal response to the proposals made in the Older Persons Review. They attended training organised by the Healthcare Commission and submitted comments regarding the Trust's draft Health Check declaration. Two members attended six inspections as part of the Trust Patient Environment Action Team and members regularly attend Board meetings.

### **Discharge Questionnaires**

In March 2006 the discharge questionnaire originally piloted on Hidcote Ward (Charlton Lane) and Priory Ward (Wotton Lawn) was revised and is now incorporated into the Integrated Care Pathway (ICP). It measures satisfaction with physical environment, attitude of staff, levels of ward-based activity, treatments available and involvement in reviews and will be used on Working Age Adult wards from April 2006.

### **Service User Surveys**

The Healthcare Commission Service User Survey 2005 targeted 850 adults of working age who were on the Trust's CPA register in December 2004 and who had been seen in the preceding three months. Three hundred and one questionnaires were returned with feedback regarding care and treatment, relationships with health professionals, medications, talking treatments, care plans, support in the community, and crisis care. For 24 of the 39 performance indicators the Trust was in the best 20% performing trusts and in the lowest 20% for only two. Service users and carers were actively involved in drawing up an action plan to address the findings and both

the Working Age Management Board and Speakout Gloucestershire were consulted before the plan was agreed.

### **Inpatient Suggestion Boxes**

There are now suggestion boxes on all working age inpatient wards at Wotton Lawn and Charlton Lane Centre. Although service users were encouraged by ward staff to use the boxes the level of response was very low. The Service User Participation Worker now visits the units on a monthly basis and encourages feedback from both service users and carers or family who might be visiting. The suggestions/comments and the Ward Managers' responses are then collated in a new publication called "Chatterbox" which is widely disseminated throughout the units.

### **Clinical Academy**

Service users and carers contribute to the Clinical Academy training for third year medical students. The overall aim of the training is to:

- Highlight the benefits of service user/carer involvement in care/planning.
- Raise awareness of the recovery approach as applied to mental health.
- Increase understanding of service users' experience of mental illness

Service users, carers and staff input to four sessions of training, with payment made to service users/carers for attendance and expenses.

### **Learning and Mental Health**

A conference took place in February 2006 jointly hosted by Gloucestershire Learning and Skills Council and Gloucestershire Learning Partnership. It was developed by a planning team of service users and carers, education and health service workers. Service users and carers held a separate planning morning where they discussed the issues they faced as learners and would-be learners. Their thoughts and views formed the basis of the conference group discussions. Sixty-eight participants attended the event, with almost equal numbers of service users, carers, education workers and health and social care workers.

### **Service Users and Carers in Research**

In March 2005 service users, carers and staff with an interest in or experience of involvement in research met with the Gloucestershire Research and Development Unit. A successful and well attended "Getting Involved and Making a Difference" day was held in July 2005 with a follow-up event in September 2005. A project planning and training day took place in January 2006 facilitated by the Research and Development Unit and four areas of research were identified by service users and carers. Proposals and project plans are currently being worked on. The steering group continues to meet on a quarterly basis and is now chaired by a service user.

### **Service User and Carer Workshops**

A series of workshops were organised by the Service User Participation Worker for service users and carers who had indicated particular interests when signing up for increased involvement in Trust activities. Issues covered have included women's

issues, Crisis, Recovery and CPA. A rolling programme of workshops has been set up for 2006/07.

### **Friends of Wotton Lawn**

This is a new group initiated by a service user and supported by the Service User Participation Worker and the voluntary services co-ordinator. Areas the group want to look at include a befriending system and practical help (for example with laundry) for service users who are in hospital.

## **Our Staff**

The Trust undertakes a staff attitude survey on an annual basis. The results showed that the Trust was in the best 20% of Mental Health/Learning Disability Trusts nationally in the following areas:

- Percentage staff using flexible working options (80% of staff had taken advantage of at least one flexible working option in their current job)
- Percentage staff working in a well structured team
- Percentage staff suffering work related injuries in previous 12 months
- Percentage staff suffering from work related stress in previous 12 months
- Quality of work life balance (the extent to which staff believe that the trust and immediate manager are committed to helping them find a good balance between their work and home life)
- Quality of job design (clear job content, feedback and staff involvement)
- Staff job satisfaction
- Staff intention to leave jobs

### **Joint consultative arrangements**

Formal consultation methods have been agreed with accredited staff side representatives. A Joint Negotiating and Consultative Committee has been established to consult on issues affecting Trust employees and to formally negotiate new and revised policies and procedures.

### **Diversity Policy**

The Trust has approved a diversity policy covering all aspects of equality including disability, ethnicity and age. This policy embraces equal opportunities and can be found on the Trust's website. The Trust has continued to make progress on its equalities agenda through its support of the race awareness staff group and delivery of further race awareness training. During 2006 it will be developing its disability scheme and reviewing its practice in the light of the new Age Discrimination legislation.

The Trust has also established a sub committee of the Trust Board which will oversee the development of HR practice on its behalf.

## **Foundation Trust Membership**

All staff will automatically become members of the Foundation Trust when it is established. Prospective staff Governors have been elected.

## **Nursing Staff**

This year has seen a number of key developments for nursing. A three year nursing strategy has been developed and agreed to take forward nursing services within the Trust. There has also been the publication of the Chief Nursing Officers ten year national vision for mental health nursing. Work is also planned within the Trust to develop a local action plan specific to learning disability nursing. The development of nurse prescribing continues, including the implementation of Patient Group Directives to enable better access to medication in Crisis/Home Treatment teams across the county. New roles within nursing are developing, particularly Associate Nurse Practitioner roles.

The previous and long standing Director of Nursing retired this year. The post is now combined with the Social Care and Allied Health Professional director position and we look forward to a more integrated approach across the professions.

## **Social Care staff**

Achievements have included:

- Work with County Council and other partners to lead Direct Payments
- Work by social care staff to create procedures on Approved Social Worker report writing, guardianship, property protection and accessing social care services
- Continued negotiations with the PCT and County Council teams concerning joint case funding and the placement of service users as part of the process of service re-design
- Three newly trained ASWs in 2005/06, supported by our new ASW trainer
- Development of day service outreach work in Gloucester and Cheltenham.
- Development of a Support Team to ensure better use of County Council records systems in the Trust

## **Allied Health Professionals**

The Trust uses the term Allied Health Professions to include Art Therapy, Chaplaincy, Child Psychotherapy, Occupational Therapy, Pharmacy, Physiotherapy, Psychology, and Speech and Language Therapy. Each professional now maintains a record of their Continuing Professional Development. This record is used to confirm that Professionals maintain their fitness to Practice. It is an essential part of maintaining Registration/Practising Certificates.

