



Annual Report and Accounts 2010/11

**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 2010/11



“In October 2010, we opened Charlton Lane Hospital, a modern, specialist assessment and treatment centre for people in our communities who need greater help and treatment.”

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Directors' Report

Welcome

As we write our fourth Annual Report as a Foundation Trust, significant changes are proposed for the National Health Service and Social Care in general.

The Health and Social Care Bill sets out a number of changes to the NHS that impact the current regulatory, commissioning and provider frameworks. A number of professional bodies and others have raised concerns, not on the principles of the Bill but on the detail of implementation.

We are also striving to deliver year on year savings while increasing productivity and retaining the highest quality of safety, outcomes and patient experience. These are challenging and uncertain times.

What we do know is that people in the communities we serve are living longer; demand for our services continues to grow; and technology associated with healthcare is improving.

The people we serve are sophisticated consumers. It is right that they expect and receive a quality experience in all aspects of the services they receive. As a service provider, we continue to seek ever more effective and efficient ways of working while sustaining and where possible, improving the quality of care we provide.

It is important to us that we use our Foundation Trust status to make sure local communities have a say in shaping their local NHS. Through our membership, elected Governors have continued to challenge and scrutinise proposed strategies and priorities over the last year. Their help and constructive advice has influenced the Trust's present and future direction.

We are financially stable and actively using our status as an NHS Foundation Trust to reinvest our surplus in the future of local mental health services.

The information in this Report reflects the activities and position of the Trust over the last twelve months – 1 April 2010 to 31 March 2011. The achievements we have made and the success we seek over the next twelve months, will take determination and enthusiasm.

We do not always succeed to the level we would hope but we will always continue to seize the opportunities that benefit the people we serve. By doing so we can help make sure that more people can benefit from the specialist and innovative services that meet their needs that we are commissioned to provide.

Thank you to all our colleagues, Governors, members, commissioners and partners. The ongoing leadership, foresight, advice and support they provide is helping to make life better for our service users and their carers.

Baroness Rennie Fritchie

Chair

2gether NHS Foundation Trust

Shaun Clee

Chief Executive Officer

2gether NHS Foundation Trust



About Your Trust

2gether NHS Foundation Trust (2gether) provides mental and social healthcare in Gloucestershire and from 1 April 2011 we also started to provide services in Herefordshire.

We also provide an Improving Access to Psychological Therapy (IAPT) service in South Gloucestershire and services in our surrounding region.

Through an agreement with the Local Authority, we provide social care services for working age adults in Gloucestershire.

We were authorised to operate as a Foundation Trust by Monitor, the independent regulator from 1 July 2007. We were one of the first ten Mental Health Trusts in England to achieve Foundation Trust status.

The applicant organisation, Gloucestershire Partnership NHS Trust, was established nine years ago, when services and staff transferred from four different organisations: Severn NHS Trust, East Gloucestershire NHS Trust, Gloucestershire County Council and Gloucestershire Health Authority.

We became 2gether in April 2008 as part of an initiative to strengthen our identity and pursue our vision of 'making life better' for children and young people, adults and older people with a learning disability, mental health and/or substance misuse problem.

Values

The Trust's values influence how we work as an organisation.

Our name indicates how we plan to work – together: with our Governors, our members, our services users and carers, our staff, partners and our commissioners.

Our core values help us challenge one another. They are:

- **S**eeing from a service user perspective
- **E**xcelling and improving
- **R**esponsive
- **V**aluing and respectful
- **I**nclusive, open and honest
- **C**an Do
- **E**fficient, effective, economic and equitable

Purpose

To Make Life Better. All of our focus is on improving lives for the people we serve and this will be a key test of strategy decisions.

As an NHS Foundation Trust, we are a public benefit corporation and accountable to our 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.

Vision

The Trust will offer services that are desirable to individual customers, that our staff want to deliver and at a price commissioners can afford.

Service users are at the heart of all that we do. At any one time, we provide services to over 10,000 individuals and offer education and support to carers, families and schools.

We work hard to develop and deliver person centred care that is accessible and outcome focused. We pride ourselves on our ability to deliver services that are based on excellent governance structures aimed at continually improving service quality and patient safety.

To help ensure we meet the needs of our local communities and provide maximum value for money. We also work closely with carers, local groups, commissioners and local health partners.






-
- Around **1,900** dedicated members of staff
 - Serving **580,000** people
 - Across **1045** square miles
 - Our income in 2010/11 was **£86m**
-

In Gloucestershire, we operate out of over 110 properties of which 50 are major sites and single sex compliant. This is part of our commitment to help ensure the privacy and dignity of our service users.

Our main inpatient services are provided at Wotton Lawn Hospital, Gloucester; Charlton Lane Hospital, Cheltenham; Westridge and Hollybrook, Stroud; and Branch Lea Cross, Cheltenham.

Our community teams, primary care and social care teams enable people to stay at home within familiar surroundings with the care they need.

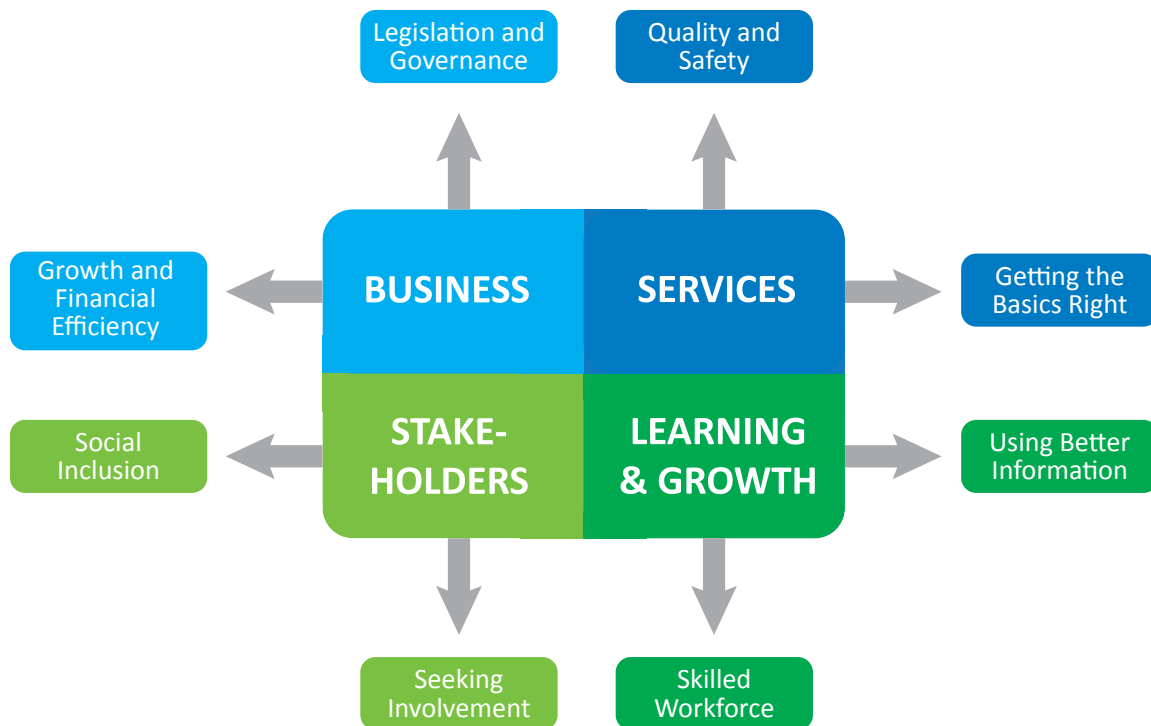
Organisational Goals

-  To be the provider of choice for the population and commissioners of Gloucestershire & Herefordshire
-  To be an employer of choice in a competitive employment environment
-  To provide high quality, accessible, cost-effective services that are attractive to other commissioners and individual consumers
-  To promote, model and advocate social inclusion
-  To ensure the long-term stability and viability of the organisation in order to deliver the vision and goals

Strategic Objectives

We continue to use a Balance Scorecard model during our business planning process to help us determine the most relevant areas for our focus over the next twelve months.

The model consists of four central perspectives with eight key themes. Together, they help develop detailed annual objectives based on our overarching strategy and vision.

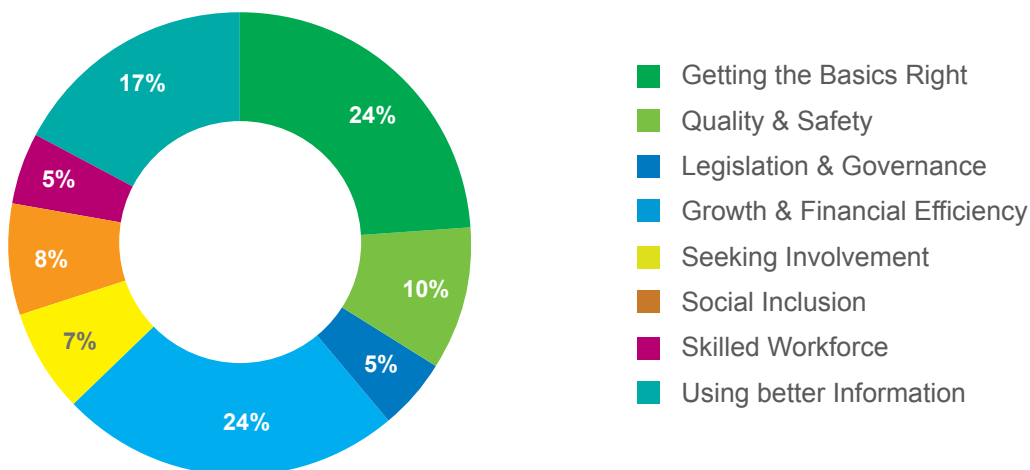


The objectives we develop using the balanced scorecard model are reviewed by our Governors, approved by our Trust Board and monitored as part of our organisation-wide business plan.

“Fair Horizons, our clinically conceived approach to delivering existing services based on individual need rather than age and IQ.”

For 2011/12, we have developed 72 specific and measurable objectives aligned to Fair Horizons. These are the activities that help us to deliver the highest quality of services, delivered by a skilled and motivated workforce, through productive partnerships and the effective use of information.

The following chart shows the percentage of objectives under each of the key themes:



Key Organisational Risks

We have identified a number of key risks which the Trust Board monitors on a regular basis. Further information is contained in our Statement of Internal Control on page 78.

Regulatory Ratings

Monitor is 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).











A green risk rating indicates that a foundation trust's governance arrangements comply with its terms of authorisation; an amber risk rating reflects that concerns

exist about one or more aspects of governance; and a red risk rating indicates that there are concerns that a trust is, or may be, in significant breach of its terms of authorisation.

Financial risk ratings are allocated using a scorecard which compares key financial metrics consistently across all foundation trusts. The rating reflects the likelihood of a financial breach of an NHS foundation trust's terms of authorisation. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the highest.

Summary of 2gether's ratings for 2009/10 and 2010/11

	Annual Plan 2009/10	Q1 2009/10	Q2 2009/10	Q3 2009/10	Q4 2009/10
Financial Risk Rating	4	5	4	5	4
Governance Risk Rating					
Mandatory Services					

	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					

National Targets

The table below summarises how we performed against our key performance targets over the last year:

Number of home treatments delivered by Crisis Resolution Home Treatment (CRHT) team	The team exceeded its target of 1,021 and delivered 1,792 home treatment packages in 2010/11
Crisis team admissions where a formal objective assessment protocol is applied at admission and the admitted service user meets the criteria for admission	There were 514 admissions to acute wards over the year. 500 of these were assessed by the Crisis team leading to a compliance rate of 98% compared to the target level of 95%
Discharges followed up within five days	There were no breaches of the more challenging standard during 2010/11, resulting in a 100% compliance rate
Capacity of Early Intervention in Psychosis Team	The team's caseload was around the target capacity of 211 throughout 2010/11
Delayed transfers of care	The Trust met the Monitor target of a maximum of 7.5% with an actual rate of 5.9%
Inpatient Ethnic Data Quality	The Trust met the 95% target during the year with 97% of inpatient cases having accurate ethnic data recorded
Suicides	There were no inpatient suicides during 2010/11

Local Targets

Using the Commissioning for Quality and Innovation (CQUIN) framework we agreed nine local targets with NHS Gloucestershire in 2010/11. These included improving responsiveness to the personal needs of our service users in the community, improving the physical health of service users with a learning disability; and increasing awareness of support and service available for people with dementia and their carers.

We fully met eight indicators and three of the four sections within the ninth.

Review of the Year

Key Developments

In our Annual Report 2009/10, we discussed how we would build on previous successes and prepare for the challenges and opportunities we perceived lay ahead:

- Further strengthen our mechanisms for continuous improvements in quality by focussing on the domains of Patient Safety, Effectiveness, Experience and Innovation
- Work with colleagues within the organisation to refine the implementation plan for Fair Horizons, our clinically conceived model of care that helps ensure equal access within the community for all regardless of age or IQ
- Further improve access to assessments for carers so that care teams can understand their situation and consider their needs when planning care
- Respond to commissioner, partner and clinicians aspirations to alter the model of care for children and young people
- Expand the range of services we provide, geographically and through the provision of new services

We start our fifth year as an NHS Foundation Trust with two new contracts that we won through competitive tenders: mental and social healthcare services for Herefordshire; and a new Children and Young People (CYP) service in Gloucestershire.

You can read about our new CYP service on page 14. Throughout the process, we used our Foundation Trust status to work creatively with our key partners to improve our services and develop a cohesive clinical and business model for children, young people and their guardians within Gloucestershire.



As part of our winning tender and subsequent contract, we will work to a much greater extent with Action for Children who through our Children's Board continue to provide ongoing advice.

On 1 April 2011, we also started to provide mental and social healthcare services in Herefordshire. Through an agreement with Herefordshire's Local Authority, we also provide social care services for working age adults in the county.

During May 2011, we welcomed Gloucestershire's Prison Healthcare Services, including Integrated Drug Treatment Services to the trust. The transfer of services from NHS Gloucestershire was part of the Transforming Community Services programme. Our services are closely aligned and will help us to continue, as an organisation, to offer an integrated and high quality service.



We now provide mental and social healthcare services in Herefordshire

We are financially stable and actively use our status as an NHS Foundation Trust to reinvest our surplus in the future of local mental health services.

You will read on page 14 how we have worked with patients, local groups, NHS Gloucestershire and the Health Community and Care Overview and Scrutiny Committee, to plan Charlton Lane, our new specialist hospital for dementia and older people with mental health problems.

Ensuring that the move from home to hospital and back again is co-ordinated and supported appropriately is integral to the care we provide. Charlton Lane Hospital is part of an overall service including community teams, primary care and social care that help make that happen for our service users.

This co-ordinated approach has already enabled more people stay at home in familiar surroundings with the care they need. We have one of the lowest readmission rates in England.

Moodometer

your interactive mood diary

New features added!



Moodometer is a discrete, portable and easy to use interactive mood diary which helps you monitor, understand and receive top tips on your emotional wellbeing, whenever or wherever you are.

Available on the App Store

The Year Ahead

Last year we set out our intention to deliver Fair Horizons, our clinically conceived approach to delivering existing services based on individual need rather than age or IQ.

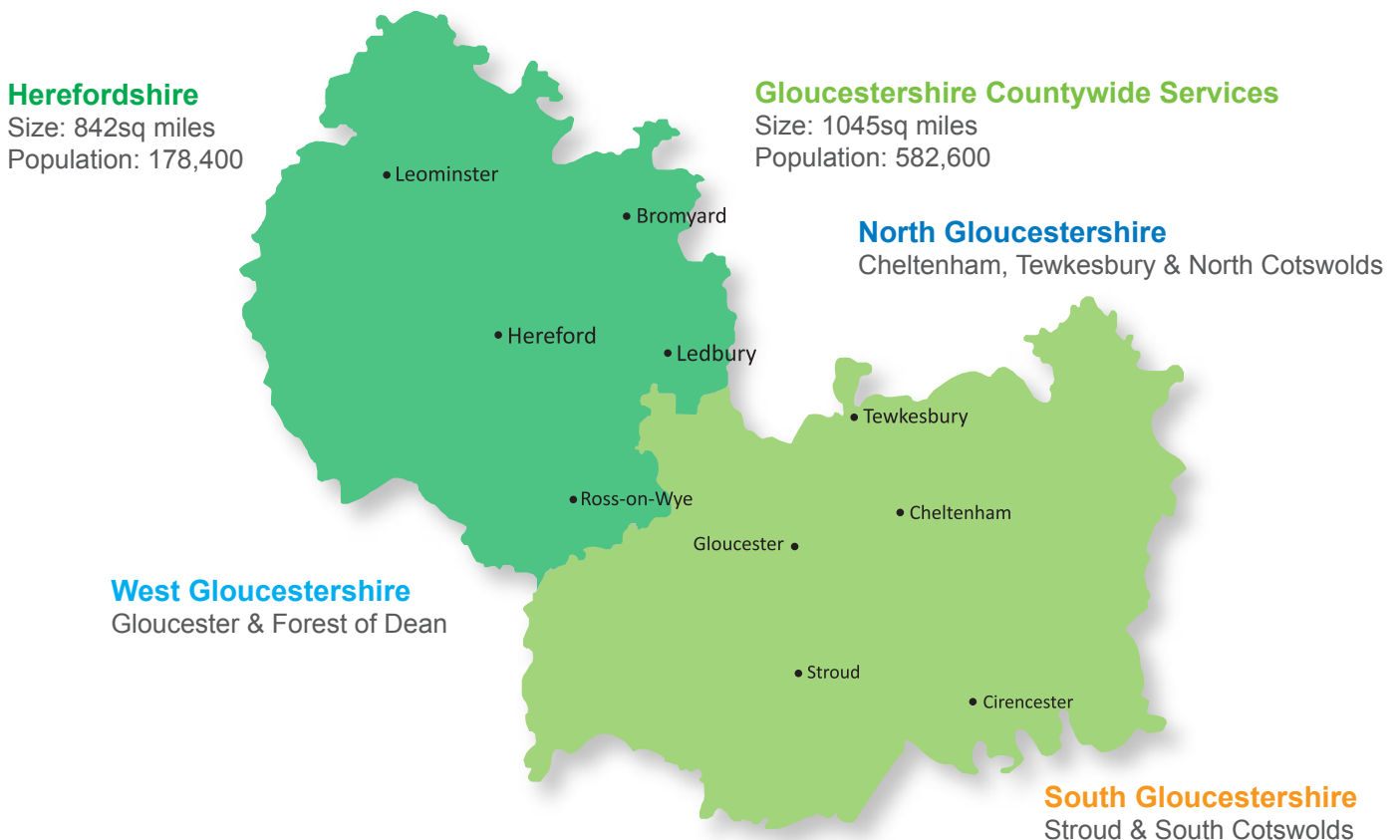
This year, we will transform our organisational model to make Fair Horizons a reality for our communities in Gloucestershire.

We have already established clinical, professional and managerial leadership within the trust and taken advice from our commissioners, general practice, service users and carers.

With their help and willingness to form productive partnerships, we have developed our strategy.

Part of Fair Horizons is that we will deliver the same services we are commissioned to provide through a new locality structure. Over the next twelve months, five new localities will replace our current Strategic Service Units (SSUs).

We have also appointed Clinical and Locality Directors for each of the five localities. The posts will, with the help of colleagues, build and fully implement the strategic direction of each locality over the coming years



We continue to operate in a challenging economic and operational climate with increased demand for our services.

During 2011/12, we plan to:

- Deliver Fair Horizons within a framework of financial constraints
- Ensure the smooth integration of new services
- Continue to improve quality
- Work hard to build and maintain productive partnerships

We will also ensure that we attract and retain skilled colleagues, invest in maximising efficiencies in our infrastructure, raise awareness of our services, the work we do and social inclusion within our communities and ensure local accountability through our members and Council of Governors.

One of the key indicators that stand out from our annual staff survey, is that staff placed us in the top 20% of Trusts nationally when asked how satisfied they are with various aspects of their work.

This includes: recognition for good work; support from their immediate manager and colleagues; opportunities to use their skills; and the extent to which the trust values their work.

It was particularly pleasing that colleagues would recommend the trust to others as a place to work, and would be happy with the standard of care provided by the trust if a friend or relative needed treatment.

Our Performance

You can read our 2010/11 Quality Report on page 45 of this report. 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 2011/12 specifically around five key areas of improvements.

Sustainability remains a key financial objective. As a Foundation Trust, we retain financial surpluses to invest in the delivery of local NHS mental health services and our estates development programme to best meet the needs of the populations we serve.

In Gloucestershire we are planning new community bases that are environmentally more efficient, maximise opportunities for inter team communication and improve the quality of facilities for services users, carers and staff. In Herefordshire we are planning the introduction of RiO our clinical information system. This will further improve safety and communication.

We ended the 2010/11 financial year in a stable financial position with an out turn surplus of £2.1m. The Statement of Comprehensive Income is on page 86.

Our business plans and budgets for 2011/12 forecast a financial rating of 4 in each of the next three years,

incorporating savings targets of £13m over the next three years. A rating of 5 reflects the lowest level of financial risk and a rating of 1 the highest.

With the inclusion of Herefordshire mental and social healthcare services plus acquired services under Transforming Community Services, the Trust is planning for an income of £107m in 2011/12. This is an increase of 25% year on year.

Our Strategic Service Units (SSUs) continued to deliver improvements and innovation in care. In summary, we are assessing and caring for more people and the time people wait to see us is getting quicker and below national targets; we support people to stay at home and in work; and we help people spend less time in hospital with fewer delayed discharges and unplanned readmissions.

Through initiatives like Journey 2 Work and Back 2 Work, we facilitate vocational opportunities and promote social inclusion. Our Let's Talk, Improving access to Psychological Therapy service, continues to provide support to a rising number of people struggling with anxiety, stress and depression within Gloucestershire and South Gloucestershire.

How we deliver services

In 2010/11, we delivered our services through six Strategic Service Units (SSU's). Activity across the SSU's for 2010/11 was as follows:

Strategic Service Unit activity for 2010/11

Service Unit	Referrals	Caseload	Contacts	Inpatient Cases
Working Age Adults	10,005	5,270	112,340	607
Older People's Services	2,485	4,260	34,045	259
Substance Misuse	920	835	36,880	274
Child & Adolescent	2,150	1,190	14,140	0
Learning Disability	385	2,340	22,270	14
Total	15,945	13,895	219,675	1,154



Working Age Adult

Our Working Age Adults SSU supports people aged between 18 and 65 years old.

We provide award winning inpatient services, vocational, day, home and community based health services, social care, prison in-reach and an assertive outreach service.

At Wotton Lawn, we are developing a number of patient safety initiatives including a major re-design of the reception area which will commence later this year.

The Wotton Lawn Activity Forum is an active group and representatives from across the hospital meet monthly. In addition, our Better 2 Work service provides individual placements and support that help people access, sustain and retain paid work. The service has successfully supported 63 people with mental health difficulties into employment and 89 people into voluntary work or education.

Our Let's Talk Improving Access to Psychological Therapies (IAPT) service is for people struggling with anxiety, stress and depression.

The service was launched in September 2009 and the website www.talk2gether.nhs.uk was this year awarded the South West Regional Development Unit's 'Star Site' award. Nearly 1700 people are now registered to receive self help information through innovative personalised webpages.

As an extension of the Let's Talk website and following discussions with their therapist, service users can also now access interactive employment support information.

Acute psychiatric wards can be challenging environments for staff and patients. Accreditation for Acute Inpatient Mental Health Services (AIMS) is an initiative from the Royal College of Psychiatrists' Centre for Quality Improvement.

It identifies and acknowledges wards that have high standards of organisation and patient care. In 2010/11, all wards retained their accreditation.



“Our Better 2 Work service has successfully supported 63 people with mental health difficulties into employment.”



Our new nurse led Psychiatric Intensive Care Inpatient Unit (PICU) was opened in July 2010. Our involvement with of the National Association of Psychiatric Intensive, has helped us to deliver innovative care within the newly named Greyfriars PICU.

Greyfriars is a ten bed unit providing acute inpatient care within a purpose built state of the art building. Following feedback to the Trust from our service users, the facility includes new technologies developed by us for use in psychiatric care. This includes computer assisted security and infrared technology that limit the need to disturb patients while they sleep.

Other features include an effects area using LED lighting, artwork and music to produce therapeutic effects and a games room.

Physical health, wellbeing and mental health are closely linked and our Engagement, Activity and Physical Health Team (EAPT) is a unique addition to our psychiatric intensive care. The team includes a sports and exercise therapist, a physiotherapist, OT and activity coordinators.

During the year we also launched two new eating disorder services. Our new Child and Adolescent Home Treatment Team provides intensive support to young people and their families in their home. Our Adult Day Treatment service provides individual therapy and support during meal times.

“PICU is a ten bed unit providing acute inpatient care within a purpose built and state of the art building.”

Both services help ensure an eating disorder is identified as early as possible and people helped to recover in the community with their friends and family around them.

In 2011/12 we will begin a new accommodation service with links into Gloucestershire County Council and Rethink. The initiative will help six service users over a six month period to develop the skills needed for their independent living.

Older People's Services

We provide inpatient and community services for people with dementia of all ages, and people with a mental illness such as depression for those over the age of 65 years.

In October 2010, we opened Charlton Lane Hospital, a modern, specialist assessment and treatment centre for people in our communities who need greater help and treatment. It is also the new base for the Trust's Cheltenham, Tewkesbury and North Cotswolds mental health community teams.

Each patient has an ensuite bedroom in male and female specific areas. Communal rooms are air conditioned, full of light and open on to a courtyard garden. Each ward also has its own sensory garden.

A physiotherapy gym, art room and assessment kitchen, internet access and a visitor suite are available.

Over the last twelve months, we have also introduced physical health liaison services, re-skilled staff and extended the inpatient remit to adults with medical frailty and co-morbidities.

We have also run a Productive Mental Health Wards programme to help improve the effectiveness, safety and reliability of our wards whilst improving patient experience.

Within our community services, we have extended our Mental Health Liaison Services within Gloucestershire Hospitals NHS Foundation Trust and remodelled our community mental health services in preparation for Fair Horizons. This included merging the Cirencester Cheltenham and Stroud community teams.



Child and Adolescent Mental Health (CAMHS)

“79% of children and young people receive an initial assessment within four weeks of referral.”



During 2010/11 our joint commissioners, Gloucestershire County Council and NHS Gloucestershire, tendered for a new Children and Young Peoples Wellbeing Service. We won the contract through a competitive process and started to provide services from 1 April 2011.

Our new name is 2gether's Children & Young People Service (CYPS).

The new services target specific groups such as vulnerable children and those presenting with high risk mental health needs.

