2gether NHS Foundation Trust

Annual Report and Accounts 2017/18

2gether
Making life better

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NHS Foundation Trust
NHS

2gether NHS Foundation Trust

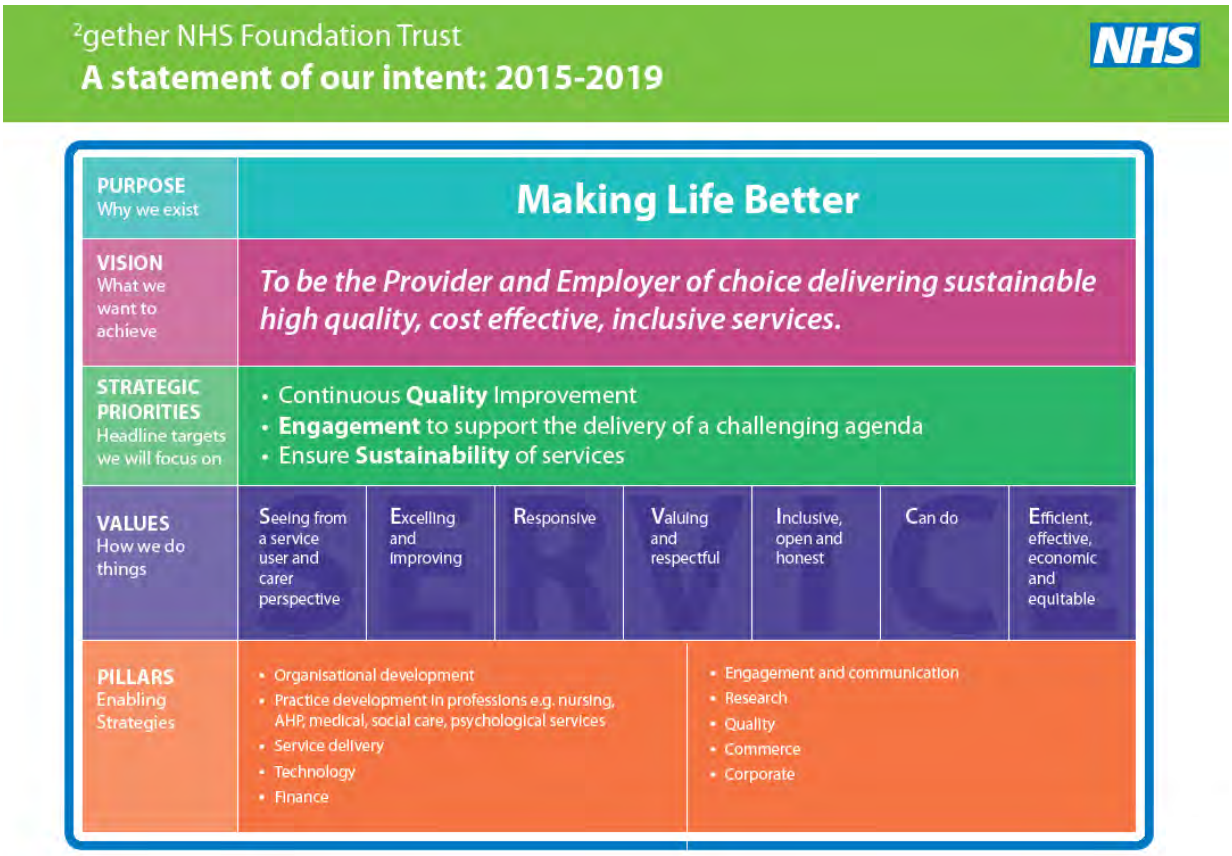
Annual Report and Accounts 2017/18

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

Contents

We're 2gether

Welcome to our Annual Report, where you will find information about who we are and what we have done throughout 2017/18.



Get involved

Find out more about our Trust at: www.2gether.nhs.uk

You can also keep in touch with us through our social media channels:

facebook.com/2getherNHS

twitter.com/2getherTrust

instagram.com/2gethernhs

linkedin.com/company/2gether-nhs-foundation-trust

Join us!

2gether operates within the NHS as a not-for-profit, public benefit corporation. As a member, you can help shape strategy and the way services are run. To become a member of the Trust, visit 2gether.nhs.uk/membership or call 01452 894393.

Our registered address is: 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester, GL1 1LY. You can also contact us by telephone on 01452 894000.

Performance Report

An overview of our purpose, objectives, and performance during 2017/18

Chief Executive's Statement

As the recently appointed Chief Executive of both 2gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust, I'm in the unique position of being able to objectively review the Trusts' achievements over the last 12 months, while setting out my main priorities for 2018/19.

Since taking up my position, my overriding impression has been that both organisations are providing high quality services and support to our communities in Gloucestershire and Herefordshire.

Both Trusts have a very strong track record, which is borne out in 2gether's case by the wide range of information, data and performance measures contained within this report. But data only provides part of the story. I have made it my aim to meet as many colleagues and stakeholders as I possibly can in order to gain their impressions of the Trusts. By and large, what I have heard backs up my initial impression that these are organisations doing a very good job in sometimes challenging circumstances. They can only continue to do so due to the significant contribution of our staff, as well as our Board, Governors, service users, carers, members, volunteers, commissioners, partners and communities.

That isn't to say that the Trusts cannot do better – there will always be more we can and should do to support our communities more effectively. I know everyone within the organisations is committed to doing so.

This brings me to our plans to more formally join 2gether and Gloucestershire Care Services as a combined Trust. This will be a major focus of 2018/19, with the ultimate aim of providing a seamless service to support people of all ages with their health needs, whether that is physical health, mental health or a learning disability. Integrating our services will improve lives and health outcomes across our communities.

While integration is a priority, we will also be maintaining our attention on 2gether's three strategic priorities:

- Continually improving the **quality** of the services we provide
- Continually improving **engagement**
- Ensuring the **sustainability of services**

Within our Quality Report we set out the Trusts' achievements over the last year in patient quality and care, as well as the many developments we have made in enhancing the services and support we provide, often in partnership with others. This includes the introduction of the Gloucestershire Perinatal Mental Health Service, the opening of the Alexandra Wellbeing House with Swindon Mind and becoming a Smokefree Trust – a key development in improving the physical health of our service users, as well as our own colleagues.

This report also provides a full breakdown of financial performance, including the achievement of efficiency savings, a financial surplus, Sustainability and Transformation Funding (STF), and an STF bonus. Sustaining this strong financial position will be challenging in the year ahead, but we are focussed on doing so in order to invest further in services.

I have already outlined our work to join [2]gether and Gloucestershire Care Service NHS Trust, but in the year ahead we will continue to work closely with others. This includes our voluntary and third sector partners, but also our partners within the Sustainability and Transformation Partnerships in Gloucestershire and Herefordshire and Worcestershire.

We are fully embedded in the work of both structures. They are key networks, enabling health and social care organisations to plan services and delivery in the coming years, when we know demand will be ever increasing. We have a duty not only to meet that demand but to effectively improve the health and wellbeing of our communities.

I am delighted to have joined [2]gether as we embark upon an exciting year ahead. There will be many changes to come but we have a dedicated team of colleagues who all have one priority in mind – making life better for our communities.

Paul Roberts
Chief Executive **25 May 2018**

What we achieved in 2017/18

We achieved our second star under the national **Triangle of Care** scheme – the highest level a Trust such as ours can attain

We vaccinated **78%** of our frontline healthcare workers against the flu – our highest ever figure, which placed us third nationally among mental health trusts

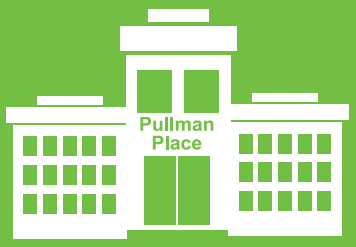
84% We were above average in 84% of key findings from the national **NHS Staff Survey,** with a well above average rating for the number of colleagues who would recommend the Trust as a place to work or receive treatment

The number of **Friends and Family Test** respondents who would recommend our services to their friends and family has ranged from 84%-90%

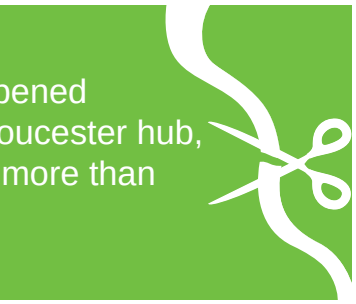
We became a 'Smokefree Trust' – a sign of our commitment to improving the physical health of our service users, carers and Trust colleagues

TOP 20

Service users rated the care we provide in the top 20% of mental health services in England and 2nd in the country



We refurbished and opened Pullman Place, our Gloucester hub, which is now home to more than 260 colleagues



46,628 service users supported

2,500 **dedicated** members of staff

7,805 members

49,595 referrals into our services

26,387 contacts, on average, per month

316,657 contacts either face-to-face or by telephone

In our Quarter 4 Staff Friends and Family Test, **90.52%** of staff said they would be likely or extremely likely to recommend the trust as a place to receive care or treatment

£120m income to deliver and enhance local service provision

We delivered our target financial position and are in underlying financial balance

About Us

[2]gether NHS Foundation Trust ([2]gether) provides mental health, learning disability and social healthcare services across Gloucestershire and Herefordshire.

NHS commissioning organisations manage local and specialist budgets. They determine and pay for the services we provide.

In July 2007, we were one of the first 10 mental health trusts in England to be authorised as a foundation trust by Monitor, which was, at that time, the independent sector regulator for health services in England.

As a foundation trust, we are a not-for-profit, public benefit corporation. Our initial application was as Gloucestershire Partnership NHS Trust, which was established when we brought together specialist staff and services from four different organisations: Severn NHS Trust, East Gloucestershire NHS Trust, Gloucestershire County Council and Gloucestershire Health Authority.

We became [2]gether in April 2008 as part of an initiative to strengthen our identity and pursue our purpose to help make life better. Our name is a statement of our intent:

'together' we and our partners, communities, staff, service users, carers and families work to make life better for everyone who requires our services.

Since 2011, we have been commissioned by Herefordshire Clinical Commissioning Group (CCG) to provide mental health services. Herefordshire Local Authority commissioned us to provide a learning disability health team until 31 December 2017, when commissioning responsibility passed to Herefordshire Clinical Commissioning Group. Social Care services in Herefordshire are provided directly by the local authority and services work closely together to deliver supportive integrated care pathways.

We employ approximately 2,500 members of staff (including bank staff) and serve a combined population of more than 780,000, over nearly 1,900 square miles. Last year we delivered services to more than 46,000 individuals and support to their carers and families. We also worked in partnership with a wide range of commissioners, collaborators and our colleagues across the health and social care community to enhance the support available for people with mental health conditions and learning disabilities, as well as tackling inequality and stigma.

As an NHS foundation trust, we are accountable to the local people, who help ensure local ownership and control of their NHS and the services we provide. Nearly 8,000 members influence our activities, both directly by contacting the Trust and through locally elected representatives who sit on our Council of Governors.

Our services

Our services are provided according to core NHS principles - free care, based on need and not on someone's ability to pay.

The conditions we provide assessment, support and advice on include a wide range of mental health conditions, learning disabilities and organic conditions, such as dementia.

Our services include Let's Talk, which is an Improving Access to Psychological Therapy (IAPT) service aimed at supporting people with common conditions such as stress, depression and anxiety.

We also deliver community and inpatient NHS learning disability services; adult inpatient mental health care at Stonebow Unit (Hereford), Wotton Lawn Hospital (Gloucester) and Charlton Lane Hospital (Cheltenham); psychiatric intensive care at Greyfriars (Gloucester); assertive outreach and recovery services; children and young people emotional wellbeing services; eating disorder services; early intervention services; and a place of safety for those under Section 136 of the Mental Health Act at the Maxwell Centre Assessment Suite, in Gloucester.

Our occupational health service provides services to our staff and to public and private organisations through our Working Well identity. Our Gloucestershire-based Better 2 Work services provide vocational opportunities and promote social inclusion for people recovering from mental ill health. We also provide, in partnership with other organisations, the Severn & Wye Recovery College, which delivers educational courses for people recovering from mental illness. In 2016/17 we worked alongside our Gloucestershire Commissioners and Swindon Mind to open The Alexandra Wellbeing House, in Gloucester. One of our most recently introduced services is the Gloucestershire Perinatal Mental Health Service, which we also provide in conjunction with partners. In Herefordshire, we deliver dementia services in partnership with the Alzheimer's Society and children's services in conjunction with the Counselling, Learning and Development Trust.

Strategic priorities

The NHS landscape and the needs of our communities are constantly changing.

However, we remain focused on our three strategic priorities:

- Continually improving the **quality** of the services we provide
- Continually improving **engagement** with the Trust internally and externally to support the delivery of a challenging agenda which, to be successful, has to be delivered in partnership with others
- Ensuring the **sustainability of services** and the Trust as an effective partner, employer and advocate for services

The **Five Year Forward View for Mental Health** sets out the transformation required in health services and in their funding arrangements to effectively meet the needs of our communities and achieve parity of esteem between physical and mental health.

In line with the Five Year Forward View, our key areas of focus for 2017 to 2019 are:

- Continued full engagement with our local Sustainability and Transformation Plan (STP) processes and STP objectives
- Continuing to develop and deliver high quality mental health services
- Continuing to be the employer of choice
- Continuing to be the provider of choice
- Delivery of mental health specific performance targets such as for Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis, and access and referral targets for children's services and eating disorder services
- Maintaining our CQC rating of 'Good', working toward 'Outstanding', demonstrating clear improvement in areas where it is required
- Delivery of our financial Control Totals
- Achieving a Single Governance Oversight Framework rating segment of 2 or better
- Merging with Gloucestershire Care Services NHS Trust to deliver the benefits we have identified from bringing our two successful organisations together

Joint work with Gloucestershire Care Services NHS Trust

In September 2017, the Boards of [2]gether NHS Foundation Trust and Gloucestershire Care Services NHS Trust announced plans and agreed a strategic intent to work on proposals to integrate the two Trusts into a single organisation.

Since then, the two Trusts have appointed a Joint Chair, Ingrid Barker, who took up her position in January 2018. We have also appointed Paul Roberts as Joint Chief Executive, who started in his post in April 2018.

Shaun Clee, who was formerly Chief Executive of [2]gether, and Katie Norton, Chief Executive of Gloucestershire Care Services, are now no longer in post.

Both Shaun, who was Chief Executive for [2]gether for 11 years, and Katie, who was in her role for 15 months, made significant and lasting contributions to healthcare in the county of Gloucestershire. The respective Boards have thanked them for their unwavering commitment to improving services, championing the rights and needs of patients, service users and carers and their leadership through many challenges and changes during their time with the Trusts.

The Boards of each Trust have agreed to work towards formally joining together, with the aim of:

- Creating integrated pathways through community health, mental health and learning disability services
- Developing innovative services for our communities
- Providing opportunities for more seamless care provision
- Streamlining and simplifying how services work with GPs and acute hospitals
- Making more efficient use of care records and information
- Sharing best practice and understanding to improve care
- Ensuring a focus on a single set of priorities
- Offering greater employment and career development opportunities for our staff

The overall aim is to improve the health and wellbeing of people of all ages in our communities.

Both Trusts will remain separate legal entities with independent Boards until a full business case is completed and necessary approvals are received to support our merger. Engagement with service users, patients, carers and staff of both Trusts will take place throughout.

Sustainability and Transformation Partnerships (STPs)

We continue to work with our colleagues in the Gloucestershire Sustainability and Transformation Partnership, and the STP for Herefordshire and Worcestershire, to develop an approach which will transform health and social care provision in the years to come. The plans involve not only NHS Trusts and local authorities, but voluntary sector organisations, communities, staff, and the public. These plans will enable our Trust and our partners to meet the increasing demands placed upon us and provide a responsive, high quality and equitable service to our communities that is sustainable for the future.

Going concern

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

Performance Report - Analysis

As an NHS Foundation Trust our performance is measured in a variety of ways, including the ratings we are given by our regulator, NHS Improvement. As can be seen from our Regulatory Ratings (page 67), our 'score' against the single governance oversight framework at the end of 2017/18 was 2, where '1' reflects the strongest performance, and '4' reflects the lowest rating.

We are also regulated by the Care Quality Commission (CQC), which conducted a comprehensive inspection of our services in October 2015. We achieved an overall rating of 'good', with two of our core services achieving an 'outstanding' rating. Two of our services were rated as 'requires improvement'. We have developed and implemented a comprehensive action plan in response to the **15** 'must do' recommendations and the **58** 'should do' recommendations identified by the inspection.

A full copy of the CQC's inspection report can be seen on the CQC website.

The CQC did not take any enforcement action against the Trust in 2017/18.

We report on a number of local safety and quality standards agreed with Herefordshire and Gloucestershire commissioners through the Commissioning for Quality and Innovation (CQUIN) payment framework. You can read more about our CQUINs and our achievements against them in our Quality Report (page 89).

In addition to these operational performance measures, we also constantly undertake our own quality assurance reviews and audits across all services. We are also part of external inspections, such as those carried out by the Office for Standards in Education, Children's Services and Skills (OFSTED) with our local authority partners.

We constantly strive to improve and enhance our services, and during 2017/18 we have worked with our commissioners and partners to introduce a number of service delivery initiatives. These include:

- Becoming officially 'Smokefree' across Gloucestershire and Herefordshire, to support our service users, carers and colleagues to give up or reduce smoking and improve their overall physical health and wellbeing and life expectancy.
- The further development of the Mental Health Acute Response Service (MHARS) for Gloucestershire, to include a new street triage scheme whereby mental health clinicians attend incidents with police officers in a police car. We have also joined up with Mental Health Matters to provide telephone support to people who contact the crisis team, but are not currently in mental health crisis.
- The refurbishment and opening of a new hub for teams delivering services in Gloucester.
- The expansion of our Criminal Justice Liaison Service to embed practitioners in police custody seven days a week and in magistrates court five days a week. The service is no longer purely focused upon clients experiencing Mental Health problems and Learning Disabilities. It now includes all aspects of health and social inequalities up to the point of sentencing. Our age remit has extended and we now support people from the age of 10 upwards.
- Our Community Physiotherapy Team has partnered with Aspire Sports and Cultural Trust to develop a health and wellbeing hub for service users. The project, called Aspire2goodHealth, officially opened its doors at GL1 leisure centre, in Gloucester.
- Her Royal Highness the Countess of Wessex performed the official opening of the Alexandra Wellbeing House and the Pied Piper Room for Children and Families, at Wotton Lawn Hospital, both in

Gloucester. The family room is a facility to enable children to visit their family members in a homely and relaxed environment, out of the hospital's wards. The Alexandra Wellbeing House is operated by Swindon and Gloucestershire Mind, in partnership with 2gether and NHS Gloucestershire CCG, and provides up to two weeks' respite for adults, who may require support and advice as they are experiencing emotional distress.

- The embedding of the Gloucestershire Perinatal Mental Health service, to support pregnant women and new mums, as well as their partners, with their mental health needs.
- The Stay Alive app, which is the UK's first suicide prevention app, was created by the charity Grassroots Suicide Prevention, and is now available in Gloucestershire and Herefordshire after it was licensed to our Trust. The content is completely free and is available online and offline, so is always there for the user, whenever they are feeling vulnerable.
- Continued work with our Sustainability and Transformation partners in Gloucestershire and in Herefordshire to develop more joined-up services, reduce duplication, promote self-care and provide more sustainable services to meet the current and future needs of our communities.
- The achievement of a second gold star under the national Triangle of Care scheme, which brings carers, service users and professionals closer together to jointly promote the recovery of people with mental health conditions.
- Work with the National Institute of Health Research (NIHR) and Cobalt Health to develop research into dementia. This includes specialist scanning and funding via Cobalt for two dementia research nurses to recruit patients into clinical trials.

Financial performance

During 2017/18 our two main commissioners were Gloucestershire and Herefordshire Clinical Commissioning Groups (CCGs) with whom we agreed to provide clinical care and treatment through block contracts.

We also hold contracts with commissioners in our surrounding region and a contract with NHS Specialist Commissioners for low secure mental health inpatient care.

Our 2017/18 Statement of Comprehensive income can be found on page 159.

The following table details a financial performance summary for the past two years:

	2017/18 (£m)	2016/17 (£m)
Total income	119.589	112.813
Operating expenses	(130.834)	(112.373)
Other expenses	(2.288)	(2.745)
Deficit	(13.524)	(2.302)

As detailed above, our operating expenses in 2017/18 totalled £130,834,000 which is an increase of 16% year-on-year. Staff costs accounted for £85.441m or 65% of our operating expenses.

NHS Improvement (NHSI), our regulator, set 2gether a financial control total of a surplus of £883,000 for 2017/18.

We achieved a surplus of £934,000 and therefore met our financial control total and received Sustainability and Transformation Funding (STF) of £642,000. However as we over-achieved our control total, we were also eligible for both STF Incentive and STF Bonus monies. We received a further £59,000 Incentive STF and a further £1,214,000 Bonus STF monies.

This means that for 2017/18 [2]gether NHS Foundation Trust has achieved a surplus of £2,207,000 for NHS single governance oversight segmentation purposes, and received £1,915,000 of STF.

To reconcile to our reported financial position of a deficit of £13,524,000, impairment costs of £15,731,000 need to be deducted from the surplus of £2,207,000. However impairment costs are a technical non cash financial adjustment arising from a change in asset values and do not count against the achievement of our Control Total or our segmentation.

This is explained in the following table:

	2017/18	2016/17
Financial position (excluding STF)	£292,000	£27,000
Standard STF	£642,000	£650,000
Incentive STF	£59,000	£56,000
Bonus STF	£1,214,000	£531,000
Sub total	£2,207,000	£1,264,000
Impairments	-£15,731,000	-£3,566,000
Grand total	£13,524,000	£2,302,000

In 2018/19 we plan to deliver a surplus of £834,000 while we continue to deliver our existing capital programme, which includes further improvements to our buildings and our extensive improving care through technology programme.

Our full annual accounts can be found at page 157.

Efficiency savings

During 2017/18 we were expected to deliver £2,996,000 in efficiency savings in addition to the £4,166,000 we delivered in 2016/17. This comprised a 2% national efficiency requirement and additional savings to meet cost pressures and service development requests.

Over the year, we delivered savings of £4,737,000 against a total income of £119,589,000.

In a challenging and complex environment, we have delivered significant transformational change. We have managed our money cautiously and, by investing in our communities' mental health and enhancing the services we have been commissioned to deliver, we have retained our stable financial performance.

All efficiency schemes must be approved by our Medical Director, Director of Engagement and Integration, and Director of Quality at the planning and delivery stages. This helps us to ensure that an appropriate clinical risk assessment process informs our decisions.

Quality is uppermost in our mind and the Trust's Board receives regular updates on whether we are delivering our savings plans. They also provide challenge while seeking clear assurances on the impact that any schemes may have on our ability to deliver safe and appropriate clinical care. In addition, our Governance Committee receives a quarterly report to ensure that no unforeseen, adverse quality impacts arise from our savings plans.

Cost allocation and charging requirements

The Directors confirm that 2gether NHS Foundation Trust complies with the cost allocation and charging requirements set out in HM Treasury and Office of Public Sector Information guidance.

Public Sector Payment Policy

The Trust's performance against the policy has remained consistently high throughout 2017/18.

The cumulative Public Sector Payment Policy (PSPP) performance for the Trust for the financial year 2017/18 was 90% of invoices paid within 10 days and 98% paid within 30 days.

The Trust paid no interest under the Late Payment of Commercial Debts (Interest) Act 1998.

Income disclosure

The Directors confirm that 2gether NHS Foundation Trust has met the requirement that income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

Post balance sheet events

There are no material post balance sheet events to report.

Counter fraud

Our robust and effective Counter Fraud Service demonstrates our commitment to ensuring that public money is not defrauded. This helps make sure that NHS funds are used for patient care and services.

Over the year, Gloucestershire Local Counter Fraud Service (LCFS) has assisted us in reducing opportunities for the commission of fraud and corruption to an absolute minimum.

It has also helped to increase liaison with other government, public and private organisations, and the national and regional offices of NHS Counter Fraud Authority to improve the impact of our counter fraud activity.

We continue to encourage the honest majority of staff to report any concerns to the LCFS about potential fraud and corruption or areas of high fraud risk. The LCFS then takes appropriate action and pursues appropriate sanctions. The outcome of this activity is reported to act as a deterrent to others.

Future investment

Change in demographics, demand, awareness, national guidance and targets, the introduction of new technologies and our work with our STP partners, mean we must remain flexible and adaptable.

Delivering against our financial plan while maintaining and enhancing the care we provide will be essential, yet demanding.

Our commitment to our service users, carers, staff, partners and communities remains at the forefront of everything we do. We will continue to invest in what we need to do and what is best for the people we serve, while ensuring that we are responsible and careful with our necessary spending.

Environmental Sustainability

In September 2016 the Trust renewed its Estate Strategy. The strategy incorporates Carbon Reduction Objectives and related Key Performance Indicators which have been updated following the passing of the 2015 target year in the previous strategy. These are in line with the requirements of **'Sustainable, Resilient, Healthy People and Places'**[1]. The following Objective and KPI is included:

> **Strategic Objective Four –** To develop the Estate to reduce our carbon footprint year on year in line with national policy and guidance.
>
> **KPI 4.1 –** To reduce our carbon footprint by 34% by 2020, based on our 2008 Carbon Footprint and Estate.
> **KPI 4.2 –** To reduce our carbon footprint by an equivalent of 2% year on year for Hereford sites, for which there is no 2008 base data – at the 2020 assessment dates.

Recognising that the Trust did not operate services in Herefordshire in 2008/09 our Key Performance Indicator for Herefordshire is to reduce greenhouse gas emissions (CO^2e) by 2% year on year from our contract base year of 2011/12, making our 2016/17 target a 10% reduction.

[1] NHS England, Public Health England & Sustainable Development Unit, *Sustainable Resilient, Healthy People and Places*, 2014.

Utilities Carbon Production in Gloucestershire

	Baseline 2008/09 Weight of CO_2e (tonnes)	**2009/10** Weight of CO_2e (tonnes)	**2010/11** Weight of CO_2e (tonnes)	**2011/12** Weight of CO_2e (tonnes)	**2012/13** Weight CO_2e (tonnes)	**2013/14** Weight CO_2e (tonnes)	**2014/15** weight CO_2e (tonnes)	**2015/16** Weight CO_2e (tonnes)	**2016/17** Weight CO_2e (tonnes)	**Percentage Change against 2008/09**
Gas	1597	1279	1403	1109	1156	1182	844	938	841	-47
Electricity	1633	1592	1638	1734	1437	1581	826	1030	1273	-22
Heating Oil	69	57	64	69	82	83	52	63	57	-17
Water	7	7	9	9	11	9	23	26	38	447
TOTAL	**3306**	**2935**	**3114**	**2921**	**2687**	**2855**	**1745**	**2057**	**2209**	**-33**

Carbon emissions from electricity usage in Gloucestershire have increased by 243 tonnes since 2015/16. This has since affected our progress against our 2019/20 target of a 34% reduction in Gloucestershire total carbon emissions. For 2014/15 and 2015/16 it was not possible to accurately calculate the carbon footprint of the Trust, as British Gas, the Trust's electricity supplier, was unable to provide the Trust with credible data. We have subsequently in each year produced some figures, but these have been of uncertain quality. As we approach contract end with British Gas, we feel we may have achieved accuracy for the 2016/17 data, but the previous two years remain questionable.

Utilities Carbon Production in Herefordshire

	2011/12 Baseline weight of CO_2e (tonnes)	**2012/13** Weight CO_2e (tonnes)	**2013/14** Weight CO_2e (tonnes)	**2014/15** Weight CO_2e (tonnes)	**2015/16** Weight CO_2e (tonnes)	**2016/17** Weight CO_2e (tonnes)	**Percentage Change against 2011/12**
Gas	82	86	71	87	75	32	**-61**
Electricity	70	167	157	208	77	270	**285**
Heating Oil	237	282	221	240	174	208	**-12**
Water	2	2	2	4	4	8	**279**
TOTAL	**391**	**536**	**452**	**461**	**330**	**517**	**32**

Electricity carbon emissions in Hereford have increased significantly compared to 2015/16 thus missing our 10% reduction target. This is due to inaccurate consumption figures supplied in 2015/16. This has now significantly affected our progress to reduce emissions in Herefordshire by 16% by 2019/20.

Gas

The Trust's primary heating source is gas, with the exception of the Stonebow Unit and Westridge (which we no longer occupy and is in the process of being sold), which have oil-fired boilers. Over the reporting period, there has been a combined reduction in greenhouse emissions of 45% in Herefordshire and Gloucestershire. This is due to an ongoing programme of works installing or improving roof insulation, the replacement of older inefficient boilers and improved plant controls. During 2016/17 our gas utility provider, Corona, fitted data logger units to our gas meters. This will enable our sites to be billed on accurate reads rather than relying on bill estimates and subsequent

corrective meter reads. Overall gas emissions should decrease in 2017/18 following the closure of several Trust buildings.

Electricity

There has been a 22% decrease in greenhouse emissions resulting from electricity usage at our Gloucestershire sites between 2008/09 and 2016/17.

Conversely, there is a 285% increase in greenhouse gas emissions from our Hereford sites in 2015/16. We suspect that the figures supplied to us are inaccurate – especially in the case of our Stonebow site. Further investigation is required at this site to ascertain a more accurate electricity consumption figure. We are confident that the electricity data supplied for 2016/17 is more accurate given that the majority of our sites had automatic meter readers (AMR) installed during 2016-17.

Electricity is generally used for lighting, Information Technology and to a smaller extent for air conditioning. The reduction in electrical consumption has been the consequence of higher performance lighting during refurbishment projects. It is also expected that overall electricity consumption for the Trust will decrease in 2017/18 following the closure of several older, less energy efficient buildings. There may be opportunities in the future to reduce our electricity consumption significantly if solar photovoltaics become a more financially viable option. Manufacturing costs for solar panels and solar inverters have decreased over the last five years and are set to decrease further as overall global demand for this technology increases. Therefore, this could soon be a viable option for the Trust to consider.

Water

Trust measured water consumption has increased steadily and will continue to do so. This is primarily due to the consequence of a trend towards the metering of water instead of water bills which are a product of rateable value. Most of our sites are now billed via water meters. We are also systematically flushing water outlets to combat the risk of microbiological population of our water systems and providing more en-suite facilities.

The 447% increase in greenhouse gasses from water is the consequence of a change in the calculation during 2014/15, which includes waste water and sewerage, as well as water consumed. However, water only represents 0.2% of the total greenhouse gases generated by our buildings.

Waste

Our greenhouse gas emissions from waste remain low for 2016/17. We have reduced our emissions from landfilled waste and waste sent to EFW (Energy From Waste plant) compared with 2015/16. Our domestic waste contractor operates a zero waste to landfill policy and, as such, our emissions have sharply decreased as a result of this.

During 2016/17 we rolled out food waste recycling to the majority of our larger inpatient sites, thus further reducing the amount of waste sent to EFW and landfill. We plan to roll out food waste recycling to all of our inpatient sites within the next three years. It should be noted here that 1 tonne of black waste sent to EFW only produces 21kg of CO2e compared with 459kg when sent to landfill.

In November 2016, the Trust went live with Warp It. This is a national re-use portal which enables our Trust to partner with other organisations to obtain good quality second hand items such as office furniture and electrical goods without needing to buy new items. It also enables items to be re-used internally within

the Trust. This has achieved significant cost savings and enabled many items to be re-used instead of being disposed of. Full year performance data will follow in the 2018/19 Trust Annual Report.

Waste Data for Gloucestershire

GLOUCESTERSHIRE WASTE - tonnes of CO2e	Baseline 2008/09 Weight of CO2e (tonnes)	2009/10 Weight of CO2e (tonnes)	2010/11 Weight of CO2e (tonnes)	2011/12 Weight of CO2e (tonnes)	2012/13 Weight of CO2e (tonnes)	2013/14 Weight of CO2e (tonnes)	2014/15 Weight of CO2e (tonnes)	2015/16 Weight of CO2e (tonnes)	2016/17 Weight of CO2e (tonnes)	Percentage change against 2008/09
Landfill	88.0	80.3	66.3	69.1	66.0	61.7	0.0	0.6	0.2	**-99.8**
Treated & incinerated	8.4	0.0	0.8	0.5	0.5	0.4	0.0	0.0	0.0	**-99.6**
Treated & Energy from Waste							4.3	4.0	3.7	
Treated & landfill	**0.0**	6.4	6.4	8.4	8.7	9.7	2.3	0.0	0.0	
Mixed recycled	**0.0**	0.0	0.0	0.0	0.0	0.0	3.0	3.4	3.1	
TOTAL	**96.4**	**86.7**	**73.5**	**78.0**	**75.2**	**71.8**	**9.6**	**8.0**	**7.1**	**-92.7**

Waste Data for Herefordshire

HEREFORDSHIRE WASTE - tonnes of CO2e	Baseline 2011/12 Weight of CO2e (tonnes)	2012/13 Weight of CO2e (tonnes)	2013/14 Weight of CO2e (tonnes)	2014/15 Weight of CO2e (tonnes)	2015/16 Weight of CO2e (tonnes)	2016/17 Weight of CO2e (tonnes)	Percentage change against 2011/12
Landfill	37.4	37.4	37.4	7.7	0.08	0.03	**-99.92**
Treated & incinerated	1.0	1.5	1.3	0.59	0	0.03	**-97.06**
Treated & energy from waste					0.99	0.89	
Treated & landfill	0	0	0	0	0	0.00	
Mixed recycled	0.0	0.0	0.0	0.63	0.63	0.53	
TOTAL	**38.42**	**38.94**	**38.8**	**8.9**	**1.69**	**1.48**	**-96.15**

CO_2e is the universal unit of measurement to indicate the global warming potential (GWP) of Greenhouse Gases (GHGs), expressed in terms of the Global Warming Potential of one unit of carbon dioxide expressed in tonnes.

DEFRA is the Department of Environment, Food and Rural Affairs.

Public and patient involvement

We launched our Engagement and Communication Strategy in early 2016. Our collaborative approach is based on an engagement cycle using three fundamental principles: **to inform, involve and improve services together.**

Our engagement and communication vision is that people in our community will become champions of our services to make life better. This vision includes the involvement of our members and our volunteers. The contribution of volunteers has continued to be of significant value and has made a real difference to individuals and local communities. In 2017/18 we have continued to modernise recruitment and support of our volunteers across Herefordshire and Gloucestershire in line with our Volunteering Strategy. We also continue to grow our network of Experts by Experience, and involve them in many aspects of our work. Their invaluable contribution continues to ensure we consider the needs, preferences and suggestions of those people who have used or continue to use our services in developing and enhancing our services.

Social inclusion

A core value of ²gether NHS Foundation Trust is to undertake socially inclusive practice. The Trust is fully committed to ensuring a socially inclusive, recovery-orientated approach to the delivery of care across all areas.

We have a strong emphasis on partnership working, with co-development and co-delivery of services in collaboration with service users and carers, local communities and care delivery partners. A network of positive relationships to ensure the inclusion of such valued perspectives is essential and so developing further opportunities for listening, inclusion and participation remains a key priority for us.