Work in 2005/06 has included:

- Development of a Dysphagia Care Pathway
- Introduction of eating and drinking guidance into the Downs and Dementia Care Pathway

- Work with the University of West England to develop a Masters level module in Postural Management called Posture for Function
- Presentation of Postural Management Service Development Work at the World Congress for Neuro-Rehabilitation in Hong Kong
- Building on the innovative AHP Consultant role within the Trust and sharing our experiences with regional and national organisations interested in developing similar roles as part of their modernisation programmes
- Contributing to work around service re-design

## **Medical staffing**

Recruitment and retention of medical staff has remained a challenge. However, we have been successful in filling a number of vacant posts at all grades. The popularity of Gloucestershire as a place to undertake training is reflected in the number of applications for vacancies.

Steps have been taken within the framework provided by Modernising Medical Careers to work more flexibly, providing opportunities for specialising in functional teams and job sharing.

A key area for attention has been the co-ordination of medical education within the Trust. To this end an Associate Director for Medical Education has been appointed who is leading on a review of training from undergraduate to postgraduate level.

## **Support staff**

Support staff play a key role in the delivery of services. In recognition of this, the Trust undertook a programme of discussion groups. This, alongside the staff attitude survey, has helped us identify the key challenges for the coming year: this involves ensuring that people take up the opportunities for statutory and mandatory training.

# **Health Economy**

## **2005/06 Financial Position**

The Trust has reported a deficit of £1.3 million in 2005/06.

## **Avon, Gloucestershire and Wiltshire (AGW) Health Economy (UNAUDITED)**

The overall reported financial position for AGW at the end of 2005/06 is subject to audit. The reported position at Month 12 is a deficit of £41.5 million. The accumulated deficits, including the £90 million deferred deficit by the Department of Health, amounts to £131.5 million at 31<sup>st</sup> March 2006. (Note: 2004/05 and 2005/06 deficits have been or are due to be repaid). The repayment of the deferred deficit has been taken up by the SHA Chief Executive with the Department of Health. Regrettably a reply has not been received therefore this matter is still under consideration. In 2005/06 AGW received funding from the NHS Bank totalling £20 million. This was allocated to PCTs and NHS Trusts in Avon and Wiltshire to support the financial position in 2005/06.

## **2006/07 Financial Position**

The Trust is planning to achieve financial balance in 2006/07. In order to breakeven in 2006/07 the Trust must deliver a savings programme of £7.3 million. The risks associated with the plan have been assessed and are being managed by the Trust.

# Summary Financial Statements

## STATEMENT ON INTERNAL CONTROL 2005/06

### Gloucestershire Partnership NHS Trust

#### 1. Scope of responsibility

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

To support the Trust's Board and myself as Accountable Officer the Board established:

- A Risk Management Committee that is responsible for planning and co-ordinating all aspects of risk management
- A Clinical Governance Committee charged with ensuring appropriate standards of clinical governance are being promoted and maintained, and
- An Audit Committee to review the adequacy of arrangements for risk management.

These committees were directly accountable to the Trust Board and reported to it. The Trust's risk management arrangements including the duties of relevant committees, directors, managers, clinicians, specialist advisors and individual employees are set out in the Trust's Risk Management Strategy. The strategy has been shared with local health, social care and key voluntary sector organisations. (New risk management and committee arrangements have been approved by the Board for 2006/07)

Through meetings, reports and correspondence the Chairman, Directors and I have regularly exchanged information about risks with partners including commissioning PCTs and the Strategic Health Authority. Whenever possible and appropriate the Trust works jointly with these partners to manage risks.

#### 2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on a continuing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Gloucestershire Partnership NHS Trust for the year ended 31 March 2006 and up to the date of approval of the annual report and accounts.

### **3. Capacity to handle risk**

Lead Executive Directors have been identified for Clinical Governance, Finance, Risk Management and Occupational Health & Safety and provide leadership for the management of the risks they present. The Trust's aims and objectives in relation to risk management together with a description of the underlying principles are set out in a Risk Management Strategy that has been endorsed by the Board. The strategy is underpinned by policies, procedures and guidance documentation. Copies of the strategy and supporting information have been circulated widely and are available in all work areas. All managers have been required to draw the attention of employees to their duties and responsibilities in relation to the identification and control of risks. The Board promotes a culture of openness in reporting without fear of unwarranted repercussions. This is reinforced in the advice and training given to staff.

To help minimise the number of untoward incidents and ensure risks are appropriately controlled, all new staff are required to attend induction training. For all other staff annual appraisals include a review of training including attendance at mandatory risk management courses appropriate to their authority and duties. Monitoring, benchmarking and other means are used to identify examples of good practice that can be introduced into services and systems as appropriate.

### **4. The risk and control framework**

Most processes, policies and procedures adopted by the Trust contribute to the management and control of risk; however, the following are identified as particularly important tools supporting the Trust's Risk Management Strategy:

- **Risk Register** - The Trust needs to understand its comprehensive risk profile. The Risk Register is a log of risks of all kinds that threaten success in achieving the Trust's aims and objectives. It provides a structure for collating information about risks that helps both in the analysis of risks and in decisions about whether or how those risks should be treated.
- **Risk Rating/Grading System** assists the Board, managers and staff in deciding priorities and highlighting areas, which need particular attention.
- **Authority to treat risks** is delegated to the lowest competent level to ensure prompt and effective action is taken without bureaucratic delays.
- **Incident Reporting** - Reports are analysed and changes to practice made where appropriate.
- **Whistle Blowing Policy** - A policy is in place to enable staff to report any suspected malpractice, danger or wrong doing without fear of unwarranted repercussions for them.

