



# Annual Report and Accounts 2011/12



Presented to Parliament pursuant to Schedule 7,  
paragraph 25(4) of the National Health Service Act 2006.

2gether NHS Foundation Trust

Annual Report and Accounts 2011/12

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# Overview

We're 2gether - a specialist NHS trust providing social and mental healthcare services in Gloucestershire, Herefordshire and our surrounding region.

Our priority is to deliver quality services and exceptional customer experience.

Our purpose is to make life better.

We were one of the first ten mental health trusts to achieve foundation trust status on 1 July 2007.

The applicant organisation, Gloucestershire Partnership NHS Trust, as established ten years ago when we brought together specialist staff and services from four different organisations: Severn NHS Trust, East Gloucestershire NHS Trust, Gloucestershire County Council and Gloucestershire Health Authority.

Our name is a sign of our commitment to how we want to work: together for our communities; together with our commissioners; and together to improve the emotional wellbeing of the people we serve.

## About your trust

We serve a population of over **761,000** and support around **12,500** people at any one time.

Last year we:

Made over  
**326,000**  
contacts by face to face,  
phone and in our clinics

Cared for over  
**1,500**  
people in our hospitals

Employed nearly  
**2,200**  
professionals

Provided services  
from more than  
**100**  
sites

## Gloucestershire

Each of our localities is aligned to our local general practice surgeries and deliver local services to our communities through multidisciplinary and specialist teams. The teams are:

- One Stop Teams
- Primary Mental Health Care
- Specialist services including Prison Healthcare, Managing Memory, Hospital Liaison, and care for Children and Young People
- Let's Talk - Improving Access to Psychological Therapies

## Herefordshire

We provide a comprehensive range of integrated mental health and social care services across the county. Our services are as follow:

- Primary Care Mental Health Team
- Recovery Teams - providing community-based mental health service
- Children and Adolescent Mental Health Team
- Specialist teams including Early intervention, Assertive Outreach and Crisis Resolution teams, Drug and Alcohol services
- Let's Talk - Improving Access to Psychological Therapies
- Adult inpatient care provided through inpatient beds at Stonebow Unit and Recovery beds at Oak House

In South Gloucestershire, we provide **Let's Talk**, our award winning Improving Access to Psychological Therapy (IAPT) service.

We also provide **Occupational Health** services to public and private sector clients under our Working Well 2gether identity. Our **Journey 2 Work** and **Back 2 Work** services facilitate vocational opportunities and promote social inclusion for people in recovery.

We also provide adult inpatient care at Wotton Lawn and Charlton Lane Hospital; Psychiatric Intensive Care within our Greyfriars Unit and Section 136 care at our Maxwell Centre Assessment Suite. Specialist substance misuse (detoxification) care is provided at BranchLea Cross; and support for people with a learning disability is provided at Hollybrook and Westridge.

# Director's Report

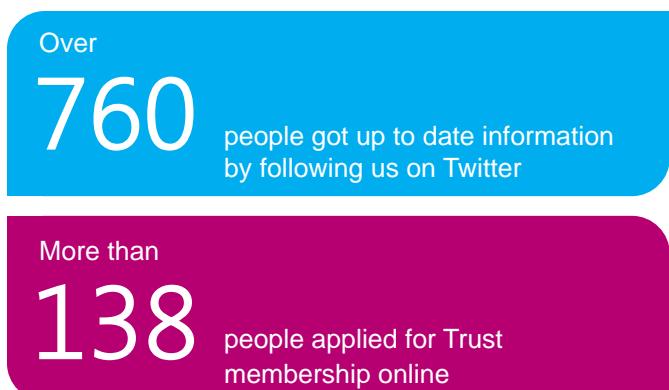
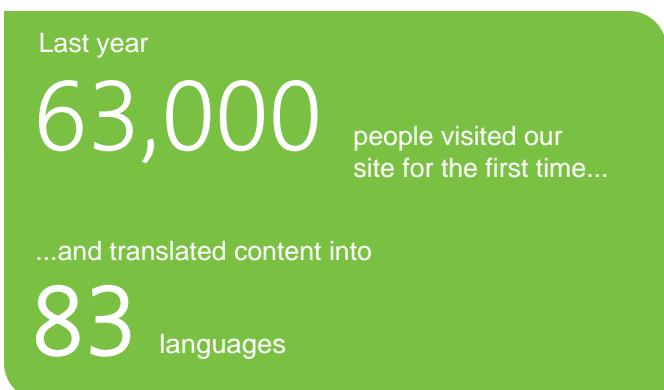
Our fifth Annual Report as a Foundation Trust explains more about who we are, what we do, what we achieved over the last 12 months and what we plan to do in the future.

The first part reports on our developments and reviews our activities over the last twelve months April 2011 - March 2012 and our plans for 2011-2012.

The second part is our Quality Report - a review of our standards and performance during 2011/12 and our priorities for improvement and focus in 2012/13.

The third part is our annual accounts for 2011/12.

## Go online



## Go online

If you haven't already seen our interactive Trust website, try going online to get up to date information and news on your Trust.



You can also download a copy of our Annual Reports and our Quality Risk Profiles – our quarterly update on performance standards.

[2gether.nhs.uk/trust-leaflets](http://2gether.nhs.uk/trust-leaflets)

[2gether.nhs.uk/quality-and-performance](http://2gether.nhs.uk/quality-and-performance)

## Join us

Join us online now to benefit from accessible information that helps protect our environment and saves costs.

Twitter: @2getherTrust

Facebook: 2getherNHSFoundationTrust



# Welcome

## By any standards this has been an extraordinarily challenging year.

We are on track to deliver our planned reforms aimed at transforming mental health services in Herefordshire; welcomed colleagues from HMP Gloucester healthcare team into the Trust; worked with NHS Gloucestershire to deliver a new emotional wellbeing service for children and young people; and continued our implementation of Fair Horizons, our new way of delivering services in Gloucestershire.

A large number of our staff have changed roles and locations and our significant progress is thanks to them - their focus, innovation, flexibility and commitment.

Our communities access a number of our different services at different times in their life. It is important that we provide the right care at the right time and in the right place. As an NHS foundation trust specialising in mental and social healthcare, we exist to help make life better for the thousands of people who live in our communities that are impacted by mental ill health, have learning disabilities or substance misuse problems.

Our aim is to work together with our service users and their carers and family to make sure they are at the heart of everything we do. It is our name and a statement of the philosophy that lies at the heart of how we seek to achieve our purpose: together with our commissioners and partners, together for our service users and carers; and together to achieve good emotional wellbeing within the communities we serve.

We know that really good organisations help give back to their communities. We learn from the best in the world and strive to deliver a comparable level of quality and customer experience. In short we take corporate and social responsibilities seriously.

Our local and national indicators tell us that we are a good organisation but we want to be better. When we get it right, we celebrate. When we don't, we work with others to learn where we could do better and how we can make a difference.

We do this by listening and learning to the people in our communities; building on good working relationships with our commissioners, general practice and regulators; and by creating effective partnerships with appropriate organisations so that collectively we can provide an efficient, effective, economic and equitable service.

In January this year, the Coroner's Office asked the Care Quality Commission (CQC), England's independent regulator of all health and social care services, to investigate concerns that our services were fragmented and not centred on our patients. Their report assessed two outcome measures, focussing on the care and welfare of those who use services and the systems that are in place to monitor the quality of services.

The review found that there had been considerable improvements and noted positive comments from service users, carers and health professionals that they interviewed. It concluded that the Trust was compliant on both outcomes.

The CQC also made two unannounced visits to our learning disability hospitals in Gloucestershire during October and November 2011.

This was part of their national review programme of services for people with a learning disability following the concerns and the subsequent investigation into patient care at a private hospital in Bristol.

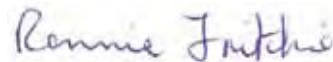
The CQC report on our services showed that we were compliant, meeting all essential standards of quality and safety. It also noted concerns around personal care records, primarily due to the Trust's current transition from using paper to electronic care records. We addressed their concerns immediately.

Over the last year, we have worked hard to deliver savings of £4.3m. Next year will be as big a challenge and the pace of change will continue while the NHS strives to make efficiency savings of £20 billion.

We believe that we can continue to deliver the highest standards of quality if we continue to work together.

Our promise is to use our Foundation Trust status to work together with our members so that local opinion remains at the heart of everything we do. Join us and together we can make a difference.

Thank you to everyone who has helped make a difference this year; staff working to help people in our communities; staff working in our hospitals that were awarded Excellent ratings for patient environments and Accreditation of Inpatient Mental Health Services (AIMS) from the Royal College of Psychiatrists; volunteers for their unfaltering commitment; award winning nurses recognised in national awards; and the fantastic and innovative work demonstrated by the nominees in our Recognising Outstanding Contribution and Service awards. You demonstrate our Trust values on a daily basis and deliver the quality of care that helps change lives.



**Baroness Rennie Fritchie**  
Chair



**Shaun Clee**  
Chief Executive Officer



# Review of the year

The NHS must deliver efficiency savings of  
**£20billion**  
by 2014/15

Our efficiency and sustainability initiatives delivers savings of  
**£4.3m**

Next year we must deliver further savings of  
**£5.8m**

We are Public Benefit Corporation and accountable to local people. Members of the public, our service users, staff and partner organisations help influence the strategic planning of the organisation by being a member and standing for election to the Council of Governors.

We are licensed to provide services by Care Quality Commission (CQC), England's independent regulator of all health and adult social care; and authorised by Monitor, the independent regulator of NHS Foundation Trusts in England.

Every quarter, Monitor assigns each NHS Foundation Trust a risk rating for governance, finance and the

provision of mandatory goods and services (as defined in their terms of authorisation).

Financial risk ratings are allocated using a scorecard which compares key financial metrics consistently across all Foundation Trusts. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the highest.

A green risk rating indicates that our governance arrangements comply with our terms of authorisation.

## Summary of <sup>2</sup>gether's ratings for 2010/11 and 2011/12

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial Risk Rating	4	4	4	4	4
Governance Risk Rating					
Mandatory Services					
	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial Risk Rating	4	4	4	4	4
Governance Risk Rating					
Mandatory Services					

## Key Organisational Risks

Our strategic aims for the last year were to deliver the mechanisms and governance processes to successfully prepare us for the challenges and opportunities that may lay ahead. We wanted to:

- deliver our service delivery reconfiguration in Gloucestershire;
- ensure the smooth integration of new services;
- continue to improve quality; and
- work hard to build and maintain productive partnerships.

This means that as part of our planned programme of continuous improvement, we are progressing through transformational change in three key areas:

- Fair Horizons;
- Children and Young Peoples services in Gloucestershire; and
- Mental health and substance misuse service provision in Herefordshire.

# Fair Horizons

Our new clinical model of delivering services in Gloucestershire is now becoming a reality two years after dedicated project planning, staff involvement and commissioner engagement.

Fair Horizons is a clinically led change programme which responds to national reports including New Horizons and Healthcare for All.

It builds on the many great examples of how we are already delivering person centred services based on individual need rather than age and IQ across the Trust.

Service user, Carer and Community Reference Group ensure local involvement and we have met regularly with HCCOSC; local volunteer groups; and general practice to ensure engaged and informed stakeholders.

Over the last twelve months we have replaced our Strategic Service Units (SSUs) in Gloucestershire with a new locality structure:

- **North Gloucestershire** - Cheltenham, Tewkesbury and North Cotswolds
- **South Gloucestershire** - Stroud and South Cotswolds
- **West Gloucestershire** - Gloucester and Forest of Dean

Each locality is aligned to our local general practice surgeries and deliver local services to our communities through multidisciplinary One Stop and Primary Mental Health Care teams.

Where necessary and appropriate, our Countywide Services, provide inpatient care at our two main mental health inpatient units or within one of our specialist units for example our Section 136 Assessment Suite, Greyfriars - our Psychiatric Intensive Care Unit; BranchLea Cross - our specialist substance misuse (detoxification) unit; and our learning disability units.

Our workforce planning for Fair Horizons was driven by robust governance, especially patient safety. It has also helped make sure that there are appropriate skills and resources across Gloucestershire to serve the evolving needs of our communities. We have already:

- Introduced Locality Board and management structures
- Identified new roles following a Management of Change process
- Started to move teams into new locality bases

## Over the next year we will:

- Continue to realign our locality teams to their new bases
- Manage the transfer of patients where it is necessary and safe to do so
- Introduce a single point of access for all referrals and signposting to services
- Continue to review our clinical practice to deliver best practice packages of care



# Carers Charter

On World Mental Health Day, we launched the Carers Charter - our pledge to how we will work together with carers to help understand their needs and recognise the significant role they have in helping in the recovery process.



The Charter was officially launched with the assistance of Christine Greathead, who was crucial in helping the Trust develop the Charter.

"The launch of the Carers Charter is the first step in acknowledging the role of Carers. It establishes important principles for guiding clinicians as they work with family and friends of the patients they are treating."

Christine Greathead.

## Gloucestershire's Children and Young People Service

Our new Children and Young People's (CYP) emotional wellbeing service commenced on 1 April 2011, following a competitive tendering process by Gloucestershire County Council and NHS Gloucestershire.

As part of our new contract, we provide an enhanced and more accessible service that targets support to the particular needs of children and young people.

We also work closely with social care colleagues to help protect vulnerable adults and children in our care.

Our new service model requires increased resources to help support Looked After Children. The multidisciplinary team which we have developed now offers primary mental health, psychological and psychotherapeutic perspectives concentrating on supporting the system around the child.

### Over the year we have:

- Developed our Primary Mental Health team to provide enhanced early intervention support quickly and effectively within communities
- Significantly revised how we manage referrals are received helping to ensure prompt intervention and appropriate support to other agencies working with children and young people
- Reduced waiting times for initial appointments and have strategies in place to improve waiting times for all parts of the service
- Extended the remit of our telephone helpline to support professionals in their care and support of families
- Provided enhanced training to our wider CYP team and other colleagues to help recognise mental health problems and manage emotional wellbeing
- Delivered a new service with Action for Children that provides support for the vulnerable and hard to engage children, providing appropriate onward care of young children

- Worked closely with clinicians from across our organisation to deliver an enhanced and connected service so families can access the right service at the right time for them

We have also continued to encourage ongoing participation in an active Children and Young People's Board. Representatives have a key role in providing valuable feedback and challenge to our service.

Over the next year, the CYP Board plan to meet the CYP Service Board to discuss ideas and concerns with managers.

Over the next year we will also continue to work with partner organisations and local agencies to deliver an even more effective service, better outcome and appropriate safeguarding of the people in our care.

## Working with schools

To help celebrate World Mental Health Day, we launched our initiative to raise awareness of good emotional wellbeing among our region's school children.

The first event took place with children and staff at Stow-on-the-Wold Primary School.

They include an interactive lesson, introducing our five ways to good emotional wellbeing and sharing ways we can all stay happy and healthy.

Children are also invited to write down their ideas to how we can lift our mood before taking part in a big green balloon launch in the school yard.



The events are part of our continuing programme to help promote a good understanding of emotional wellbeing.

Through understanding our own health, our aim is to challenge the stigma so often associated with mental ill health.

## Children's IAPT

Our Children and Young People Service has been successfully selected to participate in a major initiative that introduces Improving Access to Psychological Therapy services to children and young people.

Linking with the University of Reading, NHS Gloucestershire's successful bid fund to the Department of Health pay for staff to be trained in two treatment pathways - cognitive behaviour therapy and parenting training for behavioural disorders.

Staff will then be able to provide interventions that comply with National Institute Clinical Excellence (NICE) guidance.



# Herefordshire Services



As part of the national Transforming Community Services initiative and following our successful competitive tender, on April 1 2011, we commenced service provision in Herefordshire.

In partnership with health and social care commissioners, GPs, service users, carer representative bodies and local politicians, a programme of service transformation was agreed.

The changes were designed to improve access, support more people to sustain community living and improve key factors of mental wellbeing associated with accommodation, social networks and economic power.

Received over  
**3,500**  
referrals

Made over  
**90,600**  
contacts by face to face,  
phone and in our clinics

One of our key priorities was to ensure that we continued to provide clinically safe services while we established a modern mental health service for the county's communities.

We have implemented robust governance processes throughout the transition and following our transformation plan, we:

- Established a Locality Board to provide local management of services
- Reduced the number of patients re-admitted within 28 days by 61%
- Increased the number of patients reviewed within 12 months to 96%
- Increased the number of patients receiving early intervention services by 15%
- Supported more people at home through investing in our Crisis Home Treatment Team
- Reduced the length of stay on our wards in the Stonebow Unit
- Reviewed Child & Adolescent Mental Health services, introducing a new assessment process
- Refurbished wards in our Stonebow Unit to provide single sex accommodation

We also facilitated the transfer of Learning Disability services to Wye Valley NHS Trust.

In 2012/13, we will continue our programme of transformation, building on the great deal of work that has so far taken place.

We will introduce three new recovery teams and a primary mental health team.

# Dementia DVD

Working with NHS Herefordshire, NHS Worcestershire, the University of Worcester Association for Dementia Studies and the North East Worcester (NEW) College, we launched a ground-breaking DVD highlighting ways to help improve the quality of life for dementia patients and their families.



*Stand by Me DVD launch.*

The DVD called Stand by Me stars 2gether staff and is aimed at raising awareness of dementia and is being used as a teaching aid to help health care staff communicate better with people living with dementia.

## Reasonable Adjustment Monitoring

Our Learning Disability service has developed a Reasonable Adjustment monitoring tool, designed to help facilitate and record improved access to all types of mainstream services for people with learning disabilities.

The tool can be utilised in a range of settings and provides a record of the work carried out by learning disability workers to help facilitate access to mainstream services.

The tool helps to record health and social inclusion activity and outcomes from the work of learning disability staff to facilitate improved access to mainstream services for people with learning disabilities.



## Substance Misuse Service

Our contracts for Drug Treatment Services and prison healthcare are due to expire in March 2013.

NHS Gloucestershire and the Gloucestershire Drug and Alcohol Action Team (DAAT) Team have decided to re-commission these services and we are currently working with our partners to develop an appropriate response at the initial stages of the procurement process.

2011/12 has been another successful year for substance misuse services. Whilst delivering significant improvements in performance, the service has also maintained performance against key targets including access to treatment within three weeks; healthcare assessments for all service users; and requirements for blood borne virus testing and vaccinations.

We continue to work closely with the Independence Trust and Nelson Trust to ensure a smooth and rapid pathway for our service users into treatment and referral to appropriate aftercare.

The pathway is monitored collectively and we work with the Service User Support Team (SUST) to make sure that service user feedback remains central to decision making. BranchLea Cross, our in-patient detoxification Unit also continues to provide high quality care and treatment.

Over the next year we will continue to enhance our existing services including focused and co-ordinated care for physically ill people with alcohol dependency.

## Prison Healthcare

From 1 May 2011, we started to provide Gloucester Prison Healthcare Services inc. Drug Treatment Services as part of the Transforming Community Services programme.

The team were recently successful in securing funding from the Department of Health for their innovative proposal to develop alternative forms of treatment for mentally ill and drug dependant offenders.

Currently, offenders are not able to access our Improving Access to Psychological Therapy (IAPT) services that help people with more common mental health problems including depression. Our successful bid focused on developing a new and innovative model of care based on our award winning IAPT service.

The project will be developed over the next twelve months. It is a unique opportunity to improve access to a proven service and provide timely and appropriate intervention to vulnerable and excluded members of our community.

## Prestigious awards

Marieanne Bubb-McGhee, Clinical Service Manager for Offender Health was awarded a sought after Butler Trust Commendation for her excellent contribution to the healthcare of offenders.



*Marieanne receives her award from Princess Anne.*

The Butler Trust seeks to recognise and celebrate the outstanding skill and dedication of people working in prisons, probation or youth justice settings on an annual basis.

Marieanne's nomination was one of over 250 nationally and was unanimously accepted by the Trustees of the Butler Trust.

Penny Shewell, Community Nurse in the Cotswolds, won the Nursing Times Learning Disability Nurse Award for Prescriber Nurse-led clinics – a community model for people with learning disabilities and epilepsy.



*Penny collects her Nursing Times Award.*

30% of people with a learning disability have epilepsy and this can increase to 50% for those with severe learning disability. The service aims to reduce epilepsy related deaths by improving epilepsy care.

It provides personalised care and has already reduced seizures by 75% which has helped cut emergency hospital visits and reduce the risk of bone fractures by identifying bone disorders early.

## Working Well

Our Occupational Health service, Working Well, supported over 100 public and private sector organisations over the last twelve months. This is twice as many businesses as it supported in 2009.

During 2011/12, Working Well's administered almost 6,000 seasonal influenza vaccinations to clients at approximately 100 satellite flu clinics in over 35 different venues. Within Healthcare settings, the initiative not only helped to protect staff and their families but also patients and carers.

Thanks to the team's hard work, the service has managed to achieve minimal waiting times for appointments, ensuring most users can now access face-to-face specialist occupational health services within ten working days, in line with national recommendations.

# Financial Review

Our Annual Accounts for 2011/12 start on page 82 of this Report and Statement of Comprehensive Income is on page 82.

In summary, we ended the 2011/12 financial year in a stable financial position with an out turn surplus of £3.263m. The headline results for 2011/12 are set out below with a comparison with our previous financial year.

	2011/12 £m	2010/11 Restated £m
Income	<b>110.679</b>	87.087
Operating Expenses	(105.586)	(82.946)
EBITDA	<b>5.093</b>	4.141
Net Finance costs	(2.112)	(2.050)
<b>Overall retained surplus</b>	<b>2.981</b>	2.091

\* Earnings before Interest, Taxes, Depreciation and Amortization

We receive a majority of our income for providing clinical care and treatment through block contracts with NHS Herefordshire and NHS Gloucestershire.

We also receive income through our neighbouring local authorities, primary care trust commissioners and other care providers.

Operating expenses totalled £105m an increase of 27% year on year. This follows our successful tender to provide mental health service in Herefordshire as part of the national Transforming Community Services initiative.

We are committed to rationalising and improving our estate to provide fewer, better buildings that become an essential part of the communities where we deliver services.

We will continue to use our surplus to invest in our capital programme. We are making significant improvements at Wotton lawn, Gloucester and will continue to do so by introducing ensuite rooms.

We will also progress work to deliver our Gloucester, Forest and Stroud hubs - providing more local access to community mental health services. Similar to all NHS organisations, we continue to operate in the context of unprecedented financial challenges.

Our business plans and budgets for 2012/13 forecast a financial rating of 4 in each of the next three years, incorporating savings targets of £20.7m over the next four years.

The NHS is required to deliver quality improvements while delivering £20billion of efficiency savings by 2014/15.

Fair Horizons has contributed to Gloucestershire's Quality, Innovation, Productivity and Prevention (QIPP) programme.

It has helped us deliver efficiency savings while seeking to improve patient care and safety.

Our efficiency and sustainability initiatives, for example Better for Less and Waste Less, have also helped us delivered our 2011/12 total savings of £4.3m.

Planned income  
**£111m**

Savings aim  
**£5.8m**

In 2012/13, we aim to deliver further savings of £5.8m. This will take our collective determination and passion to succeed for the benefit of the people we serve.

With the inclusion of non contractual patients previously managed by NHS Gloucestershire we are planning for an income of £111m in 2012/13.

## Cost allocation and charging requirements

We complied with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

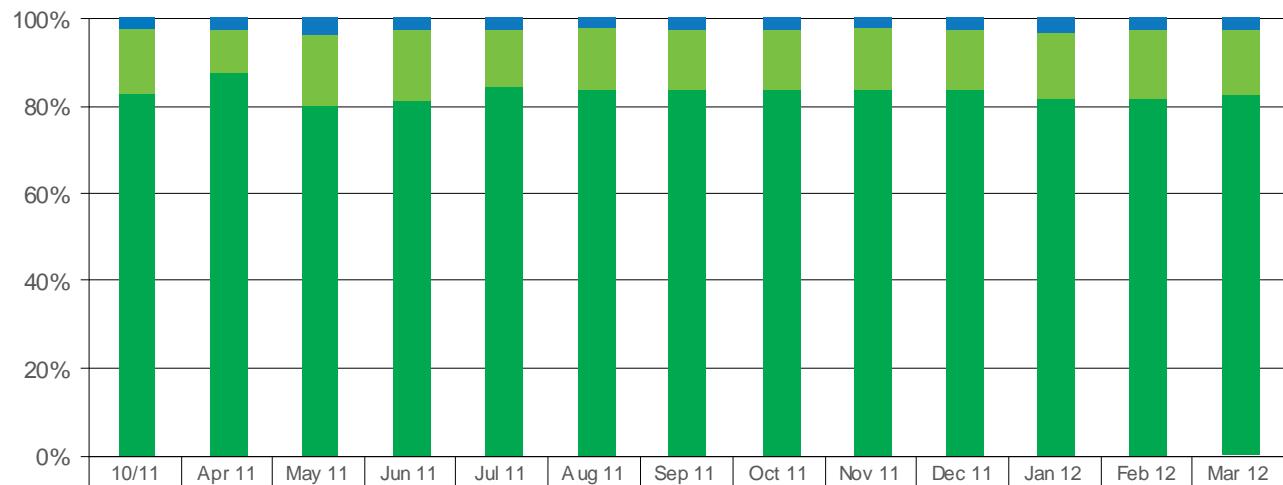
# Public Sector Payment Policy

The cumulative Public Sector Payment Policy (PSPP) performance to for the financial year 2011/2012 was 82% of invoices paid in ten days and 97% paid in 30 days as detailed in the table below:

	10 days		30 days	
	In month	YTD	In month	YTD
<b>Number paid</b>	1,706	18,840	1,961	21,653
<b>Total Paid</b>	1,996	22,432	1,996	22,432
<b>% age performance</b>	85%	82%	97%	97%
<b>Value paid (£000)</b>	4,817	45,859	5,024	54,050
<b>Total value (£000)</b>	5,100	55,717	5,100	55,717
<b>% age performance</b>	94%	82%	99%	97%

The cumulative performance to date is depicted in the graph below. The Trust's performance has remained consistently high in 2011/12 and has not been adversely impacted by the inclusion of Herefordshire or Prison Healthcare services.

## Cumulative PSPP Performance 2011/12



Over 30 days	654	49	173	219	249	276	370	441	483	525	634	729	779
11 to 30 days	2,649	141	483	715	893	1,142	1,383	1,615	1,852	2,038	2,621	2,879	3,173
Within 10 days	16,963	1,250	2,761	4,288	5,926	7,336	9,201	10,565	12,373	13,673	15,237	16,835	18,840

## Counter Fraud

In November 2011 the Trust achieved a level 3 assessment from NHS Protect for activity conducted in 2010-11.

This means the Trust, assisted by the Gloucestershire Local Counter Fraud Service, was able to demonstrate quality outcomes following counter fraud activity.

Work in 2011 -12 has included integrating the principles of the Bribery Act 2010 into existing policies and procedures and ensuring staff in Hereford became as aware as staff in Gloucestershire of both the Trust's uncompromising counter fraud attitude and how to report concerns.

As in previous years, the Trust has sought to identify areas that might be at risk to fraud and focus on preventing it from occurring however when allegations are proved, we have shown we will not hesitate to follow through with robust sanctions, both criminal and disciplinary.



"Making sure NHS funds are used for better patient care."

# Our Performance

Our 2011/12 Quality Report is in section two of this Report which starts on page 39.

This details the key improvements we have made to patient safety and effectiveness over the last year. It also looks ahead to the ambitious plans we want to achieve in 2012/13.

## Over the past twelve months we have:

- Received nearly 25,000 referrals
- Cared for over 1,500 people within our hospitals
- Met or exceeded our targets set by Monitor
- Achieved Accreditation of Inpatient Mental Health Services (AIMS) for our Psychiatric Intensive Care Unit and Westridge Learning Disability Hospital
- Rated 'Excellent' in 20 of the 21 ratings given to our Gloucestershire's seven mental health inpatient sites through the Patient Environment Action Team (PEAT) programme

## Regulatory ratings

### National Indicators

We are assessed by Monitor, England's Independent Regulator. To make sure our reporting is open and accessible, monthly results were presented to our Trust Board and to the Governance and Performance Committee of the Council of Governors.

Over the last 12 months we achieved or exceeded national indicators:

- **100%** of our patients were followed up within seven days of their discharge from hospital
- **97%** of our patients\* received a CPA Review in the last 12 months
- **99%** of patients\* gate-kept by our Crisis Home Treatment Team before inpatient admission
- Early Intervention in Psychosis caseload achieved

We also exceeded the target number of home treatment packages delivered by our crisis team; and achieved the higher rate (98%) target for recording inpatient ethnic data quality.

\*Gloucestershire and Herefordshire patients

### Local Indicators

Using the Commissioning for Quality and Innovation (CQUIN) framework we agreed a total of 17 local targets with NHS Gloucestershire and NHS Herefordshire for 2011/12.

These included actions to help improve responsiveness to the personal needs of our service users; reduce avoidable death; reduce disability and chronic ill health from VTE; improve the long term outcomes and quality of life of service users diagnosed with dementia; and implement satisfaction surveys to help us understand where we are doing well and where we can improve delivery of commissioned services.

We delivered excellent performance against these targets, meeting or exceeding all targets in Herefordshire and all but one target in Gloucestershire.

In Gloucestershire, our patients were asked four specific questions when they were discharged from our hospitals. These included safety, daily routine, medication and care planning. We achieved our target indicators in the first three questions.

Further details of our agreed goals for 2011/12 are in our Quality Report starting on page 39.

Over the last 12 months we have achieved or exceeded national indicators



# Complaints and compliments

We are a learning organisation; actively seeking feedback and remaining responsive to areas where we need to improve.

Over the last year, we have renamed our Complaints Department as the Service Experience Department to help reflect our customer care approach.

The team delivers a robust, clinically lead approach to managing our service experience procedures in partnership with operational colleagues across the Trust services.

We have also established a multi-agency, service user, staff and carer Service Experience Committee which continues to meet on a quarterly basis.

All new staff receive training in how to handle service experience feedback and quarterly audits of our complaint handling process is undertaken by on-Executive Directors.

Our Service Experience Quarterly Report to Trust Board helps ensure continued awareness and monitoring of processes at the highest level and reflects the importance of ensuring a positive service experience for our service users, their family and carers.

Detailed information is also considered by our Clinical Governance Committee and Locality Management teams.

## Compliant handling

A total of 176 formal complaints were made to the Trust between over the last twelve months. This represents around 0.6% of our service users.

The number of complaints is comparable to last year when considering the rise in service users following acquisition of Herefordshire services and HMP Prison healthcare.

- Disabled parking spaces have been widened further and hashed areas included to provide greater ease of access.

86% of complaints this year were acknowledged within the three day time standard and remains an important area and focus for improvement during the coming year.

Four cases were referred to Public Health Service Ombudsman Service. None of the other cases were upheld; one was only recently referred and an Ombudsman decision has not yet been received.

- Flags are added to appropriate electronic records to make sure staff send copies of all correspondence to family members

Anyone who has a compliment, comment, concern or complaint about our services should speak with a member of staff or contact:

- GUDE and PALS, Sanger House, 5220 Valiant Court, Gloucester Business Park, Brockworth, Gloucester GL3 4FE (0800 0151 548)

- The Service Experience Manager, 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester GL1 1LY (01452 894675)
- Parliamentary Health Ombudsman complaints helpline 0345 015 4033

A leaflet explaining our approach to service experience is available from Trust sites or by visiting [www.2gether.nhs.uk/trust-leaflets](http://www.2gether.nhs.uk/trust-leaflets)

## Sustainability and our environment

### Carbon Footprint

At a national level, we were recently credited for our contribution to the consultation process conducted by the NHS Sustainable Development Unit's Carbon Reduction to develop 'Saving Carbon Improving Health'.



The strategy sets out key commitments and time frames around carbon reduction for NHS organisations.

As a Trust, carbon reduction is considered a corporate social responsibility issue. It fits within the wider sustainability remit of the NHS Sustainable Development Unit and is a lens for examining progress towards a sustainable NHS.

The NHS Carbon Reduction Strategy establishes that the NHS should have a target of reducing its 2007 carbon footprint by 10% by 2015.

In terms of wider targets the NHS Carbon Reduction Strategy states that meeting the Climate Change Act requirement of a 26% reduction of carbon emissions by 2020 and 80% reduction by 2050 is required.

The NHS Carbon Reduction Strategy establishes that the NHS should have a target of reducing its 2007 carbon footprint by 10% by 2015.



## Our Progress

We do not have the data available to create our carbon footprint for 2007 however we are monitoring our progress towards the 2015 targets, based on our 2008/9 data.

	2008/09 Weight if CO2 (tonnes)	2009/10 Weight of CO2 (tonnes)	2010/11 Weight of CO2 (tonnes)	
Gas	1597.1	1279.1	1402.53	-12%
Electricity	1633.2	1592.1	1638.38	0%
Heating Oil	69.3	56.7	125.82	82%
Water	6.7	7.2	9.01	34%
<b>Building Sub Total</b>	<b>3306.3</b>	<b>2935</b>	<b>3175.74</b>	<b>-3.90%</b>
Waste - tonnes of CO2 (landfill)	88	80.3	66.31	-25%
Waste - tonnes of CO2 (treated - incinerated)	8.4		0.75	-91%
Waste - tonnes of CO2 (treated & landfill)		6.4	6.41	
Waste - tonnes of CO2 (paper recycled)		2.25=0	20.31=0	
<b>Waste Sub Total</b>	<b>96.4</b>	<b>86.7</b>	<b>73.5</b>	<b>-23.80%</b>
Pool Car - Diesel	43.2	55.63	86.78	101%
Pool Car - Unleaded	137.9	179.34	166.92	21%
Pool Car - Super Unleaded	4.2	6.97	4.95	18%
Pool Car Sub Total	<b>185.3</b>	<b>241.94</b>	<b>258.7</b>	40%
Staff claimed mileage	559.9	559.9	729.5	30%
<b>Travel Total</b>	<b>745.2</b>	<b>801.8</b>	<b>988.1</b>	<b>33%</b>
<b>Trust Carbon Total</b>	<b>4,148</b>	<b>3,824</b>	<b>4,237</b>	<b>2.20%</b>

Data shows that we are making mixed progress towards reducing our Carbon Footprint in line with expectations.

It highlights for example, that we need to focus our attention on developing and encouraging sustainable travel systems for both our staff and service users.

This will help promote physical activity and decrease an area where our carbon emissions are still increasing.

Over the next year, our future capital investments will help us to address a number of areas within our buildings' consumption and on areas where we need to address increasing trends.

We will also continue to develop a Green Transport plan. This is informed by our estates strategy notably the development of new Locality Hubs, supported by the use of other partner agency accommodation.

Our Locality Hubs will enable us to provide services more local to the communities we serve and will help reduce travel journeys for patients and staff.

The Hubs will also maximise the use of our accommodation and support hot-desking and inter-agency working.

### Contributing to the Sustainability of our Local Community

Alongside our commitment to the carbon reduction programme, we recognise the significant contribution we must make to the sustainability of our local communities and the sustainability agenda in general.

We are acutely aware of the impact we have on the communities in which we deliver our services.

Our Policy for the Sustainable Development of Services sets out the framework for how we try and make a positive impact on the community in health, wellbeing, economic, social and environmental terms.

We are committed to securing local contractors and suppliers, where possible, within the controls of EU procurement rules.

We currently work in partnership with NHS Gloucestershire in the production of patient meals for the majority of our inpatient services and will continue to work with our procurement and catering functions to explore the options for sourcing the procurement of raw ingredients from local and sustainable food sources.

### NHS Information Governance

We experienced one incident of potential data loss in the last twelve months. This was reported to the Information Commissioners Office and our Strategic Health Authority.

The incident involved the loss of two clinical diaries which were stolen from a member of staff's car. The information was partially recovered within the burnt out remains of the stolen hand bags.

We took appropriate action to remind staff of our policies and procedures which state that identifiable information should not be left unattended.

We are also highlighting the incident as part of our Annual Information Governance training for staff to help further minimise the risk of this happening again.

# Valuing Our People

## Staff Engagement



We are committed to involving and engaging staff in developing further our services and how they are delivered.

Over the last year we have built on existing processes and practices and many levels in the organisation. We have undertaken a review of best practice and working with key stakeholders in the organisation we are working to understand the changes we can make that enables us to improve staff engagement.

We have continued to run road shows where staff are invited to listen to the Chief Executive and other members of the executive team talk about key issues affecting the Trust and the services provided by us.

The Trust continues to use its Staff Charter and an interactive version has been developed which enables staff to follow links to supporting information and additional support that is available.

The Staff Charter sets out clear expectations and responsibilities for individual employees, managers and the Trust. It is consistent with the NHS Constitution and Trust values, and is used as the basis of the HR component of Corporate Induction.

This enables new staff to understand how the NHS Constitution and Trust values influence and underpin our approach to managing and supporting staff.

We continue to run briefing sessions for managers about changes in HR practice using a workshop style to enable managers to shape further policy direction.

In the latter part of 2011/12 this has changed to a written briefing sent to managers.

We also continued to run staff surgeries at team meetings. We particular focussed on the new parts of our organisation in Herefordshire and prison health care.

Key topics included learning and development opportunities, health and wellbeing, the Trust's Staff Charter, the Staff Attitude Survey and staff benefits.

We have also rolled out a series of web enabled questionnaires that enable us to explore issues that affect staff.

Each year the Trust undertakes the staff attitude survey that provides us with feedback however we are now using these facilities to follow up on themes to identify more clearly actions that we can take to improve staff experiences.

We have also reinforced our commitment to Recognising Outstanding Service and Contribution Awards (ROSCAs) during 2011. The number of nominations for staff and volunteers increased to just under 200 from about 170 the previous year and a number of staff were recognised for their long service.



We proactively manage attendance and during 2011/12, our sickness absence target remained at 4%. During 2012/13 we will continue to focus our work and interventions on addressing short term absence.

## Annual Staff Survey

The Trust participates in the national staff attitude survey and this year our response rate increased 6% from 54% to 60% - this meets the Department of Health's target response rate.