The Trust has played an active role across both counties in the strategic development and implementation of community-wide measures to support mental health and wellbeing. Activities have aimed to: promote easy access to services for all; invite feedback and involvement in planning and delivery of services; combat stigma and discrimination; and to further advance multiagency working.

Socially inclusive practice development has been evidenced across all Trust services during 2017/18. Corporate and clinical teams have been working to make progress in the following areas:

- Inclusion of people who use ^{2}gether's services
- Carer inclusion
- Community involvement and development
- Tackling stigma and discrimination
- Volunteer activity
- Recovery-focused practice
- Employment championship
- Physical wellbeing for inclusion
- Engagement activities

In 2017/18 we have continued to improve experience of the carers and families through the implementation of the Triangle of Care project across our services (including Young Carers). We have achieved our second star under the Triangle of Care scheme – this is the highest accolade a Trust such as ours can achieve under the scheme.

We have also continued to work with internal and external stakeholders in order to tackle stigma and support social inclusion across our communities. Some of the events that we have attended and occasions we have marked include:

- Gloucestershire Pride
- Time to Talk day
- Mental Health Awareness week
- Gloucestershire Police open day
- Fresher's Fairs
- Carers' Rights day
- Big Health Check day
- World Mental Health day
- Crucial Crew (for 1,600 young people in Herefordshire)
- Skillzone
- Membership events, facilitated by Trust Governors

We are also at the forefront of groups set up specifically to tackle stigma, raise awareness of support and reduce suicide through working with employers, partners, the media and our communities in innovative ways in both Gloucestershire and Herefordshire.

Our dedicated Social Inclusion Team influences people to become champions by delivering our Expert by Experience Strategy. Our Experts by Experience are involved in range of activities, ranging from recruitment, sharing of experiences to inspire others, steering and reference groups, project work, and training. The range of the activities and numbers of the Experts taking part has increased and we are always looking to further develop our Expert by Experience programme in order to offer more opportunities for people to get involved and engaged.

Service experience

Our overarching vision is that every service user will receive a flexible, compassionate, empathetic, respectful, inclusive and proactive response from our staff and volunteers. As we serve our patients and their carers we will go beyond what people expect of us to ensure that we earn their trust and confidence,

and engender hope for the future. Our Service Experience Strategy was co-designed and co-produced with staff and other stakeholders. This strategy continues to drive our vision for best service experience for patients and carers. The implementation of the work to deliver our service experience vision is monitored through the Trust's Stakeholder Committee, which meets quarterly. Members of the committee include service users, carers, partner organisations and senior operational colleagues. Our quarterly Service Experience Reports are presented to and discussed at our public Trust Board meetings.

Learning from experiences

Listening to and learning from patient and carer stories forms part of every agenda at each Trust Board meeting. We routinely invite service users, carers and staff members to share their experiences directly with our Trust Board. This helps us to have a continued awareness of service user and carer feedback at the highest level of the organisation. Detailed information is also considered by our individual Locality Boards. We also ensure service users and carers are actively involved in advising on and appraising our services through a wide range of methods. Furthermore, our Trust Experts by Experience are involved in recruitment processes as well as consultation on policy and service developments. Staff training and development also involves Experts by Experience.

Partnerships

During 2015/16, we were selected to participate in a national pilot initiative led by campaigning organisation Time to Change to reduce stigma experienced by people using mental health services. Our involvement, which continued during 2017/18 has included a series of facilitated workshops with staff, as well as communication and awareness-raising activities. The pilot's success led to the wider rolling out of the programme to Trusts across the rest of the country. We were proud to be part of this ground-breaking project, which builds on our strong history of tackling mental health stigma.

We entered into partnerships with Swindon Mind (now Swindon and Gloucestershire Mind) and Cobalt during 2016/17. With Swindon Mind and our Gloucestershire Commissioners we have opened a Wellbeing House, and with Cobalt we have entered into a dementia research partnership. Both partnerships form part of our ongoing aim to link with other agencies to further enhance service provision and support to our communities.

We also work in partnership with other organisations, including Independent Trust and Family Lives, to deliver the Severn and Wye Recovery College. The college teaches its students, who have all experienced mental health issues, the skills and knowledge to sustain their recovery and remain well. There is also a Discovery College for young people aged between 16 and 25.

Future performance and risks

During 2018/19, we will face continued challenges. Our Trust has proved itself to be innovative, flexible and willing to work alongside partners to ensure we continue to meet the demands now placed upon us and those challenges we will face in the future.

We wish to maintain our CQC rating of 'good', while building towards an 'outstanding' rating at our next inspection.

Our work with Gloucestershire Care Services NHS Trust will be at the forefront of how we can develop services to better meet the needs and improve the health of our communities. This will be a key focus for both Trusts throughout 2018/19.

We will also continue our work with the STPs for both Herefordshire and Worcestershire and Gloucestershire but will also remain focused on our own service users, carers, staff, partners and communities. Within the STPs we will continue to champion the rights and needs of people with mental health conditions and learning disabilities across our two counties.

Operationally we will focus on improving and enhancing the physical health and wellbeing of our service users, carers and staff, further developing services such as Improving Access to Psychological Therapies, Perinatal Mental Health Services, Early Intervention Services, Children and Young People Services and further development of the buildings and technology we need in order to support the delivery of clinical care.

These are just examples of the service developments we will introduce and focus on this year. We are aware that we face risks in achieving our aims. We will continue to monitor and assess those risks and include them in our Risk Register and Board Assurance Framework, which is reported and discussed regularly at our Trust Board.

This Performance Report has been approved by the directors of ^{2}gether NHS Foundation Trust.

Paul Roberts
Chief Executive **25 May 2018**

Accountability Report

Directors' Report

As described in our Performance report, NHS Improvement (NHSI), our regulator, set [2]gether a financial control total of a surplus of £883,000 for 2017/18.

We achieved a surplus of £934,000 and therefore met our control total and received Sustainability and Transformation Funding (STF) of £642,000. However as we over-achieved our control total, we were also eligible for both STF Incentive and STF Bonus monies. We received a further £59,000 Incentive STF and a further £1,214,000 Bonus STF monies.

This means that for 2017/18 [2]gether NHS Foundation Trust has achieved a surplus of £2,207,000 for NHS single oversight governance segmentation purposes, and received £1,915,000 of STF.

To reconcile to our reported financial position of a deficit of £13,524,000, impairment costs of £15,731,000 need to be deducted from the surplus of £2,207,000. However impairment costs are a technical non-cash financial adjustment arising from a change in asset values and do not count against the achievement of our Control Total or our segmentation.

In 2018/19 we plan to deliver a surplus of £834,000 while we continue to deliver our existing capital programme, which includes further improvements to our buildings and our extensive improving care through technology programme.

Our full annual accounts can be found at page 157 and the accounting policies under which our accounts were prepared and completed are detailed within the notes to the accounts, from page 163 onwards.

Charitable Funds

Charity Commission Registration Number: 1097529

For many people, recovery can be quick – perhaps a few months.

For others, the enduring struggle with their illness can lead to years of difficulties, with significant personal and family consequences.

The Trust's Charitable Funds enable people to have experiences which are not part of core NHS spending. They could not be offered without your generosity.

Find out more about our charitable funds committee and how you can support it via **www.2gether.nhs.uk/charitablefunds**.

Directors' responsibilities

The Directors confirm that, so far as they are aware, there is no relevant audit information of which the Trust's auditor is 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 auditor is aware of that information.

Accounting policies for pensions and other retirement benefits are set out in note 1.6 to the accounts, and details of senior employees' remuneration can be found in the Trust's Remuneration Report.

Income disclosures

As per Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012), we can confirm that the income from the provision of goods and services for the purposes of the health service in England is greater than its income from the provision of goods and services for any other purposes.

The impact of the provision of other income is not material on the provision of goods and services for the purposes of the health services in England.

Use of the Commissioning for Quality and Innovation (CQUIN) framework

The national contractual use of CQUINs is to support the essential focus upon quality improvement in the provision of services and incentivise through specific quality payments.

A proportion of [2]gether NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between [2]gether NHS Foundation Trust and Gloucestershire Clinical Commissioning Group, Herefordshire Clinical Commissioning Group and NHS South West Specialised Commissioning Group (for the provision of low secure mental health NHS services) and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

The total potential value of the income conditional on reaching the targets within the CQUINs during 2017/18 was £2,282,000, of which £2,282,000 was achieved.

Full details of our achievements against our CQUINS are contained within our Quality Report, which includes information about our agreed CQUINS for 2018/19.

Strategic partnerships

We have entered into a strategic partnership with Swindon Mind (now Swindon and Gloucestershire Mind), through which we deliver the Alexandra Wellbeing House, in Gloucester. We also partner with Family Lives, the Independence Trust and others in delivering the Severn and Wye Recovery College. We work with Cobalt and the National Institute for Health Research within a dementia research partnership. Our Children and Young People's Service in Gloucestershire partners with Action for Children, while in Herefordshire our Children's and Adolescent Mental Health Service works with the Counselling, Learning and Development Trust. We also work with the Alzheimer's Society to deliver dementia services in Herefordshire. We will continue to welcome other partnership opportunities throughout 2018/19 while a prime area of focus will be joining formally with Gloucestershire Care Services NHS Trust.

Trust membership

As an NHS foundation trust, we seek to provide local accountability, ownership and control of local services through inviting people to become members of the Trust. We also seek to educate and inform people so that they in turn can become ambassadors for our Making Life Better Campaign to tackle the stigma that is so often experienced by people living with mental ill health and their families.

Membership constituencies and eligibility requirements

Our members support us in appointing a Council of Governors into eight public membership constituencies and a staff constituency, which is divided into three classes.

Public constituencies

Members of our public constituency must live in England, be aged 11 or older and not eligible to become a member of our staff constituency. Six of our public constituencies are based in the city, borough and district councils of Gloucestershire. The seventh constituency is Greater England.

On 1 April 2014, our public constituencies were amended in our constitution. This amendment established Herefordshire as a separate eighth public membership constituency.

Staff constituency

Members of the staff constituency are individuals who are employed by the Trust under a contract of employment.

There are three classes:

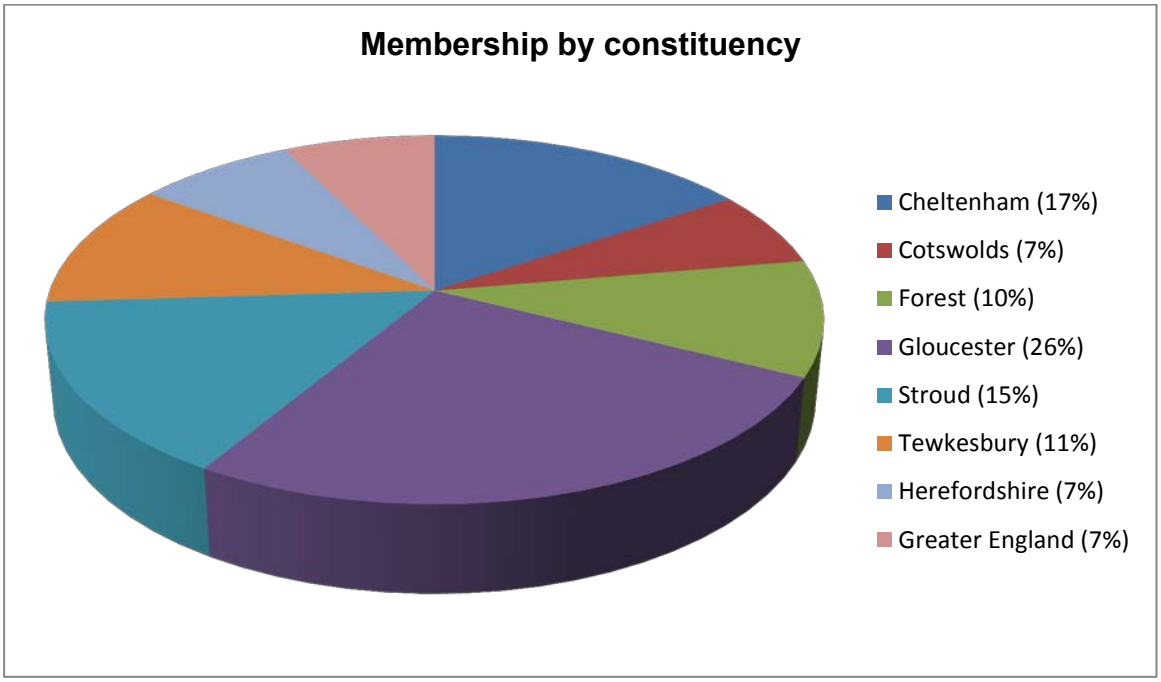
- Medical and nursing staff
- Clinical, social work and support staff
- Management, administrative and other staff

The Trust provides automatic membership of the staff constituency. Traditionally, when ineligible to remain a member of the staff constituency because a colleague is leaving or retiring, we have provided automatic membership of a public constituency. However, this will change with the advent of the new General Data Protection Regulation (GDPR) and staff leaving the organisation will be invited to join as public members, but will not automatically be enrolled.

Membership data

Constituency	As at 31 March 2018
Public	5,675
Staff	2,130
Average new public members per month	31

Membership data by constituency as at 31 March 2018



Membership strategy

A new membership strategy was agreed in September 2016. It seeks to recruit more members, particularly among hard-to-reach groups, and enhance the involvement of and information provided to our existing members.

The actions presented within it also complement the Trust's Engagement and Communication Strategy 2016 -2020, which is structured to influence more people in our community to become champions of the services that we deliver to make life better.

The strategy aims to:

- Promote and increase membership among groups who are currently under-represented
- Retain our current members
- Enhance membership engagement by building opportunities for members to communicate with their Governor and the Trust
- Encourage members to get involved in Governor elections
- Support the Trust's Social Inclusion strategy
- Raise public awareness of mental health issues

In 2017/18 we have formed a new Membership Advisory Group, comprising Trust Governors, Trust colleagues and public members, volunteers and Experts by Experience. This group will guide our membership strategy and drive recruitment and engagement with members.
We continue to engage with members through our quarterly newsletter 'Up2Date'. We also send e-flyers and invite members to specific engagement events.

The vast majority of members who leave the Trust do so as a result of not providing new contact details. To help mitigate this, we continue to promote the benefit of electronic communication where it is appropriate for the member.

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, join us:

- Telephone: 01452 894007
- Email: 2gnft.comms@nhs.net
- Web: www.2gether.nhs.uk/membership

Using our foundation trust status

Since achieving foundation trust status, we have been able to use our capital programme to reinvest in a number of areas.

During 2017/18, the investments we made to improve the care we provide included:

- The opening of a new building in central Gloucester as our Gloucester service delivery hub
- Continued investments in clinical systems, mobile technology and digital transcription
- Capital improvements aimed at enhancing patient safety, meeting national standards, improving infection control and enhancing service user experience
- Providing staff excellent facilities and equipment through which to deliver clinical services

Service experience

Our overarching vision is that every service user will receive a flexible, compassionate, empathetic, respectful, inclusive and proactive response from our staff and volunteers. As we serve our service users and their carers we will go beyond what people expect of us to ensure that we earn their trust, confidence and create hope for the future. [2]gether's Service Experience Strategy continues to drive our vision for best service experience for service users and carers. Developments of the work to deliver our service experience vision are reported through our Trust's Stakeholder Sub Committee, which meets quarterly.

Membership of the committee includes service users, carers, partner organisations and senior operational colleagues. Our quarterly Service Experience Reports are presented to and discussed at our public Trust Board meetings.

Complaints and concerns

Between the 1st April 2017 and the 31st March 2018 our Trust recorded 65 formal complaints; a 39% reduction on the previous year (n=106 complaints).

Where possible and appropriate we aim to resolve concerns through our Patient Advice and Liaison Service (PALS) as this is a less formal process which enables a swifter response and resolution for complainants. A total of 189 concerns were reported this year to the Service Experience Department. This is similar to the amount recorded the previous year (n= 195).

During 2016/17, 164 contacts for advice or signposting were recorded. This type of contact has increased by 40% in 2017/18, with a total of 273 advice and signposting contacts recorded.

In total, an increase of 12% can be seen in 2017/18 for the total number of contacts made with the Service Experience Department (SED) concerning complaints, concerns and advice and signposting (2016/17 = 465 individual contacts recorded; 2017/18 = 527 individual contacts recorded).

As a Trust we view this positively as we actively encourage people to engage with us, share views of their experiences, and seek resolution where concerns are raised, enabling us to learn and improve our services.

Our timely written acknowledgement of formal complaints increased from last year to 100% (2016/17 n=99%) of complaints acknowledged within the three day standard this year. We have continued to undertake awareness-raising activities with colleagues in clinical services to encourage the earliest possible response and resolution for complaints or concerns.

67 complaints (which include complaints that were open in the previous year) were closed between 1 April 2017 and 31 March 2018; on average 79.5% of complaints were closed within the required time frame, an improvement from the previous year's average closure rate of 65.5%.

We continue to offer to meet with people who have complained with the aim of facilitating a local resolution of their concerns. Complainants are able to contact the Parliamentary Health Service Ombudsman (PHSO), LGO (Local Government Ombudsman) or CQC (Care Quality Commission), dependent on the issues raised within their complaint to ask for an independent external review if they remain dissatisfied with the Trusts conclusion of their complaint. Of those who contacted these organisations regarding their complaint investigated by our Trust, a total of eight complaints were taken forward for further review and investigation. These eight complaints were all reported and investigated by our Trust **prior to 2017/18**. Five of these cases have been taken forward for further investigation by these organisations, three of which have had investigations concluded, one closed with no further action or recommendation for our Trust, two concluded with recommendations for our Trust. A further two cases remain under investigation.

The Service Experience Department has continued to work in partnership with colleagues across the Trust to develop and implement systems to share the learning we identify from investigating a complaint in order to improve our services and the service experience we offer. Monthly and quarterly reports detailing Service Experience activity, themes and learning for each locality have been developed by the Service Experience Department and are shared with service leads to share and embed learning with locality colleagues. SED also share the learning from complaints for inclusion in our Trust's ongoing system of aggregated learning. The scrutiny of the assurance provided around learning and actions identified following complaints is undertaken with locality Governance Leads at the Quality and Clinical Risk sub-committee on a monthly basis.

Compliments

In addition to complaints and concerns, we also record the number of compliments we receive as a Trust. These compliments range from verbal messages to cards, emails and formal letters of thanks for support and treatment provided by individuals and teams across our services. During 2017/18 we recorded a total of 2,035 compliments – more than 8 times the total number of complaints and concerns reported.

NHS Friends and Family Test

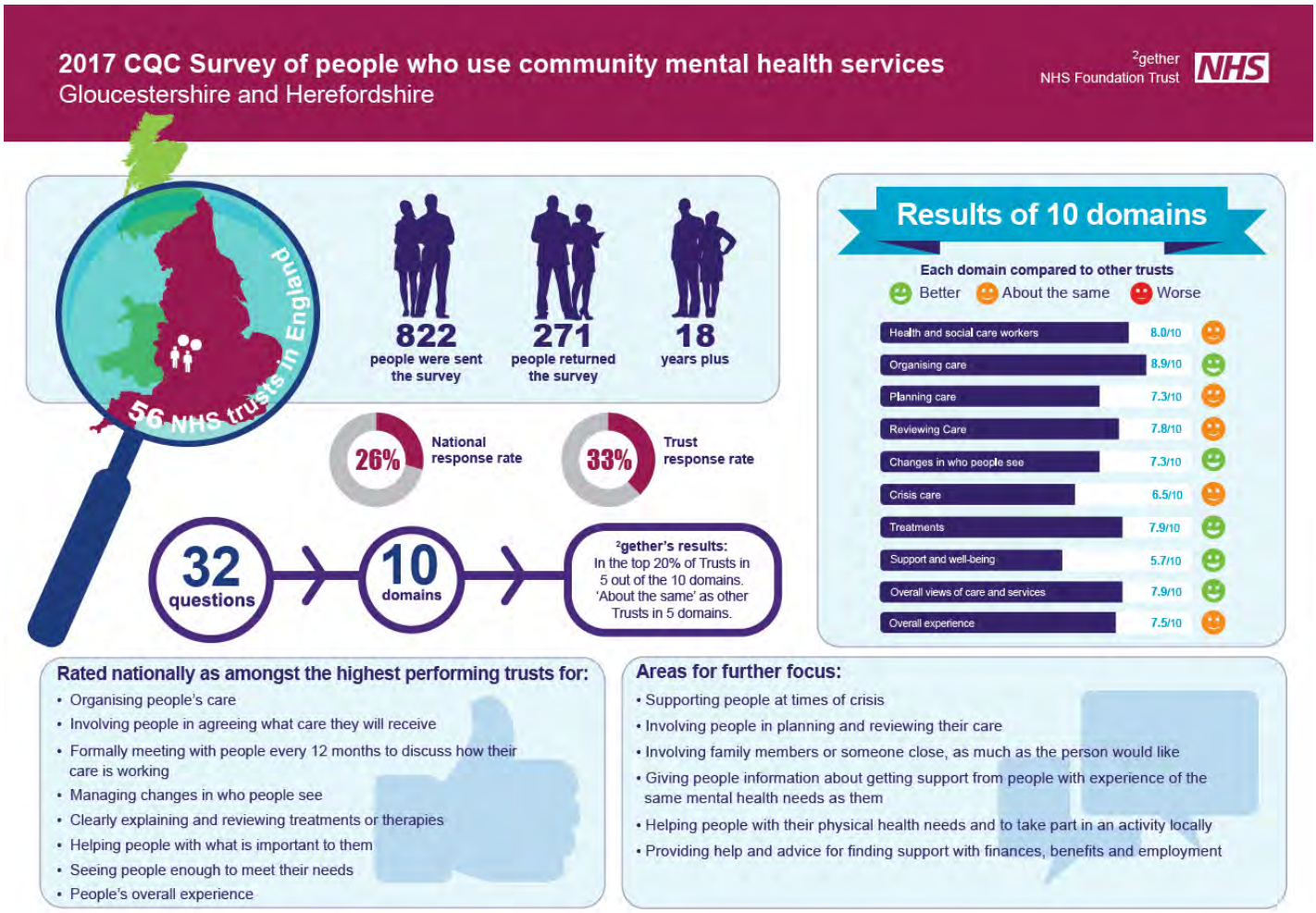
The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether people are happy with the service provided, or where improvements are needed. It is

a quick and anonymous way to share views after receiving care or treatment across the NHS. We invite everyone who uses our services to respond to the FFT. During 2017/18, the number of respondents who would recommend our services to their friends and family has ranged from 84%-90%. Our Trust consistently receives a high percentage of recommendation in line with other Mental Health Trusts in the region

National Mental Health Community Patient Survey

The 2017 Community Mental Health Survey surveyed adults who had been in contact with community mental health services in England. The results were published on 15th November 2017 on the Care Quality Commission (CQC) website. Three mental health Trusts in England were classed as 'better than expected' across the entire survey - ²gether was named as one of these three Trusts.

The survey results for Gloucestershire and Herefordshire are depicted here:



Accountability

The NHS Foundation Trust Code of Governance

Governance is the system by which the Trust is directed and controlled to achieve its objectives and meet the necessary standards of accountability and probity. The Trust has adopted its own governance framework 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.

Board of Directors

Our Board of Directors provides leadership and helps drive overall trust performance, ensuring accountability to Governors and our members.

The Board is legally responsible for the strategic and day-to-day operational management of the Trust, our policies and our services. It maintains a scheme of delegation giving authority to Directors and others within certain limits to carry out actions required under financial procedures and the Mental Health Act.

Members of the Board

About our Independent Non-Executive Directors

Ruth FitzJohn, DL – Chair (Until 31 December 2017)
Ruth was appointed as our Trust Chair in April 2013. For the previous six years she was Chair of NHS Gloucestershire and during 2011, 2012 and 2013, was also Chair of NHS Swindon.

Ruth had a successful, international career in IT management and strategic planning before joining the NHS where she has gained considerable experience as Vice Chair of the East Gloucestershire NHS Trust then Chair of the '3 Star' Cheltenham and Tewkesbury Primary Care Trust.

Ruth was appointed a Deputy Lieutenant of Gloucestershire in September 2013 and was elected President of Midcounties Co-operative in November 2014. Ruth retired at the end of December 2017.

Ingrid Barker – Joint Trust Chair (From 1 January 2018)
Ingrid Barker is Joint Chair of ²gether and Gloucestershire Care Services NHS Trust. She has been Chair of Gloucestershire Care Services NHS Trust since April 2011. She was previously a Non-Executive Director on the Board of NHS Gloucestershire for five years.

She is a Trustee and board member for NHS Providers, elected to represent the Community Trusts across the country. Ingrid has undertaken national policy and service development roles through the Centre for Mental Health Services Development. She was Deputy Chief Executive of an NHS Trust in Surrey and led Croydon Mental Health Unit as Unit General Manager, transforming institutional services to community provision.

A qualified social worker, Ingrid established a service for young homeless people in Central London and was Regional Director of MIND. She also led the creation of the first mental health Patients Councils and Advocacy projects in Britain.

Maria Bond – Independent Non-Executive Director
Maria, who lives in Stroud, Gloucestershire, was appointed in November 2016. Although Maria doesn't have a clinical background, she believes that her professional experience will be valuable to the Trust, alongside her previous experience as a non-executive director for Gloucestershire Hospitals NHS Foundation Trust. She says this has given her a valuable understanding of how acute services works and the challenges they, and the wider NHS, face.

Her professional experience comes in the construction and commercial development sector, where she has worked for many years as a chartered quantity surveyor. She has particular experience in integrating small businesses and change management. Maria chairs the Trust's Delivery Committee.

Nikki Richardson – Deputy Chair; Senior Independent Non-Executive Director

Nikki Richardson was appointed as on 2 February 2015. She recently retired from an Executive role within the NHS, working for a Mental Health and Community Foundation NHS Trust. Initially qualified as a Speech and Language Therapist, her career has involved working across a wide range of clinical services including older people's mental health, learning disabilities, community nursing, paediatric services, and across therapy services.

During this time she also held a national role within Speech and Language Therapy as the Vice Chair of the managers association and as a consultant with the National Development Team, developing person centred services for people with Learning Disability. Her last role included Board level responsibility for Human Resources, Organisational Development, Training and Workforce Planning, Patient and Public Engagement, Information Technology and Communications.

She has retained her original professional links and has been a Trustee for the Royal College of Speech and Language Therapists for the past four years, a role that will continue for a further two years. Nikki is the Chair of the Trust's Governance Committee and lives in Cheltenham. Nikki took on the roles of Deputy Trust Chair and Senior Independent Director from 1 December 2016.

Marcia Gallagher - Independent Non-Executive Director

Marcia was appointed on 1 April 2016. Marcia Gallagher brings with her 40 years' NHS service and her experience both as a qualified accountant and the holder of a number of senior functioning roles in the NHS. Marcia chairs the Trust's Audit Committee.

Marcia, who lives in the Forest of Dean, worked in both commissioner and provider organisations in Gloucestershire, Herefordshire and the West Midlands. More recently, she worked for NHS England, before her retirement in January 2016.

She has had both a professional and personal involvement with mental health services, something that has helped drive her decision to become involved with ²gether.

Duncan Sutherland – Independent Non-Executive Director

Duncan Sutherland, who was appointed on 1 April 2016 and who lives just outside Hereford, brings with him years' of experience as a non-executive director of a number of public companies.

Duncan was non-executive director of the British Waterways Board for eight years before stepping down. He is currently a non-executive director for High Speed 2, in a role focusing on economic growth, regeneration and property. His other non-executive director post is with the South Bank Sinfonia, which works with music graduates.

He is also a director of Sigma, a specialist regeneration company, working with local authorities. Duncan chairs the Charitable Funds Committee and is Deputy Chair of the Development Committee.

Jonathan Vickers - Independent Non-Executive Director

Jonathan was appointed on 1 April 2013. He spent 25 years in the international oil and chemicals industries including board membership of Castrol and Burmah Chemicals.

Over the last decade, Jonathan has served as a Non-Executive Director on the boards of a range of public sector organisations including NHS South West Strategic Health Authority. Jonathan is a board member of British Rowing. Jonathan chairs the Trust's Development Committee and became Deputy Chair of the Audit Committee in May 2015. Jonathan was reappointed by the Council of Governors on 1 April 2016.

Quinton Quayle – Independent Non-Executive Director (until 31 March 2018)

Former ambassador Quinton Quayle was appointed in May 2016. During his diplomatic career, Quinton served as British Ambassador to Romania, Thailand and Laos, before retiring six years ago. Since then, he has taken on a number of board roles with a focus on regulation in the public interest, including serving as a lay member of the Nursing and Midwifery Council (NMC). He has also worked as an advisor to multinational companies, including Prudential and De La Rue.

Quinton chairs the Trust's Mental Health Legislation Scrutiny Committee and is Deputy Chair of the Delivery Committee. Quinton lives in a small village in north Gloucestershire.

About our Executive Directors

Shaun Clee - Chief Executive (Until 16 March 2018)

Shaun has over 37 years' experience in the NHS having trained as a Registered Mental Health Nurse before moving into management in 1990. He brings a passion for providing services that are responsive to service users and carers and has significant experience in both the commissioning and provision of mental health, learning disability and substance misuse services, having led mental health services in South Warwickshire for a number of years.

He has also had executive board level responsibility for community hospitals, dentistry, sexual health, intermediate care teams, chiropody, physiotherapy, and occupational therapy as well as estates, information management and technology, estates and human resources and organisational development.

Colin Merker – Director of Service Delivery/Acting Chief Executive (From 16 December 2017)

Colin has over 39 years' experience in the NHS. He is a professionally qualified Chartered Engineer. For the last 23 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 ^{2}gether in 2009.

Colin was appointed as Acting Chief Executive for ^{2}gether in December 2017 due to our substantive Chief Executive being absent on sick leave.

Neil Savage – Director of Organisational Development

Neil has over 25 years of experience working in the NHS. He joined the Trust in November 2016 from his previous role of Director of HR Transformation, leading on the HR integration of Birmingham Children's and Birmingham Women's NHS Foundation Trusts. Prior to this, Neil worked at Birmingham Women's NHS Foundation Trust, most recently as Chief Operating Officer. In this role, he successfully delivered local and national performance and access targets, developed and implemented a number of service improvements and people strategies, as well as implementing Business Continuity Management and Emergency Planning systems.

Before this, he was Executive Director of Workforce & Organisational Development. From 2004, Neil worked for Gloucestershire Hospitals NHS Foundation Trust as Assistant HR Director and Acting Director of HR & Organisational Development. Neil has previously also worked in other HR roles for NHS trusts covering acute, mental health, learning disabilities and community services.

A Chartered Fellow of the CIPD, Neil was the winner of the Health Education England West Midlands' "Inspirational Leader of the Year" award in 2015 and was shortlisted as a national finalist in 2016.

Andrew Lee - Director of Finance and Commerce

Andrew has over 35 years of experience working in the NHS and is a Fellow of the Chartered Association of Certified Accountants (FCCA). For over the last 20 years he was either Finance Director or Deputy Director within the NHS working in service provision including acute, mental health and community services; and shared service provision; service commissioning at Health Authority level and PCT level.

Andrew also played a lead role in setting up a Clinical Commissioning Group and worked at the Welsh Assembly Government for two years as it became a devolved administration from the Welsh Office.

As well as operating as a Director of Finance at a number of different organisations, Andrew has also undertaken roles as Director of Quality & Performance and Director of Strategy.

Professor Jane Melton – Director of Engagement and Integration

Jane is a registered Allied Health Professional (Occupational Therapist) and has worked with people who have learning disabilities and people experiencing mental illness for the majority of her career. Her exceptional contribution to practice was acknowledged through a Fellowship of the College of Occupational Therapists in 2012.

Alongside her dedication to practice, Jane has achieved doctoral level qualifications and published collaborative, research and practice development activity. Her academic connections are maintained through her honorary professorial role with Queen Margaret University, Edinburgh.

Jane brings a track record of service development that is shared with service users, their families, colleagues and local communities. She is passionate about the need to deliver the best experience of NHS care, is dedicated to the principles of recovery and underpins her approach to leadership with inclusion and engagement.

Marie Crofts – Director of Quality

Marie is a mental health nurse with over 30 years' experience. She has worked in adult and children services across provider organisations as well as within specialised commissioning. Marie has been privileged to have had opportunities working at a regional and national level developing evidence based practice, including family intervention as well as service improvement work.

Marie has vast experience at both a senior managerial/ operational level as well as a senior nursing level. She is committed to improving services through engagement with service users and their families as well as active and effective engagement with all staff. She has a passion for involving families in services as well as an interest in parental mental health and child welfare. She currently sits on the steering group for the national Mental Health and Nurse Directors Forum as well as being a Trustee for the charity Papyrus.

Dr Christopher Fear – Medical Director (Until 30 November 2017)

Chris was appointed to the role of Medical Director in 2015, combining this with his role as Caldicott Guardian and Consultant Psychiatrist in General Adult Psychiatry. He has worked, as Associate Medical Director, in both Gloucestershire and Herefordshire. Chris trained in North Wales and Birmingham, spending three years as a Research Fellow with the University of Wales, and was appointed as a consultant in Gloucester in 1996. His clinical and research interests include delusional disorders, OCD, factitious illness and service models.

Dr Amjad Uppal – Medical Director (From 1 December 2017)

Amjad joined our Trust as a Senior House Officer in August 2002. He was appointed as a Consultant in January 2010 and works as a Consultant with the Gloucester and Forest of Dean Assertive Outreach Teams. He was appointed as Director of Medical Education in August 2013 and then to Medical Director in December 2017. He continues to work with the Gloucester AOT team in addition to his Medical Director role.

John Campbell – Interim Director of Service Delivery (From 19 February 2018)

John has significant NHS experience, having previously held a number of senior and director-level roles in a wide range of health and social care settings including acute, community, children's, mental health, learning disabilities, specialist and forensic services and social care.

Attendance by Non-Executive Directors and Directors

Terms of reference define membership for each committee. 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. Board members who are "members" of a particular committee or Board, as per the Terms of Reference, and therefore expected to attend are highlighted. All Board members can attend any meeting and ad hoc attendance is also recorded.