- **Clinical Audit** - The Trust regards clinical audit as an important tool in promoting the adoption of clinically effective practice and is committed to maintaining an effective programme of review.
- **Internal Audit** - The integrity of the Trust's arrangements for both general and financial management and control is a fundamental prerequisite of sound risk management. The Trust actively supports a comprehensive programme of internal audit and responds positively to the auditor's findings and recommendations
- **Health and Safety Audit** - Compliance with health and safety legislation and internal policies is central to the welfare of staff and service users. An annual assessment of health and safety risk is carried out. A programme of audits to assess compliance with health and safety regulations, codes of practice and procedures is maintained.
- **Health and Safety Manual** - The Trust operates a health and safety manual which incorporates annual self assessment processes. Managers and team leaders have responsibility for a range of health and safety functions for the areas of work, staff, contractors and volunteers covered. The health and safety manual is a source of information and advice about the discharge of these responsibilities, a record of the performance of these duties and a plan to help identify and meet further health and safety needs.
- **Training** - Training is an essential prerequisite of safe working. The Trust aims to ensure it assesses the risk management training needs of all staff and that staff receive adequate training and professional education to enable them to carry out their duties safely.
- **Review and Assurance** - Each level of management, including the Board, frequently reviews the risks and controls for which it is responsible. These reviews are monitored by and reported to the next level of management and the results recorded on the risk register. Any need to change priorities or controls is either actioned or reported to those with authority to take action. Lessons that can be learned, from both successes and failures, are identified and promulgated to those who can gain from them by the Clinical Governance and Risk Manager. The Board ensures an appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control. A report identifying independent assurances is presented to the Board quarterly.
- **Involvement** - The Trust aims to involve service users, carers, the local community and its own staff in matters that affect them and ensure the manner of their participation will enhance their own confidence that the Trust and its employees will always act professionally and listen to and take account of their views. In preparation for Foundation Trust status the Trust has established a membership of nearly 1,000 and created a Council of Governors.
- **An Assurance Framework** has been developed by the Board. The process includes the identification and monitoring of:
  - the Trust's principal objectives

- the risks to these objectives
- the key controls on the risks
- the potential sources of assurance that the key controls are adequate.

The Board reviews the information provided by the assurance framework, the risk register and its business plan on a quarterly basis or more frequently if necessary. The Framework, encompassing “Standards for Better Health”, provides a means for assessing and categorising the assurances the Trust Board receives and highlights any assurance gaps. Individual senior managers are identified as the “risk owner” with responsibility for developing risk treatments and monitoring their continued effectiveness responding to changes in conditions as they arise.

The auditor’s annual report identifies some relatively minor weaknesses in the framework; however, actions have been put in place to address these.

During the year gaps in control were identified in relation to:

- the achievement of financial savings targets
- use of agency staffing,
- the monitoring of training attendance, and
- attendance at and monitoring of induction training.

Urgent action was taken to treat these risks by planning to make alternative savings and putting in additional controls on access to agency staffing. The Trust will implement new processes for managing and monitoring performance in relation to budget management, training and induction for 2006/07.

## **5. Review of effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors and managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the annual report of the external auditors, an internal review of compliance with “Standards for Better Health”, Mental Health Act Commission reports, clinical audit reports, user surveys, and reviews by the Strategic Health Authority and Workforce Development Confederation.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit Committee, Risk Management Committee and the newly formed Governance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

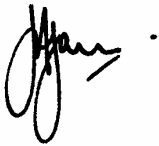
In maintaining and reviewing the effectiveness of the system of internal control:

- the Board has reviewed its Assurance Framework and Risk Register. The Board or its Committees have also considered all major assurance reports received by

the Trust and ensured action plans were developed to address any weaknesses.

- the Audit Committee has reviewed all internal and external audit reports and ensured any recommendations were addressed by the Trust.
- The Risk Management Committee has monitored closely arrangements for the prevention and control of infection. It has also considered the results of the monitoring of incident reports to ensure any lessons were carefully reviewed and acted upon.
- The Clinical Governance Committee has monitored all service areas and continued the implementation of a substantial clinical governance development plan.
- Non Executive and Executive Directors, the Chairman and I have visited services and met with staff, service users and carers as part of an informal programme of review.

Signed

A handwritten signature in black ink, appearing to read 'Jeff James', with a small dot to the right of the signature.

**Jeff James**  
**Chief Executive and Accountable Officer**  
**Gloucestershire Partnership NHS Trust**

## INDEPENDENT AUDITOR'S REPORT TO GLOUCESTERSHIRE PARTNERSHIP NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out on pages 29 to 38.

This report is made solely to the Board of Gloucestershire Partnership NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### ***Respective responsibilities of directors and auditors***

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

### ***Basis of opinion***

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

### ***Opinion***

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Signature ....  Date ..... 7 July 2006 .....

Auditor        Stephen Malyn

Address        Audit Commission, Westward House, Lime Kiln Close,  
Stoke Gifford, Bristol, BS34 8SU

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED**  
**31 March 2006**

	NOTE	£000	2004/05 £000
<b>Income from activities:</b>			
Continuing operations	3	61,120	57,929
<b>Other operating income</b>			
Continuing operations	4	22,361	20,574
<b>Operating expenses:</b>			
Continuing operations	5-7	<u>(82,883)</u>	<u>(76,740)</u>
<b>OPERATING SURPLUS (DEFICIT)</b>			
Continuing operations		598	1,763
Cost of fundamental reorganisation/restructuring		0	0
Profit (loss) on disposal of fixed assets	8	<u>88</u>	<u>(9)</u>
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>		<b>686</b>	<b>1,754</b>
Interest receivable		121	185
Interest payable	9	0	0
Other finance costs - unwinding of discount		(10)	(14)
Other finance costs - change in discount rate on provisions		<u>(43)</u>	<u>0</u>
<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>		<b>754</b>	<b>1,925</b>
Public Dividend Capital dividends payable		<u>(2,117)</u>	<u>(1,816)</u>
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>		<u><b>(1,363)</b></u>	<u><b>109</b></u>

\* The reference to notes apply to the full accounts

**BALANCE SHEET AS AT  
31st March 2006**

	NOTE	£000	2004/05 £000
<b>FIXED ASSETS</b>			
Intangible assets	10	95	129
Tangible assets	11	64,157	62,743
Investments	14.1	0	0
		<b>64,252</b>	<b>62,872</b>
<b>CURRENT ASSETS</b>			
Stocks and work in progress	12	41	30
Debtors	13	4,031	5,833
Investments	14.2	0	0
Cash at bank and in hand	18.3	239	220
		<b>4,311</b>	<b>6,083</b>
<b>CREDITORS:</b> Amounts falling due within one year	15	<b>(7,209)</b>	<b>(6,878)</b>
<b>NET CURRENT ASSETS (LIABILITIES)</b>		<b>(2,898)</b>	<b>(795)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>61,354</b>	<b>62,077</b>
<b>CREDITORS:</b> Amounts falling due after more than one year	15	0	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	16	<b>(507)</b>	<b>(866)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>60,847</b>	<b>61,211</b>
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public dividend capital	22	39,259	40,549
Revaluation reserve	17	20,754	18,955
Donated Asset reserve	17	557	286
Government grant reserve	17	0	0
Other reserves *	17	1,157	1,157
Income and expenditure reserve	17	<b>(880)</b>	<b>264</b>
<b>TOTAL TAXPAYERS EQUITY</b>		<b>60,847</b>	<b>61,211</b>

Signed:



(Chief Executive)

Date: .....6 July 2006.....