This will help us ensure that services become more accessible and more targeted to particular needs. We will also work closely with Primary Mental Health colleagues to provide help early.

Our Home Treatment Services will help minimise the need for hospital admission. We will facilitate safe and therapeutic admission where necessary and promote early discharge and return to a service users family and familiar surroundings.

Our clinicians have continued to deliver a high quality service to the children and young people of Gloucestershire throughout the tender process and have demonstrated performance improvements in key areas.

We have improved the number of children and young people seen by our specialist service, and reduced our waiting times so that 79% of children and young people receive an initial assessment within four weeks of referral. This represents a 19% improvement over the year.

The improvement is due to the hard work and determination of clinical staff and improved clinical and administrative systems for managing referrals and caseloads.

Substance Misuse

Our Substance Misuse service provides support for drug and alcohol problems. The teams are part of a larger treatment network in Gloucestershire that include local partners, the Independence Trust and Nelson House Trust.

BranchLea Cross is our 12 ensuite bedroom inpatient unit which provides specialist detoxification and stabilisation treatment.

Our Primary Care Substance Misuse Service (PCSMS) provides countywide specialist drug treatment and our Countywide Specialist Substance Misuse Service (CSSMS) provides specialist drug and alcohol treatment.

Our challenge over the last year was to review our service delivery to meet the demands and targets of the new recovery agenda and drug free exits from treatment.

We have refocused our activity to detoxification and introduced contingency management programmes to encourage abstinence. Of the people discharged from our services drug free, 80% have not returned for further treatment.

We have also embedded the revised safeguarding strategy and continue to ensure clear and routine safeguarding assessment, safe storage of medication and established monthly safeguarding supervision for all teams within the SSU.

Training has continued in 2010/11 to ensure staff are accredited in Community Reinforcement Approach (CRA).

This approach is embedded in our treatment pathways and helps ensure that we achieve the outcomes required within the new recovery agenda.

In August 2010, we also commenced our new engagement pathway delivered in partnership with Independence Trust. It has proved extremely effective by significantly reducing our Do Not Attend (DNA) rates at first appointment and improving waiting times.

Service users now access prescribing treatment within one - two weeks of referral, well within the three week national target.

We have also made significant service improvements following feedback and suggestions from our services users and staff.

All of our waiting rooms have been re-equipped with new toys and play equipment; we are in the next year launching a new CYPS website to help provide accessible information to children and young people; and we have introduced out of hours appointments.

Over the last twelve months, we have also established the Children's Learning Disability Service within CYPS and our Cheltenham Team have moved to a new base at our Charlton Lane Centre.

The ISIS women's centre was established in 2010 by the Nelson House Trust to offer support and practical help to women offenders. CSSMS now works closely with this service and holds out-patient clinics from their premises on a weekly basis.

In addition a joint project with The Nelson House Trust, Community Integration Service (CIS) and service users have helped to develop a new therapeutic garden project at our London Road site is giving service users the opportunity to learn new tasks within a social setting.

We continue to seek service user feedback and participation. During 2010/11:

- Overall ratings of services were higher than previous years showing improvements in service users ability to contact care co-ordinator, care planning and services for people with children
- Representatives from the Service User Support Team (SUST) attend the SSU management board meetings
- Service users participated in our conference, sharing their experience of our services and the treatment they received

“A new therapeutic garden project at our London Road site.”



“The “4 me about me” is a group of service user representatives who meet once a month to consider the decisions we make and to review SSU leaflets.”



Our Learning Disabilities service provides community care, healthcare facilitation, inpatient services and assessment and treatment for vulnerable people. All teams provide education, training, accessible information and resources to service users and staff within mainstream services, support workers and acute hospital nursing staff working with people with a learning disability.

The Intensive Health Outreach Team helps to ensure reasonable adjustments for people with a learning disability within mainstream services. The team provides services in a variety of settings including hospital, 24-hour staffed supported accommodation and within the home.

Over the last twelve months, we have developed a Learning Disability Intensive Support Service (LDISS). The service provides extended community working hours, observations and assessment, functional analysis, hands on support with behavioural issues, sign posting and facilitating access to appropriate services and development of individual care pathways.

We have also worked with our Prison In Reach and Court Liaison Teams to identify areas of joint working that promote and produce a positive outcome for prisoners with a Learning Disability.

As part of the approach, we have helped establish a Gloucestershire Criminal Justice Group. This includes Learning Disability services, mental health inreach team, Gloucestershire court liaison service, NHS Gloucestershire, South West offender's health team and the South West Valuing People Team.

Both Westridge and Hollybrook inpatient care have been assessed by the Accreditation for Inpatient mental health Services (AIMS) Programme. Hollybrook obtained the highest standard of “excellence” in all areas and Westridge is anticipating its result in the middle of 2011.

Our specialist Liaison Nurses help co-ordinate and develop standards of care in hospital. Over the year our Liaison Nurses have also provided practical advice, link worker training, support at best interest meetings, training packages for Doctors and additional support and education to people with learning disabilities, their families, carers and hospital staff.

The roles have changed the culture within the trust and the team is having a significant impact on service users with a learning disability.

We continue to involve our service users in our decisions. The 4 Me About Me is a group of service user representatives who meet once a month to consider the decisions we make and to review SSU leaflets.

The group compliments our Service Users in Recruitment Team which gives people with a learning disability a voice about who we employ within the SSU. 100% of the interviews carried out in 2010/2011 were supported by service users.

Initiatives over the last twelve months have also included:

- Thirteen week job placements that provide invaluable experience to an individual with a learning disability within the workplace
- My Health Book – a personalised information resource for service users
- Health Inequalities Awareness Workshops where Community staff provide training on dementia, epilepsy and communication to increase awareness to carers within the third sector
- End of Life Care A-Z resource directory and identifying Champions developed in partnership with NHS Gloucestershire

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

The Board of Directors is legally responsible for the strategic and day-to-day operational management of the Trust, its policies and its services. For further information, please see the Accountability section on page

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 83 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

For each individual who is a Director at the time this annual report was approved, so far as the Directors are aware there is no relevant audit information of which the auditors are unaware and the Director has taken all the steps that they ought to have taken as a Director in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Going Concern

After making enquiries, the Directors have a reasonable expectation that together 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 when preparing the accounts.

Public Sector Payment Policy

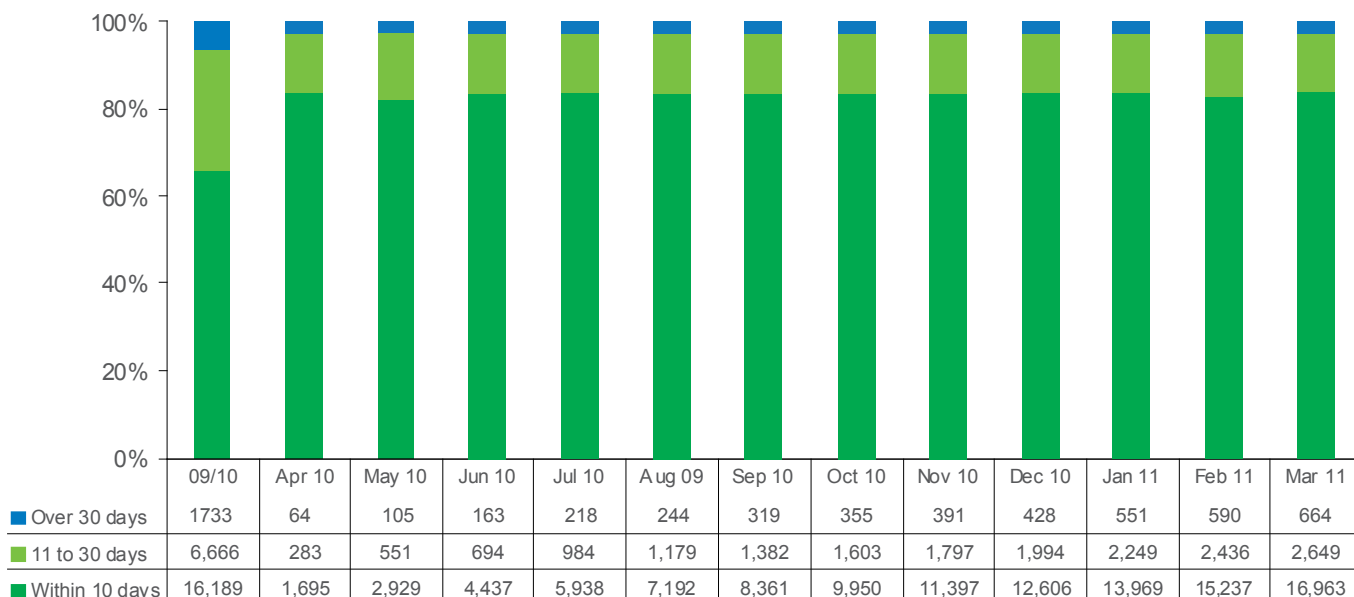
The cumulative Public Sector Payment Policy (PSPP) performance for the financial year 2010/2011 was 84% of invoices paid in 10 days and 97% paid in 30 days as detailed in the table below:

	10 days		30 days	
	In month	YTD	In month	YTD
Number paid	1,749	16,963	1,948	19,612
Total Paid	2,010	20,266	2,010	20,266
%age performance	87%	84%	97%	97%
Value paid (£000)	2,639	24,473	2,800	28,656
Total value (£000)	3,004	29,782	3,004	29,782
%age performance	88%	82%	93%	96%

The Trust also achieved Approved Signatory status to the Prompt Payment Code in November 2009. Our decision to apply for help demonstrates our continued commitment to our suppliers, especially small businesses.

The Trust's performance continued to improve throughout the financial year as the benefits of the electronic procurement to pay (P2P) process continue to be seen. As can be seen from the graph below the prompt payment of invoices was markedly improved on the 2009/10 position.

Cumulative PSCP Performance 2010/11

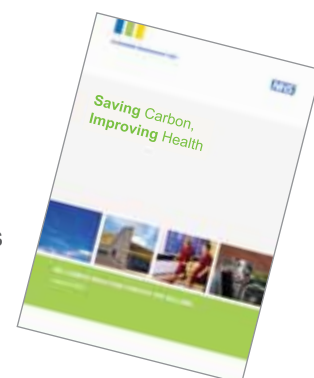


Sustainability

Introduction

In January 2009, the NHS Sustainable Development Unit published Saving Carbon, Improving Health; NHS Carbon Reduction Strategy for England. This strategy mandated NHS Trusts to:

- Sign up to the Good Corporate Citizenship Assessment Model
- Have a Board approved Sustainable Development Action Plan
- Reduce the Trust's Carbon footprint by a minimum of 10% by 2015, based on 2007 levels
- Imbed Sustainable Development and Carbon Reduction in the Trust's Performance and Governance arrangements



The NHS Carbon Footprint was developed in 2008/2009 and is reported in the Carbon Reduction Strategy, Saving Carbon, Improving Health, produced by the NHS Sustainable Development Unit (SDU).

The NHS in England has a carbon footprint of 18 million tonnes CO₂ per year. This is composed of energy (22%), travel (18%) and procurement (60%). Despite an increase in efficiency, the NHS has increased its carbon footprint by 40% since 1990.

At a national level the NHS Sustainable Development Unit has produced the NHS Carbon Reduction Strategy, Saving Carbon Improving Health, launched in January 2009. We are named in the strategy for our contribution to the consultation process.

The strategy sets out key commitments and time frames around carbon reduction for NHS organisations. This is a corporate social responsibility issue and fits within the wider sustainability remit of the NHS Sustainable Development Unit as carbon forms a lens for examining progress towards a sustainable NHS.

The NHS Carbon Reduction Strategy establishes that the NHS should aim to reduce 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.

Unfortunately the Trust does not have the data to create a carbon footprint for 2007. We therefore propose that we monitor our progress towards the 2015 targets, based on our 2008/9 data.

Sustainability Report

We recognise the significant contribution we will need to make both within the communities where we deliver services and towards the sustainability agenda overall.

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

Our Policy is structured to respond to the Good Corporate Citizen Agenda and provides the framework within which we will actively contribute to the Local and National sustainability agenda.

We have spent considerable time constructing our current position so that we can accurately review our progress towards the NHS target and measure the outcomes from our local strategies.

We have brought these measures together into a sustainability report below. This shows that we are making steady progress towards reducing our carbon footprint in line with expectations.

	2008/09 Weight of CO2 (tonnes)	2009/10 Weight of CO2 (tonnes)	Percentage Change
Finite Resources			
Gas	1,597.1	1,279.1	-19.9%
Electricity	1,633.2	1,592.1	-2.5%
Heating Oil	69.3	56.7	-18.2
Water	6.7	7.2	+7.5
Building Sub Total	3,306.3	2,935.0	-11.2%
Pool Car – Diesel	49.66	55.63	+12.0%
Pool Car – Unleaded	179.28	179.34	+0.03%
Pool Car - Super Unleaded	9.62	6.97	-27.6%
Pool Car Sub Total	238.56	241.94	+1.4%
Claimed Mileage	559.9	559.9	0%
Transport Sub Total	798.46	801.84	+0.4%
Water	16,614 m3	17,792 m3	A Increase of +7%
Waste Minimisation and Management			
Waste - Tonnes of CO2 (landfill)	88.0	80.3	-8.75%
Waste - Tonnes of CO2 (treated - incinerated)	8.4	0	100% Reduction
Waste – Tonnes of CO2 (treated & landfill)	N/A	6.4	New Measure
Waste – Tonnes of CO (paper recycled)	20	0	Not Available
Waste Sub Total	96.4	86.7	-10.1%
TRUST CARBON TOTAL	4,201 TONNES	3,824 TONNES	-9.0%

Note: the Trust does not have a comprehensive recycling scheme for our waste streams, apart from construction waste. We ensure that we shred and recycle confidential waste however the weight of this recycling is not captured under present contracts. The inclusion of recycling in the Trust's waste management will add significant costs and carbon reduction through this method is not considered economically viable. Costs will be explored for future carbon reduction plans.

Priorities for 2011/12

We have set ourselves a number of priority areas to help direct our work within the sustainability agenda. They are:

- **Employment, Knowledge and Skills**
 - o The economic and social impact on the local community of employment and training
- **Procurement**
 - o Sustainable procurement, giving consideration to whole lifecycle, environmental impact and product miles
- **Transport**
 - o Accessible to service users; travel for staff to and from work and whilst at work, and the carbon impact from transport.
- **Estates and Facilities Management**
 - o The energy, products and carbon consumed in the use and maintenance of Trust properties.
- **Property Investment**
 - o The energy, products and carbon consumed in the use and refurbishment and construction of Trust properties.

Design and Construction Requirements

We have revised our Design and Construction Requirements to minimise construction waste, maximise construction recycling and exceed the energy performance of the Building Regulations by 25%. We will continue this approach mindful of local employment and regional sustainability.

Sustainable Travel

We will also continue to encourage sustainable travel methods both for staff and service users to promote physical activity and decrease carbon emissions. We are in the process of developing a Green Transport Plan based on our estates strategy.

Our strategic proposals to develop Locality Hubs supported by the use of other partner agency accommodation within our service delivery localities will enable us to maximise the use of accommodation to support hot-desking and inter-agency working.

This will help us to provide services from a far wider range of sites, making services more local to the communities we serve and reduce travel journeys for both service users and staff.

Minimising Carbon Emissions and the efficient use of Resources

Our Carbon Reduction Strategy (CRS) is in line with Department of Health and Sustainable Development Unit Guidelines.

Our CRS will continue to focus on the accurate measurement and reporting of our carbon production, supported by the implementation of a range of energy efficiencies such as the active management of heating systems, use of passive energy, rainwater harvesting and improved insulation.

These initiatives which will help make sure that we use water, fossil fuels and other resources efficiently. Our Capital Programme includes an allocation to support these initiatives. We will also launch a publicity campaign to help raise carbon awareness and encourage behavioural change.

Complementary to the changes in existing buildings we want to help lower our carbon footprint through:

- New Build & Refurbishment
- Estate Rationalisation
- Promotion and deployment of mobile working to reduce the need for staff to visit their fixed operational base so regularly and to reduce our accommodation needs
- The use of alternative transport fleet options and the linking of travel expenses reimbursement to carbon emission of vehicles rather than engine size
- Promotion of reduced packaging and recycled products with the consumable supplies we use in delivering our services

Reduce, Reuse, Recycle

We will continue to minimise waste by reducing, reusing and recycling where it is economically feasible.

In refurbishing or extending the Trust's properties we have a policy of using 10% recycled materials where appropriate, ensure materials are from sustainable sources where options exist and that we minimise construction waste. Contractors are expected to recycle at least 20% of construction waste.

Air conditioning is only used where open windows would be disruptive to the activity taking place or could lead to unacceptable risk to our service users or would breach confidentiality. Air Conditioning is not routinely used for offices as it typically adds 30% to the running costs of a building. We are committed to viewing our estate as a whole, investing to save and considering Life Cycle and Whole Life Costs.

Technology and Flexible Working Practices

Our current strategy is to merge our HR, IT and Estates thinking, with our IT proposals to facilitate staff mobile/ remote working. Where appropriate, this will reduce the need for staff to travel to and from fixed office base. This will help to maximise hotdesking; minimise the size of our buildings; maximise the space we use; and consequently reduce the carbon demand of our facilities from a number of perspectives.

We are also exploring a number of options around intelligent print management. We believe that the introduction of centralised printing and access to printed documents through coded input, will reduce the amount of printing within our services by around 25%.

This will contribute to the sustainability agenda through minimising carbon emissions and reducing the use of resources including paper and printer cartridges.

Local and Sustainable Food

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

Contribute to the Local Community

We are committed to securing local contractors, where possible, within the controls of EU procurement rules. This leads to a number of benefits for the local economy.

Management and Reporting

Our Delivery Committee will oversee our progress against this area of work and monitor our performance against the Key Area's we propose to progress on behalf of the Board. This will involve us in continuing to develop and report a series of Financial and Non-Financial measures similar to those in this report, which will reference our ERIC data return, so that our future years progress can be benchmarked.

Valuing People

Staff Engagement

We are committed to involving and engaging with colleagues within the trust to help develop our services and how they are delivered.

Over the last year we have built on existing processes and practices to engage staff at all levels within the organisation. We have for example, run a number of staff workshops seeking their experience and knowledge to help shape our Fair Horizons vision and improve the infrastructure to support our service delivery.

We have also rolled out a series of electronic questionnaires that help us explore issues affecting staff. These supplement the annual staff attitude survey and allow us to understand more fully the themes identified so we can set clear actions to help improve staff experiences.

We have continued to run Executive Roadshows. These give staff the opportunity to listen and ask questions to our Chief Executive on key issues affecting the Trust and our services.

We also introduced a new monthly Team Talk process that seeks to bring people together to hear and discuss local and national news, information from the Trust Board meetings, updates on Trustwide projects, news from other SSUs and help recognise and celebrate team achievements.

Team Talk is not just about giving information; they are forums for discussion with Executives. Managers are then able to share information with their own teams in their own more localised Team Talk meeting.

We updated our Staff Charter during the year to make sure it was consistent with the NHS Constitution and our own values. The document sets out what staff can expect from the Trust as its employer and what the Trust expects of its staff.

This was identified as an area of excellent practice during our Investors in People assessment process which took place during 2010.

In September 2010, the Trust was awarded the Investors in People standard having completed an assessment programme which involved over 120 staff in two assessment phases.

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.

“Over the last year we have built on existing processes and practices to engage staff at all levels within the organisation.”

During 2010/11 Staff Surgeries were run at team meetings and as open sessions, involving around 200 staff. Key topics included equality and diversity, health and wellbeing, the Trust's Staff Charter, appraisal, 'promoting dignity at work', the Staff Attitude Survey and staff benefits.

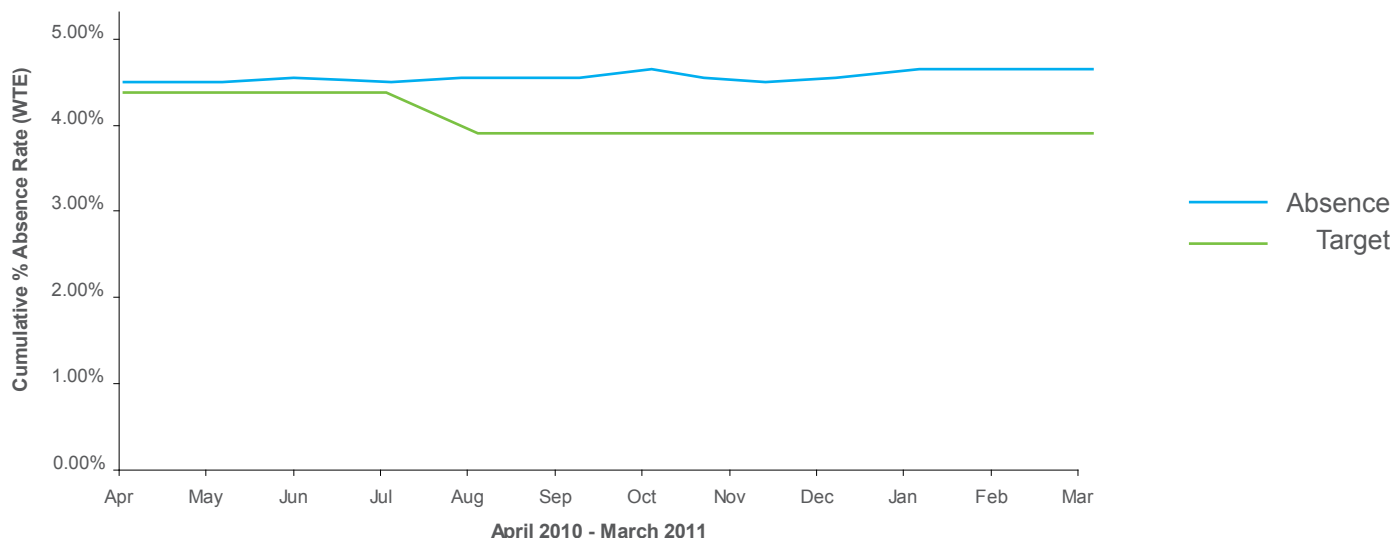
The Trust continued our programme of recognising outstanding service and contribution awards in 2010. The number of nominations for staff and volunteers increased to 170 from about 100 in 2009 and a number of staff were recognised for their long service.

In 2010/11 we also appointed a staff engagement lead to help the organisation further shape and embed staff engagement in all that we do.



Sickness absence data

We pro-actively manage attendance and in 2010/11, we revised our target of reducing sickness absence to 4%. The table below shows our progress towards our target:



Annual Staff Survey

Response rate 2009/2010

The Trust participates in the national staff attitude survey and this year our response rate increased to 54% but remained below the Care Quality Commission (CQC) target rate of 60%. The CQC has not reported the average response rate for like-type Trusts or the average response rate overall for the NHS.

Trust survey response rates by year (to the nearest 1%)

	2009 / 2010		2010/2011		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
Response rate	52%	55%	54%	55%	+2%

Areas of improvement 2010

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 to 40 in 2009. This allows for comparison across like-type Trusts. In addition, some Key Findings have changed this year so comparison with last year is not possible.

The CQC provide an analysis comparing Key Findings for each Trust against the best and worst 20% results for like type Trusts.

In 2010 the results which fall into the worst 20% of responses have fallen by half compared with 2009 - Table 2 below:

Ranking	Key Findings	% Total Score 2009	Key Findings	% Total Score 2010
Best 20%	15	38%	11	29%
Better than average	6	15%	6	16%
Average	9	23%	10	26%
Worse than average	5	12%	9	24%
Worst 20%	5	12%	2	5%

The Trust needs to translate this improvement at the lower end of the ranking into sustained improvement in the 'above average' and 'best 20%' categories.

The CQC report indicates that out of the thirty eight key findings, the Trust responses in 2010 show a significant improvement against 2 key finding results from 2009. These are:

- 'Percentage of staff having equality and diversity training in the last 12 months' which has improved from 26% in 2009 to 46% in 2010. This is a significant improvement and reflects the efforts to deliver training to staff in all services.
- KF 34 'Staff recommendation of the Trust as a place to work or receive treatment' which has a rating of 3.53 compared with 3.45 in 2009.

Of the remaining thirty six Key Findings in 2010 thirty have either not changed or cannot be compared with the 2009 figures. The results for the remaining six have deteriorated when compared with 2009 results.

Of these six Key Findings, three despite being worse in 2010 than in 2009, are still in the Trust's best 20% of responses and are:

- KF 7 'Trust commitment to work-life balance'
- KF 15 'Support from immediate managers'
- KF 32 'Staff job satisfaction'

The final three Key Findings are:

- KF 5 'work pressure felt by staff'
- KF 28 'Impact of health and wellbeing on ability to perform work or daily activities'
- KF 35 'Staff motivation at work'.

All of these results are worse in 2010 than in 2009.

Table 3 – Key Finding results which are worse in 2010 than 2009

Key Finding	2009	2010	NHS Average (for like type Trusts)
KF 5 'work pressure felt by staff' (lower score is better)	3.05	3.15	3.01
KF 7 'Trust commitment to work-life balance' – see also Table 2 'Most Favourable Four Key Findings'	3.79	3.74	3.59
KF 15 'Support from immediate managers'	3.95	3.90	3.80
KF 28 'Impact of health and wellbeing on ability to perform work or daily activities' (lower score is better)	1.59	1.67	1.62
KF 32 'Staff job satisfaction'	3.69	3.65	3.60
KF 35 'Staff motivation at work'	3.92	3.79	3.82

Of the six Key Findings in Table 3 which are worse in 2010 than 2009, three remain above the NHS average for like type Trusts.

Most and Least Favourable Four Key Findings – Comparisons 2009 / 2010

The top four ranking scores and the bottom four ranking scores are comparisons of key findings and not comparisons of individual questions and the 'average' quoted is for like type Trusts not an overall NHS figure.

Table 4 - Most Favourable Four Key Findings - Comparisons 2009 / 2010

Top 4 Ranking Scores 2009	2009 / 2010		2010/2011		Trust Improvement/ Deterioration
	Trust	National Average	Trust	National Average	
% of staff using flexible working (higher score better)	82%	72%	78%	67%	Because of the changes to the format of the survey questions this year (2010) comparisons with the 2009 score are not possible. Result remains in best 20% of responses for like type Trust.
Support from immediate manager (higher score better)	3.96	3.78	3.90	3.80	- 0.06 Result remains in best 20% of responses for like type Trusts.
% of staff feeling valued by work colleagues (higher score better)	85%	79%	82%	79%	- 3% Result remains in best 20% of responses for like type Trusts
% of staff suffering work related injury in last 12 months (lower score better)	5%	8%	4%	8%	- 1% (improved) Result remains in best 20% of responses for like type Trusts

Of the four Key Findings in Table 4, one result cannot be compared with the 2009 results because of changes to the survey, two represent an improvement on 2009 results, and all four are above the 2010 NHS average.