Attendance at Trust Board and Board Committees by Non-Executive and Executive Members							
Name and position							
	Council of Governors	Board	Development	Audit	Governance	Delivery	Mental Health Legislation Scrutiny
Total Meetings	**6**	**11**	**5**	**5**	**6**	**8**	**5**
Ruth FitzJohn, DL, Trust Chair [2] [2]	3/4	7/8		1			
Ingrid Barker, Joint Trust Chair [3]	2/3	2/3					
Maria Bond, Non-Executive Director	2	10/11		5/5	5/6	8/8	
Marcia Gallagher, Non-Executive Director	6	10/11	1	5/5	1	2	
Quinton Quayle, Non-Executive Director	3	8/11		5/5		5/8	5/5
Nikki Richardson, Non-Executive Director	6	10/11		4/5	6/6	1	5/5
Duncan Sutherland, Non-Executive Director	1	9/11	4/5	4/5		1	
Jonathan Vickers, Non-Executive Director	4	9/11	5/5	3/5			
Shaun Clee, Chief Executive [1]	3	6/10		1			
Marie Crofts, Director of Quality	1	10/11			5/6		
Dr Chris Fear, Medical Director [4]		7/8			2/4		
Dr Amjad Uppal, Medical Director [5]		2/3			1/2		
Andrew Lee, Director of Finance and Commerce		9/11	2/5	5			
Professor Jane Melton, Director of Engagement and Integration	3	9/11	5/5		5/6		
Colin Merker, Acting CEO/Director of Service Delivery [6]	4	11/11	1		1	8/8	5/5
Neil Savage, Director of Organisational Development	3	11/11		1	1	5	1/5
John Campbell, Interim Director of Service Delivery [7]		1/1				2/2	1/1

[1] Employment ended March 2018
Ex officio (by virtue of office) member of all committees other than Audit
[2] Resigned as Trust Chair from 31 December 2017
[3] Appointed as Joint Trust Chair from 1 January 2018
[4] Resigned as Medical Director from 30 November 2017
[5] Appointed as Medical Director from 1 December 2017
[6] Appointed as Acting Chief Executive from 16 December 2017
[7] Appointed as Interim Director of Service Delivery from 19 February 2018

	Member of a Committee/Board as stated in the terms of reference. Board members are welcome to attend all Committees and adhoc attendance is also included in the table above.

Board Committees

Audit Committee

All Non-Executive Directors, except the Trust Chair, are members of the Audit Committee. Marcia Gallagher chairs the Audit Committee. The role of the Audit Committee is to provide the Board of Directors with a means of independent and objective review of financial and corporate governance, assurance processes and risk management across the whole of the Trust's activities, both generally and in support of the Annual Governance Statement.

There were five meetings of the Audit Committee held in the reporting period. The Audit Committee's agenda is structured so as to enable consideration significant issues throughout the year. Standing agenda items include:

Internal Audit: PwC is the Trust's Internal Audit provider. The Committee has commissioned from PwC a full audit programme based upon risk as identified by the Board Assurance Framework and received regular reports on the outcomes and actions completed. Where appropriate, the findings of these audits were also reported to other Committees in order for action plans to be developed and their timely implementation monitored. A number of these audits were specifically requested by the Committee in order to scrutinise known areas of risk.

External Audit: Each year the Committee approves an External Audit plan setting out the timetable for the audit of the annual accounts and the Quality Report. The Committee also receives at each meeting a summary of any additional significant risks identified through the planned audit work, as well as a summary of significant risk, regulatory and health sector developments which are pertinent to the work of the Trust. The Council of Governors appointed KPMG as the Trust's External Auditor from 1 April 2017, following a competitive procurement process overseen by an Audit Committee working group on which Governors were in the majority.

Financial Reporting: The Committee receives a number of reports through the year on significant financial issues such as losses and special payments and valuation of intangible assets. In accordance with International Financial Reporting Standards the Committee also receives the 'Going Concern' report enabling the Trust to make and document a rigorous assessment of whether the Trust is a going concern when preparing its annual financial statements. In reviewing and approving the financial statements, the Committee also reviews any changes to accounting policies, and receives a report outlining factors on which the Committee must take into account in order to satisfy itself that no material misstatements have been made in the accounts, and providing assurance that sufficient controls exist for the Committee to be assured that the Annual Accounts present an accurate assessment of the Trust's financial position, and the External Auditor can rely on the information contained within the Letter of Representation.

Counter Fraud Reporting: The Committee approves a Counter Fraud Plan each year, and receives reports on Counter Fraud activity at each meeting.

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 9 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

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 Constitution and the Standing Orders for the Council of Governors and Board of Directors. Appointment of both Executive and Non-Executive Directors is subject to candidates satisfying the requirements for Fit and Proper Persons; Directors, as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Directors must continue to satisfy these requirements during term of their appointment

Reappointments

Non-Executive Directors are eligible for reappointment at the end of their initial period of office in accordance with the Trust's Constitution, but they have no absolute right to be reappointed. Decisions about reappointments are 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 consider the performance of the Trust, the make-up of the Board of Directors in terms of skills, diversity and geographical representation, the Board dynamics and the effectiveness of its team working.

The maximum term of office for a Non-Executive Director is six years.

Termination of Appointment

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

- Removal from the Board of Directors being approved by 75% of members of the Council of Governors at a general meeting of the Council of Governors
- The Non-Executive Director being adjudged bankrupt or their estate being sequestrated and (in either case) not being discharged
- The Non-Executive Director making a composition or arrangement with, or granting a trust deed for, their creditors and not having been discharged in respect of it
- Within the past five years, the Non-Executive Director having been convicted in the British Isles of any offence for which a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed
- The Non-Executive Director being a person whose tenure of office as a Chair or as a member or director of a health service body having been terminated on the grounds that the appointment is not in the interests of public service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest
- The Non-Executive Director having had his/her name removed from any relevant list of medical practitioners prepared pursuant to paragraph 10 of the National Health Service (Performers Lists) regulations 2004 or Section 151, of the 2006 Act (or similar provision elsewhere), and has not subsequently had his/her name included in such a list; or a person who has had their professional clinical registration revoked. This provision shall not apply where a person's registration lapses or their name has been removed at their own request, for example following retirement.
- 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.
- The Non-Executive Director being subject to a director's disqualification order made under the Company Directors Disqualification Act 1986.
- The Non-Executive Director being a person who is a registered sex offender pursuant to the Sex Offenders Act 2003
- The Non-Executive Director ceasing to be a public member of the Trust
- The Non-Executive Director being or becoming a Governor of the Trust

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's 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 loses the confidence of the public or local community in a substantial way
- If the Non-Executive Director fails to deliver work against agreed targets incorporated within their annual objectives
- If there is a terminal breakdown in essential relationships, for example between the Chair and Chief Executive, or between a Non-Executive Director and the other directors.

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

Balance of the Board and appraisal

The Board reviews its effectiveness after each meeting, and through developmental workshops throughout the year. These build on similar performance evaluations carried out during previous years. Board Committees' objectives and Terms of Reference are reviewed annually, and Committee membership is regularly reviewed to take account of any new Non-Executive Directors joining the Board, and to ensure that Non-Executive Directors' skills and knowledge are being put to the best possible use. It is the Trust Chair's responsibility to ensure Committee and Board membership is revitalised when appropriate. The balance of skills on the Board is considered when appointing replacements, thus ensuring that the Board's mix of skills, knowledge and experience remains appropriate for the current and future requirements of the Trust.

Except where people join the Board late in the financial year, all Board members have a performance appraisal during the year involving input from colleagues and, when appropriate, Governors and others in order to provide insight into effectiveness and to identify learning and development opportunities. 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, and it is the responsibility of the Trust Chair to ensure that the results of Directors' performance appraisals are acted upon.

Board Remuneration

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

Details of senior employees' remuneration can be found in page 48 of the Remuneration Report; and details of company directorships and other significant interests held by Directors or Governors which may conflict with their management responsibilities are set out in note 18 of the accounts.

Directors' Statement as to Disclosure to the Auditors

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

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

Going Concern

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

Council of Governors

Our Council of Governors consists of public, staff, and appointed Governors from the local authority and clinical commissioning groups.

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

Public and staff Governors are elected by members of their own constituency using the single transferable vote system.

The following elections took place during 2017/18 for public and staff governor positions.

Constituency	Vacant Posts	Candidates	Total Votes Cast	Turnout
June 2017				
Public: Greater England	1	Mike Scott* Stanley Okafor	Eligible voters: 371 Valid votes cast: 17	4.6%
Public: Gloucester City	1	Xin Zhao* Jason Bloodworth Toby Daniell Jason Smith	Eligible voters: 1425 Valid votes cast: 99	6.9%
Public: Cheltenham	2	Vanessa Ball* (see below) Stephen McDonnell* Vic Godding** Alan Thomas	Eligible voters: 889 Valid votes cast: 60	6.7%
Vanessa Ball moved house to a location which was outside of the boundary of the constituency in October 2017 which made her ineligible to continue as a Governor representing Cheltenham. Stephen McDonnell was therefore appointed from 25 October into this post (effective from 1 July 2017)				
Public: Herefordshire	1	Euan McPherson* Michaela da Cunha Miles Goodwin Christopher Shellam David Summers	Eligible voters: 361 Valid votes cast: 42	11.6%
Public: Cotswolds	2	Kate Atkinson*	N/A	
Staff: Management and Administration	1	Rob Blagden**	N/A	
November / December 2017				
Staff: Medical and Nursing	2	Jan Furniaux* Dr Faisal Khan* Jade Taylor	Eligible voters: 747 Valid votes cast: 162	21.7%
Public: Cotswolds	1	Peter Lee*	N/A	
Public: Tewkesbury	1	Bren McInerney*	N/A	

* Elected ** Re-elected

An election will commence in April 2018 for the two Staff Governor vacancies in the Clinical and Social Care and Support constituency. 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 2018**
Public constituencies		
Cheltenham	2	0
Cotswold	2	1
Forest	2	0
Gloucester	2	0
Stroud	2	0
Tewkesbury	2	0
Herefordshire	2	0
Greater England	1	0
Staff constituencies		
Medical and Nursing	3	0
Clinical and social care support staff class	2	2
Management, administrative and other staff class	2	0
Appointed Governors		
Gloucestershire Clinical Commissioning Group	1	0
Gloucestershire County Council	1	1
Herefordshire Clinical Commissioning Group	1	0
Herefordshire Council	1	0
Total	**26**	**4**

The Council of Governors has three primary roles:

- to hold the Non-Executive Directors individually and collectively to account for the performance of the Board; and
- to represent the interests of the Trust's stakeholders in the governance of the organisation; and
- to communicate the key messages of the Trust to the electorate and appointing bodies.

The Trust's Constitution was amended in July 2013 to fully implement the requirements of the Health and Social Care Act 2012, particularly in relation to the role of Governors, and was revised further in November 2015 and August 2017. 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 Non-Executive Directors to account for the performance of the Board
- 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 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 (Date of reappointment) *(resignation date)*
Elected Public Governors			
Cheltenham Borough Council	2	**Al Thomas** [3]	July 2014 **(May 2017)**
		Vic Godding	July 2014 (July 2017)
		Vanessa Ball [4]	July 2017 **(Sept 2017)**
		Stephen McDonnell	July 2017
Cotswold District Council	2	**Pat Ayres MBE** [1]	June 2011 **(June 2017)**
		Kate Atkinson	July 2017
		Peter Lee [3]	Nov 2017 **(Jan 2018)**
		Vacant	
Forest District Council	2	Jennifer Thomson	Aug 2015
		Hilary Bowen	July 2016
Gloucester City Council	2	Said Hansdot	July 2016
		Paul Toleman [1]	June 2014 **(June 2017)**
		Xin Zhao	July 2017
Stroud District Council	2	Ann Elias	July 2016
		Mervyn Dawe	July 2016
Tewkesbury Borough Council	2	Josephine Smith	July 2015
		Bren McInerney	Nov 2017
Herefordshire	2	**Dawn Lewis** [1]	June 2014 **(June 2017)**
		Cherry Newton	Sept 2015
		Euan McPherson	July 2017
Greater England	1	Mike Scott	July 2017
Elected Staff Governors			
Medical and Nursing	3	**Dr Amjad Uppal** [1]	Nov 2011 **(Oct 2017)**
		Dr Svetlin Vrabtchev	June 2015
		Jan Furniaux	Jan 2018
		Dr Faisal Khan	Jan 2018
Clinical and Social Care and Support Staff	2	**Elaine Davies** [2]	July 2013 **(July 2017)**
		Vacant	
		Vacant	
Management, Administrative and Other Staff	2	Rob Blagden	July 2014 (July 2017)
		Katie Clark	Dec 2015
Governors nominated by partner organisations			
Gloucestershire Clinical Commissioning Group	1	Dr Lawrence Fielder	August 2017
Gloucestershire County Council	1	Vacant	
Herefordshire Clinical Commissioning Group	1	Hazel Braund	November 2016
Herefordshire County Council	1	Cllr Jenny Bartlett	July 2015

Resignation Notes:
[1] **End of term**
[2] **Removed by Council of Governors**
[3] **Resigned**
[4] **No longer eligible due to location**

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 use of this process has not been necessary to date. Directors' 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 was consulted as part of the Trust's business planning and strategic planning processes. Individual Non-Executive Directors have provided assurance to the Council of Governors on areas relevant to their roles as Committee Chairs, as part of the Council of Governors' responsibility to hold the Non-Executive Directors to account for the performance of the Board. 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 regular correspondence 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 at various venues, 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 elsewhere in this report.

Attendance by Governors at Council of Governors' meetings

Constituency	Name of Governor	Possible Attendance
Elected Public Governors		
Cheltenham Borough Council	**Al Thomas**	**1/1**
	Vic Godding	6/6
	Vanessa Ball	**1/1**
	Stephen McDonnell	1/3
Cotswold District Council	**Pat Ayres MBE**	**2/2**
	Kate Atkinson	3/4
	Peter Lee	**0/1**
	Vacant	
Forest District Council	Jennifer Thomson	5/6
	Hilary Bowen	4/6
Gloucester City Council	Said Hansdot	5/6
	Paul Toleman	**2/2**
	Xin Zhao	1/4
Stroud District Council	Ann Elias	4/6
	Mervyn Dawe	5/6
Tewkesbury Borough Council	Josephine Smith	5/6
	Bren McInerney	2/3
Herefordshire	**Dawn Lewis**	**0/1**
	Cherry Newton	4/6
	Euan McPherson	2/4
Greater England	Mike Scott	3/4
Elected Staff Governors		
Medical and Nursing	**Dr Amjad Uppal**	**2/3**
	Dr Svetlin Vrabtchev	5/6
	Jan Furniaux	1/2
	Dr Faisal Khan	2/2
Clinical and Social Care and Support Staff	**Elaine Davies**	**0/2**

	Vacant	
	Vacant	
Management, Administrative and Other Staff	Rob Blagden	5/6
	Katie Clark	5/6
Appointed Governors		
Gloucestershire Clinical Commissioning Group	Dr Lawrence Fielder	0/4
Gloucestershire County Council	Vacant	
Herefordshire Clinical Commissioning Group	Hazel Braund	3/6
Herefordshire County Council	Cllr Jenny Bartlett	4/6

Nomination and Remuneration Committee

The Nomination 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 of the Committee, 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.

In 2017/18 the Committee oversaw the appointment of a Joint Trust Chair, the recruitment of a new Non-Executive Director and the reappointment of a Non-Executive Director and Deputy Chair. The Committee reviewed the process for future appointments and reappointments. The annual appraisals of the Non-Executive Directors and Trust Chair were discussed, and the process for future appraisals agreed.

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

Name	May 2017	September 2017	January 2018
Ruth FitzJohn (Chair)	✓	✓	-
Ingrid Barker (Chair)	-	-	✓
Rob Blagden (Lead Governor/Staff Governor)	✓	✓	✓
Mervyn Dawe (Public Governor)	-	X	✓
Vic Godding (Public Governor)	✓	✓	✓
Mike Scott (Public Governor)	-	X	✓
Nikki Richardson (Deputy Chair)	✓	-	-
Neil Savage (Director of OD)	✓	✓	✓

Governor expenses

Governors do not receive remuneration but are paid reasonable expenses in order to perform their role. During the reporting period, eight Governors received expenses payments. The aggregate sum of expenses paid to Governors during the reporting period is £1,323.12.

Register of Governors' and Directors' interests

Our hospitality register and register of Governors' and Directors' interests, including that of our Trust Chair, is available from the Assistant Trust Secretary who may be contacted on 01452 894000 or by emailing anna.hilditch@nhs.net.

Paul Roberts
Chief Executive **25 May 2018**

Remuneration Report

Annual Statement on Remuneration

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

All other senior managers are covered by Agenda for Change, or, in the case of medical managers, Consultant 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 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 leads the meeting.

The Committee has adopted a policy of developing a simple reward package. Salary ranges for Executive Directors have been agreed through an established job evaluation process. Appointments are made through a spot salary within one of 4 salary ranges. The remuneration package does not include a Performance Related Pay scheme and has no additional other pay or non-pay benefits which are outside standard terms and conditions that apply to the majority of staff employed within the trust e.g. annual leave, sick pay etc.

Decisions which the Committee takes on the salary and terms of conditions of service of its Chief Executive and Executive Directors will be informed by reviews that take into account the wider labour market, the scope of responsibilities, performance, best practice, NHS Executive remuneration benchmarking and, where appropriate, national guidance. The Committee also takes into account the awards for other staff groups through, for example, the NHS Pay Review Body (NHSPRB).

For all other senior managers, performance is managed in accordance with our appraisal and pay progression policies, both of which are consistent with national terms and conditions of service and agreed locally with our Staff Side representatives.

The appraisal process for Executive Directors and senior managers employed on Agenda for Change terms ensures that objectives for each individual are aligned to the Trust strategy and business needs.

For senior managers on Agenda for Change terms and conditions under the Trust's Pay Progression Policy, one increment may be withheld if levels of performance are not maintained.

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 for each financial year.

The Chief Executive and Executive Directors are employed on substantive contracts of employment. The current Chief Executive's contract and those of our Executive Team are subject to six months' written notice from either party. The exception to this is in the case of incapacity and for reasons of qualification, conduct or capability. In these cases, the contract is subject to three months' notice of termination. Executive Director contracts are subject to a notice period of six months to minimise the risk from loss of management capacity at this level, while recruitment processes take place. None of the contracts for the Chief Executive or Board Directors contains clauses specifying termination payments which are in excess

of contractual obligations. Contractual redundancy terms are as per Section 16 of the Agenda for Change NHS Terms and Conditions of Service Handbook.

Senior managers on Agenda for Change terms and conditions are employed on substantive contracts subject to three months' written notice by the individual and statutory notice by the Trust. No contract contains clauses specifying termination payments which are in excess of contractual obligations.

For those senior managers who are also designated as Directors but are not Executive Directors, their remuneration is as determined under national terms and conditions and therefore applicable to the majority of staff employed by the Trust.

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. 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 note 1.6 of our annual accounts.

Salary and pension entitlement of senior managers: Remuneration

Single Total Figure Table							
		a	b	c	d	e	Total
		Salary and fees	Taxable benefits	Annual performance related bonuses	Long-term performance related bonuses	Pension related benefits	
		(bands of £5,000)	(Rounded to nearest £100)	(bands of £5,000)	(bands of £5,000)	(bands of £2,500)	(bands of £5,000)
Name and Title	**Year**	**£0**	**£0**	**£0**	**£0**	**£0**	**£0**
Non-Executive Directors							
Ingrid Barker	2017/18	05-10	0	0	0	0	05-10
Chair (from 01/01/18)	2016/17	0	0	0	0	0	0
Ruth FitzJohn	2017/18	30-35	0	0	0	0	30-35
Chair (left 31/12/17)	2016/17	40-45	0	0	0	0	40-45
Jonathan Vickers	2017/18	10-15	0	0	0	0	10-15
	2016/17	10-15	0	0	0	0	10-15
Nikki Richardson	2017/18	15-20	0	0	0	0	15-20
	2016/17	15-20	0	0	0	0	15-20
Marcia Gallagher	2017/18	15-20	0	0	0	0	10-15
	2016/17	10-15	0	0	0	0	10-15
Duncan Sutherland	2017/18	10-15	0	0	0	0	10-15
	2016/17	10-15	0	0	0	0	10-15
Quinton Quayle	2017/18	15-20	0	0	0	0	10-15
(left 31/03/18)	2016/17	10-15	0	0	0	0	10-15
Maria Bond	2017/18	10-15	0	0	0	0	10-15
	2016/17	05-10	0	0	0	0	05-10
Executive Directors/Directors							
Shaun Clee Chief Executive [1] (left 16/03/18)	2017/18	340-345	0	0	0	0	340-345
	2016/17	165-170	0	0	0	0	165-170
Andrew Lee Director of Finance & Commerce	2017/18	125-130	0	0	0	0	125-130
	2016/17	125-130	0	0	0	0	125-130
Neil Savage Director of Organisational Development	2017/18	105-110	0	0	0	10 - 12.5	115-120
	2016/17	35-40	0	0	0	n/a	35-40
Marie Crofts Director of Quality	2017/18	100-105	0	0	0	145-147.5	250-255
	2016/17	95-100	0	0	0	130-132.5	230-235
Colin Merker Director of Service Delivery (Acting Chief Executive from December 2017)	2017/18	135-140	0	0	0	60-62.5	200-205
	2016/17	115-120	0	0	0	27.5-30	145-150
John Campbell Interim Director of Service Delivery (from 19/02/18)	2017/18	00-05	0	0	0	7.5-10	10-15
	2016/17	0	0	0	0	0	0
Jane Melton Director of Engagement & Integration	2017/18	90-95	0	0	0	132.5-135	225-230
	2016/17	90-95	0	0	0	42.5-45	130-135
Christopher Fear Medical Director [2] (left 30/11/17)	2017/18	150-155	0	0	0	0	150-155
	2016/17	225-230	0	0	0	775 - 777.5	1000-1005
Amjad Uppal	2017/18	65-70	0	0	0	77.5-80	140-145

Medical Director [3] (started 01/12/17)	2016/17	0	0	0	0	0	0
Frances Martin Director of Transformation (left 07/03/18)	2017/18	65-70	0	0	0	15-17.5	80-85
	2016/17	50-55	0	0	0	n/a	50-55
Locality/Service Directors							
Les Trewin – Locality Director	2017/18	65-70	0	0	0	15-17.5	80-85
	2016/17	65-70	0	0	0	0-2.5	70-75
Jan Furniaux - Locality Director	2017/18	70-75	0	0	0	25-27.5	95-100
	2016/17	65-70	0	0	0	72.5 - 75	140-145
Mark Hemming – Locality Director	2017/18	65-70	0	0	0	05-7.5	75-80
	2016/17	70-75	0	0	0	10 - 12.5	80-85
Sarah Batten – Service Director	2017/18	60-65	0	0	0	22.5-25	85-90
	2016/17	55-60	0	0	0	12.5 - 15	70-75
Alison James – Service Director	2017/18	50-55	0	0	0	15-17.5	65-70
	2016/17	50-55	0	0	0	17.5 - 20	65-70

(1) When the role of Joint Chief Executive for [2]gether and Gloucestershire Care Services NHS Trust was established, the Trust board agreed to discontinue the role of [2]gether Chief Executive. As the role is no longer in existence, contractual exit arrangements have been implemented in line with terms and conditions of service. The salary figure for 2017/18 includes the contractual exit package.

(2) The post of Medical Director is a part-time role. Dr Fear received remuneration of £62,410 for his Medical Director role, and remuneration of £90,891 for his clinical work.

(3) Since taking the post of Medical Director, Dr Uppal has received remuneration of £52,368 for his Medical Director role, and remuneration of £12,909 for his clinical work.

Salary and pension entitlement of senior managers - pension benefits

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2017 £'000	Cash Equivalent Transfer Value at 31 March 2018 £'000	Real Increase in Cash Equivalent Transfer Value £'000	Employers Contribution to Stakeholder Pension £'000
Shaun Clee - Chief Executive	0	0	0	0	0	0	0	0
Andrew Lee - Dir of Finance	0	0	0	0	0	0	0	0
Christopher Fear – Medical Director	0	0	85-90	285-290	0	0	0	0
Amjad Uppal – Medical Director	0-2.5	0-2.5	25-30	50-55	340	402	20	0
Neil Savage – Dir of OD	0-2.5	0	35-40	90-95	548	592	39	0
Marie Crofts - Dir of Quality	5-7.5	27.5-30	50-55	150-155	789	988	191	0
Colin Merker - Dir of Service Delivery	2.5-5	7.5-10	60-65	180-185	1249	1384	122	0
Jane Melton - Director of E&I	5-7.5	17.5-20	40-45	120-125	614	773	154	0
John Campbell – Dir of Svce Delivery	0-2.5	0-2.5	30-35	90-95	520	540	2	0
Frances Martin – Dir of Transformation	0-2.5	0-2.5	25-30	75-80	504	540	32	0
Les Trewin - Service Director	0-2.5	0-2.5	25-30	75-80	482	517	30	0
Jan Furniaux - Locality Director	0-2.5	2.5-5	35-40	105-110	654	700	40	0
Mark Hemming – Locality Dir	0-2.5	0-2.5	15-20	50-55	379	412	30	0
Sarah Batten – Service Dir	0-2.5	0-2.5	5-10	20-25	140	167	25	0
Alison James – Service Dir	0-2.5	0	5-10	0	95	116	20	0

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

Median Pay

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

The banded remuneration of the highest-paid director in [2]gether NHS Foundation Trust in the financial year 2017/18 was £165,000-£170,000 (2016/17, £225,000-£230,000). This was 6.3 times (2016/17 8.3) the median remuneration of the workforce, which was £26,565 (2016/17, £27,328).

In 2017/18, 8 (2016/17, 0) employees received remuneration in excess of the highest-paid director.

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

The calculation is based on the full-time, annualised equivalent of every member of staff in post at 31st March 2018, including bank staff and medical locums.

Governor expenses

Governors do not receive remuneration but are paid reasonable expenses in order to perform their role. During the reporting period, 8 Governors received expenses payments. The aggregate sum of expenses paid to Governors during the reporting period is £1,323.12.

Directors

In 2017/18, 18 Directors were in office during the period, including starters and leavers. During the reporting period 15 claimed expenses to a total of £17,035.00.

The above information has been audited.

Paul Roberts
Chief Executive **25 May 2018**

Staff Report

Everyone who works for [2]gether is helping to Make Life Better for the people we serve.

On March 31 2018, we employed 2,562 people across a variety of professions, including doctors, nurses, Allied Health Professionals, social workers and support staff.

Our staff are categorised as follows:

Permanent employees	2036
Bank staff	425
Others (fixed term temporary staff and locums)	101

The following table provides a breakdown of the number and percentage of **female and male members of staff:**

Board Members	**Employees**	**Percentage**
Female	5	42%
Male	7	58%

Senior Clinicians/Manager (Band 8c and above) (Excludes Executives, bank staff, temporary staff and locums)	**Employees**	**Percentage**
Female	42	43%
Male	55	57%

Total staff (Up to Band 8b) (Permanent staff only)	**Employees**	**Percentage**
Female	1522	78%
Male	417	22%

Staff Costs

Our staffing costs for 2017/18 and a comparison with the previous financial year are detailed here:

	12 Months to 31 March 2018 (£000)	**12 Months to 31 March 2017 (£000)**
Salaries and wages	£66,361	£63,187
Social security costs	£6,423	£6,091
Pension costs – defined contribution plans (employers' contributions to NHS Pension Scheme)	£8,217	£7,711
Pension cost – other contributions	£0	£0
Apprenticeship levy	£317	£0
Other post-employment benefits	£0	£0
Other employment benefits	£0	£0
Termination benefits	£0	£0
Agency/contract staff	£4,123	£5,492
Total staff costs	**£85,441**	**£82,481**

Sickness absence data

Our staff sickness absence figures are reported, as per national guidance, on a calendar year basis using data from NHS Digital. The table here shows the number of staff days lost to sickness for the period January to December 2017.

Figures Converted by Department of Health to Best Estimates of Required Data Items			Statistics Published by NHS Digital from ESR Data Warehouse	
Average FTE 2017	Adjusted FTE days lost to Cabinet Office definitions	Average Sick Days per FTE	FTE-Days Available	FTE-Days recorded Sickness Absence
1,852	20,205	10.9	676,086	32,776

Explanatory note: The information above is supplied by NHS Digital, using data from the national NHS Electronic Staff Record (ESR) system. ESR does not hold details of the normal number of days worked by each employee. Data on days available and days recorded sick are based on a 365-day year.

The number of Full Time Equivalent (FTE) days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365 (with a further adjustment where the figures are based on less than 12 months' data).

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE-days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure (with a further adjustment where the figures are based on less than 12 months' data).

Average Annual Sick Days per FTE has been estimated by dividing the estimated number of FTE-days sick by the average FTE, and multiplying by 225 (the typical number of working days per year).

The Trust has a comprehensive Sickness Absence Policy, which includes provision of support to staff who become disabled during their employment, and encourages redeployment to alternative roles wherever this is possible.

Equal opportunities

We continue to meet our responsibilities as part of the Public Sector Equality Duty (PSED) that is outlined in the Equality Act 2010. We are totally committed to ensuring equality of opportunity in both the provision of our services and how we support and develop our workforce.

Our Director of Organisational Development ensures that equality and diversity is represented at all levels of our organisation including at Board level. We work within the parameters of EDS2, the NHS Equality Delivery System and with our social inclusion team, we recognise the diversity of the community we serve and make every effort to engage with hard to reach communities to ensure high quality care is received by all who need it. We have implemented the Workforce Race Equality Standard (WRES), a tool to identify any perceived gaps in the work experience of colleagues from a Black and Minority Ethnic (BME) background compared with that of white colleagues.

We work to address any issues relating to the lack of inclusivity arising from the Staff Survey, Staff Friends and Family Test and WRES. We are also preparing for the introduction in 2018 of the Workforce Disability Equality Standard (WDES). In advance of this standard being introduced we are proud to have achieved Disability Confident Leader status. Our values based recruitment processes were reviewed by an external organisation that also achieved this status and were found to be of high quality and supportive of removing barriers that may prevent applicants with a disability form working for the trust and ensuring all reasonable adjustments are made to the work environment to enable colleagues to remain in work and prosper.

We also have numerous systems in place to enable anyone who may experience discriminatory or other forms of unacceptable behaviour to seek support and resolution. These include our online dialogue system called ‘Speak in Confidence’, our network of ‘Dignity at Work Officer’s and our ‘Freedom to Speak Up Guardian’. We also recognise there is always more we can do and are exploring the formation of diversity networks to develop and take forward equalities initiatives.

We have complied with the national Gender Pay Gap reporting requirements during Quarter 4. The report and associated data has been published and we are working on a number of actions to address the issues identified.

Occupational health

Working Well is our occupational health service. The service promotes and helps improve the health and wellbeing of people in work – both within our Trust and for external public and private sector organisations.

The service offers independent advice both to managers and employees, which includes staff counselling; appropriate return to work guidance; the working environment; and assessment of health risks associated with the workplace. In addition, appropriate training is provided to support the health and safety of staff, with training provided to all new staff in their first week of employment, and comprehensive managers’ health and safety training.

Engagement

All staff have access to information through a number of different communication mechanisms. Our weekly staff e-bulletin is called ByteSize, and we deliver monthly Team Talk sessions to managers, which enables them to cascade key information to their teams. We also publish comprehensive news updates, policies and other information of relevance and interest to staff on ^{2}getherNet – our intranet. There are a number of other Trust-wide gatherings, such as our Senior Leadership and Leadership Forums, which act as an opportunity for leaders to be consulted on policy and performance issues. We also run regular ‘focus groups’ for staff across the Trust to enable colleagues to raise issues, concerns, and develop solutions. This ensures engagement with staff at all levels.

We work in partnership with Staff Side colleagues through the formal Joint Negotiation and Consultative Committee, which meets bi-monthly. In addition, we encourage participation from Staff Side representatives, and staff at all levels from across the Trust, to take a role within our Workforce and Organisational Development Committee and its underpinning work streams of Training, Workforce Planning, Engagement, and Culture. These mechanisms are used to consult with staff, share Trust performance, seek feedback and develop staff-related initiatives.

Staff Side representatives, including Safety Representatives, meet bi-monthly with managers to discuss and share a range of information on health and safety; health and wellbeing; and other related staff and workplace health issues. We also work closely with our local Counter Fraud Service to ensure policies and procedures are 'fraud proofed'. The service provides regular briefings and updates to staff to maintain fraud awareness.

We have long had a network of Dignity at Work officers who provide support and guidance to anyone who feels they are a victim of harassment or bullying in the workplace. In 2016 we also introduced 'SpeakInConfidence', which enables staff to access a web-based system to have an anonymous and confidential dialogue with a manager of their choice about issues they may be concerned about. SpeakInConfidence has been introduced primarily to support staff who are subjected to inappropriate behaviour but who do not feel able to raise the issue through existing channels.

Last year saw the introduction of the Freedom to Speak Up Guardian. Our Freedom to Speak Up Guardian – Rob Newman – has the role of supporting and encouraging colleagues to 'speak up' if they have concerns about safety, quality and issues that have a Trustwide impact and may jeopardise patient or staff safety.

Reward and recognition

Our annual Recognising Outstanding Service and Contribution Awards (ROSCAs) are now in their 11th year. More than 170 nominations were received in 2017, across 10 award categories, and the winners are due to be announced during an award ceremony held in July 2018 – part of our NHS70 celebrations. Our monthly Best Supporting Colleague Award is now in its fifth year and enables staff to nominate colleagues who have made a significant difference to their working life. The award helps to make sure that staff who perform above and beyond are recognised throughout the year.

Staff Friends and Family Test

The Staff Friends and Family Test was introduced in April 2014 to complement the Annual Staff Survey. All staff can take part online but a paper copy of the questionnaire is available. The test is conducted in quarters 1, 2 and 4 of the financial year. It does not take place in quarter 3 so as not to clash with the Annual Staff Survey. The responses are unattributable and provide a useful snapshot into how staff are feeling about the trust throughout the year. Staff are asked to respond to 2 questions based on their recent experience of working for the trust. They are asked if they would recommend the trust to friends and family as a place to receive care or treatment, or as a place to work. Results have shown a steady improvement since the test's inception.

The latest results from quarter four of 2017/18 showed that 90.52% of staff would be likely or extremely likely recommend the trust as a place to receive care or treatment. This has risen from 74% in April 2014

and represents the highest score to date in response to this question. The latest results also show that 76.85% of staff would be likely or extremely likely to recommend the trust as a place to work. The result has risen from 58% in April 2014. These improvements mirror the improvement shown in the Annual Staff Survey over the same period. We continue to use these results when developing the annual action plan that follows the Staff Survey.

Staff survey

Each year our trust takes part in the annual NHS Staff Survey. The 2017 survey was taken between September and December 2017. All staff in post on 1st September 2017 were invited to part in the survey by responding to an online questionnaire. As always the survey was completely confidential and was administered by an independent provider. The overall response rate was 45%, a 5% increase on the previous year. This meant that 921 staff (compared with 777 last year) responded, providing the most robust data set the trust has yet received relating to how staff perceive the organisation as an employer. The results are presented in a report comparing 2017 with the 2016 survey and benchmarked against other Mental Health and Learning Disabilities trusts.

The answers given by staff are compiled into a series of 32 Key Findings and grouped under the following headings:

- Appraisals and support for development
- Equality and diversity
- Errors and incidents
- Health and wellbeing
- Job satisfaction
- Managers
- Patient care and experience
- Violence, harassment and bullying
- Working patterns

Our results showed us to be better than the national average in 17 of the findings, average in 10 and worse than average in 5. This compares very favourably with the previous year when we were better than average in 18, average in 10 and worse than average in 4 of the Key Findings.

There were two areas that saw a statistically significant deterioration in staff experience, however 17 of the findings showed some minor improvement.

The level of staff engagement fell very slightly from a score of 3.89 (from a possible high score of 5) to 3.88 but we remain better than the national average of 3.79. The survey measures staff engagement by combining the results of 3 key Findings:

KF1 – Staff recommendation of the Trust as a place to work or receive treatment
KF4 – Staff motivation at work
KF7 – Staff ability to contribute toward improvements at work

Despite the slight deterioration, the Trust remained better than the national average in all 3 component findings.