\* 'Other Reserves' - When the Trust was originally established the Statutory Instrument that confirmed the opening Public Dividend Capital was incorrect. As advised by the Department of Health, the element which has been missed off was classified as 'other reserves'

**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED**  
**31<sup>st</sup> March 2006**

	£000	2004/05 £000
Surplus (deficit) for the financial year before dividend payments	754	1,925
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	2,023	9,217
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	285	54
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	0	??
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	<b>3,062</b>	<b>11,196</b>
Prior period adjustment	0	0
<b>Total gains and losses recognised in the financial year</b>	<b>3,062</b>	<b>11,196</b>

**CASH FLOW STATEMENT FOR THE YEAR ENDED**

**31st March 2006**

	NOTE	£000	2004/05 £000
<b>OPERATING ACTIVITIES</b>			
<b>Net cash inflow(outflow) from operating activities</b>	18.1	4,730	3,290
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received		129	179
Interest paid		0	0
Interest element of finance leases		0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>		129	179
<b>CAPITAL EXPENDITURE</b>			
Payments to acquire tangible fixed assets		(2,402)	(2,264)
Receipts from sale of tangible fixed assets		688	1,380
(Payments to acquire)/receipts from sale of intangible assets		0	(3)
(Payments to acquire)/receipts from sale of fixed asset investments		0	0
<b>Net cash inflow (outflow) from capital expenditure</b>		(1,714)	(887)
<b>DIVIDENDS PAID</b>		(2,117)	(1,816)
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>		1,028	766
<b>MANAGEMENT OF LIQUID RESOURCES</b>			
Purchase of current asset investments		0	0
Sale of current asset investments		0	0
<b>Net cash inflow (outflow) from management of liquid resources</b>		0	0
<b>Net cash inflow (outflow) before financing</b>		1,028	766
<b>FINANCING</b>			
Public dividend capital received		0	0
Public dividend capital repaid (not previously accrued)		(1,290)	(785)
Public dividend capital repaid (accrued in prior period)		0	0
Loans received		0	0
Loans repaid		0	0
Other capital receipts		281	39
Capital element of finance lease rental payments		0	0
Cash transferred from/to other NHS bodies		0	0
<b>Net cash inflow (outflow) from financing</b>		(1,009)	(746)
<b>Increase (decrease) in cash</b>		19	(20)

## SEGMENTAL ANALYSIS AND MAJOR INCOME GENERATION SCHEMES

The following information segments the results of the trust by:

### Local Authority Activities:

The Trust has an agreement under section 31 of the Health Act 1999 with Gloucestershire County Council for the provision of Working Age Mental Health Services and Substance Abuse Services. This agreement was established at the start of the Financial Year 2002/2003 with the aim of providing a more integrated service to users. Whilst the Trust manages the services the Local Authority remains accountable for social care activities. The Trust will be exploring with the County Council the further benefits that may be gained from pooling budgets.

### Mayfield Homes Trust Ltd activities:

The Gloucestershire Partnership NHS Trust provide nursing and care staff to 19 residential and nursing homes, operated by the charity 'Mayfield Homes Trust Ltd'. Each home provides care for people with mental health problems or a learning disability. This contract is an income generation scheme.

### MEND activities:

The Gloucestershire Partnership NHS Trust provide nursing and care staff to 11 residential and nursing homes, operated by the charity 'MEND'. Each home provides care for people with mental health problems or a learning disability. This contract is an income generation scheme.

	Healthcare £000		Mayfield £000		MEND £000		Local Authority £000		Total £000	
	2005/06	2004/05	2005/06	2004/05	2005/06	2004/05	2005/06	2004/05	2005/06	2004/05
INCOME	69,153	65,527	5,683	4,811	3,654	3,468	4,991	4,697	83,481	78,503
SURPLUS/(DEFICIT)										
Segment surplus/(deficit)	(1,412)	105	0	2	0	1	(36)	1	(1,448)	109
Common costs	0	0	0	0	0	0	0	0	0	0
Surplus/(deficit) before interest	(1,412)	105	0	2	0	1	(36)	1	(1,448)	109
NET ASSETS:										
Segment net assets	56,956	52,736	1,024	581	(1)	211	(122)	(84)	57,857	53,444

**Management costs**

	2005/06 £000	2004/05 £000
Management costs	4,300	4,011
Income	76,535	72,012

Management costs are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

**Better Payment Practice Code - measure of compliance**

	2005/06 Number	2005/06 £000
Total Non-NHS trade invoices paid in the year	31,132	14,632
Total Non-NHS trade invoices paid within target	27,955	13,618
Percentage of Non-NHS trade invoices paid within target	90%	93%
Total NHS trade invoices paid in the year	1,199	4,412
Total NHS trade invoices paid within target	1,089	3,855
Percentage of NHS trade invoices paid within target	91%	87%

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

**Post Balance Sheet Events**

There are no post balance sheet events having a material effect on the accounts.

**Related Party Transactions**

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Gloucestershire Partnership NHS Trust

The Trust has made no political or charitable donations during the financial year as it does not have the power to make these.

**Disclosure of Audit Fee**

The Audit Commission carry out the external audit duties for the Gloucestershire Partnership NHS Trust. The cost of work performed by the auditor in respect of the reporting period was £107k. All of this was in respect of the statutory audit and services carried out in relation to the statutory audit e.g. reports to the Department of Health.

## CHARITABLE FUNDS

The Gloucestershire Partnership NHS Trust Charitable Fund received income of £27,000 in 2005-06 compared with £41,000 in 2004-05. Expenditure during the year was £309,000 compared with £29,000 in 2004-05. The total fund balances at 31 March 2006 was £244,000.

The main sources of income and resources expended were as follows:

<b>INCOME</b>	<b>2005/06 £'000</b>	<b>2004/05 £'000</b>
Donations	10	11
Legacies	0	8
Investment income	17	22
<b>Total Income</b>	<b>27</b>	<b>41</b>
<b>EXPENDITURE</b>		
Activities in furtherance of charity's objectives		
Patients welfare and amenities	264	16
Staff welfare and amenities	2	3
Research	0	0
Contribution to NHS	33	0
	299	19
Management and administration	10	10
<b>Total Expenditure</b>	<b>309</b>	<b>29</b>
Increase (decrease) in funds	<b>(282)</b>	<b>12</b>
<b>TOTAL FUND BALANCES</b>	<b>244</b>	<b>526</b>

The audited accounts of the Funds Held on Trust "Gloucestershire Partnership NHS Trust Charitable Fund" and the "Gloucestershire Partnership NHS Trust Full Annual Accounts" are both available on request from the **Director of Finance, Finance Directorate, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester, GL1 1LY.**

## Remuneration Report

The Trust has an Appointments and Remuneration Committee. The terms of reference for the Committee were agreed at the July 2004 meeting of the Committee and it was agreed by the Trust Board in February 2006 that these would remain unchanged. The Chair and Non-Executive Directors are members of the Committee.