The survey is made up of 45 questions most of which have subsidiary questions. The responses to all questions are analysed by the CQC which amalgamates the data under the heading of 38 Key Findings compared in order to compare results across like-type Trusts.

Results are reported either as percentages or as 'scale summary scores' where the minimum score is always 1 and the maximum is always 5.

Some results are better where the percentage or score is higher and some results are better where the percentage or score is lower. These are indicated where relevant in the following data.

Key Findings for each Trust are compared against the best and worst 20% results for like type Trusts.

Overall, we have retained similar results to last year with no statistical change. However, staff clearly told us that there is more we could do to help improve areas where we were placed in the Top 20% nationally last year. We also need to make improvements in areas where staff placed us in the lower end of the ranking.

Overall out of the thirty eight key findings, thirty four of the Trust responses in 2011 did not. However, the results for other like type Trusts improved thereby impacting on where this Trust appears relative to other Trusts.

Staff indicated a lower perception in four Key Findings in 2011 compared with 2010. Despite showing having a lower score, two are in the Trust's best 20% of responses and are:

- KF 7 'Trust commitment to work-life balance'
- KF 9 'Percentage of staff using flexible working options'

### Key Finding results which deteriorated in 2011 when compared with Trust results for 2010

Key Finding	2010	2011	NHS Average (for like type Trusts)
KF 16 'Percentage of staff receiving health and safety training in last 12 months'	92%	85%	83%
KF 17 Percentage of staff suffering work-related injury in last 12 months (lower score is better)	4%	7%	8%
KF 30 Percentage of staff reporting good communication between senior management and staff	28%	20%	29%
KF 31 Percentage of staff able to contribute towards improvements at work	66%	64%	66%

Of the four Key Findings in the above table, which are worse in 2011 than 2010, one remains above the NHS average for like type Trusts.

### Most Favourable Four Key Findings - Comparisons 2010/11

Key Finding	2010	2011	NHS Average (for like type Trusts)	Change
KF 9 Percentage of staff using flexible working options	78%	76%	67%	-2% (no statistical change)
KF 15 Support from immediate managers	3.89	3.89	3.79	no statistical change
KF 3 Percentage of staff feeling valued by their work colleagues	82%	83%	79%	-1% (no statistical change)
KF 7 Trust commitment to work-life balance	3.73	3.65	3.55	-0.08 (no statistical change)

Of the four Key Findings in the above table, all are above the 2011 NHS average.

## Most Favourable Four Key Findings - Comparisons 2010/11

Key Finding	2010	2011	NHS Average (for like type Trusts)	Change
KF 2 Percentage of staff agreeing their role makes a difference to patients	90%	87%	90%	-3%
KF 30 Percentage of staff reporting good communication between senior management and staff	29%	20%	29%	-9%
KF 11 Percentage of staff receiving job relevant training, learning or development in last 12 months	80%	76%	80%	-4%
KF 4 Quality of job design (clear job content, feedback and staff involvement)	3.42	3.33	3.42	-0.09

All of the Key Findings in the above table will be areas for action in 2012.

### Action planning

We remain committed to working with our staff representatives, to analyse the results of our 2011 survey; and actively address the areas where we need to improve.

During 2012, we will establish a small working party comprising of managers and Staff Side Representatives who consider appropriate actions and a proportionate response to help address the key findings where we were lower than average and re-consider actions against key findings which showed only minor improvements.

We will also analyse our results by region to ensure we address any specific concerns identified by Gloucestershire and Herefordshire staff. We will also identify actions which will seek to have the maximum impact across a number of key findings.

In 2010, we developed quarterly online staff surveys to assess progress with actions and review staff perceptions of the changes we are making.

We will continue to utilise this approach in 2011 to help supplement the Annual Staff Attitude Survey.

We will also continue to use our dedicated pages set up on our intranet site to help update staff on the actions we are making.

It is likely that the use of the intranet assisted with the improved response rates in 2011 and with the imminent launch of a more personalised and engaging intranet site, we will continue to use this channel to communicate the actions being taken in 2012 to address areas where staff told us that we need to improve.



# Equality and Diversity

## Equal Opportunities Policy

We are committed to equality and diversity in the provision of its services and to staff and works to:

- deliver services equally and recognise the different and diverse needs of the community it serves
- build a workforce that is valued and whose diversity reflects the communities it serves, enabling the delivery of the best possible healthcare.

Our 'Managing Diversity Policy' sets out the Trust's principles for recruiting, developing and promoting people irrespective of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, HIV status, gender reassignment, trade union membership or political affiliation.

A copy of the policy can be found on the Trust's website at:

 [www.2gether.nhs.uk/equality-and-diversity](http://www.2gether.nhs.uk/equality-and-diversity)

The Director of Human Resources and Organisational Development is the Board lead for equality and diversity within the Trust. We continue to oversee the diversity agenda through the Steering Group and during the year, it has continued to support the diversity staff network.

Revised and updated equality impact assessment (EIAs) templates were agreed and the Trust continues to undertake EIAs on policies, procedures and activities as well as services as these are developed or changed. These are published on our website.

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In April 2011 we adopted our Single Equality Scheme and action plan reflecting our move towards delivering Fair Horizons - our new model of service delivery.

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This is an ambitious vision for an inclusive clinical infrastructure will deliver all clinical, corporate and support services around each patient's needs irrespective of age, diagnosis, gender and geographical location.

In the latter part of 2011, working collaboratively across the county with neighbouring NHS organisations, the Trust embarked on the implementation of the national NHS Equality Delivery System.

This is a framework which enables NHS organisations to embed equality and diversity into its business planning with the intention that it will make a significant difference to health outcomes, reduce the barriers to accessing health services and supporting our staff particularly for those groups or communities who share one or more protected characteristic as described in the Equality Act 2010.



We undertook internal and external engagement events with staff, service users, carers, volunteers, voluntary and community organisations, partner organisations, Trust Governors and Trust members.

Working with our stakeholders a baseline assessment was made as to how well the Trust was meeting the outcomes in the Equality Delivery System.

This enabled our stakeholders to identify draft organisational objectives which the Trust will consider for its 2012 - 2013 business plans. All the work completed to support the implementation of the Equality Delivery System can be found on the Trust website.

In January 2012 we also published on the Trust website the evidence it has to demonstrate how our services and staff management meet the requirements of the Public Sector Equality Duty as specified in the Equality Act 2010.

Equality and Diversity training continued to be delivered during 2011 in response to a continuing need as identified in the annual Staff Attitude Survey. Work was also undertaken to develop a refresher programme for Equality and Diversity training and this will commence in 2012. Work continues to embed equality and diversity into all relevant training.

Building on work undertaken in 2010 / 2011, one post in the Trust was successfully filled using a 'working interview process' which enabled applicants with a learning disability or those who have experienced mental ill health to demonstrate their skills and abilities which might not be possible using traditional recruitment and selection processes. It is hoped to use this as a template for recruitment and selection to other posts.

Work will continue in 2012/2013 to increase the opportunities for 'job placements' and employment of those with a learning disability or those who have experienced mental ill health.

## Age Distribution

	Bank	Age Distribution	Excludes Bank	Age Distribution	Including Bank	Age Distribution
Under 25	45	14%	52	2%	97	4%
25-34	62	19%	362	17%	424	17%
35-44	55	17%	543	26%	598	25%
45-54	64	20%	757	36%	821	34%
55-64	69	21%	361	17%	430	18%
65 and over	27	8%	36	2%	63	3%
<b>Total</b>	<b>322</b>		<b>2111</b>		<b>2433</b>	

## Ethnic Origin Summary

	White	Mixed	Asian	Black	Other/Not Stated
Bank	66%	1%	2%	4%	27%
Includes Bank	87%	1%	2%	2%	7%
Excludes Bank	90%	1%	2%	2%	2%

## Disability

	No	Not Declared	Undefined	Yes	Grand Total
Bank	129		188	5	322
Includes Bank	1417	27	936	53	2433
Excludes Bank	1288	27	748	48	2111



## Provision of information

Formal consultation and negotiation arrangements are in place with accredited staff side representatives. The Joint negotiating and Consultative Committee meets on a bi-monthly basis and discusses service changes, key issues affecting staff and endorses revised and new Human Resources policies and procedures.

## Policy in relation to disabled employees

The Trust continues to be committed to employing disabled people and is pleased to be able to use the 'Positive About Disabled People' disability symbol and will:

- Interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities
- Make every effort when employees become disabled to make sure they stay in our employment
- Take action to ensure all employees develop appropriate awareness to make our commitments work



## Health and Safety

We are committed to providing safe environments for our staff and where service users and carers can access services safely. This work is overseen by its Occupational Health and Safety Committee which meet regularly and includes accredited safety representatives, managers and specialist from estates and health and safety.

During 2011/2012 the Trust has focused a significant amount of its time on undertaking training of staff and managers and auditing its sites to assess their compliance with safety regulations. The latter will inform the Trust's health and safety action plan for 2012/2013.

We have also continued implementing and refining our online Datix incident reporting system as well as reviewing the system, especially patient safety incidents, to improve the quality of reporting and subsequent analysis.

## Health and Safety Incidents 2011/12

Contact	58
Hazardous Substances	7
Health and Wellbeing (including violence)	1256
Internal Transport	22
Manual Handling	17
Occupational Health	15
Sharps Injury	15
Slips, Trips and Falls	52
Surroundings	1
<b>Totals:</b>	<b>1443</b>

Incident trend analysis is undertaken on a quarterly basis with a report going to the Occupational Health and Safety Committee.

The trend analysis report identifies remedial actions that are to be implemented across all areas of the Trust, to remove or reduce the risk of incidents reoccurring.

Health and Wellbeing incidents are the highest primarily due to aggressive incidents on our staff. There were 744 intentional assaults; 159 unintentional assaults; 157 verbal abuses, 64 non verbal abuses; and 83 staff were injured during physical intervention.

Contact incidents are the next highest with staff walking into stationary objects being most prevalent; followed by cuts due to sharp objects (not needlestick); then equally with both contact with an hot substance/surface and items falling on staff.

There were also a number of incidents identified as Occupational Health, where staff felt unwell at work.

## Health and Safety Reported Incidents by Severity of Outcome

Low	835
Minor	545
Moderate	9
High	0
Catastrophic	0
Uncategorised	54
<b>Totals:</b>	<b>1443</b>

There were 18 incidents reported to the HSE under the RIDDOR regulations, five as a result of physical intervention, three as a result of violence and aggression, five as a result of falls, one moving and handling, one sharps incident and one contact incident.

There were also two patients related incidents reported. All RIDDOR reportable incidents are investigated and any remedial actions identified and implemented, either locally or Trustwide.



We are committed to providing safe environments for our staff, service users and carers.

# Accountability

## The NHS Foundation Trust Code of Governance

Governance is the system by which the Trust is directed and controlled to achieve its objectives and meet the necessary standards of accountability and probity.

The Trust has adopted its own governance policy which requires governors, directors and staff to have regard for recognised standards of conduct including the overarching objectives and principles of the NHS, the seven Nolan Principles, the NHS Constitution and the NHS Foundation Trust Code of Governance. In preparation of this report the Trust has reviewed the extent to which it is compliant with the NHS Foundation Trust Code of Governance. The Board of Directors is satisfied that it has achieved the necessary standards in all respects.

## Board of Directors

Our Board of Directors provide leadership and help drive overall trust performance, ensuring accountability to Governors and our members. The Board is legally responsible for the strategic and day-to-day operational management of the Trust, our policies and our services. It maintains a scheme of delegation giving authority to Directors and others within certain limits to carry out actions required under financial procedures and the Mental Health Act.

## Members of the Board

### Non Executive Directors



**Baroness Rennie Fritchie**  
Chair



**Tracey Barber**  
Non-Executive Director



**Dr Roger Brimblecombe**  
Non-Executive Director



**Martin Davis**  
Non-Executive Director



**Dermot McMeekin**  
Non-Executive Director



**Frank Powell**  
Non-Executive Director



**Charlotte Hitchings**  
Non-Executive Director



**Richard Szadziewski**  
Non-Executive Director

### Executive Directors



**Shaun Clee**  
Chief Executive



**Sandra Betney**  
Director of Finance &  
Commerce



**Paul Winterbottom**  
Medical Director



**Colin Merker**  
Director of Internal  
Customer Services



**Trish Jay**  
Director of Quality &  
Performance



**Kay Harrison**  
Director of HR &  
Organisational Development



**Simon Thompson**  
Chief Operating Officer

# Members of the Board

## Non Executive Directors

### Baroness Rennie Fritchie - Chair

Baroness Fritchie, DBE, was educated in Gloucester and has had a long career specialising in training and development. Rennie was the Founder Chair and is now President of the Chronic Pain Policy Coalition. She is President of the Pennell Initiative for Women's Health in Later Life. Rennie has wide-ranging experience in the NHS, having been former Chair of the Gloucester Health Authority and of the South and West Regional NHS Executive.

She has also served on the NHS Policy Board. Rennie has over 20 years NHS Board Chair experience. In July 2010 Rennie was appointed Chair of Nominet, the internet registry for .uk domain names and in February 2012 became Chancellor of the University of Gloucestershire.

### Tracey Barber - Independent Non Executive Director/Deputy Chair

Tracey started her marketing career with advertising agency Lowe Howard-Spink and for the past 20 years has had senior Board roles with a variety of leading communication agencies. She has worked both agency side and client side and was instrumental in leading new product launches at Lloyds TSB.

In 2001, Tracey set up her own marketing consultancy, working with a broad spectrum of public and private sector clients ranging from Government bodies such as the Central Office of Information to the not for profit sector with third world development. Her primary focus is in developing business strategy and planning for growth and aligning organisations with consumer needs. Tracey is currently Chief Marketing Officer of Kitcatt Nohr Digitas, the largest Global Digital Agency group.

More recently Tracey was a Cotswold and Vale Primary Care Trust Non-Executive Director. Tracey was appointed as Deputy Chair from July 2011. Tracey is also an Independent Director of The Affinity Trust.

### Dr Roger Brimblecombe – Senior Independent Non Executive Director

Roger Brimblecombe began his career working in the Research Department of Bristol Mental Hospitals as a neuropharmacologist. He continued his research career with the Medical Research Council and the Ministry of Defence but then moved into the pharmaceutical/biotechnology sector holding senior positions in various parts of the world including nearly 20 years as International VP for R&D in the SmithKline Corporation.

Roger has served on the Councils of the Royal College of Pathologists and the Institute of Biology, as Chairman of the Society of Pharmaceutical Medicine and as President of a Section at the Royal Society of Medicine. He is currently a member of the Home Office Advisory Council on the Misuse of Drugs and of the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment sponsored by the Department of Health and the Food Standards Agency.

He has also recently been appointed a member of a working party convened by the Department of Transport to study the issues associated with drug driving. He is also a Trustee/Vice Chair of the Bath & NE Somerset Volunteer Centre. Roger became Senior Independent Director in July 2011.

### Martin Davis - Independent Non Executive Director

Martin chairs the Board's Audit Committee and Charitable Funds Committee. He is a qualified accountant who has significant experience of working with Boards at national and local level, primarily within the Public, NHS and Charity sectors. Posts held have included Chief Executive, Finance Director and Non Executive Director.

Martin has a long association with Gloucestershire, having previously served on a number of NHS bodies within the county, in both an Executive and Non Executive Director capacity. He is currently appointed as a voluntary Family Link Carer and he and his wife provide respite care for children with learning disabilities. He is also Honorary Treasurer and Trustee of a UK wide Charity.

### Dermot McMeekin - Independent Non Executive Director

Dermot was appointed as a Non-Executive Director in March 2007 and currently Chairs the Development Committee. He started his career as a Solicitor in Lincoln's Inn, becoming a partner in 1979. After attending the Harvard Business School MBA programme he joined the international management consultancy Arthur D. Little in Boston MA USA in 1982, becoming President of Arthur D. Little Far East Inc in 1987.

In 1993 he joined Andersen Consulting (now Accenture) where he was Managing Partner of the Asia Strategy Practice. He returned to the UK in 2004, and now holds several other Non-Executive Director posts in financial services and commercial property. He has been Chair of PMC Treasury Ltd since 2004, and has been appointed a Non-Executive Director of Witan Pacific Investment Trust PLC from May 2012. He is Chair of Governors of a local school outside Tetbury in Gloucestershire.

### Frank Powell - Senior Independent Non Executive Director/Deputy Chair

Frank had a 35-year nursing career in the NHS after qualifying in the fields of mental health, learning disability and general nursing. He is a former Chief Nurse of both North West Hertfordshire Health Authority and the English High Security Psychiatric Hospital Service. In both posts he served as a board member.

He held senior positions in Westminster Healthcare and the Priory Hospitals, served on national bodies including the UK Central Council for Nurses and the National Development Team for Learning Disabilities and is a former trustee and director of Walsingham, a national learning disability charity. Frank stepped down as Senior Independent Director and Deputy Chair in June 2011. Frank's appointment as Non Executive Director ended on 31 December 2011.

## **Charlotte Hitchings – Independent Non-Executive Director**

Charlotte Hitchings was appointed as a Non-Executive Director from 1 March 2011. During a 20 year management career in commercial organisations she has led teams in marketing, business development, product development and community investment. Prior to becoming a self employed consultant and executive coach in 2004, Charlotte was Group Community Investment Manager with O2 plc and a member of O2's Corporate Responsibility Advisory Council. For several years Charlotte served as Vice Chair of the Board of Governors and on the Budget Committee of King Edward VI Handsworth School.

## **Richard Szadziewski – Independent Non-Executive Director**

Richard was appointed as a Non-Executive Director from 1 March 2011. He is a qualified accountant and has experience of being the Director of Finance for seven unitary local authorities delivering robust and strategic budgets and financial strategies to deliver the objectives of the organisation.

His extensive public sector experience includes permanent, interim and project roles in local authorities, a primary care trust and an integrated community health and adult social care provider and central government departments. This has involved Richard in the full range of issues and change facing communities and public services.

He combines his interim and project work with being an independent (non-executive) member of the Audit Committee of the Crown Prosecution Service nationally, carrying out technical assessments of Director of Finance candidates for recruitment consultancies and mentoring senior finance professionals. Richard has chaired the Delivery Committee since January 2012.

## **Executive Directors**

### **Shaun Clee - Chief Executive**

Shaun has over 30 years' experience in the NHS and trained as a Registered Mental Health Nurse before moving into management in 1990. He brings a passion for providing services that are responsive to service users and carers and has significant experience in both the commissioning and provision of mental health, learning disability and substance misuse services, having led mental health services in South Warwickshire for a number of years.

He is the current Chair of the NHS Confederation Mental Health Network, a Trustee and Board member of the NHS Confederation, a member of the NHS Confederation National Policy Forum, a member of the NHS Confederation Audit Committee and Chair of the South West Strategic Health Authority Clinical Faculty for Improving Safety in Mental Health

### **Sandra Betney - Director of Finance and Commerce/Deputy Chief Executive**

Sandra is a very experienced finance professional who has worked in the NHS for 19 years and also has experience with not-for-profit charitable organisations. She is a Fellow of the Chartered Association of Certified Accountants.

She leads the Trust's Finance and Commerce Directorate (business development, communications and marketing).

### **Paul Winterbottom – Medical Director**

Paul has held the role of Medical Director since April 2003 and combines this with his role as Caldicott Guardian and Consultant Psychiatrist in the psychiatry of Learning Disabilities. He is particularly interested in support structures for parents with a learning disability, autistic spectrum disorder and the development of inclusive communities. He has been elected to the Executive Committee of the Faculty of Learning Disabilities, Royal College of Psychiatrists.

### **Colin Merker – Director of Internal Customer Services**

Colin has 36 years' NHS Experience. He is a professionally qualified Chartered Engineer. For the last 22 years he has held Board level posts in a number of NHS Organisations. He has experience of commissioning services at a PCT and Regional level as well as operationally directing services at a provider level.

Colin has experience of establishing and running a successful NHS Shared Service. He was Director of Mental Health Services in Coventry from 2002 and Chief Operating Officer of the Coventry & Warwickshire NHS Trust from 2006 until joining 2gether in 2009

### **Trish Jay – Director of Quality and Performance**

Trish is a Registered Nurse and has worked in a wide range of clinical, managerial and director positions over the past 30 years. More recently, she has worked at Board level in health services in Herefordshire and Gloucestershire, as well working as the lead nurse for a national care and housing charity.

Trish provides proactive professional leadership at Board level for nursing, allied health professionals and social care. She also maintains the standards required for Care Quality Commission registration and leads on our Quality Accounts, focusing on patient outcomes, safety and experience.

### **Kay Harrison – Director of Human Resources and Organisational Development**

Kay has over 25 years' NHS Experience. Before joining the NHS she worked in other public services. She has held a number of senior human resources roles within the Gloucestershire health community, including Director of Human Resources for Gloucestershire Partnership NHS Trust. She leads the Human Resources Directorate which covers Human Resources, Training, Health and Safety and Occupational Health Services.

### **Simon Thompson – Chief Operating Officer**

Simon has over 20 years' experience in the NHS and qualified as a Registered Mental Health Nurse in 1993. His former posts include Clinical Lead for Mental Health in a Primary Care Trust, and Director of Mental Health and Social Care in Dudley.

Simon has worked for 2gether since November 2007, leading on operations and performance. He has now undertaken a new role to assist and lead transformation of services to ensure consistency and new services are strategically thought through.

## Chairs of Board Committees

Chair	Board Committee in 2011-12
Rennie Fritchie	Board of Directors Appointments and Terms of Service Committee Council of Governors
Frank Powell	Governance Committee (to December 2011) Mental Health Act Scrutiny Committee (to December 2011)
Martin Davis	Audit Committee Charitable Funds Committee (from June 2011)
Tracey Barber	Delivery Committee (to December 2011) Governance Committee (from January 2012)
Dermot McMeekin Roger Brimblecombe	Development Committee Charitable Funds Committee (to June 2011) Mental Health Act Scrutiny Committee (from January 2012)
Richard Szadziewski	Delivery Committee (from January 2012)

## Attendance by Non Executive Directors and Directors

The terms of reference for each committee defines core membership for example, the Development Committee has two nominated Non Executive Directors. The Chair and Chief Executive by virtue of office may attend all meetings (except the Audit Committee).

The number of meetings and individual attendances at those meetings are detailed in the following table.

### Attendance at Board and Board Sub-Committees by Non Executive and Executive Members

Name and position	Council of Governors	Board	Appointments and Terms of Service	Development	Charitable Funds	Audit	Governance (split into 2 committees until Nov 2011)	Governance (from 1 Nov 2011)	Delivery	Mental Health Act Scrutiny
<b>Total Meetings</b>	<b>4</b>	<b>12</b>	<b>8</b>	<b>12</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>5</b>	<b>11</b>
Baroness Rennie Fritchie DBE <sup>1</sup>	4/4	11/12	8/8	1	-	-	-	-	-	-
Mr Frank Powell <sup>2</sup>	1	7/9	5/6	-	-	2/3	0/2	7/7	2/2	1
Mrs Tracey Barber	1	9/12	5/8	-	0/2	0/4	2/2	2/7	4/5	6/8
Dr Roger Brimblecombe	3	12/12	8/8	11/12	-	3/4	-	-	2/3	-
Mr Martin Davis	2	12/12	7/8	-	2/2	4/4	-	-	-	-
Mr Dermot McMeekin	1	11/12	8/8	12/12	-	3/4	-	-	-	-
Ms Charlotte Hitchings <sup>4</sup>	1	11/12	7/8	-	-	1/4	2/2	4/7	3/5	10/11
Mr Richard Szadziewski <sup>3</sup>	3	11/12	8/8	12/12	-	4/4	-	-	4/4	-
Shaun Clee, Chief Executive <sup>1</sup>	4	12/12	8	9/12	-	1	-	2	2	5
Sandra Betney	1	11/12	-	10/12	1/2	4	-	-	-	1
Kay Harrison	0	12/12	8	10/12	-	-	1	-	-	5
Simon Thompson <sup>5</sup>	0	6/12	-	2/12	-	-	0/2	1/7	0/5	3/11
Paul Winterbottom	0	11/12	-	6/12	-	-	1/2	6/7	2/5	6/11
Colin Merker	1	11/12	-	7/12	-	-	1	-	1	4/11
Trish Jay	3	11/12	-	7/12	2/2	2	2/2	7/7	5/5	8/11

## Notes

<sup>1</sup> Ex officio (by virtue of office) member of all committees other than Audit

<sup>2</sup> Frank Powell's term of office ended on 31 December 2011

<sup>3</sup> Richard Szadziewski took over Chairing of Delivery Committee in January 2012

<sup>4</sup> Charlotte Hitchings took on the Vice Chair role of the MHAS Committee in January 2012

<sup>5</sup> Simon Thompson was not available to attend committees for six months of the financial year

## Appointment and Terms of Service Committee

The Appointment and Terms of Service Committee is chaired by the Trust Chair and has a membership of all Non Executive Directors. In the absence of the Chair, the Deputy Chair of the Trust will lead the meeting.

The Committee's role is to agree the arrangements for appointment to and conditions of service for the posts of Chief Executive and Executive Director.

It also ensures there are appropriate arrangements for the consideration and management of succession planning.

During the year the committee met eight times and considered:

- The performance of each Executive Director and the Chief Executive
- Executive Director and Chief Executive pay
- Succession arrangements
- The allocation of clinical excellence awards for consultants, discretionary points to associate specialists and optional points to staff grades in line with Trust's polices and procedures and as necessary

## Appointment

Appointment of new Non Executive Directors is for an initial period of three years subject to earlier termination or extension and is governed by the terms of the Trust's Foundation Trust Constitution and the Standing Orders for the Council of Governors and Board of Directors.

## Reappointments

Non Executive Directors are eligible for reappointment at the end of their period of office in accordance with the Trust Constitution, but they have no absolute right to be reappointed. Decisions about reappointments will be made by the Council of Governors.

In reaching a decision, in addition to having regard to the appraised performance of the individual, the Council of Governors will wish to consider the performance of the Trust, the make-up of the Board of Directors in terms of skills, diversity and geographical representation, as well as the Board dynamics and the effectiveness of its team working.

The maximum term of office for a Non Executive Director is six years from the date of authorisation as a Foundation Trust.

## Termination of Appointment

Our Constitution sets out the following circumstances in which the appointment of a Non Executive Director may be terminated by the Trust:

- Removal from the Board of Directors being approved by 75% of members of the Council of Governors at a general meeting of the Council of Governors
- The Non Executive Director being adjudged bankrupt or their estate being sequestrated and (in either case) not being discharged
- The Non Executive Director making a composition or arrangement with, or granting a Trust deed for, their creditors and not having been discharged in respect of it

- Within the past five years, the Non Executive Director having been convicted in the British Isles of any offence for which a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed
- The Non Executive Director being a person whose tenure of office as a Chair or as a member or director of a health service body having been terminated on the grounds that the appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest
- The Non Executive Director having had their name removed by any PCT from any list prepared under parts 4, 5, 6 or 7 of the NHS Act 2006, and subsequently not having their name included in such a list
- The Non Executive Director having within the previous two years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service body

If the Council of Governors is of the opinion that it is no longer in the interests of the National Health Service that a Non Executive Director continue to hold office then, subject to the provisions of the Trust Constitution, their appointment may be terminated.

The following list provides examples of matters which may indicate to the Council of Governors that it is no longer in the interests of the National Health Service that a Non Executive Director continues in office:

- If an annual appraisal or sequence of appraisals is unsatisfactory
- If the Non Executive Director no longer enjoys the confidence of the Council of Governors
- If the Non Executive Director loses the confidence of the public or local community in a substantial way
- If the Non Executive Director fails to deliver work against agreed targets incorporated within their annual objectives
- If there is a terminal breakdown in essential relationships, for example between the Chair and Chief Executive, or between a Non Executive Director and the other directors.

The above list is not intended to be exhaustive or definitive. The Council of Governors will consider each case on its merits, taking all relevant factors into account.



## Balance of the Board and Appraisal

The Board has continued to review its effectiveness through developmental workshops throughout the year. These have built on similar performance evaluations carried out during the previous year.

The Board also implemented the recommendations of a Governance Review conducted last year. This established an Audit Committee, (separate from the Governance Committee which had previously undertaken this role) to provide objective oversight of the Trust's committees and the Executive Team. Terms of Reference for the Board's Committees were also revised.

It is the Chair's responsibility to ensure Committee and Board membership is revitalised when appropriate and the results of performance appraisals are acted upon. Director developments and changes have enabled the required balance, skills and qualities of the Board to be considered when appointing replacements.

All Board members have had a performance appraisal during the year involving input from colleagues and, when appropriate, governors and others. The results of the appraisals of the Executive Directors have been shared in summary with the Appointments and Terms of Service Committee of the Board of Directors.

Similar arrangements have been followed for the summary of Non Executive and Chair appraisals to be given to the Nomination and Remuneration Committee of the Council of Governors. Each Board member has individual development and performance targets for the coming year.

## Council of Governors

Our Council of Governors consists of public, staff, primary care trust and local authority governors. There is also a Governor appointed by the Gloucestershire Learning Disability Partnership Board.

Governors are an essential link between our membership and the Board of Directors. They help ensure that the Trust hears everyone's views.

The constituencies for public governors are based on the six district, city and borough council boundaries in the county. The councils themselves share one governor nomination to the Council of Governors.

Our main partners, NHS Gloucestershire (formerly known as Gloucestershire PCT) and Gloucestershire

## Board Remuneration

Accounting policies for pensions and other retirement benefits are set out in note 1.6 of the accounts.

Details of senior employees' remuneration can be found in page 37 of the Remuneration Report; and details of company directorships and other significant interests held by Directors or Governors which may conflict with their management responsibilities are set out in note 18 of the accounts.

## Directors' Statement as to Disclosure to the Auditors

The Directors confirm that so far as they are aware, there is no relevant audit information of which the auditors are unaware. The Directors have taken all the steps that they ought to have taken as Directors in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Accounting policies for pensions and other retirement benefits are set out in note 1.6 to the full statutory accounts and details of senior staff's remuneration can be found in the Remuneration Report later in this document.

## Going Concern

After making enquiries, the directors have a reasonable expectation that 2gether NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

County Council, have one nominated governor position each. We have one staff constituency made up of five classes of staff to ensure fair representation. Finally we ask the county's main planning forum for services for people with a learning disability to nominate a governor.

Public and staff governors are elected by members of their own constituency using the single transferable vote system. An initial election for all governor posts took place in March 2006, with a second round of elections in the spring of 2007.

Five by-elections have been held during 2011-12 for a number of Public and Staff Constituencies. The turnout for the elections was as follows:

Constituency	Candidates	Total Votes Cast	Turnout
Cheltenham Borough Council (June 2011)	* Ros Taylor	Re-elected unopposed	N/A
Gloucester City Council (June 2011)	* Sandra John One vacancy remains	Re-elected unopposed	N/A
Cotswold District Council (June 2011)	* Pat Ayres MBE * Rod Whiteley David Parker	56	14.8%
Staff – Nursing Class (October 2011)	* Phil Hennessy	Elected unopposed	N/A
Staff – Medical Class (October 2011)	* Dr Amjad Uppal	Elected unopposed	N/A

\*Elected

The appointment term of all governors is three years unless they are councillors representing first and second tier authorities. Local authority governors may hold office for the period of their current term of office as a councillor.

## Council of Governors by constituency and current vacancies

Category of governor	Total number of governors	Vacancies as of 31 March 2012
<b>Public constituencies</b>		
Cheltenham	3	-
Cotswold	2	-
Forest	2	-
Gloucester	3	1
Stroud	3	1
Tewkesbury	2	-
<b>Staff constituencies</b>		
Medical practitioners' staff class	1	-
Nursing staff class	3	-
Allied Health Professionals and Social Work staff class	1	-
Clinical and social care support staff class	1	1
Management, administrative and other staff class	2	1
<b>Appointed governors</b>		
Gloucestershire Primary Care Trust	1	-
Gloucestershire County Council	1	-
Nomination from six city/borough/district councils	1	-
Gloucestershire Learning Disabilities Partnership Board	1	-
<b>Total</b>	<b>27</b>	<b>4</b>

The Council of Governors has two primary roles.

The first is to represent the interests of the Trust's stakeholders in the governance of the organisation, the second is to communicate the key messages of the Trust to the electorate and appointing bodies.

The duties and powers of governors are defined within the constitution and include:

- Reviewing and providing advice and comments to the Board of Directors on any strategic plans
- Developing and approving a membership strategy, including feeding information back to their constituencies and stakeholder organisations
- Appointing or removing the Chair and the Non Executive Directors
- Deciding the remuneration and allowances of the Chair and Non Executive Directors
- Appointing or removing the Trust's auditors
- Receiving and reviewing the annual accounts, any report of the auditor on the accounts and the Trust's annual report
- Holding the Board to account for the performance of the Trust
- Reviewing the Board of Directors' actions to ensure there is no breach of the Trust's terms of authorisation
- Approving an appointment by the Non Executive Directors of the Chief Executive
- Enforcing standards of conduct for governors
- Such other responsibilities as the Board of Directors and Council of Governors may agree

The Council of Governors has:

- Met five times in the reporting period
- Appointed a new Non-Executive Director
- Re-appointed a Non Executive Director
- Assisted in the development of strategic plans and provided comments on drafts
- Developed a work programme for the coming year
- Held joint development events with the Board of Directors and the Governors of the local acute Trust
- Received presentations from individual directors and the Chief Executive on various aspects of their work
- Reviewed performance information and progress against targets
- Reviewed the Trust's Quality Accounts and Patient Survey Report
- Reviewed the Trust's response to the annual Staff Survey
- Appointed a Lead Governor (Ros Taylor, Public Governor, Cheltenham)
- Received and provided comments on service user feedback including complaints
- Appointed the Trust's external auditors
- Received and discussed the Annual Report and Accounts
- Held a joint Annual General Meeting with the Board of Directors
- Agreed the process of appraisal for the Chair and the Non Executive Directors

The following table shows the composition of the Council of Governors during the reporting period, listing names, appointment dates and length of service.

Constituency	Number of Constituency Governors	Name of Governor	Date of appointment/ Nomination (resignation date)
<b>Elected Public Governors</b>			
Cheltenham Borough Council	3	Ros Taylor Jo Smith Gill Pyatt <i>Alison Lott</i>	June 08 January 10 January 10 <i>July 11</i>
Cotswold District Council	2	Pat Ayres MBE Rod Whiteley	July 11 July 11
Forest District Council	2	Marion Winship Joan Tranter	July 10 July 10
Gloucester City Council	3	Sandra John Nigel Hayward Vacant	June 08 July 10
Stroud District Council	3	Samantha Tolley John Gillett Vacant	July 10 July 10
Tewkesbury Borough Council	2	Francesca Tolond Julie Garnham	July 10 July 10
<b>Elected Staff Governors</b>			
Medical	1	Dr Amjad Uppal	November 11
Nursing	3	<i>Tim Coupland</i> Mark Elliott David Maynard Phil Hennessy	<i>October 11</i> July 10 July 10 November 11
AHP and Social Care	1	Kristoff Fraszczak	July 10
Support Staff	1	<i>Tim Stokes</i>	<i>March 12</i>
Management, Administrative and Other Staff	2	Jan Furniaux <i>Richard Butt -Evans</i>	November 09 <i>February 12</i>
<b>Governors nominated by partner organisations</b>			
County Council Representative	1	Cllr Peter Braidwood	February 11
District, Borough or City Council	1	Cllr Duncan Smith	September 07
Learning Disability Partnership Board	1	Faye Henry	January 09
Gloucestershire Primary Care Trust	1	Jill Crook	July 10

**Notes:** All Governors are appointed for a term of three years with the exception of local authority Governors who may hold office for the period of their current term of office as a councillor.

## How Governors work with Directors and Members

Meetings of the Council of Governors and Board of Directors are both presided over by the Chair of the Trust or, in her absence, the Deputy Chair of the Board of Directors. It is the Chair's role to ensure there is a positive working relationship between the Council of Governors and the Board of Directors. The constitution provides for the sharing of responsibilities and this is supported by standing orders for each forum.

The Trust has a formal process for the resolution of disputes between the two bodies if required but this has not been necessary to date. Director duties are set out in a scheme of delegation. Both Non Executive and Executive Directors have attended Council of Governors meetings to present information and to seek Governors' views. The Council of Governors through its Governance and Performance Review Committee was consulted as part of the Trust's business planning.

Governors have been provided with summaries of feedback received by the Trust about its services. Actions taken in response to issues raised have also been reported. The Chair informs the Council of Governors of the work of the Board through monthly letters to Governors and reports at meetings.

The Chief Executive has given several presentations to the Council on current and future developments for the Trust.

Some Governors have attended Board of Directors meetings and the Chair keeps the Board informed of the issues dealt with at the Council of Governors. The minutes of Council meetings are included on the agenda of the Board of Directors. Members are informed of changes and proposals through a newsletter and invited to comment and make suggestions. Public and member events showcasing services or highlighting issues have been held around the county with Governors and Members attending.

The following table shows the number of meetings of the Council of Governors attended by Governors during the reporting period. Attendance by Board members at Council of Governors meetings is detailed elsewhere in this report.

### Attendance by Governors at Council of Governors' meetings

Public	Name	Possible Attendances
<b>Cheltenham</b>	Ros Taylor	5/5
	Gill Pyatt	3/5
	Jo Smith	2/5
	<i>Alison Lott</i>	1/1
	Pat Ayres MBE	3/3
	Rod Whiteley	3/3
<b>Forest</b>	Marion Winship	3/5
	Joan Tranter	2/5
	Sandra John	1/5
	Nigel Hayward	3/5
	Samantha Tolley	4/5
	John Gillett	4/5
<b>Tewkesbury</b>	Francesca Tolond	3/5
	Julie Garnham	5/5
<b>Staff</b>	Dr Amjad Uppal	2/3
<b>Medical</b>	<i>Tim Coupland</i>	0/2
<b>Nursing</b>	Mark Elliott	3/5
	David Maynard	4/5
	Phil Hennessy	2/3
<b>AHP and Social Care Support Staff</b>	Kristoff Fraszczak	3/5
	Tim Stokes	4/5
<b>Management, Administrative and other staff</b>	Jan Furniaux	3/5
	Richard Butt -Evans	4/5
<b>Nominated County Council Representative</b>	Cllr Peter Braidwood	3/5
<b>District, Borough or City Council</b>	Cllr Duncan Smith	3/5
<b>Learning Disability Partnership Board</b>	Faye Henry	3/5
<b>Gloucestershire Primary Care Trust</b>	Jill Crook	0/5

# Committees

## Audit Committee

The role of the Audit Committee is:

**Internal Audit:** To ensure there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board.

**External Audit:** To review the work and findings of the External Auditor and consider the implications and management's responses to their work.