An action plan is being developed to address some of the findings from the survey.

	2016		2017		
Response rate	**Trust**	**National Average***	**Trust**	**National Average***	**Improvement/deterioration**
	40%	45%	45%	52%	Although below the national average, the number of staff responding rose from 777 to 921.

The survey report groups the top and bottom ranked scores together.

	2016		2017		
Top 5 ranking scores	**Trust**	**National Average***	**Trust**	**National Average***	**Improvement/deterioration**
KF20 - % of staff experiencing discrimination at work in last 12 months	8%	14%	10%	14%	2% deterioration but remains better than national average
KF23 - % of staff experiencing physical violence from staff in last 12 months	0%	3%	1%	3%	1% deterioration but remains better than national average
KF9 – Effective team working	3.86	3.85	3.92	3.84	Improvement of 0.6 and better than national average
KF14 – Staff satisfaction with resourcing and support	3.42	3.36	3.46	3.35	Improvement of 0.4 and better than national average
KF22 - % of staff experiencing physical violence from patients, relatives or the public in last 12 months	16%	21%	16%	22%	No change – better than national average

	2016		2017		
Bottom 5 ranking scores	**Trust**	**National Average***	**Trust**	**National Average***	**Improvement/deterioration**
KF29 - % of staff reporting errors, near misses or incidents witnessed in the last month	97%	92%	89%	93%	8% statistically significant deterioration and worse than national average
KF32 – Effective use of patient/service user feedback	3.59	3.70	3.58	3.72	0.1 deterioration and worse than national average
KF18 - % of staff attending work in the last 3 months despite feeling unwell because they felt pressure from the manager, colleagues or themselves	51%	55%	56%	53%	5% statistically significant deterioration and worse than national average
KF27 - % of staff/colleagues reporting most recent experience of harassment, bullying or abuse	54%	60%	58%	61%	4% improvement but worse than national average
KF16 - % of staff working extra hours	74%	72%	74%	72%	No change – worse than average

*National average for mental health/learning disability trusts.

Expenditure on consultancy

During 2017/18 our consultancy costs totalled £80,000. During 2016/17 our consultancy costs totalled £91,000.

Off-payroll engagements/arrangements

We are required to declare highly paid and/or senior off-payroll engagements. The off-payroll engagements for more than £245 per day and that last for longer than six months are as follows:

Number of existing engagements as of 31 March 2018	7

Of which:

Number that have existed for less than one year at the time of reporting	0
Number that have existed for between one and two years at the time of reporting	5
Number that have existed for between two and three years at the time of reporting	1
Number that have existed for between three and four years at the time of reporting	1
Number that have existed for four or more years at the time of reporting	0

We confirm that all existing off-payroll engagements, outlined above, have at some point been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

The following table details all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last longer than six months.

Number of new engagements, or those that reached six months in duration between 01 Apr 2017 and 31 Mar 2018	6
Of which:	0
Number assessed as within the scope of IR35	6
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the Trust's payroll	0
Number of engagements reassessed for consistency/ assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

Exit packages

We are required to publish information on our use of exit packages during the year, with comparative tables for the previous year.

This table details the number of exit packages used during 2017/18 and the following table gives a comparative for 2016/17.

Exit packages 2017/18	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	No.	£000	No.	£000	No.	£000	No.	£000
Exit package cost band (including any special payment element)								
<£10,000			21	99	**21**	**99**		
£10,000 - £25,000	2	24	2	32	**4**	**56**		
£25,001 - 50,000					**0**	**0**		
£50,001 - £100,000					**0**	**0**		
£100,001 - £150,000					**0**	**0**		
£150,001 - £200,000	1	160			**1**	**160**		
>£200,000					**0**	**0**		
Total	**3**	**184**	**23**	**131**	**26**	**315**	**0**	**0**

Exit packages 2016/17	Number of Compulsory Redundancies	Cost of Compulsory Redundancies	Number of Other Departures Agreed	Cost of Other Departures Agreed	Total Number of Exit Packages	Total Cost of Exit Packages	Number of Departures where Special Payments have been made	Cost of Special Payment Element included in Exit Packages
Exit package cost band (including any special payment element)	**Number**	**£000s**	**Number**	**£000s**	**Number**	**£000s**	**Number**	**£000s**
< £10,001	**1**	**9**	**25**	**93**	**26**	**102**	**0**	**0**
£10,001 - £25,000	**4**	**60**	**2**	**31**	**6**	**91**	**0**	**0**
£25,001 - £50,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
£50,001 - £100,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
£100,001 - £150,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
£150,001 - £200,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
> £200,000	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
Total	**5**	**69**	**27**	**124**	**32**	**193**	**0**	**0**

This table details the other (non-compulsory) departure payments used during the year, with comparison figures for the previous year:

Exit packages: other (non-compulsory) departure payment					
		Payments agreed	**Total value of agreements**	**Payments agreed**	**Total value of agreements**
		2017/18	**2017/18**	**2016/17**	**2016/17**
		No.	**£000**	**No.**	**£000**
Voluntary redundancies including early retirement contractual costs					
Mutually agreed resignations (MARS) contractual costs					
Early retirements in the efficiency of the service contractual costs					
Contractual payments in lieu of notice		22	121	26	112
Exit payments following employment tribunals or court orders		1	10	1	12
Non-contractual payments requiring HMT approval (special severance payments)*	*i*				
Total**		**23**	**131**	**27**	**124**
of which:					
non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary					

There were no early retirements on ill health grounds during 2017/18. The table here lists early retirements on grounds of ill health for the previous two years.

		2016/17	2015/16
No. of early retirements on grounds of ill health		**3**	4
Cost of early retirements on grounds of ill health (£000)		**165**	149

Compliance with the NHS Foundation Trust Code of Governance

The purpose of the Foundation Trust Code of Governance is to assist Foundation Trust Boards in improving their governance practices by bringing together the best practice of public and private sector corporate governance. The Foundation Trust Code of Governance can be found on the NHS Improvement website, at https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance

The Code requires Foundation Trusts to:

- Make certain information publicly available, either on the Foundation Trust's website or on request. The Trust provides such information both through its website, and via its Freedom of Information Act Publication Scheme. The Trust is therefore fully compliant with these requirements of the Code.

- Confirm to Governors that where a Non-Executive Director seeks re-appointment, his/her performance continues to be effective. The Trust provides Governors with annual summary appraisal information in respect of each Non-Executive Director, including the Chair, and this information is reprised in reports to the Council of Governors accompanying a resolution about the re-appointment of the Non-Executive Director.

- Provide biographical and other relevant information to members to enable them to make an informed decision about any Governor seeking election or re-election. The Trust uses an external organisation to manage Governor elections, and is fully compliant with this provision of the Code.

- Make clear within their annual reports where compliance with the Code has not been achieved.

The Code of Governance also requires Foundation Trusts to provide some supporting explanation within the annual report to demonstrate compliance with certain provisions of the Code, or the Foundation Trust Annual Reporting Manual (FT ARM) and these are set out below. To avoid duplication, where the information required by the Code is already provided elsewhere in the annual report, a reference to its location is given to avoid unnecessary duplication.

Reference	Code of Governance requirement	Trust response
A.1.1	The schedule of matters reserved for the Board of Directors should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved. The annual report should include this schedule of matters or a summary statement of how the Board of Directors and the Council of Governors operate, including a summary of the types of decisions to be taken by the Board and the Council of Governors and which are delegated to the executive management of the Board of Directors.	The Trust's Scheme of Delegation sets out the roles and responsibilities of the Board of Directors, its Committees, the Council of Governors and executive management. Any disputes between the Board and the Council are resolved in accordance with the procedure set out in the Trust's constitution, whereby the Trust Chair will seek to resolve the matter in the first instance. Where this cannot be achieved, the matter may be escalated to a special joint committee of Governors and Directors, or as a final step, referred to an external mediator. Details of how the Board and the Council of

		Governors operate are given in pages 43-45 of this Annual Report.
A.1.2	The annual report should identify the chairperson, the deputy chairperson (where there is one), the chief executive, the senior independent director (see A.4.1) and the chairperson and members of the Appointments and Terms of Service, and Audit committees. It should also set out the number of meetings of the Board and those committees and individual attendance by directors.	This information can be found on page 33 of the Annual Report
A.5.3	The annual report should identify the members of the Council of Governors, including a description of the constituency or organisation that they represent, whether they were elected or appointed, and the duration of their appointments. The annual report should also identify the nominated lead governor.	This information is set out on page 41 of the Annual Report
FT ARM	The annual report should include a statement about the number of meetings of the Council of Governors and individual attendance by Governors and Directors	This information is set out in pages 38-45 of the Annual Report
B.1.1	The Board of Directors should identify in the annual report each non-executive director it considers to be independent, with reasons where necessary.	This information is set out in pages 33-35 of the Annual Report
B.1.4	The Board of Directors should include in its annual report a description of each director's skills, expertise and experience. Alongside this, in the annual report, the Board should make a clear statement about its own balance, completeness and appropriateness to the requirements of the NHS foundation trust.	This information is set out in pages 35-36 of the Annual Report
FT ARM	The annual report should include a brief description of the length of appointments of the non-executive directors, and how they may be terminated	This information is set out in pages 38-40 of the Annual Report
B.2.10	A separate section of the annual report should describe the work of the Appointments & Terms of Service Committee, and the Governors' Nomination & Remuneration Committee, including the process each has used in relation to Board appointments.	This information is set out in pages 38-45 of the Annual Report
FT ARM	The disclosure in the annual report on the work of the Governors' Nomination & Remuneration Committee should include an explanation if neither an external search consultancy nor open advertising has been used in the appointment of a chair or non-executive director	This information is set out in pages 38-45 of the Annual Report
B.3.1	A chairperson's other significant commitments should be disclosed to the Council of Governors before appointment and included in the annual report. Changes to such commitments should be reported to the Council of Governors as they arise, and included in the next annual report.	This information is set out on page 33 of the Annual Report. Interests are disclosed to the Council of Governors as part of the appointments process for Non-Executives,

		and the declaration of interests is a standing agenda item at Council of Governors' meetings.
B.5.6	Governors should canvass the opinion of the trust's members and the public, and for appointed governors the body they represent, on the NHS foundation trust's forward plan, including its objectives, priorities and strategy, and their views should be communicated to the Board of Directors. The annual report should contain a statement as to how this requirement has been undertaken and satisfied.	The Council of Governors has had the opportunity to comment on the annual service plan on behalf of the Trust's members, public, and key stakeholders. Feedback was taken into account when compiling the final versions of each document, and built on a number of Governor-led engagement events that have taken place during the year, enabling Governors to seek feedback from members and the public.
FT ARM	If during the financial year the Council of Governors has exercised its power under Paragraph 10C of Schedule 7 of the NHS Act 2006 (to require a director to attend a meeting of the Council of Governors) then information on this must be included in the annual report.	Not relevant. This power has not been exercised.
B.6.1	The Board of Directors should state in the annual report how performance evaluation of the Board, its committees, and its directors, including the chairperson, has been conducted.	The Board evaluates its own performance after each meeting. Committees each produce an annual report for the Board, setting out how they have performed against their terms of reference. Committee remits have been reviewed through the year to ensure appropriate focus and alignment to strategic priorities, and reduce potential duplication of effort. Directors are subject to annual performance appraisals; for Non-Executive Directors, Governors are invited to contribute through a 360^{O} feedback process. Non-Executive Director appraisals are presented in summary form to the Governors' Nomination & Remuneration Committee.
B.6.2	Where there has been external evaluation of the Board and/or governance of the Trust, the external facilitator should be identified and a statement made as to whether they have any other connection with the trust.	Not relevant. No externally facilitated evaluation has taken place during the year. As part of its inspection of the Trust, the Care Quality Commission undertook a

		Well-Led inspection in March 2018, which is referred to in pages 107 of the Quality Report.
C.1.1	The directors should explain in the annual report their responsibility for preparing the annual report and accounts, and state that they consider the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the NHS foundation trust's performance, business model and strategy. There should be a statement by the external auditor about their reporting responsibilities. Directors should also explain their approach to quality governance in the Annual Governance Statement (within the annual report).	This information is set out in pages 69 -214 of the Annual Report
C.2.1	The annual report should contain a statement that the Board has conducted a review of the effectiveness of its system of internal controls.	This information is set out in the Annual Governance Statement on page 69 of the Annual Report
C.2.2	A trust should disclose in the annual report: (a) if it has an internal audit function, how the function is structured and what role it performs; or (b) if it does not have an internal audit function, that fact and the processes it employs for evaluating and continually improving the effectiveness of its risk management and internal control processes.	This information is set out in pages 70-79 of the Annual Report
C.3.5	If the Council of Governors does not accept the audit committee's recommendation on the appointment, reappointment or removal of an external auditor, the Board of Directors should include in the annual report a statement from the audit committee explaining the recommendation and should set out reasons why the Council of Governors has taken a different position.	Not relevant. The Audit Committee has not made a recommendation regarding the appointment, reappointment or removal of the external auditor during the reporting year.
C.3.9	A separate section of the annual report should describe the work of the Audit committee in discharging its responsibilities. The report should include: • the significant issues that the committee considered in relation to financial statements, operations and compliance, and how these issues were addressed; • an explanation of how it has assessed the effectiveness of the external audit process and the approach taken to the appointment or re-appointment of the external auditor, the value of external audit services and information on the length of tenure of the current audit firm and when a tender was last conducted; and • if the external auditor provides non-audit services, the value of the non-audit services	This information is set out on page 38 of the Annual Report

	provided and an explanation of how auditor objectivity and independence are safeguarded.	
D.1.3	Where an NHS foundation trust releases an executive director, for example to serve as a non-executive director elsewhere, the remuneration disclosures of the annual report should include a statement of whether or not the director will retain such earnings.	This information is set out in pages 46-51 of the Annual Report
E.1.5	The Board of Directors should state in the annual report the steps they have taken to ensure that the members of the Board, and in particular the non-executive directors, develop an understanding of the views of governors and members about the NHS foundation trust, for example through attendance at meetings of the Council of Governors, direct face-to-face contact, surveys of members' opinions and consultations.	This information is set out in pages 43-44 of the Annual Report
E.1.6	The Board of Directors should monitor how representative the NHS foundation trust's membership is and the level and effectiveness of member engagement and report on this in the annual report.	This information is set out in pages 27-29 of the Annual Report
E.1.4	Contact procedures for members who wish to communicate with Governors and/or Directors should be made clearly available to members on the Trust website and in the annual report	This information is set out in pages 215 of the Annual Report and is available on the Trust website
FT ARM	The annual report should include: • a brief description of the eligibility requirements for joining different membership constituencies, including the boundaries for public membership; • information on the number of members and the number of members in each constituency; and • a summary of the membership strategy, an assessment of the membership and a description of any steps taken during the year to ensure a representative membership [see also E.1.6 above], including progress towards any recruitment targets for members.	This information is set out in pages27-30 of the Annual Report
FT ARM	The annual report should disclose details of company directorships or other material interests in companies held by governors and/or directors where those companies or related parties are likely to do business, or are possibly seeking to do business, with the NHS foundation trust. As each NHS foundation trust must have registers of governors' and directors' interests which are available to the public, an alternative disclosure is for the annual report to simply state how members of the public can gain access to the registers instead of listing all the interests in the annual report.	This information is set out on page 45 of the Annual Report

[2]gether NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Paul Roberts,
Chief Executive **25 May 2018**

NHS Improvement's Single Oversight Framework

The Single Oversight Framework provides the basis for overseeing NHS providers and identifying potential support needs. It has five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well-led)

Based on information from these themes, providers are given a segmentation or grading from 1 to 4. A '4' reflects providers who receive the most support, and a '1' reflects providers who have the most independence. A Foundation Trust will only be graded '3' or '4' if it has been found to be in breach or suspected of breaching its licence.

The Single Oversight Framework was introduced in Quarter 3 of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and the first two quarters relating to RAF has not been included in this report, as the basis or accountability was different. This is in line with NHS Improvement's guidance for annual reports.

2gether's Segmentation

As of April 2018, we are currently in segment '2'. The most up-to-date segmentation information for our Trust can be found on the NHS Improvement website.

Finance and Use of Resources

The finance and use of resources theme is based on the scoring of five measures from '1' to '4' where '1' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall financial score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	2	2	2	2	2	2
As above	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	2	2	2	2	1	2
Financial controls	Distance from financial plan	2	2	2	2	1	1
Financial controls	Agency spend	2	3	3	3	4	4
Overall scoring		2	2	2	2	3	3

Statement of Chief Executive's Responsibilities as the Accounting NHS Officer of 2gether NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require 2gether NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. 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 Department of Health and Social Care's Group Accounting Manual and in particular to:

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual* (and the *Department of Health and Social Care Group Accounting Manual*) have been followed, and disclose and explain any material departures in the financial statements
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

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 them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and 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. The accounting officer is also responsible for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

Paul Roberts,
Chief Executive

Date: 25 May 2018

Annual Governance Statement

1. Scope of responsibility

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

2. The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of [2]gether 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 [2]gether NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the Annual Report and accounts.

3. Capacity to handle risk

To support the Trust's Board and myself as Accounting Officer, the Board has in place:

- A Governance Committee of Executive and Non-Executive Directors which receives assurance on 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 and internal control.
- A Delivery Committee of Executive and Non-Executive Directors and supported by Service Directors, that receives assurance on operational performance management including economy, efficiency and effectiveness
- A Mental Health Legislation Scrutiny Committee of Executive and Non-Executive Directors that receives assurance on the measures in place to ensure the Trust's continued compliance with the Mental Health Act, Mental Capacity Act, Human Rights Act and associated codes of practice.
- A Development Committee of Executive and Non-Executive Directors that receives assurance on engagement and business development matters, and works with other Committees to ensure ongoing monitoring of business plan implementation and performance, and ongoing management of business case risks
- A Charitable Funds Committee of Executive and Non-Executive Directors that oversees the management, in accordance with Charity Commission requirements, of funds held on trust by the Board of Trustees.

These committees, chaired by Non-Executive Directors, are directly accountable to the Board and report to it. Committees are subject to regular review of membership and objectives to ensure that they remain sufficiently focussed on relevant quality, performance and financial risks and to further improve coordination between Committees in their support of the Board.

In addition to the Committees outlined above, an Executive Committee comprising Executive Directors is the executive decision-making body of the Trust and is accountable to the Trust Board for enacting the Trust's strategic priorities.

Lead Executive Directors have been identified for Clinical Governance and Patient Safety, Service Delivery, Finance, Risk Management, Mental Health Act and Mental Capacity Act compliance, Infection Prevention and Control, Safeguarding Children and Vulnerable Adults, Security, Service User

Experience, Engagement and Integration, Health and Safety, Workforce and Organisational Development. They provide leadership for the management of the risks presented. The arrangements listed above enabled the Trust to maintain sound internal control during an extended period of absence on the part of the Chief Executive during the year.

The Trust has in place a number of policies and procedures designed to ensure the safety of its staff. These policies are supported by a suite of statutory and mandatory training which includes training to enable good quality care to be delivered in our inpatient units and community services while ensuring that both staff and service users are able to remain safe. Delivery of statutory and mandatory training is monitored by the Delivery Committee, and incidents involving injury to or aggression towards staff are recorded and scrutinised on a quarterly basis by the Governance Committee to identify areas for procedural or policy improvement and ensure that learning is disseminated throughout the organisation.

To help minimise the number of incidents and ensure risks are appropriately controlled, all new staff are required to attend corporate induction training prior to commencing employment with the Trust, and to undertake a local induction during their first week in the work place. For all 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 Trust takes steps to seek out and learn from good practice in terms of the management of risk. This includes compliance with guidance issued by the Department of Health, NHS Improvement, the Care Quality Commission and other regulatory bodies. The Trust's active leadership and participation in the South of England Safety Improvement in Mental Health Programme enables the Trust to share and learn from good practice in terms of clinical risk management. The Trust receives regular bulletins from its legal advisers outlining sector developments and good practice, including in terms of risk management. The Trust receives sector development reports from its External Auditor which also highlight relevant guidance in terms of risk management. The Trust also agrees and implements actions arising from Internal Audit reports, and reviews incidents to ensure that lessons are captured and implemented in the organisation.

4. **The risk and control framework**

Through meetings, reports and correspondence, the Chair, Directors and Chief Executive have regularly exchanged information about risks with NHS Improvement, the Care Quality Commission and our partners including Clinical Commissioning Groups, Gloucestershire County Council, and Herefordshire Council. Whenever possible and appropriate the Trust works jointly with these partners to manage risks. Representatives of Gloucestershire and Herefordshire Clinical Commissioning Groups attend the Governance Committee as observers, enabling them to contribute to and take assurance from the Trust's approach to the management of clinical and quality risks.

Risk management principles and practical 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 framework. The framework is underpinned by policies, procedures and guidance documentation that contribute to the management and control of risk. The framework 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 are 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.

The Risk Management framework sets out a process for the assessment and prioritisation of risks and describes the level at which risks may simply be 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 framework:

- **An Assurance Framework** - The framework approved by the Board now uses an assurance mapping approach to identify and monitor high-scoring risks to the Trust's principal objectives, and assess the sources and levels of assurance in respect of each risk.

  The assurance map comprises all high scoring risks in the corporate risk register, and includes the Board's 'Top 5' risks regardless of their current risk score. Based around the '3 lines of defence' model of risk management which is considered best practice, the assurance map highlights both sources of and gaps in assurance, and thus allows the Board and the Audit Committee to identify risk areas which may benefit from further examination and assurance. Taken together with regular reviews of the corporate risk register by the Board and its Committees, the assurance map provides a comprehensive picture of the risks to the Trust's strategic priorities, and the mitigation in place to address those risks. The Audit Committee reviews the information provided by the assurance map on a quarterly basis on behalf of the Board, which itself reviews the assurance map twice each year. Further quarterly scrutiny of the assurance map is provided by me as the Accounting Officer and by the Trust's Executive Committee.

- **Risk Management** - The Board determines the Trust's appetite for risk as part of the process for setting and regularly reviewing the Trust's strategy in the light of the prevailing economic outlook. This approach ensures that corporate and operational risks are mitigated as fully as possible through regular reviews of the risk register and assurance map, while indicating how much, or little the Trust wishes to commit in terms of risk when reviewing service changes or investment.

  A Board review of risk management in April 2016 increased understanding of the Trust's risk profile and included a review of the Trust's risk appetite, the provision of appropriate challenge at Locality Governance committees in respect of risks graded just below the threshold for inclusion in the Board's assurance map, and embedding the 'Three Lines of Defence' model of risk management within an updated risk management framework. The review identified the 'Top 5' strategic risks which may hinder the achievement of the Trust's objectives. The Executive Committee reviews these 'Top 5' risks regularly, and these are subject to change as existing risks are mitigated or closed, and other risks assume a higher profile.

  Each strategic and corporate risk identified by the Trust is assigned to an appropriate Committee of the Board for oversight and assurance that risks are being robustly managed. This means, for example, that the Board's Development Committee provides oversight of business development and engagement risks by ensuring that these risks are properly identified, assessed and mitigated; the Delivery Committee provides similar oversight in relation to performance risks, with the Governance Committee addressing safety and quality risks. The Audit Committee receives aggregated assurance on all corporate and strategic risks on a quarterly basis, enabling the Committee to provide robust challenge in respect of mitigation in place, and assurance to the Board.

  The Trust uses a number of methods to identify potential risks and learning opportunities affecting external stakeholders. These include the Trust's procedures for raising Complaints, Comments and Concerns, the national Patient Survey, and local Friends and Family Test processes. The Trust also participates in multi-agency safeguarding procedures to ensure that safeguarding risks are appropriately and promptly managed. Governors have access to the risk register and may raise concerns with the Board on behalf of their stakeholders and communities.

  A Local Security Management Specialist appointed by the Trust oversees the safety and security of the Trust's property and assets. In accordance with guidance from the Secretary of State, the Trust has maintained a Counter Fraud Service during the year.

Mitigating actions are in place for those areas where the Trust relies on single points of expertise.

A template for Board and Committee reports is in place to standardise the format of reports and ensure that both assurance and risks are highlighted within the executive summary. A common definition of each level of assurance has also been provided in guidance to report authors to ensure consistency. Committee summary reports to the Board include a structured reporting framework that provides the Board either with assurance that mitigation is in place or highlights areas where there may be a lack of assurance and in this case, lists the proposed actions to address this. Committee agendas include a standing item to identify any matter requiring inclusion in the Trust's corporate risk register. This has assisted in the identification of a number of risks throughout the year, for which mitigating actions have been put in place.

- **Risk Register -** 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. Locality risk registers are reviewed by Locality Boards each quarter, and the corporate risk register is reviewed quarterly by the Audit Committee, which reviews management responses to risks and decisions relating to the Trust's risk appetite. The Board also reviews the corporate risk register every 6 months. Committees receive updates every quarter in respect of specific risks assigned to them. Risk registers are also in place to enable the capture and review of risks at a more granular level, for example by wards and teams.

- **Risk Dashboard** - This document is produced by the Risk Manager each quarter for the Executive 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), and determine the level of assurance relating to each risk and the mitigating actions.

- **Risk Rating/Grading System** – This assists the Board, managers and staff in deciding priorities and highlighting areas which need particular attention. The use of a 5x5 impact/likelihood matrix enables risks to be graded consistently.

- **Authority to treat risks** – This is delegated to the lowest competent level to ensure prompt and effective action is taken without bureaucratic delays.

- **Incident Reporting -** The Trust expects all incidents to be reported via the Trust's web-based incident and risk reporting 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. 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.

- **Conflict of Interests Policy –** A policy is in place to enable the Trust and its staff to manage conflicts of interest. The policy, designed to implement guidance issued by NHS England during the year, replaced a previous Business Conduct policy but retained those provisions relating to interests, gifts and hospitality which are more stringent than those required by the NHS England guidance. Those elements of the policy relating to Directors and Governors have also been incorporated into the Trust's constitution to provide a sound footing for the open, honest and transparent management of potential conflicts.

- **Whistle-blowing Policy** – A policy is in place to enable staff to report any suspected malpractice, danger or wrongdoing without fear of unwarranted repercussions. To complement the Whistle-blowing Policy, the Trust has introduced 'Speak in

Confidence', a web-based system enabling staff to have an anonymous and confidential dialogue about issues that they may be concerned about, with a manager of their choice. The Trust will continue to review the national guidance and consider the impact of this on our local processes. A Freedom to Speak Up Guardian has also been appointed and works alongside our designated dignity at work officers and trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

- **Performance Management** – The Trust has robust processes in place to ensure that it is able to manage performance at team, locality and corporate level, and report accurately to the Trust Board and to the Trust's commissioners. Operational performance is managed 'on the ground' by Service Directors in Localities who meet regularly with their respective teams to discuss performance. Localities' services are supported by a corporate Information Department which provides near real-time performance information that teams are able to use to identify risks to the achievement of performance targets. The Delivery Committee and the Board both receive detailed performance reports on a monthly basis which set out performance against local and national operational and contractual targets. These performance reports are subject to robust challenge, and are augmented by exception reports from Service Directors which flag any performance areas which are at risk of going off trajectory, and thus enable early remedial action to be taken.

  In addition to these operational performance measures, the Trust undertakes its own quality assurance reviews and audits on a frequent basis across all services. The Trust also seeks to accredit its services against national standards where relevant.

  The Trust takes advantage of a number of benchmarking opportunities which allows measurement of Trust service performance against local and regional comparators.

  Financial performance is closely monitored by the Trust Board at each meeting to ensure that financial plans are realistic and achievable, and that savings and expenditure plans are realised in accordance with the Trust's agreed financial strategy and its external financial obligations.

  Emergency Preparedness – The Trust has systems, processes and capabilities in place to ensure that services can continue to be provided in an emergency situation. The Trust is required to demonstrate its ability to adapt to variations in demand throughout the year, with particular emphasis placed on risks to service continuity in the local health system in the winter period between November and March. Those risks include staffing availability, severe weather, service pressures, increased demand on services, and bed availability. The Trust's Operational Resilience and Capacity Plan and Pandemic Flu Action Plan represent two core aspects of the assurance process for emergency preparedness. Before being submitted to Gloucestershire and Herefordshire Clinical Commissioning Groups annually as part of the health system assurance process, both plans are subject to scrutiny both by the Executive Committee and by the Board's Delivery Committee to ensure not only that the Trust's own services are prepared, but that the Mental Health Liaison Service in particular is able to support the local health economy in maintaining patient flows within acute hospitals. In addition to routine winter planning, the Trust's systems, processes and capabilities are subject to regular testing through management of real incidents, internal Trust and multi-agency exercise, to ensure that the Trust has adequate capacity, systems and expertise to effectively; anticipate and prepare for, prevent, respond and adapt to, and recover from a range of incidents/emergencies in order to:

    - Prevent harm to service users, staff and visitors to the Trust

- Prevent/limit damage to the property and infrastructure that supports the services provided by the Trust
- Maintain continuity of critical service provision
- Ensure the Trust complies with its statutory and legislative duties as a healthcare provider.

Plans for and outcomes of these tests are reported to the Delivery Committee.

Risks to business continuity, particularly in respect of clinical and other IT systems are also captured in the Trust's annual Information Governance Toolkit return, and on Information Asset Registers which are completed by each team and service on an annual basis, with assurance on the completeness of those registers being provided to the Information Governance Committee.

- **Clinical Audit and Assurance Processes** – The Trust regards clinical audit and clinical assurance processes as important tools in promoting the adoption of clinically effective practice and is committed to maintaining an effective programme of review which includes participating in national audits.

- **Internal Audit** – The integrity of the Trust's arrangements for both general and financial management and control is a fundamental requirement of sound risk management. The Trust actively commissions a comprehensive programme of internal audit designed to provide assurance on the main risks of the Trust, and responds positively to the auditor's findings and recommendations.

  A full programme of internal audit reviews was completed for the year ending 31 March 2018, with findings graded as high, medium or low risk as appropriate. No critical risks were reported and no reports were graded as high risk overall. Following the receipt of a high risk review in 2016/17 regarding procurement processes, the Trust has implemented a comprehensive action plan and training programme with Financial Shared Services to address the recommendations within that review. A subsequent review of procurement process carried out during 2017/18 resulted in a low risk finding. The Trust's Audit Committee continues to monitor progress, to provide assurance that improvements have been embedded.

- **Health and Safety** – Compliance with health and safety legislation and internal policies is central to the welfare of staff and service users. There is an annual health and safety programme and risk assessments are carried out based on priority. A programme of training and audits to assess compliance with health and safety regulations, codes of practice and procedures is maintained and monitored by the Delivery and Governance Committees, each of which report to the Board on a monthly basis. The Governance Committee pays particular attention to health and safety, security, and fire compliance training, and receives quarterly assurance reports on these issues.

- **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. The Trust has a Key Performance Indicator for statutory and mandatory training in order to monitor compliance. A five-year training strategy and a workforce strategy were approved by the Board during 2016 These strategies are aimed at developing our workforce and ensuring we have in place well trained and well led staff, in the right place, at the right time and in the right numbers, to deliver the Trust's strategic priorities. An Allied Health and Psychological Professions strategy, approved by the Board during the year, seeks to apply the principles of these more generic strategies in order to achieve an outstanding Allied Health and Psychological professions service delivered by skilled, energised, and compassionate people.

- **Quality Governance** – The Trust has robust arrangements in place to monitor and improve the safety, experience and effectiveness of care provided to those who use our services, to support delivery of NHS Improvement's Quality Governance Framework, and to provide the Board with evidence which in turn enables the Board to make an informed declaration of compliance to NHS Improvement as and when required.

  Quality is a central element of the Trust's vision and values, organisational strategy, and annual business plan. Together with the Quality Report, these mechanisms enable the Board to take assurance that quality governance is embedded into the organisation. The Board is supported in identifying risks to quality through the work of its committees, notably the Governance Committee which reviews quality matters on a bi-monthly basis, is constantly challenging of what we can do to continuously improve, and reports to the Board on these issues. The Governance Committee is supported by a monthly Quality and Clinical Risk sub-committee, which undertakes detailed scrutiny of safety and quality issues and provides onward assurance to the Governance Committee. The Audit Committee also considers quality and the governance processes associated with it, and is supported by a programme of internal audits. Aspects of quality which are considered to be higher risk are included in the clinical audit and assurance programme, with action plans arising from these audits being monitored by the appropriate committee to ensure implementation and delivery of the intended outcome. Care Quality Commission outcome standards are allocated to specific directors, and both the Board and the Governance Committee receive regular reports on CQC Compliance. The Trust is fully compliant with the registration requirements of the Care Quality Commission.

  Board agendas include a number of standing items relating to quality, including reports on Patient Safety and Serious Incidents, Quality Report monitoring, Service Delivery and Service Experience reports. The Board uses checklists based on the Burdett Trust's report 'Sustaining Quality during Turbulent Times' to ensure that all relevant quality issues have been identified and adequately reviewed. A comprehensive monthly performance dashboard provides timely monitoring information on all quality targets, and data assurance processes are in place to ensure that quality information presented to the Board is robust.

  Following the publication of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report), and the subsequent report by Professor Don Berwick 'A promise to learn – a commitment to act: Improving the safety of patients in England' the Trust instigated a comprehensive and ongoing programme of engagement in order to identify and embed learning. Monitoring of the resulting detailed action plans takes place through a People Committee structure with 4 work streams led by Trust staff covering Staff Engagement, Culture, Workforce Planning, and Training and Development. Progress is monitored by the Executive and Delivery Committees, with the Governance Committee receiving regular updates on progress against an overall high-level action plan. The Governance Committee receives regular updates on safe staffing levels in inpatient wards.

  During 2016/17 the Board and Council of Governors concluded a joint development programme designed to improve quality by enabling both bodies to work more effectively together. The programme produced a number of outputs comprising a team charter, a revised role description which clarified the Governors' role, a revised process for Governor induction, and a template for evaluating each Council of Governor meeting. These outputs are now part of normal business for the Council of Governors and the Board.

  The Medical Director and Director of Quality take the executive lead for quality, working closely with the Chief Executive and other Directors, and for (together with

the Director of Engagement and Integration and the Director of Finance and Commerce) assessing Quality Impact Assessments in respect of every cost improvement programme to ensure that adverse safety impacts are avoided and adverse quality impacts other than safety are mitigated. The Director of Engagement and Integration is the lead Executive for service experience and complaints. The Board takes an active leadership role in quality in order to promote a quality-focused culture throughout the Trust, and Board members participate in a regular programme of service visits and patient safety walkabouts. The organisation is structured to enable quality accountability in appointed Clinical Directors, Heads of Profession, and Lead Nurses. A Quality Management Team provides support in embedding this quality culture and ensuring that learning is captured from complaints, incidents and other initiatives.

In March 2017, the National Quality Board published its *National Guidance on Learning from Deaths: a Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care*. This guidance set out mandatory standards for organisations in the collecting of data, review and investigation, and publication of information relating to the deaths of patients under their care.