Table 5 - Least Favourable Four Key Findings - Comparisons 2009 / 2010

Bottom 4 Ranking Scores 2009	2009 / 2010		2010/2011		Trust Improvement / Deterioration
	Trust	National Average	Trust	National Average	
% of staff having equality & diversity training in last 12 months (higher score better)	26%	42%	46%	47%	+ 20%
% of staff experiencing harassment, bullying, abuse from patients/ relatives in last the months (lower score better)	30%	25%	17%	18%	Because of the changes to the format of the survey questions this year (2010) comparisons 12 with 2009 score are not possible
% of staff agreeing their role makes a difference to patients (higher score better)	87%	90%	89%	90%	+ 2%
% of staff working in well structured team environment (higher score better)	36%	41%	Not asked in 2010	Not asked in 2010	Not asked in 2010

Of the four Key Findings in Table 5, one result remains the same in 2010 as 2009, and the remaining three results show a minor decrease in results. All of these Key Findings will be areas for action in 2011.

Action planning

For 2011, the Trust will adopt the same approach for action planning as was used in 2010. A small working party comprising of managers and Staff Side Representatives will consider what actions need to be taken to address those key findings where the responses for the Trust are lower than average, those which appear in Table 5 as 'Least Favourable' and re-consider actions against key findings from the previous year where there has been little improvement.

We started to provide Mental and Social Healthcare services in Herefordshire on the 1 April 2011. We will now also take account of the Staff Attitude Survey results for Mental Health Services in the county. Careful consideration will be given to ensure that Herefordshire staff are included in the delivery of the action plan and that the actions equally address those areas which appear to be the most pressing from the Herefordshire reports.

Key actions for the Trust are:

- To carry out an annual review of the provision of equality and diversity training to ensure that it continues to meet the requirements of the Equality Act 2010, Trust needs and options for refresher training
- To continue with 'Staff Surgeries' at team meetings and sessions open to all staff to highlight the Staff Attitude Survey results, explain actions being taken to address issues, and use this as a mechanism to gain staff feedback. To offer Staff Surgeries to teams in Herefordshire
- Continue to publicise health and wellbeing initiatives and staff benefits which support health and wellbeing and to raise awareness of the benefits and initiatives with Herefordshire staff
- To train a cohort of Trust 'Mediators' and continue to publicise how staff can access 'Dignity at Work' Officers. To consider how these roles can be integrated with Herefordshire policy and procedure
- Ensure staff know how to report incidents of violence, bullying and harassment via its Incident Reporting Data Base (Datix) and ensure contact is made with staff and support offered where they report such incidents
- Continue to improve the feedback that staff are given from patient satisfaction surveys using Trust wide and local communication mechanisms
- Develop a page on the Trust's intranet so that staff can access information about the Staff Attitude Survey and actions the Trust is taking to address issues

Equality and Diversity

Equal opportunities policy

The Trust is committed to equality and diversity in the provision of its services and to staff and works to:

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

We have a 'Managing Diversity Policy' in place which 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.

“Colleagues within our SSUs have worked actively with our Community Development Workers to improve engagement and involvement of the communities we serve.”

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 Diversity Steering Group.

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.

In 2010 the Trust developed a draft Single Equality Scheme and supporting draft Action plan to replace existing Race, Disability and Gender Equality Schemes and action plans and its action plan on Age.



An easy read version of the Single Equality Scheme has also been developed and all of these documents can be found on the Trust's website.

These documents have recently been amended to reflect the Trust's delivery of services to the county of Herefordshire and are compliant with the Equality Act 2010.

Colleagues within our SSUs have worked actively with our Community Development Workers to improve engagement and involvement of the communities we serve. This continues to help influence service delivery and improve information and awareness of the services available.

Business plans and the work the Trust is undertaking to move towards Fair Horizons is reflected in the draft action plan which underpins its Single Equality Scheme.

Equality and Diversity training was delivered throughout 2010 in response to a continuing need as identified in the annual Staff Attitude Survey. The training has been well received and two Strategic Service Units set an internal target that 50% of their staff will have accessed the training in 2010/11. Work continues to embed equality and diversity into all relevant training.

A small working group has actively sought options to offer work experience and employment to people who have experienced mental ill health or have a mild to moderate learning disability. Work experience or 'job placements' have been offered by some managers and interest continues to grow.

In March 2011 an advertising process was put in place to ensure applicants with a learning disability or those who have experienced mental ill health could be attracted for one particular post. A working interview process was developed and it is hoped that the post will be filled through this process in April 2011.

In 2011 the Trust will seek to finalise its Single Equality Scheme and action plan and will consider how the NHS Equality Delivery System which focuses on the delivery of service outcomes can be reflected and embedded in our work.

Further work will be undertaken to increase the opportunities for 'job placements' and employment of those with a learning disability or those who have experienced mental ill health.

	Bank		Including Bank		Excluding Bank	
Under 25	38	15%	91	4%	53	3%
25-34	47	19%	356	18%	309	17%
35-44	42	17%	529	26%	487	27%
45-54	52	21%	649	32%	597	34%
55-64	53	21%	349	17%	296	17%
65 and over	17	7%	52	3%	35	2%
Total	249		2026		1777	

	White	Mixed	Asian	Black	Other /Not Stated	Total
Bank	215	2	3	11	18	249
Including Bank	1780	17	52	59	118	2026
Excluding Bank	1565	15	49	48	100	1777

	White	Mixed	Asian	Black	Other /Not Stated
Bank	86%	1%	1%	4%	7%
Including Bank	88%	1%	3%	3%	6%
Excluding Bank	88%	1%	3%	3%	6%

	No	Not Declared	Undefined	Yes	Grand Total	
Bank	170	3	70	6	249	2%
Including Bank	1405	25	547	49	2026	2%
Excluding Bank	1235	22	477	43	1777	2%

Public Interest Disclosures

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

In July 2010 the Trust successfully renewed its commitment as a user of the 'Positive About Disabled People' disability symbol for a further 12 months. This means the Trust is committed to employing disabled people 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 & Safety

The Trust is committed to providing safe environments in which staff can work and 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 2010/2011 the Trust has focused a significant amount of its time on reviewing key policies and procedures, 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 2011/2012.

We have also continued training staff in online Datix incident reporting as well as improving and refining the system to improve the quality of reporting and subsequent analysis.

The most significant refinement to the database is the inclusion of a Health and Safety Sub- category 'Health and Wellbeing' where incidents including violence, bullying and harassment to staff, visitors and others, but not patient to patient, are reported. These have previously been captured as 'Security' incidents.

The table below shows the health and safety incidents to staff, visitors and others by category:

Health & Safety Incidents by Category

Contact	51
Hazardous Substances	4
Health and Wellbeing (including violence)	45
Internal Transport	11
Manual Handling	17
Occupational Health	9
Sharps Injury	9
Slips, Trips and Falls	66
Surroundings	4
Total	216

Working Age Adults have the highest number of reported Health and Safety incidents, however, overall the Learning Disabilities Directorate continues to have the highest number of all types of incidents, due to the level of reports of aggression.

Slips, Trips and Falls are next (66) with the highest number having no identified cause followed by slips on wet/slippery surfaces.

Contact incidents (51) are the next highest, in these people have made contact with objects that they have walked into, or had fall on them.

There were 17 handling and moving incidents, 12 patient handling and five non patient handling.

There were nine sharps injuries, three of which were due to a dirty/unknown sharp.

Table 2 shows the breakdown of health and safety incidents by severity of outcome. 49% resulted in minor injury, with 33% resulting in no/low injury. 17% were not categorised.

Table 2

Type and Severity	LOW	MINOR	MEDIUM	HIGH	CAT A	Uncategorised	Total
Health and Safety incidents to staff, visitors and others including violence	71 33%	105 49%	3 <1%	0	0	37 17%	216

There were ten incidents reported to the HSE under the RIDDOR regulations, seven as a result of aggression to staff and three following falls.

Counter Fraud

Gloucestershire's Local Counter Fraud Service helped 2gether NHS Foundation Trust obtain the highest possible rating for its work in fighting fraud in 2010.

It is the third year running that the former NHS Counter Fraud and Security Management Service (CFSMS) has awarded a top rating of 4 for counter fraud work at the Trust.

CFSMS cited as notable the work done relating to Misstatement in Financial Statements used by the Trust's audit committee to gain the necessary assurance during the production of annual accounts and recommended that it be disseminated nationally through their good practice guidance.



Complaints and Compliments

The Complaints Department undertook a review of the Trust's complaints process, procedure and administration during 2010/11 using the Parliamentary Health Service Ombudsman's 'Principles of Good Complaint Handling' as a guide for improving the management of complaints and aiding the development of an organisation which learns from complaints.

The Trust received 120 formal complaints during 2010/11 covering a variety of services and issues. This is an increase of 34% compared to last year.

It is thought that the increase is due to extensive publicity of our complaints leaflets and posters ensuring that they are accessible in every service area. This is also reflected in more service users raising their own complaints as they may feel more empowered to do so.

In addition the Complaints Department has collected 1351 compliments (special thanks) which individuals, service units and departments received across the Trust.

Three complaints went to the Parliamentary and Health Ombudsman for review which is the same as 2009/10.

We have continued to increase staff awareness of complaints handling, by regular complaints training during induction and Complaints Manager reporting trends and issues at service unit meetings and clinical governance committees.

Additionally the Complaints Department has worked more closely with Clinicians, Service Directors and other staff to review and resolve complaints at an early stage.

Datix was used for the first time as a reporting system providing an accurate analysis of complaint trends within SSU's.

This has helped to improve the effectiveness of the complaints handling procedure, which in addition to regular monitoring provides an indicator to organisational learning.

Anyone who has a compliment, comment, concern or complaint about the services we provide can contact:

- The Complaints Manager at 2gether NHS Foundation Trust



Complaints Manager, 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester GL1 1LY



01452 891138



A leaflet explaining how to make a complaint is available from the Complaints Manager or the Trust's website www.2gether.nhs.uk

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

- Parliamentary Health Ombudsman complaints helpline 0345 015 4033



Accountability

Board of Directors

Introduction

The Board of Directors is legally responsible for the strategic and day-to-day operational management of the Trust, its policies and its services. This includes:

- Providing leadership, working in the interests of the population it serves
- Establishing the Trust's values and standards and translate these into policy and practice
- Deciding strategic direction (following appropriate consultation and involvement of Governors)
- Safeguarding and developing service quality and safety
- Ensuring financial efficiency, stability, viability and probity
- Driving performance in all aspects of the Trust's work
- Managing risks to the achievement of the Trust's objectives
- Ensuring the Trust works in co-operation with statutory and voluntary sector organisations
- Ensuring accountability to Governors and members
- Operating high standards of people management practices
- Building partnerships and working alliances with other appropriate bodies and people
- Ensuring compliance with the terms of authorisation, the constitution, the NHS Constitution, mandatory guidance, statutory requirements and contractual obligations

The Board of Directors maintains a scheme of delegation giving authority to Directors and others within certain limits. The areas of delegation relate mainly to actions required under financial procedures and the Mental Health Act.

Composition of the Board of Directors

Independent Non Executive Directors

Name	Role	Date Appointed	Current term length	
Baroness Rennie Fritchie DBE	Chair	March 2008	3 years	Reappointed March 2011 for 3 year term
Mr Frank Powell	Deputy Chair & Senior Independent Non Executive Director	February 2002*	2 years	Reappointed January 2006 for 4 year term Reappointed January 2010 for 2 year term
Mrs Lizzie Abderrahim	Independent Non Executive Director	February 2002*	1 year	Reappointed November 2005 for 4 year term Reappointed November 2009 for 1 year term Ended appointment 31 December 2010
Mrs Tracey Barber	Independent Non Executive Director	March 2006*	3 years	Reappointed February 2010 for 3 year term
Dr Roger Brimblecombe	Independent Non Executive Director	June 2007*	4 years	
Mr Martin Davis	Independent Non Executive Director	October 2008	3 years	
Mr Dermot McMeekin	Independent Non Executive Director	March 2008	3 years	Reappointed March 2011 for 3 year term
Mrs Charlotte Hitchings	Independent Non Executive Director	March 2011	3 years	
Mr Richard Szadziewski	Independent Non Executive Director	March 2011	3 years	

*Original appointment was made to the Board of Gloucestershire Partnership NHS Trust

Executive Directors

Name	Role
Shaun Clee	Chief Executive
Rosalind Alstead ¹	Director of Quality and Performance
Sandra Betney	Director of Finance and Commerce
Kay Harrison	Director of HR and Organisational Development
Colin Merker	Director of Internal Customer Services
Simon Thompson	Chief Operating Officer
Dr Paul Winterbottom	Medical Director

¹ Rosalind Alstead resigned as a Director 22 March 2011.

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.

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

The 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.

Numbers of meetings and individual attendances 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	Risk	Clinical	Delivery	Mental Health Act Scrutiny
Total Meetings	4	11	4	10	4	6	4	7	10	8	
Baroness Rennie Fritchie DBE ¹	4/4	11/11	4/4	-	-	1	-	-	-	1	-
Mr Frank Powell	3	9/11	4/4	-	-	5/6	4/4	7/7	1	8/8	-
Mrs Lizzie Abderrahim ³	1	6/8	1/2	-	3/3	2/5	2/2	1/1	2/8	-	-
Mrs Tracey Barber	1	8/11	3/4	-	1/1	3/6	1/2	1/1	10/10	-	-
Mr Roger Brimblecombe	-	10/11	3/4	9/10	4/4	6/6	2/2	1/1	-	5/8	-
Mr Martin Davis	2	10/11	3/4	-	-	6/6	2/2	1/1	-	-	-
Mr Dermot McMeekin	-	10/11	4/4	10/10	-	4/6	2/4	4/7	-	-	-
Ms Charlotte Hitchings ⁴	-	1/1	1/1	-	-	-	-	-	-	-	-
Mr Richard Szadziewski ⁴	-	1/1	1/1	-	-	-	-	-	-	-	-
Shaun Clee, Chief Executive ¹	3	10/11	4	8	1	2	1	1	3	-	-
Sandra Betney	-	10/11	-	8/10	3/4	4	-	1	3	-	-
Kay Harrison	1	10/11	4	9/10	-	-	-	-	7	3/8	-
Simon Thompson	-	9/11	-	3/10	-	-	1/4	0/7	8/10	6/8	-
Paul Winterbottom	-	9/11	-	7/10	-	-	0/4	5/7	3/10	-	-
Rosalind Alstead ²	1	10/11	-	5/10	2/4	4	4/4	7/7	3/10	-	-
Colin Merker	2	10/11	-	8/10	-	3	1	-	9/10	-	-

Notes

¹ Ex officio (by virtue of office) member of all committees other than Governance (Audit)

² Rosalind Alstead resigned 31 December 2009

³ Lizzie Abderrahim ended appointment 31 December 2010

⁴ Richard Szadziewski and Charlotte Hitchings started on 1 March 2011

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.

Profiles of Members of the Board

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.



Lizzie Abderrahim - Independent Non Executive Director

Lizzie is qualified in law and social work and brings a wealth of experience as a social worker, legal advisor and as a manager in the voluntary and community sector. She is a member of the Standards Board for England, the Independent Chair of Gloucester City Council's Standards Committee and Chair of the General Social Care Council's Conduct Committees. She is also a Trustee/Director of two local community organisations – the Westgate Community Trust and GARAS (Gloucestershire Action for Refugees and Asylum Seekers) – and is a Trustee of the Gloucester Relief in Sickness Fund. Lizzie resigned as an Independent Non-Executive Director on 31 December 2010, on reaching the end of her term of office.



Tracey Barber - Independent Non Executive Director

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. More recently Tracey was a Cotswold and Vale Primary Care Trust Non-Executive Director.



Dr Roger Brimblecombe - Independent Non Executive Director

Roger Brimblecombe began his career working in the Research Department of Bristol Mental Hospitals as a neuropharmacologist. He has held a number of senior positions in the pharmaceutical industry and healthcare sector, and until January 2007 he was Chairman and CEO of pSvida Ltd (Australia & US) a global biopharmaceutical company. He 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 is also an Advisor to MVM Life Science Partners LLP and a Trustee/Vice Chair of the Bath & NE Somerset Volunteer Centre.



Martin Davis - Independent Non Executive Director

Martin chairs the Board's Audit 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 has been a managing partner in two international strategy consultancy firms and a solicitor practising commercial law. He holds other Non Executive Director posts in financial services and commercial property and is a school governor.



Frank Powell - Independent Non Executive Director

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.



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 based upon the objectives of those Councils.

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.



Shaun Clee - Chief Executive

Shaun has 33 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.



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

Sandra is a very experienced finance professional who has worked in the NHS for 18 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).



Simon Thompson - Chief Operating Officer

Simon has 21 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 the Primary Care Trust in Herefordshire and Director of Mental Health and Social Care in Dudley. He has worked for 2gether since November 2007, leading on operations and performance for Learning Disabilities, Substance Misuse, Child and Adolescent Mental Health Services, Working Age Adults and Older People's Services.



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.



Kay Harrison - Director of Human Resources and Organisational Development

Kay has 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 Foundation Trust. She leads the Human Resources Directorate which covers Human Resources, Training, Health and Safety and Occupational Health Services.



Colin Merker - Director of Internal Customer Services

Colin has 35 years' NHS Experience. He is a professionally qualified Chartered Engineer. For the last 19 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. He 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.



Ros Alstead - Director of Quality and Performance (Nursing, Social Care & Allied Health Professionals)

Ros has over 30 years' NHS Experience. She is a Registered Mental Health and General Nurse. She has held a number of Director positions in NHS organisations across the UK, including inner London and Birmingham. She was Director of Nursing at Birmingham and Solihull Mental Health Trust until joining 2gether in 2009. She has been a member of the Richardson Committee reforming the Mental Health Act 1983. She was the West Midlands Darzi Mental Health Clinical Pathway Group Facilitator. She was also a panel member on the Kerr Haslam Inquiry. She is currently Chair of the National Mental Health and Learning Disability Nurse Directors' and Leads' Forum. Ros resigned as a Director on 22 March 2011.



Chairs of Board Committees

Chair	Board Committee in 2010/11
Rennie Fritchie	Board of Directors Appointments and Terms of Service Committee Council of Governors
Frank Powell	Governance Committee Mental Health Act Scrutiny Committee
Martin Davis	Audit Committee
Tracey Barber	Delivery Committee
Dermot McMeekin	Development Committee
Roger Brimblecombe	Charitable Funds Committee

Council of Governors

The Council of Governors is made up of public, staff, primary care trust and local authority governors. There is also a governor appointed by the Gloucestershire Learning Disability Partnership Board.

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 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.

Ten by-elections have been held during 2010-11 for a number of Public and Staff Constituencies. The turn out for the elections was as follows:

Constituency	Candidates	Total Votes Cast	Turnout
Gloucester City Council (May 2010)	* Nigel Hayward * Peter Whitting	Elected unopposed	N/A
Cotswold District Council (May 2010)	No nominations received; one vacancy remains	N/A	N/A
Stroud District Council (May 2010)	*John Gillett *Sam Tolley One vacancy remains	Elected unopposed	N/A
Tewkesbury Borough Council (May 2010)	*Julie Garnham *Francesca Tolond	Elected unopposed	N/A
Forest of Dean (May 2010)	*Marion Winship *Joan Tranter	108	20%
Staff – Nursing Class (May 2010)	*Mark Elliott *David Maynard	129	24.7%
Staff – Medical Class (May 2010)	No nominations received; one vacancy remains	N/A	N/A
Staff – Clinical & Social Care Support Staff Class (May 2010)	*Tim Stokes	Elected unopposed	N/A
Staff – Allied Health Professionals & Social Care (May 2010)	*Kristoff Fraszczak	Elected unopposed	N/A
Staff – Management, Admin and Other Class (May 2010)	*RichardButt-Evans	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 2011
Public constituencies		
Cheltenham	3	-
Cotswold	2	1
Forest	2	-
Gloucester	3	1
Stroud	3	1
Tewkesbury	2	-
Staff constituencies		
Medical practitioners' staff class	1	1
Nursing staff class	3	-
Allied Health Professionals and Social Work staff class	1	-
Clinical and social care support staff class	1	-
Management, administrative and other staff class	2	-
Appointed governors		
Gloucestershire Primary Care Trust	1	-
Gloucestershire County Council	1	-
Nomination from six city/borough/district councils	1	-
Gloucestershire Learning Disabilities Partnership Board	1	-
Total	27	4

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 four times in the reporting period
- Appointed two Non-Executive Directors
- Re-appointed one Non-Executive Director
- Re-appointed the Trust Chair
- 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
- Contributed to the Trust's Social Inclusion Strategy
- Appointed a Lead Governor (Julie Garnham, Public Governor, Tewkesbury)
- 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)
Elected Public Governors			
Cheltenham Borough Council	3	Ros Taylor	June 08
		Jo Smith	January 10
		Gill Pyatt	January 10
Cotswold District Council	2	Vacant	
		Alison Lott	June 08
Forest District Council	2	Angela Lewis	July 07 (<i>June 10</i>)
		David Coombs	July 07 (<i>June 10</i>)
		Marion Winship	July 10
		Joan Tranter	June 08
Gloucester City Council	3	Sandra John	June 08
		Nigel Hayward	July 07
		Vacant	
Stroud District Council	3	Samantha Tolley	July 10
		John Gillett	July 10
		Vacant	
Tewkesbury Borough Council	2	Francesca Tolond	July 10
		Julie Garnham	July 10
Elected Staff Governors			
Medical	1	Dr C Mehta	July 07 (<i>June 10</i>)
Nursing	3	Mervyn Dawe	July 07 (<i>June 10</i>)
		Anthony Warnes	July 07 (<i>June 10</i>)
		Tim Coupland	November 08
AHP and Social Care	1	Bronwen Carless	July 07 (<i>June 10</i>)
Support Staff	1	Kristoff Fraszczak	July 10
Management, Administrative and Other Staff	2	Richard Butt-Evans	July 10
		Jan Furniaux	November 09
Governors nominated by partner organisations			
County Council Representative	1	Cllr Paul McLain	July 09 (<i>February 11</i>)
		Cllr Peter Briadwood	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	Jan Marriott	November 08
		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 six letters a year 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 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 later in this report.

Attendance by Governors at Council of Governors' meetings

Public	Name	Possible Attendances
Cheltenham	Ros Taylor	4/4
	Gill Pyatt	2/4
	Jo Smith	4/4
Cotswold	Alison Lott	3/4
Forest	Angela Lewis	1/1
	David Coombs	1/1
	Marion Winship	2/3
	Joan Tranter	2/3
Gloucester	Sandra John	1/4
	Nigel Hayward	3/4
Stroud	Samantha Tolley	2/4
	John Gillett	4/4
Tewkesbury	Francesca Tolond	3/4
	Julie Garnham	4/4
Staff		
Medical Nursing	Dr C Mehta	1/1
	Mervyn Dawe	0/1
	Anthony Warnes	0/1
	Tim Coupland	2/4
	Mark Elliott	3/3
	David Maynard	3/3
AHP and Social Care	Bronwen Carless	1/1
	Kristoff Fraszczak	1/3
Support Staff	Tim Stokes	4/4
Management, Administrative and other staff	Richard Butt-Evans	3/4
	Jan Furniaux	3/4
Nominated		
County Council Representative	Cllr Paul McLain	2/4
District, Borough or City Council	Cllr Duncan Smith	3/4
Learning Disability Partnership Board	Faye Henry	4/4
Gloucestershire Primary Care Trust	Jan Marriott	1/1
	Jill Crook	0/3

Audit Committee

In April 2010 the Board agreed to establish a separate Audit Committee to provide objective oversight of the Board's Committees and the Executive Team. Previously the Audit Committee role had been undertaken by the Governance 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.

During the year the Audit Committee reviewed the work of the External Auditor. The Auditor (the Audit Commission) has not carried out work outside the Audit Code.

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 the Trust's Quality Report and associated action plan, budgetary control and performance management processes, Clinical Audit processes, Counter Fraud activity, and the actions and processes for avoiding and managing serious untoward incidents.

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 and Lead Governor)
- Sam Tolley, Public Governor - Stroud
- Francesca Tolond, Public Governor – Tewkesbury (from October 2010)
- Tim Stokes, Staff Governor – Support Staff
- Duncan Smith, Nominated Governor (from July 2010)

In 2010-11 the committee oversaw the appointment of two new Non-Executive Directors using an external executive search agency, and the reappointment of the Trust Chair and an existing Non-Executive Director. 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 Remunerations Committee met three times during the reporting period.

Nomination and Remuneration Committee meetings between April 2010 and March 2011

Name	Individual attendance at Nomination and Remuneration Committee		
	21 April 2010	18 October 2010	24 January 2011
Rennie Fritchie	✓		✓
Julie Garnham	✓	✓	✓
Tim Stokes	✓	✓	✓
Samantha Tolley			
Jan Marriott (until July 2010)	✓		
David Coombs (until July 2010)	✓		
Francesca Tolond (from Oct 2010)		✓	
Duncan Smith (from July 2010)		✓	✓

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 four 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 policies and procedures and as necessary

One Executive Director was appointed following open advertisement of the post and a selection process involving members of the committee, service users, carers and Governors.

Register of Governors' and Directors' interests

A register of Governors' and Directors' interests and a hospitality register is available from the Trust Secretary who you can contact on 01452 891000 or by emailing john.mcilveen@glos.nhs.uk

“The Council of Governors is made up of public, staff, primary care trust and local authority governors.”



Membership



“Our membership plan continues to focus on delivering regular and ongoing opportunities for active participation and feedback.”

Constituencies and Eligibility

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

Public Constituencies

Six public constituencies together form the County of Gloucestershire where the overwhelming majority of the people who use the Trust's services live.

These constituencies are based upon the city, borough and district councils within the county: Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud and Tewkesbury.

At the end of the year the Trust won a contract to provide services in Herefordshire. A Greater England public constituency was subsequently established to enable members of the public and service users outside Gloucestershire to join the Foundation Trust.

Public Member Eligibility

Members of a public constituency live within that defined area and must have made an application for membership to the Trust. Staff members are not eligible to become public members.

Membership is open to all people over the age of 11.

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.

Total Number of Members

At the end of March 2011 we had a total of 6,348 ²gether NHS Foundation Trust members.