**Financial Reporting:** To ensure the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The members of the Audit Committee are all the Non Executive Directors, excluding the Chair. The Chair of the Audit Committee is Martin Davis. There were four meetings of the Audit Committee held in the reporting period.

The Committee has commissioned a full audit programme based upon risk as identified by the Board Assurance Framework and received regular reports on the outcomes and actions completed. It has paid particular attention to budgetary control, Audit activity, and Counter Fraud activity.

## Nomination and Remuneration Committee

The Nominations and Remuneration Committee is a committee of the Council of Governors which advises the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non Executive Directors of the Board.

The Committee is normally chaired by the Trust Chair, unless they must be excluded from the meeting due to the business being conducted. In this instance, the Deputy Chair, a Governor, will oversee the meeting. The committee has delegated authority to manage and oversee the recruitment and appraisal processes for the Chair and Non Executive Directors on behalf of the Council.

Members of the committee are:

- Rennie Fritchie, Chair (Committee Chair)
- Julie Garnham, Public Governor – Tewkesbury (Deputy Chair)
- Sam Tolley, Public Governor - Stroud
- Francesca Tolond, Public Governor – Tewkesbury
- Tim Stokes, Staff Governor – Support Staff
- Duncan Smith, Nominated Governor

In 2011-12 the committee oversaw the appointment of a new Non-Executive Director using an external executive search agency. The Committee also reviewed the annual appraisals of the non-executive Directors and the Trust Chair, and made recommendations to the Council of Governors on these matters, and on Non-Executive Directors' remuneration.

The Nominations and Remuneration Committee met two times during the reporting period.

Name	7 April 2011	4 October 2011
Rennie Fritchie	✓	
Julie Garnham	✓	✓
Tim Stokes	✓	
Samantha Tolley		
Francesca Tolond	✓	✓
Duncan Smith	✓	✓
Richard Butt-Evans (Staff Governor Representative)		✓

## Register of Governors' and Directors' Interests

Our hospitality register and register of Governors' and Directors' interests, including that of our Trust Chair, is available from the Trust Secretary who can contacted on:

 Telephone: 01452 894000

 Email: john.mcilveen@glos.nhs.uk

# Membership



One in four of us will experience mental ill health at some point of our life.

As an NHS Foundation Trust, we help ensure local accountability, ownership and control of local services. We seek to provide people with an opportunity to learn more about us, what we do for the people we serve and how to be involved in shaping local services.

We encourage involvement, informed participation and greater engagement to help ensure our member's views are understood. This includes identifying opportunities for members to communicate with their Governor and encouraging members to stand for election to the Council of Governors.

## Membership Constituencies and Eligibility Requirements

The Trust has eight membership constituencies - seven public constituencies and a staff constituency divided into five classes.

Our membership, as at the end of March 2012 was:

 **6,946**  
Total members

 **4,731**  
Public constituency members

 **2,215**  
Staff constituency members

### Public constituency

Our public constituencies are based on the city, borough and district councils of Gloucestershire and a Greater England constituency. In Gloucestershire, our public constituencies are: Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud and Tewkesbury.

The Greater England public constituency was established to enable members of the public and service users outside Gloucestershire to join us.

Members of a public constituency must live within England, be over 11 years old, and must not be eligible to become a member of our staff constituency.

 **831**  
Cheltenham

 **394**  
Cotswolds

 **596**  
Forest of Dean

 **1386**  
Gloucester

 **789**  
Stroud

 **631**  
Tewkesbury

 **104**  
Greater England

## Staff Constituency

Members of the staff constituency are individuals who are employed by the Trust under a contract of employment that has no fixed term, or a fixed term of at least 12 months.

Members of the staff constituency also include individuals who have been continuously employed by the Trust for at least 12 months.

The Trust provides automatic membership of the staff constituency. All eligible staff will become members of the organisation unless they elect otherwise.

The staff constituency is divided into five classes:

**Medical staff:** Those who are registered persons within the meaning of the Medicines Act 1956 and who hold a licence to practise.

**Nursing staff:** Those on the register maintained by the Nursing and Midwifery Council.

### Allied Health Professionals and Social Work staff:

Allied Health Professionals are staff registered with a regulatory body that is within the remit of the Council for the Regulation of Health Care Professions. Social Workers are staff registered with the Social Care Council.

**Clinical and Social Care Support staff:** Clinical and Social Care Support Staff are individuals who are employed wholly or mainly in direct clinical and care roles and who are not eligible for membership of the medical, nursing, allied health professionals or social work staff classes.

### Management, administrative and other staff:

Employees who are entitled to membership of the staff constituency but are not eligible for membership of the medical, nursing, allied health professionals, social work staff or clinical and social care staff classes.

## Membership Strategy

Our membership strategy works in harmony with our social inclusion agenda. It seeks to:

- Recruit and retain members representative of the communities we serve
- Promote the benefits of becoming a Trust member
- Raise public awareness of mental health issues
- Create interest, enthusiasm and energy
- Encourage involvement, informed participation and greater engagement
- Provide timely, targeted and meaningful information
- Build opportunities for members to communicate with their Governor and Trust
- Develop meaningful and valuable membership that is both supported and sustained

Over the last 12 months, we have continued to raise awareness of emotional wellbeing and membership of the Trust by:

- Partnering with local schools and colleges to engage, notably through our Up, Up and Away campaign
- Establishing a successful social media strategy
- Working jointly with our local media

- Attending local events with our Moodometer information

Governors have agreed three Key Objectives for the next 12 months:

- Recruit and retain members representative of the population we serve
- Communicate effectively and timely with members
- Engage members, encouraging meaningful involvement

We will continue to evolve our membership programme and will extend our online presence by launching a more engaging and interactive online community for our Trust members.

We will work with local partners to address the needs of younger members; and continue to publish our quarterly membership magazine.

## Become a Member

If you are interested in helping to shape local NHS services or want to support our campaign to tackle the stigma that is so often associated with mental ill-health, becoming a member is a great place to start.

Join us by:

 telephone: 01452 894165

 email: [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

 For more information and to join online visit us at [www.2gether.nhs.uk/membership](http://www.2gether.nhs.uk/membership)



# Remuneration Report

Our Appointments and Terms of Service Committee has delegated responsibility from the Board of Directors to review and set the remuneration and terms of service of the Chief Executive and the Executive Directors.

All other senior managers are covered by Agenda for Change terms and conditions of service. The intention is to continue to review the definition of senior manager although the policy has been for all staff who are not board members to be employed on national terms and conditions of employment.

The members of the Appointments and Remuneration Committee are Baroness Rennie Fritchie DBE (Chair), Mrs Tracey Barber, Doctor Roger Brimblecombe, Mr Frank Powell (up to 31 December 2011), Mr Dermot McMeekin, Mr Martin Davis, Mrs Charlotte Hitchings and Mr Richard Szadziewski.

It has adopted a policy of developing a very simple reward package that 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.

Decisions it takes on the salary and terms of conditions of service of its Chief Executive and Board Directors will be informed by externally commissioned reviews that take into account the market, the scope of responsibilities, performance and best practice. The committee also takes into account the awards for other staff groups when considering the remuneration of its Chief Executive and Executive Directors.

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 that are agreed at the beginning of each financial year.

Having taken legal advice, we decided that the Chief Executive and Executive Directors are employed on substantive contracts with the Trust. The current Chief Executive's contract is subject to six months written notice from either party. The exception to this is in the case of incapacity and for reasons of qualification, conduct or capability. In these cases the contract is subject to three months notice of termination.

Executive Director contracts are subject to a notice period of six months to minimise the risk of lack of capacity at this level, whilst recruitment processes take place. None of the contracts for the Chief Executive or Board Directors contain clauses specifying termination payments which are in excess of contractual obligations.

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 on page 86 of our annual accounts.



**Shaun Clee**  
**Chief Executive**  
**Date: 29 May 2012**

## Salary and pension entitlements of senior managers

Name and Title	2011-12			2010-11		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind Rounded to the nearest £100	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind Rounded to the nearest £100
<b>Non-executive Directors</b>						
Baroness Rennie Fritchie Chair	40-45	0	0	40-45	0	0
Frank Powell Non-Executive Director	10-15	0	0	15-20	0	0
Tracey Barber Non-Executive Director	15-20	0	0	10-15	0	0
Roger Brimblecombe Non-Executive Director	10-15	0	0	10-15	0	0
Dermot McMeekin Non-Executive Director	10-15	0	0	10-15	0	0
Martin Davis Non-Executive Director	10-15	0	0	10-15	0	0
Charlotte Hitchings Non-Executive Director (Start 01/03/11)	10-15	0	0	00-05	0	0
Richard Szadziewski Non-Executive Director (Start 01/03/11)	10-15	0	0	00-05	0	0
<b>Executive Directors</b>						
Shaun Clee Chief Executive	140-145	0	0	140-145	0	0
Sandra Betney Director of Finance and Commerce	110-115	0	0	110-115	0	0
Kay Harrison Director of HR and Organisational Development	95-100	0	0	95-100	0	0
Simon Thompson Chief Operating Officer	100-105	0	0	100-105	0	0
Colin Merker Director of Director of Internal Customer Services	95-100	0	0	95-100	0	0
Trish Jay Director of Quality & Performance (Start 01/04/11)	90-95	0	0	-	-	-
Paul Winterbottom Medical Director	70-75	120-125	0	70-75	95-100	0
<b>Senior Managers</b>						
Ted Quinn Locality Director	65-70	0	0	65-70	0	0
Les Trewin Locality Director	70-75	0	0	70-75	0	0
Andy Moore Locality Director	60-65	0	0	55-60	0	0
Stuart Conlon Locality Director	60-65	0	0	55-60	0	0
Mark Hemming Locality Director	70-75	0	0	-	-	-
Mathew Page Locality Director	55-60	0	0	50-55	0	0
Christopher Woon Service Director	50-55	0	0	45-50	0	0

The Medical Director is a part time role whose payment is identified under Salary - pay associated with clinical work is shown as Other Remuneration.

The benefit in kind relates to travel expense allowances where subject to income tax.

This has been audited.

## Pension benefits of senior managers

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2011 £'000	Cash Equivalent Transfer Value at 31 March 2012 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employers Contribution to Stakeholder Pension £'000
Shaun Clee Chief Executive	(0 - 2.5)	(2.5 - 5)	70 – 75	210 – 215	1233	1280	9	0
Sandra Betney Director of Finance	0 - 2.5	0 - 2.5	25 – 30	85 – 90	354	444	79	0
Kay Harrison Director of HR and Organisational Development	0 – 2.5	0 - 2.5	30 – 35	100 – 105	542	618	59	0
Trish Jay Director of Quality and Performance	0 – 2.5	5 - 7.5	25 – 30	75 – 80	378	466	77	0
Colin Merker Director of Internal Customer Services	0 – 2.5	2.5 - 5	40 – 45	125 – 130	686	791	85	0
Paul Winterbottom Medical Director	2.5 – 5	12.5 - 15	55 – 60	170 – 175	846	1045	173	0
Simon Thompson Chief Operating Officer	0 - 2.5	0 - 2.5	15 – 20	55 – 60	222	287	58	0
Les Trewin Locality Director	0 - 2.5	0 - 2.5	20 – 25	65 – 70	307	373	57	0
Ted Quinn Locality Director	0 - 2.5	0 - 2.5	25 – 30	80 – 85	525	578	37	0
Andy Moore Locality Director	0 - 2.5	2.5 - 5	20 – 25	65 – 70	317	387	60	0
Stuart Conlon Locality Director	0 - 2.5	2.5 - 5	25 – 30	80 – 85	-	-	-	0
Mark Hemming Locality Director	0 - 2.5	2.5 - 5	10 – 15	35 – 40	236	249	7	0
Mathew Page Locality Director	0 - 2.5	0 - 2.5	5 - 10	25 – 30	69	103	32	0
Christopher Woon Service Director	0 - 2.5	0 - 2.5	5 - 10	15 – 20	37	61	23	0

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

This table has been audited.

### Median Pay

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

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

The calculation is based on the full-time, annualised equivalent of every member of staff employed by the Trust during 2011/12, including bank staff and medical locums. The disclosure of the median remuneration of the Trust's workforce and the ratio between this and the mid-point of the banded remuneration of the highest paid director has been audited.

### 2010-2011

The banded remuneration of the highest-paid director in 2gether NHS Foundation Trust in the financial year

2010-11 was £170,000-£175,000. This was 6.56 times the median remuneration of the workforce, which was £26,298.

One employee received remuneration in excess of the highest-paid director. The banded remuneration of the highest-paid employee in 2010-11 was £195,000-£200,000.

### 2011-2012

The banded remuneration of the highest-paid director in 2gether NHS Foundation Trust in the financial year 2011-12 was £195,000-£200,000. This was 7.15 times the median remuneration of the workforce, which was £27,624. The highest paid Director temporarily took on additional clinical responsibilities which has caused the ratio to increase.

No employees received remuneration in excess of the highest-paid director.

The above information has been audited.



# Quality Report 2011/12

**2gether**  
Making life better

2gether  
NHS Foundation Trust 

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# Part 1. Statement on Quality from the Chief Executive

## Introduction

On behalf of the Trust Board and all of our staff, I am delighted once again to present our annual Quality Report – our opportunity to state our commitment to seek to continuously improve the quality of the services we provide and share the evidence of that commitment.

We are clear that the production of the Quality Report with the associated quality initiatives is not an isolated annual exercise, but part of a continuous process, and have demonstrated this by reporting on progress on the quality developments each quarter to the Board and stakeholders.

This document describes the progress that we have made in the last year towards achieving our stated aims in our Quality Report; building on these to outline the further quality improvements we intend to make in the next twelve months and beyond.

## Quality Initiatives 2011/12

This past year has been significant for 2gether NHS Foundation Trust (2gether). A year of quality developments, service growth, integration, partnership working, clinical leadership and transformation.

As part of the Transforming Community Services agenda, we welcomed colleagues from mental health, substance misuse and learning disability services in Herefordshire into 2gether following a successful competitive tendering process on 1 April 2011. We were also pleased to take on the responsibility for providing Prison Health Services to HMP Gloucester on 1 May 2011.

Commissioners determined that we were the appropriate organisation to provide these services, part of that decision was based on our commitment to build on the success of the current provision by working with clinicians and commissioners to undertake service transformations that would further improve the quality of services whilst delivering greater taxpayer value for money.

It is testimony to the professionalism of our staff that within one year service transformation plans were developed and significant progress has been made in implementing these to deliver the benefits for service users, carers, staff and commissioners.

The benefits delivered in Herefordshire include, increasing compliance with Care Programme Approach to the required targets, increasing the provision of crisis home treatment services to cover 24 hours a day 365 days a year across the whole county, this has enabled more people to be supported appropriately at home and reduce the bed requirement from 29 to 21.

Within the Prison, there have been benefits in the integration of services across physical and mental health care services. The service has been externally praised for its pro-active approach to offender health.

The safety of service users, carers, staff and the communities in which we operate has been a key priority for us during 2011/12, with significant emphasis on further improving safety. We have been active participants in the South West Strategic Health Authority Improving Safety in Mental Health Programme.

Through the skilled and dedicated clinical leadership of the work stream leads significant improvements, such as a 50% reduction in the rate of falls, faster medication reconciliation and improved visible leadership for safety have been achieved.

Again working in partnership with commissioners, Action For Children and our tier 4 inpatient partners we have seen quality improvements in children's services within Gloucestershire. The service has significantly revised how referrals are received into the Service, reduced waiting times and also changed the approach to supporting Looked after Children.

One of the benefits of our partnership with Action for Children was a drama project they led. Eleven young people co-wrote and performed a play about the impact of mental health in childhood and adolescence. The play was first performed as part of the Children's Takeover Day for Gloucestershire at the City Museum, and subsequently went on tour to a number of schools within the county.

Each year our clinical and operational leaders make plans for the year ahead. These plans take into account national targets, set within the Department of Health Operating Framework and Outcomes Framework and reflect our local contracts, local commissioning aspirations for improvement which are set within the CQUIN targets and our own ambitions for improvement which are set within our internal stretch targets.

Whilst we achieved all of the national targets and all but one of the CQUIN targets we are not complacent. We recognise that we still have more work to do to achieve all of our own quality targets and aspirations.

## Quality Initiatives 2012/13

As we look forward into 2012/13, we will concentrate on consolidating the integration of services in HMP Gloucester and in Herefordshire to deliver the remaining benefits that are anticipated. In Gloucestershire, the service transformations via the full implementation of Fair Horizons and the full implementation of alternatives to admission for children and young people will complete the next phase of improvements.

The challenging economic context in which we operate means that we must once again utilise all of the experience, expertise and wisdom that is available from our partners, our commissioners, ourselves and the communities we serve to ensure that the safety of our service provision always meets the national standards and aspires to exceed this.

The quality initiatives we plan to take forward in the coming year are described under the five headings of the Department of Health's Outcomes Framework. They are presented in a new format which is hopefully easier to understand and will enable our quarterly reporting to be more accessible. The full list of our plans to improve the quality of service next year can be found in Section 2 of this Quality Report.

We utilise the best available evidence to inform and guide our practice and in doing so achieve the level of outcomes that the evidence would predict and where possible better this. We cannot however provide quality services without the skill, experience and dedication of our workforce, and thank them for their dedication and commitment.

May I also take this opportunity to thank members of NHS Gloucestershire and Herefordshire, the Health and Community Care Overview and Scrutiny Committees and the Local Involvement Networks of those two counties, the Governors and my colleagues on the Trust Board who have helped in the production of this Quality Report.

To the best of my knowledge, the information contained in this document is accurate and gives a fair representation of quality within the Trust.



**Shaun Clee**  
**Chief Executive**  
**2gether NHS Foundation Trust**

**“This past year has been significant year of quality developments, service growth, integration, partnership working, clinical leadership and transformation.”**



# Part 2a. Looking ahead to 2012/13

## Priorities for Improvement 2012/13

In looking ahead to 2012/13 we will continue to review how we provide our services against the five quality areas described in the NHS Operating Framework 2012/13 and NHS Outcomes Framework 2012/13.

These areas sit under the three key dimensions of effectiveness; user experience and safety and have been approved by the Trust Board following discussions with our key stakeholders. We are aiming to improve outcomes for patients through these actions being mindful that a key national priority is:

*"Putting patients at the centre of decision making in preparing for an outcomes approach to service delivery, whilst improving dignity and service to patients and meeting essential standards of care"*

NHS Outcomes Framework 2012/13

Outcomes will be measured and monitored, where they can be, with the period of time varying from monthly, quarterly or annually depending what we are measuring and how often the data is collected.

## How we prioritised our quality improvement initiatives?

The improvements in each area were chosen by considering the requirements and recommendations from the following sources:

### Documents/Organisations:

- Department of Health, with specific reference to 'No health, without mental health (2011)'
- Care Quality Commission (via the Quality Risk Profile and responsive review undertaken in January 2012)
- Monitor
- King's Fund report on Quality Accounts
- National Institute for Health & Clinical Excellence
- NHS Outcomes Framework 2012/13

We have also had feedback on our services during the year which has informed our choice of quality improvement initiatives for this coming year.

### The feedback and contributions have come from:

- Gloucestershire Local Involvement Network (LINK)
- Herefordshire Local Involvement Network (LINK)
- Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC) and Council colleagues
- Herefordshire HCCOSC and Council colleagues
- NHS Gloucestershire
- NHS Herefordshire
- Strategic Health Authority (SHA) Commissioning Frameworks (South and Midlands and East)
- Internal assessment of Care Quality Commission (CQC) Outcome compliance
- Internal audits
- South West Mental Health Quality & Patient Safety Improvement Programme
- Trust's Service Experience Committee (comprising service users)
- Trust's Governors
- Trust staff and managers

The various suggested quality initiatives were then considered and agreed by the Governance Committee, which is a sub-committee of the Board and has clinical and managerial representation from across the Trust and includes Non-Executive Directors.

This Committee meets formally monthly to consider information relating to quality across all of the services we provide.

The priorities for improvement are applicable for services in both Gloucestershire and Herefordshire unless specified, and where they are different it is a reflection of the different quality priorities in each county.

Progress in each of the areas, along with an indication of the agreed measures, will continue to be reported to the Trust Board every quarter. This information will also be shared with our major stakeholders.

# Effectiveness

## Domain 1: Preventing people from dying prematurely

Ensuring that premature death in people with serious mental illness and learning difficulties is reduced remains a key priority; we will carry out the following activities:

Goal	Target	Drivers	Why we chose this
Minimise the risk of suicide amongst those with mental disorders through a systematic implementation of sound risk management principles	1.1 Maintain 100% implementation of the NPSA Suicide Prevention Toolkit for all inpatient units in Herefordshire and Gloucestershire  1.2 100% implementation of the NPSA Community Suicide Prevention Toolkit for Crisis Teams and Recovery Teams in both Gloucestershire and Herefordshire	<ul style="list-style-type: none"> <li>Implement the actions for the Trust described within the Gloucestershire Suicide Prevention Strategy &amp; Action Plan</li> <li>Continue to use the National Patient Safety Agency (NPSA) Inpatient Toolkit in both Herefordshire and Gloucestershire services</li> </ul>	Local and national priority  Local and national priority
Promote healthier lifestyles amongst service users through positive smoking and alcohol interventions	1.3 The number of Herefordshire staff to receive "making every contact count" training  1.4 The number of service users who are referred for positive health interventions	<ul style="list-style-type: none"> <li>Midlands and East Strategic Health Authority is developing specific training for staff to enable them to focus up on promoting healthy lifestyles</li> <li>Development of an organisational strategy to promote healthier lifestyle, including the appointment of a clinical champion</li> </ul>	Local and national priority  SHA commissioning priority  Specific Herefordshire commissioning quality requirement reflected in a CQUIN (Commissioning for Quality & Innovation)
Improve the health of prisoners through accessible primary and mental health services	1.5 Monitoring of the prison health indicators	<ul style="list-style-type: none"> <li>Implement the locally derived health services action plan for HM Prison Gloucester</li> </ul>	National priority and we provide prison health care services in HMP Gloucester  HMP Inspectorate

## Domain 2: Enhancing quality of life for people with long term conditions

We will continue to focus on outcomes that are important to those living with long-term conditions. The way we will carry out this objective will be to focus improvements upon the following:

Goal	Target	Drivers	Why we chose this
Improve dementia services: <ul style="list-style-type: none"> <li>• Through staff training</li> <li>• Ensuring that more people with a diagnosis of dementia can access appropriate services</li> <li>• Providing appropriate assessments of need</li> </ul>	2.1 Increase the number of staff trained in the benefits of, and process for referral to telecare and telehealth in Gloucestershire for service users with a diagnosis of dementia (reflecting the countywide plan)	<ul style="list-style-type: none"> <li>• Enhancing the quality of life for people with dementia</li> <li>• Contribution to the Gloucestershire Dementia Strategy and the Herefordshire Dementia care pathway</li> </ul>	Local and national priority  Specific Gloucestershire commissioning quality requirement reflected in a CQUIN
	2.2 Service users within Herefordshire with a diagnosis of dementia to receive a pain assessment on admission to hospital and in community teams		Local and national priority  Specific Herefordshire commissioning quality requirement reflected in a CQUIN
Improve services for people with a learning disability in Gloucestershire by further developing the reasonable adjustment tools	2.3 Develop and implement an outcome measurement tool	<ul style="list-style-type: none"> <li>• Implementation of the national Green Light Toolkit to improve mental health support for people with a learning disability.</li> </ul>	Local and national priority  Specific Gloucestershire quality requirement reflected in a CQUIN
Improve access to services for adults in Gloucestershire	2.4 Establish and implement the Contact Centre and monitor the benefits for service users and those referring to the service	<ul style="list-style-type: none"> <li>• Implementation of the Fair Horizons model of care in community services</li> </ul>	Local priority
Improve access to psychological therapy services for the wider populations in Gloucestershire and Herefordshire (IAPT) In line with 'No health, without mental health (2011)'	2.5 Establish and implement a Children's IAPT in Gloucestershire  2.6 Ensure that people in Herefordshire have improved access to Herefordshire IAPT  2.7 Implement an IAPT service for prisoners in HMP Gloucester	<ul style="list-style-type: none"> <li>• Implementation of the NHS Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) programme</li> <li>• Implementation of the NHS IAPT programme</li> <li>• Implementation of the pilot IAPT service in prisons</li> </ul>	Local and national priority  IAPT review 2011  Local and national priority  No health, without mental health (2011)  IAPT review 2011  Local and national priority  No health, without mental health (2011)  IAPT review 2011

### Domain 3: Helping people to recover from episodes of ill health or following injury

Central to the service we provide is achieving the best possible outcomes for people who develop treatable conditions. Specifically, we need to help people recover from illness or injury and prevent conditions from becoming more serious. Actions that will be taken to support this objective include:

Goal	Target	Drivers	Why we chose this
Ensure we follow people up when they leave our inpatient units within 48 hours	3.1 Stretch target: At least 95% of adult Care Programme Approach (CPA) receiving follow-up contact within 48 hours of discharge from psychiatric inpatient care  (National target 95% CPA service users receive follow up within seven days)	<ul style="list-style-type: none"> <li>Implementation of Department of Health Standards</li> <li>Continued implementation of the transformational change programme that is "Fair Horizons" in Gloucestershire and the transformation of Herefordshire mental health services</li> </ul>	Local and national priority
Ensure effective and responsive services for people with a first episode of psychosis	3.2 At least 95% of new psychosis cases will be served by early intervention teams		Local and national priority
Ensure appropriate admission to psychiatric inpatient care	3.3 At least 95% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams		Local and national priority
Ensuring that inpatients are transferred from hospital beds swiftly when they are fit to leave hospital	3.4 Less than 7.5% of inpatient bed days will be a delayed transfer of care when they are ready to leave hospital	<ul style="list-style-type: none"> <li>Implementation of Department of Health Standards</li> <li>Continued implementation of the transformational change programme that is "Fair Horizons" in Gloucestershire and the transformation of Herefordshire mental health services</li> </ul>	Local and national priority
Develop effective recovery services within Herefordshire	3.5 90% of an agreed sample of service users within Herefordshire will have an assessment completed using the Recovery Star model		Local priority  Specific Herefordshire commissioning quality requirement reflected in a CQUIN
Reduce waiting times for children and young people within Gloucestershire	3.6 95% of non-urgent tier 3 cases will be seen within 8 weeks (children and young people's services)  3.7 95% of children referred for crisis home treatment will receive support within 24 hours	<ul style="list-style-type: none"> <li>Continued transformation of children's services in Gloucestershire</li> </ul>	Local and national priority  Specific Gloucestershire commissioning quality requirement

# User Experience

## Domain 4: Ensuring people have a positive experience of care

Quality of care includes the quality of caring. This means how personal care is provided; the compassion, dignity and respect with which service users are treated, and the extent to which they are given the level of comfort, information and support they require. The following are actions that we intend to take to further this aim:

Goal	Target	Drivers	Why we chose this?
Improve the experience of expectant mothers in need of mental health support in Gloucestershire	3.8 An agreed percentage of staff in inpatient and community team to receive training in the maternal mental health pathway in Gloucestershire	<ul style="list-style-type: none"> <li>Implementing an agreed maternal mental health pathway in Gloucestershire in partnership with other providers</li> </ul>	Local and national priority  Specific Gloucestershire commissioning quality requirement reflected in a CQUIN
Gain feedback from service users and carers to determine satisfaction with the care they are receiving	<p>4.1 Improved results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys</p> <ul style="list-style-type: none"> <li><b>Crisis Care:</b> Do you have the number of someone in mental health service that you can call out of office hours? (National average 51%)</li> <li><b>Care reviews:</b> Were you given a chance to express your views during your Care Review meeting? (National average 70%)</li> <li><b>Medication explanation:</b> Was your medication explained to you? (National average 68%)</li> <li><b>Feeling safe:</b> Did you feel safe in our care? % achievement to be agreed following results in Q1 (which will establish baseline)</li> <li><b>Recommending Services:</b> How likely is it that you would recommend this service to friends and family?</li> </ul>	<ul style="list-style-type: none"> <li>Development and implementation of a Service Experience Strategy</li> <li>Use of new technology to gain feedback from service users in real time</li> </ul>	Local and national priority  NICE guidance 136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (December 2011)  SHA commissioning priority  Specific Gloucestershire and Herefordshire commissioning quality requirement reflected in CQUINs
Promote dignity in care	4.2 Active sign up to the Care Campaign within the Trust to promote dignity of people who use our services.	Ensure that all service users are cared for with dignity	Local and national priority  SHA commissioning priority

Goal	Target	Drivers	Why we chose this?
Ensure compliance with the national NHS “Equality Delivery System” covering all nine protected characteristics	4.3 Deliver the actions defined within the Trust equality business plan	<p>Implement Equality objectives to ensure including:</p> <ul style="list-style-type: none"> <li>a) Improving service user’s awareness of the services available</li> <li>b) Improving the way service user’s are involved and consulted and how this is fed back to them</li> <li>c) Improving the consistency and quality of data sources and how these feed into reporting and service improvement projects</li> <li>d) To have visible and competent leaders with the capability to deliver high quality services</li> </ul>	Local and national priority
High quality inpatient services	<p>4.4 Gain accreditation with national standards (AIMS) for inpatient wards in older peoples services in Gloucestershire</p> <p>4.5 Gain accreditation with national standards (AIMS) for inpatient wards in Herefordshire</p>	To ensure all trust inpatients services receive AIMS accreditation with the Royal College of Psychiatrists	<p>Local priority</p> <p>SHA commissioning priority</p>
Improve service user experience	4.6 Finalise and implement the Service Users Charter	Development and implementation of a Service User Experience Strategy	<p>Local, regional and national priority</p> <p>NICE guidance 136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (December 2011)</p>

# Safety

## Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure a safe environment for service users, staff and everyone else that comes into contact with us. We will achieve this by:

Goal	Target	Drivers	Why we chose this?
Minimising the risk of venous thromboembolism (VTE)	5.1 98% of all adult inpatients will have a VTE risk assessment on admission using the clinical criteria of the national tool and at least 95% are to be given prophylaxis if judged to be at risk, in accordance with national (NICE) guidance	Reducing the incidence of avoidable harm	Local, regional and national priority  Specific Gloucestershire and Herefordshire commissioning quality requirement reflected in CQUINs
Minimise the risk of harm to inpatients	5.2 Aim to reduce in serious harm from falls by 50% (between 2010-2013)  5.3 Zero unexpected deaths in inpatient units  5.4 Admission information provided from a crisis team to an inpatient unit within four hours of admission of a known service user - increased to 95%  5.5 Service users discharged with care plan, updated risk assessment and management plan, summary of information and medication list – increased to 95%	Implementation of the South West Patient Safety Improvement Programme	Local and regional priority  SHA commissioning priority
Monitor and report the numbers of serious incidents for the purpose of improving safety of services	5.6 Report on the rate of serious incidents against the number of service users in contact with our services	Reducing the incidence of avoidable harm	Local, regional and national priority
Promote service user safety	5.7 Implement the NHS Safety Thermometer and pilot the Mental Health Safety Thermometer. These are tools to monitor key safety indicators introduced in 2012	Reducing the incidence of avoidable harm	Local, regional and national priority  SHA commissioning priority: eliminating avoidable pressure sores  Specific Gloucestershire and Herefordshire commissioning quality requirement reflected in CQUINs

# Part 2b. Statements relating to the Quality of NHS Services Provided

## Review of Services

During 2011/2012 2gether NHS Foundation Trust provided and/or sub-contracted the following NHS services:

### Gloucestershire

Our services are delivered through multidisciplinary and specialist teams. They are:

- One Stop Teams
- Primary Mental Health Care
- Specialist services including Early Intervention, Crisis Resolution Teams, Assertive Outreach, Managing Memory, Prison Healthcare, Substance Misuse and Children and Young People Services
- Inpatient care
- Improving Access to Psychological Therapies

### Herefordshire

We provide a comprehensive range of integrated mental health and social care services across the county. Our services are as follow:

- Services for Working Age Adults
- Services for Older People
- Children and Adolescent Mental Health Team
- Specialist teams including Early Intervention, Assertive Outreach and Crisis Resolution Teams, Substance Misuse Services
- Inpatient care
- Improving Access to Psychological Therapies

2gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS Services.

The income generated by the NHS services reviewed in 2011/12 represents 94.3% of the total income generated from the provision of NHS services by 2gether NHS Foundation Trust for 2011/12.

## Participation in Clinical Audits and National Confidential Enquiries

During 2011/12, four national clinical audits and three national confidential enquiries covered NHS services that 2gether NHS Foundation Trust provides.

During that period 2gether NHS Foundation Trust participated in 50% national clinical audits and 67% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust was eligible and participated in during 2011/12 are as follows:

### National Clinical Audits

Clinical Audits	Participated	Reason for no participation
National Audit of Dementia	No	During 2011-12 only general acute hospital trusts were selected to participate.
National Audit of Psychological Therapies	No	The trust participated in the 2010-11 audits. Recruitment for the 2012-13 audit is underway.
National Audit of Schizophrenia	Yes	
National Audit of Back Pain Management	Yes	

### National Confidential Enquiries

Clinical Audits	Participated	Reason for no participation
National Confidential Enquiry into Patient Outcome and Death	No	This enquiry was deemed to be not applicable to the services provided by 2gether
Confidential Enquiry into Maternal and Child Health	Yes	
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	Yes	
Sudden Unexplained Death Study	Yes	

The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust participated in, and for which data collection was completed during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Clinical Audits	No of cases requested	No of cases submitted	% cases submitted
National Audit of Schizophrenia	100	100	100%
National Audit of Back Pain Management	40	88	220%
<b>Confidential Enquiries</b>			
National Confidential Enquiry into Patient Outcome and Death	Not applicable	Not applicable	Not applicable
Confidential Enquiry into Maternal and Child Health	Not available	Not available	Not available
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	Not available	Not available	100%
Sudden Unexplained Death Study	Not available	Not available	98.28%

The reports from the national clinical audits have not yet been issued. The interim report for the National Audit of Schizophrenia is due June 2012; the interim report for the National Audit of Back Pain Management was due April 2012.

The reports of 37 local clinical audits were reviewed by 2gether NHS Foundation Trust in 2011/12 (10 NICE audits, 13 mandatory trust audits, 2 local priority audits, 1 partner agency audit and 11 clinician interest audits).

140 recommendations were made on the basis of the audit results. 56 specific actions were planned; 36 actions have been completed and 2gether NHS Foundation Trust intends to take a further 18 actions to improve the quality of healthcare provided.

Prior to 2011/12, there were two main departments involved in auditing and assurance in the Trust. During the year these have been brought together to form a single team.

Over the year the team has standardised the way the Trust collects information, reports and manages action plans.

The purpose of the new team is to ensure that the people receiving care and treatment and their carer(s) have:

- Services that are focused on their needs, supports choice and inclusion
- Care that is delivered in a coordinated timely way

- Care that is based on evidence based practice.
- Care that is of high quality.
- If through the monitoring an area is found to be less than the expected standard, this area is quickly put right.

In June 2011, the Trust won the Care Program Approach Association award for audit.

2011/12, with the addition of 14 internal service evaluation research projects initiated and co-ordinated by Trust staff.

These studies are a mix of observational and interventional projects, across both the Mental Health Research Network and DeNDRoN (dementias and neuro-degenerative diseases).

Our strategy to participate in research that fits with the Trust core values means we are focussing closely on research studies that align with our continuing commitment to improving the quality of care we offer and to making our contribution to wider health improvement.

Examples of the breadth of our portfolio of activity are listed below:

#### Mental Health

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- Confidential Inquiry into premature deaths of people with learning disabilities
- REAL: Rehabilitation Effectiveness and Activities for Life - a multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems
- REFOCUS: Survey of recovery CMHTs and service users
- REFOCUS randomised controlled trial: Developing a recovery focus in mental health services in England.

## Participation in Clinical Research

The number of service users receiving NHS services provided or sub-contracted by 2gether NHS Foundation Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 126, reported by Western Comprehensive Local Research Network (WCLRN); (with an additional 101 service users for REFOCUS - a new method for community mental health teams to work in a recovery orientated way - a research study which is not accounted for in these figures as yet, but forms a significant part of our activity).

The total figure of 227 service users is a decrease from last years figure of 321, but reflects the Trust's participation in more complex randomised controlled trial (RTC) studies which may be harder to recruit in specific populations, with smaller targets.

2gether NHS Foundation Trust participated in 49 clinical research studies in mental health during

- Case-control Studies of Psychiatric Inpatients who Commit Suicide in the First Week of Admission and Suicides within two Weeks of Discharge from Psychiatric Inpatient Care.
- CONTACT: A pilot study of a letter-based contact aimed at reducing the risk of suicide following psychiatric inpatient discharge
- HoMaSH: Hospital Management of Self-harm in England (Revisiting Variation in the Management of Self-Harm)
- Service mapping 2010: The gathering and synthesis of existing data on the nature and impacts of specialist liaison older people's mental health teams who work in general hospitals
- Community mental health teams for older people: a study of the outcomes from different ways of working
- OASIS: Seroquel XL hospital-event monitoring study
- ECHO: Expert Carers Helping Others - a randomised controlled trial of a carer intervention for those with an eating disorder

- Exploring children's perceptions of having a parent with younger onset dementia
- Victims of homicide with mental illness
- National study of suicide by prisoners
- Liberty, equality, capacity: the impact of the Deprivation of Liberty

We have recently increased our capacity in this area by successfully bidding for 24 months funding for a second CSO.