During the year the Trust has put in place a policy of Learning from Deaths in Care, and the Trust Board receives a quarterly dashboard report at a public meeting, setting out relevant data on deaths in care and learning actions taken as a result. The Trust will publish an annual overview of this information in its Quality Accounts from June 2018 onwards.

During the year the Trust participated in a number of initiatives which demonstrate the Trust's commitment to clinical continuous improvement. These included:

- West of England Academic Health Scientific Network Patient Safety Collaborative
- National Early Warning Scores system (NEWS)
- NHS Safety Thermometer
- The Q Initiative
- Patient Safety and Quality Improvement Academy
- Quality Service and Improvement Redesign
- Zero Suicide Collaborative
- South of England Patient Safety and Quality Improvement in Mental Health Collaborative

Each of these activities enables the identification of learning themes which can be implemented within the Trust and thus fits with our organisational aim to make life better for those who use the Trust's services.

The Trust actively engages with patients, staff and other key stakeholders on quality; the Quality Report and public Board papers are published, and quarterly updates on the Quality Report are shared with stakeholders such as Clinical Commissioning Groups, Healthwatch, and Health & Social Care Overview and Scrutiny Committees, and feedback is encouraged. The Board receives a 'patient story' presentation at each meeting in public, providing an opportunity for the Board to hear first-hand service users' experience of the Trust's services. The Council of Governors' agenda also includes a standing item on service and quality issues, and there is active development of patient and carer experience through the Director of Engagement and Integration. Regular surveys of service users inform the quality debate and help to ensure quality of service.

- **Review and Assurance** – Each level of management, including the Board, frequently reviews the risks and controls for which it is responsible. These reviews are

monitored by and reported to the next level of management and the results recorded on the risk register. Any need to change priorities or controls is either actioned or reported to those with authority to take action. Lessons that can be learned, from both successes and failures, are identified and disseminated to those who can gain from them by the Assistant Director of Governance & Compliance or the Risk Manager. The Board ensures an appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control.

- **Information Governance** – The Trust maintains a number of systems and processes to ensure that all information, but particularly person-identifiable information, is kept safe, accurate and only shared with appropriate authority.

  The Trust has appointed, at Board level, a Caldicott Guardian and a Senior Information Risk Officer to oversee this area of risk. The Trust self-assessed at Level 2 in NHS Digital's Information Governance Toolkit, and is committed to maintaining full compliance with the Information Governance Toolkit standards by tracking information flows, auditing compliance with relevant policies and procedures, raising the awareness of staff, training, and improving the Trust's information technology infrastructure.

  The Trust has implemented a range of solutions to ensure information is managed securely and to prevent the theft or accidental loss of information, including secure port control so that data can only be downloaded to approved encrypted media. All laptops and other portable IT equipment are fully encrypted before they are distributed and all staff have access to network shared drives to remove the need to store information locally on a PC. Information governance training is given to all new staff at corporate induction. Information governance refresher training forms part of the Trust's suite of mandatory training, and must be completed by all staff on an annual basis. Training has also been provided to Information Asset Owners throughout the Trust to enable the completion of revised Information Asset Registers which capture the flows of patient-identifiable information through the Trust and provide assurance that where appropriate, information sharing agreements are in place and regularly monitored so as to provide a legal basis for the sharing of such information. The Trust has reported to the Executive, Governance and Audit Committees during the year on its work to prepare the organisation for the implementation of new data protection and security laws during 2018.

  The Trust has signed up as an early adopter of NHS Digital's CareCERT programme which provides access to tools and resources to strengthen data security. The Trust also receives regular CareCERT Cyber Security Bulletins from NHS Digital which identify the latest cyber security threats, and ensures, through its membership of the cross-organisational IT Security Panel that mitigating actions in respect of these threats are put in place by Countywide IT Services who provide IT network services to ^{2}gether and other trusts. The Trust is also an active member of the Gloucestershire Information Governance Group, comprising health economy and local authority partners, which aims to promote information security and the lawful sharing of information where appropriate. The Trust's cyber security processes and systems meant that it was not impacted by the WannaCry ransomware attack that affected many organisations in May 2017.

  At the request of the Trust, Internal Audit conducted a phishing exercise during the year designed to entice a sample group of employees into following a malicious link hosted on an internal audit-owned domain. The review was rated as medium risk overall, but produced one high risk finding around information security awareness by employees. Simplified cyber security guidance has been developed and publicised to staff through newsletters, and via wallpaper on Trust computers which promotes greater awareness of the need for good cyber security.

The Trust is a partner in Gloucestershire's Joining Up Your Information (JUYI) initiative, which seeks to enable shared access to relevant patient information held on clinical systems across partner organisations in order to support the delivery of safe, effective and collaborative care. The Trust is an active partner on cross-organisational information governance groups which ensure that information sharing takes place lawfully, and that robust information security procedures and policies are in place to ensure the security of and appropriate access to this sensitive personal information.

The Trust actively encourages the reporting of information governance incidents and near misses. These are investigated internally where it is appropriate to do so, and incident trends and themes are reported to and reviewed by the Information Governance and Health Records Committee (a sub-committee of the Board's Governance Committee comprising Information Asset Owners from across the Trust) to ensure that learning is appropriately cascaded throughout the organisation. The Trust has had no incidents categorised as level 2 on the Information Governance Incident Reporting Tool during the year.

- **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 which represents the interests of constituents and members of the public, and holds the Trust's Non-Executive Directors to account for the performance of the Board. The Trust has developed an Engagement and Communication strategy which will improve still further its communication and engagement with stakeholders. The Trust is also a member of the Gloucestershire Social Partnership Forum, which provides an established route for local health and social care employers to engage with and involve local and regional trades unions.

  The Duty of Candour is considered in all the Trust's serious incident investigations, and we include service users and their families and carers in this process to ensure that their perspective is taken into account. We provide feedback to service users, families and carers on conclusion of each investigation. The Trust is a participant in the Triangle of Care programme, a national scheme bringing carers, service users and professionals together to offer support to adult and young carers.

- **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's Mental Health Legislation Scrutiny Committee ensures the rights of detained patients are properly safeguarded. The Director of Organisational Development is the Trust's lead for human rights.

- **Equality and Diversity** - Supporting its work on human rights the Trust utilises the NHS Equality Delivery System as the basis for ensuring it meets its legal obligations under the Equality Act 2010. Feedback obtained from service users, carers, volunteers, staff, partner agencies, volunteers and others enables the Trust to reduce health inequalities based on a protected characteristic, reduce stigma and discrimination and improve our working environment and employment practices. 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. Through the use of equality impact assessments the Trust makes reasonable adjustments to ensure people with protected characteristics have their rights secured and are provided with fair and appropriate access to high quality care. The Trust

published an annual Equality Statement as required by the Equality Act 2010, made its annual submission of data to the Workforce Race Equality Standard, and has continued to develop its commitment to equality this year by implementing changes to its service planning process and embedding the use of the Equality Delivery System into service delivery. The Trust encourages applications from under-represented groups for election as a Governor or appointment as a Non-Executive Director. The Trust was the first mental health NHS trust in the country to sign the Armed Forces Corporate Covenant, and in doing so has committed to the Covenant's two core principles:

- no member of the armed forces community should face disadvantage in the provision of public and commercial services compared to any other citizen; and
- in some circumstances special treatment may be appropriate, especially for the injured or bereaved.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Human Rights control measures are monitored by the Mental Health Legislation Scrutiny Committee through scrutiny of Key Performance Indicators regarding the Mental Health Act, Deprivation of Liberty Safeguards and Mental Capacity Act, and by scrutinising audits of compliance with requirements to ensure patients and their carers are informed and aware of their rights. The Delivery Committee receives an annual assurance statement outlining measures taken to meet the Trust's Public Sector Equalities duty in accordance with the Equalities Act 2010. The Trust published its Gender Pay Gap report in March 2018.

In addition to supporting the Trust's Risk Management Strategy, the structures, policies and procedures set out in this Annual Governance Statement also allow the Trust to address risks to compliance with the terms of its licence. One such risk is that the Trust's governance structures and reporting lines may not be sufficiently focussed to enable an appropriate level of oversight of the Trust's operations, management and control. The Trust takes a number of actions to mitigate this risk: The Trust's governance structures are subject to regular review to ensure that they remain fit for purpose and to maintain compliance with relevant legislation, licence conditions and good practice; Committee membership and responsibilities are regularly reviewed and revised where necessary to ensure continued oversight of performance standards; the remits of the Governance and Development Committees were reviewed in 2016/17 and changes agreed to their respective terms of reference in order to align these Committees' responsibilities more closely to the Trust's refreshed strategic priorities; the Governance Committee also established a sub-Committee which will focus on reviewing quality and clinical risk, thus providing additional assurance on these matters to the Governance Committee and thence to the Board; and the Executive Team has taken steps to add capacity in order to develop and deliver Sustainability and Transformation Plans and the Trust's internal transformation agenda, enabling Executive Directors to oversee the Trust's operations and exercise effective management and control, including managing risks to compliance with the conditions of the Trust's licence.

Alignment of Board and Committee dates where possible ensures that Committees provide appropriate challenge to management and onward assurance to the Board based on the latest available information. Committee administration processes support prompt and efficient referral of issues between Committees, and from Committees to the Board, Council of Governors and Locality Boards.

The Trust's Corporate Governance Statement also provides assurance to the Board that risks to compliance with the terms of its licence are being appropriately addressed. Before signing off its Corporate Governance Statement, the Board receives and reviews a detailed report summarising the evidence upon which the Board might rely in making each individual declaration within the Corporate Governance Statement. The Board also considers reports it has received through the year and takes account of the work undertaken through the year by its Committees in assessing the Trust's performance, overseeing compliance with relevant legislation, and ensuring the efficient, effective and economic operation of the Trust. The Council of Governors reviews and comments on the Corporate

Governance Statement, enabling the Board to take account of Governors' views when considering and approving the statement.

The Council of Governors provides a further layer of governance. As part of its joint development work with the Board, the Council of Governors has developed and implemented a revised process by which Governors are able to hold Non-Executive Directors individually and collectively to account for the performance of the Board, in accordance with its duty under the Health and Social Care Act 2012. This holding to account process provides a valuable additional layer of assurance to the Council of Governors, and to the Trust's members and the public about the performance of the Non-Executive Directors and the Board in general.

During the year the Board reviewed the Trust's strategy in the light of the changing local and national health economy. As a result of this review the Board and the Council of Governors both agreed that closer integration with a community physical health provider would provide a more sustainable and holistic service to the public. Consequently, the Trust announced its intention to combine its services and those of Gloucestershire Care Services NHS Trust under a single organisation, a process which will be undertaken in accordance with regulatory guidance. A joint working group with Executive and Non-Executive representation from both organisations has begun the process of identifying the governance structures which this combined organisation will require. Commissioners and NHS improvement have been kept fully apprised of our intentions, and the merger with Gloucestershire Care Services will be undertaken in accordance with the requirements of the transaction guidance issued by NHS Improvement late in 2017.

During the year the Trust has documented the risks associated with this proposed merger, and has put mitigation in place. Changes to the Trust constitution have been agreed by the Board and Council of Governors to enable the Council of Governors to appoint joint directors of the two Trusts, prior to completion of the merger at a future date. Accordingly the Council of Governors appointed a joint Chair from 1 January 2018, and also approved the appointment of a joint Chief Executive during the year. The Council of Governors has also appointed a further Non-Executive Director to provide additional oversight of the Trust while the merger process continues.

Key Risks

The Executive Committee identifies five overarching organisational risks which the Trust faces during the year and beyond. These 'Top 5' risks, which are each included in the corporate risk register, represent a significant risk to the achievement of the Trust's objectives during the reporting year and beyond. The Trust has mitigating actions in place for each of these risks, which at the end of the reporting year were:

That we fail to secure the workforce and evolve the organisational culture necessary to deliver our strategic objectives: To achieve the required transformation of services that will both support financially constrained local health partners, and provide better, more accessible services to patients, the Trust has to achieve a shift in culture to enable new models of service delivery to be developed and implemented.

The Trust is making a significant investment in organisational development and engagement with staff in order to develop change jointly wherever we can, and to do so in a transparent, open and honest way. A Leadership Forum has been established to provide a setting in which the wider Leadership Team can actively contribute to the Trust's purpose and help in identifying and achieving its key strategic objectives. A three-year organisational development programme is in place alongside an organisational committee structure which enables the Trust to manage internal engagement; both are subject to regular review. Service plans have been aligned to the Trust's strategic priorities. A technology and mobile working project board, including clinical representation, has been set up to identify and implement suitable enabling technologies in support of the Trust's Technology Strategy.

The Trust continues to review local terms and conditions to ensure these support a flexible and agile workforce and that supporting policies and procedures provide the framework for recruitment and retention. The Trust also has in place a comprehensive package of training and leadership

development to ensure our leaders understand the challenges and can support and manage their own teams to deliver sustainable services.

The Trust has collaborative, open and honest relationships with Staff Side representatives so that we can co-produce new ways of working, enhance our respective understanding of the challenges we collectively face and adopt an approach that enables us to deliver our strategic objectives.

That if the Trust spends above its agency control total set by NHS Improvement this will impact both on services and on the Trust's overall financial control total: Nationally there is a drive to obtain better value for money for the NHS in terms of agency staffing. As a result, NHS Improvement has introduced controls to reduce agency spend across the NHS. As part of these controls Trusts are required to utilise agency staff only from organisations that have been selected as part of a nationally agreed procurement framework agreement, and financial control totals have been introduced to limit the amount spent by each Trust on agency staff.

The Trust has set up a Temporary Staffing Project Board, led by the Director of Quality, to examine all aspects of temporary staff usage in order to assist the Trust in meeting its agency control total. Four work streams report in to the project board and are tasked with implementing a number of actions to better understand the reasons why agency staff are used, reduce the Trust's use of off-framework agencies, increase the use of the staff bank as an alternative to agency staff, improve the Trust's recruitment processes, and thus reduce the overall spend on agency staff. The Executive Committee oversees the agency staffing project as a whole, and reports regularly to the Trust Board on progress, while the Governance Committee reviews the safety and quality aspects of temporary staffing.

A number of specific measures have been put in place, including:

- A review of all agency spend, by staff group and service, including a detailed analysis of the reasons why nursing bank and agency shifts have been booked in order to find the best ways to control agency usage
- The introduction of an e-rostering system for staff working shifts to increase efficient deployment
- An upgrade to our Staffbank software to enable our bank workers to book bank shifts via mobile devices
- The establishment of a staff bank co-ordinator in Herefordshire to complement the existing arrangements in Gloucestershire and support the increase in bank workers in this locality
- A prominent campaign to increase the number of staff on the Trust staff bank to reduce the demand for agency staff
- the alignment of pay increments for substantive staff who also have bank worker contracts to ensure they are paid the same in equivalent roles.
- A change to the line management arrangements of the staff bank office to bring it under the responsibility of the Director of Organisational Development
- Attendance at national and regional recruitment fairs to help fill vacancies, and streamlining Trust recruitment processes to speed up recruitment
- Working with universities to offer new intake student nurses and Allied Health Professionals the opportunity to work bank shifts and receive a fixed rate monthly payment with a contractual arrangement to work during their holiday periods
- Providing weekly detailed agency and bank usage information to all ward managers
- Developing principles for and recruiting to peripatetic teams in Herefordshire and Gloucestershire to provide a first line response to fill last minute shift gaps to avoid use of agency staff.
- Progressing the establishment of a medical staff bank

These measures have enabled the Trust to analyse, better manage, create wider understanding and ownership and reduce its agency expenditure in 2017/18 by in excess of £1m compared to expenditure in 2016/17. Focus will continue to be applied to the reduction of agency staffing costs until the Board can be confident not only that regulatory control totals have been achieved, but that measures taken to achieve this are fully bedded in and part of "business as usual".

Our inability to recruit successfully in the Trust can lead to serious issues with service delivery during and after hours [i.e Medical and Non-Medical Staff]: Changes to the way in which Deaneries offer junior doctor placements have led to a reduction in the number of trainees taking up placements with the Trust. This has meant that there is a lack of consistency in filling junior doctor places, which in turn compromises the Trust's ability to provide medical on call rota cover in Inpatient areas.

The Trust has reached an agreement with the Deanery which will reduce the risk to the Trust by enabling trainees to take up a placement with one provider in their first year, and then to transfer to another provider in their second year. The Trust is also developing a range of other measures, for example reimbursement of travel and accommodation expenses, which will further increase the attractiveness of the Trust to new trainees.

The Trust's Director of Medical Education maintains oversight of trainee placement issues, and reports regularly to the Executive Committee on the issue and on the efficacy of mitigating measures.

For Consultant staff we have piloted and implemented a flexible 'retire and return' scheme, which has benefited the organisation by retaining the skills and services of five consultants during 2017/18. We plan to roll this out to other staff in 2018/19.

There are in addition a number of qualified nursing vacancies across inpatient sites - particularly within Herefordshire. Current gaps are filled with temporary staff - bank and agency - in order to meet the fill rates.

The Trust has implemented or is in the process of implementing a number of actions to address this situation. These include:

- recruitment of 3rd year students to fill vacancies once they qualify;
- working together with Health Education England to introduce innovative and alternative roles
- exploring options to recruit Allied Health Professionals to wards to increase levels of registered practitioners.

A nursing summit has been held and has identified a number of further actions. Both the Executive Committee and the Governance Committee maintain oversight of this risk and the actions put in place to mitigate the risk.

That if the Trust's Cost Improvement Plan is not delivered there is a significant risk that the Trust will not meet its overall financial control total: Achievement of the Trust's financial control total for the year is dependent upon the delivery of a challenging Cost Improvement Programme. The Trust has a range of measures in place to mitigate the risk that this Cost Improvement Plan is not delivered in full.

A detailed review and debate on the 2017/18 CIP took place as part of the Executive Committee's review of the overall 2017/18 Financial Plan. Although financially challenging, the CIP saving target for 2017/18 has been fully identified. Delivery of the CIP is monitored on an ongoing basis by the Executive Committee, where it forms a standing agenda item on the Executive Committee agenda once a month. Both the Board and other Committees also review delivery of the CIP on a regular basis, where this affects issues within that Committee's specific remit.

A CIP Project Board has met regularly through the year to ensure through a 'confirm and challenge' process, that identified savings are realistic and remain on target to be delivered. Where necessary, adjustments are made to the CIP to reflect the latest delivery forecast. Risks and issues were considered in every project board agenda. No high risks had been identified or reported, and all risks were mitigated. An internal audit of the CIP process was completed in 2017/18 and the resulting report was again graded as low risk overall.

Where savings relate to patient facing services, Quality Impact Assessments are undertaken to ensure that delivery of savings will not adversely affect the safety of services. Once completed, these

assessments are signed off by clinical Executive Directors along with the Director of Finance.

A mid-year financial review takes place to reassess the assumptions made as part of the financial planning process at the start of each year, and to determine whether any remedial action is required. This mid-year review incorporates a detailed review of the CIP and progress against its delivery. Mitigations are identified as part of the mid-year review in order to offset slippage in some schemes and ensure the Trust can still meet its financial control total.

Further review both of the CIP and the wider finances of the Trust took place during the year following the publication of a review of financial governance at a neighbouring Trust. This review of financial governance within 2gether provided further assurance to the Board that the Trust's financial plans are realistic and achievable. This risk has been renewed to reflect delivery of the 2018-19 CIP.

The process necessary to achieve authorisation for merger may impact on the Trust's financial position, its ability to deliver its commissioner responsibilities, its relationships with wider system partners, and its reputation: During the financial year the Trust gained agreement from the Board and the Council of Governors to explore pursuing its strategic objectives by combining the Trust's mental health and learning disability services with the physical health services provided by Gloucestershire Care Services NHS Trust. Accordingly, this risk was added at the end of the reporting year both to the corporate risk register, and was added by the Executive Committee to the list of the top 5 risks for the Trust.

A number of actions have been put in place to mitigate the risks associated with this merger. The Board has been fully involved in the decision to proceed with the proposal to merge, and a robust system of governance for the project, including a Strategic Intent Leadership Group (SILG) and a Programme Management Executive (PME), is in place that will provide the appropriate forums for these risks to be discussed and solutions scoped and agreed. A Programme Director has been recruited to drive this process forward while minimising the capacity impact on both Trusts. Indicative resource costs have been identified and ^{2}gether has made an allowance within its 2017/18 and 2018/19 financial forecasts/planning to fund these costs, and so mitigate the potential impact on the Trusts financial position.

The SILG via the PME will monitor the ongoing progress of the programme against the resource plan and costs so that any deviation is identified and corrective measures can be taken at the earliest opportunity.

The project programme of activities includes proposals for a comprehensive communication plan to support internal and external briefing to staff and system partners. Staff and system partners will be able to raise any concerns via the PME that may need to be addressed.

If the above framework of mitigating measures is implemented successfully, this will deliver a successful project and merger, and mitigate the impact on reputation.

NHS Pension Scheme

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.

Carbon Reduction

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on the UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Trust has a number of key processes designed to ensure the economy, efficiency and effectiveness of the use of resources. These include;

- Monthly monitoring by the Board of Trust performance in relation to contracts, services, financial performance and associated risk ratios, training and attendance targets, resource usage and the delivery of national and local target trajectories.
- The use of reference cost benchmarks for service review and economic improvement
- The development of Service Line Costing to enable the Trust to understand better its cost structure, improve the potential for benchmarking, and inform future cost improvement programmes
- The use of internal audit to review the efficiency and effectiveness of corporate business processes
- Active management of NICE Technical Appraisals and Guidelines implementation including planned audits
- Service and pathway redesign within the Trust's services
- Undertaking a mid-year financial review

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

At a strategic level, the Delivery Committee receives assurance on the efficient, economic and effective use of resources and provides onward assurance on these matters to the Board through its monthly summary report. The Executive Committee receives monthly financial position reports, and the Board itself also reviews the Trust's financial position on a monthly basis.

Internal Audit conducts a review of the Trust's internal control systems and processes as part of an annually agreed audit plan. This review encompasses the flow through the organisation of information pertaining to risk and assurance. It ensures that systems are in place, are appropriate, and can be evidenced by a range of documents available within the organisation. Internal audits have reviewed the governance arrangements within the organisation over a range of financial and other functions to ensure that there is an appropriate and robust approach to the use of resources.

The Trust knows that staff are its biggest resource and account for its highest expenditure. The Trust is committed to minimising its expenditure on agency staff and has set up a Temporary Staffing Project Board led by our Director of Quality, and supported by the Director of Special Projects. This will ensure the Trust has a comprehensive approach in aligning quality of service delivery with efficient use of resources.

6. Annual Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHS Improvement (in exercise of the powers conferred on 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 assure 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 oversees the production of the Quality Report, while the Director of Service Delivery has responsibility for data quality. Data quality is also overseen by an Information Governance and Health Records Committee which reports to the Trust Board's Governance Committee. Corporate data quality objectives have been agreed by the Executive Committee. Clinicians are involved in the production of the Quality Report through approval of the constituent data and involvement in the

development of the Quality Report objectives. Minutes of the Board's Delivery and Governance Committees demonstrate the involvement of clinicians in the operational aspects of data quality.

The Trust has processes in place to ensure that data are used to inform reporting and decision making and are 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 Committee, Delivery Committee, Service Directorates and the Trust Board, subjected to appropriate levels of challenge, and used to inform strategic and operational decision making and monitor performance. The Performance Dashboard contains information about performance in relation to national and local targets and contractual obligations including waiting times, quality targets, internal 'stretch' performance targets and other internal performance measures regarding finance and human resources.

A Data Quality Assurance Group is in place and comprises senior operational managers from each Service Directorate in the Trust who each have lead responsibility for clinical data quality in their respective services. The Group is chaired by the Trust's Deputy Head of Information, 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. Financial and performance data are subject to scrutiny and challenge by the Delivery Committee, Audit Committee and Development Committee, in order to provide assurance to the Board. Non-Executive Directors chairing these Committees will request further clarification and assurance in the event that information initially presented is unclear. Data are benchmarked where appropriate against national and regional data sets to ensure consistency and identify improvement opportunities.

A RiO System User Group, established as part of the local implementation of the RiO Electronic Patient Record System across the Trust, provides a forum to ensure that data quality issues arising from the use of the Electronic Patient Record System can be tackled consistently across all Trust services

Real time automated data quality reports derived from RiO are available in a secure manner to operational managers, team managers and individual clinicians throughout the Trust. Each clinician can view a report of each patient on their caseload which highlights missing key data items on that person's record. These are refreshed on a 24 hour basis and enable managers to monitor data quality performance and clinicians to identify and fix specific data quality issues.

A number of mechanisms exist to ensure that staff have the knowledge, competencies and capacity for their roles in relation to data quality. Managers monitor staff competencies and development needs through the annual appraisal process, and ensure that staff have access to appropriate training opportunities. The Trust has put training programmes in place to ensure staff have the capacity and skills for effective collection, recording and analysis of data. RiO training is provided to all appropriate staff, and RiO support materials are available on a dedicated intranet page. Individual members of staff have their own training records and are responsible for identifying their own individual skill requirements in relation to data quality. Training provision is regularly reviewed by the Strategic Training Group, and training provision is periodically evaluated by clinical managers.

The Trust has a comprehensive suite of Care Practice policies in place to ensure the quality of care provided to service users. Care Practice policies are subject to regular programme of consultation, review and update to incorporate emerging good practice and inform existing training and awareness programmes. An annual programme of local audits measures compliance against these policies, and results are reported to the Governance Committee or Mental Health Legislation Scrutiny Committee as appropriate.

In the development of the annual Quality Report, the trust draws on several sources of information and data to develop a holistic analysis of its performance against 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 patient survey, staff survey, NHSLA accreditation and achievement of CQUINs, as well as external bodies such as the Care Quality Commission assessment of compliance.

This triangulated approach provides assurance that the information provided to the Trust Board on its Quality Reports is both measured and objective.

We have involved stakeholders including Governors, Healthwatch, Overview and Scrutiny Committees and commissioners, in the development of our Quality Report objectives and have taken that opportunity to include many of their very useful comments and suggestions. The comments received indicate an agreement that the Quality Report is representative and that there are no significant omissions of concern. Our commissioners have confirmed that the accuracy of the data presented in the Quality Report accords with the data and information they have available and that there are robust arrangements in place to monitor and review the quality of services. Quality Reports are produced on a quarterly basis and shared with commissioners and stakeholders to enable continuous feedback to be collected.

7. Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. This review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. It has drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. The 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 this review of the effectiveness of the system of internal control by the board, the audit committee and governance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The assurance framework provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed.

The Head of Internal Audit Opinion at the end of the year was ‘Generally Satisfactory with some improvements required’, which means that governance, risk management and control in relation to business critical areas is generally satisfactory.

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

- The Board has reviewed its risk management framework, and 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 Board has received reports on the revalidation of medical staff.
- The Governance Committee has received regular reports on revalidation of nursing staff, and on professional regulation for Health and Social Care staff
- The Audit Committee has reviewed all internal and external audit reports and ensured action is taken to address the recommendations, and has provided an annual report to the Board setting out the Committee’s work during the year.
- The Audit Committee and the Executive Committee have each reviewed the assurance map four times during the year
- The Audit Committee has received reports on various aspects of internal control, including losses and special payments, and has received regular reports from the Local Counter Fraud Specialist.
- The Audit Committee has reviewed the register of Directors’ interests and declarations of gifts and hospitality, and has ratified a policy for managing conflicts of interests which meets or goes beyond the relevant guidance issued by NHS England
- The Audit Committee has considered the risks of material mis-statements in the preparation of the annual accounts
- 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 Governance Committee has received regular clinical audit reports in order to take assurance regarding compliance with national and local policies and processes, and has requested and received assurance on actions taken to address any identified areas of improvement
- The Risk Manager has reported on the management of the risk register and supporting processes.
- Non-executive and Executive Directors have visited services and met staff, service users, carers, members and governors as part of an informal programme of review.

8. Conclusion

The Trust firmly believes that it has comprehensive and robust governance processes in place. No significant internal control issues have been identified.

Paul Roberts
Chief Executive **Date: 25 May 2018**

Quality Report 2017/18

Contents

Part 1: Statement on Quality from the Chief Executive

Introduction

I am privileged on behalf of [2]gether NHS Foundation Trust to present our annual Quality Report for 2017/18. Continuous Quality Improvement is one of our three strategic priorities, and at the heart of everything we do.

In this report, you will read about the quality standards we have set ourselves, those set by our commissioners or nationally mandated, and how we monitor our performance. This report also outlines our main quality achievements of 2017/18 and our priorities for the coming year.

Our main quality initiatives this year included:

- measures focused on improving the physical health of our service users;
- improving the health and wellbeing of our staff, including increasing the uptake of flu vaccinations;
- closer working with GPs and also with our acute hospitals on supporting people who attend A&E with mental health needs;
- improved transitions for children and young people moving into adult services;
- risk reduction (including seven day follow ups after discharge for patients on CPA, reducing patient safety incidents and reducing the use of prone restraint); and
- improving the experiences of people who use our services.

We have achieved many of our targets, with particularly strong progress in supporting our service users with their physical health, providing information on who to contact in a crisis and reducing the number of service users who went absent without leave. We are particularly proud of our move to becoming Smokefree across both Herefordshire and Gloucestershire. Smoking is the biggest reason for the shortened life expectancy of people with serious mental health issues and supporting people to quit has a huge impact on their physical health and mental wellbeing. We were also proud to be in the top three mental health trusts for the number of frontline colleagues vaccinated against flu, and of being among the top three mental health providers nationally in the CQC's community mental health survey for 2017.

We have not, however, achieved every target - for a variety of reasons. These priorities will continue to be the focus of our attention in 2018/19. We have developed a new Quality Strategy for 2018 to 2020, which sets out our guiding principle of ensuring we deliver high quality, effective services which improve the lives of our service users and their families.

Our main priorities, as outlined in that strategy, will be:

- Reducing the proportion of patients in touch with our services who die by suicide;
- Reducing the number of prone restraints by 5% year on year (on all adult wards and PICU) based on 2016/17 data;
- Ensuring patients who become absent without leave do not come to serious harm;
- Ensuring the people who use our services, and their carers, will report feeling involved in their care;
- Improving the physical health of patients with a serious mental illness on Care Programme Approach;
- Ensuring services are informed by and involved in research and evaluation;
- Making every contact count with approaches which prevent illness, promote health and encourage self-management; and
- Involving service users, family members and carers, and improving service user survey results.

Underpinning all of this will be creating a culture of openness and transparency with compassionate leaders so that continuous quality improvement is embedded at all levels of the organisation. We will

also continue our focus of working with stakeholders and partners to create a whole system approach to improving quality across services.

We have recently (February/March 2018) had a comprehensive inspection conducted by the Care Quality Commission. The outcome of that inspection is not available at the time of writing. Therefore, our last comprehensive inspection in 2015 continues to inform many of our quality initiatives. Our overall outcome was 'good', however there were some areas for further development and we have taken steps to address the vast majority of the areas the CQC asked us to work on.

The content of this report has been reviewed by the people who pay for our services (our commissioners), the Health and Care Scrutiny Committees of our local authorities and Healthwatch. Their views on this report are included on page 56. The report is also subject to review by our external auditor.

In preparing our Quality Report, we have used 'best endeavours' to ensure that the information presented is accurate and provides a fair reflection of our performance during the year. The Trust is not responsible, and does not have direct control for all of the systems from which the information is derived and collated. The provision of information by third parties introduces the possibility that there is some degree of error in our performance, although we have taken all reasonable steps to verify and validate such information.

As Chief Executive, I confirm that to the best of my knowledge the information within this document is accurate.

Paul Roberts
Chief Executive

Part 2.1: Looking ahead to 2018/19

Quality Priorities for Improvement 2018/19

This section of the report looks ahead to our priorities for quality improvement in 2018/19. We have developed our quality priorities under the three key dimensions of **effectiveness, user experience and safety** and these have been approved by the Trust Board following discussions with our key stakeholders. Following feedback from service users, carers and staff, our Governors and commissioners as well as Herefordshire and Gloucestershire Healthwatch, we have identified **7** goals and **11** associated targets for 2018/19. These targets will be measured and monitored through reporting to the Trust Governance Committee with the period of time varying from monthly, quarterly or annually dependent upon what we measure, and the frequency of data collection.

How we prioritised our quality improvement initiatives

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

Documents and organisations:

- [2]gether 2018/19 Business Plan;
- [2]gether Quality Strategy;
- NHS England: Five Year Forward View:
- NHS England: Implementing the Five Year Forward View for Mental Health. Updated July 2017;
- Care Quality Commission (via CQC Comprehensive Inspection at our sites in October 2015);
- NHS Outcomes Framework;
- Department of Health, with specific reference to 'No health, without mental health' (2011) and 'Mental health: priorities for change (January 2014);
- Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. Department of Health 2015;
- NHS England: Commissioning for Quality & Innovation (CQUIN) Guidance for 2017-2019. November 2016;
- NHS Improvement. Single Oversight Framework November 2017;
- National Institute for Health & Care Excellence publications including their quality standards;
- Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. Department of Health 2016;
- National Confidential Inquiry into Suicide & Homicide by People with Mental Illness: Annual Report 2017;
- Gloucestershire Sustainability Transformation Plan (STP);
- Herefordshire & Worcestershire STP.

The feedback and contributions have come from:

- Healthwatch Gloucestershire;
- Healthwatch Herefordshire;
- Gloucestershire Health and Care Overview and Scrutiny Committee (HCOSC) and Council colleagues;
- Herefordshire Overview and Scrutiny Committee and Council colleagues;
- Gloucestershire Clinical Commissioning Group;
- Herefordshire Clinical Commissioning Group;
- Internal assurance and audit reports;
- NHS South of England Mental Health Patient Safety Improvement Programme;
- Trust Governors;
- Trust clinicians and managers.

Effectiveness

Goal	Target	Drivers
Improving the physical health care for people with serious mental illness.	1.1 To improve the physical health of patients with a serious mental illness on CPA by a positive cardio metabolic health resource (Lester Tool). This will be used on all patients who meet the criteria within the inpatient setting and all community mental health teams. In accordance with national CQUIN targets we aim to achieve 90% compliance for inpatients and early intervention teams and 65% compliance for all other community mental health teams.	To support NHS England's commitment to reduce the 15-20 year premature mortality in people with psychosis and improve their safety through improved assessment, treatment and communication between clinicians. We wish to continue to improve the physical health for those people in contact with our services. There is historical data available for year on year comparison.
Ensure that people are discharged from hospital with personalised care plans.	1.2 To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	As we did not achieve this in 2017/19 we wish to ensure effective discharge from our inpatient services and enhance communication with both service users and primary care services. There is historical data available for year on year comparison.
Improve transition processes for child and young people who move into adult mental health services.	1.3 To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services. If a joint review does not take place, the reason must be recorded	As we did not achieve this in 2016/17 and 2017/18 we wish to continue to support this as a key quality priority during 2018/19 to further improve our transition processes. There is historical data available for year on year comparison.