The Committee is responsible for the remuneration of its Chief Executive and Board Directors. The terms and conditions of the Chair and Non-Executive Directors are determined nationally. Other senior managers in the organisation are now covered by the national terms and conditions, Agenda for Change.

The Appointments and Remuneration Committee determines the salary of its Executive Board Directors through formal benchmarking data and the adoption of job evaluation principles developed through an external organisation. This is reviewed on a regular basis. It has adopted a policy of developing a very simple reward package which is based on a "spot" salary and includes no additional other pay or non pay benefits which are outside standard terms and conditions which apply to the majority of staff employed within the Trust i.e. annual leave, sick pay.

The Committee receives an annual report on the performance of the Chief Executive and Executive Directors from the Chair and Chief Executive respectively. This follows the assessment of the appraisal objectives for each member of the Board which are agreed at the beginning of each financial year.

The Chief Executive and Executive Directors hold substantive contracts with the Trust. The Chief Executive's contract is subject to six months written notice from either party. The exception to this is in the cases of incapacity and for reasons of qualification, conduct or capability. In these cases the contract is subject to three months notice of termination. The Executive Directors contract is subject to a standard notice period of three months. None of the contracts for the Chief Executive or Board Directors contain clauses specifying termination payments which are outside standard practice within the NHS, i.e. redundancy/early retirement.

The Trust has made two significant awards in the financial year 2005/2006. One of these was to its Chief Executive who also held a joint appointment with Avon and Wiltshire Mental Health Partnership NHS Trust. The second was to the Deputy Chief Executive who took on additional duties in the absence of the Trust's Chief Executive.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the NHS Trust to identify its share of the underlying scheme assets and liabilities. Therefore the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Further details can be found in the full statement of accounts.

Salary and Pension Entitlement of Senior Managers - A) Remuneration

Name and Title	2005-06			2004-05		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100	(bands of £5000) £000	(bands of £5000) £000	Rounded to the nearest £100
Robert Maxwell Chairman	15-20	0	0	15-20	0	0
Kate McDuff Non-Exec Dir	05-10	0	0	05-10	0	0
Frank Powell Non-Exec Dir	05-10	0	0	05-10	0	0
Lizzie Abderrahim Non Ex Dir	05-10	0	0	05-10	0	0
John Edmonds Non-Exec Dir	00-05	0	0	05-10	0	0
Mike Evans Non-Exec Dir	05-10	0	0	05-10	0	0
Jeff James Chief Executive	65-70	0	0	100-105	0	0
David Coombs Dir of Nursing	90-95	0	0	75-80	0	0
Jenny Groom Dir of Finance	0	0	0	5-10	0	0
Paul Dodd Dir of Finance	0	0	0	50-55	0-5	0
Sandra Betney Dir of Finance	75-80	0	0	0-05	0	0
Ian Gregory Dir Soc Dev	70-75	0	0	65-70	0	0
David McGrath Dir Social Care	70-75	0	0	65-70	0	0
Jonathon Cash Asst Dir Allied Health Prof	05-10	65-70	0	05-10	60-65	0
Kay Harrison Dir of Human Resources	70-75	0	0	70-75	0	0
Paul Winterbottom Medical Director	45-50	150-155	0	50-55	155-160	0
Bob Feirn Care Group Manager	45-50	0	0	40-45	0	0
Linda Folley Care Group Manager	55-60	0	0	50-55	0	0
Don Campbell Care Group Manager	0	0	0	0-5	0	0
Ted Quinn Care Group Manager	50-55	0	0	45-50	0	0
Thomas Flanigan Care Group Manager	45-50	0	0	40-45	0	0
David Jones Care Group Manager	95-100	0	0	90-95	0	0

Jeff James performed the role of Chief executive for Avon & Wiltshire Mental Health Partnership from 1<sup>st</sup> January 2005 until 31<sup>st</sup> January 2006 on a part time basis. The figure shown represents the costs incurred by Gloucestershire Partnership NHS Trust in 2005/06. Jonathan Cash, Ian Gregory & Kay Harrison are Associate Directors. David Jones is an employee of the Studio 3 and the expenditure was £97,200 in 2005/06. The Medical Director and Director of Allied Health Professions are part time roles whose payment is identified under salary. Pay associated with the clinical work of these individuals is shown as other remuneration

### Salary and Pension Entitlement of Senior Managers - B) Pension Benefits

Name and title	Real increase in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100
Robert Maxwell Chairman						
Kate MacDuff Non-Exec Dir						
Frank Powell Non-Exec Dir						
Lizzie Abderrahim Non Ex Dir						
John Edmonds Non-Exec Dir						
Mike Evans Non-Exec Dir						
Jeff James Chief Executive	20-22.5	150-155	653	533	74	16,800
David Coombs Dir of Nursing	75-77.5	260-265	1261	826	290	12,800
Sandra Betney Dir of Finance-2004/05		55-60	163			11,200
Ian Gregory Dir Soc Dev	2.5-5	55-60	203	170	20	9,900
David McGrath Dir Social Care	2.5-5	115-120	451	414	18	9,900
Jonathon Cash Asst Dir Allied Health Prof	10-12.5	60-65	194	155	25	9,900
Kay Harrison Dir of Human Resources	-10--12.5	80-85	266	289	-21	10,200
Paul Winterbottom Medical Director	0-2.5	110-115	365	338	13	24,500
Bob Feirn Care Group Manager	12.5-15	110-115	427	350	48	6,800
Linda Folley Care Group Manager	7.5-10	70-75	294	243	31	7,700
Ted Quinn Care Group Manager	5-7.5	60-65	231	198	19	7,100
Thomas Flanigan Care Group Manager	0-2.5	15-20	69	53	10	6,500

The benefit in kind relates to travel expense allowances where subject to income tax. As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members

# Corporate Governance

## The Board and its Committees

### Non Executive Directors 2005/06

	Date Appointed
Mr Robert Maxwell CVO, CBE	January 2002
Mrs Lizzie Abderrahim	February 2002
Mr John Edmonds	February 2002 (to August 2005)
Ms Tracy Barber	March 2006
Mr Mike Evans	January 2003
Mrs Kate MacDuff	February 2002
Mr Frank Powell	February 2002

### Executive and Associate Directors 2005-6

Mr Jeff James <sup>1</sup>	Chief Executive
Miss Sandra Betney	Director of Finance
Mr David Coombs	Director of Nursing and Deputy Chief Executive (to 31 <sup>st</sup> March 2006)
Mrs Kay Harrison	Director of HR and Organisational Development
Mr Ian Gregory	Director of Service Development
Mr David McGrath	Director of Social Care
Dr Paul Winterbottom	Medical Director
Mr Jon Cash	Associate Director Allied Health Professions

<sup>1</sup>Jeff James performed a joint role of Chief Executive for Avon and Wiltshire Mental Health Partnership NHS Trust from January 2005 until January 2006.