Having now appointed, we expect this post to help us expand our portfolio in 2012/13, including setting up studies and recruiting within Herefordshire services, when appropriate.

The new Research & Development strategy has also identified our intention to increase our portfolio to include the adoption of commercial studies and clinical trials, as recent changes within the way in which NHS Trusts receive funding places, greater emphasis on these more complex studies.

The Research Office, based at Trust Headquarters in Rikenel, now comprises of two full-time CSOs, administrative support, and a full-time research assistant (dedicated to REFOCUS).

## Dementias and Neurodegenerative Disease

- Dependence in Alzheimer's Disease in England (DADE): A cross-sectional study of the impact of patient dependence on others on costs and caregiver burden in Alzheimer's disease in England
- GERAS: Observational Study of costs and resource use of Alzheimer's disease in Europe
- PD Rehab

Research activity within the Trust is supported by the infrastructure funding from the WCLRN in the form of a Clinical Studies Officer (CSO), who assists countywide with study feasibility, set-up and recruitment.

## Use of the CQUIN payment framework

A proportion of 2gether NHS Foundation Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between 2gether NHS Foundation Trust and NHS Gloucestershire and NHS Herefordshire for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available online at:

 [www.institute.nhs.uk/world\\_class\\_commissioning/pct\\_portal/cquin.html](http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html)

The following CQUINS were agreed for 2011/12 with NHS Gloucestershire and were concerned with:

- Reducing avoidable death, disability and chronic ill health from VTE (Venous thromboembolism)
- Improving responsiveness to personal needs of service users

- Improving service user experience and reduce length of stay through the effective management of pain or distress of service users with dementia.
- Improving the long term outcomes and quality of life of service users diagnosed with dementia through the Memory Assessment Service Care Pathway
- Implementing the NPSA Suicide Prevention Community Toolkit in CRHT, Early Intervention and Assertive Outreach Teams
- Increasing the numbers of staff in acute inpatient services in receipt of Stop Smoking Brief Intervention training
- Promoting good health through people quitting smoking/reducing tobacco use by referring service users to GSAS.
- Improving services for people with personality disorders by ensuring staff have access to Awareness Level Personality Disorder training

In addition, The following CQUINS were agreed with NHS South West Specialised Commissioning Group in respect of the Trust's Low Secure Services in respect of:

- Continued use of the clinical outcome measure HONOS
- To deliver a balanced programme of structured meaningful activity
- To further develop work to implement ESSEN Scale
- Reducing the length of stay
- Development of the national QIPP (Quality Improvement Productivity Prevention) work stream
- Developing strong recovery processes

The following CQUINS were agreed for 2011/12 with NHS Herefordshire and were concerned with:

- Reducing avoidable death, disability and chronic ill health from VTE (Venous thromboembolism)

- Service users at risk of VTE receive appropriate prophylaxis
- Improving responsiveness to personal needs of service users
- Implementing the NPSA Suicide Prevention Toolkit (Inpatient setting)
- Reduction of tobacco use through the training of relevant staff in Brief Intervention
- Inpatients who are smokers/tobacco users receiving Brief Interventions to reduce tobacco use

- Improving services for people with personality disorders by ensuring staff have access to Awareness Level Personality Disorder training
- Service satisfaction survey of Herefordshire GP Practices with regard to quality and effectiveness of services
- Improved physical health outcomes for inpatients that may suffer poor physical health as a result of their mental illness

The total combined potential value of the income conditional on reaching

the targets within the CQUINs during 2011-12 was £1,321,000 of which £1,306,500 was actually achieved.

In 2010-11 the total potential value of the income conditional on reaching the targets within the CQUINs was £1,047,000 of which £1,032,000 was achieved.

## Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England.

From April 2010, all NHS Trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered, providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

<sup>2</sup>gether NHS Foundation Trust has no conditions on its registration.

<sup>2</sup>gether NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is to provide:

- Assessment or medical treatment to persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

The 11 locations from which the Trust is registered to provide these regulated activities are confirmed on the CQC website:

 [www.cqc.org.uk](http://www.cqc.org.uk)

The Certificate of Registration was updated on 27 April 2011 to:

- Include the transfer of two locations from NHS Herefordshire to the Trust: Oak House and Stonebow Unit, effective from 1 April 2011
- Include the transfer of one location from NHS Gloucestershire to the Trust: HMP Gloucestershire (Prison Healthcare), effective from 1 May 2011

- Update the Nominated Individual to Trish Jay, Director of Quality & Performance

Following the transfer of clinical inpatient activity from The Vron to other services with agreement of commissioners, an application to remove The Vron as a location was made on 31 October 2011.

The Certificate of Registration was updated on 18 November 2011 to reflect the removal of this location.

The Care Quality Commission has not taken enforcement action against <sup>2</sup>gether NHS Foundation Trust during 2011/12; however compliance actions were required following one of their inspections during this time period.

<sup>2</sup>gether NHS Foundation Trust has participated in inspections and special reviews by the Care Quality Commission (CQC) relating to the following areas during 2011/12:

### Review of services for people with a learning disability

The Trust's two learning disability inpatients units were inspected by the CQC as part of the Department of Health national inspection process of learning disability hospitals.

#### Westridge Learning Disability

**Unit:** The CQC Inspection took place on 12 and 13 October 2011 and the report was published on 11 January 2012, noting two moderate concerns with Outcome 4: Care and welfare of the people who use the service and Outcome 21: Records. A completed action plan and supporting evidence was submitted to the CQC prior to the publication of the report in January 2012.

A follow up visit took place on 9 February 2012 when the unit was advised that compliance had been achieved.

#### Hollybrook Learning Disability

**Unit:** The CQC Inspection took place on 1 and 2 November 2011 and the report was published on 25 January 2012, which demonstrated compliance with the two outcome areas assessed (Outcome 4: Care and welfare of the people who use the service and Outcome 7: Safeguarding).

Improvement actions were noted for Outcome 21: Records but these are not viewed as compliance actions. A completed action plan with supporting evidence was submitted to the CQC and compliance was achieved.

<sup>2</sup>gether NHS Foundation Trust has taken the following actions to address the conclusions or requirements reported by the Care Quality Commission in regard of the review of services for people with a learning disability:

- Westridge Learning Disability Unit
  - Improved customer care in relation to staff attitude, extended the range of activities available for service users, reviewed personalised care plans, and tackled inconsistencies in both record keeping and risk management planning
- Hollybrook Learning Disability Unit
  - Improved the systems for reporting and monitoring incidents

## Responsive Review of Services

In January 2012, 2gether NHS Foundation Trust was the subject of scrutiny by the CQC following receipt of a Rule 43 letter from the Coroner relating to an Inquest (November 2011) into the death of a service user which occurred in June 2010, in which concerns about the 'fragmentation of services and a lack of person centred care' were raised.

A Responsive Review commenced on the 31 January 2012, following up actions from 2gether's Serious Incident Investigation and reviewing compliance with Outcome 4: Care and welfare of the people who use the service and Outcome 16: Assessing and monitoring the quality of service provision.

The Review of Compliance Report was published on 29 February 2012 stating that the Trust was compliant with the two Outcome areas that were reviewed, and that the learning from the specific incident had been implemented in the organisation.

The full report can be read at:

 [www.cqc.org.uk/directory/rtqxx](http://www.cqc.org.uk/directory/rtqxx)

## Quality of Data

### Statement on relevance of Data Quality and actions to improve Data Quality

2gether NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data was:

- which included the patient's valid NHS number was: 99.9% for admitted patient care (98.8% national); and 99.9% for out patient care (99% national)
- which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care (99.9% national); and 99.9% for out patient care (99.7% national)

2gether NHS Foundation Trust has taken the following actions to improve data quality:

- During 2011/12, the Trust built on its existing clinical data quality arrangements and processes in a number of key areas
- The RiO System User Group and Data Quality Assurance Group were set during 2010/11 and have undergone review during the year to ensure that they will be fit for purpose in the Fair Horizons and locality service model
- Rigorous data quality processes have been set up in the new Herefordshire Locality which has resulted in a

## Ofsted Safeguarding Inspection of Children's Services

2gether NHS Foundation Trust took part in the Ofsted Safeguarding Inspection of Children's Services in Gloucestershire in February 2012.

The Outcomes were good or adequate in the service areas reviewed.

Health service organisations were asked to ensure that staff have access to information relating to children and young people who are the subject of Child Protection Plans, an area which we will be auditing in the future.

2gether NHS Foundation Trust reviews its Quality Risk Profile from the CQC following its release on a monthly basis. At the end of 2011/12 we were compliant with the regulations.



significant increase in the completeness of data capture particularly that relating to clinical activity

- In addition to these operational process developments the Trust has made significant advances in the tools available to monitor and improve data quality during 2011/2012
- The scope of real time automated data quality reports has been extended during the year. These continue to replace the traditional method of the information team producing data completeness and quality reports and circulating these to individual team managers to action required amendments

The new data quality reports derived from the Electronic Patient Record system are available in a secure manner to operational managers, team managers and individual clinicians throughout the Trust.

Each individual clinician can view a report of each service user on their caseload which highlights missing key data items on that person's record. These are refreshed on a 24 hour basis and are extremely powerful tools for managers to monitor data quality performance and for individual clinicians to identify and fix specific data quality issues.

- There are a new range of reports covering the data requirements of care clustering which have been developed in the last quarter of the year

## Information Governance Toolkit

2gether NHS Foundation Trust Information Governance Assessment Report overall score for 2011/12 was 83% and was graded green (satisfactory).

For the 2010/11 version of the Information Governance Toolkit, 22 of the 45 indicators were identified as Key Indicators. Foundation Trusts were required to reach a minimum of level 2 for these Key Indicators.

The latest version of the Information Governance Toolkit dispenses with the principle of Key Indicators, and requires achievement of Level 2 for each of the 45 indicators.

At the time of our submission on 31 March 2012, the situation was declared as, of the 45 Key Indicators:

- 22 were at level 3
- 22 were at level 2
- 1 was deemed not relevant to us

The Information Governance Toolkit is available on the Connecting for Health website:



[www.igt.connectingforhealth.nhs.uk](http://www.igt.connectingforhealth.nhs.uk)

## Clinical Coding Error Rate

2gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011/2012 by the Audit Commission.

# Part 3: Looking Back: A Review of Quality in 2011/12

## Introduction

2gether provides mental and social healthcare and substance misuse services for people of all ages across Gloucestershire, Herefordshire and the surrounding region. Within Gloucestershire, the Trust also provides learning disability and prison healthcare.

## Priorities for improvement 2011/12

In our Quality Account last year, we set ourselves five broad areas for quality improvements. This section outlines our progress in each of the five areas against what we said we intended to do, and against each of the targets and indicators selected for monitoring during 2011/12.

## Effectiveness

### Domain 1: Preventing people from dying prematurely

Reducing the incidence of premature death in people with serious mental illness and learning difficulties is a key priority; many of the risk factors that people with these challenges are particularly vulnerable to are related to lifestyle as well as to healthcare and access.

At the beginning of the year we set ourselves the following quality improvement initiatives:

- Minimise the risk of suicide amongst those with mental disorders through a systematic implementation of sound risk management principles given by the National Patient Safety Agency (NPSA) Suicide Prevention Community Toolkit in Gloucestershire and the Inpatient Toolkit in Herefordshire
- Monitor and report on the overall number of suicides, open verdicts and narrative verdicts given by the coroner for people who have been involved with our services within the previous 12 months as measured over a three year period
- Promote healthier lifestyles amongst service users with campaigns to address smoking obesity and alcohol
- Continue to develop our dialogue with the acute trusts regarding service users with learning disabilities
- Introduce an appropriate physical health screening tool for inpatients in Herefordshire

### Suicide Prevention

Suicide prevention is high on the Trust's agenda and we have aimed to minimise the risk of suicide amongst those with mental disorders through a systematic implementation of sound risk management principles given by the National Patient Safety Agency (NPSA) Suicide Prevention Community Toolkit in Gloucestershire, and the Inpatient Toolkit in Herefordshire.

In Gloucestershire, the target to monitor success in achieving this objective was:

- 100% implementation of the National Patient Safety Agency (NPSA) Draft Community Suicide Prevention Toolkit amongst those service users in Crisis Teams, Early Intervention and Assertive Outreach Teams in Gloucestershire (based on a quarterly audit, sampling of up to 45 cases per team)

Each of these teams achieved the 100% implementation, and the learning from the audits undertaken has led to improved awareness of the suicide risks, in particular, the need to explore with the service user if there is a family history of suicide.

Additionally, wards at Wotton Lawn Hospital continued to undertake monthly audits using the inpatient suicide prevention toolkit which they use alongside the inpatient care pathway audit. The implementation of this was a quality target during 2010/11.

In Herefordshire, the target to monitor success in achieving this objective was:

- 100% implementation of the NPSA Suicide Prevention Toolkit for all inpatient units

Inpatient services in Herefordshire have fully implemented the inpatient suicide prevention toolkit and achieved their target of 100% compliance with its requirements by September 2011 and maintained this throughout the rest of the year.

Application of this toolkit has helped to improve the focus on observation and engagement.

All inpatient areas in both counties have undertaken ligature audits throughout the year with any identified high risk ligature points being removed immediately where possible, and management plans being established where removal of ligature points cannot be achieved.

The Trust continues to monitor and report on the overall number of suicides, open verdicts and narrative verdicts

given by the coroner for people who have been involved with our services within the previous 12 months, as measured over a three year period.

The breakdown of serious incidents requiring investigation in the tables below shows the total numbers of reported serious incidents affecting service users for both 2010/11 and 2011/12 for each county, and separates out the non-fatal and fatal incidents.

Of the 34 reported deaths in 2011/12, 27 were reported by the trust as "suspected suicide", 25 of these relating to community patients and two relating to prisoners at HMP Gloucester, therefore 79% of reported deaths were related to "suspected suicide".

Further detail regarding the monitoring of serious incidents requiring investigation is provided in Domain 5: "Treating and caring for people in a safe environment and protecting them from avoidable harm".

### Gloucestershire Incidents

	April 2010 - 31 March 2011	1 April 2011 - 31 March 2012
Gloucestershire Non-Fatal	8	16
Gloucestershire Deaths	23	31 (including 3 prison)

### Herefordshire Incidents

	April 2010 - 31 March 2011	1 April 2011 - 31 March 2012
Herefordshire Non-Fatal	6	14
Herefordshire Deaths	6	3

The increase in the numbers of deaths reported in 2011/12 is in part attributable to the Trust's "new business" in providing services to both Herefordshire and HM Prison Gloucester.

There have been no deaths by suicide within inpatient services during 2011/12 and focus will remain at keeping this number at zero.

There have been a number of attempted suicides by inpatients in which death has been avoided due to staff intervention, care and vigilance.

**" I really can't begin to tell you how grateful I am to you...you will never know how you have changed my life...I know you saved me from ending it."**

**Compliment - Psychological Therapies Team**

Community mental health services have less direct influence in actively preventing a death by suicide and the impact of the continued use of the Community Suicide Prevention Toolkit cannot be easily measured.

### Health Promotion

Due to the prevalence of smoking within the population of people in contact with mental health services, continued efforts have been made to assist service users to stop. When considering health promotion, ceasing to smoke is often the single most effective way to minimise the risk of premature death.

With this in mind the following targets within Gloucestershire were set:

- 10% of working age adult inpatient service staff to receive brief smoking cessation training, with the information collated and reported quarterly (Gloucestershire specific quality target).

Of the 194 staff at Wotton Lawn Hospital who had not previously received training, 25 staff undertook the training which equates to 12.88% of the identified workforce and, therefore, exceeded the projected target.

This is in addition to the 136 staff in community settings who received Brief Intervention training in 2010/11.

In order to build on these achievements, additional Brief Intervention training has been delivered in other inpatient Units in the Trust since April 2011:

**Honeybourne Unit** - 20 staff

**Charlton Lane Hospital** - 16 staff (3 events)

**Branchlea Cross** - 8 Staff

**Laurel House** - 8 staff

**Hollybrook** - 9 staff

A Smokefree Champion support update event was also held at in October 2011 which was very successful, and training for staff at Westridge is planned for April 2012.

All inpatient areas within Gloucestershire will, at this point, have received Brief Intervention training.

The Trust made over 170 referrals of service users to the Gloucestershire Smoking Cessation Advisory Service.

## Supporting care for people with a learning disability

To improve the experience of people with a learning disability who require admission to the acute trust a number of initiatives have been successfully implemented.

On 1 July 2011, the Hospital Liaison Nurses for People with Learning Disabilities (HLNLD) were successfully TUPED to Gloucestershire Hospitals NHS Foundation Trust and are firmly established within the care teams there. Continued joint working takes place and the nurses receive clinical supervision from the Non Medical Consultant in Learning Disability Services.

Four Learning Disability study days have been held for Gloucestershire Hospitals NHS Foundation Trust staff facilitated by 2gether staff and service users to promote reasonable adjustments whilst in their care.

## Physical health care assessments

In Gloucestershire, physical health care assessments are an integral part of assessment process when someone is admitted to hospital. In Herefordshire, this year a physical health screening tool has been successfully introduced in the Stonebow Unit.

An audit of its use showed throughout the period January - March 2012 showed a 90% completion rate of the screening tool. It is anticipated that the continued use of this tool will lead to improved physical health outcomes.

## Domain 2: Enhancing quality of life for people with long term conditions

This is the focus on aspects of care that are important to those living with long-term conditions, and relates to the debilitating effect that the conditions can have on their lives, such as preventing them from being physically active, working or living independently.

People with long-term conditions of different ages have different needs, particularly in relation to the outcomes that they want to achieve and this must be recognised in the service we provide.

At the beginning of the year we set ourselves the following quality improvement initiatives:

- Improve our dementia service by following a dementia pathway that includes early diagnosis and an improved range of support activities
- To continue to improve the mental health support for people with learning disabilities by ensuring compliance with the Green Light Toolkit
- Continue to develop the effectiveness of the Improving Access to Psychological Therapy services
- Work with employers to promote mental health issues better within their organisations
- Improve carers' experiences by delivering our Carers' Charter. This charter, developed for and with carer's involvement and based on the Trust's core values, pledges that we will support the principles of a genuine partnership between people who use services, carer's and professionals

Within Older Peoples Services in Gloucestershire we identified an overarching measure to:

- Provide demonstrable improvements in older people's services reporting quarterly on progress

## Dementia Care

Providing effective dementia care is a national priority. Dementia is a progressive illness which affects people's mood, memory and communication and can ultimately their ability to carry out everyday tasks; this makes the person more dependent upon others to help them with many aspects of their life.

The target to monitor success in achieving this objective was:

- At least 95% of service users with cognitive impairment admitted to Older People's services in Gloucestershire will be assessed for pain and distress using an appropriate diagnostic tool

An assessment has taken place for all appropriate cases (total 77 = 100%) during the year end.

The Abbey Tool is used as the initial assessment tool of preference. This allows the care team to ask and observe for any pain.

It is used in the first 24 hours to 48 hours, with the service user being observed carrying out a variety of tasks such as mobilising, washing, sleeping etc and to ascertain if any pain is being experienced through verbal report or behavioural expression.

Within Charlton Lane Hospital, initiatives have been put in place and are subject to quarterly reports including:

1. Improved physical health care interventions, particularly ensuring physical health care checks and care plans
2. Falls prevention pathways
3. Improved availability of therapeutic services
4. Focus upon carers

Information regarding this is shown in the section on Dementia Care.

In Herefordshire, there has been continued development work in this area with the introduction of a training resource and the formal accreditation of memory services.

## Mental Health support for People with a Learning Disability

Following a review of the standards outlined in the Green Light Toolkit, the trust continues to monitor its performance in Gloucestershire. Of the 39 indicators, 30 are at green and the remaining nine are at amber. A review of the Herefordshire performance in this area is currently underway.

Looking towards 2012/13, it has been agreed that the lead for the Green Light Toolkit within the Fair Horizons structures will sit with the Social Inclusion Team who will monitor and report on compliance from April 2012.

Work is underway with the Contact Centre to ensure that people with a learning disability are indentified at the point of referral. It has also been agreed that e-learning training should be promoted for staff working in mental health in relation to the needs of those with a learning disability.

## Improving Access to Psychological Therapies Service (IAPT)

The 'Let's Talk' IAPT service has developed an Emotional Wellbeing Handbook that takes a holistic look at the emotional needs of people from different cultural backgrounds.

The resource has been developed in conjunction with local communities. Many of the ideas and tools covered in the handbook are transferable for people with physical health long term conditions and further sections will be developed for specific conditions.

The database used by the Let's Talk service now logs whether a person has a long term condition to allow a better analysis of uptake from people with a long term condition. The handbook has been sent to all GP's in Gloucestershire with the option for reference copies that can be used for loan from the Surgery. This resource is also being developed for Herefordshire GPs.

In Gloucestershire, a new Emotional Wellbeing Programme was piloted until December 2011. This will lead to adjustments in the service model to ensure that all service users who either self refer or are referred by their GP will be offered input in the form of a workshop, online material or books through the library on the basis of preference.

Everyone accessing the programme will have their mood and anxiety monitored through clinical tools and where the service user has indicated concern regarding their safety, the GP will be immediately informed by the service.

Additionally, the service has adjusted the skill mix within locality teams in order to better respond to demand in relation to the types of intervention most commonly accessed.



This is on the basis that the service supports a training programme regionally and there will be greater numbers of trainees in the future to also support clinical activity and address demand.

The programme also supports an extensive volunteer counsellor programme which means that service users who require this type of intervention can be offered it within the service rather than via third sector organisations.

Waiting times are regularly monitored and where it would appear that there is likely to be a lengthy wait for treatment service users are sent a letter which apologises for the delay and offers interim advice. At year end the average waiting times were as follows:

- Step 2 intervention 18.4 days
- Step 3 intervention 27.4 days

There are also ongoing liaison and joint working arrangements with Gloucestershire Hospitals NHS Foundation Trust to use this material for persons with Cardio-vascular disease, Chronic Obstructive Pulmonary Disease and Diabetes in conjunction with their disease specific support programmes.

## Mental Health Promotion for Employers

2gether has engaged with multi agency groups to develop and deliver programmes of mental health first aid training in employing organisations.

We have also taken part in several jobs fairs, and this has been enabled by partnership working with third sector and other organisations.

## Carers Charter

The launch of the Carers Charter took place on the 10 October 2011 to coincide with World Mental Health Day which recognises this area of practice as a key mental health development.

The training package and cascade of the Carers Charter has commenced in both Gloucestershire and Herefordshire and 'Think Carer' stickers have been cascaded to staff to raise awareness.

An example of the work underway is that some of our services are piloting the Triangle of Care (national guidance) audit process.

Willow Ward has led the way and other wards at Charlton Lane Hospital are making progress. As a result, a plan has been produced to improve carer engagement.

A Carer Information Board has been set up at the entrance to Charlton Lane Hospital; meetings are routinely offered to carers and systems are in place to ensure that carers receive the information they need.



## Domain 3: Helping people to recover from episodes of ill health or following injury

Central to the service we provide is achieving the best possible outcomes for people who develop treatable conditions. Specifically, we need to help people recover from illness or injury and prevent conditions from becoming more serious.

As well as preventing premature deaths, we aim to ensure that, as far as possible, those who suffer a serious illness or other debilitating event recover quickly and painlessly to their original health status or close to it.

It is important that the needs of all age groups are considered: people of different ages have different healthcare needs and this is reflected in our approach to this domain.

At the beginning of the year we set ourselves the following quality improvement initiatives:

- Improving access and care pathways by implementing the Trust's Gloucestershire Fair Horizons programme, in which the services are designed round the specific needs of the individual service user
- Improving the mental health service in Herefordshire in line with the commissioned contract by utilising the experience of being a dedicated mental health trust with its focused policies and procedures
- Ensuring effective relationships with GPs and Primary Care through good cooperation and dialogue concerning service users. This includes surveying GPs in Herefordshire asking about the quality and effectiveness of commissioned mental health services and taking any agreed actions as identified by this and the previous survey of GPs in Gloucestershire
- Reducing the possibility of clinical risk to service users by improving information management and the quality of data relating to clinical records
- Improving safety by ensuring effective and timely follow up after discharge
- Ensuring service users understand their prescribed medicine, side effects and support contact details
- Promoting positive recovery with substance misuse service users in Gloucestershire by developing a multi-agency, anti-stigma campaign
- Improving children's services by establishing outcome measures (Gloucestershire)
- Ensuring good services to war veterans
- Improving safety and experience by ensuring effective communication when service users transfer from one service to another, especially between the Trust and other organisations
- Improving service experience and outcomes for people with personality disorders through better training of frontline staff

## Transformation of Gloucestershire Services

The development of Fair Horizons is the organisation's intention to deliver existing services based on individual need rather than age and IQ.

This includes ensuring innovative ways in which people with a learning disability can also access mainstream services with reasonable adjustment. The Fair Horizon's model was approved by NHS Gloucestershire's Professional Executive Committee in May 2011 and implementation has been taking place this year.

The programme of work has now developed 21 detailed care pathways, and assessed the care of over 7,700 service users against the 21 Health of the Nation Outcomes and Payment by Result Clusters.

This work will enable clinical teams to be reformulated to ensure appropriate care is delivered in line with national requirements and guidance.

Five new localities replace our current Strategic Service Units (SSUs) with an implementation programme over the coming year. They will serve the following areas:

### Gloucestershire Countywide Services

Size: 1045sq miles

Population: 582,600

**North Gloucestershire** - Cheltenham, Tewkesbury & North Cotswolds

**South Gloucestershire** - Stroud & South Cotswolds

**West Gloucestershire** - Gloucester & Forest of Dean

### Herefordshire

Size: 842sq miles

Population: 178,400

There is an additional service area for Gloucestershire Children and Young People's Service.

Clinical and Locality Directors for each of the five localities have now been appointed and a revised management structure is now in place.

The Fair Horizons Strategy is consistent with the Department of Health Strategy that was published in February 2011 - 'No health without mental health, a cross government mental health outcomes strategy for people of all ages'.

The Care Pathways and Packages project Phase 1 was signed off by the Governance Committee in August 2011.

A new management structure has been put in place, and between January and March 2012, a new workforce model has been implemented to ensure staff with the required skills and competencies are within the One Stop Teams and the Primary Mental Health Teams.

2gether took responsibility for prison healthcare at HMP Gloucester from 1 May 2011.

## Transformation of Herefordshire Services

2gether also took responsibility for Herefordshire Mental Health Services 1 April 2011 and the transformation of services in Herefordshire is taking place in line with the submitted model of care agreed with Commissioners. The following specific initiatives have been implemented:

- Training programme for the Crisis Home Treatment Team has been completed to provide a new model of care to provide care where appropriate in their homes and not in hospital.
- The Forensic Assessment Team moved into Assertive Outreach from April 2011.
- A review of the Child and Adolescent Mental Health Service has taken place, and a new assessment process is being implemented.
- Capital funding from NHS Herefordshire was obtained to upgrade Cantilupe Ward in the Stonebow Unit to ensure that it is compliant with the Department of Health's requirements for single sex accommodation. This building work was completed by the end of March 2012.
- A Locality Board has been established for local management of services.
- A Cluster Lead Nurse and Social Care Specialist have been appointed.
- In line with the transformation plan, the inpatient acute beds have been reduced from 29 to 21, as more service users are supported at home.

**" Thank you for the kind and loving care you gave my Dad when he was staying with you for nine weeks. Your staff are professional, caring, nothing was too much trouble and you maintained my Dad's dignity."**

**Compliment - Cantilupe Ward  
Hereford**

## Effective relations with GPs and Primary Care

Meetings are taking place monthly between 2gether senior clinicians, managers and lead commissioning GPs in both Gloucestershire and Herefordshire to ensure effective dialogue.

In both counties, surveys of General Practice view of the services we provide have taken place. The results of both surveys have given us a base line measurement to help us understand where we are doing well and where we can improve delivery of commissioned services.

### Gloucestershire

We developed and shared a report with our commissioners that highlighted the key themes from the survey responses.

Overall, General Practice colleagues were satisfied that we were delivering across all important areas and noted some of our services as Excellent.

Respondents stated that safety (90%); clinical (93%) and social (93%) outcomes were important factors when

referring a service user to our services. GP's also told us that we need to improve communication with general practice and waiting times in certain services.

We have been implementing a series of actions in response to the feedback. These include further improvements in our discharge information and development of additional training for General Practice colleagues.

### Herefordshire

We conducted a survey of General Practice in 2011/12 to identify quality, communication and overall satisfaction with mental health services in Herefordshire over the first five months of us delivering services across the county.

Feedback stated that Trust staff are 'excellent'; 'popular and knowledgeable'; and 'work very hard'.

We further analysed the survey responses and developed a themed report for our commissioners that highlighted areas of satisfaction and perceived areas for improvement. These will be addressed predominantly through our continued implementation of our transformation plans for mental health services in Herefordshire.

## Implementing Electronic Records

RiO, our mental health electronic patient record system, continues to be developed through regular maintenance releases, configuration releases and upgrades to the system.

We are currently using RiO version 5.4.17 and will be upgrading to RiO 1.1 in July 2012. A further major upgrade (RiO 2) is being planned for 2013.

CareNotes, the electronic patient record system for substance misuse services (in Gloucestershire) was implemented in the Trust in July 2011, the system is regularly maintained and upgrades implemented as available.

During the year, Herefordshire mental health services have been through a transformation process in preparation for the move to using RiO. The Gloucestershire RiO system was configured to enable Herefordshire services to be recorded and all Herefordshire staff have been RiO trained.

RiO was successfully implemented in Herefordshire with both inpatient and community staff using the system from March 2012.

## Recording Ethnicity

There is a mandatory field within RiO to capture data relating to ethnicity when a person is admitted to an inpatient unit, and we have created an automated report which is available on line for both Herefordshire and Gloucestershire services.

Recording of ethnic origins for inpatients was at 98% at year end and compliance will continue to be monitored closely throughout 2012/13

## Effective and timely follow up after discharge

The targets to monitor success in achieving this objective were<sup>1</sup> :

- At least 95% of adults in the Care Programme Approach (CPA) will receive follow-up contact within five days of discharge from psychiatric inpatient care in Gloucestershire (National Target: seven days)

*99% of people in CPA discharged from inpatient settings are being followed up with five days in Gloucestershire.*

*In Herefordshire, the staff have been working to the national target of seven days follow up and 100% of people discharged from inpatient services were seen within this time.*

- At least 95% of adult service users in the CPA will have at least one formal review within six months of discharge from psychiatric inpatient care within Gloucestershire services (National Target 12 months)

*Gloucestershire compliance with the national target in this area is 97.1%. The local stretch quality target is six months, and we did not achieve this as 62% were formally reviewed.*

*In Herefordshire compliance with the national target of 12 months was 95.1%.*

*(Indicator 14 on page 71 shows the combined compliance against the national target of 12 months)*

- Less than 7.5% of adult inpatients whose transfer of care was delayed, averaged over each quarter

*This is a national target set by the regulator of Foundation Trusts (Monitor), and aggregated delays at the end of the year across Gloucestershire and Herefordshire was 4.2%.*

- At least 90% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams, excluding:

- Admissions to psychiatric intensive care units
- Internal transfers of service users between wards in a Trust and transfers from other Trusts
- Service users recalled on Community Treatment Orders
- Service users on leave under Section 17 of the Mental Health Act 1983

*Again this is a national target and monitored by Monitor and the combined position across Gloucestershire and Herefordshire was 99%.*

- At least 95% of new psychosis cases will be served by early intervention teams in line with contractually agreed activity in Gloucestershire and Herefordshire

*Our monitoring of this shows that the services are taking on more cases than planned, with Gloucestershire services achieving 127% and Herefordshire achieving 114%.*

- Data Quality measures: it is important that service user records are accurate and therefore there are targets as follows:

There is a national target of 99% completeness for the Mental Health Minimum Data Set (MHMDS) and the combined position across Gloucestershire and Herefordshire was 99.5%.

- Exceed the national target of 50% completeness for those adults on CPA for recording of employment status, Health of the Nation Outcome Scales assessment and accommodation status

*Overall combined compliance for Gloucestershire and Herefordshire was 86.9%.*

## Ensuring service users understand their prescribed medicines

Clinicians are discussing the medication and side effects with the service user when prescribing the medication for the first time, and there is now access to medicines information for both service users and staff on the organisation's website:



[www.choiceandmedication.org/2gether](http://www.choiceandmedication.org/2gether)

Service users can comment directly on their experience of this via the Patient Survey which has demonstrated an improvement in their experiences during 2011/12. This is outlined later in the report.

To improve their understanding, service users discharged from hospital now receive a letter listing all their medication with instructions in plain English.

Additionally, all medications are dispensed with service user information leaflets.

## Promoting positive recovery for people who misuse substances

2gether has been involved in the countywide work in Gloucestershire with other partners, and the local community group the Service User Support Team (SUST) are leading on this initiative.

We are also working with service user champions in Herefordshire to support recovery and inclusion of people experiencing substance misuse.

*" Just to say HUGE thanks for your time spent working with me. I have now been clean for just over six months. My life has changed and improved greatly since I saw you and I endeavour to look forwards."*

**Compliment - Gloucestershire Substance Misuse Team**

<sup>1</sup> Where applicable, the measures used are defined by Department of Health national standards.

## Improving children's services in Gloucestershire by establishing outcome measures

The Gloucestershire Action for Children Participation Worker is working with Looked After Children (LAC) to find ways to assess their experience of the service through questionnaires, focus groups and specific representation on the Trust's Children and Young People Board.



" As problems occur I find 2gether staff responsive and eager to resolve issues."

**Childrens Social Care Services**

Outcomes for children are reported through monitoring of the service. The service has worked hard to deliver against all contractual measures during a time of significant change. Movements of staff within the service combined with other unforeseen factors have meant that we have not improved our waiting times to the extent we would have liked within the year.

With new staff starting work during 2012-13 we are anticipating improvements in waiting times for both Choice and Partnership. We are also working with commissioners and partners to ensure that requirements for the Youth Offending Service are consistent with organisational changes outside of 2gether.

We have received positive feedback from partner agencies relating to our collaborative working as part of the wider system of children's services and can evidence the many successes of our participation programme, delivered with Action for Children, most notably the writing and performance of the play: "Taking Steps".

" Things have improved significantly in the last few months in terms of accessibility and responsiveness to primary care needs."

**Gloucestershire GP**

## Ensuring good services to war veterans

Ensuring good services for war veterans is specified in service specifications, mainly IAPT and psychological therapy where we are expected to give this group a level of priority.

The service continues to develop and we are now able to refer veterans on to a former RAF Psychiatrist who is providing time to the service on a voluntary basis.

We link in regularly with services such as Combat Stress and the Serving Personnel and Veterans Agency and provide teaching sessions on raising awareness for working with veterans. In the later part of the year, a Veterans Steering Group formed in Gloucestershire which has brought together some of the services working with armed forces veterans.

This has been well attended with representatives from Combat Stress, British legion, SSAFA (Soldiers, Sailors, Airmen and Families Charity), representatives from the Council to discuss housing, a representative from the Stroud MP's office and the Trust's Substance Misuse Services. It is intended to run a similar steering group in Hereford going forward to next year.



Work is being undertaken with Substance Misuse Services to provide information and teaching that will forge better links between them and Let's Talk with the aim of improving the veteran's journey through the mental health system.

## Effective communication between organisations

There is a policy in place that covers the transfer of service users between services and other organisations, and the organisational processes have recently been reviewed by the Care Quality Commission.

Additionally, as part of the work associated with the South West Quality and Patient Safety Improvement Programme, further advances regarding transfer information have been made within Gloucestershire to improve transfer information on admission and discharge to and from 2gether's inpatient facilities and Gloucestershire Hospitals NHS Foundation Trust sites.

The next steps will be to evaluate the success of these innovations, making changes where necessary before cascading the model more widely.

Two wards at Wotton Lawn Hospital are developing an easy read information pack which will provide the service user, their family or carer with all the necessary discharge information needed.

## Improving service experience and outcomes for people with personality disorders

2gether NHS Foundation Trust does not have a specialist Personality Disorder team; however there is work taking place to develop the Trust's approach to supporting people with personality disorders. An objective was set as follows:

- Improving service experience and outcomes for people with personality disorders through better training of frontline staff

## User Experience

### Domain 4: Ensuring people have a positive experience of care

Quality of care includes the quality of caring. This means how personal care is provided - the compassion, dignity and respect with which service users are treated, and the extent to which they are given the level of comfort, information and support they require.

Service users' perception of their experience is a vital additional consideration to the standard of care we provide.

At the beginning of the year we set ourselves the following quality improvement initiatives:

- Improve Consent to Care procedures to ensure that service users are properly engaged with their care treatment
- Implement our Single Equality Scheme, which covers diversity, equality and human rights aspects, to ensure that the care that we provide accurately matches the social mix of the community that we serve
- Develop a multi-agency tactical plan for social inclusion and mental health for Gloucestershire and Herefordshire
- Realign the Social Inclusion team to give a more clinical focus so that practitioners across disciplines will be more sensitised to the principles and practice outlined in the Social Inclusion Strategy for Gloucestershire
- Use the results of community services and hospital-based surveys in planning service quality improvements
- Implement the action plan resulting from the Care Quality Commission inspection of Looked after Children (LAC) to improve services
- Secure Accreditation for Inpatient Mental Health Services (AIMS) for older persons' inpatient wards
- Develop and implement a Service Users' Charter that includes alternative formats for those with learning difficulties. The Charter is our pledge to service users to provide them with a defined level of service experience
- Provide enhanced volunteer experience and contribution by developing a volunteers' pathway with supporting information for potential volunteers and managers

An internal staff training programme is taking place and has trained significantly more staff this year. NHS Gloucestershire and NHS Herefordshire agreed to the development and implementation of a one day in-house training programme. During 2011/12, 176 staff in Gloucestershire were trained and 72 in Herefordshire making a total of 248.

This training has had very positive feedback from staff who have reported a greater understanding of the experiences of people with personality disorders and are more confident in providing them with appropriate care.