User Experience

Goal	Target	Drivers
Improving the experience of service user in key areas. This will be measured though defined survey questions for both people in the community and inpatients.	2.1 Were you involved as much as you wanted to be in agreeing the care you receive? > 84% **Target :** To achieve a response 'Yes' for more than **84%** of the people surveyed.	Questions 2.2 – 2.4 are areas relating to patient experience where we wish to improve following the 2017 Care Quality Commission (CQC) national community mental health survey results.
	2.2 Have you had help and advice to find support to meet your physical health needs if you have needed it? > 71% **Target :** To achieve a response 'Yes' for more than **71%** of the people surveyed.	
	2.3 Do you know who to contact out of office hours if you have a crisis? >64% **Target :** To achieve a response of 'Yes' for more than **64%** of the people surveyed.	
	2.4 Has someone given you advice about taking part in activities that are important to you? > 73% **Target :** To achieve a response of 'Yes' for more than **73%** of the people surveyed.	

Safety

Goal	Target	Drivers
Minimise the risk of suicide of people who use our services.	3.1 Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.	Gloucestershire Suicide Prevention Strategy and Action Plan Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives. We have historical data available for year on year comparison. We did not achieve this in 2017/18.
Ensure the safety of people detained under the Mental Health Act.	3.2 Detained service users who are absent without leave (AWOL) will not come to serious harm or death. We will report against 3 categories of AWOL as follows; harm as a consequence of: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped)	NHS South of England Patient Safety Improvement Programme It is a high risk area with historical data available for year on year comparison. We have historical data available for year on year comparison.
Minimise the risk of harm to service users within our inpatient services when we need to use physical interventions	3.3 To increase the use of supine restraint as an alternative to prone restraint. There will be a greater percentage of supine restraints compared to prone.	Positive and safe: reducing the need for restrictive interventions. April 2014 We wish to continue to support this as a key quality priority during 2018/19 to minimise risk of harm. This is a variation on our previous indicator. There is historical data available for year on year comparison.
	3.4 To ensure that 100% of service users within Berkeley House have a bespoke restrictive intervention care plan tailored to their individual need. This aims to reduce the use of restrictive practices and will include Primary & secondary prevention strategies.	Positive and safe: reducing the need for restrictive interventions. April 2014 We wish to support this as a new key quality priority during 2018/19 to minimise risk of harm.

Part 2.2: Statements relating to the Quality of NHS Services Provided

Review of Services

The purpose of this section of the report is to ensure we have considered the quality of care across all our services which we undertake through comprehensive reports on all services to the Governance Committee (a sub-committee of the Board).

During 2017/2018, [2]gether NHS Foundation Trust provided and/or sub-contracted the following NHS services:

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

- One stop teams providing care to adults with mental health problems and those with a learning disability;
- Intermediate Care Mental Health Services (Primary Mental Health Services & Improving Access to Psychological Therapies);
- Specialist services including Early Intervention, Mental Health Acute Response Service, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services; Eating Disorders, Intensive Health Outcome Team and the Learning Disability Intensive Support Service;
- Inpatient care.

Herefordshire
We provide a comprehensive range of integrated mental health and social care services across the county. Our services include:

- Providing care to adults with mental health problems in Primary Care Mental Health Teams, Recovery Teams and Older People's Teams;
- Children and Adolescent Mental Health care;
- Specialist services including Early Intervention, Assertive Outreach and Crisis Resolution and Home Treatment;
- Inpatient care;
- Community Learning Disability Services;
- Improving Access to Psychological Therapies.

[2]gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the NHS services reviewed in 2017/18 represents 92.3% of the total income generated from the provision of NHS services by [2]gether NHS Foundation Trust for 2017/18.

Participation in Clinical Audits and National Confidential Enquiries

During 2017/18 one national clinical audit and four national confidential enquiries covered NHS services that [2]gether NHS Foundation Trust provides.

During that period**,** [2]gether NHS Foundation Trust participated in 100% national clinical audits and 100% of confidential enquiries of the national clinical audits and national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that [2]gether NHS Foundation Trust was eligible and participated in during 2017/18 are as follows:

National Clinical Audits

Clinical Audits	Participated Yes/No	Reason for no participation
National Clinical Audit of Psychosis (NCAP)	Yes	N/A

National Confidential Enquiries

National Confidential Enquiries	Participated Yes/No	Reason for no participation
Confidential Enquiry into Maternal and Child Health	Yes	N/A
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Yes	N/A
Sudden Unexplained Death Study	Yes	N/A

The national clinical audits and national confidential enquiries that [2]gether NHS Foundation Trust participated in, and for which data collection was completed during 2017/2018 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.

Topic	Trust Participation		National Participation	
	Teams	Submissions	Teams	Submissions
National Clinical Audit of Psychosis (NCAP)	All adult Community Mental Health Teams	Random sample of 100 service users	Information not available*	Information not available*

*This information has not been provided by the Royal College of Psychiatrists

The report of this national clinical audit is not yet available and [2]gether NHS Foundation Trust intends to take action to continue to improve the quality of healthcare provided based upon the information provided.

Participation in National Confidential Enquiries

Confidential Enquiries	% cases submitted	
	[2]gether	National Average
Confidential Enquiry into Maternal and Child Health	Information not published	Information Unavailable
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	100%	98%
National Confidential Enquiry into Patient Outcome & Death – Young Peoples Mental Health	9	Information Unavailable
Sudden Unexplained Death Study	Information unavailable	Information unavailable

Local Clinical Audit Activity

Within our services there is a high level of clinical participation in local clinical audits, demonstrating our commitment to quality across the organisation. All clinically led local audits are reported to the Quality & Clinical Risk Committee in summary form to ensure that actions are taken forward and learning is shared widely. The table below shows the status of the audit plan at the end of the year. During this process we internally identified a significant number of recommendations to further improve our practice as part of our commitment to continuous improvement.

Clinical Audits	2016/17 audit programme	2017/18 audit programme
Total number of audits on the audit programme	168	158
Audits completed (at year end)	95	70
Audits that are progressing and will carry forward	31	40
Audits taken off the programme for specific reasons	42	48

The reports of 70 local clinical audits were reviewed by the provider in 2017/18 and [2]gether NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Building on the review of key clinical policies ***Assessment and Care Management CPA*** and ***Assessing and Managing Clinical Risk and Safety***, the Trust has continued to implement and embed these principles into policies and practice. Most notably there has been a review of the electronic clinical record to ensure that this is in keeping with clinical activity and to ensure that this continues to reflect service user's needs. There have been a number of audits carried out throughout the year to provide assurance and actions plans were developed to support improvements in compliance throughout the year. This action continues from last year and will remain an ongoing focus moving forward;

- The Trust has continued to review and develop its training programme to all staff (clinical and non-clinical) in line with the learning that is established from the clinical audit programme. This has, and will continue, to drive the constant review and evaluation of training modules and their contents. This action also continues from last year.

Specific examples of change in practice that have resulted from clinical audits are:

- There is an expectation that young people under the age of 18 should not be on a general adult mental health unit and that they should be admitted to a specialist provider appropriate to their age and needs. However, specialist provision for children and young people (CYP) nationally does not currently meet the needs of the growing number of young people who require high support and admissions to adult units are sometimes necessary. All CYP admissions to 2gether NHS Foundation Trust adult inpatient units are managed under the Trusts 'Young people in Inpatient settings policy against which the Trust audits such admissions. This is the first audit of this kind which resulted in a 93% compliance rate. Although this is a good outcome actions were identified to ensure that compliance increases to 100%. These actions include the need to develop it's own internal training for Level 3 Child Protection (Safeguarding training) which will help ensure that the course is more accessible for staff and will work toward improving compliance in the future. A pathway for admission from CYPS to the adult inpatient units needs to be developed to ensure that admissions are managed robustly and in keeping with the needs of CYP.

- The audit was undertaken to determine if the Trust was compliant with NICE Guidance Quality Statement 6: Covert Medicines Administration (published 25.3.15) and POPAM 16 Covert Administration Instructions. Overall compliance was 84%, which was below the required standard but represented a significant increase in compliance on the previous audit. As a result of completion of this audit a number of recommendations were made which included the need to ensure that relatives and carers are involved in the Best Interests decision to proceed with covert administration. This will be achieved by raising awareness with the staff on older person's wards and our learning disability service inpatient unit where most of the covert administration is undertaken. In addition to this the policy which requires Speech and Language Therapy (SALT) review will be considered and audit questions regarding this will be adjusted in readiness for the next audit.

Participation in Clinical Research

Research Activity in 2gether in 2017-18

The number of patients receiving relevant health services provided or subcontracted by 2gether NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee is **380**.

This participation was from across **24** different studies. This level of recruitment is slightly higher than the previous year's total of **352** participants (again from 24 studies), and reflects a fairly stable portfolio in 2017/18 compared to previous years' instability.

In 2017/18, the Trust registered and approved **24** studies. Of these studies, **19** were based in mental health services and **2** in dementia services. The remaining studies were made up from **2** "generic and cross-cutting themes" studies (often academic studies involving staff participants) and **1** based in primary care. Of the total number of studies **10** were Academic/Student projects, **8** were Non-Commercial Portfolio studies, **2** were Commercially Sponsored Portfolio Studies and **4** were Non-commercial, Non-Portfolio studies.

Growing 2gether Research

Our research team continues to perform well in a national key performance indicator of recruiting to time and target for open research studies, as well as supporting a number of activities that help to grow research across the counties of Gloucestershire and Herefordshire. We continue to seek new ways to expand our service, and the Trust will be exploring opportunities to work more closely with Gloucestershire Care Services NHS Trust where the proposed merger of our respective organizations

which could provide a potential opportunity for enhanced multi-disciplinary working and creating new opportunities for service users to be involved in research studies.

In August 2016 we held an official opening for the Fritchie Centre, Cheltenham; a new development for the organisation to expand our research activity to include commercial and academic research for clinical trials involving medicines. The Research Centre is the team base for both our Research Team and our Managing Memory Service, and we are working towards an integrated service where researchers work collaboratively with clinicians, offering research opportunities to service users and carers.

Alongside our research centre, our partnership with Cobalt Health continues. We have been collaborating to carry out research with people who experience Alzheimer's disease and dementia. The pioneering programme, between our Trust and the Cheltenham-based charity aims to ensure that research into the illness is undertaken in Gloucestershire and Herefordshire. The research results will contribute towards improving standards of care and treatment locally, and also to the wider research environment nationally and internationally. This year Cobalt has funded Research Nurse posts based at the Fritchie Centre, to exclusively support the development and opening of clinical trials for dementia.

2017/18 saw the opening of 2 Commercially-sponsored NIHR Portfolio Research Projects and the Trust is planning to expand on this in 2018/19 by exploring more opportunities for working with commercial partners to fully exploit the potential of the Fritchie Centre. We continued to seek new ways to expand our service, and this year received funding from the Clinical Research Network West Midlands to fund a Research Nurse post for Herefordshire in 2017/18 enabling a wider reach for research activity and opportunities for clinical research in the county.

[2]gether plans to submit bids to the Clinical Research Networks for additional Contingency and Development funding wherever possible to further support the research team in developing the local portfolio and to improve the local study review processes.

Seeking new research opportunities

The availability of research through the National Institute of Health Research (NIHR) and local portfolios fluctuates regularly as studies close and new ones take their place. This can mean that the opportunities to open studies in [2]gether can vary over time and this is often one of the biggest challenges to maintaining a varied and productive local portfolio of studies.

[2]gether Annual Plan for 2018/19 recognises this potential barrier to recruitment and a lower recruitment target for the coming year is predicted. However, the local team will continue to work closely with our Clinical Research Networks (West of England and West Midland) to scan the portfolio and submit Expressions of Interest for potential new studies.

In 2018/19 [2]gether is planning to realign its Research Governance Processes, providing more of them internally to allow for faster and more efficient review and approval of new studies.

Research [2]gether strategy

Our Research [2]gether Strategy 2016 – 2020 enters its third year and continues to work towards our vision to be a 'world class centre of practice-based research and development to help make life better'.

A new Head of Research has been appointed going into the new reporting year and they will be supporting the Research Team to develop the local portfolio as well as promoting the delivery of the [2]gether Research Strategy.

Research Studies

A list of [2]gether studies recruiting in 2017/18 can be seen in table 1 overleaf.

Table 1

Short Name	Managing Specialty	Status	Opening Date	Closure Date	Participants
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	Mental Health	Open, With Recruitment	01/04/1997	31/03/2018	15
AD GENETICS - Detecting Susceptibility Genes for Late-Onset Alzheimer's disease	Dementias and Neurodegeneration	Open, With Recruitment	01/06/2001	01/02/2020	52
Molecular Genetic Investigation	Mental Health	Open, With Recruitment	01/04/2006	31/12/2019	2
DPIM - bipolar disorder (DNA Polymorphisms in Mental Health)	Mental Health	Suspended	01/10/2010	31/12/2017	15
DPIM - schizophrenia (DNA Polymorphisms in Mental Health)	Mental Health	Suspended	01/10/2010	31/12/2017	2
The RADAR trial - Reducing pathology in Alzheimer's Disease through Angiotensin TaRgetting – The RADAR Trial	Dementias and Neurodegeneration	Open, With Recruitment	01/04/2014	28/02/2018	8
VALID WPs 3/4: Pilot trial and RCT of COTiD-UK	Dementias and Neurodegeneration	Closed to Recruitment, In Follow Up	24/09/2014	04/07/2017	42
PPiP2 - Prevalence of neuronal cell surface antibodies in patients with psychotic illness	Mental Health	Open, With Recruitment	01/01/2015	30/08/2020	6
The Adult Autism Spectrum Cohort - UK	Mental Health	Open, With Recruitment	08/01/2015	01/09/2019	12
The effectiveness of perinatal mental health services	Mental Health	Closed to Recruitment, No Follow Up	10/02/2015	06/03/2018	3
Quality and Effectiveness of Supported Tenancies (QuEST) WP4	Mental Health	Closed to Recruitment, No Follow Up	01/06/2015	30/09/2017	2
Evaluation of Memory Assessment Services: Main Study (phase 2) v1	Dementias and Neurodegeneration	Closed to Recruitment, No Follow Up	12/10/2015	31/08/2017	6
Dementia Carers Instrument Development:DECIDE Psychometric evaluation	Dementias and Neurodegeneration	Closed to Recruitment, No Follow Up	05/01/2016	25/01/2018	31
Psychological Adjustment in Progressive Multiple Sclerosis	Neurological Disorders	Closed to Recruitment, No Follow Up	12/01/2016	31/07/2017	1
Caregiver obligations, preparedness and willingness to care	Dementias and Neurodegeneration	Closed to Recruitment, No Follow Up	26/02/2016	27/03/2018	11
REACT Trial - An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit	Mental Health	Closed to Recruitment, In Follow Up	22/04/2016	30/09/2017	10
Voices Impact Scale (VIS): Evaluation	Mental Health	Open, With Recruitment	01/11/2016	31/07/2018	5
An anonymous survey of mindfulness, self-compassion, wellbeing and mental health.	Mental Health	Open, With Recruitment	10/02/2017	31/03/2018	80
Investigation of wellbeing interventions in NHS staff	Mental Health	Open, With Recruitment	20/02/2017	31/05/2018	8
Tackling chronic depression (TACK) Phase 1	Mental Health	Open, With Recruitment	23/05/2017	31/03/2019	15
everyBody Plus: Web-based self-help programme for BN, BED and OSFED	Mental Health	Open, With Recruitment	27/06/2017	31/01/2019	2
TRIANGLE: A novel patient and carer intervention for Anorexia Nervosa	Mental Health	Open, With Recruitment	30/06/2017	01/03/2019	4
Patient preferences for psychological help	Mental Health	Open, With Recruitment	03/10/2017	31/07/2018	8
FAM-Survey - Family involvement preferences in inpatient mental health treatment: Survey of recently admitted patients	Mental Health	Open, With Recruitment	24/11/2017	24/04/2018	40

Use of the Commissioning for Quality & Innovation (CQUIN) framework

A proportion of 2gether NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between 2gether NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2017/18 and for the following 12 month period are available electronically at **www.2gether.nhs.uk/cquin**

2017/18 CQUIN Goals

Gloucestershire

Gloucestershire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£72261	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£72261	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£72261	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£173426	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£43357	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£216783	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£216783	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£216783	Effectiveness

Herefordshire

Herefordshire Goal Name	Description	Goal weighting	Expected value	Quality Domain
1a (a) National CQUIN – Staff health and wellbeing	To achieve a 5 percentage point improvement in 2 of the 3 NHS annual staff survey questions on Health and Wellbeing	0.3	£17231	Effectiveness
1b National CQUIN – Staff health and wellbeing	Healthy food for NHS staff, visitors and patients		£17231	Effectiveness
1c National CQUIN - Staff health and wellbeing	Improving the uptake of flu vaccinations for front line staff		£17231	Safety
2 National CQUIN - Improving Physical Healthcare 3a	- To reduce premature mortality by demonstrating cardio metabolic assessment and treatment for patients with psychoses.	0.3	£41354	Effectiveness
2 National CQUIN - Improving Physical Healthcare 3b	- To reduce premature mortality - Improved communication with GPs		£10339	Effectiveness
3. Improving Services for people with mental health needs who present to A & E.	Care and management for frequent attenders to Accident and Emergency	0.3	£51693	Safety
4. Transitions out of Children and Young People's Mental Health Services.	To improve the experience and outcomes for young people as they transition out of (CYPMHS)	0.3	£51693	Effectiveness
5.Preventing ill health by risky behaviours – Alcohol and Tobacco	To offer advice and interventions aimed at reducing risky behaviour in admitted patients	0.3	£51693	Effectiveness

Low Secure Services

Low Secure Goal Name	Description	Goal weighting	Expected value	Quality Domain
Reduction in length of stay	Aim to reduce lengths of stay of inpatient episodes and to optimise the care pathway. Providers to plan for discharge at the point of admission and to ensure mechanisms are in place to oversee the care pathway against estimated discharge dates.	2.5	£45000	Effectiveness

The total potential value of the income conditional on reaching the targets within the CQUINs during 2017/18 was £2,282,000 of which £2,282,000 was achieved

In 2016/17, the total potential value of the income conditional on reaching the targets within the CQUINs was £2,219,300 of which £2,219,300 was achieved.

2018/19 CQUIN Goals

CQUIN goals for 2018/19 reflect the nationally agreed two year scheme at the beginning of 2017/18 and are intended to deliver clinical quality improvements and drive transformational change in line with the Five Year Forward View and NHS Mandate. These include:

National CQUINs applicable to Gloucestershire and Herefordshire mental health services

- CQUIN 1 – NHS Staff Health and Wellbeing;
- CQUIN 2 - Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI);
- CQUIN 3 – Improving Services for people with mental health needs who present to A&E;
- CQUIN 4 – Transitions out of Children and Young People's Mental Health Services;
- CQUIN 5 – Preventing ill health by risky behaviors – alcohol and tobacco.

Low Secure Services

- Reduction in length of stay

Statements from the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. From April 2010, all NHS trusts have been legally required to register with the CQC. Registration is the licence to operate and to be registered, providers must, by law, demonstrate compliance with the requirements of the CQC (Registration) Regulations 2009.

[2]gether NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is to provide the following regulated activities:

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

[2]gether NHS Foundation Trust has no conditions on its registration.

The CQC has not taken enforcement action against [2]gether NHS Foundation during 2017/18 or the previous year 2016/17.

[2]gether NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

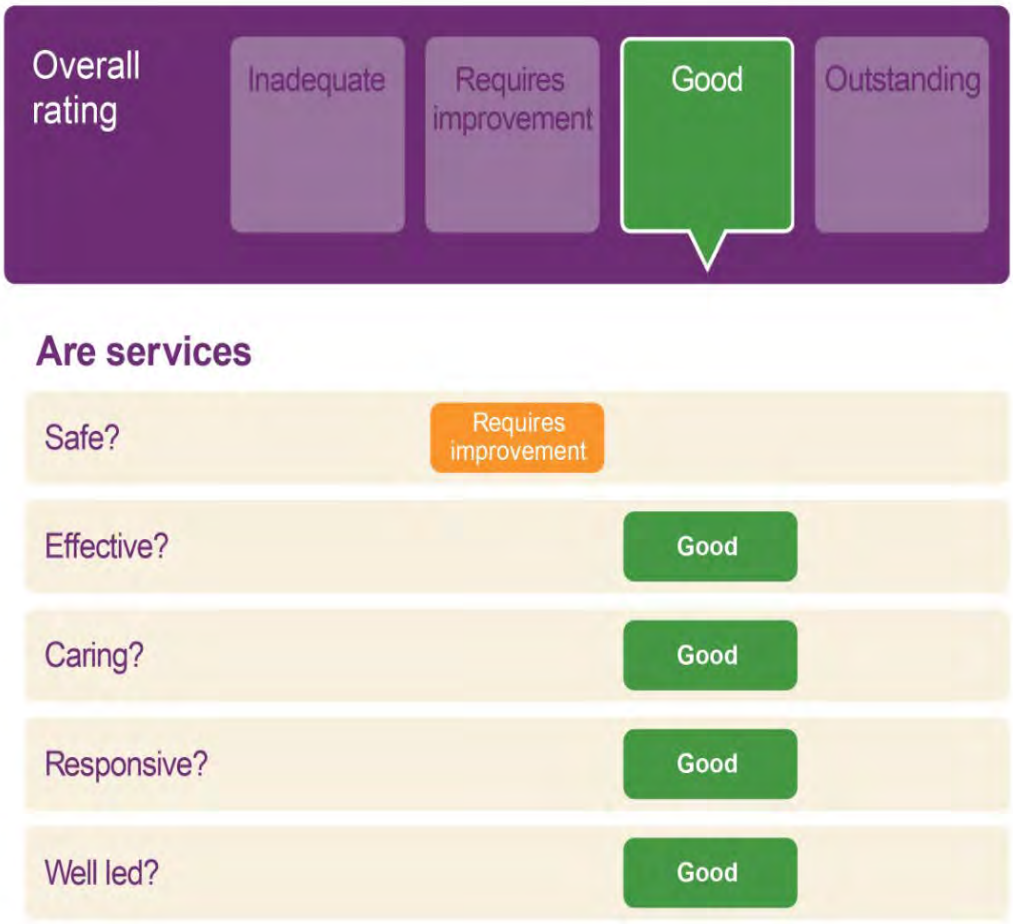
CQC Inspections of our services

The CQC undertook the following inspections during the reporting period:

1. Unannounced inspection of community based mental health services for older people
2. Unannounced inspection of wards for older people with mental health problems
3. Unannounced inspection of wards for people with learning disabilities or autism
4. Unannounced inspection of specialist community mental health services for children and young people
5. Well Led Review

At the time of writing the CQC report regarding these reviews has not been published so ratings remain as at the time of the comprehensive inspection in 2015. An action plan will be developed in response to recommendations.

The Care Quality Commission undertook a planned comprehensive inspection of the Trust week commencing 26 October 2015 and published its findings on 28 January 2016. The CQC rated our services as GOOD, rating **2** of the **10** core services as “outstanding” overall and **6** “good” overall.



The inspection found that there were some aspects of care and treatment in some services that needed improvements to be made to ensure patients were kept safe. However, the vast majority of services were delivering effective care and treatment.

The Trust developed an action plan in response to the **15** “must do” recommendations, and the **58** “should do” recommendations identified by the inspection and is managing the actions through to their completion.

A full copy of the Comprehensive Inspection Report can be seen at www.cqc.org.uk/RTQ

The Trust took part in an unannounced CQC inspection during Quarter 4 2017/18 and a Well Led review on 21 - 22 March 2018. The report has not yet been published.

Quality of Data

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

Good quality data underpins the effective provision of care and treatment and is essential to enabling improvements in care. [2]gether NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data (Month 9 data is reported below, as this was the only available information at the date of publication).

- The patient's valid NHS number was: **99.8%** for admitted patient care (**99.4%** national); and **99.9**% for outpatient care (**99.5**% national);

- The patient's valid General Practitioner Registration Code was: **100%** for admitted patient care (**99.9%** national); and **100%** for outpatient care (**99.8%** national).

[2]gether NHS Foundation Trust has taken the following action to improve data quality building on its existing clinical data quality arrangements:

- During 2017/18 the Trust has continued to progress data quality improvement. Based on the work undertaken in previous years to provide automated reports, we have continued the early warning reports for Senior Managers so they are alerted to any identified gaps;

- "Masterclasses" have continued to take place across all areas of the Trust. These have focused on educating staff how to use the Assessment and Care Management clinical audit dashboard which ensures the right data is entered, at the right time. This method enables effective management of data quality through awareness, training and support and moves away from the labor intensive data quality management through list generation;

- "Team Sites" a platform that brings many data sources together into one place, has been rolled out to all teams inpatient and community which enables staff to manage their individual and team data quality more effectively;

- "Patient Tracking List" this tool provides an overview of all clients within the service detailing current care pathways, waiting times from the referral to treatment and then waiting times between appointments. Following the successfully Implementation of the Improving Access to Psychological Therapies Patient Tracking List (PTL) we have recently created a PTL for all other services.

- 'Deep Dives' have continued throughout 2017/18 and will continue throughout coming years, reviewing all aspects of service performance and data quality focusing on Service Specific Reporting" and "Demand and Capacity".

Information Governance

[2]gether NHS Foundation Trust Information Governance Assessment Report overall score for 2017/18 was **85%** and was graded green. The Trust scored 85% in 2016/17.

The Toolkit has been the focus of regular review throughout the year by the Information Governance and Health Records Committee, and the Information Governance Advisory Committee. In this year's assessment of **45** key indicators:

- **26** key indicators were at level **3**;
- **19** key indicators were at level **2**;

The Toolkit has been the subject of an audit by the Trust's Internal Auditor, which produced a classification of low risk.

The Trust's efforts will remain focussed on maintaining the current level of compliance during 2018/19 and ensuring that the relevant evidence is up to date and reflective of best practice as currently understood, and that good information governance is promoted and embedded in the Trust through the work of the Information Governance and Health Records Committee, the IG Advisory Committee and Trust managers and staff.

Clinical Coding

[2]gether NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/2018 by the Audit Commission.

Learning from Deaths

During 1 April 2017 – 31 March 2018 795 patients of [2]gether NHS Foundation Trust died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

211 in the first quarter;
185 in the second quarter;
230 in the third quarter;
169 in the fourth quarter.

By 31 March 2017, 53 care record reviews and 24 investigations have been carried out in relation to 795 of the deaths included above. In 1 case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

37 in the first quarter;
23 in the second quarter;
16 in the third quarter;
1 in the fourth quarter.

1 death representing 0.13% of the 795[1] patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided [2]gether NHS Foundation Trust to the patient. In relation to each quarter, this consisted of:

0 representing 0% for the first quarter;
1 representing 0.5% for the second quarter;
0 representing 0% for the third quarter;
0 representing 0% for the fourth quarter.

These numbers have been estimated using the root cause analysis methodology.

[1] Of the 795 deaths reported in 2017/18, 54.7% were open solely to the Acetylcholinesterase Inhibitors (ACI) Monitoring Caseload of the older people's dementia care teams. Additional administration support has been sourced to address this, and there is ongoing dialogue with both Primary Care and CCGs regarding which provider is best placed to undertake these reviews, as whilst the trust is currently completing these, contact with this patient cohort is limited and opportunities for learning marginal.

The Trust identified that:

1. Further bespoke risk management training and how this relates to patient observations must be provided.
2. Documentation regarding observations needed amending to ensure that the location of a patient is recorded and by whom.
3. Greater clarity to staff must be provided regarding what actions to take when a patient cannot be located according to the Observation & Engagement Policy, particularly in regard to informal patients.
4. Reviews of garden areas including trees and branches must be undertaken to ensure that all ligatures are identified and mitigated against.
5. Staff personal alarm systems must cover garden areas.
6. Training on alarm systems is provided to junior doctors at induction.
7. A clinical audit of the implementation of the Observation Policy must be undertaken.

In response to the above learning points the Trust has:

1. Updated and rolled out revised risk management training.
2. Improved the observation charts and updated the Observation & Engagement Policy.
3. Completed a review of garden areas and addressed the identified risks.
4. Updated personal alarm systems and provided training to junior doctors.
5. Undertaken a clinical audit of the Observation & Engagement Policy.

The Trust believes that by implementing the above actions, patient safety and quality of care has improved.

0 case record reviews and 2 investigations completed after 31 March 2017 related to deaths which took place before the start of the reporting period.

0 representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the root cause analysis methodology.

0 representing 0% of the patient deaths during 2016/17 are judged to be more likely than not to have been due to problems in the care provided to the patient."

Part 2.3: Mandated Core Indicators 2017/18

There are a number of mandated Quality Indicators which organisations providing mental health services are required to report on, and these are detailed below. The comparisons with the national average and both the lowest and highest performing trusts are benchmarked against other mental health service providers.

1. Percentage of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care

	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1* 2017-18	Quarter 2* 2017-18	Quarter 3* 2017-18
[2]gether NHS Foundation Trust	98.3%	99.2%	99.2%	98.5%	99.6%
National Average	96.8%	96.8%	96.7%	96.7%	95.4%
Lowest Trust	73.3%	84.6%	71.4%	87.5%	69.2%
Highest Trust	100%	99.4%	100%	100%	100%

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- During 2015/16 we reviewed our practices and policies associated with both our 7 day and 48 hour follow up of patients discharged from our inpatient services, the changes were introduced in 2016/17. This has strengthened the patient safety aspects of our follow up contacts.

[2]gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Clearly documenting follow up arrangements from Day 1 post discharge in RiO;
- Continuing to ensure that service users are followed up within 48 hours of discharge from an inpatient unit whenever possible.

2. Proportion of admissions to psychiatric inpatient care that were gate kept by Crisis Teams

	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1* 2017-18	Quarter 2* 2016-17	Quarter 3* 2017-18
[2]gether NHS Foundation Trust	99.4%	100%	100%	100%	99.5%
National Average	98.7%	98.8%	98.7%	98.6%	98.5%
Lowest Trust	88.3%	90%	88.9%	94%	84.3%
Highest Trust	100%	100%	100%	100%	100%

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- Staff respond to individual service user need and help to support them at home wherever possible unless admission is clearly indicated;

[2]gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to remind clinicians who input information into the clinical system (RiO) to both complete the 'Method of Admission' field with the appropriate option when admissions are made via the Crisis Team and ensure that all clinical interventions are recorded appropriately in RiO within the client diary.

* Activity published on NHS England website via the NHS IC Portal is revised throughout the year following data quality checks. Activity shown for 2017/18 has not yet been revised and may change. Quarter 4 data has not been published.

3. The percentage of patients aged 0-15 & 16 and over, readmitted to hospital, which forms part of the Trust, within 28 days of being discharged from a hospital which forms part of the trust, during the reporting period

	Quarter 3 2016-17	Quarter 4 2016-17	Quarter 1 2017-18	Quarter 2 2017-18	Quarter 3 2017-18
[2]gether NHS Foundation Trust 0-15	0%	0%	0%	0%	0%
[2]gether NHS Foundation Trust 16 +	8%	6%	5.9%	7.3%	10.4%
National Average	Not available	Not available	Not available	Not available	Not available
Lowest Trust	Not available	Not available	Not available	Not available	Not available
Highest Trust	Not available	Not available	Not available	Not available	Not available

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust does not have child and adolescent inpatient beds;
- Service users with serious mental illness are readmitted hospital to maximize their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can recalled to hospital if there is deterioration in their presentation.

[2]gether NHS Foundation Trust has taken the following action to improve this percentage, and so the quality of its services, by:

- Continuing to promote a recovery model for people in contact with services;
- Supporting people at home wherever possible by the Crisis Resolution and Home Treatment Teams.

4. The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends

	NHS Staff Survey 2014	NHS Staff Survey 2015	NHS Staff Survey 2016	NHS Staff Survey 2017
[2]gether NHS Foundation Trust Score	3.61	3.75	3.84	3.86
National Median Score	3.57	3.63	3.62	3.67
Lowest Trust Score	3.01	3.11	3.20	3.26
Highest Trust Score	4.15	4.04	3.96	4.14

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- For the second year running, all staff in post were invited to take part in the survey. Previously the survey had only been sent to a random sample of staff. The overall response rate in the most recent survey was **45%** (improved from 40% the previous year). This equated with **921** staff taking the time to contribute their views (up from 777 the previous year). The 2017 survey has arguably provided the richest and most accurate picture of the staff views in the Trust to date.

[2]gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

Taking steps to

- Improve Staff Health and Well-being;
- Improve Reporting of Incidents;
- Make more effective use of patient and service user feedback.

5. "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.

	NHS Community Mental Health Survey 2014	NHS Community Mental Health Survey 2015	NHS Community Mental Health Survey 2016	NHS Community Mental Health Survey 2017
[2]gether NHS Foundation Trust Score	8.2	7.9	8.0	8.0
National Average Score	Not available	Not available	Not available	Not available
Lowest Score	7.3	6.8	6.9	6.4
Highest Score	8.4	8.2	8.1	8.1

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- [2]gether is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains and 'about the same' as the majority of other mental health Trusts in the remaining 5 domains.

[2]gether NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

- Supporting people at times of crisis;
- Involving people in planning and reviewing their care;
- Involving family members or someone close, as much as the person would like;
- Giving people information about getting support from people with experience of the same mental health needs as them;
- Helping people with their physical health needs and to take part in an activity locally;
- Providing help and advice for finding support with finances, benefits and employment.

6. The number and rate* of patient safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death.

	1 October 2016 – 31 March 2017				1 April 2017 – 30 September 2017			
	Number	Rate*	Severe	Death	Number	Rate*	Severe	Death
[2]gether NHS Foundation Trust	2,474	72.05	2	17	2,585	73.19	2	20
National	157,141	-	538	1233	167,477	-	532	1212
Lowest Trust	68	11.17	0	0	68	16	0	0
Highest Trust	6,447	88.21	72	100	6,447	126.47	89	83

* Rate is the number of incidents reported per 1000 bed days.

[2]gether NHS Foundation Trust considers that this data is as described for the following reasons:

- NRLS data is published 6 months in arrears; therefore data for severe harm and death will not correspond with the serious incident information shown in the Quality Report.

[2]gether NHS Foundation Trust has taken the following action to improve this rate, and so the quality of its services, by:

- Establishing a Datix User Group to improve the processes in place for the timely review, approval of, response to and learning from reported patient safety incidents;

- Creating an additional part time Datix Administrator post to enhance data quality checks and further promote timeliness of reporting. This post commenced in 2017/18.

Part 3: Looking back: A Review of Quality during 2017/18

Introduction

The 2017/18 quality priorities were agreed in May 2017.

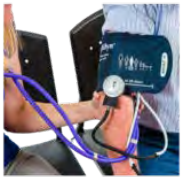
The quality priorities were grouped under the three areas of Effectiveness, User Experience and Safety.

The table below provides a summary of our progress against these individual priorities. Each are subsequently explained in more detail throughout Part 3.