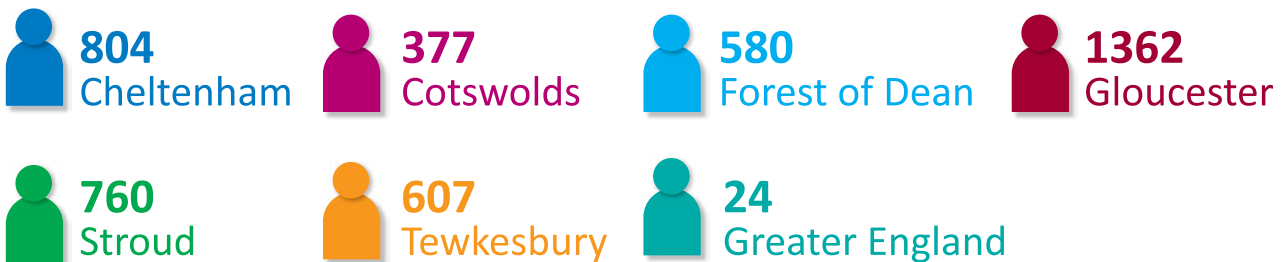
Public Members

All people aged 11 and over who live in England are eligible to join the Foundation Trust. At the end of March 2011 we had 4,514 public members.

Staff Members

All staff on permanent or fixed term contracts of 12 months or longer are automatically members. At the end of March 2011 we had 1,834 staff members.

Public Membership Constituency Data



Membership Recruitment

Educating, encouraging and engaging our local communities to work with us to help influence local services and delivery are important goals for us.

They are the core basis for how we seek to develop our membership strategy.

The membership plan has worked in harmony with the social inclusion strategy to:

- Recruit and retain members representative of the communities we serve
- Create interest, enthusiasm and energy
- Build cohesion to help reduce stigma and discrimination
- Develop meaningful and valuable membership that is both supported and sustained

Over the last 12 months, we have continued to involve our communities and raise awareness of emotional wellbeing through a number of new initiatives and communication channels. We have:

- Refreshed the membership area of our website
- Partnered with local schools and colleges to engage younger adults
- Worked jointly with our local media
- Relaunched our membership magazine
- Encouraged local sporting heroes to back our campaign to Make Life Better



Looking Forward

Over the next 12 months we will continue to create opportunities for our county's diverse communities to have a stronger voice in helping to develop the services we are commissioned to provide.

Our membership plan continues to focus on delivering regular and ongoing opportunities for active participation and feedback. This will help us establish, maintain and grow meaningful membership. The membership plan includes:

- Attending local events and developing our Making Life better campaign
- Encouraging participation through attendance at Board Listening events
- Further enhancing our online community
- Contributing to regular articles for our local media
- Working with local partners to address the needs of younger members

How to 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.

Anyone aged 11 years and over can join us.

Members receive a regular newsletter and you can decide when and how much you want to be involved. You can write articles, participate in surveys, provide information and advice to your local Governor or seek election to the Council of Governors yourself. It's entirely up to you.

Join us by:



Telephone: 01452 891165



Email: foundationconsultation@glos.nhs.uk



For more information and to join online visit us www.2gether.nhs.uk





Quality Report 2010/11 & Quality Account 2011/12

2gether
Making life better

2gether
NHS Foundation Trust **NHS**

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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 and Account – our opportunity to state our commitment to seek to continuously improve the quality of the services we provide and moreover to demonstrate real and sustained evidence of that commitment.

Our stated purpose as an organisation is “To Make Life Better” and this is fully expressed in our commitment to develop the highest quality services that make genuine and meaningful differences to all those who use our services. That quality is defined by the setting of ambitious objectives that are relentlessly followed through to completion.

Those objectives are not developed in isolation; they are compiled with the help and participation of our many partners and stakeholders, commissioners and staff, but most importantly with the involvement of the service users and carers themselves. Our name, 2gether, is a statement of intent, to work alongside our service users, carers, partners and commissioners and the production of our Quality Report and Account is an example of the enactment of our intent.

Our view is that producing the Quality Report and Account each year with the associated quality initiatives is not an isolated annual exercise, but part of a continuous process of focussing on the most important features of our services, monitoring them regularly, putting in place measures to ensure we keep on track and sharing the results with the Trust Board and our partners.

This document describes the progress that we have made in the last year towards achieving our stated aims in our Quality Report and Account. It builds on that platform and projects what further quality improvements we intend to make in the next twelve months and beyond.

Quality Initiatives 2010/11

I sincerely believe we can look back at the last twelve months with a measure of pride. We achieved almost all of the objectives that we set ourselves in last year's Quality Account. Some notable highlights were the opening of our state-of-the-art inpatient unit for older people at Charlton Lane in Cheltenham and the new Psychiatric Intensive Care Unit (PICU) at Wotton Lawn in Gloucester, enabling us to provide the quality of environment that each of us would wish to have access to, an up-to-date environment which supports privacy and dignity, enhances safety and is conducive to improved outcomes.

We recognise the significant role that carers play in assisting our understanding at assessment and in supporting recovery. We also recognise that carers have not always felt as welcome and included as we would wish and so we have commenced work, in partnership with carers on a Carers Charter which will come into fruition in 2011/12.

As part of our drive to ensure equality and reduce stigma and discrimination we began to restructure our entire service around the needs of the service user in an ambitious project known as “Fair Horizons”. This is a large and complex Trust-wide initiative that will come to fruition in 2012, streamlining access to our users by adopting a “one stop shop” approach to care and addressing many of the barriers associated with the traditional approach to diagnosis and treatment.

We also started our involvement in a two year programme led by NHS South West with the express intention of further improving patient safety. There are a number of specific areas of focus: safe and reliable care, safe and effective medicines management, patient and family centred care and communication, and leadership, which will undoubtedly prove of great benefit to our users.

The implementation of our new service user electronic records system, RiO, to almost all the areas of care was a major undertaking, but one that promises to reap large rewards in substantially reducing risk of error and improving the overall quality of service.

It was pleasing that our achievements in quality were recognised last year. In particular, we achieved a top ten position when compared against other mental health trusts in specified quality indicators. Furthermore, the CQC assessed us as being of low risk overall in their new Quality and Risk Profile.

We also obtained encouraging results in two independent surveys: the first was of our community service users, where we consistently achieved above average scores when compared to other Trusts, the other surveyed our staff in which we featured in the top 20% of mental health trusts in 11 of the 38 categories and gave a strong overall performance. You can find further details of both these surveys in Part 3 of this document. However we are not complacent and recognising that we still have much to do, I will now turn to looking ahead to 2011 and beyond.

Quality Initiatives 2011/12

As demand for services continues to grow as a consequence of increased awareness, increased acceptance and increased longevity we must continue to find ever more effective and efficient ways of responding to demand. We must do so in ways that also continue to improve the experience of service users and carers, the outcomes achieved and the safety associated with service provision.

Achieving this challenge is only possible through the application of highly skilled clinicians and leaders who have the passion and commitment to continuously challenge themselves and each other to achieve more. I believe we have the right ingredients and we will continue to invest in attracting and retaining the very best clinicians, leaders and support staff available.

As an organisation we have expanded the range of services we provide, geographically and type of service. From April we commence service delivery of mental health, substance misuse and learning disability services for Herefordshire and from May we commence delivery of prison health services and substance misuse services within HMP Gloucestershire. The successful integration of these new services within 2gether and the delivery of the anticipated benefits of Fair Horizons will be major areas of focus in 2011/12.

The quality initiatives we intend taking next year must be seen in the wider context of delivering the Department of Health's five strategic domains as defined in their strategy document "Liberating the NHS: Transparency in Outcomes – a Framework for the NHS"* and this year we have arranged our objectives, targets and initiatives under these headings. We feel that this will add further focus to the quality agenda.

The ideas and plans we have formulated under the domains we believe are ambitious and stretching, yet innovative, important and wholly worthwhile in being of benefit to those who access our services and those who work within them.

As last year, we will be monitoring the progress of these plans regularly and reporting formally every quarter. We firmly believe that such public scrutiny is an important part of our drive for continuous improvement – a journey towards excellence.

The full list of our plans to improve the quality of service next year can be found in Section 2 of this Quality Report and Account.

Quality means conforming to requirements and to a large extent in our context this means conforming to standards – either defined by others, such as CQC and NICE, or by our own ambitions. Yet quality is more than figures and targets. To truly experience Quality Service, there must be an indefinable and unmeasurable aspect that is the human dimension.

We cannot provide quality without the skill, experience and dedication of our workforce. We will continue to support and develop our staff so that they may provide that Quality Service. To that end, I warmly welcome those staff that have joined us from NHS Herefordshire and NHS Gloucestershire and look forward to their contribution to achieving our purpose.

May I also take this opportunity to thank members of NHS Gloucestershire and Herefordshire, the HCCOSC and LINKs of those two counties, the Governors and my colleagues on the Trust Board who have helped in the production of this Quality Report and Account.

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

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

“ We firmly believe that such public scrutiny is an important part of our drive for continuous improvement - a journey towards excellence. ”



* This document may be found at http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/DH_122947

Part 2a: Looking ahead to 2011/12

Priorities for Improvement 2011/12

In this section we describe five quality areas that we will focus on in 2011/12 as agreed by our Trust Board. Under the three key dimensions of effectiveness, user experience and safety, we have organised our proposed actions and resultant measures into five domains defined by the NHS in their strategy document "Liberating the NHS". The measures chosen will be used to chart progress from one period to the next; this period could be monthly, quarterly or annually depending on the nature of the measure and how frequently the data is collected.

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

- Department of Health
- Care Quality Commission (via the Quality Risk Profile)
- Monitor
- King's Fund report on Quality Accounts
- Gloucestershire Local Involvement Network (LINK)
- Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)
- Herefordshire HCCOSC
- NHS Gloucestershire
- NHS Herefordshire
- Internal assessment of Care Quality Commission (CQC) Outcome compliance
- Internal audits
- South West Mental Health Safety Initiative
- Trust's Service Experience Committee (comprising service users)

These priorities for improvement are applicable for services in both Gloucestershire and Herefordshire, and for other counties where we provide services, except where specifically stated otherwise.

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

Effectiveness

Domain 1: Preventing people from dying prematurely

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

In support of the Department of Health's objectives on preventing premature deaths as described in their publication The NHS Outcomes Framework 2011/12 we intend carrying out the following activities:

- 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

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- 100% implementation of the NPSA Community Suicide Prevention Toolkit amongst those service users in Community Recovery Health Teams, Early Intervention and Assertive Outreach Teams in Gloucestershire (based on a quarterly audit, sampling of up to 45 cases per team)
- 100% implementation of the NPSA Suicide Prevention Toolkit for all inpatient units in Herefordshire
- 10% of working age adult inpatient service staff to receive brief smoking cessation training, with the information collated and reported quarterly
- Increase the number of referrals made to Gloucestershire Smoking Advice Service (GSAS) from the Trust (202 in 2010/11). Figures to be gathered monthly and reported quarterly

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. These relate 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 functional outcomes that they want to achieve and this must be recognised in the service we provide.

The way we will carry this objective out this year is to:

- Improve dementia service by following a dementia pathway that includes early diagnosis and an improved range of support activities
- To continue to improve the Learning Disabilities service by ensuring compliance with the Green Light Toolkit
- Continue to develop the effectiveness of the IAPT 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 our core Trust values, pledges that we will support the principles of a genuine partnership between people who use services, carer's and professionals

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- At least 95% of service users with cognitive impairment admitted to Older People's services assessed for pain and distress using an appropriate diagnostic tool
- Provide demonstrable improvements in older people's services reporting quarterly on progress



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 should 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.

Actions that will be taken to support this objective include:

- Improving access and care pathways by implementing the Trust's 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
- 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

Measuring & Monitoring

The targets to monitor success in achieving this objective are*:

- At least 95% of adult Care Programme Approach (CPA) receiving follow-up contact within five days of discharge from psychiatric inpatient care (National target seven days)
- At least 95% of adult service users in the CPA having at least one formal review within six months of discharge from psychiatric inpatient care (National target 12 months)

- Less than 7.5% of adult patients whose transfer of care was delayed, averaged over each quarter
- At least 90% of service users admitted to psychiatric inpatient care who had access to crisis resolution home treatment teams, excluding:
 - o Admissions to psychiatric intensive care units
 - o Internal transfers of service users between wards in a trust and transfers from other trusts
 - o Patients recalled on Community Treatment Orders
 - o Patients on leave under Section 17 of the Mental Health Act 1983
- At least 95% of new psychosis cases will be served by early intervention teams
- Data Quality measures: service user records should comply as follows:
 - o 99% completeness for the Mental Health Minimum Data Set (MHMDS)
 - o 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
- o 98% accuracy in recording ethnic origins for inpatients
- o 95% compliance of service user records to CPA standards

The current baseline figures for the all of the above measures can be found in Section 3 of this document. Information will be collected monthly and reported monthly in the Trust's normal performance dashboard.

- An agreed percentage of staff in Recovery, Primary Mental Health and Prison Healthcare services to receive training in Knowledge and Understanding Framework for people with personality disorders (KUF), following a training needs assessment in the first quarter of 2011 (April to June). Reporting will be on a quarterly basis

** Where applicable, the measures used are defined by Department of Health national standards*

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.

The following are actions that we intend to take to further this aim:

- 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 Herefordshire in planning service quality improvements
- Implement the action plan resulting from the CQC inspection of Looked after Children 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

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- Agreed level of results from surveys of Gloucestershire and Herefordshire service users through the internal service user surveys
- Increase the percentage of carers who have been offered an assessment from 99% to 100%

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 eliminating serious incidents, but also engendering an open and honest culture that should untoward events occur we learn from experience to prevent them happening again. We will achieve this by:

- 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 reportable incidents 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

Measuring & Monitoring

The targets to monitor success in achieving this objective are:

- 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
- A reduction in the number reported of severe physical assaults where actual harm was suffered during the year
- Third party properties have appropriate agreements in place for their use and ongoing safe maintenance and up-keep



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

Review of Services

During 2010/2011 the 2gether NHS Foundation Trust provided and/or sub-contracted five NHS services:

- Working Age Adult including Prison Inreach (WAA)
- Older People's Services (OP)
- Child and Adolescent Mental Health (CAMHS)*
- Substance Misuse (SMS)
- Learning Disability Services (LD)

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

The income generated by the NHS services reviewed in 2010/11 represents 93.4% of the total income generated from the provision of NHS services by the 2gether NHS Foundation Trust for 2010/11

**From 1 April 2011 this service will be known as Children and Young People Service (CYP)*

Participation in Clinical Audits and National Confidential Enquiries

During 2010/11, three 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 33% 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 participated in during 2010/11 are as follows:

National Clinical Audits

We have registered with three Royal College national audits that are at different stages of completion.

- **Depression Detection & Management of long-term sickness absence by occupational health services in the NHS: Round 2**

The summary report and 2gether audit results have been received and demonstrate that we are broadly in line with national rates

In summary:

- **Re-audit of the National Falls and Bone Health Care Audit**

Mental health organisations are only involved in one element of this audit and that is the organisational audit element. Our data collection was carried out in September and the national report is due in spring 2011

- **National Audit of Psychological Therapies**

Data collection for this started in June 2010 and continued until February 2011. The resultant report is expected in October 2011

National Confidential Enquiries

The national clinical audits and national confidential enquiries that 2gether NHS Foundation Trust participated in, and for which data collection was completed during 2010/11 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.

Psychological Conditions	Participation	% cases submitted
<i>Clinical Audits</i>		
Depression Detection & Management	YES	53%
Re-audit of the National Falls and Bone Health Care Audit	YES	Not relevant
National Audit of Psychological Therapies	YES	Not yet available
Prescribing in mental health services	NO	Not Applicable
National Audit of Schizophrenia	NO	Not Applicable
<i>Confidential Enquiries</i>		
National Confidential Enquiry into Patient Outcome and Death	NO	Not Applicable
Confidential Enquiry into Maternal and Child Health	YES	Not Available
National Confidential Enquiry into Suicide and Homicide by People with Mental Illness	YES	100%
Sudden Unexplained Death Study	YES	97%

The report of one national clinical audit was reviewed by the provider in 2010/11 and Together NHS Foundation Trust intends the following action to improve the quality of healthcare provided:

Depression Detection & Management

- Establish local protocol to help improve performance and train staff on how to implement it

The low percentage of submission for the Depression Detection & Management Audit was due to the expectation of collecting 40 cases and this was a high level of participation for a Trust of our size.

We did not participate in the Prescribing in Mental Health Services national audit in 2010/11 as we felt it was too stretching on our resources at this time.

We applied to take part in the National Schizophrenia Audit, but were not selected as one of their participants for the pilot study.

We did not participate in the National Confidential Enquiry into Patient Outcome and Death as it was judged to be not applicable to us.

The reports of 67 local clinical audits were reviewed by the provider in 2010/11 (21 NICE audits, 17 mandatory trust audits, 17 clinical interest audits and two others) and Together NHS Foundation Trust has already undertaken 138 actions as a result. It intends to complete a further 135 actions to improve the quality of healthcare provided.

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Together NHS Foundation Trust in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was 321. This is a substantial increase on the 2009/10 total of 43 and the 2008/09 figure of 40.

This increased level of participation in clinical research demonstrates our continuing commitment to improving the quality of care we offer and to making our contribution to wider health improvement. In this way, our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Together NHS Foundation Trust participated in 13 clinical research studies in mental health during 2010/11:

Mental Health

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- Rehabilitation Effectiveness and Activities for Life (REAL): a multicentre study of rehabilitation services and the efficacy of promoting activities for people with severe mental health problems
- Effectiveness of Multi-Professional Team Working in Mental Health Care
- Developing a UK Evidence Base for Contingency Management in Addiction Treatment: Incentive-based interventions to improve treatments to reduce drug use and associated harms
- REFOCUS: Survey 1-3
- REFOCUS: Developing a recovery focus in mental health services in England Substudy 1-4
- Case-control Studies of Psychiatric In-patients who Commit Suicide in the First Week of Admission and Suicides within two Weeks of Discharge from Psychiatric In-patient Care
- A pilot study of a letter-based contact aimed at reducing the risk of suicide following psychiatric inpatient discharge
- 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

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
- Costs and Resource Use of Alzheimer's Disease in Europe

Moreover, in the last year at least two publications have resulted from our involvement in The National Institute for Health Research (NIHR) research, which shows our commitment to transparency and desire to implement service user outcomes and experience across the NHS.

There were 12 clinical staff participating in research approved by a research ethics committee at Together NHS Foundation Trust during 2010/11.



Use of the CQUIN payment framework

A proportion of 2gether NHS Foundation Trust's income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between 2gether NHS Foundation Trust and NHS Gloucestershire for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The eight CQUINs agreed for 2010/11 with NHS Gloucestershire were concerned with:

- Improving responsiveness to personal needs of Service Users in the Community
- Reducing avoidable death, disability and chronic ill health from VTE
- Improving physical health outcomes for service users in Mental Health and Learning Disability Services, who have been in contact with Mental Health services for 12 months or more
- Improving physical health outcomes for inpatients who may suffer poor physical health as a result of their mental illness
- Improving physical health outcomes for mental health inpatients/community service users who smoke, by encouraging them to stop smoking in well documented evidence

- Developing workforce awareness to dementia pathways and services that supports care of the patient with dementia and their carers
- Surveying all Gloucestershire GP practices asking about the quality and effectiveness of Mental Health and Learning Disability services, provided by 2gether NHS Foundation Trust
- Assuring that processes are in place to mitigate any risks of suicide in service users

The first two of these related to national goals, the next four formed part of the operating framework for the NHS in the south west region. The last two CQUINs were locally-defined outcomes within Gloucestershire.

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 actually achieved.

Further details of the agreed goals for 2011/12 are available electronically at:
http://www.institute.nhs.uk/commissioning/pct_portal/2010%1011_cquin_schemes_in_south_west.html#3

Statements from the Care Quality Commission

2gether NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is unchanged from the submission in 1 April 2010 across its locations apart from receiving its amended certificate in relation to including diagnostic and screening facilities, and deregistering Holly House as an inpatient location. 2gether NHS Foundation Trust has no conditions placed on its registration.

The Care Quality Commission has not taken enforcement action against 2gether NHS Foundation Trust during 2010/11.

2gether NHS Foundation Trust has participated in the special countywide review of safeguarding children within Gloucestershire by the Care Quality Commission and OFSTED during 2010/11.

As part of the county-wide action plan resulting from this review, 2gether NHS Foundation Trust has taken the following as our action to address the conclusions or requirements reported by the CQC and OFSTED:

- To work with the commissioners to ensure that there are sufficient resources within the child and adolescent mental health service to meet the mental health needs of looked-after children and young people through the establishment of a new contract

2gether NHS Foundation Trust has made the following progress by 31 March 2011 in taking such action:

- A new contract for the Trust's CAMHS services has been agreed that comes into operation on 1 April 2011 and which allows for increased investment in dedicated Primary Mental Health Workers to support the Looked After Children initiative within Gloucestershire

2gether NHS Foundation Trust now receives its Quality Risk Profile from the Care Quality Commission on a monthly basis. At the end of the fourth quarter, our overall contextual risk rating is low. This comprises situational, inherent and population risks (the first is rated as medium risk, the other two as low).

In October 2010 2gether NHS Foundation Trust informed the CQC of our decision to temporarily transfer the clinical inpatient activity from The Vron to other inpatient units; the CQC were advised that there is currently no regulated activity at this location and formal notification will be given in due course.

In January 2011, 2gether NHS Foundation Trust applied for the transfer of two locations from Herefordshire PCT to the Trust: Oak House and Stonebow Unit, to take effect from 1 April 2011. This application was accepted in March 2011.

When 2gether NHS Foundation Trust registered with the Care Quality Commission in January 2010, it declared itself non-compliant in two outcomes in three locations:

- Outcome 4: Care & Welfare of People who Use Services, in relation to the Older People's premises at Holly House and Charlton Lane
- Outcome 10: Safety & Suitability of Premises, in relation to our non-inpatient community locations.

Both of these were subject to detailed action plans and Outcome 4 is now judged to be compliant. Outcome 10 is making good progress towards full compliance and the risk to the safety of service users and staff is regarded as very low.

In April 2010, 2gether NHS Foundation Trust was the subject of scrutiny by the CQC as a result of the coroner's comments concerning two deaths of service users that had occurred in previous years. An action plan to address any shortcomings identified had already

been drawn up and was related to our statement of non-compliance to Outcome 4 above. We have been sending regular six monthly updates to CQC describing our progress against the plan and CQC have not sought to take any further action against us.

Quality of Data

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

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

- During 2010/11 the Trust built on its existing clinical data quality arrangements and processes in a number of key areas
- Each Strategic Service Unit in the Trust has identified senior operational managers to take lead responsibility for clinical data quality in their particular services. They form the Data Quality Assurance Group chaired by the Trust's Information Development Manager which meets on a bi-monthly basis, having had its inaugural meeting in January 2011. It provides a forum for the Information Development Manager to disseminate 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
- At the same time a Rio System User Group has been set up as part of the local implementation of the national RiO Electronic Patient Record System across the Trust. This is another important component of the overall data quality process as it 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
- In addition to these operational process developments the Trust has made significant advances in the tools available to monitor and improve data quality during 2010/2011
- Key among these has been the introduction of real time automated data quality reports. These are replacing 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 patient 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 range of reports, the first of which covered key Mental Health Minimum Data Set items. It is planned that these reporting tools will be extended to reflect a wide range of local clinical and business priorities

NHS Number and General Medical Practice Code Validity

- 2gether NHS Foundation Trust submitted records during 2010/11 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:
 - 99.99% inpatients with valid NHS number
 - 99.99% community patients with valid NHS number
 - 92.60% inpatients with valid General Medical Practice Code
 - 98.86% community patients with valid General Medical Practice Code

Information Governance Toolkit

2gether NHS Foundation Trust Information Governance Assessment Report score overall score for 2010/11 was 64% and was graded red (not satisfactory).

In 2010 the Department of Health brought out a revised framework and submissions process for the assessment and reporting of the Information Governance Toolkit. The new framework incorporated 45 indicators and the requirement was that Trusts should achieve a minimum of level 2 for each indicator by 31 March 2011.

During the year, this requirement was varied and Monitor issued revised guidance requiring Foundation Trusts to reach a minimum of level 2 with 22 of the 45 indicators, which were identified as Key Indicators. Of the remaining 23 indicators, Trusts had to have a plan for how they would achieve level 2.

At the time of our submission on 31 March 2011, we had achieved the Monitor requirements, the situation declared being:

Of the 22 Key Indicators:

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

Of the remaining 23 non-key indicators:

- 4 were at level 3
- 11 at level 2
- 8 were at level 1

Plans are in place for the 8 at level 1 to achieve at least level 2 within the current year, which will increase our overall score of 64% and should raise our status from "not satisfactory" (red) to "satisfactory" (green).

The Information Governance Toolkit is available on the Connecting for Health website:
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 2010/2011 by the Audit Commission.

Part 3. Looking Back: A Review of Quality 2010/11

Introduction

2gether NHS Foundation Trust is the main provider of mental and social healthcare in Gloucestershire. Our services are delivered by five clinical Strategic Service Units (SSUs). These are:

- Working Age Adult including Prison Inreach (WAA)
- Older People's Services (OP)
- Child and Adolescent Mental Health (CAMHS)*
- Substance Misuse (SMS)
- Learning Disability Services (LD)

From 1 April 2011, 2gether NHS Foundation Trust is to assume responsibility for the mental health services in Herefordshire. This section only covers progress in the previous 12 months within Gloucestershire, with Herefordshire's activity being included in the NHS Herefordshire Quality Account. This may be viewed on their website at www.herefordshire.nhs.uk

**From 1 April 2011 this service will be known as Children and Young People Service (CYP).*

Priorities for Improvement 2010/11

In our Quality Account last year, we set ourselves five broad areas for quality improvements.

This differed from 2009/2010, when 16 individual measures had been set. Last year, we decided to adopt a different approach by linking the quality measures to the five key quality initiatives so that they could be more closely monitored.

Since these quality initiatives are quite wide ranging, we felt that the measures identified will accurately cover the important and immediate areas of quality improvement, whilst others are already monitored via the national standards. This approach appeared to work well and has been further developed this year as described in Section 2.

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 2010/11.

Note that the order in which these appear below reflects the order of the three dimensions of effectiveness, user experience and safety of this year's quality areas described in Section 2a for ease of comparison.

Effectiveness

Ensuring the Physical Health of Service Users

Last year, we stated that we believed we needed to address the issue of learning disabled and mental health service users having poorer physical health and dying on average 10-20 years prematurely resulting from physical illness in a more organised and rigorous way.