## Corporate Governance

The Trust's corporate governance framework enables it to exercise high standards of financial probity, decision making and risk management through a series of Board Committees.

## Board Committees

There are five Sub-Committees of the full Board:

- **Appointments and Remuneration** – All Non-Executive Directors are members of this committee which is chaired by Robert Maxwell, Trust Chairman. It determines terms and salaries and considers performance of the Executive members of the Trust Board. It appointed the Chief Executive and Executive Directors in accordance with national guidance. These appointments are substantive and can be terminated for the same reasons as all other staff.
- **Audit** – All Non-Executive Directors were members of this committee. John Edmonds and subsequently Mike Evans, chaired the Audit Committee which

through a process of independent objective review provides the Board with additional assurance that appropriate standards of financial and organisational stewardship are being promoted and maintained.

- **Charitable Funds** – Kate MacDuff, Non-Executive Director, chaired the Charitable Funds Committee which oversees charitable fund income and expenditure and reviews compliance with legal obligations.
- **Risk Management** – Mike Evans, Non-Executive Director, chaired the Risk Management Committee which is responsible for co-ordinating all aspects of risk management for the Trust.
- **Clinical Governance** – Frank Powell, Non-Executive Director, chaired the Clinical Governance Committee which provides the Board with assurance that appropriate standards of clinical governance are being promoted and maintained.

**There are a number of Sub Groups of the full Board:-**

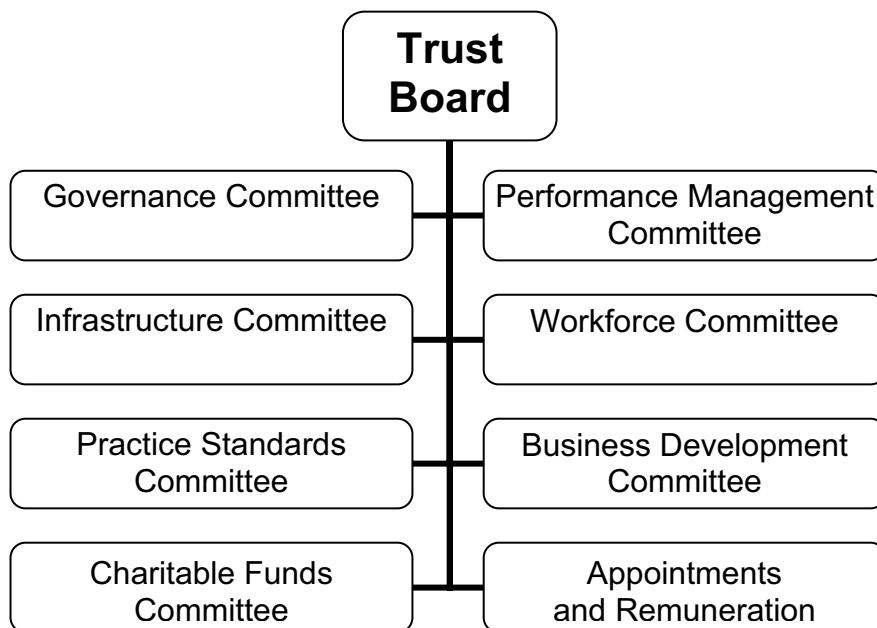
- *Mental Health Act Managers* – Chaired by Non-Executive Director Kate MacDuff
- *Race Equality Steering Group* – Chaired by Non-Executive Director Lizzie Abderrahim
- *Equality and Diversity Group* – Chaired by Non-Executive Director Lizzie Abderrahim

These sub-Groups reported regularly to the full Board, through the Non-Executive Director who leads their work.

The Trust Board reviewed its Governance arrangements during the year with a view to:

- Improving accountability for performance, business focus and the scrutiny of policies
- Assigning responsibility for new functions resulting from Foundation Trust status
- Managing arrangements with other NHS organisations including PCTs more effectively
- Developing sharper reporting arrangements

The Board has agreed a new Committee structure for the coming year which is set out below.



**Revised Board Committee Structure**

The Charitable funds Committee and Appointments and Remuneration Committee are unaltered. The Risk and Audit Committees merge into a Governance Committee. The Practice Standards Committee brings clinical governance and organisational management into a single forum tasked with ensuring all the Trust’s services are able to deliver evidenced based, economic and effective care. Committees dealing with workforce issues, performance management, business development and infrastructure (buildings, information systems, catering etc.) will enable the Board to give more focus and structure to important work formerly carried out by a variety of ad hoc groups.

## **Board Meetings**

During 2005/06 the Board held open meetings on the second Monday of each month. Full Board papers were circulated to 25 organisations in the Avon Gloucestershire and Wiltshire Strategic Health Authority area. Board meetings were attended by members of the Patient and Public Involvement Forum. Members of the public were given the opportunity to ask questions and comment on the discussions.

Board papers are posted on our website at [www.partnershiptrust.org.uk](http://www.partnershiptrust.org.uk) where you may also obtain further information about the Trust.

## Becoming an NHS Foundation Trust Member

Anyone 16 years or over, living in Gloucestershire may become a prospective Gloucestershire Partnership NHS Foundation Trust Member - simply complete and return the detachable application form at the back of the document. You can also become a Member by calling 01452 891094 or visiting [www.partnershiptrust.org.uk](http://www.partnershiptrust.org.uk)

Becoming a Member helps the Trust tackle the issues that matter to local people more easily, challenges the stigma attached to mental illness and improves how it involves local people and staff in the decisions it makes

All Members receive regular information about the Trust and support to become involved at a level that suits their particular wishes. Members can also stand and vote in elections to the Trust's Council of Governors.