Summary Report on Quality Measures for 2017/2018

		2016 - 2017	2017 -2018
Effectiveness			
1.1	To improve the physical health of patients with a serious mental illness on CPA by a positive cardio metabolic health resource (Lester Tool). This will be used on all patients who meet the criteria within the inpatient setting and all community mental health teams. In accordance with national CQUIN targets we aim to achieve 90% compliance for inpatients and early intervention teams and 65% compliance for all other community mental health teams.	**Achieved**	**Achieved**
1.2	To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.	**Achieved**	**Not achieved**
1.3	To ensure that joint Care Programme Approach reviews occur for **all** service users who make the transition from children's to adult services.	**Not achieved**	**Not achieved**
User Experience			
2.1	Were you involved as much as you wanted to be in agreeing what care you will receive? **> 92%**	**83%**	**87%**
2.2	Do you know who to contact out of office hours if you have a crisis? **>74%**	**74%**	**84%**
2.3	Has someone given you advice about taking part in activities that are important to you? **> 69%**	**69%**	**88%**
2.4	Have you had help and advice to find support to meet your physical health needs if you needed it? **> 76%**	**76%**	**88%**
Safety			
3.1	Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.	-	**Not achieved**
3.2	Detained service users who are absent without leave (AWOL) will not come to serious harm or death. We will report against 3 categories of AWOL as follows; harm as a consequence of: 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped)	-	**Achieved**
3.3	To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU) based on 2016/17 data.	**211**	**229**

Easy Read Report on Quality Measures for 2017/2018

Quality Report 	This report looks at the quality of [2]gether's services. We agreed with our Commissioners the areas that would be looked at.	
Physical health 	We increased physical health tests and treatment for people using our services. We met the target.	
Discharge Care Plans 	Less people had all parts of their discharge care plan completed at the end of the quarter than previously. We have not met the target. We are doing lots of work to get better at this.	
Care (CPA) Review 	Not all people moving from children's to adult services had a care review. We have not met the target. We are doing lots of work to get better at this.	
Care Plans 	87% of people said they felt involved in their care plan. This is less than the target (92%). We have not met the target. We are doing lots of work to get better at this.	
Crisis 	84% of people said they know who to contact if they have a crisis. This is more than the target (74%). We met the target.	
Activity 	88% of people said they had advice about taking part in activities. This is more than the target (69%). We met the target.	
Physical Health 	88% of people said they had advice about their physical health This is more than the target (76%). We met the target.	

Suicide 	There were more suicides compared to this time last year. We have not met the target. We are doing lots of work to get better at this.	
AWOL 	Inpatients who were absent without leave did not come to serious harm or death. We met the target.	
Face down restraint 	We have not reduced the number of face-down restraints this year. We have not met the target. We are doing lots of work to get better at this.	

Key

			Full assurance
↑	Increased performance/activity		Significant assurance
↔	Performance/activity remains similar		Limited assurance
↓	Reduced performance/activity		Negative assurance

Effectiveness

In 2017/18 we remained committed to ensure that our services are as effective as possible for the people that we support. For the second consecutive year we set ourselves 3 targets against the goals of:

- Improving the physical health care for people with schizophrenia and other serious mental illnesses;
- Ensuring that people are discharged from hospital with personalised care plans;
- Improving transition processes for child and young people who move into adult mental health services.

Target 1.1 To increase the number of service users (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) with a LESTER tool intervention (a specialist cardio metabolic assessment tool) alongside increased access to physical health treatment

A two year Physical Health CQUIN was announced for 2017/19. This CQUIN includes all service users with an active diagnosis of psychosis (using the CQUIN specified ICD-10 codes) who were either an inpatient or who had accessed community services including; Assertive Outreach Team (AOT), Recovery Teams, Community Learning Disability Teams (CLDT's), Older Age Services (OP's) and Children and Young Persons Services (CYPS). The sample group has now been extended to include service users from both counties.

Within quarter four, the results of the audit undertaken in quarter three were published. This was to ensure that patients had either an up to date care plan approach (CPA), care plan or a comprehensive discharge summary shared with their GP. We are pleased to report that the audit showed the following rates of compliance:

- **Inpatients 95%**
- **Community Mental Health Services 90%**
- **Early Intervention Community Teams 92%**

These results show that the CQUIN targets have been successfully met, and that the process of completing the LESTER tool screening, along with sharing the information is continuing to embed within practice in community and inpatient settings.

We are working closely with our training department to ensure that both initial and refresher training on the importance of physical health for patients with a serious mental illness, and the screening and recording of results is built into statutory and mandatory training programmes. An e-learning programme is being developed to ensure all staff have access to training, and face to face training sessions will also continue to be held.

Alongside the CQUIN work, the Trust continues to increase access to physical health treatment for service users. Following the successful secondment of a general trained nurse working within Wotton Lawn Hospital in Gloucestershire, the post has now become a substantive position. This will ensure patients receive access to services normally only available from a practice nurse at a GP surgery.

Following the successful launch of the Trust becoming a “Smoke-Free” environment in our Gloucestershire sites, we are pleased to announce that our Herefordshire sites became “Smoke-free” in January 2018. In January 2018 we held a “Reducing Smoking in Mental Health” event. This was well attended by Trusts within the South-West and the day focussed on reducing harm from smoking in mental health services and how different teams are implementing the smoke free challenge across the South West.

Within quarter four, a new ECG machine was purchased for the Gloucestershire community recovery units. Having a machine located within the units provides patients who need screening access on site, rather than having to wait for an appointment at the local hospital.

A “Physical Health” study day for Trust staff has been successfully launched; it covers a broad range of physical healthcare topics and will reinforce the importance of screening for, and improving patients’ physical health. Feedback from the sessions has been overwhelmingly positive and more dates are planned for 2018/19.

The Trust has been approached to be involved with the project launch of “Equally Well” which is a new national collaborative to support the physical health of people with a mental illness. It aims to bring together health and care providers, commissioners, professional bodies, service user and carer organisations, charities and many more, working nationally or locally, to form a collaborative in the UK to bring about equal physical health for people with a mental illness.

We have met this target.

Target 1.2 To further improve personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24hrs of discharge.

Discharge from inpatient units to the community can pose a time of increased risk to service users. During 2016/17 we focused on making improvements to discharge care planning to ensure that service users are actively involved in shared decision making for their discharge and the self-management care planning process. Identical criteria are being used in the services across both counties as follows:

1. Has a Risk Summary been completed?
2. Has the Clustering Assessment and Allocation been completed?
3. Has the Pre-Discharge Planning Form been completed?
4. Have the inpatient care plans been closed within 7 days of discharge?
5. Has the patient been discharged from the bed?
6. Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?
7. Has the 48 hour follow up been completed?

We will also be looking to ensure that discharges summaries and medication information for service users discharged from hospital are sent to their GP within 48 hours of Discharge.

We are also including discharge care planning information from within our Recovery Units, as they too discharge people back into the community.

Results from the quarterly audit against these standards are seen below.

Gloucestershire Services

Criterion	Year End Compliance (2015/16)	Year End Compliance (2016/17)	Year End Compliance (2017/18)
Overall Average Compliance	**69%**	**72%**	**73%**
Chestnut Ward	84%	85%	**83%**
Mulberry Ward	75%	79%	**73%**
Willow Ward	59%	71%	**69%**
Abbey Ward	72%	75%	**78%**
Dean Ward	79%	73%	**73%**
Greyfriars PICU	50%	62%	**64%**
Kingsholm Ward	75%	72%	**72%**
Priory Ward	80%	80%	**80%**
Montpellier Unit	50%	57%	**64%**
Honeybourne	N/A	70%	**65%**
Laurel House	N/A	65%	**81%**

* Data for Honeybourne and Laurel House (Recovery Units) was not collected in 2015/16 – only hospital wards were audited to reflect comparable data across both Gloucestershire and Herefordshire.

Year-end overall average compliance in Gloucester for these standards during this year is **73%** which is a slight improvement on the 72% achieved in 2016/17, it is noted that several inpatient areas have reduced in this area. There will be an increased focus on ensuring that these standards are met throughout next year.

Herefordshire Services

Criterion	Year End compliance (2015/16)	Year End Compliance 2016/17)	Year End Compliance (2017/18)
Overall Average Compliance	**N/A**	**74%**	**71%**
Cantilupe Ward	**N/A**	85%	**82%**
Jenny Lind Ward	**N/A**	71%	**68%**
Mortimer Ward	**N/A**	69%	**65%**
Oak House	**N/A**	70%	**68%**

Year-end overall average compliance in Herefordshire for these standards during this year is **71%** which is a 3% reduction on 2016/17 compliance. There will be an increased focus on ensuring that these standards are met throughout next year.

Trust wide compliance for each of the individual criteria assessed is outlined in the table below. For future audits, services will focus on the criteria scoring an **AMBER** or **RED** RAG rating to promote improvement.

		Current compliance (Q4)	Direction of travel and previous compliance (Q3)
1.	Has a Risk Summary been completed?	100%	⇔ (100%)
2.	Has the Clustering Assessment and Allocation been completed?	87%	⇧ (83%)
3.	Has HEF been completed? (LD only)	100%	⇧ (0%)
4.	Has the Pre-Discharge Planning Form been completed?	30%	⇩ (33%)
5.	Have the inpatient care plans been closed within 7 days of discharge?	22%	⇔ (22%)
6.	Has the patient been discharged from bed?	100%	⇔ (100%)
7.	Has the Nursing Discharge Summary Letter to Client/GP been sent within 24 hours of discharge?	93%	⇧ (86%)
8.	Has the 48 hour follow up been completed if the Community Team are not doing it?	94%	⇩ (96%)

Of the eight individual criteria assessed, compliance has remained the same for three criteria, increased for three criteria and decreased for 2 criteria.

This target has not been met.

Target 1.3 To ensure that joint Care Programme Approach reviews occur for all service users who make the transition from children's to adult services.

The period of transition from children and young people's services (CYPS) to adult mental health services is often daunting for both the young person involved and their family or carers. We want to ensure that this experience is as positive as it can be by undertaking joint Care Programme Approach (CPA) reviews between children's and adult services every time a young person transitions to adult services.

Results from 2016-17 transitions are also included below so that historical comparative information is available.

Gloucestershire Services
2016-17 Results

Criterion	Compliance Quarter 1 (2016/17)	Compliance Quarter 2 (2016/17)	Compliance Quarter 3 (2016/17)	Compliance Quarter 4 (2016/17)
Joint CPA Review	86%	100%	100%	N/A

2017-18 Results

During the Quarters 1-3 all young people who transitioned into adult services had a joint CPA review. However, during Quarter 4 there were 4 young people who made this transition, only 3 of these received a joint CPA review.

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%	100%	75%

Herefordshire Services
2016-17 Results

Criterion	Compliance Quarter 1 2016/17)	Compliance Quarter 2 (2016/17)	Compliance Quarter 3 (2016/17)	Compliance Quarter 4 (2016/17)
Joint CPA Review	33%	50%	100%	100%

2017-18 Results

Criterion	Compliance Quarter 1 (2017/18)	Compliance Quarter 2 (2017/18)	Compliance Quarter 3 (2017/18)	Compliance Quarter 4 (2017/18)
Joint CPA Review	100%	100%	Not applicable	Not applicable

During the Quarters 1-2 all young people who transitioned into adult services had a joint CPA review. In Quarters 3-4 no young people transitioned into either adult mental health, or adult learning disability services.

To improve our practice and documentation in relation to this target, a number of measures were developed during 2017-18 as follows:

- Transition to adult services for any young person will be included as a standard agenda item for teams, to provide the opportunity to discuss transition cases;
- Transition will be included as a standard agenda item in caseload management to identify emerging cases;
- Teams are encouraged to contact adult mental health services to discuss potential referrals;
- There is a data base which identifies cases for transition;
- SharePoint report identifies those young people who are 17.5 years open to teams. Team Managers will monitor those who are coming up to transition discuss them with care coordinators in caseload management to see whether transition is clinically indicated.

These measures will continue to be used to promote good practice and as the target was not achieved we will maintain this as a quality priority in 2018/19.

We did not meet this target.

User Experience

In this domain, we have set ourselves 1 goal of improving service user experience and carer experience with 4 associated targets.

- Improving the experience of service users in key areas. This was measured though defined survey questions for both people in community and inpatient settings.

The Trust's **How did we do?** survey combines the NHS Friends and Family Test and the Quality Survey. The Quality Survey questions encourage people to provide feedback on key aspects of their care and treatment.

The two elements of the **How did we do?** survey will continue to be reported separately as Friends and Family Test and Quality Survey responses by county. A combined total percentage for both counties is also provided to mirror the methodology used by the CQC Community Mental Health Survey.

Data for Quality Survey (Quarter 4 2017/18 – January to March 2018) results:

Target 2.1 Were you involved as much as you wanted to be in agreeing the care you will receive? > 92%

Question	County	Number of responses	Target Met?
Were you involved as much as you wanted to be in agreeing the care you receive?	Gloucestershire	82 (70 positive)	**87%** **TARGET 92%**
	Herefordshire	21 (20 positive)	
	Total	103 (90 positive)	

This target has not been met.

Target 2.2 Have you been given information about who to contact outside of office hours if you have a crisis? > 74%

Question	County	Number of responses	Target Met?
Have you been given information about who to contact outside of office hours if you have a crisis?	Gloucestershire	84 (67 positive)	**84%** **TARGET 74%**
	Herefordshire	20 (20 positive)	
	Total	104 (87 positive)	

This target has been met.

Target 2.3 Have you had help and advice about taking part in activities that are important to you? >69%

Question	County	Number of responses	Target Met?
Have you had help and advice about taking part in activities that are important to you?	Gloucestershire	85 (72 positive)	**88%** **TARGET 69%**
	Herefordshire	19 (19 positive)	
	Total	104 (91 positive)	

This target has been met.

Target 2.4 Have you had help and advice to find support for physical health needs if you have needed it? > 76%

Question	County	Number of responses	Target Met?
Have you had help and advice to find support for physical health needs if you have needed it?	Gloucestershire	80 (69 positive)	**88%** **TARGET 76%**
	Herefordshire	15 (15 positive)	
	Total	95 (84 positive)	

This target has been met.

Quality survey targets were reviewed and refreshed in line with the launch of the **How did we do?** Survey. Three out of the four targets set have been exceeded. This is good news and suggests that, of those people who responded to the survey, most are feeling supported to meet their needs and explore other activities. The one target that hasn't been fully achieved this quarter continues to receive a high percentage of positive responses. Going forward for 2018/19, targets were reviewed in line with the national Community Mental Health Survey undertaken by the CQC. Targets have been set using the CQC response data rather than this year's results of the Quality Survey questions

Friends and Family Test (FFT)

FFT responses and scores for Quarter 3

The FFT involves service users being asked:

"How likely are you to recommend our service to your friends and family if they needed similar care or treatment?"

Our Trust played a key role in the development of an Easy Read version of the FFT. Roll out of this version ensures that everybody is supported to provide feedback.

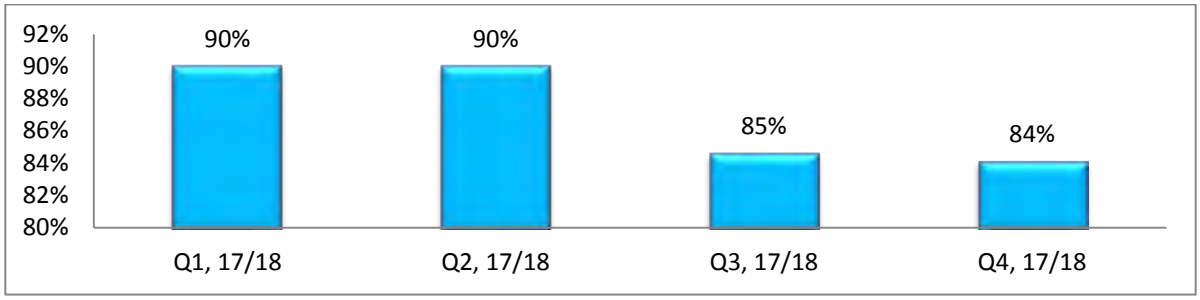
The table below details the number of combined total responses received by the Trust each month in Quarter 4. The FFT score is the percentage of people who stated that they would be 'extremely likely' or 'likely' to recommend our services. These figures are submitted for national reporting.

	Number of responses	FFT Score (%)
October 2017	257 (222 positive)	86%
November 2017	276 (220 positive)	80%
December 2017	417 (357 positive)	86%
Total	**950** (799 positive) **(last quarter = 864)**	**84%** **(last quarter = 85%)**

The Quarter 4 response rates are similar to the previous quarter. The **How did we do?** Survey was initially launched as a paper based survey. From 1 November 2017 the survey was distributed via text message to those people discharged from our community and inpatient services. The text messages ask the FFT questions and provide a link for people to complete additional Trust Quality Survey questions. This method has continued to be embedded during Quarter 4 2017/18 with good response.

FFT Scores for [2]gether NHS Foundation Trust for the past year

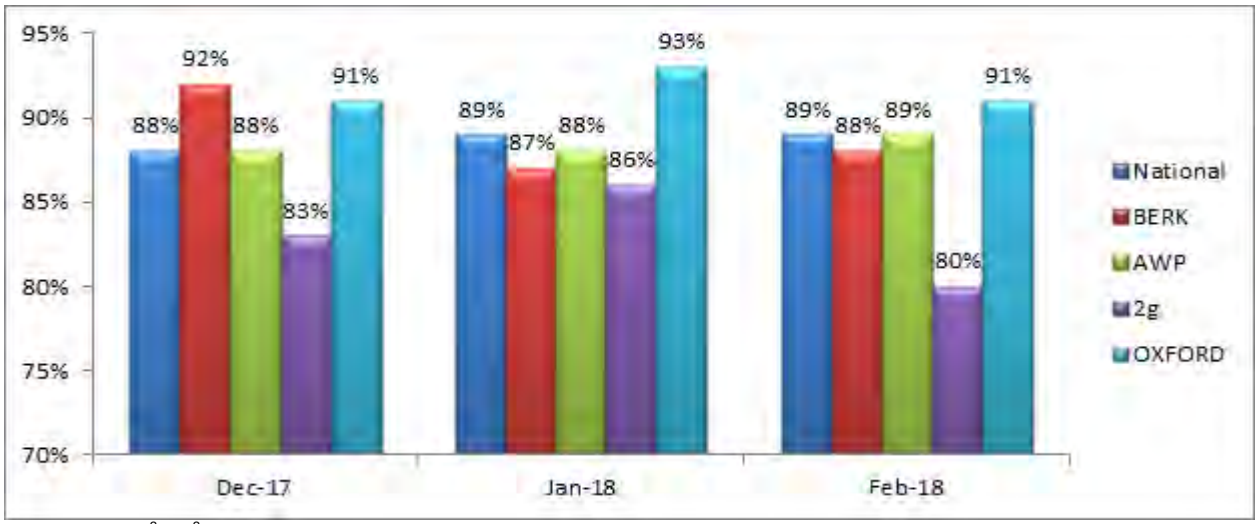
The following graph shows the FFT Scores for the past rolling year, including this quarter. The Trust receives consistently positive feedback.



The FFT score for Quarter 4 has remained consistent with previous quarters. The Trust continues to maintain a high percentage of people who would recommend our services.

Friends and Family Test Scores – comparison between [2]gether Trust and other Mental Health Trusts across England

The chart below shows the FFT scores for December 2017, January and February 2018 (the most recent data available) compared to other Mental Health Trusts in our region and the national average. Our Trust consistently receives a high percentage of recommendation in line with other Mental Health Trusts in the region (March 2018 data is not yet available).



[2]g – [2]gether NHS Foundation Trust // AWP – Avon and Wiltshire Mental Health Partnership NHS Trust
BERK – Berkshire Healthcare NHS Foundation Trust // OXFORD – Oxford Health NHS Foundation Trust

Complaints

Between 1 April 2017 and 31 March 2018 the Trust received **65** formal complaints, a reduction in actual number from the previous year. However, Figure 1 below (the numbers of complaints received by [2]gether in 2017/18 by month compared to the average over preceding 4 years) provides a trend line suggesting that the numbers of complaints received has been relatively consistent in relation to the number of people seen over a period of two years.

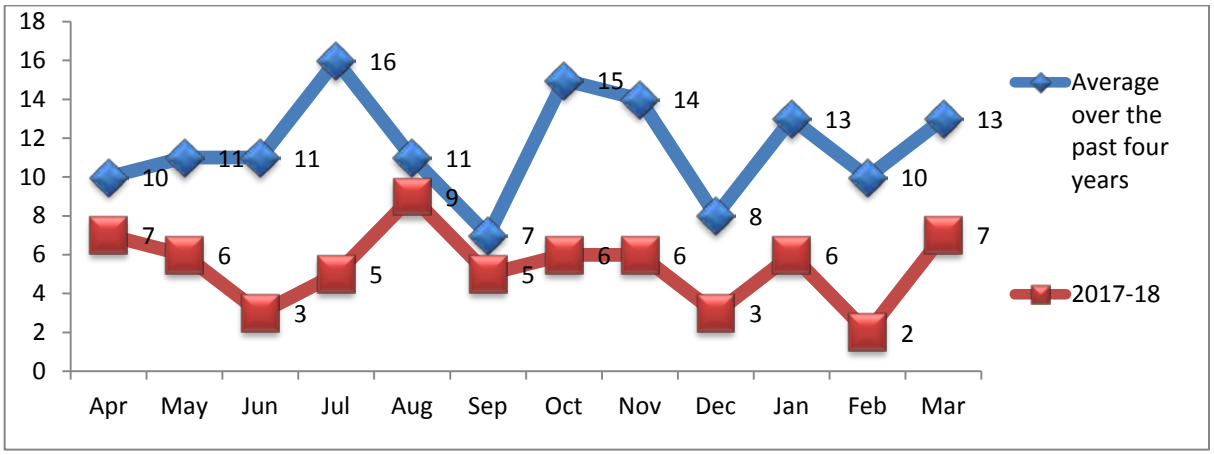


Figure 1

When the numbers of complaints are measured against the number of individual contacts within our services the percentage of complaints is very low (trend line shown for 2016/17 and 2017/18 in Figure 2).

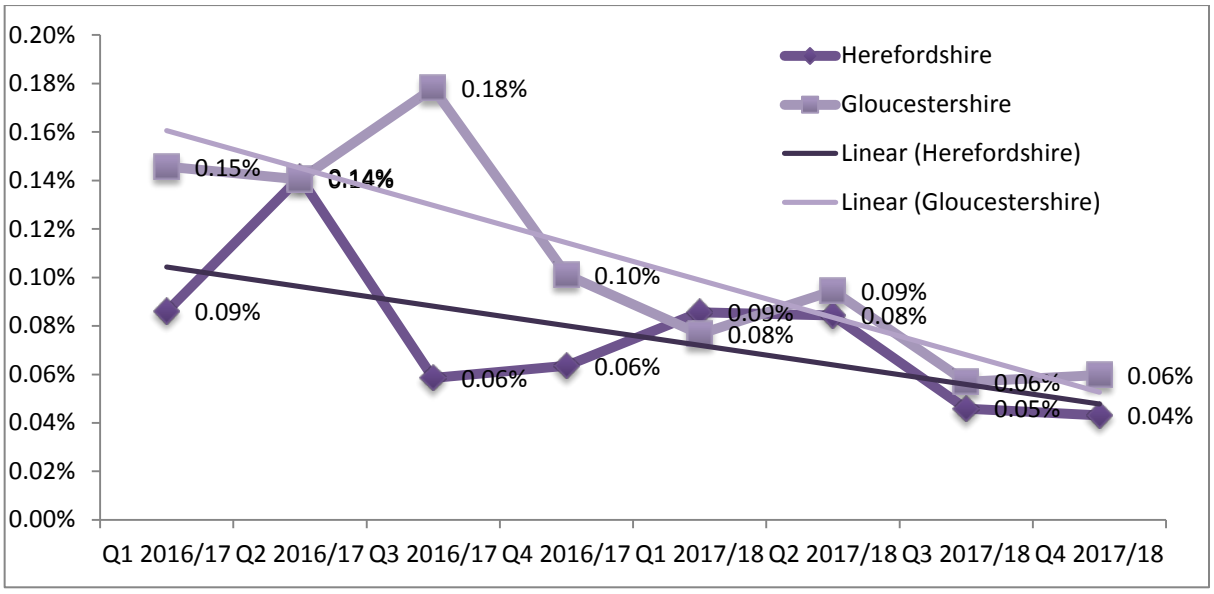


Figure 2

People who contact the Service Experience Department (SED) should receive a response within three working days. The SED will seek to resolve any concerns in the most timely and proportionate manner. Those who wish to pursue a formal complaint will have their complaint issues clarified and sent to them in writing for confirmation – this is known as the acknowledgement of complaint process.

A continuous year on year improvement in written acknowledgement of complaints within the expected three day timeframe has been demonstrated. **100%** (**65**) of complaints were acknowledged within the three day time standard this year.

During 2017/18 a greater proportion of concerns raised with the Service Experience Department were supported through the management of 'concerns' process.

Analysis of this information for 2017/18 shows that there has been a 39% reduction in the number of formal complaints (n=65), the number of concerns has remained relatively consistent with that of 2016/17 (reduction of 3%) (n=189) (Figure 3).

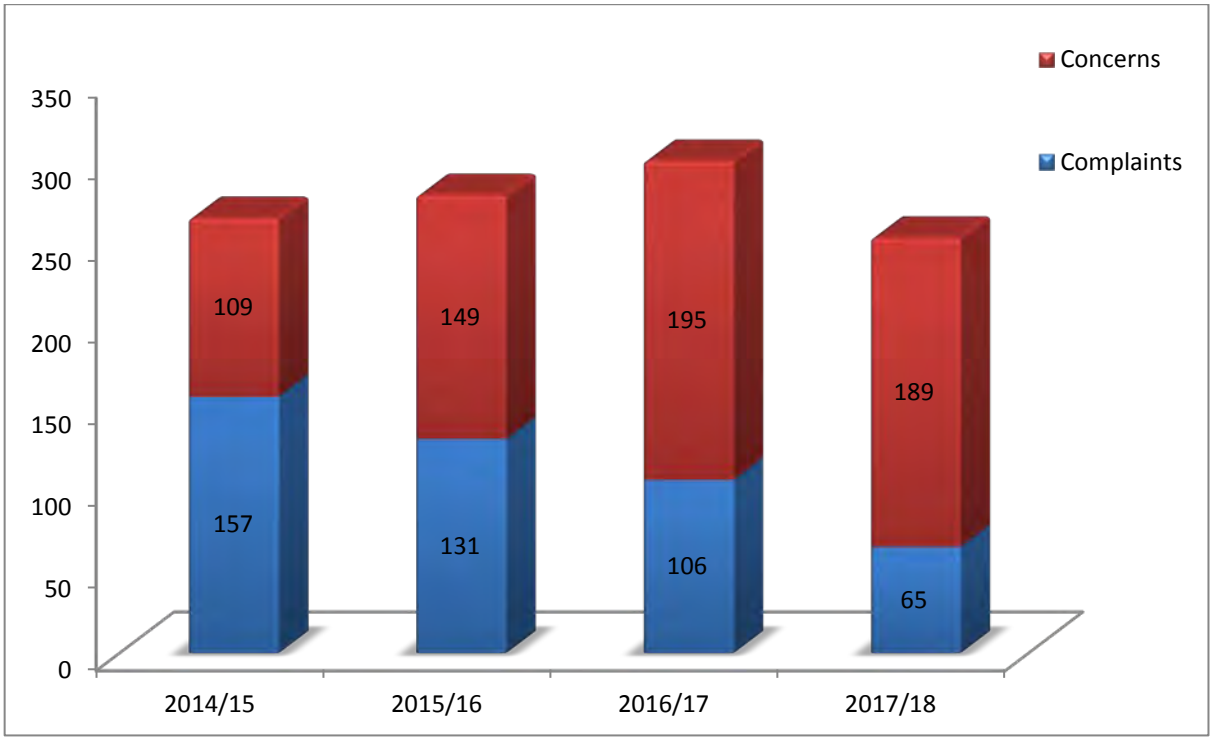


Figure 3

There has been a 16% decrease in the combined number of complaints and concerns reported to the Service Experience Department during 2017/18. It is important to acknowledge that the SED also record additional contacts made directly with the department and these are categorised as requiring advice or signposting and also recorded on Datix.

During 2016/17 164 contacts for advice or signposting were recorded, this type of contact has increased by 40% in 2017/18 with a total of 273 advice and signposting contacts recorded.

In total, an increase of 12% can be seen in 2017/18 for the total number of combined contacts made with the SED concerning either complaints, concerns or advice and signposting (2016/17 = 465 individual contacts recorded 2017/18 = 527 individual contacts recorded).

People are encouraged to seek an independent investigation of their complaint via an external review either by the Parliamentary Health Services Ombudsman (PHSO), Local Government Ombudsman or the Care Quality Commission (CQC) if they are not satisfied with the outcome of [2]gether's investigation or if they feel that their concern remains unresolved.

People are encouraged to seek an independent review of their complaint if they are dissatisfied with the complaint outcome or if they feel that their concern remains unresolved. Complainants are able to contact the Parliamentary Health Service Ombudsman (PHSO), Local Government Ombudsman (LGO) or Care Quality Commission (CQC) depending upon the issues contained within their complaint

The PHSO, LGO or CQC have requested information relating to 8 complaints during the last 12 months. These 8 complaints were all complaints reported and investigated by our Trust prior to 2017/18.

Status of the 8 complaints:

- 1 was investigated formally by the CQC. The investigation has concluded and closed with recommended actions for our Trust;
- 1 is currently under review with LGO to decide if formal investigation is to take place;
- 3 were taken forward for formal investigation by the PHSO. Two investigations have been concluded and 1 remains ongoing. Out of the two concluded investigations 1 was closed with no further action by our Trust and the other made recommendations for our Trust;
- 3 were closed with no further action from the PHSO.

2 of these cases have been closed by the PHSO requiring no further action from our Trust. 1 case remains under review with the LGO as to whether it will be taken forward for formal investigation. 1 case was formally investigated by the CQC**.**

4 complaints heard by our Trust have been investigated externally during 2017/18.

This is fewer than last year, although would represent 6% of complaints received during 2017/18, which is almost the same percentage as last year (5%). The slight increase can be accounted for due to decreased numbers of complaints received during 2017/18.

1 additional complaint initially raised in 2016 was taken forward by the PHSO for investigation during 2016/17. The investigation was concluded and closed during 2017/18 with no further action required.

A complaint investigated by the PHSO and one investigated by the CQC identified learning for our Trust. Action plans were developed and implemented in response on each occasion. Both action plans have been fully completed and closed during 2017/18.

The quarterly Service Experience Report to the Trust Board outlines in detail the themes of complaints, the learning and the actions that have been taken. Learning from complaints, concerns, compliments and comments is essential to the continuous improvement of our services.

Safety

Protecting service users from further harm whilst they are in our care is a fundamental requirement. We seek to ensure that we assess the safety of those who use our services as well as providing a safe environment for service users, staff and everyone else that comes into contact with us. In this domain, we have set ourselves 3 goals to:

- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Reduce the number of prone restraints used in our adult inpatient services:

There are 3 associated targets.

Target 3.1 Reduce the proportion of patients in touch with services who die by suspected suicide when compared with data from previous years. This will be expressed as a rate per 1000 service users on the Trust's caseload.

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles. In 2013/14, during which year we reported **22** suspected suicides, we set ourselves a specific quality target for there to be fewer deaths by suicide of patients in contact with teams and we have continued with this important target each year. Sadly the number increased and during 2016/17 we reported **26** suspected suicides. At the end of 2017/18 the number of reported suspected suicides was **28,** 2 more than at the end of last year. This is seen in Figure 4.

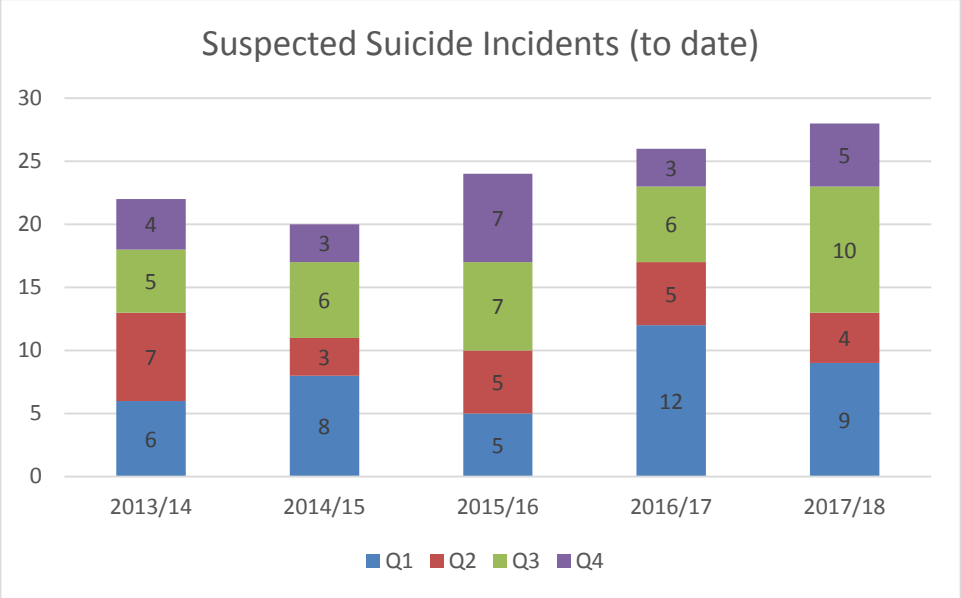


Figure 4

What we also know is that we are seeing more and more service users on our caseload year on year, so we measured this important target differently this year. This is also reported as a rate per 1000 service users on the Trust caseload. The graph in Figure 5 shows this rate from 2014/15 onwards for all Trust services covering Herefordshire and Gloucestershire, and we are aiming to see the median value (green line) get smaller. During both 2015/16 and 2016/17 the median value was 0.09. At the end of 2017/18 the median value remained at 0.09.

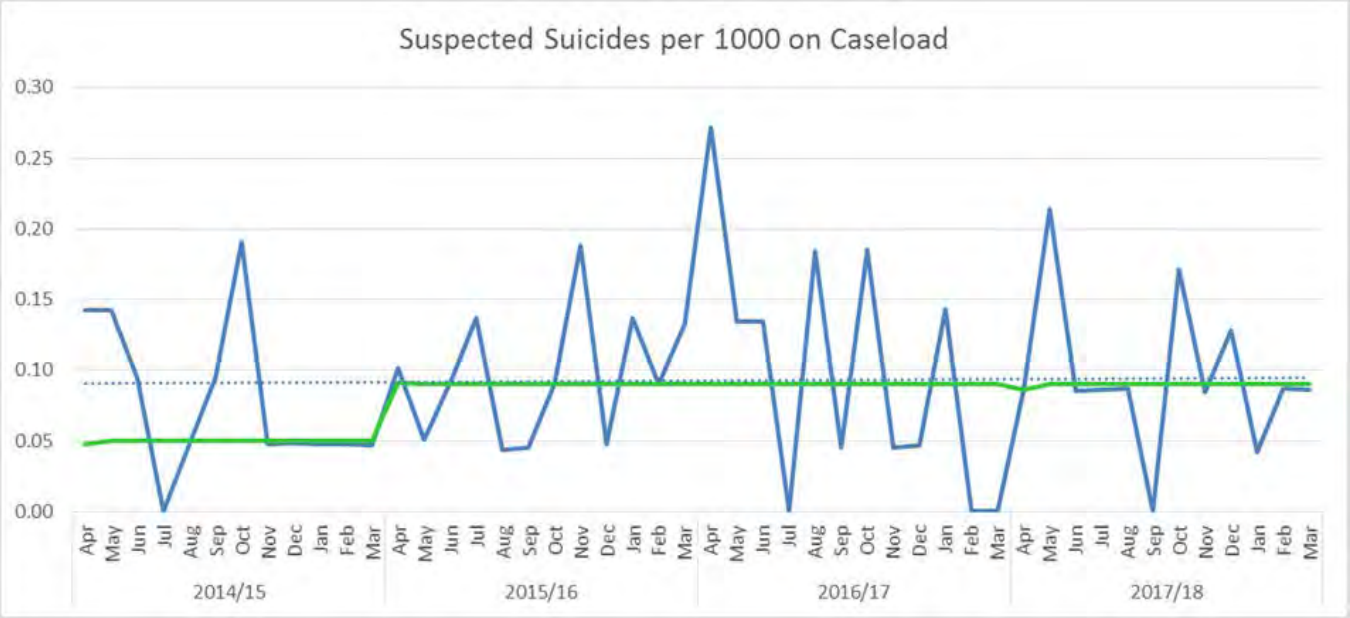


Figure 5

In terms of the inquest conclusions, these are shown in Figure 6 below. It is seen that the majority of reported suspected suicides are determined as such by the Coroner.