Identified initiatives

The following is a summary of progress on our anticipated actions last year:

- To improve physical health outcomes for all service users a physical initiatives plan which draws together all the work streams that impact positively on physical wellbeing has been agreed, resulting in a Physical Wellbeing Group being established
- A physical health assessment tool is now in place for all inpatient areas, both medical and nursing assessment, across all Strategic Service Units
- Screening older people and people with learning disabilities for VTE was routinely established

- It was our intention to increase contacts with the Gloucestershire acute hospitals by recruiting two nurses as liaison between hospitals and care homes, carers and service users on learning disabilities. This has been a significant success and the service will continue for at least another year.

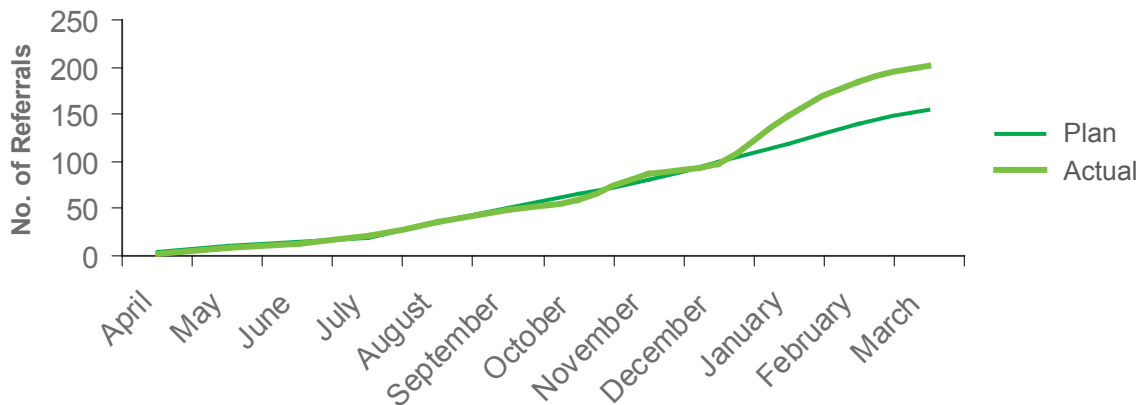
These nurses received an excellence award in partnership working by the Hospital Trust. They have been involved in many best interest meetings where patients have not had capacity to consent and have been instrumental in getting many adjustments made to improve the care provided to people with learning disabilities in hospitals.

They were also involved in pre-admission home visits to discuss needs and alleviate anxieties for patients with complex needs and also took part in our Big Health Day to promote healthy lifestyles amongst those with learning disabilities.

They have provided training to Doctors in training and continue to work with the training strategy group, patient and public involvement group and the safeguarding steering group. During last year, 476 referrals were made to the liaison nurses

- Referrals to the Gloucester smoking cessation programme rose significantly in the last half of the year, due to a more focussed approach

Number of Smoking Cessation Referrals to GSAS



Aims

- We achieved our aim of ensuring 100% venous thrombolytic embolism (VTE) screening for all older people and learning disability admissions
- One of our other objectives, that over 61% of community service users should be referred to a GP for a physical health check, was replaced following discussions with GPs by an investigation with 3 GP practices to understand the links between GPs and the mental health services better
- We exceeded our target of a 10% increase in recorded referrals to Gloucester Smoking Assessment Service (GSAS), the final figure over the year being 202 referrals representing a 31% increase over the numbers last year

“ Best help we have received. ”

CAMHS user

“ Well done for making me better. ”

CAMHS user

Systematic Application of Personal Care Plans

A service user’s personal care plan is one of the most important documents associated with their care and treatment. These care plans should follow the standards defined by the CPA, as we believe that routine and systematic application of the CPA standards and others can make a difference to quality of life and choice and reduce the incidence of potential errors.

It can also provide us with evidence whether particular clinical interventions are effective, allowing us to improve our service. Last year we identified a need to improve quality, reduce variation and ensure consistent application of standards for all service users. Moreover, and more importantly, we were very keen to adapt our care procedures – or “pathways” - to put the service user at the focus of our activities, rather than using the traditional functional-based approach.

The first step was to lay the foundation by implementing a new electronic method of maintaining service users’ records, called RiO, during 2010. This was a large and complex project, particularly as we needed to ensure that no service user was disadvantaged during the switchover from paper-based to electronic records.

Progress against our declared intentions last year is as follows:

Identified initiatives

- We have devised a non-discriminatory care pathway model which places the service user firmly at the heart of clinical services. The project to fulfil this concept is known as “Fair Horizons” and is on track to be implemented during 2011/12. This is a very important and highly innovative approach and will have profound implications on the nature and quality of service user care
- One of the by-products of the Fair Horizons strategy is to set regularly monitored targets for compliance on a team-by-team basis. Although this happens to a degree at the moment, it is only with Fair Horizons that its full potential will be experienced, aligning as it will to Payment by Results

- CPA audits were carried out quarterly, though smaller samples only were audited during the 2nd and 3rd quarter due to the impact of the implementation of the RiO
- All Substance Misuse service users now have care plans and all have a key worker in line with Models of Care for drugs and alcohol (the substance misuse equivalent of CPA). Care plans are developed using the principles of the Community Reinforcement Approach (CRA) and in partnership with service users
- Work on delivering individualised budgets and personalisation packages in social care has, in common with most parts of the south west region, been slow but steady. We have recently appointed a Self Directed Support Implementation Manager on a fixed term 12 month basis, paid from a specific grant from Gloucestershire County Council to assist in this. We have been in close discussions with the County Council to achieve a local agreement on the resource allocation formula for mental health.

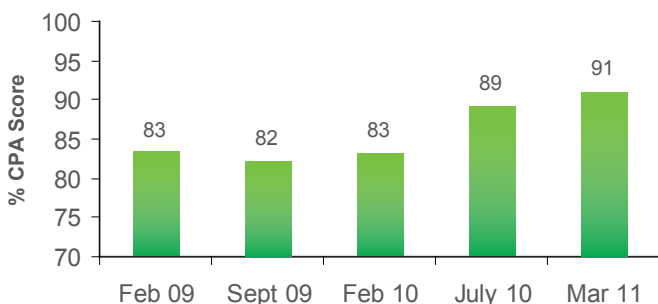
This and the technical administrative system requirements of self directed support, tricky to implement across organisations, are the key (and common) reasons for delayed implementation in the integrated team environment common in mental health provision

- Team accounts within every clinical team in order to improve CPA compliance are being redesigned to take advantage of the benefits offered by introducing the new electronic records system RiO. This is expected to be completed in the second quarter of 2011/2012

Aims

- We set ourselves the target to achieve 90% compliance of service users' personal plans to CPA standards in 2010/11 and 100% by 2011/12. Sampling throughout the year has shown a marked and sustained improvement to 91%. Note that the results of the more limited audits in the second and third quarters are not shown in the graph below to ensure consistency

Average CPA Score



- Although we expected to extend the use of the national clinical assessment method Health of the Nation Outcome Scales (HoNOS) across all teams and achieve compliance levels of 80%, the implementation of RiO has caused some unexpected problems in capturing the HoNOS data. An action plan has been drawn up to resolve this and is in the process of being implemented, but as a result, the figure for the percentage compliance will not be available until the first quarter 2011/12

- The number of direct payments supplied to and taken up by people with mental health problems served by our integrated working age teams stands currently at 30. This represents approximately 17% of funded community care cases in the 2010/11 financial year.

“Thank you for all your support and encouragement which has helped me on my long-term road to recovery.”

Wotton Lawn user

New cases agreed during that period are shown below. They grew steadily throughout the year, from two one-off payments and one weekly payment in first quarter to a peak of six one-off payments and three on-going payments in third quarter. Note that the fourth quarter of the year (January to March) is traditionally a low period for such payments

	Q1	Q2	Q3	Q4
One-off Payments	2	4	6	2
Weekly Payments	1	1	1	1

- During last year, we significantly improved the quality and nature of the information about service users by achieving our goal of allowing clinical records for all service users to be accessible by all relevant staff through RiO (with the exception of Substance Misuse Services who have their own system). This has brought significant advantages in the provision of care to service users as their records are more readily available to care staff
- To accomplish the successful implementation of RiO, all relevant staff were trained in its use during the year
- It was our intention to increase the use of advance statements during 2010/11. These are self-directed preferences for care and treatment agreed by the service user in advance of potential deterioration in their condition. With the introduction of RiO, we are now able to monitor accurately whether this is being achieved or not

“Staff have calmed my concerns, restoring a little confidence and hope.”

Gloucestershire Recovery in Psychosis user



Developing How We Listen and Respond to Service Users

It has been our intention to improve the way we obtain feedback from service users to help us provide the best patient experience so service users are inclined to recommend the Trust to their families and friends.

However, some service users reported that they have found it difficult to engage all services in the NHS and to feel involved in decisions about their care. We intend to ensure service users are routinely involved in decisions about their care.

This policy of inclusion also extends to carers, who provide an important and valued contribution to care.

Identified initiatives

Listening and responding to service users has been a very important priority for us this year. Some of the highlights against our stated ambitions have included:

- Action plans to ensure all service users are engaged in planning care have been devised at the Strategic Service Unit level with individual threshold targets for each clinical team to improve service user involvement in decision making
- Individual targets for each clinical team have been set to ensure completion of carer assessments in all cases and are regularly reviewed by the Strategic Service Unit Boards. With a baseline of 95%, this is currently assessed at 96%
- A Service Experience Committee has been set up to draw together experience from service users, carers and anyone else touched by our services
- Information from national bodies and surveys, PALS, compliments, complaints and other sources is collated on a quarterly basis to produce a report with action plans that is presented to the Governance Committee, Delivery Committee and the Board
- Exploiting further the new technology installed last year to give real-time feedback to sustain further improvements
- Use of our new technology to provide feedback is now being actively promoted amongst the community teams and inpatients and the results from the community teams are being used to monitor service user experience

Aims

- We wanted to improve the richness of patient feedback information and improve upon our own community and inpatient surveys taken in 2009/10. We have been increasing the number of surveys undertaken during the year on a team by team basis, especially within the community teams.

	Q1	Q2	Q3	Q4
Community	5	39	73	48
Inpatients	51	55	57	38

“A big thank you for all your time and help.”
Charlton Lane Hospital User

The reasons for the decline in the fourth quarter are not yet fully understood and it is too early to tell if this represents a trend or is just an exceptional quarter.

- Our target last year was to ensure that over 65% of all inpatients reported through our surveys that they are engaged in decisions about their care. As a result of our efforts, 75% indicated that they felt they were engaged in their care. The figures shown in the table below are for inpatients in Older People and Working Age Adult units

	Q1	Q2	Q3	Q4
Were you involved in deciding what was in your care plan?	82%	81%	79%	75%
Do you feel the care team listen to you?	71%	74%	84%	85%
Have you been told about the side effects of your medicine?	35%	47%	51%	54%
Have you been informed who to contact if you are worried about your condition?	50%	60%	70%	73%

It is encouraging to see that whilst we achieved our target, there has also been a steady improvement with three of the questions. However it is disappointing that with the first question progress has been in the opposite direction. The reason for this is not yet understood and remains something of an enigma, despite efforts to try to explain the phenomenon.

- We set a target to increase the number of carer assessments from 93% to 100%, focusing more on the quality of carers' experience. We had achieved 99% by the end of the year



“Hugely grateful and impressed with the support your team gave. They were very caring, supportive and competent.”

Crisis Resolution Home Team user

“You’re a star, I can’t thank you enough for coming. I am so grateful for your input, a million thank yous.”

Service user

User Experience

Investment in Fit for Purpose Care Environments

We continuously review the quality of the buildings and their environments in which we carry out care services, both in our own locations and those owned by third party public sector organisations.

This gives rise to substantial investment in providing purpose-built premises and enhancing other locations. Consequently, we need to have a carefully justified, costed and monitored improvement programme.

Identified initiatives

During the year, we achieved some major successes:

- In May 2010, we saw the opening of the new Psychiatric Intensive Care Unit (PICU) at Wotton Lawn, funded through Department of Health
- In August 2010, we opened our brand new state-of-the-art unit at Charlton Lane for older people.

Additionally, we are still investigating developing community hubs and formalising third party agreements

Aims

- Since the Trust was formed, we have had difficulties resolving the occupancy arrangements and responsibilities for those properties, numbering over 100, that we use but which are held by third party public sector organisations. During 2010 considerable work was carried out to resolve these issues, so that

now the responsibility for maintenance testing, inspection & risk assessment are known for all such properties.

Moreover, we now have landlord agreements regarding these responsibilities for 85% of the properties. The only outstanding premises relate to 15 owned by Gloucestershire County Council for which negotiations are continuing.

“I found Occupational Therapy to be very beneficial during admission. A calm and peaceful environment.”

Wotton Lawn user

- We aimed to increase the proportion of purpose-built/designed accommodation to improve service user care. With the opening of Charlton Lane and the closure of a couple of older premises to inpatients, we now have eight of nine inpatient units that are custom built (Laurel House the single exception), 94% of beds are in purpose-designed premises compared with 90.2% in August 2010 and 38 of 60 non-inpatient premises are custom-built*

* We are assuming that community hospitals, pharmacies and GP surgeries are purpose-designed

Safety

Reducing Avoidable Harm

We stated last year that it was our intention to reduce the incidents of violence, avoidable severe harm, suicide and undetermined cause of death in line with the recommendations of the National Confidential Inquiry into Suicide and Homicide.

We also sought to minimise violent assaults by patients on staff or other patients.

Identified Initiatives

To this end, we:

- Are now routinely monitoring and reporting progress on the Suicide Prevention Toolkit in Older People’s

Services and Working Age Adults inpatient and recovery units

- Have fully implemented the Leading Improvement in Patient Safety methodology (LIPS) in Older People’s Services and Learning Disabilities to reduce the risk of patient harm in our inpatient units
- Implemented target programmes at specific learning disability units to reduce the incidence of violence and self-harm by adopting proactive procedures on risk assessment and use of protective equipment, with substantial additional training in Positive Behaviour Management

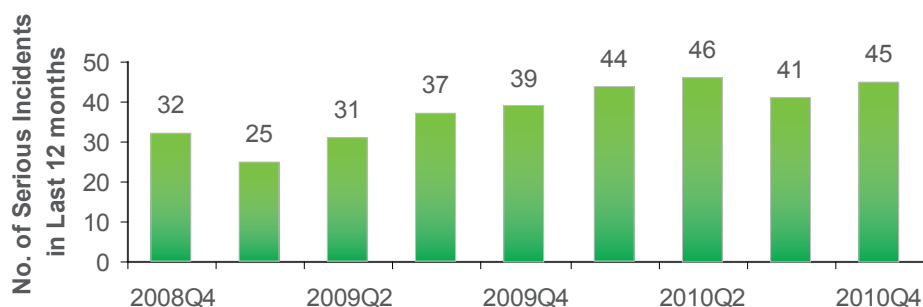
- Undertook considerable training with staff to improve their knowledge of and skill at managing physical health issues of inpatient service users
- Regularly monitor details and trends regarding suicides, reporting to the Governance Committee and the Board on the up-to-date situation including actions taken to reduce the incidence of suicides
- Began participation in the South West Patient Safety Improvement Programme, a two year scheme led by NHS South West, that is leading to the development of local initiatives in:
 - o Safe and reliable care
 - o Safe and effective medicines management
 - o Patient and family centred care and communication

Aims

- Many of the initiatives undertaken above take time to have an effect. This is most graphically illustrated in the diagram below where we set ourselves the target of **reducing the number of reportable Serious Incidents* year on year**. This shows the continued rise quarter on quarter (figures are given for the previous 12 months in each quarter), a marked slowing down, followed by a slight decline in the overall number from a peak in the second quarter of the year. Overall, although there were six more serious incidents last year (45) than the previous year (39), we believe this is because we have applied the NPSA incident framework and Strategic Health Authority guidance rigorously which means that more incidents are reportable than before. Also, some of the 45 were subsequently declassified as serious incidents. Analysis of the incidents does not point to any significant procedural problems

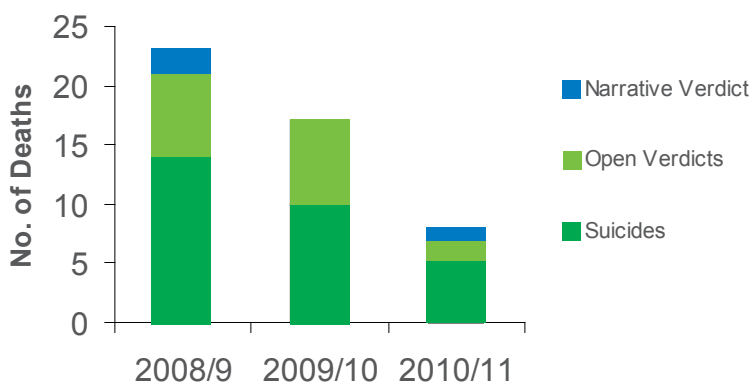
* Previously these were known as Serious Untoward Incidents (SUIs), but have been renamed by the National Patient Safety Authority in their recent review as “Serious Incidents Requiring Investigation”. For brevity, they are called “Serious Incidents” in this document.

Number of Serious Incidents on a Rolling Annual Basis by Quarter



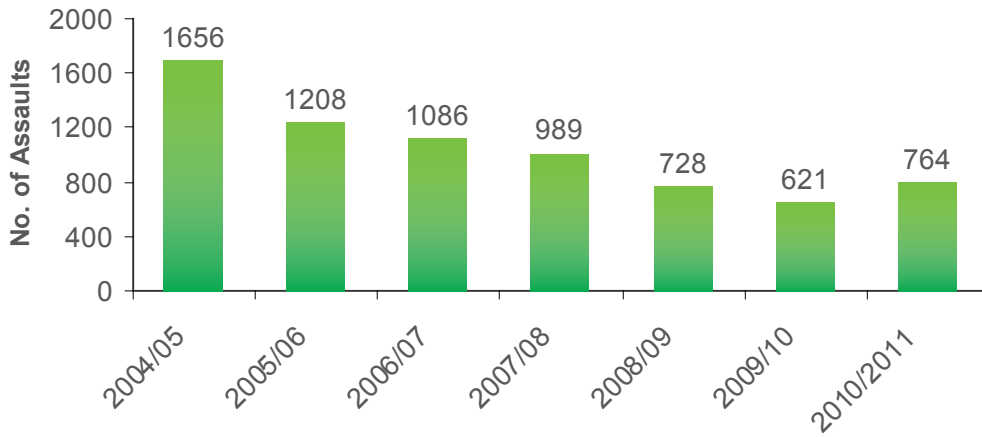
- We are now 100% compliant with the implementation of the toolkit, as intended last year
- We set a target **to reduce the number of suicides on a rolling 3-year basis of people who had received care services from us in the previous 12 months**. This has been a difficult objective to track: delays in the Coroner’s procedure mean that some inquests have still to be heard three years after the death. Consequently, it is only two or three years later that we are able to draw any firm conclusions. This is illustrated below where there are still 19 inquests still to be heard from 2010/11, 5 from 2009/10 and 1 from 2008/9. Therefore, the levels on the graph are likely to rise during the forthcoming years

Analysis of Deaths heard by Coroner

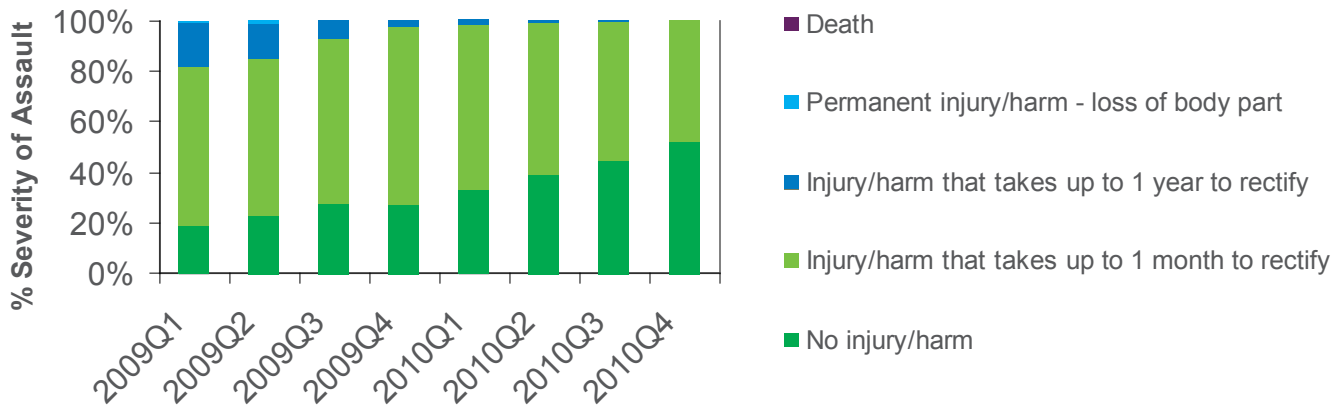


- It was our intention **to reduce the number of violent assaults by 5% in 2010/11**. The number of assaults reported rose by 18.7%, but closer inspection of the figures in the diagram (which again are on a rolling annual basis like the number of serious incidents) show that the number of assaults where no injury or harm occurred has risen, whilst the number where actual harm was suffered has dropped by 20%. This is encouraging as it appears that staff are more confident at reporting such incidents and are better equipped at defusing the situation before it becomes a violent assault

Total Assaults by Year

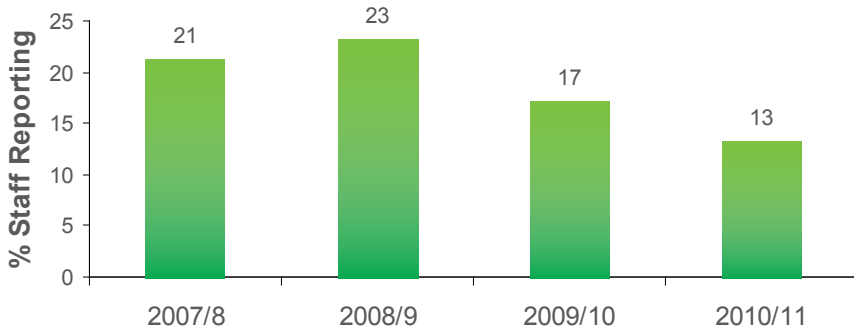


Analysis of Violent Assaults on a Rolling Annual Basis by Quarter



- Another indicator used to gauge the prevalence of violence is the annual staff survey to measure if there was a reduction in the percentage of staff who reported experiencing physical violence from patients, relatives or the public in the previous 12 months. As the graph below shows, this has dropped from 17% last year to 13% in this year. Comparative results from the CQC show that this level is better than average when compared to the results from the staff surveys of similar Trusts. This information is available on the CQC website at: www.cqc.org.uk/aboutcqc/howwedoit/engagingwithproviders/nhsstaffsurveys/staffsurvey2010.cfm

Staff Reporting Physical Violence



Quality Measures

The following are the quality measures defined by us in the previous Quality Account for 2010/11. They have mostly been mentioned previously under the 5 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.

	2009-10 Actual	2010-2011 Target	2010-2011 Actual
Safety Measures			
1 Reduce the number of reportable Serious Untoward Incidents year on year	39	<34	45
2 To reduce the number of violent assaults by 5%	621	484	764
3 To achieve an improvement on physical violence experienced by staff	17%	<17%	13%
4 Compliance with suicide prevention toolkit	n/a	100%	100%
Clinical Outcome Effectiveness Measures			
5 VTE screening for all older people and learning disability admissions	n/a	100%	100%
6 Community service users referred to a GP for a physical health check	n/a	61%	See note
7 Increase in recorded referrals to GSAS	120	132	202
8 Compliance with CPA audits	83%	90%	91%
9 Application of HoNOS	20%	80%	See note
10 Increase in the use of advance statements	n/a	20%	See note
Patient Experience Measures			
11 Inpatients reporting that they are engaged in decisions about their care	59%	65%	75%
12 Community service users reporting that they are involved in decisions about their care plan	65%	70%	79%
13 Increase the number of carer assessments	93%	100%	99%
14 Resolution of occupancy arrangements & responsibilities for third-party owned properties	60%	90%	85%

Notes on Figures:

- 1 The rise is believed to be mainly due to redefinition of a serious incident, making it more inclusive than before and that some incidents may yet be declassified. Also, see previous notes about the suitability of this measure as a target
- 2 Although the overall level of assaults reported has increased, the number of assaults causing actual physical harm has decreased by 4% in the year
- 6 This target was subsequently replaced following discussions with GPs by an investigation with three GP practices to understand the links between GPs and the mental health services better
- 9 Figures for this measure will not be available until later in the first quarter 2011/12
- 10 We were not able to measure this target accurately until later in 2010/11 after RiO was updated to allow this facility
- 14 The outstanding properties relate to those 15 properties owned by Gloucestershire County Council

National Priorities & National Core Standard Metrics for 2010/2011

The following table shows the 16 metrics that were monitored during 2010/11. These are the key national priorities from the Department of Health's Operating Framework and follow the standard Department of Health national definitions:

	2009-2010 Actual	2010-2011 Threshold	2010-2011 Target	2010-2011 Actual	National Target
1 Learning Disability Care Plans	100%	100%	100%	100%	100%
2 Learning Disability Delayed transfers of care	0%	0%	0%	0%	0%
3 Access to Crisis resolution/home treatment services	98%	90%	98%	97%	90%
4 Access to healthcare for people with a Learning Disability	5 at level 4 1 at level 3	4 at level 4 2 at level 3	6 at level 4	6 at level 4	6 at level 4
5 Best practice in mental health services for people with a Learning Disability (Green Light Toolkit)	8 green 4 amber	7 green 5 amber	10 green 2 amber	12 green	-
6 7 day follow-up after discharge	99.8%	95%	99.8%	100%	95%
7 CPA formal review within 12 months	88%	95%	97%	100%	95%
8 Serving new psychosis cases by early intervention teams	n/a	95%	97%	130%	95%
9 CAMHS compliance	5 at level 4 1 at level 3	5 at level 4 1 at level 3	6 at level 4	6 at level 4	-
10 Delayed transfer of care	5.4%	6.0%	5.4%	5.9%	<7.5%
11 Drug users in effective treatment	87%	85%	90%	88%	-
12 Ethnic coding data quality (inpatients)	98%	85%	98%	98%	-
13a MHMDS data completeness Part 1	84%	80%	90%	See note	99%
13b MHMDS data completeness Part 2		50%	50%	See note	50%
14 MHMDS patterns of care	98%	95%	99%	See note	-
15 MRSA/bacteraemia	0	0	0	0	0

Notes on figures:

- 4 Level 4 is the highest value. We are now fully compliant.
- 5 Now fully compliant for the 12 selected indicators.
- 9 Level 4 is the highest value. We are now fully compliant
- 10 The reason for the high value was due to a rise in December due to factors outside our control
- 11 Figures are from the National Treatment Association (NTA). Note that the percentage shown is for the period 1 October 2009 to 30 September 2010. These are the latest figures received from the NTA and the percentage could rise once the year end figures are known.
- 13a This figure is not available yet, but is anticipated to be in the high 90%
- 13b This figure is not available yet, but is anticipated to be at least 55%
- 14 CQC announced that this was not to be a measured target in 2010/11

Community Survey

During 2011, the CQC published the results of an independent survey taken in 2010 that tested the experience of our community service users, comparing the results with most other mental health trusts. The results were:

Questions about: other	Our Score (out of 10)	Expected Range	Compared with most Mental Health Trusts
Health & Social Care Workers	8.7	8.3 - 9.0	Average
Medications	7.1	6.5 - 7.8	Average
Talking Therapies	7.6	6.8 - 7.8	Well above average
Care Coordinator	8.6	8.0 - 8.7	Well above average
Care Plan	7.0	6.1 - 7.1	Well above average
Care Review	7.9	6.9 - 8.1	Well above average
Day to Day Living	6.7	5.4 - 6.8	Well above average
Crisis Care	7.2	5.8 - 8.0	Above average
Overall	7.0	5.5 - 7.2	Well above average

The survey received replies from 246 of our service users out of 850 who were asked to participate, which represents a response rate of 29% 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

Overall, these results are very encouraging as although we are within the expected range for mental health trusts in all areas, in most cases we are well above the average score and almost in the top 20% in five of the eight categories and in our overall performance. We anticipate that the actions and initiatives identified earlier will result in further improvements in these scores next year.