**" I have received outstanding and dedicated care from the GRIP team...they have helped me keep my daughter at home...and even get back to work. This is a wonderful service and the level of care received is second to none."**

**Compliment - Gloucestershire Recovery in Psychosis (GRIP) Team**

### Consent to Treatment

The Consent to Examination and Treatment Policy was revised in May 2011. Information relating to consent to treatment has been difficult to capture effectively through the routine CPA audit and the electronic record RiO cannot generate reports relating to consent, however application of consent has been routinely reviewed during ward and team assurance visits.

To improve the assurance methodology we are going to run a specific clinical audit in 2012/13 to review our compliance with consent to care and treatment processes.

### Single Equality Scheme

A Single Equality Scheme and action plan was adopted by the Trust in April 2011. The annual Equalities Report to the Trust Board was also presented in April 2011 and the Human Resource Equalities monitoring report which provides statutory data about the Trust (as required by the Equality Act 2010) was completed in July 2011.

The action plan supporting the Single Equality Scheme will be re-aligned to the national NHS Equality Delivery system outcomes for 2012/13. To support the implementation of the NHS Equality Delivery system the Trust participated in two countywide engagements events in December 2011 and January 2012, and held two of its own engagement events also in January 2012.

This was followed by a 'grading event' in February 2012 at which stakeholders assessed how well the Trust was progressing against the Equality Delivery system outcomes.

This assessment process has enabled the development of equality objectives which the Trust has adopted and integrated into its business plans for 2012/13. These objectives will form the basis of the revised action plan supporting the Single Equality Scheme for 2012/13.

## Social Inclusion

Social Inclusion is about “reducing inequalities between the least advantaged groups and communities and the rest of society by closing the opportunity gap and ensuring that support reaches those who need it most”

Multi-agency goals have been developed for Gloucestershire and networking activities across agencies have occurred with many stakeholders in Herefordshire over the year.



For example, the “Up, Up, Up and Away” campaign to progress five ways to emotional wellbeing was launched at Stow on the Wold Primary School on World Mental Health Day. Two other events have taken place and there are plans to hold similar events in other schools across both counties on a routine basis.

## Using surveys to make quality improvements

In Herefordshire, action plans were developed to respond to the patient surveys, the initiatives included:

- All leaflets relating to services were reviewed and will be distributed following the management of change process which will result in the redesign/new service development
- All care co-ordinators attended the CPA and Risk Assessment training before March 2012
- The Service Experience Department is currently developing a Service Users’ Charter that will identify what standards service users should be receiving. It is hoped that the charter will be launched in October 2012.

The targets to monitor success in achieving this objective in both counties were:

- Agreed level of results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys

In Gloucestershire, four specific questions were monitored for those service users who were discharged from inpatient services. These included daily routine, care planning, medication and safety as below. Where a question was not answered then this is taken as a negative response. It is encouraging that service users felt safe during their stay in hospital, but the survey has highlighted that there is more to do in involving them in care planning.

The year end results of surveys are outlined below:

### Gloucestershire Inpatients

Question	Sample size	Result %	Target %	Achieved target at year end
Q1 When you arrived, did staff tell you about the daily routine of the ward, such as meal times and when people can visit you?	97	72	70	Yes
Q2 Were you involved in deciding what was in your care plan?	97	70	72	No
Q3 Were you told about possible side effects of the medication you take?	97	66	54	Yes
Q4 During your most recent stay, did you feel safe?	97	91	70	Yes

This shows a 75% achievement of the targets.

The social inclusion agenda for Gloucestershire is being delivered in new structures to ensure that stigma and negative discrimination of people with mental health challenges is incorporated into the work of the new Gloucestershire Strategy for Mental Health and Wellbeing.

Discussions are also being held with the Mental Health Reference Group and others in Herefordshire to develop a strategy for social inclusion for the county, for example, the Non Medical Consultant for social inclusion is engaged with parish councils to understand and mitigate against the risk of financial exclusion.

**“ Thank you for the very successful joined up working in ensuring as many voices from the Chinese community were heard.”**

**Compliment - Social Inclusion: Community Development Work**

The realigned Social Inclusion Team design was agreed, in principle, by the Executive Team in June 2011, and the implementation will take place in line with other organisational changes linked to Fair Horizons during 2012-13.

The Non Medical Consultant post mentioned above was appointed to in January 2012.

## Herefordshire Community Service Users

The sample size for the baseline came from the 2010 national patient survey. The Quarter 4 survey responses were from community services hence the difference in numbers.

	Baseline		Quarter 4 survey		
	Sample size	Positive response	Sample size	Positive response	Improvement in score
The last time you had a new medication prescribed, were you told about the possible side effects?	111	59%	43	77%	18%
Have you been given (or offered) a written or printed copy of your care plan?	201	32%	43	86%	54%
Do you think your views were taken into account when deciding what was in your care plan?	165	75%	43	93%	18%
Did you discuss whether you needed to continue using mental health services?	130	68%	43	63%	-5%
Do you have the number of someone from your local NHS mental health service that you can phone out of office hours?	288	46%	43	84%	38%

## Herefordshire Inpatient

The sample size for the baseline came from the 2010 national inpatient survey. For Quarter 4, 68 questionnaires were sent out to people who had been an inpatient between 1 July 2011 and 29 February 2012 and there was a return rate of 19%.

	Baseline		Quarter 4 survey		
	Sample size	Positive response	Sample size	Positive response	Improvement in score
When you arrived on the ward, or soon afterwards, did a member of staff tell you about the daily routine of the ward, such as times of meals and visitors?	15	60%	13	77%	17%
Were you given enough time to discuss your condition with healthcare professionals?	32	41%	13	62%	21%
Were both the purposes and side effects of medications explained to you?	14	23%	13	62%	39%
As far as you know, did hospital staff take your family or home situation into account when planning your discharge from hospital?	16	38%	13	92%	54%
During your recent stay, were there enough activities available for you to do?	14	7%	13	62%	55%

This shows a 100% improvement in scores.

**"The way staff are here makes it feel more equal, from the patient point of view...they don't talk down to you"**

#### **Comment - Stonebow Unit, Hereford**

- Increase the percentage of carers who have been offered an assessment from 99% to 100%.

A completed audit of records across Gloucestershire and Herefordshire took place in July 2011 which demonstrated:

1. All young carers had been offered an assessment
2. In Herefordshire 94% of carers had been offered an assessment
3. In Gloucestershire 91% of carers had been offered an assessment

This was below our ambition of 100% of carers to be offered an assessment.

We had hoped that further information regarding carer's assessments could be captured from the electronic health records system (RiO) at the end of the year to see if there had been an improvement but we could not extract this data.

Measures will be put in place to capture this information more efficiently and reliably during 2012/13.

#### **Implementation of the action plan resulting from the Care Quality Commission inspection of Looked after Children (LAC) to improve services**

This has now been completed through the following actions:

- Looked After Children are now routinely identified via the RiO Health Records System.
- Referral to assessment and treatment are specifically being monitored for these children.
- The new Children and Young People's Service that began in April 2011 has a specific service provision for Looked After Children.
- The Action for Children Participation Worker is working with the children to find ways to assess their experience of the service.
- Specialist Looked After Children workers (Primary Mental Health, Psychology and Psychotherapy) are now in post.

#### **Accreditation for Inpatient Mental Health Services (AIMS) for older persons' inpatient wards**

Charlton Lane Hospital was visited by the AIMS accreditation team in February 2012 for a review of the services provided. The wards visited were Willow Ward, Chestnut Ward and Mulberry Ward.

The feedback given was positive and indicated that all wards met level one standards, and the formal outcome of their visits will be available within the next few months.

All relevant policies, protocols and evidence of clinical practice were provided as requested and interviews with service users, carers and staff were conducted.

#### **Service Users Charter**

The Community Involvement Team has liaised with service users to develop the Service Users' Charter and a draft has been produced in consultation with service user groups.

The plan is to launch it on World Mental Health Day in October 2012.



The charter represents a set of pledges that 2gether will make to service users about the way we work for and with them.

#### **Volunteers**

The application process for volunteers has been revised.

The Community Involvement Team has drafted a pathway and developed information including a handbook for volunteers and supporting literature.

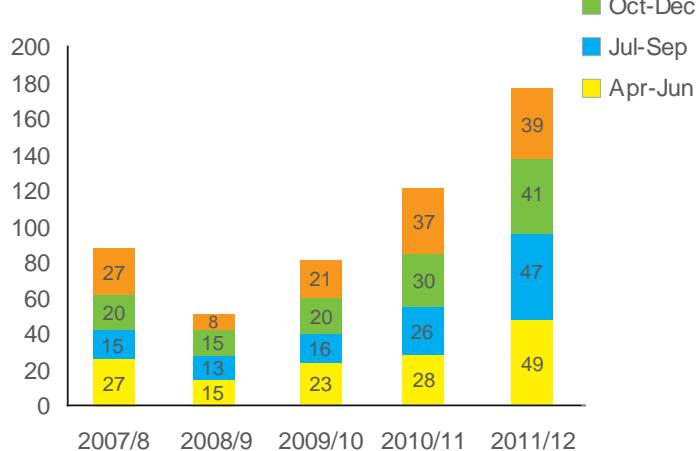
Further work is planned to engage volunteers in wider aspects of 2gether's work and the development of a volunteer strategy has been commissioned.

#### **Complaints and Service Experience**

A total number of 176 complaints were reported for 2gether's services in the year 2011-12. This represents complaints from less than 0.6% of the population served.

The increase in complaints is reflected in the new services provided during 2011/12.

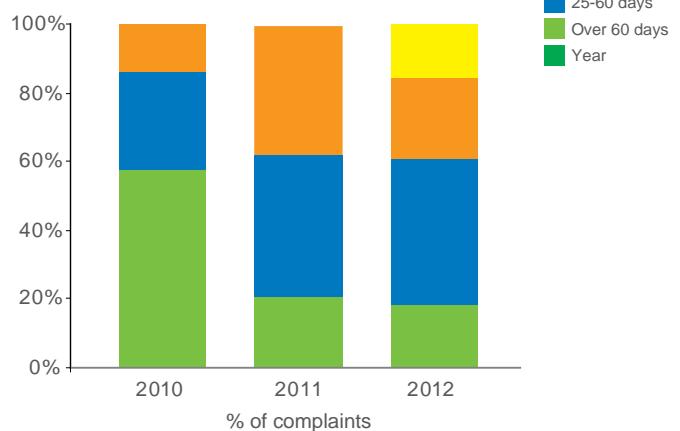
#### **Annual Complaints by Quarter**



The time taken to acknowledge complaints (86% within three days) remains similar to last year (88% within three days) as has the overall time taken to close complaints as seen below, and in 2012-13.

The Trust aims to close a greater number of complaints under 25 days than in previous years.

## Time to close complaints



Four cases were referred to the Parliamentary Health Service Ombudsman this year. One was referred in March 2012 so a decision remains outstanding.

## Safety

### Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure a safe environment for service users, staff and everyone else that comes into contact with us.

This requires a proactive approach to minimising serious incidents, but also engendering an open and honest culture that should untoward events occur we learn from experience to prevent them happening again.

At the beginning of the year we set ourselves the following quality improvement initiatives:

- Minimising the risk of venous thromboembolism (VTE) through improved screening methods
- Reducing the number of serious incidents and violent assaults by sound management interventions
- Implementing improvements in medicines management to minimize the risk of medication errors particularly when reconciling with the drug treatment that the service user is currently on. We presently have no base data on which to set targets, so this year we will be monitoring the reporting of incidents as a priority
- Continuing to monitor the number of serious incidents requiring investigation on a quarterly basis and conclusions drawn as to whether we need to improve our procedures to avoid such incidents in future
- Further enhancing safety aspects at Wotton Lawn, particularly to improve controls on service users' movements and physical safety
- Ensuring that non-Trust Properties offer appropriate environments from which to operate

There was not a requirement to further investigate the remaining three.

21 local resolution meetings were held during the year.

"All aspects of clinical treatment" has remained the largest reported type of complaint this year. This broad category of complaint has remained similar for the last six years of reported complaints.

A greater emphasis and culture of learning from complaint information is developing in the trust and the learning points are shown quarterly in the "Service Experience" Reports which are reviewed by the Board.

During the year additional resources have been made available to the service experience team to enhance a systematic approach and resolution of complaints with people who complain and with clinical teams.

#### Minimising the risk of venous thromboembolism (VTE)

Venous thromboembolism (VTE) is a condition in which a blood clot forms in a vein.

Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. If the clot lodges in the lung a potentially serious and sometimes fatal condition can occur.

It is therefore a national priority to assess all service users for VTE risk on admission to hospital and provide treatment if indicated. The target to monitor success in achieving this objective was:

- At least 90% of all adult inpatients will have a VTE risk assessment on admission using the clinical criteria of the national tool and at least 95% are to be given prophylaxis if judged to be at risk, in accordance with national (NICE) guidance. Information on VTE will be collected and reported monthly

Current compliance with this target is 99.8% across Herefordshire and Gloucestershire.

#### Serious incidents and violent assaults

Serious incidents requiring investigation are incidents which occurred in relation to NHS funded services and care resulting in unexpected or avoidable death, or serious harm to service users, staff, visitors or members of the public.

They can also include events which lead to adverse media reporting or an organisations ability to continue providing healthcare services.

Clearly reducing the numbers of such incidents is a high priority for the Trust and as such it investigates and reports all incidents which occur, monitors trends and makes recommendations to improve care where appropriate.

Numbers of serious incidents reported by the Trust have increased this year; this is in part due to providing mental health services in Herefordshire from April 2011 and prison healthcare in Gloucester from May 2011.

The Trust has also fully embraced the NPSA National Framework for Reporting and Learning from Serious Incidents Requiring Investigation since its publication in the spring 2010 and this has defined and extended the range of incidents which organisations must report.

Figure 1 below shows the absolute number of serious incidents reported by the trust over a four year period.

**Figure 1: Number of Serious Incidents**

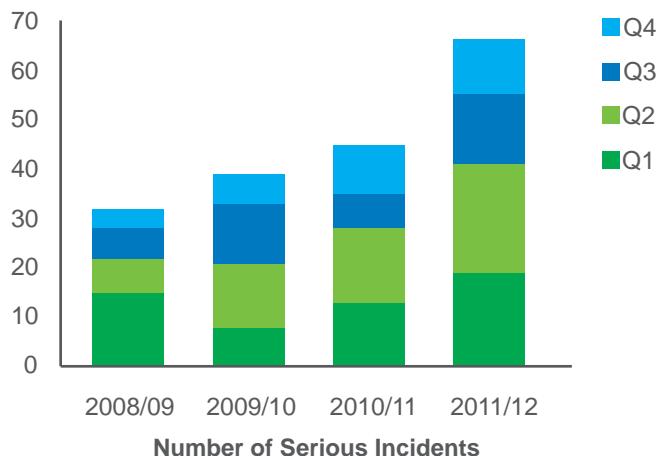
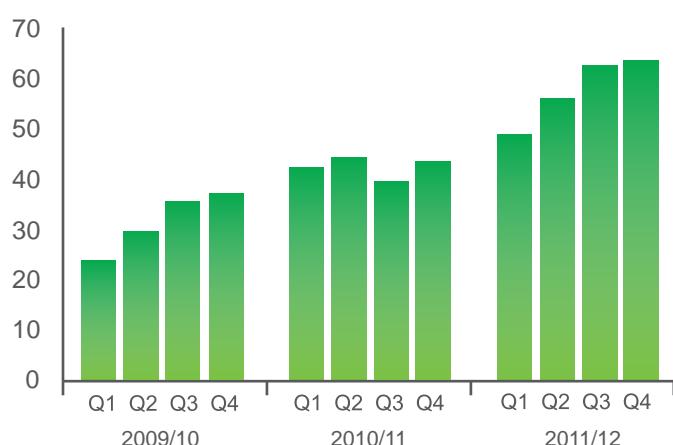


Figure 2 shows the same information on a rolling annual basis by quarter over the past three years which demonstrates the gradual upward trend in reporting.

The Trust is however providing care and treatment to more people than ever before (total caseload for the beginning of 2009/10 was 15,662 and at February 2012 this stood at 20,676) and, therefore, will in future years establish a serious incident rate per 1000 service users on its caseload to ascertain if there is significance in the reported increase.

**Figure 2: Rolling Annual number of Serious Incidents**

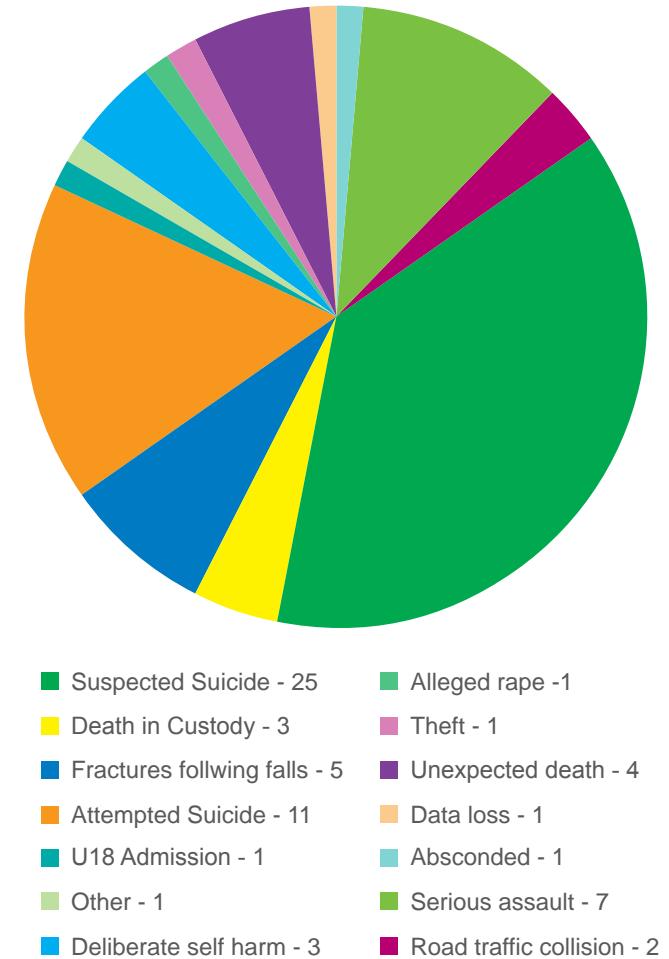


The most frequently reported serious incidents are “suspected suicide”, attempted suicide and severe deliberate self harm, severe assaults on staff and slips, trips and falls of older people resulting in a fracture.

This is seen in Figure 3 below. In response to the learning from our reviews of these incidents the Trust has:

- Updated its Clinical Risk Assessment and Management Policy and associated training
- Updated its Care Programme Approach Policy
- Updated its policies and training regarding the management of violence and aggression
- Updated its Falls Pathway and enhanced staff awareness of falls prevention

**Figure 3: Serious Incidents by type**



There have been no Department of Health defined “Never Events” within the Trust during 2011-12.

Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Representatives from the Trust have attended regional workshops to ensure that the learning from these incidents becomes embedded within the organisation.

The learning from “Never Events” has also been discussed at Director of Nursing Forums in both Midlands & East SHA and the South SHA.

The full list of reportable Never Events can be seen at:

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124552](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124552)

- A target for the year was to have a reduction in the number reported of severe physical assaults on staff by service users where actual harm was suffered during the year

**Figure 4**

### Total Assaults by Year

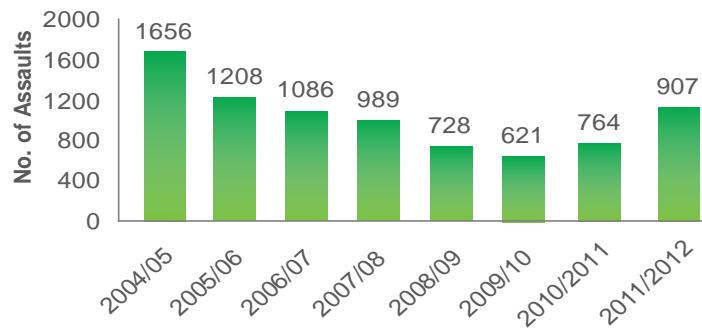


Figure 4 shows that, as with the total number of serious incidents report, the total numbers of assaults on staff have increased as a consequence of the expansion of services in the Trust.

The numbers of incidents proportionally in which actual harm was caused has however decreased from 48% (No/minimal harm 399, Low harm 350, and moderate harm 15) of all such incidents in 2010/11 to 38% in 2011/12 (No/minimal harm 561, Low harm 326, and moderate harm 20). It is also noted that assaults causing moderate harm have increased.

We did not achieve this target and will continue to work with service users and staff alike to make our services as safe as possible.

### Implementing improvements in medicines management

There is a target for inpatients to ensure that medicines are reconciled within 24 hours of admission with those prescribed by their GP.

This may sometimes need to be the next working day as some agencies are not open at weekends. The pilot at the Charlton Lane Centre in June 2011 was successful and this has also now been implemented in Wotton Lawn Hospital.

An initiative has taken place in Gloucestershire for GPs to receive information on the medication of discharged service users within one working day following discharge.

### Making environments safer

The business case was approved in July 2011 for capital work at Wotton Lawn Hospital which will take place in a phased way over two years.

The required fencing works have been completed as has work to improve security at the reception area, this important work has minimised the risk of vulnerable adults leaving hospital without making staff aware.

Privacy and dignity and service user safety works are underway on Kingsholm Ward. Seven out of fifteen bedrooms have been completed and the works will complete on the 26 May 2012.

Within the same timeframe works will also be undertaken on the rear garden entrance and on Priory Ward day room.

The second ward to be refurbished is Abbey Ward and this work is programmed to commence in September 2012.

Ensuring that non-Trust properties offer appropriate environments from which to operate has also been a key objective.

This is important as we have agreements in place for some premises but are unclear on the responsibilities. The target set to monitor success was:

- A further key target was that all third party properties have appropriate agreements in place for their use and ongoing safe maintenance and up-keep

Progress has been made in that responsibilities are now clear for all premises apart from those owned by Gloucestershire County Council. We achieved 55% resolution against our target of 100%.

We will continue to work with our partners to ensure that all premises in which service users receive care are as safe as possible.

## Further information

### Development of Children's Services

From 1 April 2011, the Children and Adolescents Mental Health Service became known as 2gether's Children and Young People (CYP) Service.

The CYP service adopted Trying, Improving, Giving, Encouraging and Respecting as their principles for the way in which they deliver services. They also encourage service users to adopt the same principles when engaging with us.

At the same time the new Children and Young Person Service building at Charlton Lane was named Evergreen House (previously Bourton Ward).

The new premises replaces Delancey Hospital and is a massive improvement in surroundings for both staff, service users, carers and visitors

The service has also been awarded DoH funding to be a pilot site for Children's IAPT, this necessitates a number of existing staff being seconded to undertake training which has added an additional work-stream to the transformation project.

2gether works in partnership with Action for Children to deliver services to children and young people. Action for Children has an established reputation in delivering creative approaches particularly to seldom heard groups.

The team are providing support to individuals and enabling engagement with the wider service. Action for Children also leads the service's Participation programme aimed at involving children and young people in how we run our services.

## **Partnerships in care with other providers in Gloucestershire**

The Mental Health Liaison Team continues to work in both Cheltenham General Hospital and Gloucestershire Royal Hospital.

It provides a seven day assessment service of service users who may need mental health assessments as part of their care. Also there is a support service provided to the community hospitals in the county.

Work has continued with Gloucestershire Care Services to have access in mental health services to specialist nursing advice from specialist nurses in physical health, which is enabling an integrated approach to care.

The Dementia Training Team continues to provide training to all providers across the county including care homes and domiciliary care providers.

Integrated pathways for both drug and alcohol service users exist between the Independence Trust and 2gether and joint working is encouraged.

We also work closely with the Nelson Trust in co-ordinating rehabilitation and other recovery initiatives such as ISIS women's centre, family focus and aftercare services.

## **Partnerships in care with other providers in Herefordshire**

Department of Mental Health for Older People has worked with NHS Herefordshire, Worcestershire Health and Care Trust and The University of Worcester to develop and successfully launch "Stand by Me" a DVD and Training Guide for those working with people with dementia.

This training is being rolled out to health, social care and third sector providers across the county. The Trust has been working with NHS Herefordshire and third sector housing providers to further develop options for improving recovery services in Herefordshire.

Service users, carers and staff are continuing to attend the Implementing Recovery through Organisational Change (IMROC) events arranged by the Centre for Mental Health.

Managers and Executives meet with GP stakeholders on a monthly basis to monitor progress during the period of transformation and ensure that quality of service is maintained.

The Trust supported a conference day for Child and Adolescent Mental Health Services and Children's Services in Herefordshire to share practice, exchange service information and support the continuation of partnership working for children and young people.



# Quality Measures for 2011/12

The following are the quality measures that have been mentioned previously under the five main areas, but are included here as a summary. Although some notes are given below, more detail has been given under the appropriate area before.

		2010-2011 Actual	2011-2012 Target	2011-2012 Actual
<b>Domain 1: Preventing people from dying prematurely</b>				
1	Compliance with suicide prevention toolkit in Gloucestershire	100%	100%	100%
2	Compliance with suicide prevention toolkit in Herefordshire	N/A	100%	100%
3	Training of relevant staff having smoking cessation training Gloucestershire	N/A	>10% (20 staff)	12.88%
4	Increase in recorded referrals to GSAS	202	>170	179
<b>Domain 2: Enhancing quality of life for people with long-term conditions</b>				
5	Assessment of inpatients for pain and distress	N/A	>95%	100%
<b>Domain 3: Helping people to recover from episodes of ill health or following injury</b>				
6	Adult CPA receiving follow-up within 5 days of discharge – stretch target	-	>95%	99%
7	CPA formal review within 6 months – stretch target	-	>95%	62%
8	Delayed Transfer of Care	5.9%	≤7.5%	4.2%
9	Access to crisis resolution/home treatment services	97%	>90%	99%
10	Serving new psychosis cases by early intervention teams	130%	>95%	G127% H114%
11	Mental Health Minimum Health Data Set	99%	>99%	99.5%
12	Application of HoNOS	-	>50%	86.9%
13	Recording of ethnic origins for inpatients	98%	>98%	98%
14	Compliance with CPA standards	91%	>95%	96.6%
15	Staff receiving PD training	N/A	248	248
<b>Domain 4: Ensuring people have a positive experience of care</b>				
16	Internal service level results from surveys in Gloucestershire	-	100%	75%
17	Internal service level results from surveys in Herefordshire	-	100%	100%
18	Carers offered an assessment	99%	100%	91%
<b>Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm</b>				
19	VTE screening for all adult admissions	N/A	90%	100%
20	VTE prophylaxis for adult admissions at risk	N/A	95%	100%
21	To reduce the number of violent assaults	764	<764	907
22	Resolution of occupancy arrangements & responsibilities for third-party owned properties	85%	100%	55%

# Monitor Indicators & Thresholds for 2011/12

The following table shows the 10 metrics that are monitored during 2011/12. These are the indicators and thresholds from Monitor and follow the standard Department of Health national definitions. Note that some are also the Trust Quality targets as shown in the previous table, though some may have more stretching targets than Monitor require as a threshold.

	2009-2010 Actual	2010-2011 Actual	National Threshold	2011-2012 Actual
1	Clostridium Difficile objective	-	0	0
2	MRSA bacteraemia objective	0	0	0
3	7 day CPA follow-up after discharge	99.8%	100%	95% 100%
4	CPA formal review within 12 months	88%	100%	95% 96.6%
5	Delayed transfer of care	5.4%	5.9%	<7.5% 4.2%
6	Access to Crisis resolution/home treatment services	98%	97%	90% 99%
7	Serving new psychosis cases by early intervention teams	n/a	130%	95% G127% H114%
8	MHMDS data completeness: identifiers	84%	99%	99% 99.5%
9	MHMDS data completeness: CPA outcomes	N/A	50%+	50% 86.9%
10	Learning Disability – six criteria	5 at level 4 1 at level 3	6 at level 4	6 at level 4 6

## Community Survey 2011

During 2011, the CQC published the results of an independent survey taken in 2011 that tested the experience of our community service users, comparing the results with most other mental health trusts.

The results for Gloucestershire were:

Questions about:	Our Score (out of 10)	Compared with other Mental Health Trusts
Health & Social Care Workers	8.7	About the same
Medications	7.0	About the same
Talking Therapies	6.9	About the same
Care Co-ordinator	8.5	About the same
Care Plan	6.9	About the same
Care Review	7.6	About the same
Day to Day Living	5.9	About the same
Crisis Care	6.3	About the same
<b>Overall</b>	<b>6.8</b>	About the same

The survey received replies from 288 of our service users out of 850 who were asked to participate, which represents a response rate of 36% compared with an average for all mental health trusts of 32%. Full details of this survey can be found on the CQC website: [www.cqc.org.uk](http://www.cqc.org.uk).

The results for Herefordshire were:

Questions about:	Our Score (out of 10)	Compared with other Mental Health Trusts
Health & Social Care Workers	8.8	About the same
Medications	7.5	About the same
Talking Therapies	7.7	Better
Care Co-ordinator	8.4	About the same
Care Plan	6.5	About the same
Care Review	7.1	About the same
Day to Day Living	5.8	About the same
Crisis Care	6.4	About the same
<b>Overall</b>	<b>7.1</b>	Better

The survey received replies from 295 of our service users out of 850 who were asked to participate, which represents a response rate of 36% compared with an average for all mental health trusts of 32%. Full details of this survey can be found on the CQC website: [www.cqc.org.uk](http://www.cqc.org.uk).

Overall, these results are very encouraging as we are within the expected range for mental health trusts in all areas, in some cases we are well above the average score and performance. We anticipate that the actions and initiatives identified earlier in the report will result in further improvements in these scores next year.

## Staff Survey 2011

Every year, the Department of Health conducts a national NHS staff survey. The survey is used to gauge how well our staff believe that we treat them and provide good management as described in the staff pledges of the NHS Constitution.

The 2011 results released in March 2012 for 2gether show that when compared with our own figures for the previous year, we had remained consistent in 34 out of the 38 key findings.

When compared with like type Trusts in the 38 key areas we were:

- In the top 20% of mental health/learning disability Trusts in five areas (eleven)
- Better than average in another eight (six)
- Average in ten (ten)
- Worse than average in nine (nine)
- In the lowest 20% in six (two)

The previous year's figures are shown in brackets.

This year our survey also included staff in our Herefordshire services and 478 staff returned their questionnaires out 792 randomly selected from a total workforce of 2037.

This represents a 60% return, which is above average compared with other like type Trusts.

The comparison with last year shows that overall we are roughly the same, but it is clear that other Trusts have improved relative to us. Nevertheless, it is very encouraging that we were able to increase the response rate quite significantly.

The questions where we were in the top 20% included:

- Feeling valued by work colleagues
- Trust commitment to work-life balance
- Using flexible working options
- Support from immediate managers
- Feeling pressure in the last three months to attend work when feeling unwell

The questions where we were in the bottom 20% included:

- Satisfaction with the quality of work and patient care staff are able to deliver
- Staff agreeing that their role makes a difference to service users
- Quality of job design
- Receiving job-relevant training, learning or development in last 12 months
- Reporting good communication between senior management and staff
- Having equality and diversity training in last 12 months

We have arranged for a working group of managers and Staff Side Representatives to meet before the end of April to analyse the results and develop a range of actions to address these areas.

In addition we intend to focus on three or four actions where we can make the most impact. The actions will be signed off by the Trust.

The Staff Attitude Survey intranet pages are being updated with the results and the actions we take and our progress will be posted on those pages. Staff will be signposted to these pages via News In Brief.

Other details may be found in the Annual Staff Survey section of the Trust's Annual Report and Accounts.



## PEAT Assessment Results 2011/12

Every year, our locations are assessed for the quality of the environment, food, and for privacy and dignity. These are known as "PEAT assessments" (Patient Environment Action Team assessments).

The table below gives a summary of their findings for the eight main inpatient premises during last year.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Charlton Lane	4 Good	5 Excellent	5 Excellent
Wotton Lawn	4 Good	4 Good	5 Excellent
Laurel House	4 Good	5 Excellent	5 Excellent
Honeybourne, Cheltenham	4 Good	4 Good	5 Excellent
Hollybrook	4 Good	5 Excellent	5 Excellent
Westridge	4 Good	5 Excellent	5 Excellent
BranchLea Cross, Cheltenham	4 Good	5 Excellent	5 Excellent
Stonebow Unit, Hereford	4 Good	5 Excellent	5 Excellent

# Annex 1. Statements from our Partners on the Quality Account

We have taken the opportunity of sharing our Quality Account progress and development with many of our partners throughout the year, including the Board of Governors. We are very grateful for the time they have taken to provide helpful comments and suggestions in its content and layout.

We have already taken the opportunity to include many of their very useful suggestions and recommendations in the final version of this document. Responses from those partners who have made formal written responses are given below.

## Gloucestershire Local Involvement Network (LINK)



### Gloucestershire Local Involvement Network (LINK) Comments on the 2gether NHS Foundation Trust Quality Report 2012

Gloucestershire LINK has been able to work quite closely with 2gether NHS Foundation Trust during the last year and appreciates the time given by staff at all levels in response to our queries.

We had the opportunity to comment on the earlier versions of this report and also participated in all the PEAT visits as patient representatives.

Whilst we appreciate that the format for the report is defined by the toolkit, there are parts of the report with NHS speak, which is difficult to understand by a lay reader. There are a number of acronyms throughout the report that are not explained in the glossary.

However the report does give an extensive and clear description of the priorities for improvement in 2012/13 and the review of the improving quality of services in 2011/12.

In our comments last year, we suggested that families should be included with carers and service users. This comment still stands.

The following are comments by a group of LINK members:

#### Priorities for Improvement 2012/13

##### Effectiveness

###### Domain 1: Preventing people from dying prematurely

- In order to understand these tables fully, it is necessary to refer to Part 3 to understand what objectives were chosen for 2011/12 and what the difference is for 2012/13. An example of this is where the 100% implementation of the National Patient Safety Agency (NPSA) Suicide Prevention Toolkit as a target differs from last year's target and improves on it.

###### Domain 3: Helping people to recover from episodes of ill health or following injury

- We particularly welcome the stretch target for follow-up after discharge from inpatient units, as it is an area where we have received a number of comments from service users.
- The reduction of waiting times for children and young people is also one of the targets that we would support

however an explanation of that is meant by 'non-urgent tier 3' cases would be helpful as this is difficult to interpret.

- Eight weeks is still a very long time for parents to wait for a consultation even if it is considered to be non-urgent.

##### User Experience

###### Domain 4: Ensuring people have a positive experience of care

- Target 4.1: It is not clear whether these surveys are completely new or whether they are presently being carried out. If it is the latter, figures of the local average should be included.
- Target 4.6: The Care Campaign and Service Users Charter needs to be in the glossary.
- Target 4.7: more details should be given on what constitutes a volunteers pathway.

##### Safety

###### Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm

- Targets 5.1 and 5.4: If the present percentages were given, it would be easier for the reader to assess how likely it was for these targets to be met.
- Promote Service User safety: The targets used are a methodology that is impossible to understand without knowledge of what the Safety Thermometers are and the tools used.

#### Part 2b Statement relating to the quality of NHS Services provided in 2011/12

###### Participation in Clinical Audits and National Confidential Enquiries

- Clinical Audits: Confidential enquiries - The table refers many times to 'not available', it would be helpful to the reader if there was an explanation of what it means. It is also difficult to understand how the table can say 100% cases submitted if the cases requested and submitted are not available.

## **Part 3 Looking Back: A Review of Quality in 2011/12**

### **Effectiveness**

#### **Domain 1: Preventing people from dying prematurely**

##### **Suicide Prevention**

- We are pleased to learn that there were no deaths by suicide within inpatient services during 2011/12. However it would be helpful to know how many attempted suicides by inpatients were avoided due to staff intervention, care and vigilance.

##### **Health Promotion**

- The Account states over 170 referrals of service users were made to the Gloucestershire Smoking Cessation Advisory Service. It would be of interest to know the success rate of this intervention

## **Herefordshire Local Involvement Network (LINK)**

### **2gether NHS Foundation Trust: Quality Report 2011/2012**

#### **Formal response from Herefordshire LINK**

Although there is some understandable weighting in the said Quality Report towards Gloucestershire, it is evident that since 2gether took over responsibility for Herefordshire Mental Health Services on April 1 2011, great strides have been made in the county towards transforming services, with significant initiatives implemented, as apparent on page 60 of the report, together with the recent introduction of RiO mental health electronic patient record system.

The achieving of national targets, and even exceeding the same, relative to the effective and timely follow up after discharge, is also to be applauded; as is the completion of the upgrading of Cantilupe Ward in the Stonebow Unit.

Nevertheless, it would be most welcome if the Herefordshire Carers Charter, which 2gether is about to sign up to, the compilation of which had commenced prior to April 2011, could gain a mention in the report, as it would exemplify the smooth and successful transition that has taken place.

This too applies to Herefordshire LINK's joint report with Herefordshire Carers Support, published in the context of the carers of mental health sufferers. Also, although it is appreciated, for example, that the training programme for the Crisis Home Treatment Team has been completed, the general development of staff training remains a focal point of Herefordshire LINK's interest.

**Domain 2: Enhancing quality of life for people with Long terms conditions**

#### **Improving Access to Psychological Therapy Services (IAPT)**

- During the year, we have had a number of comments on the waiting time for IAPT services. An explanation of what is meant by Step 2 and Step 3 intervention would be helpful in this section.

**Barbara Marshall**

**Chair, Gloucestershire LINK**

17 May 2012

Looking ahead to 2012/2013, progress in the following areas within mental health, will prove of great interest:

- Support for patients with a learning disability, with special reference to the young
- Increase of provision of crisis home treatment services 24/7 throughout the year across the whole county
- Promotion of dignity in care
- Reduction of waiting time for routine provision

The Quality Report is considered to be well presented and relatively user friendly.

LINK wishes to express appreciation, with emphasis, to the continued liaison and close working relationship with 2gether in Herefordshire.