## NHS Foundation Trust Governors

Members elect Governors to represent the six public and five staff constituencies. A further four Governors will be nominated from the County Council, District, Borough and City councils, the Learning Disability Partnership Board and the Primary Care Trust. Governor elections were held in March 2006 and Governors were elected in the six public and five staff constituencies. For more information please contact the Communications Manager, 01452 891094.

The table below describes the constituencies and the number of Governors.

<b>Council of Governors</b>		
<b>Public Governors</b>	<b>Staff Governors</b>	<b>Local Authority, Primary Care Trust and Partnership Governors</b>
3 Cheltenham Borough Council area	1 Medical	Chairman of the Trust
2 Cotswold District Council area	3 Nurses	1 County Council
2 Forest of Dean District Council area	1 Allied health professional and social work	1 District, Borough or City Council
3 Gloucester City Council area	1 Support Staff	1 Learning Disability Partnership Board
3 Stroud District Council area	2 Management, Administrative and others	1 Primary Care Trust
2 Tewkesbury Borough Council area		

## How to access more information on NHS Foundation Trusts

The following are available at [www.partnershiptrust.org.uk](http://www.partnershiptrust.org.uk)

- A short guide to NHS Foundation Trusts
- Frequently Asked Questions about NHS Foundation Trusts
- Pocket guides on Membership and Governors

## Your Views

If you would like to comment upon or ask a question about the Annual Report 2005/06 you may wish to complete and return the detachable feedback form at the back of the document or email [annualreport2005.06@glos.nhs.uk](mailto:annualreport2005.06@glos.nhs.uk) You can also feedback via the Trust website at [www.partnershiptrust.org.uk](http://www.partnershiptrust.org.uk)

### Obtaining the Annual Report 2005/06 in other formats

If you would like the Annual Report 2005/06 in large print, Braille, audio cassette tape, or another language please telephone 01452 891094 or email [annualreport2005.06@glos.nhs.uk](mailto:annualreport2005.06@glos.nhs.uk)

You can view an on-line version at [www.partnershiptrust.org.uk](http://www.partnershiptrust.org.uk)

## Useful Website Links

Gloucestershire Partnership NHS Trust	<a href="http://www.partnershiptrust.org.uk">www.partnershiptrust.org.uk</a>
Department of Health	<a href="http://www.dh.gov.uk">www.dh.gov.uk</a>
Health Care Commission	<a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a>
Monitor	<a href="http://www.regulator-nhsft.gov.uk">www.regulator-nhsft.gov.uk</a>
Gloucestershire County Council	<a href="http://www.gloucestershire.gov.uk">www.gloucestershire.gov.uk</a>
Supporting People	<a href="http://www.spkweb.org.uk">www.spkweb.org.uk</a>
NHS Litigation Authority	<a href="http://www.nhsla.com">www.nhsla.com</a>
South West Strategic Health Authority	<a href="http://www.southwest.nhs.uk">www.southwest.nhs.uk</a>

# Glossary

Agenda for Change	New pay framework for NHS staff
Annual Health Check	Healthcare Commission's system of assessment for all NHS Trusts in England
Carer	Someone who looks after a service user
Carers pathway	Defines the step-by-step processes staff use, from the identification of a carer, through assessment of need, to provision of support to meet identified need
Clinical Negligence Scheme	Handles all clinical negligence claims against member NHS bodies
Council of Governors	Represents NHS Foundation Trust members, ensuring that the local community is directly involved in the Trust's governance and that Trust operates in a way that is compliant with its objectives and the terms of its licence
Dysphagia	Difficulty or discomfort when swallowing
Electronic Staff Record	National integrated Human Resources and payroll system
Executive Directors	Senior employees of an NHS Trust who sit on the Board of Directors and who have decision-making powers and a defined set of responsibilities
Governance arrangements	Rules that govern the internal conduct of an organisation
Governor	A NHS Foundation Trust member elected to serve on the Trust's Council of Governors
Healthcare Commission	Inspector of NHS standards
Improving Working Lives Practice Plus	National programme to help NHS organisations become model employers
Independent regulator (Monitor)	Person appointed by Act of Parliament to oversee performance of NHS Foundation Trusts
Integrated Care Pathway	A document - or set of documents - stating who, what, when and how care will be delivered
Members	Individuals with an interest in the development and well-being of an NHS Foundation Trust who register as members
Monitor	See Independent Regulator
NHS Foundation Trust	A public benefit healthcare organisation created by Act of Parliament to treat NHS patients
NHS Litigation Authority	Special Health Authority responsible for handling negligence claims made against NHS bodies in England
National Service Frameworks	Long-term strategies for improving specific areas of care
Non-Executive Directors	Lay people drawn from the community served by the Trust, required to hold the executive to account and help the Board ensure the delivery of services to patients
Patient Group Directives	Written instructions to allow nurses to supply and administer a specific medication to a group of service users who may not be individually identified before treatment so as to avoid unnecessary delays. Used when large numbers of individuals require the same medication, for example flu immunisation
Primary Care Trust	Local NHS commissioners of health care
Service user	Someone who uses the services of the Trust for assessment, treatment or care
Standards for Better Health	A common set of requirements applying across all health care organisations to ensure health services are safe and of an acceptable quality
Social care	Services that attend to people's social needs
Social inclusion	Involving people in the main body of society
Stigma	A mark of social exclusion
Supporting People	Working partnership of local government, service users and support agencies aimed at offering vulnerable people the opportunity to improve their quality of life by providing a stable environment which enables greater independence

## GLOUCESTERSHIRE PARTNERSHIP NHS TRUST

### ANNUAL REPORT 2005/06

If you would like to become a prospective NHS Foundation Trust Member and/or comment upon our Annual Report please complete and return this form.