Staff Survey 2010

Every year, the CQC conducts a national NHS staff to gauge how effective the NHS pledges given in the NHS Constitution of January 2009 towards the treatment and good management of NHS staff are. The results for 2gether show that in the 38 key areas we were:

- In the top 20% of mental health trusts in 11 areas (15)
- Better than average in another 6 (6)
- Average in 10 (9)
- Worst than average in 9 (5)
- In the lowest 20% in 2 (5)

The previous year's figures are shown in brackets – note there were two more questions in the 2009 survey.

The survey received replies from 404 members of staff out of 743 randomly selected from a total workforce of 1692. This represents a 54% return, which is about average compared with other Trusts.

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 our aim of improving the worst-judged aspects of our staff's experience has worked to a large degree, being in the lowest 20% in only two categories.

The questions where we were in the top 20% included:

- Feeling valued by their work colleagues
- Effective team working
- Trust commitment to work-life balance
- Using flexible working options
- Support from immediate managers
- Receiving health and safety training in the last 12 months

- Suffering work-related injury in the last 12 months
- Witnessing potentially harmful errors, near misses or incidents in the last month
- Feeling pressure in the last 3 months to attend work when feeling unwell
- Staff job satisfaction
- Believing the trust provides equal opportunities for career progression or promotion

The areas where we did least well were:

- Work pressure felt by staff
- Impact of health and well-being on ability to perform work or daily activities

Other details may be found in the Annual Staff Survey section of the Trust's Annual Report and Accounts.

The King's Fund report "How do Quality Reports Measure up?" states that "...the views of staff are an important marker of an organisation's managerial competence, workforce well-being and hence its ability to deliver high-quality care. Staff views should be shown in the quality accounts..." It is encouraging therefore to see from this independent survey that we are doing well. Nevertheless, we will be addressing our weaknesses identified in the survey in collaboration with our staff side representatives by, amongst other things, enhancing our staff engagement programme and delivering on our cultural change project.

The King's Fund report can be found at the web address: www.kingsfund.org.uk/publications/quality_accounts_1.html

PEAT Assessment Results 2010/11

Every year, the NPSA assess each of our locations 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 seven main inpatient premises during last year.

Site Name	Environment Score	Food Score	Privacy & Dignity Score
Charlton Lane	Excellent	Excellent	Excellent
Wotton Lawn	Excellent	Excellent	Excellent
Laurel House	Good	Excellent	Excellent
Honeybourne, Cheltenham	Excellent	Excellent	Excellent
Hollybrook	Excellent	Excellent	Excellent
Westridge	Excellent	Excellent	Excellent
Branch Lea Cross, Cheltenham	Excellent	Excellent	Excellent



Annex 1. Statements from our Partners for the Quality Report and 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 Account 2011

Gloucestershire LINK welcomes the opportunity to comment on the 2gether NHS Foundation Trust's second Quality Account. The following comments have been compiled by a group of LINK members. During the year we have worked in partnership with the Trust on several issues and also participated as patient representatives in the Patient Environment Action Team (PEAT) visits. A number of LINK members are also Foundation Trust members. This involvement enables us to have some knowledge of what is happening in the Trust from the patient and carers perspective.

General Comments

During the last few years, LINK members know that the services provided by 2gether Foundation Trust have improved considerably but this report does not emphasise these improvements as it is restricted by the template. Most of the document is clearly aimed at the lay reader although there is some NHS jargon and acronyms within it. Carers and Service Users are mentioned throughout the document but families are not emphasised enough and LINK members feel that there should be more emphasis on this aspect of the whole circle of relationships.

The statement on quality from the Chief Executive gives an excellent review of the quality initiatives achieved last year and those planned for this year. It clearly indicates that the trust has a clear commitment to continually improve the quality of services they provide.

The addition of a comprehensive glossary to the report adds considerably to its ease of interpretation.

LINK members were involved in the Child and Adolescent Mental Health Services (CAMHS) review and subsequent tendering process. We were very disappointed that this revised service has only a passing mention in the Account. The whole essence of the CAMHS service was 'a better service for everyone' and an improvement on the one that was previously provided by the trust. This appears to us to be a clear quality initiative.

We are aware that the Trust recognises that the care of all patients should take into consideration the nine protected characteristics in the Equality Act 2010, but there is no reference to this in any part of the document. Note that we recommended in our general comments last year that there should be a section on the seven strands of equality and diversity current at the time.

The Trust recently commenced providing mental health, substance misuse and learning disability services for Herefordshire. Gloucestershire LINK will be cross-boundary working with Herefordshire LINK during the next year to monitor the provision of the service and look for any common factors to be included in the LINK comments to next year's report.

LINK welcomed the news that they will begin to receive copies of the quarterly Quality Account that is provided to the Trust Governors. This will help the LINK to monitor and chart the progress of these proposed improvements on an ongoing basis throughout the year 2011/12.

Specific Comments

Priorities for Improvement in 2011/12

Effectiveness

Domain 1

While we appreciate the need to continue with a dialogue with the Gloucestershire Hospitals NHS Foundation Trust relating to service users with learning disabilities, we are surprised to see that patients with other conditions are not included such as those with Dementia.

The 100% target for the implementation of the NPSA Suicide Prevention Toolkit seems very optimistic to us and difficult to achieve. We were surprised that the recently agreed Draft Gloucestershire Suicide Prevention Strategy 2011-15 was not mentioned anywhere in the Quality Account.

Domain 2

Patients have commented that they are very appreciative of the Improving Access to Psychological Therapies (IAPT) Services but there appears to be a long waiting list for therapy. We assume this will be addressed under this objective. The Carers Charter mentioned in this section is excellent however we understand that this is still in draft form.

Domain 3

The poor provision of services for war veterans with physical and mental health problems is another issue that has been raised with the LINK and we are pleased to see that it is one of the objectives the coming year.

There is an emphasis in this section on working with other organisations but no specific reference to the Gloucestershire Hospitals NHS Foundation Trust. We think there should be a separate objective for improving working together with GHNHSFT in all areas and not just with learning disabilities.

A specific figure for the agreed percentage of staff in Recovery, Primary Mental Health and Prison Healthcare services to receive training would be useful.

User Experience

Domain 4

The targets to monitor success would be easier to understand if the actual agreed level was stated. There is also no reference here to using the results from national surveys or from the 4C's.

Safety

Domain 5

One of the targets to monitor success is a reduction in the number of severe physical assaults reported where actual harm was suffered. It would be helpful if the actual number of the assaults last year was mentioned here. We have assumed that these are assaults happening to patients and staff and not in the community.

We have some concern on what is meant by the statement 'to improve controls on service users movements and physical safety' at Wotton Lawn.

Part 2b

Participation in Clinical Audits and National Confidential Enquires

It is not clear why 2gether NHS Foundation Trust only participated in 33% of National Clinical audits; some explanation of the rationale for non-participation would be helpful.

There is a discrepancy in the numbers in brackets of the 67 local clinical audits. The generation of a total of 273 actions from these clinical audits will be easier to understand if some details of the range of these actions were given.

Part 3

This section is Provider determined. We were very impressed that this section did not just contain the quantitative data that is required in the template. The inclusion of qualitative data makes the account much easier to understand and appreciate where quality initiatives had been achieved.

Barbara Marshall
Chair of Gloucestershire LINK

19 May 2011

Herefordshire Local Involvement Network (LINK)

Comment on the 2gether NHS Foundation Trust Quality Account 2010/11 from Herefordshire Local Involvement Network (LINK)

We welcomed the opportunity to comment on the Quality Account from 2gether NHS Foundation Trust. We have been involved in discussions about the development of mental health services as the new service was commissioned during 2010/11 and we look forward to working with 2gether as the new provider for mental health services in Herefordshire.

We are supportive of the identified quality initiatives for 2011/12 and look forward to positively contributing to their implementation and hearing about the progress that is being made throughout the year.

Allan Lloyd
Chairman, Herefordshire LINK

Herefordshire Health Overview and Scrutiny Committee (HOSC)

Herefordshire Health Overview and Scrutiny Committee are unable to provide a response to this Quality Account this year due to their recent local Council elections.

Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC)

Gloucestershire Health, Community & Care Overview and Scrutiny Committee Comments on the 2gether NHS Foundation Trust Quality Account 2010/11



Gloucestershire
COUNTY COUNCIL

The Health, Community & Care Overview and Scrutiny Committee is grateful to the 2gether NHS Foundation Trust for giving Elected Members the opportunity to comment on the Quality Account 2010/11. The review of quality in 2010/11 is the most important section for this committee. The explanations of charts are clear, informative and relevant and this will make the document more accessible to its intended audience of public and patients.

The Committee will follow the Trust's continuing monitoring of safety measures with interest, especially the Suicide Prevention Toolkit. We recognise that many of the initiatives take time to have an effect, but it is reassuring to note that the numbers of serious incidents and suicides appear to be falling.

Members were pleased to note the Trust's commitment to partnership working with primary and acute health care organisations and carers groups to improve the physical health of service users. We were also pleased that the Trust will continue their dialogue with Gloucestershire Hospitals NHS Foundation Trust about service users with learning disabilities. The learning disability liaison nurses are a positive step forward and Members hope that their role will be developed across inpatient and outpatient services.

Patient experience was a theme of work by the Gloucestershire Health Community as a whole this year. The increase in inpatients who said they felt engaged in their care was encouraging and committee members would like to see that number increase further in the coming year. 2gether's website is one of the best websites that I have seen anywhere, and I hope that it gets many more hits. It is a great resource and really should be publicised more so that the public know that it's there as a source of information.

The Trust is to be congratulated on its performance against the quality measures which were monitored during the year. It is an impressive achievement that almost all of the objectives set in last year's Quality Account were achieved. Members would like to stress that the proposed work to address weaknesses identified in the staff survey will be really important to the future operation of the Trust.

The Committee supports the priorities selected for improvement in 2011/12 and considers that the issues of particular interest to us as Members have been included, particularly the continuation of work on patient safety in the South West. We congratulate the Trust on being awarded the contract to provide mental health, substance misuse and learning disability services in Herefordshire and wishes staff every success for the development of those services.

Finally, on behalf of the Committee I would like to thank Shaun Clee, Baroness Rennie Fritchie and the Board of the Trust for working with us in a polite and courteous way. We do ask a lot of questions, and they are always answered fully and with good grace. Our recent visit to the Psychiatric Intensive Care Unit was very interesting, and we look forward to our proposed visit to the new Unit in Cheltenham. We look forward to contributing to the quality improvement priorities of the Trust and supporting stakeholder engagement in the coming year.

Councillor Andrew Gravells
Chairman

Statement for Quality Account 2gether NHS Foundation Trust 2010/11



Gloucestershire

NHS Gloucestershire (NHSG) has taken the opportunity to review the Quality Account prepared by 2gether NHS Foundation Trust (2gether NHSFT) for 2010/11.

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, which meets bi monthly, brings together senior clinicians and managers from both 2gether NHSFT and NHSG along with GP colleagues, to discuss, review and monitor clinical quality and this shared discussion has been valuable.

Through the quality framework for 2010/11 2gether NHSFT have been seen to improve the safety, effectiveness and patient experience of their services across a wide range of specialities, a number 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 remedial plans put in place and learning shared wherever possible.

The priorities for 2011/12 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.

Signed

Jill Crook,
Director of Clinical Development and Engagement

Date: 19/05/2011

NHS Herefordshire

NHS Herefordshire's Commentary on 2gether Foundation Trust Quality Accounts



This is the first year that NHS Herefordshire has been asked to provide commentary on 2gether Foundation Trust's Quality Accounts. NHS Herefordshire awarded the contract to 2gether, in April 2011, for the provision of mental health services for the people of Herefordshire.

We look forward to working with the Trust to ensure the benefits of a dedicated Mental Health provider are realised by those in need.

While NHS Herefordshire is not in a position to comment on the accuracy, the Quality Account Report clearly celebrates the work that 2gether has done to improve the quality of service provision within Gloucestershire throughout 2010.

The report demonstrates a culture of continual service improvement to ensure the highest quality of services are provided at all times and this formed part of the decision making process in awarding 2gether with the contract to provide services in Herefordshire.

NHS Herefordshire agree with the priorities that have been set within the report and will be ensuring that the stated measures are monitored through the monthly Clinical Quality Forum meetings.

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 Herefordshire very much 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.

Sue Doheny
Director of Quality and Clinical Leadership, NHS Herefordshire

23 May 2011

Statement of Participation in National Quality Improvement Projects managed by The Royal College of Psychiatrists' Centre for Quality Improvement

April 1 2010 – March 31 2011 2gether NHS Foundation Trust

CCQI PROGRAMME	Participation by Trust	National Participation
Service accreditation programmes		
ECT clinics	2 ECT clinics	113 ECT clinics
Working age adult wards	4 wards	158 wards
Psychiatric intensive care units	1 PICU	36 PICUs
Older people mental health wards	0 wards	62 wards
Inpatient learning disability units	2 units	34 units
Inpatient rehabilitation units	0 units	15 units
Memory services	0 services	46 services
Psychiatric liaison teams	0 teams	33 teams
Service quality improvement networks		
Inpatient child and adolescent units	0 units	100 units
Child and adolescent community MH teams	1 team	72 teams
Therapeutic communities	0 communities	95 communities
Forensic mental health services	0 services	67 services
Perinatal mental health inpatient units	0 units	15 units
Multisource feedback for psychiatrists (ACP 360)	50 enrolments	3,679 enrolments

Statement of Participation in the National Audit of Psychological Therapies (NAPT)

April 1 2010 – March 31 2011 2gether NHS Foundation Trust

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 included in Q3 retrospective audit nationally
2	362	13	50403

Statement of Participation in the Prescribing Observatory for Mental Health (POMH)

April 1 2010 – March 31 2011

The 2gether NHS Foundation Trust was not a member of POMH in 2010/11

POMH TOPIC	Number of patients enrolled by trust	Number of patients enrolled nationally
Monitoring of patients prescribed lithium	0	3647
Medicines reconciliation	0	2296
Use of antipsychotics in people with learning disability	0	2387
Use of antipsychotic medication in CAMHS	0	1575

Trust Contacts for National Quality Improvement Projects

2gether NHS Foundation Trust

CCQI PROGRAMME	Name	E-mail
Service accreditation programmes		
ECT clinics	Dr Jim Laidlaw	jim.laidlaw@glos.nhs.uk
Working age adult wards	Mr Alan Metherall*	alan.metherall@glos.nhs.uk
	Caroline Driscoll	caroline.driscoll@glos.nhs.uk
Inpatient learning disability units	Victoria Derrick	victoria.derrick2@glos.nhs.uk
Service quality improvement networks		
Child and adolescent community MH teams	Peter Keenan	peter.keenan@glos.nhs.uk

* Mr Alan Metherall has subsequently left his employment with the Trust.

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 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 2010-11;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - o Board minutes and papers for the period April 2010 to June 2011
 - o Papers relating to Quality reported to the Board over the period April 2010 to June 2011
 - o Feedback from the Gloucestershire commissioners dated 19/05/2011
 - o Feedback from the Herefordshire commissioners dated 23/05/2011
 - o Feedback from the Gloucestershire Health, Community & Care Overview and Scrutiny Committee dated 17/5/2011
 - o Feedback from governors dated 14/4/2011
 - o Feedback from Gloucestershire LINK dated 19/05/2011
 - o Feedback from Herefordshire LINK dated 18/5/2011
 - o The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2011
 - o The 2010 national patient survey
 - o The 2010 national staff survey
 - o The Head of Internal Audit's annual opinion over the trust's control environment dated May 2011
 - o CQC quality and risk profiles dated October 2010 to March 2011
- 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) as well as the standards to support data quality for the preparation of the Quality Report (both available at 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

NB: sign and date in any colour ink except black

.....Chairman Date: 6 June 2011

.....Acting Chief Executive Date: 6 June 2011

Annex 3. Independent Assurance Report to the Council of Governors of 2gether NHS Foudation Report on the Annual Quality Report

I have been engaged by the Council of Governors at 2gether NHS Foundation Trust to perform an independent assurance engagement in respect of the content of 2gether NHS Foundation Trust's Quality Report for the year ended 31 March 2011 (the 'Quality Report').

Scope and subject matter

I read the Quality Report and considered whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual, and consider the implications for my report if I become aware of any material omissions.

Respective responsibilities of the Directors and auditor

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual 2010/11 issued by the Independent Regulator of NHS Foundation Trusts ('Monitor').

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual or is inconsistent with the documents.

I read the other information contained in the Quality Report and considered whether it is materially consistent with:

- Board minutes for the period April 2010 to May 2011
- Papers relating to Quality reported to the Board over the period April 2010 to May 2011
- Feedback from the Gloucestershire Commissioners dated 19 May 2011
- Feedback from the Herefordshire Commissioners dated 23 May 2011
- Feedback from the Gloucestershire Health, Community & Care Overview and Scrutiny Committee dated 17 May 2011
- Feedback from Governors dated 14 April 2011
- Feedback from Gloucestershire LINKS dated 19 May 2011
- Feedback from Herefordshire LINKS dated 18 May 2011
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2011;
- The 2011 national patient survey dated September 2010
- The 2011 national staff survey dated 16 March 2011
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2011;
- Care Quality Commission quality and risk profiles dated September 2010, October 2010, November 2010, December 2010, February 2011 and March 2011.

I considered the implications for my report if I became aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). My responsibilities do not extend to any other information.

This report, including the conclusion, has been prepared solely for the Council of Governors of 2gether NHS Foundation Trust as a body, to assist the Council of Governors in reporting 2gether NHS Foundation Trust's quality agenda, performance and activities. I permit the disclosure of this report within the Annual Report for the year ended 31 March 2011, to enable the Council of Governors to demonstrate it has discharged its governance responsibilities by commissioning an independent assurance report in connection with the Quality Report. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Council of Governors as a body and 2gether NHS Foundation Trust for my work or this report save where terms are expressly agreed and with my prior consent in writing.

Assurance work performed

I conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 300 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 300'). My limited assurance procedures included:

- Making enquiries of management;
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- Reading the documents listed previously.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that, for the year ended 31 March 2011, the content of the Quality Report is not in accordance with the NHS Foundation Trust Annual Reporting Manual.



Stephen Malyn

Officer of the Audit Commission
Westward House, Lower Kiln Close, Stoke Gifford
Bristol, BS34 8SR
3 June 2011

Annex 4. Glossary

AIMS	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
CPA	Care Programme Approach: a system of delivering community service to those with mental illness
CQC	Care Quality Commission – the Government body that regulates the quality of services from all providers of NHS care
CQUIN	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
CRA	The Community Reinforcement Approach (CRA) is a comprehensive behavioural programme for treating substance-abuse problems
Essence of Care Screening	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
Fair Horizons	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
Green Light Mental Health Toolkit	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
GRiP	Gloucestershire Recovery in Psychosis (GRiP) is 2gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis
GSAS	Gloucestershire Smoking Advice Service
HCCOSC	Health, Community and Care Overview and Scrutiny Committee
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine measure of clinical outcome used by English mental health services
Information Governance (IG) Toolkit	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
The King's Fund	The King's Fund is a charity that seeks to understand how the health service in England can be improved.
KUF	The National Knowledge and Understanding Framework on Personality Disorder is a national framework to support people to work more effectively with personality disorder
LINK	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
LIPS	The Leading Improvement in Patient Safety programme (LIPS) is concerned with building capacity and capability within hospital teams to improve patient safety
Memory Assessment Service	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
MHMDS	The Mental Health Minimum Data Set is a series of key personal information that should be recorded on the records of every service user
Monitor	Monitor is the independent regulator of NHS foundation trusts. They are independent of central government and directly accountable to Parliament
NICE	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
NIHR	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
NPSA	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.

NTA	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
PCT	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
PEAT assessments	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
PICU	Psychiatric Intensive Care Unit
POMH-UK	The national Prescribing Observatory for Mental Health is a body that helps specialist mental health Trusts and healthcare organisations improve their prescribing practice
QRP	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
RiO	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
Serious Incident	More properly known as "serious incident requiring investigation" and 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 Account, we use the standard definition of a Serious Incident given by the NPSA
SSU	The care provided by 2gether NHS Foundation Trust is supplied by one or more Strategic Service Units. These are: Working Age Adults (WAA), Substance Misuse Services (SMS), Child and Adolescent Mental Health Services (CAMHS), Older People's Services (OP) and Learning and Disability Services (LD)
VTE	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 5. 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 Officer
 2gether NHS Foundation Trust
 Rikenel
 Montpellier
 Gloucester
 GL1 1LY

Or email him at: shaun.clee@glos.nhs.uk

Alternatively, you may telephone on 01452 891000 or fax on 01452 891105.

Other Comments, Concerns, Complaints and Compliments

Your views and suggestions are important 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
- Telephoning us on 01452 891138
- Completing our Online Feedback Form at 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
- 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 891 000 or fax on 01452 891105.

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 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 accounting officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed the 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 Financial 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.

Signed



Shaun Clee, Chief Executive

Date: 3 June 2011

Statement of Internal Control 2010-11

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.

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 Together 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 Together NHS Foundation Trust for the year ended 31 March 2011 and up to the date of approval of the annual report and accounts.

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, that 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 performance management including economy, efficiency and effectiveness on behalf of the Board.

These committees are directly accountable to the Board and report to it. 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 and the Strategic Health Authority. 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 untoward incidents and ensure risks are appropriately controlled, all new staff are required to attend induction training. For all other staff, annual appraisals include a review of training including attendance at mandatory risk management courses appropriate to their authority and duties.

Monitoring, benchmarking and other means are used to identify examples of good practice that can be introduced into services and systems as appropriate.

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 or more frequently if necessary. The assurance framework, encompassing Standards for Better Health, provides a means for assessing and categorising the assurances the Trust Board receives and highlights any assurance gaps.

Individual senior managers are identified as the 'risk owner' with responsibility for developing risk treatments and monitoring their continued effectiveness, responding to changes in conditions as they arise.

Risk Management - the Trust needs to understand its comprehensive risk profile. The Risk Register is a log of risks of all kinds that threaten success in achieving the Trust's aims and objectives. It provides a structure for collating information about risks that helps both in the analysis of risks and in decisions about whether or how those risks should be treated. The register is reviewed by the Governance Committee quarterly, and this 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 actively encourages 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.

'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 – the Trust regards clinical audit as an important tool in promoting the adoption of clinically effective practice and is committed to maintaining an effective programme of review 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.

Annual Quality Report – the directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 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 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 & 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. 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.

During 2010/11 the Trust built on its existing clinical data quality arrangements and processes in a number of key areas, including:

- The establishment of a Data Quality Assurance Group, comprising senior operational managers from each Strategic Service Unit in the Trust to take 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
- The establishment of a RiO System User Group as part of the local implementation of the RiO Electronic Patient Record System across the Trust. This component of the overall data quality process 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

In addition to these operational process developments the Trust has made significant advances in the tools available to monitor and improve data quality during 2010/11. Key among these has been the introduction of real time automated data quality reports.

These are derived from RiO, and 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 ratings. This triangulated approach provides an assurance that the information provided to the Trust Board on its quality accounts is both measured and objective.

We have taken the opportunity to share our quality accounts with partners including LINKs, the Health Overview and Scrutiny Committee, and the Primary Care Trust and have taken the opportunity to include many of their very useful comments and suggestions. The comments received indicate an agreement that the quality account 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 account 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.

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 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 an Information Governance lead to oversee this area of risk. The Trust self-assessed at Level 2 for all Key Requirements in the Connecting for 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. The Endpoint Project introduced 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.

Key Risks

The Trust faced a number of key risks during the year and beyond, and has taken significant action to mitigate these as follows:

Ligatures (in year risk and beyond): the Trust has undertaken a programme of works in year to reduce the risk of harm to patients as a result of ligatures. This programme has included completing remedial works at the Wotton lawn inpatient unit to identify and rectify specific ligature points in accordance with NHS Safety bulletins and other guidance. The Trust has also opened a new purpose built, older Peoples inpatient unit at Charlton Lane which consolidates all Older peoples inpatient Services on to one site. The new development has been designed to reduce ligature risks as far as possible and replaces a number of older units where risks were higher.

Going forward, the Trust continues with its rolling programme of annual ligature risk assessments at each inpatient unit. This programme will include the newly opened Older Peoples Unit so that it remains compliant and risks in use are assessed. In addition during the period 2011 to 2013 there will be further significant redevelopment at Wotton Lawn to further improve ligature risk management beyond compliance with current guidance, whilst also improving facilities from a privacy and dignity perspective.

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, and to maintain the ability of the Trust to achieve its strategic objectives. A Cost Improvement Programme has been agreed by the Board which will deliver savings of £13

Equality and Diversity - supporting its work on human rights the Trust maintains an equality and diversity action plan that is regularly reviewed by the Board. 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.

million over a three year period and incorporates initiatives such as Fair Horizons, Better for Less project, and Waste Less.

Given the anticipated financial position of the public services in the coming year it will be essential to plan and deliver efficiency and other savings in a timely manner and ensure all quality targets are still achieved. Processes to monitor and manage these effectively are already in place together with contingency plans to immediately address pressures should they emerge.