The attendance of Dr Jane Melton at all LINK Management Board Meetings is proving most beneficial.

**Allan Lloyd**

**Chair, Herefordshire LINK/ HealthWatch Lead**

8 May 2012

## **Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)**

### **Health, Community and Care Overview and Scrutiny Committee**

#### **Comments on the 2gether NHS Foundation Trust Quality Report 2011/12**

The Health, Community and Care Overview and Scrutiny Committee (HCCOSC) welcomes the opportunity to comment on the 2gether NHS Foundation Trust's Quality Account 2011/12.

The committee has developed a productive and positive working relationship with the 2gether NHS Foundation Trust; and appreciates the open manner in which Trust representatives attend committee meetings.

The committee will continue to offer constructive challenge to the Trust through the coming year.

The Quality Account shows that a lot of work has been undertaken by the Trust during 2011/12. Unfortunately the structure of the account makes it difficult to ascertain whether the priorities and outcomes for the year 2011/12 have been achieved. This therefore makes it difficult to offer constructive comment.

The committee is pleased to note that the outcome of the responsive review (relating to a Rule 43 letter from the Gloucestershire Coroner) by the CQC, indicated that the learning from the suicide of a service user has been implemented across the Trust.

Safeguarding children is paramount; and therefore the committee is also pleased to note that the Trust will be undertaking an audit on access to information relating to children and young people who are the subject of Child Protection Plans.

## Herefordshire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)

The 2gether NHS Trust's Quality Accounts demonstrates a culture of continual service improvement to ensure the highest quality of services is provided at all times.

The Chairman and Vice Chairman of Herefordshire Council's Overview & Scrutiny Committee, on behalf of the Committee, agree with the priorities that have been set within the report and will be ensuring that the stated measures are monitored through quarterly updates with the Trust.

It is important that through the next year, as our understanding of need further develops, we ensure that there is flexibility with the priorities to maximise opportunities to improve the quality of service provision in Herefordshire.

## NHS Gloucestershire

### Statement for Quality Report 2gether NHS Foundation Trust 2011/12

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account prepared by 2gether NHS Foundation Trust (2gether NHSFT) for 2011/12.

In a shared vision to maintain and continually improve the quality of services, NHSG and 2gether NHSFT have worked in collaboration to establish a comprehensive quality framework that includes nationally mandated quality indicators alongside locally agreed quality improvement targets.

The national NHS contract and Commissioning for Quality and Innovation (CQUIN) scheme provide further support for ensuring robust quality measures are in place.

There are robust arrangements in place with 2gether NHSFT to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and patient experience of care.

The well established Clinical Quality Review Group, continues to meet bi-monthly, bringing together senior clinicians and managers from both 2gether NHSFT and NHSG along with Clinical Commissioning Group leads, to discuss, review and monitor clinical quality and this shared discussion has been valuable.

Through the quality framework for 2011/12 2gether NHSFT have continued to improve the safety, effectiveness and patient experience of their services

The committee looks forward to working with the Trust over the coming year.

On behalf of committee members I would particularly like to thank Shaun Clee, Trish Jay and Jane Melton for attending our meetings and answering our questions in a helpful and informative manner.

**Cllr Stephen McMillan**  
**Chairman**

The Committee looks forward to working with the Trust to ensure services are of the highest quality to ensure the best possible outcomes for the people of Herefordshire.

**Cllr Jeremy Millar**  
**Chairman**



across a wide range of specialities, a range of the key improvement areas are described in this Quality Account.

NHSG have also received assurance throughout the year from 2gether NHSFT in relation to key quality issues, both where quality and safety has improved and where it occasionally fell below expectations with action plans put in place and learning shared wherever possible.

The priorities for 2012/13 have been developed in partnership and NHSG endorse the proposals set out in the Quality Account.

NHS Gloucestershire can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services that 2gether NHSFT provides to the residents of Gloucestershire and beyond.

The accuracy of the data has been checked and concords with the data and information that has been supplied by 2gether NHSFT during the year.

**Jill Crook, Director of Nursing**  
11/05/2012

## **2gether NHS Foundation Trust, Quality Account - Commentary**

High Quality Care for All, published in June 2008 set out the requirement for all providers of NHS services to publish Quality Accounts Annual Reports to the public on the quality of health care services they deliver.

NHS Herefordshire is pleased to endorse 2gether NHS Foundation Trust Quality account which provides information with regard to the quality of the services it provides to the public.

Based on the knowledge NHS Herefordshire has of 2gether NHSFT we believe that this report is a fair reflection of the healthcare services provided. We have reviewed the data presented and are satisfied that this represents an overall accurate account and analysis of the quality of services.

The report celebrates the successes and improvements in quality but is balanced in that it recognises those areas which require further development.

NHS Herefordshire monitors the quality performance of 2gether NHSFT bi monthly through the Clinical Quality Review Forum. Performance data in relation to quality is presented and verified, and action plans supported to address areas of less than optimum performance.

NHS Herefordshire is pleased to note that 2gether NHSFT met all its Commissioning for Quality and Innovation (CQUIN) targets in 2011/12 delivering agreed improvements in the quality of patient care and patient experience.

## **The Royal College of Psychiatrists**

### **Statement of Participation in National Quality Improvement Projects managed by The Royal College of Psychiatrists' Centre for Quality Improvement**

April 1 2011 – March 31 2012

CCQI PROGRAMME	Participation by Trust	National Participation
<b>Service accreditation programmes</b>		
ECT clinics	3 ECT clinics	93 ECT clinics
Working age adult wards	4 wards	173 wards
Psychiatric intensive care units	1 PICU	35 PICUs
Older people mental health wards	3 wards	63 wards
Inpatient learning disability units	2 units	37 units
Inpatient rehabilitation units	0 units	28 units
Memory services	1 services	52 services
Psychiatric liaison teams	0 teams	36 teams
<b>Service quality improvement networks</b>		
Inpatient child and adolescent units	0 units	103 units
Child and adolescent community MH teams	1 team	68 teams
Therapeutic communities	0 communities	83 communities
Forensic mental health services	0 services	70 services
Perinatal mental health inpatient units	0 units	15 units
Enabling environments	0 units	12 units
<b>Multisource feedback for psychiatrists (ACP 360)</b>	10 enrolments 60 enrolments (in total)	887 enrolments (in 2011/12) 4,756 enrolments (in total)

NHS Herefordshire supports the priority areas for quality improvements identified by 2gether NHSFT in these quality accounts.

The priorities identified are in line with the vision and objectives of the Herefordshire Clinical Commissioning Group who reviewed this report in their Quality Performance and Resources Committee; a sub group of the Herefordshire Clinical Commissioning Group Board.

NHS Herefordshire/Herefordshire Clinical Commissioning Group will continue to work with 2gether NHSFT to monitor quality performance and promote continuous quality improvement.

**Sue Doheny**  
**West Mercia Cluster Director of Nursing**

## Statement of Participation in the Prescribing Observatory for Mental Health (POMH)

April 1 2011 – March 31 2012

2gether NHS Foundation Trust was not a member of POMH in 2011/12

POMH TOPIC	Number of patients enrolled by trust	Number of patients enrolled nationally
Prescribing antipsychotics for dementia (Topic 11a)	0	10199
Assessment of the side effects of depot antipsychotics (Topic 6c)	0	6105
Monitoring of patients prescribed lithium (Topic 7c)	0	5683
Prescribing antipsychotics for children & adolescents (Topic 10b)	0	1628

## Statement of Participation in the National Audit of Schizophrenia

April 1 2011 – March 31 2012

Trust Name	Audit Forms Submitted Online	Service User Questionnaires Received	Carers Questionnaires Received
2gether NHS Foundation Trust	100	44	26

## Statement of Participation in the National Audit of Psychological Therapies (NAPT)

April 1 2011 – March 31 2012

Number of teams participating in the audit	Number of teams participating nationally	Number of patients from Trust included in Q3 retrospective audit	Number of patients from Trust included in Q3 retrospective audit nationally
2	362	13	50403

## Trust Contacts for National Quality Improvement Projects

CCQI Programme	Name	Email
<b>Service accreditation programmes</b>		
ECT Clinic - Gloucestershire	Dr Jim Laidlaw	jim.laidlaw@glos.nhs.uk
ECT Clinic - Herefordshire	Dr Tiffany Earle	tiffany.earle@glos.nhs.uk
Inpatient Areas - Gloucestershire	Caroline Driscoll	caroline.driscoll@glos.nhs.uk
Inpatient Areas - Herefordshire	Sally Simmonds	sally.simmonds@herefordpct.nhs.uk
Memory Services - Gloucestershire	Tim Coupland	tim.coupland@glos.nhs.uk
Memory Services - Herefordshire	Sarah Bennion	sarah.bennion@herefordpct.nhs.uk
<b>Service Quality Improvement Networks</b>		
Children & Young People Services	Mathew Page	mathew.page@glos.nhs.uk

## Annex 2. Statement of Directors' Responsibilities in respect of the Quality Report

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

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2011 to June 2012
  - Papers relating to Quality reported to the Board over the period April 2011 to June 2012
  - Feedback from the Gloucestershire commissioners dated 11/05/2012
  - Feedback from the Herefordshire commissioners dated 24/05/2012
  - Feedback from governors dated 12/04/2012
  - Feedback from LINks dated 08/05/2012 (Herefordshire) and 17/05/2012 (Gloucestershire)
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 13/04/2012;
  - The 2011 national patient survey
  - The 2011 national staff survey
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated 24/05/2012
  - CQC quality and risk profiles dated April 2011 to March 2012
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations)(published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitornhsft.gov.uk/annualreportingmanual](http://www.monitornhsft.gov.uk/annualreportingmanual) ).

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

By order of the Board

N.B sign and date in any colour ink except black

.....29/05/12.....Date

.....Connie Jenkins.....Chairman

.....29/5/12.....Date

.....[Signature].....Chief Executive

## Annex 3. Glossary

<b>AIMS</b>	Accreditation for Inpatient Mental Health Services is a standards-based accreditation process for adult inpatient mental health services that encourages organisations to identify and prioritise problems and sets achievable targets for change
<b>CAMHS</b>	Child & Adolescent Mental Health Services
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CPA</b>	Care Programme Approach: a system of delivering community service to those with mental illness
<b>CQC</b>	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care
<b>CQUIN</b>	Commissioning for Quality & Innovation: this is a way of incentivising NHS organisations by making part of their payments dependent on achieving specific quality goals and targets
<b>CRA</b>	The Community Reinforcement Approach (CRA) is a comprehensive behavioural programme for treating substance-abuse problems
<b>Essence of Care Screening</b>	Essence of Care Screening is a method of assessing the risks associated with the condition of a service user so that the most appropriate treatment can be determined
<b>Fair Horizons</b>	2gether NHS Foundation Trust's programme to reengineer their services more around the their service user's individual needs in a one-stop shop approach rather than being looked after by many different teams. This will provide much enhanced quality of care
<b>Green Light Mental Health Toolkit</b>	A self-audit set of 39 indicators adopted by the Healthcare Commission to measure the quality of the health services provided to people with learning disabilities
<b>GRiP</b>	Gloucestershire Recovery in Psychosis (GRiP) is 2gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis
<b>GSAS</b>	Gloucestershire Smoking Advice Service
<b>HCCOSC</b>	Health, Community and Care Overview and Scrutiny Committee
<b>HoNOS</b>	Health of the Nation Outcome Scales – this is the most widely used routine measure of clinical outcome used by English mental health services
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>Information Governance (IG) Toolkit</b>	The IG Toolkit is an online system that allows NHS organisations and partners to assess themselves against a list of 45 Department of Health Information Governance policies and standards
<b>The King's Fund</b>	The King's Fund is a charity that seeks to understand how the health service in England can be improved.
<b>KUF</b>	The National Knowledge and Understanding Framework on Personality Disorder is a national framework to support people to work more effectively with personality disorder
<b>LINK</b>	Local Involvement Networks (LINKs) are groups made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services
<b>LIPS</b>	The Leading Improvement in Patient Safety programme (LIPS) is concerned with building capacity and capability within hospital teams to improve patient safety
<b>Memory Assessment Service</b>	Memory assessment services offer a responsive service to aid the early identification of dementia, and include a full range of assessment, diagnostic, therapeutic and rehabilitation services ensuring an integrated approach to the care of people with dementia and the support of their carers, in partnership with local healthcare, social care and voluntary organisations
<b>MHMDS</b>	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
<b>Monitor</b>	Monitor is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament
<b>NICE</b>	The National Institute for Health and Clinical Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health
<b>NIHR</b>	The National Institute for Health Research supports a health research system in which the NHS supports outstanding individuals, working in world class facilities, conducting leading edge research focused on the needs of patients and the public

<b>Tier 3 Children's Services</b>	Services which offer a comprehensive assessment and treatment service based on a skill mix drawn from professionals from the range of disciplines and therapeutic backgrounds (such as the local Children & Young Peoples Services in Gloucestershire and CAMHS in Herefordshire).
<b>NPSA</b>	The National Patient Safety Agency is a body that leads and contributes to improved, safe patient care by informing, supporting and influencing the health sector.
<b>NTA</b>	The National Treatment Association for Substance Misuse a special NHS health authority established to improve the availability, capacity and effectiveness of drug treatment in England
<b>PCT</b>	The Primary Care Trust, which oversees the operations of providers of NHS care. The PCTs responsible for 2gether NHS Foundation Trust are NHS Gloucestershire and NHS Herefordshire
<b>PEAT assessments</b>	Patient Environment Action Team assessments are assessments carried out by the NPSA into the quality of the environment, food, and privacy and dignity in every inpatient location
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>POMH-UK</b>	The national Prescribing Observatory for Mental Health is a body that helps specialist mental health Trusts and healthcare organisations improve their prescribing practice
<b>QRP</b>	The Quality and Risk Profile is a monthly compilation by the CQC of all the evidence about a Trust they have in order to judge the level of risk that the Trust carries to fulfil its obligations of care
<b>RiO</b>	This is the name of the electronic system for recording service user care notes and related information within 2gether NHS Foundation Trust. In a major exercise, it has been implemented across almost all the Trust's areas of operation during 2010
<b>Safety Thermometers</b>	These are national tools for measuring patient safety. The general Safety Thermometer was introduced for all NHS providers in April 2012. They are required to submit monthly data returns to the NHS Information Centre. The Mental Health Safety Thermometer is still in development
<b>SHA</b>	Strategic Health Authority
<b>SIRI</b>	Serious Incident Requiring Investigation, previously known as a "Serious Untoward Incident". A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the Trust or NHS. In the context of the Quality Report, we use the standard definition of a Serious Incident given by the NPSA
<b>Service Users Charter</b>	A set of pledges made by 2gether staff about the way in which we will work with people who use our services
<b>Step 2 IAPT</b>	These interventions include guided self help (booklets & worksheets) computerised CBT, employment advice, signposting to other services, books on prescription, lifestyle support and group work.
<b>Step 3 IAPT</b>	The Step 3 service will work with people who have been assessed at Step 2, may have undertaken Step 2 interventions or whose needs require more complex interventions possibly on an individual basis, which will be provided by High Intensity Therapists.
<b>VTE</b>	Venous thromboembolism is a potentially fatal condition caused when a blood clot (thrombus) forms in a vein. In certain circumstances it is known as Deep Vein Thrombosis.

## Annex 4. How to contact us

### About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

Mr Shaun Clee  
Chief Executive  
2gether NHS Foundation Trust  
Rikenel, Montpellier, Gloucester GL1 1LY  
Or email him at: shaun.clee@glos.nhs.uk  
Alternatively, you may telephone on 01452 894000 or fax on 01452 894001.

- Telephoning us on 01452 894073
- Completing our Online Feedback Form at [www.2gether.nhs.uk](http://www.2gether.nhs.uk)
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our locations or from our website [www.2gether.nhs.uk](http://www.2gether.nhs.uk)
- Using one of the feedback screens at selected Trust sites
- Contacting GUide & PALS (Patient Advice and Liaison Service) on 0800 0151 548
- Writing to the appropriate service manager or the Trust's Chief Executive

### Alternative Formats

If you would like a copy of this report in large print, Braille, audio cassette tape or another language, please telephone us on 01452 894000 or fax on 01452 894001.

### Other Comments, Concerns, Complaints and Compliments

Your views and suggestions are important to us. They help us to improve the services we provide. You can give us feedback about our services by:

- Speaking to a member of staff directly

# Annual Accounts

## Foreword to the Accounts

These accounts for the period ended 31 March 2012 have been prepared by the <sup>2</sup>gether NHS Foundation Trust under Paragraph 24 & 25 of schedule 7 to the NHS Act 2006.

Signed:

Dated: 29 May 2012

**Shaun Clee, Chief Executive**

## Statement of Comprehensive Income - For the Period 1 April 2011 to 31 March 2012

		12 Months to 31 March 2012	12 Months to 31 March 2012	12 Months to 31 March 2011	12 Months to 31 March 2011
				Restated	Restated
	NOTE	£000	£000	£000	£000
<b>Operating Income from continuing operations</b>	4		<b>110,679</b>		87,087
Renumeration		(79,751)		(62,655)	
Drugs		(3,228)		(2,214)	
Clinical Supplies & Services		(1,701)		(401)	
Non-Clinical Supplies & Services		(824)		(654)	
Misc. other operating expenses		(20,097)		(17,022)	
<b>Operating expenses of continuing operations</b>	6		<b>(105,586)</b>		(82,946)
<b>OPERATING SURPLUS / (DEFICIT)</b>			<b>5,093</b>		4,141
<b>FINANCE COSTS</b>					
Finance income - interest receivable	8		<b>93</b>		85
Finance expense - financial liabilities	9		<b>(31)</b>		(33)
Finance expense - unwinding of discount on provisions	14		<b>(2)</b>		(10)
PDC Dividends Payable			<b>(2,172)</b>		(2,092)
<b>NET FINANCE COSTS</b>			<b>(2,112)</b>		(2,050)
Share of Profit/(Loss) of Associates/Joint Ventures accounted for using the equity method			<b>0</b>		0
Corporation Tax Expense			<b>0</b>		0
<b>Surplus/(Deficit) from Continuing Operations</b>			<b>2,981</b>		2,091
Surplus/(Deficit) of discontinued operation and gain/loss on disposal of discontinued operations			<b>0</b>		0
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>			<b>2,981</b>		2,091
Impairments			<b>(548)</b>		(630)
Revaluations			<b>1,522</b>		2,377
Asset disposals			<b>0</b>		0
Movements arising from classifying non current assets as Assets Held for Sale			<b>0</b>		0
Other recognised gains and losses			<b>0</b>		0
Actuarial gains/(losses) on defined benefit pension schemes			<b>0</b>		0
Other reserve movements			<b>0</b>		0
<b>TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR</b>			<b>3,955</b>		3,838

The notes on pages 86-93 form part of these accounts.

All income and expenditure is derived from continuing operations.

The Comprehensive Income for the period and the surplus/deficit for the period is attributable to the beneficiaries of the Trust (Taxpayers). There are no minority interests.

# Statement of Financial Position - As at 31 March 2012

			At 31 March 2012	At 31 March 2011	At 1 April 2010
				Restated	Restated
	NOTE	£000	£000	£000	£000
<b>NON CURRENT ASSETS</b>					
Intangible assets	10.1	662	630	318	
Property, Plant and Equipment	10.3	65,338	65,435	61,679	
Investment Property		0	0	0	
Investments in Associates and joint controlled operations		0	0	0	
Other Investments		0	0	0	
Trade and other receivables	11	5	20	13	
Other Financial assets		0	0	0	
Other assets		0	0	0	
<b>TOTAL NON CURRENT ASSETS</b>		<b>66,005</b>	<b>66,085</b>	<b>62,010</b>	
<b>CURRENT ASSETS</b>					
Inventories		0	0	0	
Trade and other receivables	11	4,814	4,493	4,583	
Other financial assets	13	0	0	0	
Non-current assets for sale and assets in disposal groups	10.5	495	0	0	
Cash and cash equivalents	15	20,301	13,127	16,330	
<b>TOTAL CURRENT ASSETS</b>		<b>25,610</b>	<b>18,620</b>	<b>20,913</b>	
<b>TOTAL ASSETS</b>		<b>91,615</b>	<b>84,705</b>	<b>82,923</b>	
<b>CURRENT LIABILITIES:</b> Amounts falling due within one year					
Trade and other payables	13.1	(9,780)	(7,135)	(8,368)	
Borrowings	13.3	(59)	(59)	(59)	
Other financial liabilities		0	0	0	
Provisions	14	(69)	(27)	(376)	
Other liabilities	13.2	(95)	(128)	(279)	
Liabilities in disposal groups		0	0	0	
<b>TOTAL CURRENT LIABILITIES</b>		<b>(10,003)</b>	<b>(7,349)</b>	<b>(9,082)</b>	
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>81,612</b>	<b>77,406</b>	<b>73,841</b>	
<b>NON CURRENT LIABILITIES</b>					
Trade and other payables	13.1	0	0	0	
Borrowings	13.3	(438)	(466)	(492)	
Other financial liabilities		0	0	0	
Provisions	14	(58)	(61)	(358)	
Other liabilities	13.2	0	0	0	
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>(496)</b>	<b>(527)</b>	<b>(850)</b>	
<b>TOTAL ASSETS EMPLOYED</b>		<b>81,116</b>	<b>76,829</b>	<b>72,991</b>	
<b>FINANCED BY:</b>					
<b>TAXPAYERS' EQUITY</b>					
Public dividend capital		44,735	44,735	44,735	
Revaluation reserve		18,134	17,763	16,016	
Other reserves		1,157	1,157	1,157	
Income and expenditure reserve		16,808	13,174	11,083	
<b>TOTAL TAXPAYERS' EQUITY</b>	Pages 3&4	<b>80,834</b>	<b>76,829</b>	<b>72,991</b>	

The balance at 31 March 2011 and April 2010 have been restated following a change in accounting policy on donated assets.

The financial statements on pages XX-XXX were approved by the Governance Committee on 29 May 2012 and signed on its behalf by:

Signed:   
Shaun Clee, Chief Executive

Dated: 29 May 2012

## Statement of Changes in Taxpayers' Equity

For the period 1 April 2011 to 31 March 2012

	Total £000	Minority Interest £000	Public Dividend Capital £000	Revaluation Reserve £000	Available for Sale Investment Reserve £000	Other Reserves £000	Income & Expenditure Reserve £000
Taxpayers Equity at 1 April 2011 as previously stated	76,829	0	44,735	17,763	0	1,157	13,174
Prior Period Adjustment	50	0	0	0	0	0	50
<b>Taxpayers Equity at 1 April 2011 restated</b>	<b>76,879</b>	<b>0</b>	<b>44,735</b>	<b>17,763</b>	<b>0</b>	<b>1,157</b>	<b>13,224</b>
Surplus/(deficit) for the year	2,981	0	0	0	0	0	2,981
Impairments	(548)	0	0	(548)	0	0	0
Revaluations	1,522	0	0	1,522	0	0	0
Asset disposals	0	0	0	(350)	0	0	350
Share of comprehensive income from associates and joint ventures	0	0	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes	0	0	0	0	0	0	0
Public Dividend Capital received	0	0	0	0	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0
Other reserve movements	(0)	0	0	(253)	0	0	253
<b>Taxpayer's Equity at 31 March 2012</b>	<b>80,834</b>	<b>0</b>	<b>44,735</b>	<b>18,134</b>	<b>0</b>	<b>1,157</b>	<b>16,808</b>

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

## Statement of Changes in Taxpayers' Equity

For the period 1 April 2010 to 31 March 2011

	Total £000	Minority Interest £000	Public Dividend Capital £000	Revaluation Reserve £000	Available for Sale Investment Reserve £000	Other Reserves £000	Merger Reserve £000	Income & Expenditure Reserve £000
<b>Taxpayers Equity at 1 April 2010 restated</b>	<b>72,991</b>	<b>0</b>	<b>44,735</b>	<b>16,016</b>	<b>0</b>	<b>1,157</b>	<b>0</b>	<b>11,083</b>
Surplus/(deficit) for the year	2,091	0	0	0	0	0	0	2,091
Impairments	(630)	0	0	(630)	0	0	0	0
Revaluations	2,377	0	0	2,377	0	0	0	0
Receipt of donated assets	0	0	0	0	0	0	0	0
Asset disposals	0	0	0	0	0	0	0	0
Share of comprehensive income from associates and joint ventures	0	0	0	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0	0	0	0
Fair Value gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes	0	0	0	0	0	0	0	0
Public Dividend Capital received	0	0	0	0	0	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0	0
Other reserve movements	0	0	0	0	0	0	0	0
<b>Taxpayer's Equity at 31 March 2011</b>	<b>76,829</b>	<b>0</b>	<b>44,735</b>	<b>17,763</b>	<b>0</b>	<b>1,157</b>	<b>0</b>	<b>13,174</b>

**Statement of Cash Flows**  
For the Period 1 April 2011 to 31 March 2012

	12 Months to 31 March 2012	12 Months to 31 March 2011
	Restated	
	NOTE	£000
<b>OPERATING ACTIVITIES</b>		
Operating surplus/(deficit) from continuing operations	5,093	4,141
Operating surplus/(deficit) from discontinued operations	0	0
<b>OPERATING SURPLUS/DEFICIT</b>	<b>5,093</b>	<b>4,141</b>
<b>NON CASH INCOME AND EXPENSE:</b>		
Depreciation and amortisation	2,036	1,803
Impairments	756	22
Reversals of impairments	(138)	(303)
Amortisation of government grants	0	0
Amortisation of PFI credit	0	0
(Increase)/Decrease in Trade and Other Receivables	(243)	(15)
(Increase)/Decrease in Other Assets	0	0
(Increase)/Decrease in Inventories	0	0
Increase/(Decrease) in Trade and other Payables	2,667	(834)
Increase/(Decrease) in Other Liabilities	(33)	0
Increase/(Decrease) in Provisions	319	(657)
Tax (paid)/received	0	0
Movements in operating cashflow of discontinued operations	0	0
Other movements in operating cashflows	0	0
<b>NET CASH GENERATED FROM/(USED IN) OPERATIONS</b>	<b>10,457</b>	<b>4,157</b>
<b>CASHFLOWS FROM INVESTING ACTIVITIES</b>		
Interest received	89	83
Purchase of financial assets	(52,005)	(33,009)
Sales of financial assets	52,005	33,009
Purchase of intangible assets	0	0
Sales of intangible assets	0	0
Purchase of Property, Plant and Equipment	(2,086)	(5,414)
Sales of Property, Plant and Equipment	1,027	0
Cashflow attributable to investing activites of discontinued operations	0	0
Cash from acquisitions of business units and subsidiaries	0	0
Cash from (disposals) of business units and subsidiaries	0	0
<b>Net cash generated from/(used in) investing activities</b>	<b>(970)</b>	<b>5,331</b>
<b>CASHFLOWS FROM FINANCING ACTIVITIES</b>		
Public dividend capital received	0	0
Public dividend capital repaid	0	0
Loans received	0	0
Loans repaid	0	(28)
Capital element of finance lease rental payments	(28)	(26)
Capital element of PFI obligations	0	0
Interest paid	0	0
Interest element of Finance Lease	15.2	(31)
Interest element of Private Finance Initiative obligations	0	0
PDC Dividend paid	(2,254)	(1,970)
Cashflows attributable to financing activities of discontinued operations	0	0
Cashflows from/(used in) other financing activities	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>(2,313)</b>	<b>(2,019)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>7,174</b>	<b>(3,203)</b>
<b>Cash and cash equivalents at 1 April</b>	<b>13,127</b>	<b>16,330</b>
<b>Cash and cash equivalents at 31 March</b>	<b>20,301</b>	<b>13,127</b>

# Notes to the Accounts

## 1. Accounting Policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2011/12 issued by Monitor.

The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FReM) to the extent that they are meaningful and appropriate to NHS foundation trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

### 1.1 Accounting convention

These accounts have been prepared under the historic cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities. For this reason, they continue to adopt the going concern basis in preparing the accounts..

### 1.2 Key Sources of Judgement and Estimation of Uncertainty

Trusts must disclose key areas where the underlying estimates in the accounts are subject to uncertainties which create a significant risk of causing a material uncertainty.

The valuation method used to value land and buildings to fair value is the most significant estimation methodology employed by the Trust. The Trust believes the use of the Modern Equivalent Asset (MEA) basis is a methodology with less risk of material uncertainty.

The Trust must ensure that the Fixed Asset Register holds each asset separately and by components. Where an owned property has a building value over £800,000, the asset will be accounted for as structures, engineering and external works components.

With regard to valuing Provisions the methodology to determine best estimate differs according to the class of provision.

## 1.3 Subsidiary Undertakings

NHS charitable funds considered to be subsidiaries are excluded from consolidation in accordance with the accounting direction issued by Monitor.

## 1.4 Acquisitions and discontinued operations

Since 1 April 2011, the Trust has been providing mental health, learning disability and substance misuse services to the population of Herefordshire. The initial contract of £16.6m per annum is to provide the services for a minimum of three years. There was no transfer of assets or liabilities from the previous NHS provider although 394 employees have transferred under a Transfer of Undertakings and Protection of Employment Agreement.

This was a material Transforming Community Services (TCS) transaction to the Trust from NHS Herefordshire and represents a 'machinery of government change'.

Since 1 May 2011, the Trust has been providing Integrated Drug Treatment services and General Medical services to Gloucestershire Prison following transfer of these services as part of the Transforming Community Services programme from Gloucestershire PCT.

The full year contract has been agreed at £2.6m and involves the transfer of 35 employees under a Transfer of Undertakings and Protection of Employment Agreement. The Transforming Community Services (TCS) programme also represents a 'machinery of government change'.

For 'machinery of government changes' the FReM has followed the IAS 8 hierarchy to the selection of accounting policies and adopted merger accounting principles similar to those in FRS 6 for such transactions.

In December 2011 The Financial Reporting Advisory Board (FRAB) advised that a one year exemption from the application of merger accounting in full for Transforming Community Services (TCS) transactions should be applied to all bodies falling within the Department of Health's resource accounting boundary, including foundation Trusts.

This exemption only relates to restated 2010/11 comparatives for those trusts that have undertaken TCS transactions in 2011/12. The exemption means that the 2010/11 comparatives do not have to be prepared on a merger accounting basis.

## 1.5 Income

Income in respect of services provided is recognised when, and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

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

## 1.6 Expenditure on Employee Benefits

### Short Term Employee Benefits

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

### Pension costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

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

#### a) Full actuarial (funding) valuation

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

The last formal actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2004. Consequently, a formal actuarial valuation would have been due for the year ending 31 March 2008. However, formal actuarial valuations for unfunded public service schemes have been suspended by HM Treasury on value for money grounds while consideration is given to recent changes to public service pensions, and while future scheme terms are developed as part of the reforms to public service pension provision. Employer and employee contribution rates are currently being determined under the new scheme design.

#### b) Accounting valuation

A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period. Actuarial assessments are undertaken in intervening years between formal valuations using updated membership data are accepted as providing suitably robust figures for financial reporting purposes. However, as the interval since the last formal valuation now exceeds four years, the valuation of the scheme liability as at 31 March 2012, is based on detailed membership data as at 31 March

2010 updated to 31 March 2012 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

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

#### c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a “final salary” scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as “pension commutation”.

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) will be used to replace the Retail Prices Index (RPI).

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their

duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

### 1.7 Expenditure on Other Goods and Services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services.

Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### 1.8 Pooled Budgets

The Trust has no pooled budget projects.

### 1.9 Property, Plant and Equipment Recognition

Property, plant and equipment is capitalised where:

- It is held for use in delivering services or for administration purposes;
  - It is probable that future economic benefits will flow to, or service potential be provided to the Trust;
  - It is expected to be used for more than one financial year; and
  - the cost of the item can be measured reliably;
- and where they:
- a. individually have a cost of at least £5,000; or

b. form a group of assets which collectively have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

c. form part of the initial equipping and setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost; or

d. form part of an IT network which collectively has a cost more than £5,000 and individually have a cost more than £250. However small individual purchases are expensed.

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

#### Valuation

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

Tangible property, plant and equipment assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

The costs arising from financing the construction of the asset are not capitalised but are charged to the income and expenditure account in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with FRS 15 every five years. A three yearly interim valuation is also carried out.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute

of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

In March 2009 all land and buildings were revalued to a Modern Equivalent Asset (MEA) basis by the District Valuer and this was accounted for on 31 March 2009. In March 2012 the District Valuer revalued all land and buildings for the three yearly interim valuation and this was accounted for on 31 March 2012.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. The value of land for existing use purposes is assessed at existing use value.

For non-operational properties including surplus land, the valuations are carried out at open market value.

Additional alternative open market value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

Operational equipment is valued at Depreciated Historic Cost.

#### Subsequent Expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

#### Depreciation

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

Property, plant and equipment which has been reclassified as "Held for Sale" ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

'Property, plant and equipment assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on assets surplus to requirements.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the NHS foundation trust's professional valuers. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset using the following lives:

#### Years

Engineering plant and equipment	5-15
Furniture and fittings	5-10
Information Technology	3-8
Set up costs in new buildings	5-10
Vehicles	7

#### Revaluation gains and losses

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

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

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

## Impairments

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

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

## De-recognition

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

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

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'.

Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

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

## Donated Assets

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

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

## 1.10 Private Finance Initiative (PFI)

The Trust does not have any Private Finance Initiative transactions.

## 1.11 Intangible Assets

### Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably. They must have a useful life of more than one year and a cost of at least £5,000.

### Internally Generated Intangible Assets

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

Expenditure on research is not capitalised.

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

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the Trust intends to complete the asset and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic

or service delivery benefits e.g. the presence of a market for its output, or where it is to be used for internal use, the usefulness of the asset;

- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and

- the Trust can measure reliably the expenses attributable to the asset during development.

## Software

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

## Measurement

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

Subsequently intangible assets are measured at fair value. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

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

## Amortisation

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

## 1.12 Government Grants

Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Government grants are grants from Government bodies other than income from primary care trusts or NHS trusts for the provision of services. Grants from the Department of Health, including those for achieving three star status, are accounted for as Government grants as are grants from the Big Lottery Fund.

Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure the grant is held as deferred income and released to operating income over the life of the asset in a manner consistent with the depreciation charge for that asset.

The Trust has not received any Government grants.

### 1.13 Inventories

Inventories are measured at the lower of cost and net realisable value. The cost of inventories is measured using the First In First Out (FIFO) method or the weighted average cost method.

### 1.14 Leases

#### Finance Leases

Where substantially all the risks and rewards of ownership of an asset are borne by the Trust, the asset is recorded as Property, Plant and Equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

#### Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives are added to the lease rentals and charged to operating expenses over the life of the lease.

#### Leases of land and buildings

Where a lease is for land and

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

### 1.15 Provisions

The NHS foundation trust recognises a provision where it has a legal or constructive obligations of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the expenditure required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms, except for the early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.8% in real terms.

#### Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 17 but it is not recognised in the NHS foundation trusts accounts.

#### Non-clinical risk pooling

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

### 1.16 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not

recognised as assets, but are disclosed in note 17 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 17 unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

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

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

### 1.17 Public Dividend Capital (PDC)

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

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets. (ii) net cash balances held with the Government Banking Services and (iii) any PDC dividend balances receivable or payable.

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

### 1.18 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable.

Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase costs of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### 1.19 Corporation Tax

The Trust is a Health Service Body within the meaning of s519A ICTA 1988 and accordingly is exempt from taxation in respect of income and capital gains within categories covered by this. There is a power for the Treasury to dis-apply the exemption in relation to specified activities of a Foundation Trust (s519A (3) to (8) ICTA 1988).

Accordingly, the Trust is potentially within the scope of corporation tax in respect of activities which are not related to, or ancillary to, the provision of healthcare, and where the profits there from exceed £50,000 per annum.

The Trust has determined that it has no corporation tax liability as it does not carry out any applicable commercial activities.

### 1.20 Foreign Exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

### 1.21 Cash and Cash Equivalents

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

### 1.22 Third Party Assets

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

### 1.23 Financial Instruments and Liabilities

The Trust may hold any of the

following financial instruments and liabilities:

#### Financial Instruments

- Investments
- Long-term trade receivables
- Short-term trade receivables
- Cash at bank and in hand

#### Financial Liabilities

- Loans and overdrafts
- Long-term trade payables
- Finance Lease obligations
- Short-term trade payables
- Provisions arising from contractual arrangements

#### Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described above.

All other financial assets and financial liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument.

#### De-recognition

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

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

#### Classification and Measurement

Financial assets are categorised as 'Fair Value through Income and Expenditure' loans and receivables.

Financial liabilities are classified as 'Fair value through Income and Expenditure' Other Financial Liabilities.

#### Financial assets and financial Liabilities at 'fair value through income and expenditure'

Financial assets and financial

liabilities at 'fair value through income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if it was acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges. Derivatives which are embedded in other contracts but which are not closely-related to those contracts are separated out from those contracts and measured in this category. Assets and liabilities in this category are classified as current assets and liabilities.

These financial assets and financial liabilities are recognised initially at fair value with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains or losses in the Statement of Comprehensive Income.

#### Loans and Receivables

Loans and receivables are non-derivative assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The Trust's loans and receivables comprise: current investments, cash and cash equivalents, NHS receivables, accrued income and other trade receivables.

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest rate method.

The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest rate method and credited to the Statement of Comprehensive Income.

#### Available-for-Sale Financial assets

Available-for-sale financial assets are non-derivative financial assets which are either designated in this category or not classified in any of the other categories.

They are included in long-term assets unless the Trust intends to dispose of them within 12 months of the Statement of Financial Position date.

Available for sale assets are recognised initially at fair value, including transaction costs, and measured subsequently at fair value, with gains or losses recognised in reserves and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

When items classified as 'available for sale' are sold or impaired, the accumulated fair value adjustments recognised are transferred from reserves and recognised in 'Finance Costs' in the Statement of Comprehensive Income.

#### Other financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to the income and expenditure account.

#### Determination of fair value

For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from quoted market values.

#### Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which

occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced.