**Yes, I want to become a Gloucestershire Partnership NHS Foundation Trust Member**  (Please tick)

Comment upon Annual Report 2005/06	
<b>I found the Annual Report 2005/06 to be (please circle):</b>	
<b>1</b>	Informative / quite informative / not informative
<b>2</b>	Very easy to read / quite easy to read / not easy to read
<b>3</b>	The right length/ too short / too long
<b>Are there particular areas that you would like to know more about?</b>	
<b>Do you have any other comments?</b>	
You may use my personal details to register me as a member <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
You may use my personal details to analyse the distribution and readership of the Annual Report: <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
Personal Details	
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> (Please state)
<b>Name</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Postcode</b>	
<b>Gender</b>	Female <input type="checkbox"/> Male <input type="checkbox"/>
<b>Ethnic origin</b>	<b>WHITE</b> British <input type="checkbox"/> Irish <input type="checkbox"/> Other <input type="checkbox"/> <b>MIXED</b> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other <input type="checkbox"/> <b>ASIAN OR ASIAN BRITISH</b> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other <input type="checkbox"/> <b>BLACK OR BLACK BRITISH</b> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other <input type="checkbox"/> <b>CHINESE OR OTHER ETHNIC GROUP</b> Chinese <input type="checkbox"/> Other <input type="checkbox"/>
<b>Disability</b>	Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>

## Data Protection

### General information

Gloucestershire Partnership NHS Trust shall comply with the Data Protection Act 1998 in relation to the processing of personal data. You have a right to ask for a copy of your information - for which we charge a £10 fee - and to correct any inaccuracies. The Data Controller for this information is Gloucestershire Partnership NHS Trust and the nominated representative is the Freedom of Information/Data Protection Manager, Gloucestershire Partnership NHS Trust, Rikenel, Montpellier, Gloucester GL1 1LY. Telephone: 01452 891094

### Use of data for NHS Foundation Trust membership purposes

Personal data supplied will be held on a computer database and in a paper file. We will continue to keep your details until you inform us that you wish to have them removed. We will periodically contact you to see if you remain happy for us to keep your details. The computer database will be kept on a password protected secure system and access will be limited to key Partnership Trust staff working on the NHS Foundation Trust project.

### Use of data for analysing the distribution and readership of the Annual Annual Report

The Trust will use the information provided for analysing the distribution and readership of the Annual Report 2005/06. Your information will form part of an aggregate database but you will not be individually identifiable from this. The information will form part of a report to the Trust Board and will be available in the public domain. If contact details have been provided these will only be used to respond to any specific questions you have raised on the Annual Report. We will keep the information provided in manual form for a reasonable period to enable us to respond to any questions. These forms will be confidentially destroyed once questions have been addressed, unless you have used the form to become a NHS Foundation Trust member in which case it will be stored as described above. By returning this form you consent to our processing your sensitive personal data (such as ethnicity) for the above purposes.

### Please return this form to:

**Communications Manager  
Gloucestershire Partnership NHS Trust  
Rikenel  
Montpellier  
Gloucester  
GL1 1LY**

## 告羅士打郡合夥國家健康服務信託

### 2005/06 週年報告書

這是告羅士打郡合夥國家健康服務信託 2005/06 的週年報告書。

本信託在郡內提供有關精神健康及學習困難的服務。

這份報告書告訴你我們在過去一年的成就及怎樣利用我們的金錢。

如果你希望知道更多有關本信託的資料，請聯絡 Deborah Richards 女士，地址是 Rikenel, Montpellier, Gloucester, GL1 1LY 或者致電 01452 891000。

## ગ્લોસ્ટરશાયર પાર્ટનરશીપ એનએચએસ ટ્રસ્ટ

### વાર્ષિક અહેવાલ ૨૦૦૫/૦૬

આ ગ્લોસ્ટરશાયર પાર્ટનરશીપ એનએચએસ ટ્રસ્ટનો ૨૦૦૫/૦૬નાં વર્ષનો વાર્ષિક અહેવાલ છે.

આ ટ્રસ્ટ આખી કાઉન્ટીમાં માનસિક તંદુરસ્તી અને શીખવાની તકલીફ (લર્નીંગ ડિસેબિલિટી)વાળા લોકો માટે સેવાઓ પૂરી પાડે છે.

આ અહેવાલ તમોને બતાવે છે કે ગયે વર્ષે અમે શું કર્યું અને કેવી રીતે અમે પૈસા ખર્ચ્યા.

આ ટ્રસ્ટ વિષે જો તમારે વધારે જાણવું હોય તો મહેરબાની કરીને ડેબોરાહ રીચાર્ડ્સનો રીકનલ, મોન્ટપેલીઅર, ગ્લોસ્ટર, જીએલ૧ ૧એલવાય પર સંપર્ક સાંધશો અથવા ૦૧૪૫૨ ૮૯૧૦૦૦ નંબર પર ફોન કરશો.

## গ্লস্টারশায়ার পার্টনারশিপ এন্‌এইচ‌এস্‌ ট্রাস্ট

### ২০০৫/০৬ সালের বাৎসরিক রিপোর্ট

এটা হচ্ছে গ্লস্টারশায়ার পার্টনারশিপ এন্‌এইচ‌এস্‌ ট্রাস্ট-এর ২০০৫/০৬ সালের জন্য বাৎসরিক রিপোর্ট।

সারা কাউন্টি জুড়ে এই ট্রাস্টটি মানসিক স্বাস্থ্য ও শিক্ষাগত প্রতিবন্ধীত্ব সংক্রান্ত পরিষেবা (সার্ভিস) দিয়ে থাকে।

গত বছর আমরা কি সম্পাদন করতে পেরেছি এবং কিভাবে আমাদের অর্থ আমরা খরচ করেছি তা এই রিপোর্টে আপনাকে বলা হয়েছে।

এই ট্রাস্টের বিষয়ে আপনি আরও জানতে চাইলে, Rikenel, Montpellier, Gloucester, (রিকেনেল, মন্টপেলিয়ার, গ্লস্টার) GL1 1LY ঠিকানায় ডেবোরা রিচার্ডস-এর সাথে যোগাযোগ করবেন অথবা ০১৪৫২ ৮৯১০০০ নম্বরে টেলিফোন করবেন।

Urdu

گلوٹرشائر پارٹنرشپ این ایچ ایس ٹرسٹ

سالانہ رپورٹ 2006 / 2005

یہ گلوٹرشائر پارٹنرشپ این ایچ ایس ٹرسٹ کی 2006 / 2005 سالانہ رپورٹ ہے

یہ ٹرسٹ تمام کاؤنٹی میں مینٹل ہیلتھ اور لرننگ ڈز ایبلٹی سروسز (ذہنی صحت اور سیکھنے میں دشواریوں سے متعلقہ خدمات) مہیا کرتا ہے۔

اس رپورٹ میں یہ بتایا گیا ہے کہ پچھلے سال ہم نے کیا حاصل کیا ہے اور کس طرح سے ہم نے پیسے خرچ کئے۔

اگر آپ ٹرسٹ کے بارے میں مزید جاننا چاہتے ہیں تو براہ مہربانی ان سے رابطہ قائم کریں۔ ڈیبراہ رچرڈز (Deborah Richards)، ریکنل، مائونٹ پیلیر، گلوٹرشائر، جی ایل 1 1 ایل وائی یا اس نمبر

پرفون کریں 01452 891000۔









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