Serious Incidents (in year risk and beyond): the Trust maintains a robust approach on the reporting and investigation of Serious Incidents which includes the active promotion of incident reporting using Datix, quarterly Governance Committee oversight of incident reporting and investigation, and a comprehensive training and induction programme in incident reporting.

A review of Serious Incident reporting and investigation by NHS Gloucestershire in September 2010 recognised the 'consistent and rigorous' methodology of the Trust's internal reviews of serious untoward incidents. It also noted actions taken to trial the National Patient Safety Agency safer mental health checklist and the adoption of their suicide toolkit.

The report also identified areas for improvement going forward. These areas for improvement are now subject to an action plan that is monitored by the Trust's Governance Committee. The Trust is committed to NHS South West's Mental Health Quality & Patient Safety Programme that was launched in January 2011 with the aim to reduce avoidable harm.

Declarations

The Foundation Trust is fully compliant with the requirements of registration with 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 UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation reporting requirements are complied with.

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

The Trust has a number of key processes to ensure resources are used economically, efficiently and effectively. Activities include:

- Monthly performance monitoring of contracts, services, financial performance and associated risk ratios, training and attendance targets, resource usage and national 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
- Business process re-engineering within the Trust's services

At a strategic level, the Delivery Committee is responsible for overseeing the use of resources, ensuring they are deployed in an efficient and effective manner.

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 monthly and approves the quarterly compliance reports which are required by the independent regulator, Monitor.

Internal audit conducts a review of the Trust's systems of internal control processes as part of an annually agreed audit plan. This review encompasses the flow of information pertaining to risk and its assurances through the organisation, ensuring that systems are appropriate, are in place and can be evidenced by a range of documents available within the organisation.

The Executive Team has responsibility for overseeing the day-to-day operations of the Trust and for ensuring that resources are used economically, efficiently and effectively.

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 and the executive managers 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 and the Audit 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

Conclusion

No significant internal control issues have been identified.

Signed



Shaun Clee, Chief Executive
Date: 3 June 2011

Remuneration Report

The Trust has an Appointments and Terms of Service Committee. The 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 Terms of Service Committee are:

Baroness Rennie Fritchie (Chair), Mrs Tracey Barber, Doctor Roger Brimblecombe, Mr Frank Powell, Mr Dermot McMeekin, Mr Martin Davis, Mrs Lizzie Abderrahim (up to 31 December 2010), Mrs Charlotte Hitchings (from 1 March 2011) and Mr Richard Szadziwski (from 1 March 2011).

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 in to account the market, the scope of responsibilities, performance and best practice.

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 the Trust 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 cases of incapacity and for reasons of qualification, conduct or capability. In these cases the contract is subject to three months notice of termination.

The Executive Directors 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 in the full statement of accounts.



Shaun Clee
Chief Executive
Date: 3 June 2011

Salary and pension entitlements of senior managers

Name and Title	2010-11			2009-10		
	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
Non-executive Directors						
Baroness Rennie Fritchie Chair	40-45	0	0	40-45	0	0
Frank Powell Non Exec Dir	15-20	0	0	15-20	0	0
Lizzie Abderrahim Non Exec Dir	05-10	0	0	10-15	0	0
Tracey Barber Non Exec Dir	10-15	0	0	10-15	0	0
Roger Brimblecombe Non Exec Dir	10-15	0	0	10-15	0	0
Dermot McMeekin Non Exec Dir	10-15	0	0	10-15	0	0
Martin Davis Non Exec Dir	10-15	0	0	10-15	0	0
Charlotte Hitchings Non Exec Dir (Start 01/03/11)	00-05	0	0	00-00	0	0
Richard Szadziewski Non Exec Dir (Start 01/03/11)	00-05	0	0	00-00	0	0
Executive Directors						
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 Dir of HR & Organisational Development	95-100	0	0	95-100	0	0
Simon Thompson Director of Operations	100-105	0	0	100-105	0	0
Colin Merker Director of Internal Customer Services	95-100	0	0	50-55	0	0
Rosalind Alstead Director of Quality & Performance (Left 22/03/11)	90-95	90-95	0	40-45	0	0
Paul Winterbottom Medical Director	70-75	95-100	0	80-85	90-95	0
Senior Managers						
Ted Quinn – Service Director	65-70	0	0	65-70	0	0
Les Trewin – Service Director	70-75	0	0	75-80	0	0
Andy Moore – Service Director	55-60	0	0	55-60	0	0
Stuart Conlon – Service Director	55-60	0	0	50-55	0	0
Mathew Page – Service Director	50-55	0	0	45-50	0	0
Christopher Woon – Service Director	45-50	0	0	45-50	0	0

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

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

This table has been audited.

Pension benefits of senior managers

Name and title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2011	Lump sum at age 60 related to accrued pension at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000	£'000
Shaun Clee Chief Executive	0 - 2.5	5 - 7.5	70 - 75	210 - 215	1233	1345	(111)	0
Sandra Betney Dir of Finance	0 - 2.5	2.5 - 5	25 - 30	80 - 85	354	397	(42)	0
Kay Harrison Dir of HR & Organisation Dev	0 - 2.5	2.5 - 5	30 - 35	100 - 105	542	584	(43)	0
Rosalind Alstead Dir of Quality & Performance	0 - 2.5	2.5 - 5	40 - 45	130 - 135	794	865	(71)	0
Colin Merker Dir of Internal Customer Services	(0 - 2.5)	(0 - 2.5)	35 - 40	115 - 120	686	770	(84)	0
Paul Winterbottom Medical Director	2.5 - 5	10 - 12.5	50 - 55	155 - 160	846	894	(49)	0
Simon Thompson Director of Ops	0 - 2.5	2.5 - 5	15 - 20	50 - 55	222	245	(23)	0
Les Trewin Service Director	0 - 2.5	5 - 7.5	20 - 25	60 - 65	307	318	(11)	0
Ted Quinn Service Director	0 - 2.5	5 - 7.5	25 - 30	75 - 80	525	519	6	0
Andy Moore Service Director	0 - 2.5	5 - 7.5	20 - 25	60 - 65	317	330	(12)	0
Stuart Conlon Service Director	0 - 2.5	5 - 7.5	25 - 30	75 - 80	-	-	-	0
Mathew Page Service Director	0 - 2.5	2.5 - 5	5 - 10	20 - 25	69	70	(1)	0
Christopher Woon Service Director	0 - 2.5	2.5 - 5	5 - 10	10 - 15	37	38	(2)	0

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

The Cash Equivalent Transfer Values are negative because CPI will be used to determine future pension increases rather than the RPI. This table has been audited.

Annual Accounts

Foreword to the Accounts

These accounts for the period ended 31 March 2011 have been prepared by the 2gether NHS Foundation Trust under Paragraph 24 & 25 of schedule 7 to the NHS Act 2006.

Signed



Dated 3 June 2011

Shaun Clee, Chief Executive

Statement of Comprehensive Income - For the Period 1 April 2010 to 31 March 2011

		12 Months to 31 March 2011	12 Months to 31 March 2011	12 Months to 31 March 2010	12 Months to 31 March 2010
				Restated	Restated
	NOTE	£000	£000	£000	£000
Operating Income from continuing operations	4		86,425		84,550
Staff Salaries		(61,963)		(58,068)	
Clinical Services & Supplies		(2,477)		(2,850)	
General Services & Supplies		(654)		(760)	
Establishment Expenses		(2,698)		(2,776)	
Premises and fixed plant		(2,989)		(3,235)	
Cost of Use of Capital Assets		(1,824)		(2,519)	
Purchase healthcare from Non NHS		(91)		0	
External contract staff and consultants		(227)		(382)	
Purchase non healthcare from NHS		(3,919)		(4,082)	
Other		(5,412)		(6,349)	
Operating expenses of continuing operations	6.1		(82,254)		(81,021)
OPERATING SURPLUS / (DEFICIT)			4,171		3,529
FINANCE COSTS					
Finance income - interest receivable	8		85		75
Finance expense - financial liabilities	9		(33)		(36)
Finance expense - unwinding of discount on provisions	14		(10)		(11)
PDC Dividends Payable			(2,092)		(1,895)
NET FINANCE COSTS			(2,050)		(1,867)
Share of Profit/(Loss) of Associates/Joint Ventures accounted for using the equity method			0		0
Corporation Tax Expense			0		0
Surplus/(Deficit) from Continuing Operations			2,121		1,662
Surplus/(Deficit) of discontinued operation and gain/loss on disposal of discontinued operations			0		0
SURPLUS/(DEFICIT) FOR THE YEAR			2,121		1,662
Impairments			(630)		(3,893)
Revaluations			2,377		0
Receipt of donated assets			0		0
Asset disposals			0		0
Share of comprehensive income from associates and joint ventures			0		0
Movements arising from classifying non current assets as Assets Held for Sale			0		0
Fair Value gains/(losses) on Available-for-sale financial investments			0		0
Recycling gains/(losses) on Available-for-sale financial investments			0		0
Other recognised gains and losses			0		0
Actuarial gains/(losses) on defined benefit pension schemes			0		0
Other reserve movements			(30)		(35)
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR			3,838		(2,266)

The notes on pages 90-95 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 2011

		At 31 March 2011	At 31 March 2010	At 1 April 2009
			£000	£000
	NOTE	£000	£000	£000
NON CURRENT ASSETS				
Intangible assets	10.1	630	318	10
Property, Plant and Equipment	10.3	65,435	61,679	59,596
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	20	13	16
Other Financial assets		0	0	0
Tax receivable		0	0	0
Other assets		0	0	0
TOTAL NON CURRENT ASSETS		66,085	62,010	59,622
CURRENT ASSETS				
Inventories		0	0	30
Trade and other receivables	11	4,493	4,583	1,968
Other financial assets	13	0	0	0
Tax receivable	12	0	0	0
Non-current assets for sale and assets in disposal groups	10.7	1,000	0	0
Cash and cash equivalents	15	13,127	16,330	22,668
TOTAL CURRENT ASSETS		18,620	20,913	24,666
CURRENT LIABILITIES: Amounts falling due within one year				
Trade and other payables	13.1	(5,891)	(7,169)	(6,535)
Borrowings	13.3	(59)	(59)	(59)
Other financial liabilities		0	0	0
Provisions	14	(27)	(376)	(197)
Tax payable	13.1	(1,244)	(1,119)	(1,112)
Other liabilities	13.2	(128)	(279)	(311)
Liabilities in disposal groups		0	0	0
TOTAL CURRENT LIABILITIES		(7,349)	(9,082)	(8,214)
TOTAL ASSETS LESS CURRENT LIABILITIES		77,356	73,841	76,074
NON CURRENT LIABILITIES				
Trade and other payables	13.1	0	0	0
Borrowings	13.3	(466)	(492)	(514)
Other financial liabilities		0	0	0
Provisions	14	(61)	(358)	(303)
Tax Payable	13.1	0	0	0
Other liabilities	13.2	0	0	0
TOTAL NON CURRENT LIABILITIES		(527)	(850)	(817)
TOTAL ASSETS EMPLOYED		76,829	72,991	75,257
FINANCED BY:				
TAXPAYERS' EQUITY				
Minority Interest		0	0	0
Public dividend capital		44,735	44,735	44,735
Revaluation reserve		17,702	15,940	19,755
Donated Asset reserve		435	480	593
Available for sale investments reserve		0	0	0
Other reserves		1,157	1,157	1,157
Merger reserve		0	0	0
Income and expenditure reserve		12,800	10,679	9,017
TOTAL TAXPAYERS' EQUITY		76,829	72,991	75,257

Pages 3&4

The financial statements on pages 86-113 were approved by the Governance Committee on 3 June 2011 and signed on its behalf by:

Signed



Dated 3 June 2011

Shaun Clee, Chief Executive

Statement of Changes in Tayxpayers' Equity

For the period 1 April 2010 to 31 March 2011

	Total	Minority Interest	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Available for Sale Investment Reserve	Other Reserves	Merger Reserve	Income & Expenditure Reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2010 restated	72,991	0	44,735	15,940	480	0	1,157	0	10,679
Surplus/(deficit) for the year	2,121	0	0	0	0	0	0	0	2,121
Impairments	(630)	0	0	(615)	(15)	0	0	0	0
Revaluations	2,377	0	0	2,377	0	0	0	0	0
Receipt of donated assets	0	0	0	0	0	0	0	0	0
Asset disposals	0	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	0
Movements arising from classifying non current assets as Assets Held for Sale	0	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	0
Recycling gains/(losses) on Available-for-sale financial investments	0	0	0	0	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes	0	0	0	0	0	0	0	0	0
Public Dividend Capital received	0	0	0	0	0	0	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0	0	0
Other reserve movements	(30)	0	0	0	(30)	0	0	0	0
Taxpayer's Equity at 31 March 2010	76,829	0	44,735	17,702	435	0	1,157	0	12,800

* 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 Tayxpayers' Equity

For the period 1 April 2009 to 31 March 2010

	Total	Minority Interest	Public Dividend Capital	Revaluation Reserve	Donated Assets Reserve	Available for Sale Investment Reserve	Other Reserves	Merger Reserve	Income & Expenditure Reserve
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2009 as previously stated	75,259	0	44,735	19,755	593	0	1,157	0	9,019
Prior Period Adjustment	(2)	0	0	0	0	0	0	0	(2)
Taxpayers Equity at 1 April 2009 restated	75,257	0	44,735	19,755	593	0	1,157	0	9,017
Surplus/(deficit) for the year	1,662	0	0	0	0	0	0	0	1,662
Impairments	(3,893)	0	0	(3,815)	(78)	0	0	0	0
Revaluations	2,377	0	0	2,377	0	0	0	0	0
Receipt of donated assets	0	0	0	0	0	0	0	0	0
Asset disposals	0	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	0
Public Dividend Capital received	0	0	0	0	0	0	0	0	0
Public Dividend Capital repaid	0	0	0	0	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0	0	0	0	0
Other reserve movements	(35)	0	0	0	(35)	0	0	0	0
Taxpayer's Equity at 31 March 2010	75,991	0	44,735	15,940	480	0	1,157	0	10,679

Statement of Cash Flows
For the Period 1 April 2010 to 31 March 2011

	12 Months to 31 March 2011	12 Months to 31 March 2010
		Restated
NOTE	£000	£000
OPERATING ACTIVITIES		
Operating surplus/(deficit) from continuing operations	4,171	3,529
Operating surplus/(deficit) from discontinued operations	0	0
OPERATING SURPLUS/DEFICIT	4,171	3,529
NON CASH INCOME AND EXPENSE:		
Depreciation and amortisation	1,803	1,824
Impairments	22	695
Reversals of impairments	(303)	0
Transfer from the donated asset reserve	(30)	(35)
Amortisation of government grants	0	0
Amortisation of PFI credit	0	0
(Increase)/Decrease in Trade and Other Receivables	(15)	(2,516)
(Increase)/Decrease in Other Assets	0	0
(Increase)/Decrease in Inventories	0	30
Increase/(Decrease) in Trade and other Payables	(834)	(371)
Increase/(Decrease) in Other Liabilities	0	0
Increase/(Decrease) in Provisions	(657)	223
Tax (paid)/received	0	0
Movements in operating cashflow of discontinued operations	0	0
Other movements in operating cashflows	0	0
NET CASH GENERATED FROM/(USED IN) OPERATIONS	4,157	3,379
CASHFLOWS FROM INVESTING ACTIVITIES		
Interest received	83	79
Purchase of financial assets	(33,009)	(39,000)
Sales of financial assets	33,009	39,000
Purchase of intangible assets	0	0
Sales of intangible assets	0	0
Purchase of Property, Plant and Equipment	(5,414)	(7,742)
Sales of Property, Plant and Equipment	0	0
Net cash generated from/(used in) investing activities	(5,331)	7,663
CASHFLOWS FROM FINANCING ACTIVITIES		
Public dividend capital received	0	0
Public dividend capital repaid	0	0
Loans received	0	0
Loans repaid	0	0
Capital element of finance lease rental payments	(26)	(23)
Capital element of PFI obligations	0	0
Interest paid	0	0
Interest element of Finance Lease	(33)	(36)
Interest element of Private Finance Initiative obligations	0	0
PDC Dividend paid	(1,970)	(1,995)
Cashflows attributable to financing activities of discontinued operations	0	0
Cashflows from/(used in) other financing activities	0	0
Net cash generated from/(used in) financing activities	(2,029)	(2,054)
Increase/(decrease) in cash and cash equivalents	(3,203)	6,338
Cash and cash equivalents at 1 April	16,330	22,668
Cash and cash equivalents at 31 March	15.2 13,127	16,330

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 2010/11 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

There have been no acquisitions and discontinued operations in this accounting period.

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. 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. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme. Employers pension cost contributions are charged to operating expenditure as and when they become due.

Additional pension liabilities arising

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

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 Tangible 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.

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 & 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 fixed assets are capitalised at their current value on receipt and this value is credited to the donated asset reserve. Donated fixed assets are valued and depreciated as described above for purchased assets. Gains and losses on revaluations are also taken to the donated asset reserve and, each year, an amount equal to the depreciation charge on the asset is released from the donated asset reserve to the income and expenditure account. Similarly any impairment on donated assets charged to the income and expenditure account is matched by a transfer from the donated asset reserve. On sale of donated assets, the net book value of the donated asset is transferred from the donated asset reserve to the Income and Expenditure Reserve.

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.

he 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.

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 provide where it has a for 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 2.9% 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 15 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 18 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 currencies of the Trust are 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 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.

1.22 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 directly.

1.23 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.

1.24 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.

1.25 Accounting Standards issued but not yet adopted

IFRIC 19 "Extinguishing financial liabilities with equity instruments" is effective from 1st July 2010. Neither

the Treasury FReM nor the Department of Health's Manual for Accounts require this standard to be applied in 2010-11. This application of the IFRIC would not have a material impact on the Trust's accounts in 2010-11 were it applied in that year.

1.26 Post Balance Sheet Events

From the 1 April 2011, the Trust will be 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 is 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 is a material transaction to the Trust. The Trust submitted the required documentation to Monitor who subsequently confirmed that it had complied with the Compliance Framework prior to the transaction completion.

From the 1 May 2011, the Trust will be 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.

In May 2011 the Trust received clarification from HMRC concerning two separate employment taxation issues relating to 2010/11 and earlier. Although both are technically 'adjusting' events, due to the timing of the correspondence and since the amounts to be adjusted are not material the Trust has decided to disclose the detail as follows:

- The Trust was advised that its annual Awards Ceremony does not meet HMRC exemption criteria. The Trust will need to agree with HMRC the outstanding Tax and NIC liability, but believes a provision of £10,000 would have been actioned had the advice been received whilst they were completing the year end accounts.
- In May, following HMRC investigations into Car Fuel Benefit

calculations across all NHS organisations, the Trust received notification from the HMRC that it believed the Trust had an outstanding NIC and interest liability. The details will be discussed in future meetings between HMRC, the Trust and the Trust's Tax advisors. The Trust believes a provision of £73,000 would have been actioned had the advice been received whilst they were completing the year end accounts.

1.27 Prior Period Adjustments

Impairments caused by a clear consumption of economic benefit

For 2010/11 the accounting policies have been amended to distinguish between impairments caused by a clear consumption of economic benefit and other impairments. The Trust reviewed the impairments that were the result of a clear consumption of economic benefit that were charged to the revaluation reserve in 2009/10 and this has resulted in an adjustment of £56,000 being charged to operating expenses, rather than to the revaluation reserve.

Long term land leases

The 2009/10 Accounts were the first financial statements prepared under the IFRS accounting conventions and the accounting policy for finance leases required that the land component was separated from the building component and treated as an operating lease. For 2010/11 the HM Treasury FReM has been amended to remove the presumption that leases of land will normally be operating leases and requires that a lease of land must now be assessed as either a finance lease or an operating lease in accordance with IAS17. As a result of this the Trust has re-assessed its land leases and reclassified its long term land leases as being finance leases. This has resulted in a 2009/10 prior period adjustment of £ 238,000 to the opening balances for Property, Plant and Equipment, an adjustment of £240,000 to the opening balances for Borrowings and £2,000 charged to the opening Income and Expenditure Reserve. Within the 2009/10 period this has resulted in an increase in Depreciation of £29,000, a decrease of £11,000 in operating lease expenditure and £18,000 charged to the Income and Expenditure Reserve.

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.

The Trust has considerable financial resources and the future projections indicate the Trust should achieve Monitor's financial risk ratings of a 4 for the next three 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 Segment 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 Gloucestershire County Council for the provision of Working Age Mental Health Services and Substance Misuse Services. Both segments are accounted for on the same basis.

	Healthcare	Local Authority S75	Total	Healthcare	Local Authority S75	Total
	12 Months to 31 March 2011	12 Months to 31 March 2011	12 Months to 31 March 2011	12 Months to 31 March 2010	12 Months to 31 March 2010	12 Months to 31 March 2010
				Restated	Restated	Restated
	£000	£000	£000	£000	£000	£000
Income by segment						
Income from activities	74,824	5,956	80,780	72,507	6,388	78,895
Other operating income	5,645	0	5,645	5,655	0	5,655
TOTAL INCOME	80,469	5,956	86,425	78,162	6,388	84,550
SURPLUS/(DEFICIT)						
Segment surplus/(deficit)	4,171	0	4,171	3,529	0	3,529
Common costs			0	0	0	0
Surplus/(deficit) before interest	4,171	0	4,171	3,529	0	3,529
TOTAL ASSETS EMPLOYED	76,022	808	76,829	71,618	1373	72,991

4 Income from Activities

Includes the Trusts income from mandatory services as follows :

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Cost and Volume Contract income	2,421	0
Block Contract income	69,444	68,308
Clinical Partnerships providing mandatory services (including S31 agreements)	5,871	6,302
Clinical income for the Secondary Commissioning of mandatory services	0	0
Other clinical income from mandatory services	3,044	4,285
	80,780	78,895

Other Operating Income

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Research and development	0	0
Education and training	1,345	1,277
Charitable and other contributions to expenditure	5	14
Transfer from donated asset reserve in respect of depreciation on donated assets	30	35
Non-patient care services to other bodies	1,328	1,427
Other*	2,634	2,902
	5,645	5,655
Total Operating Income from continuing operations	86,425	84,550

* 'Other' includes Supporting People/Floating Support of £1,800,106 (£1,911,110 for 2009/10) and Staff contributions for telephones, leased cars and cycle scheme of £203,016 (£170,382 for 2009/10), Sale of Goods & Services £250,209 (£426,266 for 2009/10), Local Authority non healthcare £146,005 (£213,093 for 2009/10), and Rental Income £126,076 (£117,148 for 2009/10), Insurance Claim Reimbursement £127,716 (£6,537 for 2009/10).

4.1 Income from Activities (By Commissioner)

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
NHS Foundation Trusts	831	753
NHS Trusts	0	24
Strategic Health Authorities	0	0
Primary Care Trusts	73,315	70,403
Local Authorities	6,075	6,726
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	559	567
	80,780	78,895

The Trust does not generate private patient income.

5.1 Operating Lease Income

5.1.1 Operating Lease Income

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Rents recognised as income in the period	17	17
Contingent rents recognised as income in the period	0	0
	17	17

5.1.2 Future Minimum Lease Payments Due

	12 Months to 31 March 2011	12 Months to 31 March 2010
not later than one year	0	4
later than one year and not less than five years	0	0
later than five years	0	0
	0	4

The existing lease expires on June 2010 and there are no rights of purchase at expiry. A new lease will be negotiated.

6 Operating Expenses

6.1 Operating expenses comprise:

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Services from NHS Foundation Trusts	3,007	3,322
Services from NHS Trusts	18	56
Services from other NHS Bodies	894	704
Purchase of healthcare from non NHS bodies	91	0
Executive directors costs	890	831
Non-executive directors costs	135	145
Staff costs	60,938	57,092
Drug costs	2,214	2,583
Supplies and services - clinical (excluding drug costs)	263	267
Supplies and services - general	654	760
Establishment	1,874	1,969
Research and development	15	0
Transport	824	807
Premises	2,989	3,235
Increase / (decrease) in bad debt provision	24	103
Other impairment of financial assets	0	0
Depreciation on Property, Plant and Equipment	1,714	1,815
Amortisation on Intangible Assets	88	9
Impairments of Property, Plant and Equipment	22	695
Impairments of Intangible Assets	0	0
Reversal of Impairments of Property, Plant and Equipment	0	0
Reversal of Impairments of Intangible Assets	0	0
Audit Fees - Statutory Reporting	69	46
Audit Fees - Regulatory Reporting	18	0
Other auditors remuneration* Further assurance services	0	54
Other auditors remuneration* Other services	1	0
Clinical negligence	122	158
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
Impairments of assets held for sale	0	0
Legal Fees	136	202
Consultancy costs	227	382
Training, courses and conferences	394	352
Patient travel	158	142
Car Parking and Security	130	105
Redundancy	0	0
Early Retirements	0	0
Hospitality	0	6
Publishing	0	0
Insurance	8	5
Other services, e.g. external payroll	0	0
Grossing up consortium arrangements	0	0
Losses, ex gratia and special payments	10	185
Other**	4,327	4,991
	82,254	81,021

* 'Other audit remuneration' shows expenditure with the Trusts Internal Auditors.

** 'Other' includes Net Social Services placement costs of £4,104,259 and £4,216,598 for 2009/10.

Directors remuneration. The Trust has contributed £110,000 to pension schemes in respect of Directors in 2010/11. 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 2011	12 Months to 31 March 2010
	£000	£000
Minimum lease payments	860	1,083
Contingent rents	0	0
Less sublease payments received	0	0
	<u>860</u>	<u>1,083</u>

6.2.2 Annual commitments under non-cancellable operating leases are:

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Operating leases which expire:		
Within one year	606	793
Between one and five years	546	624
After five years	0	225
	<u>1,152</u>	<u>1,642</u>

Operating leases relate to building rentals and lease cars. The March 2010 figures include the lease for one site which has since been reclassified following guidance in the 2010/11 Treasury FReM

7 Staff costs and numbers

7.1 Staff costs

	12 Months to 31 March 2011			12 Months to 31 March 2010		
	Total	Permanent	Other	Total	Permanent	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	49,915	46,918	2,997	47,344	44,783	2,561
Social security costs	3,935	3,704	231	3,708	3,489	219
Pension costs - defined contribution plans						
Employers contributions to NHS Pensions	6,209	5,762	97	5,829	5,762	67
Pension cost - other contributions	0	0	0	0	0	0
Termination Benefits	0	0	0	0	0	0
Agency/contract staff	1,769	0	1,769	1,042	0	1,042
	<u>61,828</u>	<u>56,734</u>	<u>5,094</u>	<u>57,923</u>	<u>54,034</u>	<u>3,889</u>

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 2011			12 Months to 31 March 2010		
	Total	Permanent	Other	Total	Permanent	Other
	Number			Number		
Medical and dental	80	62	18	83	70	13
Ambulance staff	0	0	0	0	0	0
Administration and estates	368	347	21	352	332	20
Healthcare assistants and other support	54	46	8	52	38	14
Nursing, midwifery and health visiting staff	714	699	15	722	715	7
Nursing, midwifery and health visiting learners	8	8	0	13	13	0
Scientific, therapeutic and technical staff	241	210	31	206	178	28
Social care staff	57	55	2	56	51	5
Bank and agency staff	23	0	23	14	0	14
Other	81	81	0	74	74	0
	<u>1,626</u>	<u>1,508</u>	<u>118</u>	<u>1,572</u>	<u>1,471</u>	<u>101</u>

7.3 Employee benefits

No employee benefits were paid during the period.