#### 1.24 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the income and expenditure account on an accruals basis, including losses which would have been made good through insurance cover had NHS foundation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the losses and special payments note, note 22 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

#### 1.25 Reserves

Other reserves reflect differences between the value of fixed assets taken over by the trust at inception and the corresponding figure in its originating debt.

#### 1.26 Accounting Standards issued but not yet adopted

IFRIC 19 "Extinguishing financial liabilities with equity instruments" is effective from 1 July 2010. Neither the Treasury FReM nor the Department of Health's Manual for Accounts require this standard to be applied in 2011-12. This application

of the IFRIC would not have a material impact on the Trust's accounts in 2011-12 were it applied in that year.

#### 1.27 Prior Period Adjustments

The HM Treasury FReM for the 2011/12 Accounts requires that the accounting treatment of donated, government grant and other grant funded assets be treated differently in the 2011/12 Accounts to the 2010/11 Accounts.

The revised accounting treatment represents a change to accounting policies that are required to be applied retrospectively through a prior period adjustment.

These changes affect 2010/11 opening balances (prior period adjustments) and some transactions within the 2010/11 period and are set out below.

#### Donated Asset Reserve

For 2011/12 the accounting policies have been amended so that donation income is credited to income on receipt of the donation unless the donor has imposed a condition otherwise.

The Trust was required to clear the opening 2010/11 £480,000 Donated Asset Reserve by analysing how much of the balance was donation income still to be credited to income and how much was due to asset valuation movements.

This has resulted in a 2010/11 prior period adjustment of a £404,000 increase in Income and Expenditure Reserve and £76,000 increase in the Revaluation Reserve. Within the 2010/11 period this has resulted in a £30,000 decrease in income which previously had been transferred from the Donated Asset Reserve in respect of the depreciation on donated assets.

## 2 Going Concern and Liquidity Risk

The Trust's business activities, together with the factors likely to affect its future development, performance and position are set out in the Review of our Business in the Directors Report.

The financial position of the Trust, its cash flows, liquidity position and principal risks and uncertainties are described in the Operating and Financial Review in the Directors Report.

In addition, notes 1 to 23 to the financial statements include the Trust's policies and processes for managing its capital; its financial risk management objectives; details of its financial instruments; and its exposures to credit risk and liquidity risk.

At the Audit Committee in February 2012 the Committee received the annual assessment of the Trust's Going Concern status. The Committee concluded that the Trust

has sufficient resources and the future projections indicate the Trust should achieve Monitor's financial risk ratings of a 4 for the next four financial years.

As a consequence, the Audit Committee believe that the Trust is well placed to manage its business risks successfully despite the current uncertain economic outlook.

The Audit Committee have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. Thus they continue to adopt the going concern basis of accounting in preparing the annual financial statements.

## 3 Segmental Analysis

The following information segments the results of the Trust by:

- Local Authority Section 75 activities, and
- Healthcare activities, being all the other activities of the Trust

## Local Authority Section 75 Activities:

The Trust has an agreement under Section 75 of the National Health Service Act 2006 with Herefordshire County Council for the provision of Working Age and Older Persons Mental Health Services, and Substance Misuse Services.

Both segments are accounted for on the same basis.

In April 2011 the services previously provided under the Section 75 contract with Gloucestershire County Council transferred to the NHS Gloucestershire Clinical Services contract. This was supported by a Section 75 agreement between the two commissioners.

From the 1 April 2011 the Trust provided mental health, learning disability and substance misuse services to the population of Herefordshire.

From 1 May 2011 the Trust took responsibility for the provision of healthcare services and substance misuse services for HMP Gloucester.

	Healthcare	Local Authority S75	Total	Healthcare	Local Authority S75	Total
	12 Months to 31 March 2012	12 Months to 31 March 2012	12 Months to 31 March 2012	12 Months to 31 March 2011	12 Months to 31 March 2011	12 Months to 31 March 2011
	£000	£000	£000	£000	£000	£000
<b>Income by segment</b>						
Income from activities	102,119	2,282	<b>104,401</b>	74,824	5,956	80,780
Other operating income	6,278	0	<b>6,278</b>	6,307	0	6,307
<b>TOTAL INCOME</b>	<b>108,397</b>	<b>2,282</b>	<b>110,679</b>	<b>81,131</b>	<b>5,956</b>	<b>87,087</b>
<b>SURPLUS/(DEFICIT)</b>						
Segment surplus/(deficit)	5,093	0	<b>5,093</b>	4,141	0	4,141
Common costs		0	<b>0</b>	0	0	0
<b>Surplus/(deficit) before interest</b>	<b>5,093</b>	<b>0</b>	<b>5,093</b>	<b>4,141</b>	<b>0</b>	<b>4,141</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>81,076</b>	<b>-242</b>	<b>80,834</b>	<b>76,021</b>	<b>808</b>	<b>76,829</b>

## 4 Income from Activities includes the Trust's income from mandatory services

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Cost and Volume Contract income	2,288	2,421
Block Contract income	96,169	69,444
Clinical Partnerships providing mandatory services (including S31 agreements)	2,411	5,871
Clinical income for the Secondary Commissioning of mandatory services	0	0
Other clinical income from mandatory services	3,533	3,044
	<b>104,401</b>	<b>80,780</b>

## Other Operating Income

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Research and development	75	0
Education and training	1,707	1,345
Charitable and other contributions to expenditure	36	5
Transfer from donated asset reserve in respect of depreciation on donated assets	0	0
Non-patient care services to other bodies	1,015	1,328
Other*	1,880	2,431
Reversal of impairments of property, plant and equipment	138	303
Gain on disposal of assets held for sale	404	0
Income in respect of staff costs where accounted on gross basis	1,023	895
	<b>6,278</b>	<b>6,307</b>
<b>Total Operating Income from continuing operations</b>	<b>110,544</b>	<b>87,087</b>

\* 'Other' includes Supporting People of £1,557,623 (£1,800,106 for 2010/11), Sale of Goods & Services £86,828 (£250,209 for 2010/11), Local Authority non healthcare £19,369 (£146,005 for 2010/11), Rental Income £148,615 (£126,076 for 2010/11), and Insurance Claim Reimbursement £3,604 (£127,716 for 2010/11).

## 4.1 Income from Activities (By Commissioner)

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
NHS Foundation Trusts	1,673	831
NHS Trusts	62	0
Strategic Health Authorities	0	0
Primary Care Trusts	99,565	73,315
Local Authorities	2,611	6,075
Department of Health - grants	0	0
Department of Health - other	0	2
NHS Other	0	420
Non-NHS: Private patients	0	0
Non-NHS: Overseas patients (non-reciprocal)	0	0
NHS injury scheme (was RTA)	0	0
Non-NHS: Other	490	559
	<b>104,401</b>	<b>80,780</b>

The Trust does not generate private patient income.

## 5.1 Operating Lease Income

### 5.1.1 Operating Lease Income

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Rents recognised as income in the period	17	17
Contingent rents recognised as income in the period	0	0
	<b>17</b>	<b>17</b>

### 5.1.2 Future Minimum Lease Payments Due

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
not later than one year	0	0
later than one year and not less than five years	0	0
later than five years	0	0
	<b>0</b>	<b>0</b>

## 6 Operating Expenses

### 6.1 Operating expenses comprise:

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Services from NHS Foundation Trusts	2,997	2,871
Services from NHS Trusts	117	17
Services from PCTs	664	894
Services from other NHS Bodies	0	0
Purchase of healthcare from non NHS bodies	495	91
Executive directors costs	894	890
Non-executive directors costs	148	135
Staff costs	<b>78,709</b>	61,630
Drug costs	3,228	2,214
Supplies and services - clinical (excluding drug costs)	1,701	401
Supplies and services - general	809	654
Establishment	1,189	1,046
Research and development	15	15
Transport	1,886	1,810
Premises	3,688	2,989
Increase / (decrease) in bad debt provision	247	24
Increase in other provisions	0	0
Other impairment of financial assets	0	0
Depreciation on Property, Plant and Equipment	1,890	1,714
Amortisation on Intangible Assets	146	88
Impairments of Property, Plant and Equipment	756	22
Impairments of Intangible Assets	0	0
Impairments of Financial Assets	0	0
Impairments of Investment Property	0	0
Audit Fees - Statutory Reporting	78	69
Audit Fees - Regulatory Reporting	0	0
Other auditors renumeration* Further assurance services	0	0
Other auditors renumeration* Other services	0	19
Clinical negligence	195	122
Loss on disposal of investments	0	0
Loss on disposal of intangible fixed assets	0	0
Loss on disposal of land and buildings	0	0
Loss on disposal of property, plant and equipment	0	0
Loss on disposal of assets held for sale	0	0
Legal Fees	193	136
Consultancy costs	222	227
Training, courses and conferences	431	394
Patient travel	184	0
Car Parking and Security	202	130
Redundancy	0	0
Early Retirements	0	0
Hospitality	0	0
Publishing	0	0
Insurance	7	8
Other services, e.g. external payroll	0	0
Grossing up consortium arrangements	0	0
Losses, ex gratia and special payments	67	10
Other**	<b>4,458</b>	4,326
	<b>105,586</b>	<b>82,946</b>

\*\* 'Other' includes Net Social Services placement costs of £3,968,623 and £4,104,259 for 2010/11.

Directors remuneration. The Trust has contributed £89,000 to pension schemes in respect of Directors in 2011/12. None of the Directors have benefits accruing under money purchase schemes or non NHS pension schemes. No advances or credits have been made to Directors by the Trust, nor have any guarantees been entered into on their behalf.

## 6.2 Operating Leases

### 6.2.1 Operating expenses include:

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Minimum lease payments	678	860
Contingent rents	0	0
Less sublease payments received	0	0
	<b>678</b>	<b>860</b>

### 6.2.2 Annual commitments containing operating leases are:

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Future minimum lease payment date:		
Within one year	515	606
Between two and five years	302	546
After five years	0	0
	<b>817</b>	<b>1,152</b>

Operating leases relate to building rentals and lease cars.

## 7 Staff costs and numbers

### 7.1 Staff costs

	12 Months to 31 March 2012			12 Months to 31 March 2011		
	Total	Permanent	Other	Total	Permanent	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	63,992	58,465	5,527	50,607	47,610	2,997
Social security costs	5,071	4,661	410	3,935	3,704	231
Pension costs - defined contribution plans						
Employers contributions to NHS Pensions	7,949	7,597	352	6,209	6,112	97
Pension cost - other contributions	0	0	0	0	0	0
Pension cost - other contributions	0	0	0	0	0	0
Pension cost - other contributions	0	0	0	0	0	0
Termination Benefits	0	0	0	0	0	0
Agency/contract staff	2,591	0	2,591	1,769	0	1,769
	<b>79,603</b>	<b>70,723</b>	<b>8,880</b>	<b>62,520</b>	<b>57,426</b>	<b>5,094</b>

The costs associated with Bank Staff are included within the Salaries and Wages category.

### 7.2 Average number of persons employed (WTE Basis)

	12 Months to 31 March 2012			12 Months to 31 March 2011		
	Total	Permanent	Other	Total	Permanent	Other
			Number			Number
Medical and dental	103	70	33	80	62	18
Ambulance staff	0	0	0	0	0	0
Administration and estates	425	396	29	368	347	21
Healthcare assistants and other support	54	52	2	54	46	8
Nursing, midwifery and health visiting staff	908	876	32	714	699	15
Nursing, midwifery and health visiting learners	6	6	0	8	8	0
Scientific, therapeutic and technical staff	301	269	32	241	210	31
Social care staff	55	53	2	57	55	2
Bank and agency staff	32	0	32	23	0	23
Other	99	99	0	81	81	0
	<b>1,983</b>	<b>1,821</b>	<b>162</b>	<b>1,626</b>	<b>1,508</b>	<b>118</b>

### 7.3 Employee benefits

No employee benefits were paid during the period.

### 7.4 Retirements due to ill-health

	12 Months to 31 March 2012	12 Months to 31 March 2011
No. of early retirements on grounds of ill health	1	2
Cost of early retirements on grounds of ill health (£000)	156	146

### 8 Interest Receivable

	12 Months to 31 March 2012	12 Months to 31 March 2011
	£000	£000
Interest receivable	93	85
	<u>93</u>	<u>85</u>

### 9 Interest Expense

	12 Months to 31 March 2012	12 Months to 31 March 2011
	Restated	
	£000	£000
Finance leases	31	33
	<u>31</u>	<u>33</u>

### 10.1 Intangible Assets

	11/12 Total	11/12 Software licences (purchased)	11/12 Information Technology (internally Generated)	11/12 Assets Under Construction	10/11 Total	10/11 Software licences (purchased)	10/11 Information Technology (internally Generated)	10/11 Assets Under Construction
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Gross cost at 1 April as previously stated</b>	848	142	706	0	448	142	210	96
Prior period adjustments	5	5	0	0	0	0	0	0
<b>Gross cost at 1 April restated</b>	<u>853</u>	<u>147</u>	<u>706</u>	<u>0</u>	<u>448</u>	<u>142</u>	<u>210</u>	<u>96</u>
Impairments	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	96	(96)
Revaluation surpluses	0	0	0	0	0	0	0	0
Additions - purchased	173	3	0	170	400	0	400	0
Additions - donated	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
<b>Gross cost at 31 March</b>	<u>1,026</u>	<u>150</u>	<u>706</u>	<u>170</u>	<u>848</u>	<u>142</u>	<u>706</u>	<u>0</u>
<b>Amortisation at 1 April</b>	218	132	86	0	130	130	0	0
Prior period adjustments	0	0	0	0	0	0	0	0
<b>Amortisation at 1 April</b>	<u>218</u>	<u>132</u>	<u>86</u>	<u>0</u>	<u>130</u>	<u>130</u>	<u>0</u>	<u>0</u>
Provided during the year	146	3	143	0	88	2	86	0
Impairments recognised in the income and expenditure account	0	0	0	0	0	0	0	0
Reversal of impairments recognised in the income and expenditure account	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
<b>Amortisation at 31 March</b>	<u>364</u>	<u>135</u>	<u>229</u>	<u>0</u>	<u>218</u>	<u>132</u>	<u>86</u>	<u>0</u>
<b>Net book value</b>								
NBV - Purchased at 1 April (restated)	635	15	620	0	318	12	210	96
NBV - Donated at 1 April (restated)	0	0	0	0	0	0	0	0
<b>NBV Total as at 1 April (restated)</b>	<u>635</u>	<u>15</u>	<u>477</u>	<u>170</u>	<u>318</u>	<u>10</u>	<u>620</u>	<u>0</u>
<b>Net book value</b>								
NBV - Purchased at 31 March 2011	662	15	477	170	630	10	620	0
NBV - Donated at 31 March 2011	0	0	0	0	0	0	0	0
<b>NBV Total as at 31 March 2011</b>	<u>662</u>	<u>15</u>	<u>477</u>	<u>170</u>	<u>630</u>	<u>10</u>	<u>620</u>	<u>0</u>

The Trust has entered into commitments to purchase a further £Nil of intangible assets.

## Intangible Valuations

	Software licences (purchased)	Information Technology (internally generated)	Assets Under Construction
Method of Determining Fair Value	Management Review	Management Review	Held at Cost
Year of Revaluation	2007-08	N/A	N/A
Carrying amount of revalued assets at 31 March	Nil	N/A	N/A

## 10.2 Economic life of intangible assets

### 10.2.1 Intangible assets - internally generated

	Min Life Years	Max Life Years
Information technology	3	4
Development expenditure	0	0
Other	0	0

### 10.2.2 Intangible assets - purchased

	Min Life Years	Max Life Years
Software	0	3
Licences & Trademarks	0	0
Patents	0	0
Other	0	0
Goodwill	0	0

## 10.3 Tangible Property, Plant and Equipment

### 10.3 Tangible Property, Plant and Equipment at the balance sheet date comprise the following elements:

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and Machinery	Transport equipment	Information Technology	Furniture & Fittings
	Restated	Restated							
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2011 as restated	67,710	17,410	47,728	0	1,383	1,366	110	1,713	0
Additions donated	45	0	0	0	0	45	0	0	0
Cost or valuation at 1 April 2011 as restated	67,755	17,410	45,728	0	1,383	1,411	110	1,713	0
Additions purchased	1,897	0	961	0	865	71	0	0	0
Additions donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Impairments	(544)	(220)	(324)	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as held for sale	(509)	(165)	(344)	0	0	0	0	0	0
Revaluation	1,211	0	1,522	0	(311)	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Cost or Valuation at 31 March 2012</b>	<b>69,810</b>	<b>17,025</b>	<b>47,543</b>	<b>0</b>	<b>1,937</b>	<b>1,482</b>	<b>110</b>	<b>1,713</b>	<b>0</b>
Accumulated Depreciation at 1 April 2011	2,275	0	133	0	0	796	109	1,237	0
Prior Period Adjustments	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 1 April 2011 as restated	2,275	0	133	0	0	796	109	1,237	0
Provided during the year	1,890	0	1,644	0	0	116	1	129	0
Impairments	756	0	445	0	311	0	0	0	0
Reversal of impairments	(138)	0	(138)	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Reclassifications as held for sale	0	0	0	0	0	0	0	0	0
Revaluation surpluses	(311)	0	0	0	(311)	0	0	0	0
Transfer to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0
<b>Accumulated Depreciation at 31 March 2012</b>	<b>4,472</b>	<b>0</b>	<b>2,084</b>	<b>0</b>	<b>0</b>	<b>912</b>	<b>110</b>	<b>1,366</b>	<b>0</b>
NBV - Purchased at 31 March 2012	64,495	17,025	44,616	0	1,937	570	0	347	0
NBV - Finance Lease at 31 March 2012	431	0	431	0	0	0	0	0	0
NBV - Donated at 31 March 2012	412	0	412	0	0	0	1	0	0
<b>Total as at 31 March 2012</b>	<b>65,338</b>	<b>17,025</b>	<b>45,459</b>	<b>0</b>	<b>1,937</b>	<b>570</b>	<b>1</b>	<b>347</b>	<b>0</b>
Protected assets at 31 March 2012	51,138	12,160	38,978	0	0	0	0	0	0
Unprotected assets at 31 March 2012	14,200	4,865	6,481	0	1,937	570	0	347	0
<b>Total as at 31 March 2012</b>	<b>65,338</b>	<b>17,025</b>	<b>45,459</b>	<b>0</b>	<b>1,937</b>	<b>570</b>	<b>0</b>	<b>347</b>	<b>0</b>

Protected assets are assets that cannot be sold or offered as a guarantee for private finance, as laid down by The Health & Social Care (Community Health & Standards) Bill 2003.

As a result of an impairment review of land and buildings by the District Valuation Office, £975,000 was credited against revaluation reserve and an impairment of £445,000 was charged to operating expenses. £138,000 was credited to the operating expense as a reversal of previous years impairments against operating expenses. The District Valuer used a desktop valuation of assets methodology to provide the impairment review.

An impairment for professional fees of £311,809, previously classified as Assets under Construction, was charged to operating expenses because some schemes will now be fully implemented both later and differently to anticipated when the fees were incurred. Therefore there is uncertainty as to whether the work represented by the fees will contribute to the schemes to the full value.

### Analysis of Impairments and reversals

Property, Plant and Equipment impairments and reversals taken to SoCNE	2011/12	2011/12
	Impairments	Reversal of impairments
	£000	£000
Loss or damage from normal operations	0	0
Loss as a result of catastrophe	0	0
Abandonment of assets in course of construction	311	0
Unforeseen obsolescence	74	0
Over specification of assets	276	0
Other	0	0
Changes in market price	95	(138)
	<b>756</b>	<b>(138)</b>

Property, Plant and Equipment impairments and reversals charged to the revaluation reserve	2011/12	2011/12
	Impairments	Reversal of impairments
	£000	£000
Loss or damage from normal operations	0	0
Loss as a result of catastrophe	0	0
Abandonment of assets in course of construction	0	0
Unforeseen obsolescence	0	0
Over specification of assets	0	0
Other	0	0
Changes in market price	544	0
	<b>544</b>	<b>0</b>

	Total	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	
	Restated		Restated							
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Valuation/Gross Cost at 1 April 2010 - as previously stated	63,619	18,825	33,538	0	8,526	1,026	110	1,594	0	
Prior Period Adjustments	0	0	0	0	0	0	0	0	0	
Valuation/Gross Cost at 1 April 2010 - restated	63,619	18,825	33,538	0	8,526	1,026	110	1,594	0	
Additions purchased	4,442	0	3,644	0	325	354	0	119	0	
Additions donated	0	0	0	0	0	0	0	0	0	
Additions - government granted	0	0	0	0	0	0	0	0	0	
Impairments	(630)	(615)	(15)	0	0	0	0	0	0	
Reversal of impairments	0	0	0	0	0	0	0	0	0	
Reclassifications	0	0	7,468	0	(7,468)	0	0	0	0	
Reclassified as held for sale	(1,000)	(800)	(200)	0	0	0	0	0	0	
Revaluation surpluses	1,293	0	1,293	0	0	0	0	0	0	
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0	
Disposals	(14)	0	0	0	0	(14)	0	0	0	
<b>Cost or Valuation at 31 March 2011</b>	<b>67,710</b>	<b>17,410</b>	<b>45,728</b>	<b>0</b>	<b>1,383</b>	<b>1,366</b>	<b>110</b>	<b>1,713</b>	<b>0</b>	
Accumulated Depreciation at 1 April 2010 - as previously stated	1,940	0	98	0	0	708	105	1,029	0	
Prior Period Adjustments	0	0	0	0	0	0	0	0	0	
Accumulated Depreciation at 1 April 2010 - restated	1,940	0	98	0	0	708	105	1,029	0	
Provided during the year	1,714	0	1,406	0	0	96	4	208	0	
Impairments	22	0	16	0	0	6	0	0	0	
Reversal of impairments	(303)	0	(303)	0	0	0	0	0	0	
Reclassifications	0	0	0	0	0	0	0	0	0	
Reclassified as held for sale	0	0	0	0	0	0	0	0	0	
Revaluation surpluses	(1,084)	0	(1,084)	0	0	0	0	0	0	
Transfer to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0	
Disposals	(14)	0	0	0	0	(14)	0	0	0	
<b>Accumulated Depreciation at 31 March 2011</b>	<b>2,275</b>	<b>0</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>796</b>	<b>109</b>	<b>1,237</b>	<b>0</b>	
NBV - Purchased at 31 March 2011	64,923	17,410	45,128	0	1,383	570	1	476	0	
NBV - Finance Lease at 31 March 2011	467	0	467	0	0	0	0	0	0	
NBV - Donated at 31 March 2011	45	0	0	0	0	45	0	0	0	
<b>Total as at 31 March 2011</b>	<b>65,435</b>	<b>17,410</b>	<b>45,595</b>	<b>0</b>	<b>1,383</b>	<b>570</b>	<b>1</b>	<b>476</b>	<b>0</b>	
Protected assets at 31 March 2011	51,025	12,395	38,630	0	0	0	0	0	0	
Unprotected assets at 31 March 2011	14,410	5,015	6,965	0	1,383	570	1	476	0	
<b>Total as at 31 March 2011</b>	<b>65,435</b>	<b>17,410</b>	<b>45,595</b>	<b>0</b>	<b>1,383</b>	<b>570</b>	<b>1</b>	<b>476</b>	<b>0</b>	

Protected assets are assets that cannot be sold or offered as a guarantee for private finance, as laid down by The Health & Social Care (Community Health & Standards) Bill 2003.

#### 10.4 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	9	66
Dwellings	0	0
Assets under Construction & POA	0	0
Plant & Machinery	0	10
Transport Equipment	0	0
Information Technology	0	8
Furniture & Fittings	0	0

## 10.5 Non-current assets for sale and assets in disposal groups

During the year the Trust started marketing two properties for sale, valued at £509,000. These properties were reclassified from Property, Plant and Equipment to being shown as Non-current Assets for Sale in accordance with 2010/11 Treasury FReM. In addition two properties were sold, valued at £1,010,000.

As a result of an impairment review of land and buildings by the District Valuation Office, £4,000 was credited against revaluation reserve. The District Valuer used an interim asset valuation methodology to provide the impairment review.

## 11 Trade Receivables and Other Receivables

	31 March 2012	31 March 2011
	£000	£000
<b>Current:</b>		
NHS Receivables - Revenue	3,673	1,509
NHS Receivables - Capital	0	0
Other receivables with related parties - Revenue	746	680
Other receivables with related parties - Capital	0	0
Provision for impaired receivables	(420)	(223)
Deposits and Advances	0	0
Prepayments (Non-PFI)	331	509
Accrued income	5	1,723
Interest Receivable	14	12
Corporation tax receivable	0	0
Finance lease receivable	0	0
Operating lease receivable	0	0
PDC dividend receivable	60	0
VAT receivable	61	61
Other receivables	344	222
Other receivables - Capital	0	0
<b>Total Current Trade and Other Receivables</b>	<b>4,814</b>	<b>4,493</b>
<b>Non Current:</b>		
NHS Receivables - Revenue	0	0
NHS Receivables - Capital	0	0
Other receivables with related parties - Revenue	0	0
Other receivables with related parties - Capital	0	0
Provision for impaired receivables	0	0
Deposits and Advances	0	0
Prepayments (Non-PFI)	5	20
Accrued income	0	0
Interest Receivable	0	0
Corporation tax receivable	0	0
Finance lease receivable	0	0
Operating lease receivable	0	0
PDC dividend receivable	0	0
VAT receivable	0	0
Other receivables	0	0
Other receivables - Capital	0	0
<b>Total Current Trade and Other Receivables</b>	<b>5</b>	<b>20</b>
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>4,819</b>	<b>4,513</b>

## 11.1 Provisions for impairment of trade receivables

	31 March 2012	31 March 2011
	£000	£000
Provisions for impairment of receivables 1 April	223	199
Increase in provisions	255	69
Amounts utilised	(50)	0
Unused amounts reversed	(8)	(45)
<b>As at 31 March</b>	<b>420</b>	<b>223</b>

## 11.2 Analysis of impaired receivables

	31 March 2012	31 March 2012	31 March 2011	31 March 2011
	£000	£000	£000	£000
<b>Ageing of impaired receivables</b>				
0-30 days	147	0	0	0
30-60 days	0	0	0	0
60-90 days	0	0	0	0
90-180 days (was "In three to six months")	0	0	0	0
180-360 days (was "Over six months")	220	53	186	37
<b>Total</b>	<b>367</b>	<b>53</b>	<b>186</b>	<b>37</b>
<b>Ageing of non-impaired receivables past their due date</b>				
0-30 days	1,130	21	1,633	38
30-60 days	158	6	19	13
60-90 days	339	7	76	3
90-180 days (was "In three to six months")	490	206	175	16
180-360 days (was "Over six months")	607	51	66	45
<b>Total</b>	<b>2,724</b>	<b>291</b>	<b>1,969</b>	<b>115</b>

No collateral is held as security against any impaired receivables. There are also no credit enhancements or changes in the fair value of any impaired receivables.

## 11.3 Finance Lease Receivables

The Trust is not a lessor on any finance leases.

## 12 Current Asset Investments

	31 March 2012	31 March 2011
	£000	£000
<b>Cost or valuation at 1 April</b>		
Cost or valuation at 1 April	0	0
Additions	(52,005)	(33,009)
Disposals	52,005	33,009
Revaluations	0	0
<b>Cost or Valuation at 31 March</b>	<b>0</b>	<b>0</b>

The Trust used the Bank of England (National Loans Fund), Royal Bank of Scotland, Barclays and Santander for short term investments which were not greater than three months in duration.

### 13.1 Trade and other payables

	31 March 2012	31 March 2011
	Restated	
	£000	£000
<b>Current</b>		
Receipts in advance	0	250
NHS payables - capital	0	0
NHS payables - revenue	<b>1,850</b>	456
NHS payables - early retirement costs payable within one year	0	0
Amounts due to other related parties - capital	0	0
Amounts due to other related parties - revenue	<b>1,840</b>	782
Other trade payables - capital	<b>824</b>	823
Other trade payables - revenue	<b>1,336</b>	1,079
Social Security costs	<b>751</b>	586
VAT payable	0	0
Other taxes payable	<b>784</b>	658
Other payables	<b>492</b>	418
Accruals	<b>1,903</b>	2,061
PDC dividend payable	0	22
Reclassified to liabilities held in disposal groups in year	0	0
<b>TOTAL CURRENT TRADE AND OTHER PAYABLES</b>	<b><u>9,780</u></b>	<b><u>7,135</u></b>
<b>Non-current</b>		
Receipts in advance	0	0
NHS payables - capital	0	0
NHS payables - revenue	0	0
Amounts due to other related parties - capital	0	0
Amounts due to other related parties - revenue	0	0
Other trade payables - capital	0	0
Other trade payables - revenue	0	0
VAT payable	0	0
Other taxes payable	0	0
Other payables	0	0
Accruals	0	0
<b>TOTAL NON CURRENT TRADE AND OTHER PAYABLES</b>	<b><u>0</u></b>	<b><u>0</u></b>

An accrual for annual leave was estimated by requesting from all budget holders a list of staff with leave outstanding at the end of 31 March 2012. The remaining leave was valued at the appropriate pay band for each member of staff. Annual leave outstanding for medical staff was calculated differently as their annual leave year does not run from 1 April to 31 March but annually from their start date. Therefore the appropriate proportion of annual leave outstanding for medical staff is calculated for the 31 March and then the difference to the actual leave outstanding is costed, based on the actual pay level of each person.

Accruals for staff travel, telephones and utility invoices were estimated having analysed the invoices paid and the period unpaid.

### 13.2 Other liabilities

	31 March 2012	31 March 2011
	£000	
<b>Current</b>		
Deferred grants income	0	0
Other Deferred income	95	128
Deferred PFI credits	0	0
Lease incentives	0	0
Net Pension Scheme Liability	0	0
<b>TOTAL OTHER CURRENT LIABILITIES</b>	<b><u>95</u></b>	<b><u>128</u></b>
<b>Non-current</b>		
Deferred grants income	0	0
Other Deferred income	0	0
Deferred PFI credits	0	0
Lease incentives	0	0
Net Pension Scheme Liability	0	0
<b>TOTAL OTHER NON CURRENT LIABILITIES</b>	<b><u>0</u></b>	<b><u>0</u></b>

### 13.3 Borrowings

	31 March 2012	31 March 2011
	Restated	
	£000	£000
<b>Current</b>		
Bank overdrafts - Government Banking Service	0	0
Bank overdrafts - Commercial Banks	0	0
Drawdown in committed facility	0	0
Loans from Foundation Trust Financing Facility	0	0
Loans from Department of Health	0	0
Other loans	0	0
Obligations under finance leases	59	59
Obligations under Private Finance Initiative contracts	0	0
<b>TOTAL CURRENT BORROWINGS</b>	<b>59</b>	<b>59</b>
<b>Non-current</b>		
Loans from Foundation Trust Financing Facility	0	0
Other loans	0	0
Obligations under finance leases	438	466
Obligations under Private Finance Initiative contracts	0	0
<b>TOTAL OTHER NON CURRENT LIABILITIES</b>	<b>438</b>	<b>466</b>

### 13.4 Prudential borrowing limit

	31 March 2012	31 March 2011
	£000	£000
Total long term borrowing set by Monitor (per Schedule 5 of Trust's terms of authorisation)	21,500	16,200
Working capital facility limit agreed by Monitor (per Schedule 5 of Trust's terms of authorisation)	6,100	6,100
Actual (contracted) working capital facility	0	0
<b>Total prudential borrowing limit</b>	<b>27,600</b>	22,300
Borrowing (as defined in the Prudential Borrowing Code) at 1 April	525	551
Borrowing (as defined in the Prudential Borrowing Code) at start of period for new FTs	0	0
Net actual borrowing/(repayment) in year	(28)	(26)
<b>Long term borrowing at 31 March</b>	<b>497</b>	<b>525</b>
Working capital borrowing at 1 April	59	59
Working capital borrowing at start of period for new FTs	0	0
Net actual borrowing/(repayment) in year - working capital	0	0
<b>Working capital borrowing at 31 March</b>	<b>59</b>	<b>59</b>

'The Trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements

' - the maximum cumulative amount of long term borrowing. This is set by reference to the four ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit; and

' - the amount of any working capital facility approved by Monitor.

Further information on the NHS foundation trust Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of Foundation Trusts.

	31 March 2012	
	Actual Ratios	Monitor Thresholds
<b>Financial Ratios</b>		
Minimum Dividend Cover	3.3	> 1x
Minimum Interest Cover	232.6	> 3x
Minimum Debt Service Cover	121.4	> 2x
Maximum Debt Service to revenue	0.05%	< 2.5%

The Trust's Financial Ratios are within Monitor's thresholds

Financial Ratios	31 March 2012	
	Actual Ratios	Monitor Thresholds
Minimum Dividend Cover	3.3	> 1x
Minimum Interest Cover	232.6	> 3x
Minimum Debt Service Cover	121.4	> 2x
Maximum Debt Service to revenue	0.05%	< 2.5%

### 13.5 Finance lease obligations

	31 March 2012	31 March 2011
	Restated	
	£000	£000
<b>Gross Lease Liabilities Payable:</b>		
Not later than one year	59	59
Later than one year and not later than five years	236	236
Later than five years	374	433
<b>Present Value of Minimum Lease Payments</b>	<b>669</b>	<b>728</b>
Less finance charges allocated to future periods	(172)	(203)
	<b>497</b>	<b>525</b>
<b>Net Lease Liabilities Payable:</b>		
Not later than one year	31	28
Later than one year and not later than five years	148	138
Later than five years	318	359
	<b>497</b>	<b>525</b>

The Trust has one finance lease arrangement , Avon House. The term of the lease is for 20 years and six months calculated from 24 Nov 2003. Any discussions on the remainder of the lease/option to buy can commence at the tenth or fifteenth anniversary of the date from which the term is calculated.

### 14 Provisions for liabilities and charges

	Pensions relating to other staff	Legal claims	Agenda for change	Other	Total
	£000	£000	£000	£000	£000
<b>As at 1 April 2011</b>					
Prior Period Adjustments	0	88	0	0	88
At 1 April 2010, as restated	0	88	0	0	88
Change in the discount rate	0	0	0	0	0
Arising during the period	0	389	0	0	389
Utilised during the period	0	(68)	0	0	(68)
Reclassified to liabilities held in disposal groups in year	0	0	0	0	0
Reversed unused	0	(2)	0	0	(2)
Unwinding of discount	0	2	0	0	2
<b>As at 31 March 2010</b>	<b>0</b>	<b>409</b>	<b>0</b>	<b>0</b>	<b>409</b>

#### Expected timing of cashflows:

Not later than one year	0	351	0	0	351
Later than one year and not later than five years	0	12	0	0	12
Later than five years	0	46	0	0	46
<b>As at 31 March 2012</b>	<b>0</b>	<b>409</b>	<b>0</b>	<b>0</b>	<b>409</b>

The provision for pensions was capitalised in September 2010.

The provision for other legal claims is stated subject to uncertainty about the outcome of legal proceedings.

The NHS Litigation Authority held provisions of £170,000 at 31 March 2012 in respect of clinical negligence liabilities of the NHS Foundation Trust (£217,000 in 10/11)

	Pensions relating to other staff	Legal claims	Agenda for change	Other	Total
	£000	£000	£000	£000	£000
<b>As at 1 April 2010</b>	311	149	0	274	<b>734</b>
Change in the discount rate	0	0	0	0	<b>0</b>
Arising during the period	0	54	0	0	<b>54</b>
Utilised during the period	-217	-40	0	-142	<b>-399</b>
Reclassified to liabilities held in disposal groups	0	0	0	0	<b>0</b>
Reversed unused	-101	-78	0	-132	<b>-311</b>
Unwinding of discount	7	3	0	0	<b>10</b>
<b>As at 31 March 2011</b>	<b>0</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>88</b>
<b>Expected timing of cashflows:</b>					
Within one year	0	27	0	0	<b>27</b>
Between one and five years	0	12	0	0	<b>12</b>
After five years	0	49	0	0	<b>49</b>
<b>As at 31 March 2011</b>	<b>0</b>	<b>88</b>	<b>0</b>	<b>0</b>	<b>88</b>

## 15 Cash and cash equivalents

	2010/12	2010/11
	£000	£000
At 1 April	13,127	16,330
Net change in year	7,174	(3,203)
<b>At 31 March</b>	<b>20,301</b>	<b>13,127</b>
Broken down into:		
Cash at commercial banks and in hand	33	28
Cash with the Government Banking Service	20,268	13,099
Other current investments	0	0
Cash and cash equivalents as in SoFP	<b>20,301</b>	<b>13,127</b>
Bank overdraft - Government Banking	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in SoCF	<b>20,301</b>	<b>13,127</b>

### 15.1 Third Party Assets

	31 March 2010	31 March 2009
	£000	£000
Third party assets held by the Trust	155	11

Third party assets held by the Trust relate to cash at bank and in hand held by the Trust on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts above.

### 15.2 Analysis of changes in net debt

	1 April 2011	Other cash changes in year	31 March 2012
	£000	£000	£000
Commercial cash at bank and in hand	28	5	33
OPG cash at bank	13,099	7,169	20,268
Bank overdrafts	0	0	0
Current asset investments	0	0	0
	<b>13,127</b>	<b>7,174</b>	<b>20,301</b>

## 16 Capital Commitments

Commitments under capital expenditure contracts at 31 March were as follows:

	31 March 2012	31 March 2011
	£000	£000
Property, Plant and Equipment	336	0
Intangible assets	0	0
<b>Total as at 31 March 2012</b>	<b>336</b>	<b>0</b>

## 17 Contingencies

	31 March 2012	31 March 2011
	£000	£000
Gross value of contingent liabilities	0	(585)
Amounts recoverable against contingent liabilities	0	0
<b>Net value of contingent liabilities</b>	<b>0</b>	<b>(585)</b>
 <b>Net value of contingent assets</b>	 <b>20</b>	 15

Net Contingent liabilities relates to £400,000 supplier disputes.

Net Contingent assets relate to personal injury claims.

Contingent liabilities and assets relate to obligations arising from past events, such as legal claims, where it is estimated that there is a less than 50% chance of liability. Obligations arising from past events with a probable liability of over 50% are included in provisions per note 14 to the accounts.

## 18 Related Party Transactions

2gether NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.

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 the Trust.

The Chief Executive, Shaun Clee, is married to the Head of Communications and Marketing for Midland Heart, a Social Housing provider who bid for and are in partnership with NHS providers for care support services. The individuals concerned have not been involved in any negotiations or material transactions.

A Director, Paul Winterbottom, is married to a Director of Gloucestershire Hospitals NHS Foundation Trust. The individuals concerned have not been involved in any negotiations or material transactions.

The Trust Chair, Baroness Rennie Fritchie, has her own business, Mainstream Development. This business does work with other public sector organisations but has never contracted with the Trust for services.

A Non Executive Director, Richard Szadziewski, has his own business, RSZ Consulting Ltd. This business does work with other public sector organisations but has never contracted with the Trust for services.

A Public Governor, Julie Garnham is married to Rob Garnham who is a Gloucestershire County Councillor, a Cheltenham Borough Councillor and Chairman of Gloucestershire Police Authority. At times all three bodies may contract with the Trust to work in partnership to provide a range of services.

The Board of Governors has four nominated roles held by Jill Crook, Peter Braidwood, Duncan Smith and Faye Henry.

Jill Crook, is the Director of Clinical Development at Gloucestershire Primary Care Trust.

Peter Braidwood is a Gloucestershire County Councillor and sits on the Gloucestershire Health, Community and Care Overview and Scrutiny Committee and the Children and Young People Overview and Scrutiny Committee.

Duncan Smith is a Gloucestershire County Councillor and a Cheltenham Borough Councillor.

Faye Henry is nominated by the Learning Disabilities Partnership Board.

The Department of Health and Monitor (the independent regulator of NHS Foundation Trusts) are regarded as related parties. During the period the Trust has had a significant number of material transactions with the Department, and with other entities for which these bodies are regarded as the parent Departments. Those entities with transactions or balances totalling more than £500,000 are listed in the following tables:

Those entities with transactions totalling more than £500,000 are listed below:

Entity	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Berkshire Healthcare Foundation Trust	733			
Gloucestershire Hospitals Foundation NHS Trust	1,442	2,977	1,080	
South West Strategic Health Authority	1,267			
Gloucestershire PCT	79,160	757	1,022	854
Bristol PCT	2,186			
Prescription Pricing Authority		1,290		
Herefordshire PCT	17,159			
South Gloucestershire PCT	967			
Wye Valley NHS Trust		788		
Oxford Health NHS Foundation Trust		511		

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Those entities with transactions totally more than £500,000 are listed below:

Entity	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Gloucestershire County Council	1,915	1,115		
Herefordshire County Council	2,420	1,308	530	
NHS Pension Scheme		7,949		980
HM Revenue and Customs		5,149		1,516

The 2gether NHS Foundation Trust is the corporate trustee of the 2gether NHS Foundation Trust Charitable Fund, registered with the Charity Commission, Registration Number 1097529.

The funds are held on trust under paragraph 16c of Schedule 2 of the NHS and Community Care Act 1990. At 31 March 2012 the funds held by the Charity were £427,729. The Executive and Non Executive Directors of the Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as corporate trustee in managing the Charitable Funds.

Following the Department of Health's guidance on 'NHS funds held on Trust - Guidance on the acceptance, management and transfer of charitable funds for NHS bodies, issued July 2011, which required that funds should follow the services, the 2gether NHS Foundation Trust Charitable Fund also took on responsibility for the Charitable Funds that related to Learning Disability and Mental Health services in Herefordshire. Funds of £252,624 were transferred from Herefordshire Community and Primary Care General Charity (Registered Charity No 1058315) part way during the year under statutory instrument number 2748 of The NHS Bodies Transfer of Trust Property order 2011.

Trustees, officers and key management staff of 2gether NHS Foundation Trust Charitable Fund are members of the Board of 2gether NHS Foundation Trust or its employees. During the year none of the Trustees or members of key management staff or parties related to them has undertaken any material transactions with the 2gether NHS Foundation Trust Charitable Fund. During 2011/12, the 2gether NHS Foundation Trust Charitable Fund has not used its resources to benefit the Trust, and the resources it expended were £560 towards assisting some staff and carers attend a conference and £2,391 spent on 'Music in Hospitals' concerts and Rugby Tickets for patient activities.

### 19.1 Financial Instruments

Financial Reporting Standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with local Primary Care Trusts and the way those primary care trusts are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies, to which the reporting standards mainly apply.

The Trust's treasury management operations are carried out by the Finance Department, within parameters formally defined within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

### Currency Risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency fluctuations.

## Interest Rate Risk

The Trust invests in fixed term money market deposits with the National Loans Fund and a small number of banks and building societies with a maximum period of three months. The Trust limits its investment in any one organisation, limits the time of the investment and regularly monitors interest rates in the market. The Trust therefore has low exposure to interest rate fluctuations.

## Credit Risk

The majority of the Trust's income comes from contracts with other public sector bodies. The Trust has low exposure to credit risk. The maximum exposures as at 31 March are in receivables from customers, as disclosed in the Trade and other receivables note.

The Trust invests in fixed term money market deposits with a small number of banks and building societies. The Trust manages counterparty credit risks by monitoring credit ratings from three agencies and by only investing in organisations with a very strong credit rating and by investing for short periods only. At the 31 March there were no amounts invested in short term deposits.

## Liquidity Risk

The Trust's operating costs are incurred under contracts with primary care trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks. The Trust keeps £6 million in cash and short term deposits to ensure the liquidity position.

### 19.2 Financial Assets by category

	Loans and receivables £000	Assets at fair value through the I&E £000	Held to maturity £000	Available for sale £000	Total £000
<b>Financial Assets as per SoFP:</b>					
<b>At 31 March 2012</b>					
Embedded derivatives (at 31 March 2012)	0	0	0	0	0
NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	3,723	0	0	0	3,723
Non NHS Trade and other receivables excluding non financial assets (at 31 March 2012)	624	0	0	0	324
Other Investments (at 31 March 2012)	0	0	0	0	0
Other Financial Assets (at 31 March 2012)	0	0	0	0	0
Non current assets held for sale and assets held in disposal group excluding non financial assets (at 31 March 2012)	0	0	0	0	0
Cash and cash equivalents at bank and in hand (at 31 March 2012)	20,301	0	0	0	20,301
<b>Total as at 31 March 2012</b>	<b>24,648</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24,648</b>
<b>At 31 March 2011</b>					
Embedded derivatives (at 31 March 2011)	0	0	0	0	0
NHS Trade and other receivables excluding non financial assets (at 31 March 2011)	1,509	0	0	0	1,509
Non NHS Trade and other receivables excluding non financial assets (at 31 March 2011)	2,402	0	0	0	2,402
Other Investments (at 31 March 2011)	0	0	0	0	0
Other Financial Assets (at 31 March 2011)	0	0	0	0	0
Non current assets held for sale and assets held in disposal group excluding non financial assets (at 31 March 2011)	0	0	0	0	0
Cash and cash equivalents at bank and in hand (at 31 March 2011)	13,127	0	0	0	13,127
<b>Total as at 31 March 2011</b>	<b>17,038</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17,038</b>

### 19.3 Financial Liabilities by category

	Other Financial Liabilities	Liabilities at Fair Value through the I&E	Total
	£000	£000	£000
<b>Liabilities as per SoFP:</b>			
<b>At 31 March 2012</b>			
Embedded derivatives (at 31 March 2012)	0	0	0
Borrowings excluding finance lease and PFI liabilities (at 31 March 2012)	0	0	0
Obligations under finance leases (at 31 March 2012)	497	0	497
Obligations under Private Finance Initiative (PFI) contracts (at 31 March 2012)	0	0	0
NHS Trade and other payables excluding non financial assets (at 31 March 2012)	1,851	0	1,851
Non-NHS Trade and other payables excluding non financial assets (at 31 March 2012)	6,393	0	6,393
Other financial liabilities (at 31 March 2012)	0	0	0
Provisions under contract (at 31 March 2012)	409	0	409
Liabilities in disposal groups excluding non financial assets (at 31 March 2012)	0	0	0
<b>Total as at 31 March 2012</b>	<b>9,150</b>	<b>0</b>	<b>9,150</b>
<b>At 31 March 2011</b>			
Embedded derivatives (at 31 March 2011)	0	0	0
Borrowings excluding finance lease and PFI liabilities (at 31 March 2011)	0	0	0
Obligations under finance leases (at 31 March 2011)	525	0	525
Obligations under Private Finance Initiative (PFI) contracts (at 31 March 2011)	0	0	0
NHS Trade and other payables excluding non financial assets (at 31 March 2011)	477	0	477
Non-NHS Trade and other payables excluding non financial assets (at 31 March 2012)	5,164	0	5,164
Other financial liabilities (at 31 March 2011)	0	0	0
Provisions under contract (at 31 March 2011)	88	0	88
Liabilities in disposal groups excluding non financial assets (at 31 March 2011)	0	0	0
<b>Total as at 31 March 2011</b>	<b>6,254</b>	<b>0</b>	<b>6,254</b>

### 19.4 Fair Values of Financial Assets and Liabilities

Set out below is a comparison, by category, of book values and fair values of the NHS Foundation Trust's financial assets and liabilities:

As at 31 March 2012	Book Value	Fair Value	Basis of fair valuation
	£000	£000	
<b>Financial assets</b>			
Non current trade and other receivables excluding non financial assets			
5	5		
Other investments	0	0	
Other	24,648	24,648	
<b>Total</b>	<b>24,653</b>	<b>24,653</b>	
<b>Financial liabilities</b>			
Non current trade and other payables excluding non financial liabilities			
0	0		Note a
Provisions under contract	409	409	Note b
Loans**	0	0	Note c
Other	8,741	8,741	
<b>Total</b>	<b>9,150</b>	<b>9,150</b>	

#### Notes

- a. Fair value is not significantly different from book value since interest at 9% is paid on early retirement creditors.
- b. To obtain fair value, cash flows have been discounted at prevailing market interest rates for finance leases for a similar term. As no precise interest rate could be determined the rate has been calculated as the mid point between the base rate at the inception of the lease, plus the risk premium, and the base rate at 31 March 2009, plus the risk premium.
- c. Fair value is not significantly different from book value since, in the calculation of book value, the expected cash flows have been discounted by the Treasury discount rate of 3.5% in real terms.

### 20 Pooled Budgets

There are no pooled budgets.

## 22 Losses and Special Payments

	2011/12		2010/11	
	Numbers	Value	Numbers	Value
<b>LOSSES:</b>				
1. Losses of cash due to:				
a. theft, fraud etc	0	0	2	0
b. overpayment of salaries etc.	3	9	2	2
c. other causes	0	0	0	0
2. Fruitless payments	1	0	1	0
3. Bad debts and claims abandoned in relation to:				
a. private patients	0	0	0	0
b. overseas visitors	0	0	0	0
c. other	0	0	0	0
4. Damage to buildings, property etc. due to:				
a. theft, fraud etc	0	0	1	1
b. other	0	0	1	5
<b>TOTAL LOSSES *</b>	<b>4</b>	<b>9</b>	<b>7</b>	<b>8</b>
<b>SPECIAL PAYMENTS:</b>				
5. Compensation under legal obligation	0	0	0	0
6. Extra contractual to contractors	0	0	0	0
7. Ex gratia payments in respect of:				
a. loss of personal effects	15	2	13	2
b. clinical negligence with advice	0	0	0	0
c. personal injury with advice	4	24	4	34
d. other negligence and injury	0	0	0	0
e. severence payments on termination of employment	0	0	0	0
f. other employment payments	0	0	0	0
g. patient referrals outside the UK and EEA Guidelines	0	0	0	0
h. other	0	0	2	7
i. maladministration, no financial loss	0	0	0	0
8. Extra statutory and regulatory	0	0	0	0
<b>TOTAL SPECIAL PAYMENTS *</b>	<b>19</b>	<b>26</b>	<b>19</b>	<b>43</b>
<b>TOTAL LOSSES AND SPECIAL PAYMENTS *</b>	<b>23</b>	<b>35</b>	<b>26</b>	<b>51</b>

## 23 Post Balance Sheet Events

Herefordshire services have been provided by 2gether NHSFT since 1 April 2011. As a result of a commissioning decision to integrate health and social care for people with learning disabilities in Herefordshire from the 1 April 2012 Herefordshire Learning Disability health services will transfer to Wye Valley NHS Trust. This transfer has resulted in a loss of income of £848k from NHS Herefordshire and Herefordshire County Council.

During 2012 the Trust will assess the impact of taking on responsibility for NHS Herefordshire property assets and associated revenue costs related to the contract with Herefordshire PCT. If the Board agrees the transactions after appropriate consideration of due diligence, risks and mitigation then the transfer may occur in December 2012. The assets are valued at c.£6m. Based on the balance sheet at 31 March 2012 this will not be a material transaction as defined by Monitor's Compliance Framework 2011/12.

As a result of changes to the model of care for services previously provided from day centres from 1 April 2012 wellbeing services will transfer from 2gether to the Independence Trust. This will reduce income from NHS Gloucestershire by £645k.

From the 1 July 2012 responsibility for the management of individual placements previously managed by NHS Gloucestershire is expected to transfer to the Trust. A number of sub contracts with private providers will transfer to the Trust. The full year value is estimated at £5.6m. If the Board agrees the transaction after appropriate consideration of due diligence, risks and mitigation then the transfer may occur on 1 July. Based on this value, this will not be a material transaction as defined by Monitor's Compliance Framework 2011/12.

From 1 April 2012 a static caravan owned by the Trust is to be transferred to The Independence Trust for a nominal consideration. The caravan is fully depreciated on the Trust's Fixed Asset Register. The charity intends to continue to use the caravan for a similar beneficial purpose.

# Independent auditor's report to the Council of Governors of 2gether NHS Foundation Trust

I have audited the financial statements of 2gether NHS Foundation Trust for the year ended 31 March 2012 under the National Health Service Act 2006.

The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared under the accounting policies set out in the Statement of Accounting Policies.

I have also audited the information in the Remuneration Report that is described as being audited.

This report is made solely to the Council of Governors of 2gether NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Council of Governors those matters I am required to state to it in an auditor's report and for no other purpose.

To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

## Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

## Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements.

In addition, I read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

## Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of 2gether NHS Foundation Trust's affairs as at 31 March 2012 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts.

## Opinion on other matters

In my opinion:

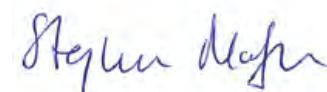
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts; and
- the information given in the Annual Report for the financial year for which the financial statement are prepared is consistent with the financial statements.

## Matters on which I report by exception

I report to you if, in my opinion the Annual Governance Statement does not reflect compliance with Monitor's requirements. I have nothing to report in this respect.

## Certificate

I certify that I have completed the audit of the accounts of 2gether NHS Foundation Trust in accordance with the requirements of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts issued by Monitor.



**Stephen Malyn  
Officer of the Audit Commission**

Westward House  
Lime Kiln Close  
Stoke Gifford  
Bristol  
BS34 8SR

30 May 2012

# Statement of the Chief Executive's responsibilities as the accounting officer of 2gether NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed 2gether NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of 2gether NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act.

The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.



**Shaun Clee**  
**Chief Executive**

**Date:** 29 May 2012

# Annual Governance Statement

## 1. Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 2gether NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in 2gether NHS Foundation Trust for the year ended 31 March 2012 and up to the date of approval of the Annual Report and accounts.

## 3. Capacity to handle risk

To support the Trust's Board, and myself as Accounting Officer, the Board has established:

- A Governance Committee, of Executive and Non-Executive Directors, supported by Clinical Directors is responsible for planning and co-ordinating all aspects of information governance, clinical governance and quality management
- An Audit Committee, comprising only Non-Executive Directors, to review the adequacy of arrangements for risk management
- A Delivery Committee that oversees more detailed elements of operational performance management including economy, efficiency and effectiveness on behalf of the Board

These committees are directly accountable to the Board and report to it. Committees have recently undergone a review to ensure that they remain sufficiently focussed on relevant quality, performance and financial risks, and to further improve coordination between Committees in their support of the Board.

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. This strategy has been shared with local health, social care and key voluntary sector organisations.

Through meetings, reports and correspondence, the Chair, Directors and I have regularly exchanged information about risks with Monitor and our partners including commissioning PCTs, Gloucestershire County Council, Herefordshire Council and the relevant Strategic Health Authorities. Whenever possible and appropriate the Trust works jointly with these partners to manage risks.

Lead Executive Directors have been identified for Clinical Governance, Finance, Risk Management, Mental Health Act, Infection Prevention and Control, Safeguarding Children and Vulnerable Adults, Security and Occupational Health and Safety.

They provide leadership for the management of the risks presented. 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. The strategy is underpinned by policies, procedures and guidance documentation.

The strategy and supporting information has been brought to the attention of all managers and is widely available in all work areas through the Trust intranet. 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 serious 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.

The Risk Management Strategy sets out a process for the assessment and prioritisation of risks and describes the level at which risks may be simply monitored, those that must be treated and the level at which the Board must be informed of a risk and ensure that mitigating actions are in place and working.

The following are identified as particularly important tools supporting the Trust's Risk Management Strategy:

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 sources of assurance that the key controls are adequate

The Board reviews the information provided by the assurance framework on a quarterly basis and further, in-depth scrutiny of the assurance framework is provided by the Audit Committee.

The assurance framework 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.

### Risk Management

The Trust understands 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.

The register is reviewed by the Governance Committee quarterly, and Locality Risk registers are reviewed by Locality Boards each quarter. The individual Committees of the Board consider as a specific agenda item at each of their meetings whether the business has identified additional risks or changes to risk that need to be appropriately considered by the Governance Committee and escalated via the Board Assurance Framework.

The Governance Committee reviews management responses to risks and decisions relating to the Trust's risk appetite. The Board's Development Committee augments this general oversight of risk by ensuring that business and commercial risks are properly identified, assessed and mitigated.

The Trust has also appointed a Local Security Management Specialist to ensure the safety and security of the Trust's property and assets and, in accordance with guidance from the Secretary of State, has maintained a Counter Fraud Service during the year.

### Risk Dashboard

This document is produced by the Risk Manager each quarter for the Governance Committee. The purpose of the Dashboard is to provide the committee with a view of the Trust's risk management performance in respect a range of activities by using KRIs (Key Risk Indicators).

### Risk Rating/Grading System

This assists the Board, managers and staff in deciding priorities and highlighting areas which need particular attention.

### Authority to treat risks

This is delegated to the lowest competent level to ensure prompt and effective action is taken without bureaucratic delays.

### Incident Reporting

The Trust expects all incidents to be reported via the Trust's web enabled system, Datix. All staff have been trained in how to report incidents and this forms part of the Trust's corporate induction programme for new staff. These incidents are analysed on a quarterly basis and reported to the relevant committees within the Trust with patterns and trends identified to inform future actions.

### Speak Up (Whistle-blowing) Policy

A policy is in place to enable staff to report any suspected malpractice, danger or wrongdoing without fear of unwarranted repercussions.

### Clinical Audit and Assurance Processes

The Trust regards clinical audit and clinical assurance processes as important tools in promoting the adoption of clinically effective practice and is committed to maintaining an effective programme of review which includes participating in national audits.

### Internal Audit

The integrity of the Trust's arrangements for both general and financial management and control is a fundamental requirement of sound risk management. The Trust actively commissions a comprehensive programme of internal audit designed to provide assurance on the main risks of the Trust, and responds positively to the auditor's findings and recommendations.

### Health and Safety Inspection

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 for each work area. A programme of training and audits to assess compliance with health and safety regulations, codes of practice and procedures is maintained.

### 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.

### Quality Governance

The Trust has robust arrangements in place to support delivery of the Monitor Quality Governance Framework, and to provide the Board with evidence which in turn enables the Board to make an informed quarterly declaration of compliance to Monitor.

Quality is a central element of the Trust's vision and values, organisational strategy, and annual business plan. Together with the Quality Report, these mechanisms enable the Board to take assurance that quality governance is embedded into the organisation.

The Board is supported in identifying risks to quality through the work of its committees, notably the Governance Committee which reviews quality matters on a monthly basis, and reports to the Board on these issues.

The Audit Committee also considers quality and the governance processes associated with it, and is supported by a programme of internal audits. Aspects of quality which are considered to be higher risk are included in the clinical audit and assurance programme, with action plans arising from these audits being monitored by the appropriate committee to ensure implementation and delivery of the intended outcome.

CQC outcome standards are allocated to specific directors, and both the Board and the Governance Committee receive regular reports on CQC Compliance.

Board agendas include a number of standing items relating to quality, including reports on Patient Safety and Serious Incidents, Quality Report monitoring, and Service reports. The Board uses checklists based on the Burdett Trust's report 'Sustaining Quality during Turbulent Times' to ensure that all relevant quality issues have been identified and adequately reviewed.

A comprehensive monthly performance dashboard provides timely monitoring information on all quality targets, and data assurance processes are in place to ensure that quality information presented to the Board is robust.

The Medical Director and Director of Quality and Performance take the executive lead for quality, working closely with the Chief Executive and other Directors. There are nominated non-executives for quality and governance, including a focus on complaints. The Board takes an active leadership role in quality in order to promote a quality-focused culture throughout the Trust, and Board members participate in a regular programme of service visits and patient safety walkabouts.

The organisation is structured to enable quality accountability in appointed Clinical Directors, Heads of Profession, and Lead Nurses. A Quality Management Team provides support in embedding this quality culture and ensuring that learning is captured from complaints, incidents and other initiatives.

The Trust actively engages with patients, staff and other key stakeholders on quality; the Quality Report and public Board papers are published, and quarterly updates on the Quality Report are shared with stakeholders such as the Primary Care Trust, LINK, and Health and Social Care Overview and Scrutiny Committees, and feedback is encouraged.

Governors have a specific sub-committee of the Council of Governors which focuses on quality, and there is active development of patient experience through the Director of Social Inclusion. Regular surveys of service users inform the quality debate and ensure quality of service.

## 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 disseminated to those who can gain from them by the Assistant Director of Governance or the Risk Manager. The Board ensures an appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control.

## Information Governance

The Trust maintains a number of systems and processes to ensure that all information, but particularly personal identifiable information, is kept safe, accurate and only shared with appropriate authority.

The Trust has appointed, at Board level, a Caldicott Guardian and a Senior Information Risk Officer to oversee this area of risk. The Trust self-assessed at Level 2 in the Department of Health Information Governance Toolkit, and is committed to maintaining full compliance with the Information Governance Toolkit standards by tracking information flows, auditing compliance with relevant policies and procedures, raising the awareness of staff, training, and improving the Trust's information technology infrastructure.

The Trust has implemented a range of solutions to ensure information is managed securely and to prevent the theft or accidental loss of information, including secure port control so that data cannot be downloaded on to any media except approved encryption media. All laptops are now fully encrypted before they are distributed and all staff have access to network shared drives that prevent information being stored locally on the PC.

## Involvement

The Trust aims to involve service users, carers, members, the local community and its own staff in matters that affect them and to 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.

The Trust has established a membership and created a Council of Governors supported by Governor-led committees whose remit includes governance, performance review and quality. The Governors are required to monitor the Trust's compliance with its terms of authorisation and have had training in this function.

## Human Rights

Fundamental to the work of the Trust is the protection and promotion of the human rights of its service users and others in contact with the organisation. The Trust ensures that its responsibilities are carried out through a programme of staff training, policy review, audit and inspection of services.

The Board of Directors has appointed a committee of the Board to ensure the rights of detained patients are properly safeguarded. A named Executive Director is the Trust's lead for human rights.

## Equality and Diversity

Supporting its work on human rights the Trust maintains a Single Equality Scheme action plan that is regularly reviewed by the Board, and which has been aligned to the Trust's Equality Delivery System.

The Trust requires equality impact assessments to be undertaken on all policies, practices, activities and services. These are then reviewed by trained nominated individuals in the Trust prior to being published on the Trust's intranet and internet sites.

The Trust reviews its services, policies and procedures to make certain that in all areas of its work reasonable adjustments are made to ensure people with learning disabilities have their rights secured and are provided with fair and equal access to high quality care.

The Trust has continued to develop its commitment to equality of access this year by implementing changes to its service organisation to support further improvements including access to specialist physical health services for older people with mental health problems and those detained under Section 136 of the Mental Health Act.

The Trust has also taken positive steps to encourage applications for election as a Governor or appointment as a Non Executive Director to help ensure under-represented groups have appropriate information and are encouraged to participate.

## Key Risks

The Trust faced a number of key risks during the year and beyond, and has taken significant action to mitigate the highest scoring risks as follows:

**Patient Safety (In year risk and beyond):** The Trust joined the NHS South West Quality and Safety Improvement Programme for Mental Health, which is a two year programme of work, in January 2011. The overall aim of the programme is to reduce harm to service users by 2013, by focussing on improving safe and reliable care, safe and effective medicines management, patient and family centred care and communication, and leadership.

The Trust's commitment to the aims of this programme are illustrated by an ongoing programme of capital works designed to improve patient safety at Wotton Lawn Hospital and specifically to further improve ligature risk management beyond compliance with current guidance, whilst also improving facilities from a privacy and dignity perspective. Going forward, the Trust will continue with its rolling programme of annual ligature risk assessments at each inpatient unit.

The Trust maintains a robust approach on the reporting and investigation of Serious Incidents which includes the active promotion of incident reporting using Datix, and a comprehensive training and induction programme in incident reporting.

The Trust's patient safety agenda is a top priority for the Board, which receives monthly patient safety reports and quarterly reports detailing compliance against CQC Outcomes. The Board's oversight of patient safety issues is supported by the work of its Committees.

The Governance Committee reviews quality, and the associated risks on a monthly basis, which are then reported to the Board. Ownership of quality is clear, with clinical leads for specific areas. The Governance Committee also ensures that learning points from incidents, complaints and claims are captured, reviewed and disseminated throughout the organisation.

The Audit Committee also considers quality and the governance processes associated with it, through a programme of internal audits. Some higher risk areas of practice, such as Patient Safety and Serious Incidents, are reported monthly to the Board.

The organisational Risk Register collates all risks and monitors progress on mitigation, including those impacting on quality. Aspects of quality which are considered to be higher risk are included in the annual clinical audit programme. Quality targets are monitored each month by the Trust Board and the Delivery Committee through the Trust's performance dashboard. Executive Team Safety walk-rounds also take place each month in order to highlight patient safety risks which can be actioned.

**Efficiency savings (In year risk and beyond):** The Trust faces an ongoing need to make efficiency savings in a difficult financial climate for the health economy, while maintaining the ability of the Trust to achieve its strategic objectives. A savings programme has been agreed by the Board, and incorporates three main strands - Fair Horizons, Better for Less, and Waste Less.

These programmes are projected to deliver savings of £11million during 2012/13 and 2013/14. Clinicians have been fully involved in generating these schemes, and have ownership of some of the initiatives, thus minimising the effect of efficiency savings on safety and quality.

Given the anticipated financial position of the public services in the coming year it will be essential to plan and deliver efficiency and further savings in a timely manner and ensure all quality targets are still achieved. Processes to identify, monitor and manage these effectively are in place, and achievement of savings targets will remain under constant review by the Trust.

The Trust has a number of mechanisms in place to ensure that efficiency savings do not impact negatively on quality. In addition to clinical input to and ownership of efficiency schemes, quality and safety issues are considered by the Trust's Governance and Delivery Committees. Both these Committees, and the wider Trust Board, have incorporated into their agendas elements of the quality checklists contained within the Burdett Trust's report 'Sustaining Quality in Turbulent Times' to ensure a sustained focus on patient safety and quality improvement, especially when considering efficiency and savings matters.

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

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.

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

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

The foundation trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on the UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are met.

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

The Trust has a number of key processes designed to ensure the economy, efficiency and effectiveness of the use of resources. These include;

- Monthly monitoring by the Board of Trust performance in relation to contracts, services, financial performance and associated risk ratios, training and attendance targets, resource usage and the delivery of national and local target trajectories
- The use of reference cost benchmarks for service review and economic improvement
- The use of internal audit to review the efficiency and effectiveness of corporate business processes
- Active management of NICE guideline implementation including planned audits
- Service and pathway redesign within the Trust's services

At a strategic level, the Delivery Committee is responsible for overseeing the efficient, economic and effective use of resources. The Board of Directors receives regular reports from its committees and itself receives regular finance and performance reports.

The Board reviews the Trust's financial position on a monthly basis, and approves the quarterly compliance reports required by the independent regulator, Monitor.

Internal Audit conducts a review of the Trust's internal control systems and processes as part of an annually agreed audit plan. This review encompasses the flow through the organisation of information pertaining to risk and assurance. It ensures that systems are in place, are appropriate, and can be evidenced by a range of documents available within the organisation.

Internal audits have reviewed the governance arrangements within the organisation over a range of financial and other functions to ensure that there is an appropriate and robust approach to the use of resources. The Head of Internal Audit Opinion for 2011/12 has provided significant assurance on the effectiveness of the Trust's use of resources.

The Executive Team has responsibility for overseeing the day-to-day operations of the Trust and for ensuring

that resources are used efficiently, effectively and economically.

## 6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Reports for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust has put a number of processes in place to ensure the Board that the Quality Report presents a balanced view, and that there are appropriate controls in place to ensure the accuracy of data. The Trust has a Data Quality policy which is reviewed annually, and which places ultimate responsibility for data quality with the Chief Executive.

Operationally, the Director of Quality and Performance oversees the production of the Quality Report, while the Director of Internal Customer Services has responsibility for data quality. Data quality is overseen by an Information Governance Committee which reports to the Trust Board's Governance Committee.

Corporate data quality objectives have been agreed by the Executive Team. Clinicians are involved in the production of the Quality Report through approval of the constituent data and involvement in the development of the Quality Report objectives.

Minutes of the Board's Delivery Committee demonstrate the involvement of clinicians in the operational aspects of data quality.

The Trust has processes in place to ensure that data is used to inform reporting and decision making, and is subject to a system of internal control and validation. Internal and external reporting requirements have been critically assessed and data provision is reviewed regularly.

Data are used to populate a Performance Dashboard which is reviewed by the Executive Team, Strategic Service Units and the Trust Board, subjected to appropriate levels of challenge, and used to inform strategic and operational decision making and monitor performance.

A Data Quality Assurance Group, comprising senior operational managers from each Strategic Service Unit in the Trust has lead responsibility for clinical data quality in their particular services.

The Group is chaired by the Trust's Information Development Manager, and provides a forum for dissemination of policy and process changes as well as the opportunity to address data quality issues in a consistent manner across all services.

The Group reports to the Operations Management Meeting which is chaired by the Chief Operating Officer of the Trust.

A RiO System User Group, established as part of the local implementation of the RiO Electronic Patient Record System across the Trust, provides a forum for the Information representative to ensure that data quality issues arising from the use of the Electronic Patient Record System can be tackled consistently across all Trust services

Real time automated data quality reports derived from RiO are available in a secure manner to operational managers, team managers and individual clinicians throughout the Trust. Each clinician can view a report of each patient on their caseload which highlights missing key data items on that person's record. These are refreshed on a 24 hour basis and enable managers to monitor data quality performance and clinicians to identify and fix specific data quality issues.

A number of mechanisms exist to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality. Managers monitor staff competencies and development needs through the annual appraisal process, and ensure that staff have access to appropriate training opportunities.

The Trust has put training programmes in place to ensure staff have the capacity and skills for effective collection, recording and analysis of data. RiO training is provided to all appropriate staff, and RiO support materials are available on a dedicated intranet page.

Individual members of staff have their own training records and are responsible for identifying their own individual skill requirements in relation to data quality. Training provision is regularly reviewed by the Strategic Training Group, and training provision is periodically evaluated by clinical managers.

In the development of the annual quality report the trust utilises several sources of information and data to develop an holistic and rounded analysis of its performance against the nationally and locally defined quality measures. These have included internal data and information such as clinical audit findings, patient care performance data and NICE compliance.

The Trust has also drawn on information from independent studies such as the service user experience survey, staff survey, NHSLA accreditation and achievement of CQUINs, as well as external bodies such as the Care Quality Commission assessment of compliance. This triangulated approach provides an assurance that the information provided to the Trust Board on its quality reports is both measured and objective.

We have involved stakeholders including Governors, LINks, Overview and Scrutiny Committees and commissioners, in the development of our Quality Report objectives and have taken that opportunity to include many of their very useful comments and suggestions.

The comments received indicate an agreement that the quality report is representative and that there are no significant omissions of concern. Our commissioners have confirmed that the accuracy of the data presented in the quality report concords with the data and information they have available and that there are robust arrangements in place to monitor and review the quality of services.

## 7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and governance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Assurance Framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

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

- The Board has reviewed its assurance framework
- The Board or its committees have 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 action is taken to address the recommendations. The Governance Committee has also considered the results of the monitoring of incidents and complaints to ensure any lessons were carefully reviewed and acted upon
- The Board and Governance Committee have closely monitored arrangements for the prevention and control of infection. They have also monitored all service areas and continued the implementation of a substantial clinical governance development plan
- The Risk Manager has reported on the management of the risk register and supporting processes
- Non-Executive and Executive Directors, the Chair and I have visited services and met staff, service users, carers, members and governors as part of an informal programme of review

## 8. Conclusion

No significant internal control issues have been identified.



**Shaun Clee**  
**Chief Executive**  
**Date: 29 May 2012**

# Contact Us

If you would like to contact the Trust you can:

-  **Write to:** Trust Secretary, Rikenel, Montpellier, Gloucester GL1 1LY
-  **Email:** anna.hilditch@glos.nhs.uk
-  **Telephone:** 01452 894165

## GUIDE and PALS

You can access free and confidential support and advice through GUIDE and Gloucestershire NHS Community Patient Advice and Liaison Service (PALS) - Gloucestershire's health, social care and disability information service. Please telephone 0800 0151548 9am to 5pm Mondays to Fridays.

## Communicating with Governors

Members may contact governors by:

-  **Email:** trustgovernor@glos.nhs.uk
-  **Writing to:** Freepost RLYA-XAKR-HABZ, 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester GL1 1LY
-  **Telephone:** the Assistant Trust Secretary on 01452 894165

There is also feedback form on the Trust website at [www.2gether.nhs.uk](http://www.2gether.nhs.uk).

## Information in other languages/format

The 2gether NHS Foundation Trust Annual Report and Accounts 2010/11 describe the activities of the Trust during the 2010/11 financial year.

If you would like the Annual Report in large print, Braille, audio cassette tape or another language please telephone 01452 894165 or email us at [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

## Chinese

2gether 國家健康服務信託社的週年報告和 2011-12

年度的帳目說明信託社在該財政年度的事務。如果你希望得到週年報告的大型字體版本、凸字本、音帶或其他語言的譯本，請致電 01452 894165 或者電郵 [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

## Polish

Roczny Raport i Rachunkowość Funduszu Powierniczego Narodowej Służby Zdrowia 2gether na rok 2011 – '12 opisuje działalność funduszu w czasie roku finansowego 2011 – '12. Po kopię Raportu Rocznego w dużym druku, w języku Braille'a, na kasecie audio lub w innym języku proszę dzwonić pod numer **01452 894165** lub email: [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

## Czech

Výroční zpráva a účetní knihy 2011 – '12 nadace 2gether svěřenecké společnosti NHS popisují činnosti společnosti během finančního roku 2011 – '12. Pokud budete chtít výroční zprávu ve velkém tisku, Braillovu písmu, na audio kazete nebo v jiném jazyce, volejte prosím na **01452 894165** nebo napište na email: [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

## Gujarati

તુંગેધર એનઅયાસ ફાઉન્ડેશન ટ્રસ્ટનો 2011-12 વાર્ષિક અહેવાલ અને હિસાબ ટ્રસ્ટની ૨૦૦૮ - ૦૯નાં વર્ષ દરમ્યાનની કામગીરીઓ બતાવે છે. તમોને જો એ અહેવાલ મોટા અક્ષરોમાં, બ્રેઇલ (અંધલિપિ), ઓડિઓ ક્રેચ ભાષામાં જોઈતો હોય તો, મહેરબાની કરીને ૦૧૪૫૨ ૮૫૧૧૬૫ નંબર પર ફોન કરશો અથવા આ જગ્યા પર ઇમેઇલ કરશો : [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)

## Bengali

તુંગેધર એન્એચ્઎સ ફાઉન્ડેશન ટ્રાસ્ટ (2gether NHS Foundation Trust) 2011-12 સાલેની બાંસરિક રિપોર્ટ ઓ એક્યાક્યુન્ટે, ૨૦૦૮-૨૦૦૯ આર્થિક બચ્ચે એહી ટ્રાસ્ટેની કાજકર્મેની કથા બલા હયોછે। આપની યદિ એહી રિપોર્ટટી બડું છાપાય, બ્રેઇલ-એ, કાને શોનાર ક્યાસેટ ટેપ-એ વા અન્ય કોન ભાષાય ચાન, તાહેલે દયા કરેને ૦૧૪૫૨ ૮૯૧૧૬૫ નંબરે ટેલિફોન કરવેન અથવા [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk) ઠિકાનાય ઇમેઇલ કરવેન।

## Urdu

ٹو گider اين ايچ ايس فاؤنڈيشن ترست کي سالانہ رپورٹ اور سن 2011-2012 کے اکاؤنٹس میں ترست کی ان سرگرمیوں کا ذکر کیا گیا ہے جو مالی سال 2011-2012 کے دوران انجام دی گئیں۔ سالانہ رپورٹ اگر آپ کو بڑے حروف کی چھپائی، آئیو کسٹ یا کسی دیگر زبان میں درکار ہو تو برائے مہربانی نمبر 01452 894165 پر فون کریں یا اس پتے پر ای میل بھیجیں : [2gether.comms@glos.nhs.uk](mailto:2gether.comms@glos.nhs.uk)







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**For more information about us visit [www.2gether.nhs.uk](http://www.2gether.nhs.uk)**



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