7.4 Retirements due to ill-health

	12 Months to 31 March 2011	12 Months to 31 March 2010
No. of early retirements on grounds of ill health	2	2
Cost of early retirements on grounds of ill health (£000)	146	176

8 Interest Receivable

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
Interest receivable	85	75
	<u>85</u>	<u>75</u>

9 Interest Expense

	12 Months to 31 March 2011	12 Months to 31 March 2010
	£000	£000
	Restated	
	£000	£000
Finance leases	33	36
	<u>33</u>	<u>36</u>

10.1 Intangible Assets

	10/11 Total	10/11 Software licences (purchased)	10/11 Information Technology (internally Generated)	10/11 Assets Under Construction	09/10 Total	09/10 Software licences (purchased)	09/10 Information Technology (internally Generated)	09/10 Assets Under Construction
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April as previously stated	448	142	210	96	131	131	0	0
Prior period adjustments	0	0	0	0	0	0	0	0
Gross cost at 1 April restated	448	142	210	96	131	131	0	0
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	0	96	(96)	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Additions - purchased	400	0	400	0	317	11	210	96
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
Gross cost at 31 March	<u>848</u>	<u>142</u>	<u>706</u>	<u>0</u>	<u>448</u>	<u>142</u>	<u>210</u>	<u>96</u>
Amortisation at 1 April	130	130	0	0	121	121	0	0
Prior period adjustments	0	0	0	0	0	0	0	0
Amortisation at 1 April	130	130	0	0	121	121	0	0
Provided during the year	88	2	86	0	9	9	0	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
Amortisation at 31 March	<u>218</u>	<u>132</u>	<u>86</u>	<u>0</u>	<u>130</u>	<u>130</u>	<u>0</u>	<u>0</u>
Net book value								
NBV - Purchased at 1 April	318	12	210	96	318	12	210	96
NBV - Donated at 1 April	0	0	0	0	0	0	0	0
NBV Total as at 1 April	<u>318</u>	<u>12</u>	<u>210</u>	<u>96</u>	<u>10</u>	<u>10</u>	<u>0</u>	<u>0</u>
Net book value								
NBV - Purchased at 31 March	630	10	620	0	630	10	620	0
NBV - Donated at 31 March	0	0	0	0	0	0	0	0
NBV Total as at 31 March	<u>630</u>	<u>10</u>	<u>620</u>	<u>0</u>	<u>318</u>	<u>12</u>	<u>210</u>	<u>96</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	5
Development expenditure	0	0
Other	0	0

10.2.2 Intangible assets - purchased

	Min Life Years	Max Life Years
Software	0	4
Licences & Trademarks	0	0
Patents	0	0
Other	0	0
Goodwill	0	0

10.3 Tangible Property, Plant and Equipment

	Land	Buildings excluding dwellings	Dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	Restated								Restated
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2010 as restated	18,825	33,538	0	8,526	1,026	110	1,594	0	63,619
Additions purchased	0	3,644	0	325	354	0	119	0	4,442
Additions donated	0	0	0	0	0	0	0	0	0
Acquisition through Business combination									0
Impairments charged to revaluation reserve	(615)	(15)	0	0	0	0	0	0	(630)
Reclassifications	0	7,468	0	(7,468)	0	0	0	0	0
Revaluation surpluses	0	1,293	0	0	0	0	0	0	1,293
Transferred to disposal group as asset held for sale	(800)	(200)	0	0	0	0	0	0	(1,000)
Disposals	0	0	0	0	(14)	0	0	0	(14)
Cost or Valuation at 31 March 2011	17,410	45,728	0	1,383	1,366	110	1,713	0	67,710
Accumulated Depreciation at 1 April 2010	0	98	0	0	708	105	1,029	0	1,940
Prior Period Adjustments	0	0	0	0	0	0	0	0	0
Accumulated Depreciation at 1 April 2010	0	98	0	0	708	105	1,029	0	1,940
Provided during the year	0	1,406	0	0	96	4	208	0	1,714
Acquisition through business combination									0
Impairments recognised in operating expenses	0	(287)	0	0	6	0	0	0	(281)
Reversal of impairments									0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation surpluses	0	(1,084)	0	0	0	0	0	0	(1,084)
Transfer to disposal group as asset held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(14)	0	0	0	(14)
Accumulated Depreciation at 31 March 2011	0	133	0	0	796	109	1,237	0	2,275
NBV - Purchased at 31 March 2011	17,410	44,694	0	1,383	570	0	476	0	64,533
NBV - Finance Lease at 31 March 2011	0	467	0	0	0	0	0	0	467
NBV - Donated at 31 March 2011	0	434	0	0	0	1	0	0	435
Total as at 31 March 2011	17,410	45,595	0	1,383	570	1	476	0	65,435
Protected assets at 31 March 2011	12,395	38,630	0	0	0	0	0	0	51,025
Unprotected assets at 31 March 2011	5,015	6,965	0	1,383	570	1	476	0	14,410
Total as at 31 March 2011	17,410	45,595	0	1,383	570	1	476	0	65,435

10.4 Non Property Valuations

Net Book Value covered by each method for determining fair value

	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000
Method for determining Fair Value				
Depreciated Historic Cost	570	1	476	0
Total	570	1	476	0

	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings
Date of Last Revaluation (where applicable)	2007-08	2007-08	2007-08	2007-08

10.5 Property Valuations

	Land	Buildings excluding dwellings	Dwellings
Year of Full Revaluation	2008-09	2008-09	0
Method of Accounting for Revaluation	In year revaluation	In year revaluation	0
Alternative Site Method Used	No	No	0

	Land	Buildings excluding dwellings	Dwellings
	£000	£000	£000
Net Book Value of Assets by Valuation Method			
Modern Equivalent Asset (no alternative site)	0	42,810	0
Modern Equivalent Asset (alternative site)	0	0	0
Other Professional Valuations	17,410	2,785	0
Total	17,410	45,595	0

10.6 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land	0	0
Buildings excluding dwellings	10	68
Dwellings	0	0
Assets under Constuction & POA	0	0
Plant & Machinery	0	10
Transport Equipment	1	1
Information Technology	0	8
Furniture & Fittings	0	0

10.7 Non-current assets for sale and assets in disposal groups

During the year the Trust started marketing two properties for sale, valued at £1,000k. 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.

11 Trade Receivables and Other Receivables

	31 March 2011	31 March 2010
	£000	£000
Current:		
NHS receivables	1,509	1,719
Other receivables with related parties	680	680
Provision for impaired receivables	(223)	(199)
Prepayments	509	366
PFI prepayments	0	0
Accrued income	1,723	0
Corporation tax receivable	0	0
Finance lease receivable	0	0
PDC receivable	0	100
Other receivables	295	1,917
Total Current Trade and Other Receivables	4,493	4,583
Non Current:		
NHS receivables	0	0
Other receivables with related parties	0	0
Provision for impaired receivables	0	0
Prepayments	20	13
PFI prepayments	0	0
Accrued income	0	0
Corporation tax receivable	0	0
Finance lease receivable	0	0
Other receivables	0	0
Total Non Current Trade and Other Receivables	20	13
TOTAL TRADE AND OTHER RECEIVABLES	4,513	4,596

In 2009/10 Income accruals for NHS bodies, Local Government and Central Government Departments were shown in NHS Receivables and Other Receivables with Related Parties. In 2010/11 these accruals are shown under Accrued Income.

11.1 Provisions for impairment of trade receivables

	31 March 2011	31 March 2010
	£000	£000
Provisions for impairment of receivables 1 April	199	96
Increase in provisions	69	128
Amounts utilised	0	(0)
Unused amounts reversed	(45)	(25)
As at 31 March	223	199

11.2 Analysis of impaired receivables

	31 March 2011	31 March 2010
	£000	£000
Ageing of impaired receivables		
Up to three months	0	128
In three to six months	0	0
Over six months	223	71
Total	223	199
Ageing of non-impaired receivables past their due date		
Up to three months	1,792	1,547
In three to six months	214	47
Over six months	78	241
Total	1,835	1,835

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 2011	31 March 2010
	£000	£000
Cost or valuation at 1 April	0	0
Additions	(33,009)	(39,000)
Disposals	33,009	39,000
Revaluations	0	0
Cost or Valuation at 31 March	0	0

The Trust used the Bank of England (National Loans Fund), Royal Bank of Scotland, Barclays and The Allied Irish Bank for short term investments which were not greater than three months in duration.

13.1 Trade and other payables

	31 March 2011	31 March 2010
		Restated
	£000	£000
Current		
Receipts in advance	250	865
NHS payables	1,221	2,526
Amounts due to other related parties	17	224
Trade payables - capital	823	1,396
Other trade payables	1,079	1,094
Taxes payable	1,244	1,199
Other payables	418	436
Accruals	2,061	628
PDC payable	22	0
Reclassified to liabilities held in disposal groups in year	0	0
TOTAL CURRENT TRADE AND OTHER PAYABLES	7,135	8,368
Non-current		
Receipts in advance	0	0
NHS payables (from FTC20)	0	0
Amounts due to other related parties	0	0
Trade payables - capital	0	0
Other trade payables	0	0
Taxes payable	0	0
Other payables	0	0
Accruals	0	0
TOTAL NON CURRENT TRADE AND OTHER PAYABLES	0	0

In 2009/10 expenditure accruals for NHS bodies, Local Government and Central Government Departments were shown in NHS Payables and Amounts due to Other Related Parties. In 2010/11 these accruals are shown under Accruals.

An accrual for annual leave was estimated by reviewing staff leave sheets and valuing remaining leave at average pay costs for the appropriate pay band.

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 2011	31 March 2010
	£000	£000
Current		
Deferred Income	128	279
Deferred PFI credits	0	0
Deferred PFI credits	0	0
Net Pension Scheme Liability	0	0
TOTAL OTHER CURRENT LIABILITIES	128	279
Non-current		
Deferred Income	0	0
Deferred PFI credits	0	0
Deferred Government Grant	0	0
Net Pension Scheme Liability	0	0
TOTAL OTHER NON CURRENT LIABILITIES	0	0

13.3 Borrowings

	31 March 2011	31 March 2010
	£000	Restated £000
Current		
Bank overdrafts	0	0
Drawdown in committed facility	0	4
Loans from Foundation Trust Financing Facility	0	4
Other Loans	0	4
Obligations under finance leases	59	59
Obligations under Private Finance Initiative contracts	0	0
TOTAL CURRENT BORROWINGS	59	59
Non-current		
Bank overdrafts	0	0
Drawdown in committed facility	0	0
Loans from Foundation Trust Financing Facility	0	0
Other Loans	0	0
Obligations under finance leases	466	492
Obligations under Private Finance Initiative contracts	0	0
TOTAL OTHER NON CURRENT LIABILITIES	466	492

13.4 Prudential borrowing limit

	31 March 2011	31 March 2010
	£000	£000
Total long term borrowing set by Monitor	16,200	17,200
Working capital facility agreed by Monitor	6,100	6,100
Total prudential borrowing limit	22,300	23,300

'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 2011

	Actual Ratios	Monitor Thresholds
Financial Ratios		
Minimum Dividend Cover	x 2.7	> 1x
Minimum Interest Cover	173.6	> 3x
Minimum Debt Service Cover	97.1	> 2x
Maximum Debt Service to revenue	0.07%	< 2.5%

The Trust's Financial Ratios are within Monitor's thresholds

13.5 Performance against Prudential Borrowing Limit

	2010/11	2009/10
	£000	£000
Long term borrowing at 1 April	551	573
Net actual borrowing/(repayment) in year - long term	(26)	(22)
Long term borrowing at 31 March	525	551
Working capital borrowing at 1 April	59	59
Net actual borrowing/(repayment) in year - working capital	0	0
Long term borrowing at 31 March	59	59

13.6 Finance lease obligations

	31 March 2011	31 March 2010
		Restated
	£000	£000
Gross Lease Liabilities Payable:		
Within one year	59	59
Between one and five years	236	236
After five years	433	492
	<u>728</u>	<u>787</u>
Less finance charges allocated to future periods	203	(236)
	<u>525</u>	<u>551</u>
Net Lease Liabilities Payable:		
Within one year	59	59
Between one and five years	236	236
After five years	230	256
	<u>525</u>	<u>551</u>

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.

13.7 Present Value of Minimum Lease Payments

	31 March 2011	31 March 2010
		Restated
	£000	£000
Gross lease liabilities of which liabilities are due		
- not later than one year;	57	57
- later than one year and not later than five years;	213	213
- later than five years.	331	371
	<u>601</u>	<u>641</u>
Finance charges allocated to future periods	0	0
	<u>601</u>	<u>641</u>
Net lease liabilities		
- not later than one year;	57	57
- later than one year and not later than five years;	213	213
- later than five years	331	371
	<u>601</u>	<u>641</u>

14 Provisions for liabilities and charges

	Pensions relating to other staff	Legal claims	Agenda for change	Other	Total
	£000	£000	£000	£000	£000
As at 1 April 2010	311	149	0	274	734
Prior Period Adjustments	0	0	0	0	0
At 1 April 2010, as restated	311	149	0	274	734
Change in the discount rate	0	0	0	0	0
Arising during the period	0	54	0	0	54
Utilised during the period	(217)	(40)	0	(142)	(399)
Reclassified to liabilities held in disposal groups in year	0	0	0	0	0
Reversed unused	(101)	(78)	0	(132)	(311)
Unwinding of discount	7	3	0	0	10
As at 31 March 2011	<u>0</u>	<u>88</u>	<u>0</u>	<u>0</u>	<u>88</u>
Expected timing of cashflows:					
Within one year	0	27	0	0	27
Between one and five years	0	12	0	0	12
After five years	0	49	0	0	49
As at 31 March 2011	<u>0</u>	<u>88</u>	<u>0</u>	<u>0</u>	<u>88</u>

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 £217,000 at 31 March 2011 in respect of clinical negligence liabilities of the NHS Foundation Trust (£167,000 in 09/10)

	Pensions relating to other staff	Legal claims	Agenda for change	Other	Total
	£000	£000	£000	£000	£000
As at 1 April 2009	315	126	0	59	500
Change in the discount rate	0	0	0	0	0
Arising during the period	-11	154	0	274	417
Utilised during the period	0	-36	0	-60	-96
Reclassified to liabilities held in disposal groups	0	0	0	0	0
Reversed unused	0	-98	0	0	-98
Unwinding of discount	7	3	0	1	11
As at 31 March 2010	311	149	0	274	734
Expected timing of cashflows:					
Within one year	15	87	0	274	376
Between one and five years	60	12	0	0	72
After five years	236	50	0	0	286
As at 31 March 2010	311	149	0	274	734

15 Cash and cash equivalents

	2010/11	2009/10
	£000	£000
At 1 April	16,330	22,668
Net change in year	(3,203)	(6,338)
At 31 March	13,127	16,330
Broken down into:		
Cash at commercial banks and in hand	28	31
Cash with the Government Banking Service	13,099	16,299
Other current investments	0	0
Cash and cash equivalents as in SoFP	13,127	16,330
Bank overdraft	0	0
Cash and cash equivalents as in SoCF	13,127	16,330

15.1 Third Party Assets

	31 March 2011	31 March 2010
	£000	£000
Third party assets held by the Trust	11	9

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 2010	Other cash changes in year	31 March 2011
	£000	£000	£000
Commercial cash at bank and in hand	31	(3)	28
OPG cash at bank	16,299	(3,200)	13,099
Bank overdrafts	0	0	0
Current asset investments	0	0	0
	16,330	(3,203)	13,127

16 Capital Commitments

Commitments under capital expenditure contracts at 31 March were as follows:

	31 March 2011	31 March 2010
	£000	£000
Property, Plant and Equipment	0	1,688
Intangible assets	0	0
Total as at 31 March 2011	0	1,688

17 Contingencies

	31 March 2011	31 March 2010
	£000	£000
Gross value of Contingent liabilities	(585)	(475)
Amounts recoverable against contingent liabilities	0	0
Net value of contingent liabilities	(585)	(475)
Net value of contingent assets	15	8

Net Contingent liabilities relates to £400,000 supplier disputes, £180,000 employment disputes and £5,000 complaints.

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 15 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 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.

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.

The Board of Governors has four nominated roles held by Jill Crook, Paul McLain, Duncan Smith and Faye Henry.

Jill Crook, is the Director of Clinical Development at Gloucestershire Primary Care Trust.

Paul McLain is a Gloucestershire County Councillor, currently lead member for Children's Services.

Duncan Smith is a Gloucestershire County Councillor, a Cheltenham Borough Councillor and sits on the sits on the Gloucestershire Health, Community and Care Overview and Scrutiny Committee.

Faye Henry is nominated by the LD 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 totalling more than £500,000 are listed below:

Entity	Income £000	Expenditure £000
Berkshire Healthcare Foundation Trust	733	
Gloucestershire Hospitals Foundation NHS Trust	582	2,972
South West Strategic Health Authority	1,285	
Gloucestershire PCT	70,127	894
Bristol PCT	2,170	
Prescription Pricing Authority		1,192
NHS Pension Agency		6,209
South Gloucestershire PCT	1,076	

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
Gloucestershire County Council	7,844	
HM Revenue and Customs		3,946

19 Financial Instruments

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. As an organisation we plan to keep £6 million in cash and short term deposits to ensure the liquidity position.

19.2 Financial Assets by category

	Loans and receivables	Assets at fair value through the I&E	Held to maturity	Available for sale	Total
	£000	£000	£000	£000	£000
Financial Assets as per SoFP:					
At 31 March 2011					
Trade and other receivables	3,981	0	0	0	3,981
Other Investments	0	0	0	0	0
Other Financial Assets	0	0	0	0	0
Non current assets held for sale and assets held in disposal group	0	0	0	0	0
Cash and cash equivalents	13,127	0	0	0	13,127
Total as at 31 March 2011	17,108	0	0	0	17,108
At 31 March 2010					
Trade and other receivables	4,117	0	0	0	4,117
Other Investments	0	0	0	0	0
Other Financial Assets	0	0	0	0	0
Non current assets held for sale and assets held in disposal group	0	0	0	0	0
Cash and cash equivalents (at bank and in hand)	16,330	0	0	0	16,330
Total as at 31 March 2010	20,447	0	0	0	20,447

19.3 Financial Liabilities by category

	Other Financial Liabilities	Liabilities at Fair Value through the I&E	Total
	£000	£000	£000
Liabilities as per SoFP:			
At 31 March 2011			
Borrowings excluding Finance lease	0	0	0
Obligations under finance leases	525	0	525
Obligations under PFI contracts	0	0	0
Trade and other payables	5,641	0	5,641
Other financial liabilities	1,244	0	1,244
Provisions under contract	88	0	88
Liabilities in disposal groups	0	0	0
Total as at 31 March 2011	7,498	0	7,498
At 31 March 2010 Restated			
Borrowings excluding Finance lease	0	0	0
Obligations under finance leases	551	0	551
Obligations under PFI contracts	0	0	0
Trade and other payables	6,304	0	6,304
Other financial liabilities	1,199	0	1,199
Provisions under contract	734	0	734
Liabilities in disposal groups	0	0	0
Total as at 31 March 2010	8,788	0	8,788

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 2011	Book Value	Fair Value	Basis of fair valuation
	£000	£000	
Financial assets			
Non current trade and other receivables excluding non financial assets	20	20	
Other investments	0	0	
Other	17,088	17,088	
Total	<u>17,108</u>	<u>17,108</u>	
Financial liabilities			
Non current trade and other payables excluding non financial liabilities	0	0	Note a
Provisions under contract	88	88	Note b
Loans**	0	0	Note c
Other	7,410	7,410	
Total	<u>7,498</u>	<u>7,498</u>	

Notes

- Fair value is not significantly different from book value since interest at 9% is paid on early retirement creditors.
- 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.
- 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.

21 Foreign Currency Risk

The Trust has negligible foreign currency income or expenditure.

22 Losses and Special Payments

	2010/11		2009/10	
	Numbers	Value	Numbers	Value
LOSSES:				
1. Losses of cash due to:				
a. theft, fraud etc	2	0	0	0
b. overpayment of salaries etc.	2	2	1	1
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	9	51
4. Damage to buildings, property etc. due to:				
a. theft, fraud etc	1	1	0	0
b. other	1	5	0	0
TOTAL LOSSES *	7	8	11	52
SPECIAL PAYMENTS:				
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	13	2	7	1
b. clinical negligence with advice	0	0	9	122
c. personal injury with advice	4	34	0	0
d. other negligence and injury	0	0	0	0
e. other	2	7	1	10
f. maladministration, no financial loss	0	0	0	0
8. Extra statutory and regulatory	0	0	0	0
TOTAL SPECIAL PAYMENTS *	19	43	17	133
TOTAL LOSSES AND SPECIAL PAYMENTS *	26	51	28	185
Of which, cases of £100,000 or more:				
1a & 4a. Fraud cases	0	0	0	0
2. Fruitless payments	0	0	0	0
5. Compensation under legal obligation	0	0	0	0
7b. Clinical negligence with advice	0	0	0	0
7c. Personal injury with advice	0	0	0	0

23 Post Balance Sheet Events

From the 1 April 2011, the Trust will be 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 is 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 is a material transaction to the Trust. The Trust submitted the required documentation to Monitor who subsequently confirmed that it had complied with the Compliance Framework prior to the transaction completion.

From the 1 May 2011, the Trust will be 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.

In May 2011 the Trust received clarification from HMRC concerning two separate employment taxation issues relating to 2010/11 and earlier. Although both are technically 'adjusting' events, due to the timing of the correspondence and since the amounts to be adjusted are not material the Trust has decided to disclose the detail as follows:

- The Trust was advised that its annual Awards Ceremony does not meet HMRC exemption criteria. The Trust will need to agree with HMRC the outstanding Tax and NIC liability, but believes a provision of £10,000 would have been actioned had the advice been received whilst they were completing the year end accounts.
- In May, following HMRC investigations into Car Fuel Benefit calculations across all NHS organisations, the Trust received notification from the HMRC that it believed the Trust had an outstanding NIC and interest liability. The details will be discussed in future meetings between HMRC, the Trust and the Trust's Tax advisors. The Trust believes a provision of £73,000 would have been actioned had the advice been received whilst they were completing the year end accounts.

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 2011 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.

I read all the 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 2011 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 statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I have nothing to report in respect of the Statement of Internal Control on which I report to you if, in my opinion the Statement of Internal Control does not reflect compliance with Monitor's requirements.

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

6 June 2011

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



Tel: 01452 891165

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



Tel: the Assistant Trust Secretary on 01452 891165

There is also feedback form on the Trust website at www.2gether.nhs.uk

Information in other languages/formats

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 891165 or email us at 2gether.comms@glos.nhs.uk

Chinese

2gether 國家健康服務信託社的週年報告和2010-11

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 891165 或者電郵 2gether.comms@glos.nhs.uk

Polish

Roczny Raport i Rachunkowość Funduszu Powierniczego Narodowej Służby Zdrowia 2gether na rok 2010 – '11 opisuje działalność funduszu w czasie roku finansowego 2010 – '11. Po kopię Raportu Roczego w dużym druku, w języku Braille's, na kasecie audio lub w innym języku proszę dzwonić pod numer **01452 891165** lub email: 2gether.comms@glos.nhs.uk

Czech

Výroční zpráva a účetní knihy 2010 – '11 nadace 2gether svěřenecké společnosti NHS popisují činnosti společnosti během finančního roku 2008 – '09 . Pokud budete chtít výroční zprávu ve velkém tisku, Braillovu písmu, na audio kazetu nebo v jiném jazyce, volejte prosím na **01452 891165** nebo napište na email: 2gether.comms@glos.nhs.uk

Gujarati

ટુગેઠર એનએચએસ ફાઉન્ડેશન ટ્રસ્ટનો 2010-11 વાર્ષિક અહેવાલ અને હિસાબ ટ્રસ્ટની 2008 - 09નાં વર્ષ દરમ્યાનની કામગીરીઓ બતાવે છે. તમોને જો એ અહેવાલ મોટા અક્ષરોમાં, બ્રેઈલ (અંધલિપિ), ઓડિઓ કસેટ કે બીજી કોઈ ભાષામાં જોઈતો હોય તો, મહેરબાની કરીને 01452 891165 નંબર પર ફોન કરશો અથવા આ જગ્યા પર ઈમેઈલ કરશો : 2gether.comms@glos.nhs.uk

Bengali

ટુગેઠર એનએચએસ ફાઉન્ડેશન ટ્રસ્ટ (2gether NHS Foundation Trust) 2010-11 સાલેર વાંસરિક રિપોર્ટ ઓ ગ્રાંકાઉન્ટ, 2008-2009 આર્થિક વહરે એઈ ટ્રસ્ટેર કાજકર્મેર કથા વલા હયેછે. આપની યદિ એઈ રિપોર્ટ ટિ વડ હાપાય, બ્રેઈલ-એ, કાને શોનાર કાસેટ ટેપ-એ વા અન્ય કોન ભાયાં ચાન, તાહલે દયા કરે 01452 891165 નંબરે ટેલિફોન કરવેન અથવા 2gether.comms@glos.nhs.uk ઠિકાનાય ઈમેઈલ કરવેન।

Urdu

ٹو گيڈر اين ايچ ايس فاؤنڈيشن ٹرسٹ كى سالانہ رپورٹ اور سن 2010-11 كے اكاؤنٹس ميں ٹرسٹ كى ان سرگرميوں كا ذكر كيا گيا ہے جو مالي سال 2010-11 كے دوران انجام دي گئیں۔ سالانہ رپورٹ اگر آپ كو بڑے حروف كى چھپائی، آڈيو كسٹ يا كسى ديگر زبان ميں دركار ہو تو برائے مہربانی نمبر 01452 891165 پر فون كريں يا اس پتے پر ای ميل بھیجیں : 2gether.comms@glos.nhs.uk



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For more information about us visit www.2gether.nhs.uk



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