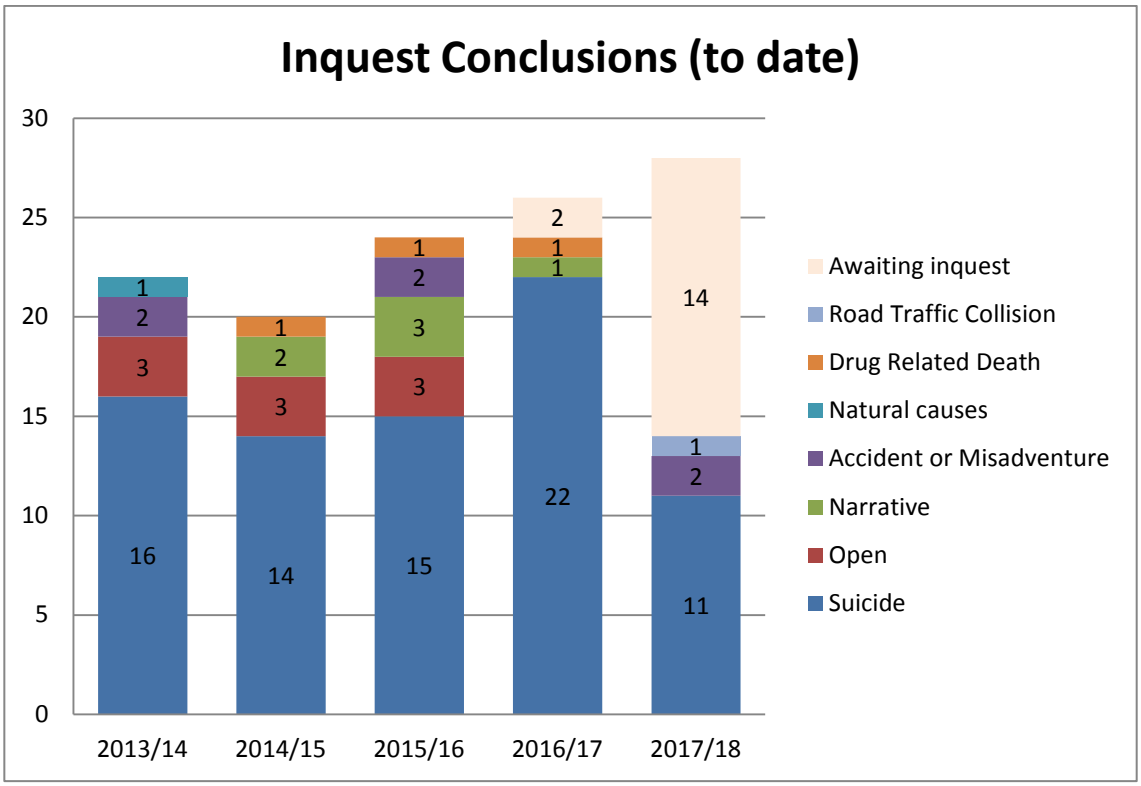


Figure 6

Information is provided below in Figures 7 & 8 for both Gloucestershire and Herefordshire services separately. It is seen that greater numbers of suspected suicides are reported in Gloucestershire services. There is no clear indication of why the difference between the two counties is so marked, but it is noted that the population of people in contact with mental health services in Gloucestershire is greater, and the overall population of Gloucestershire is a little over three times that of Herefordshire (based on mid -2015 population estimates).

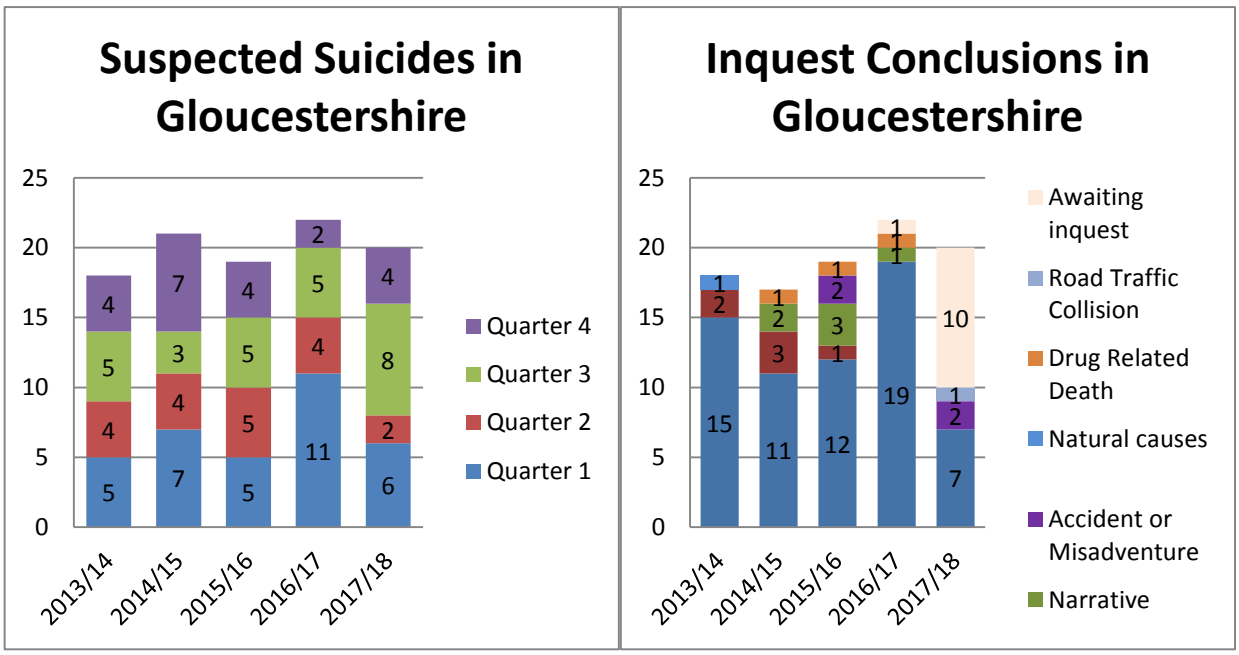


Figure 7

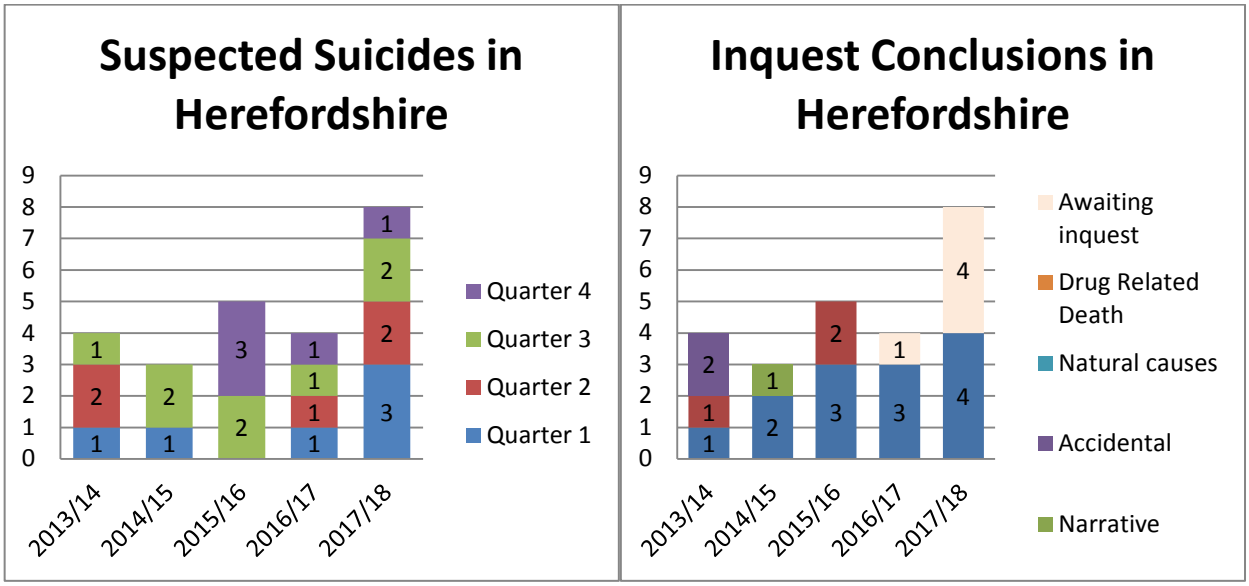


Figure 8

We will continue to work hard to identify and support those people experiencing suicidal ideation and aim to establish the interventions that will make the most impact for individuals. We launched the StayAlive App during 2017/18; this is a pocket suicide prevention resource for both people who are having thoughts of suicide and those who are concerned about someone else who may be considering suicide. This is available on AppStore and Google Play.

We have not met this target.

Target 3.2 Detained service users who are absent without leave (AWOL) will not come to serious harm or death.

Much work has been done to understand the context in which detained service users are absent without leave (AWOL) via the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative. AWOL reporting includes those service users who:

1. Abscond from a ward,
2. Do not return from a period of agreed leave,
3. Abscond from an escort.

What we want to ensure is that no service users who are AWOL come to serious harm or death, so this year we are measuring the level of harm that people come to when absent.

In **2015/16** we reported **114** occurrences of AWOL (83 in Gloucestershire and 31 in Herefordshire as seen in the table below.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	55	19	9	**83**
Herefordshire	23	4	4	**31**
Total	**78**	**23**	**13**	**114**

None of these incidents led to serious harm or death.

In **2016/17** we reported **211** occurrences of AWOL (162 in Gloucestershire and 49 in Herefordshire detailed in the table below) so there was a considerable increase in the numbers of people who were AWOL. There are a number of factors which influence this, including open wards, increased numbers of detained patients in our inpatient units, increased acuity, and on occasion, service users who leave the hospital without permission multiple times.

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	95	49	18	**162**
Herefordshire	40	4	5	**49**
Total	**135**	**53**	**23**	**211**

None of these incidents led to serious harm or death.

At the end of **2017/18** the following occurrences of AWOL have been reported

	Absconded from a ward	Did not return from leave	Absconded from an escort	Total
Gloucestershire	72	59	11	**142**
Herefordshire	20	3	5	**28**
Total	**92**	**62**	**16**	**170**

None of these incidents led to serious harm or death.

We are meeting this target.

Target 3.3 To reduce the number of prone restraints by 5% year on year (on all adult wards & PICU)

During 2015/16, the Trust developed an action plan to reduce the use of restrictive interventions, in line with the 2 year strategy – Positive & Safe: developed from the guidance Positive and Proactive Care: reducing the need for restrictive interventions. This strategy offered clarity on what models and practice need to be undertaken to support sustainable reduction in harm and restrictive approaches, with guidance and leadership by the Trust Board and a nominated lead.

The Trust developed its own Positive & Safe Sub-Committee during 2015/16 which is a sub-committee of the Governance Committee. The role of this body is to:

- Support the reduction of all forms of restrictive practice;
- Promote an organisational culture that is committed to developing therapeutic environments where physical interventions are a last resort;
- Ensure organisational compliance with the revised Mental Health Act 1983 Code of Practice (2015) and NICE Guidance for Violence and Aggression;
- Oversee and assure a robust training programme and assurance system for both Prevention & Management of Violence & Aggression (PMVA) and Positive Behaviour Management (PBM);
- Develop and inform incident reporting systems to improve data quality and reliability;
- Improve transparency of reporting, management and governance;
- Lead on the development and introduction of a Trust wide RiO Physical Intervention Care Plan/Positive Behavioural Support.

As use of prone restraint (face down) is sometimes necessary to manage and contain escalating violent behaviour, it is also the response most likely to cause harm to an individual. Therefore, we want to minimise the use of this wherever possible through effective engagement and occupation in the inpatient environment. All instances of prone restraint are recorded and this information was used to establish a baseline in 2015/16. Overall, there were **121** occasions when prone restraint was used in our acute adult wards and PICU.

At the end of 2016/17, **211** instances of prone restraint were used as seen in Figure 9 which was an overall increase.

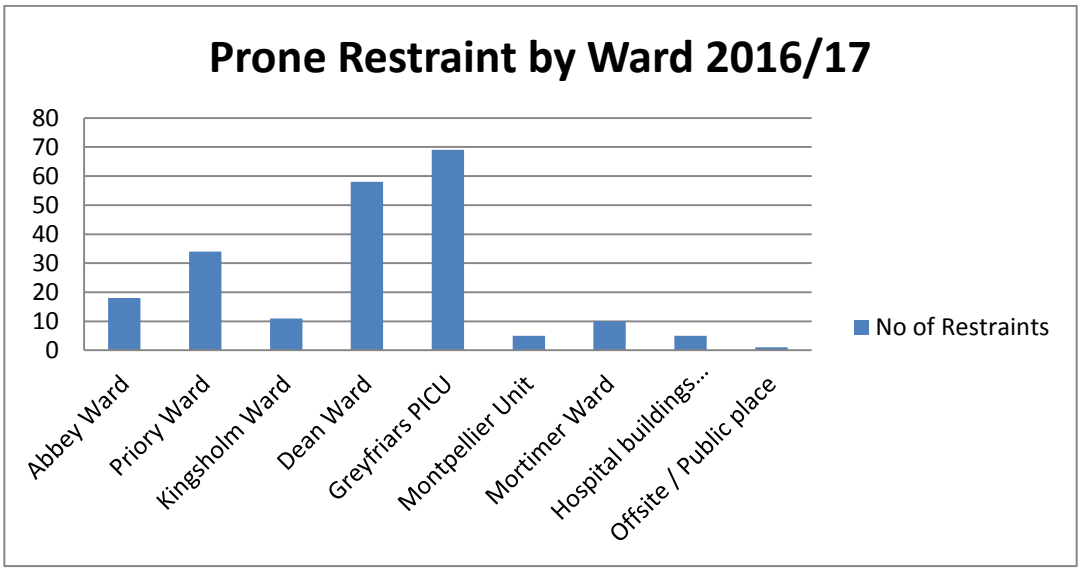
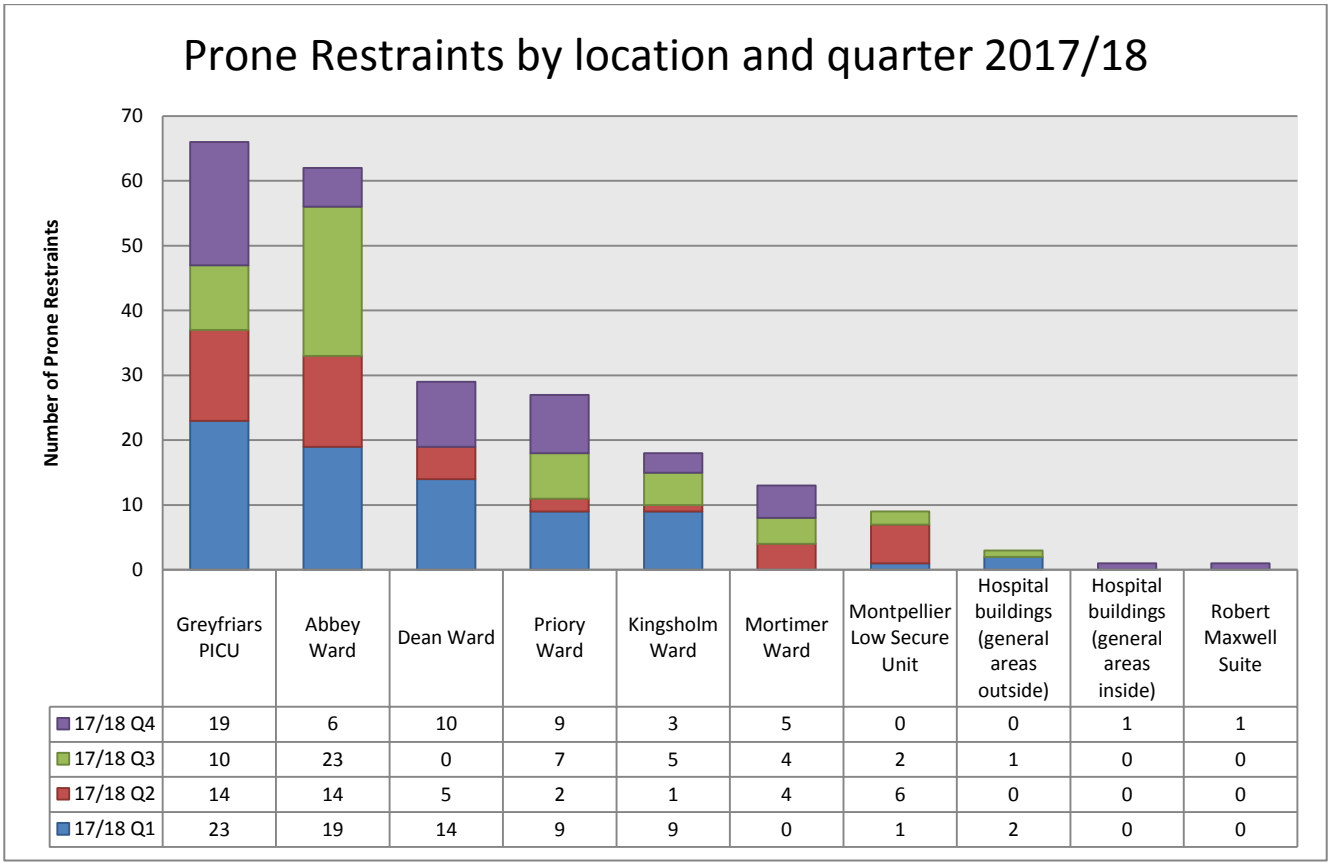


Figure 9

In terms of further developments to minimise the use of prone restraint, injection sites for the purpose of rapid tranquillisation have been reviewed. Historically, staff have been trained to provide rapid tranquillisation intramuscularly via the gluteal muscles, this necessitates the patient being placed into the prone restraint position if they are resistant to the intervention. New training is being rolled out to all inpatient nursing and medical staff to be able to inject via the quadriceps muscles. This requires the patient to be placed in the supine position which poses less risk. These important changes were introduced during 2017/18 and it is anticipated that we will ultimately see a corresponding reduction in the use of prone restraint over time

By the end of 2017/18, **229** instances of prone restraint were used so we did not see a 5% reduction by year end.



	Greyfriars PICU	Abbey Ward	Dean Ward	Priory Ward	Kingsholm Ward	Mortimer Ward	Montpellier Low Secure Unit	Hospital buildings (general areas outside)	Hospital buildings (general areas inside)	Robert Maxwell Suite
17/18 Q4	19	6	10	9	3	5	0	0	1	1
17/18 Q3	10	23	0	7	5	4	2	1	0	0
17/18 Q2	14	14	5	2	1	4	6	0	0	0
17/18 Q1	23	19	14	9	9	0	1	2	0	0

Figure 10

In reviewing our restraint data in detail over the past 2 years, we have, however, seen an encouraging increase in the use of supine restraint as an appropriate less risky alternative to prone restraint. In 2018/19 our aim will, therefore, be to see an increase in the use of supine restraint as an alternative to prone restraint. Our target will be to see a greater percentage of supine restraints compared to prone.

Figure 11 overleaf shows numbers of supine and prone restraint over the past two years.

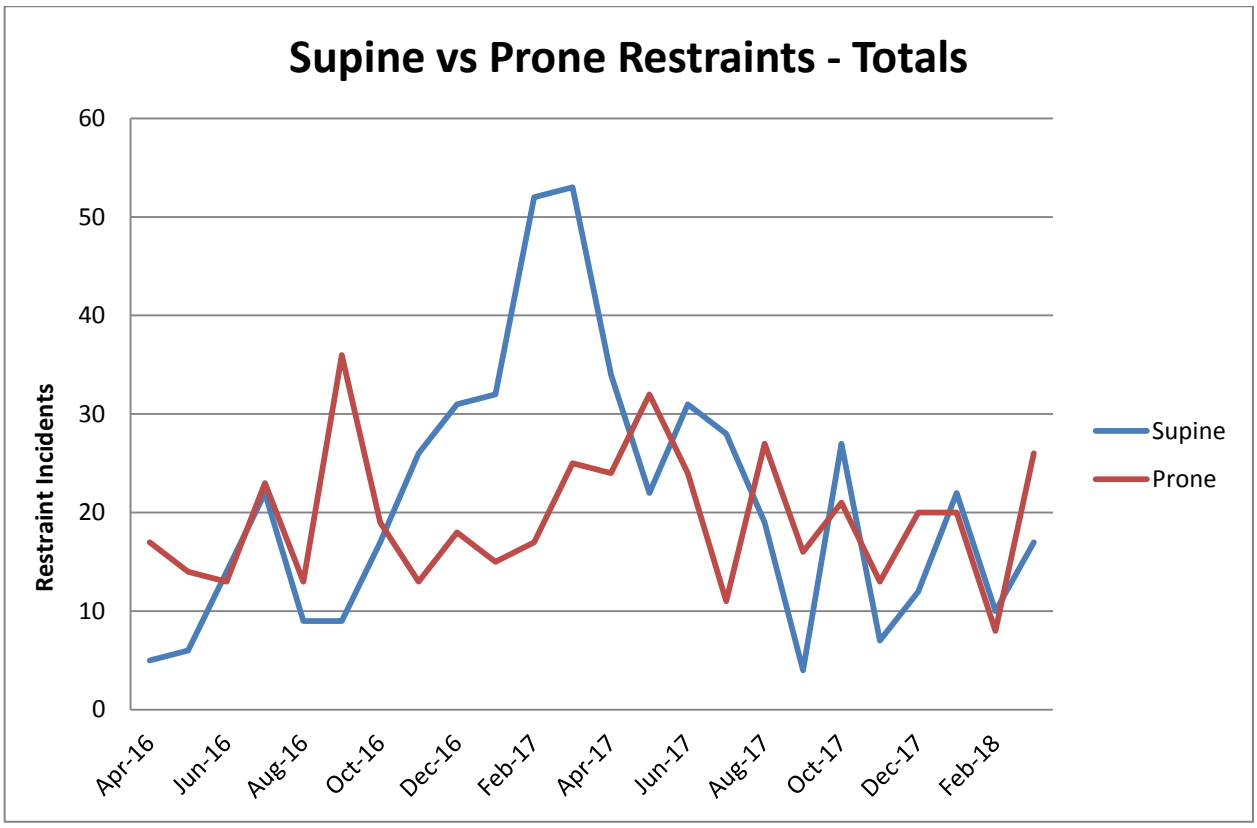


Figure 11

We have not yet met this target.

Serious Incidents reported during 2017/18

By the end of 2017/18, **50** serious incidents were reported by the Trust, **5** of which were subsequently declassified; the types of these incidents reported are seen below in Figure 12.

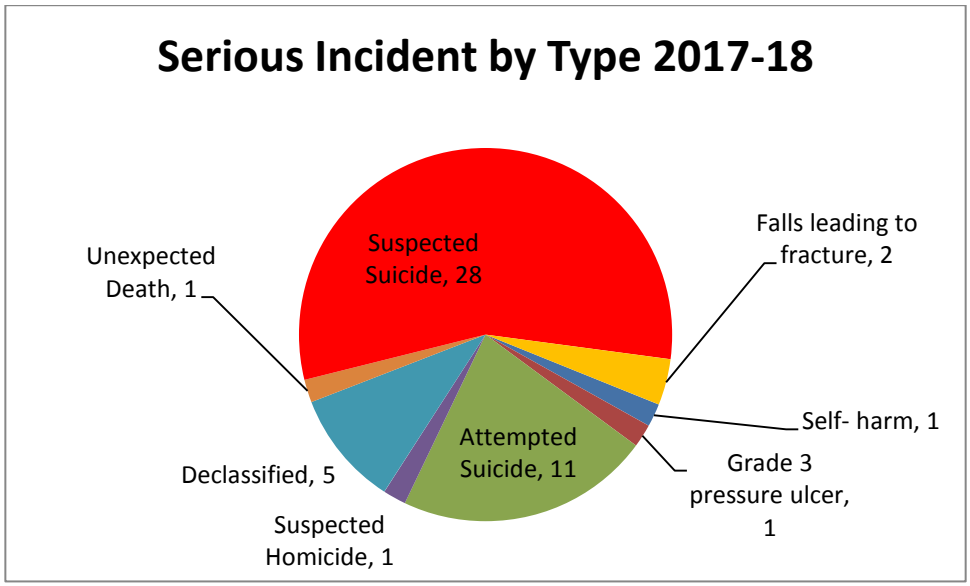


Figure 12

Figure 13 shows a 4 year comparison of reported serious incidents. The most frequently reported serious incidents are “suspected suicide” and attempted suicide which is why we continue to focus on suicide prevention activities in partnership with stakeholders. All serious incidents were investigated by senior members of staff, all of whom have been trained in root cause analysis techniques. To further improve consistency of our serious incident investigations we have appointed a whole time equivalent Lead Investigator commenced this important work in May 2017, and 2 further dedicated Investigating Officers are now available via the Trust’s Staff Bank.

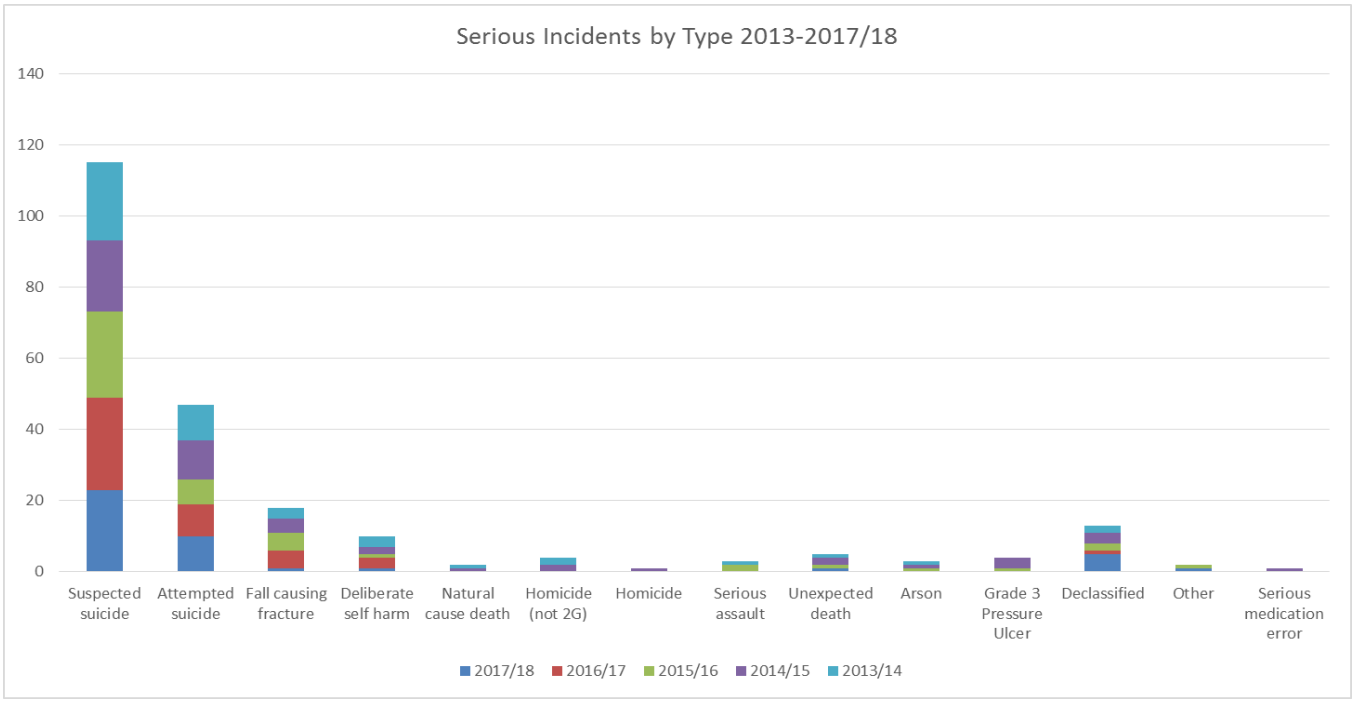


Figure 13

Wherever possible, we include service users and their families/carers to ensure that their views are central to the investigation, we then provide feedback to them on conclusion. During 2016/17 we engaged the Hundred Families organisation to deliver 'Making Families Count' training to 51 staff to improve our involvement of families and a further 20 staff attended an additional Hundred Families workshop regarding 'Involving Families in Serious Incidents' in November 2017. During 2018/19 we will also be developing processes to provide improved support to people bereaved by suicide. The Trust shares copies of our investigation reports regarding "suspected suicides" with the Coroners in both Herefordshire and Gloucestershire to assist with the Coronial investigations.

There have been no Department of Health defined "Never Events" within the Trust during 2017/18. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

Duty of Candour

The Duty of Candour is a statutory regulation to ensure that providers of healthcare are open and honest with services users when things go wrong with their care and treatment. The Duty of Candour was one of the recommendations made by Robert Francis to help ensure that NHS organisations report and investigate incidents (that have led to moderate harm or death) properly and ensure that service users are told about this.

The Duty of Candour is considered in all our serious incident investigations, and as indicated in our section above regarding serious incidents, we include service users and their families/carers in this process to ensure their perspective is taken into account, and we provide feedback to them on conclusion of an investigation. Additionally, we review all reported incidents in our Datix System (incident reporting system) to ensure that any incidents of moderate harm or death are identified and appropriately investigated.

To support staff in understanding the Duty of Candour, we have historically provided training sessions through our Quality Forums and given all staff leaflets regarding this. There is also a poster regarding this on every staff notice board. During the CQC comprehensive inspection of our services in 2015, they reviewed how the Duty of Candour was being implemented across the Trust and provided the following comments in their report dated 27 January 2016.

"Staff across the trust understood the importance of being candid when things went wrong including the need to explain errors, apologise to patients and to keep patients informed."

"We saw how duty of candour considerations had been incorporated into relevant processes such as the serious investigation framework and complaints procedures. Staff across the trust were aware of the duty of candour requirements in relation to their role."

Our upgraded Incident Reporting System (Datix) has been configured to ensure that any incidents graded moderate or above are flagged to the relevant senior manager/clinician, who in turn can investigate the incident and identify if the Duty of Candour has been triggered. Only the designated senior manager/clinician can "sign off" these incidents.

We are aware that further work is required to ensure that all incidents of moderate harm are appropriately reported and that the service user experiencing this harm is fully informed and supported. This will be a key area of further development and consolidation throughout 2018/19.

Sign up to Safety Campaign – Listen, Learn and Act (SUP2S)

[2]gether NHS Foundation Trust signed up to this campaign from the outset and was one of the first 12 organisations to do so. Within the Trust the campaign is being used as an umbrella under which to sit all patient safety initiatives such as the NHS South of England Patient Safety and Quality Improvement Mental Health Collaborative, the NHS Safety Thermometer, Safewards interventions and the Reducing Physical Interventions project. Participation in SUP2S webinars has occurred, and webinar recordings are shared with colleagues.

A Safety Improvement Plan has been developed, submitted and approved. Monitoring of progress as a whole is completed every 6 months via the Trust Governance Committee, but each work stream has its own regular forum and reporting mechanisms.

Indicators 2017/2018

The following table shows the NHSI mental health metrics that were monitored by the Trust during 2017/18.

		2016-2017 Actual	National Threshold	2017-2018 Actual
1	Early Intervention in psychosis EIP: people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	**71.3%**	50%	**70%**
2	Ensure that cardio-metabolic assessment & treatment for people with psychosis is delivered routinely in the following service areas: -inpatient wards -early intervention in psychosis services -community mental health services (people on CPA)	 - - -		 **95%** **92%** **90%**
3	Improving access to psychological therapies (IAPT): Proportion or people completing treatment who move to recovery (from IAPT database) Waiting time to begin treatment (from IAPT minimum dataset - treated within 6 weeks of referral - treated within 18 weeks of referral	**-** **37.8%**	50% 75% 95%	**50%** **67%** **85%**
4	Admissions to adult facilities of patients under 16 years old.	**-**		**1**
5	Inappropriate out of area placements for adult mental health services	**-**		**24**

Community Survey 2017

The Care Quality Commission (CQC) requires that all mental health Trusts in England undertake an annual survey of patient feedback. [2]gether NHS Foundation Trust has, for several years, commissioned Quality Health to undertake this work.

The 2017 survey of people who use community mental health services involved 56 providers in England. The data collection was undertaken between February and June 2017 using a standard postal survey method. The sample was generated at random using the agreed national protocol for all clients on the CPA and Non-CPA Register seen between 1st September and 30th November 2016. [2]gether NHS Foundation Trust received one of the highest percentage response rates at 33% (national average of 26%).

Full details of this survey questions and results can be found on the following website:
http://nhssurveys.org/Filestore/MH17_bmk_reports/MH17_RTQ.pdf

²gether NHS Foundation Trust is categorised as performing 'better' than the majority of other mental health Trusts in 5 of the 10 domains and 'about the same' as the majority of other mental health Trusts in the remaining 5 domains. ²gether NHS Foundation Trust is not categorised as performing 'worse' than the majority of other mental health Trusts for any of the domains or any of the evaluative questions. The results are tabulated below together with the scores out of 10 for ²gether NHS Foundation Trust calculated by the CQC.

²gether's scores and comparison with other Trusts

Score (out of 10)	Domain of questions	How the score relates to other trusts
8.0	Health and social care workers	Same as others
8.9	Organising Care	Better than others
7.3	Planning care	Same as others
7.8	Reviewing care	Same as others
7.3	Changes in who people see	Better than others
6.5	Crisis care	Same as others
7.9	Treatment	Better than others
5.7	Support and Wellbeing	Better than others
7.9	Overall view of care and services	Better than others
7.5	Overall experience	Same as others

²gether NHS Foundation Trust obtained the highest score achieved by **any** Trust on 5 of the 32 evaluative questions:

- *Have you agreed with someone from NHS mental health services what care you will receive?*
- *Were these treatments or therapies explained to you in a way that you could understand?*
- *Do the people you see through NHS mental health services help you with what is important to you?*
- *In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?*
- *Overall experience*

Next Steps

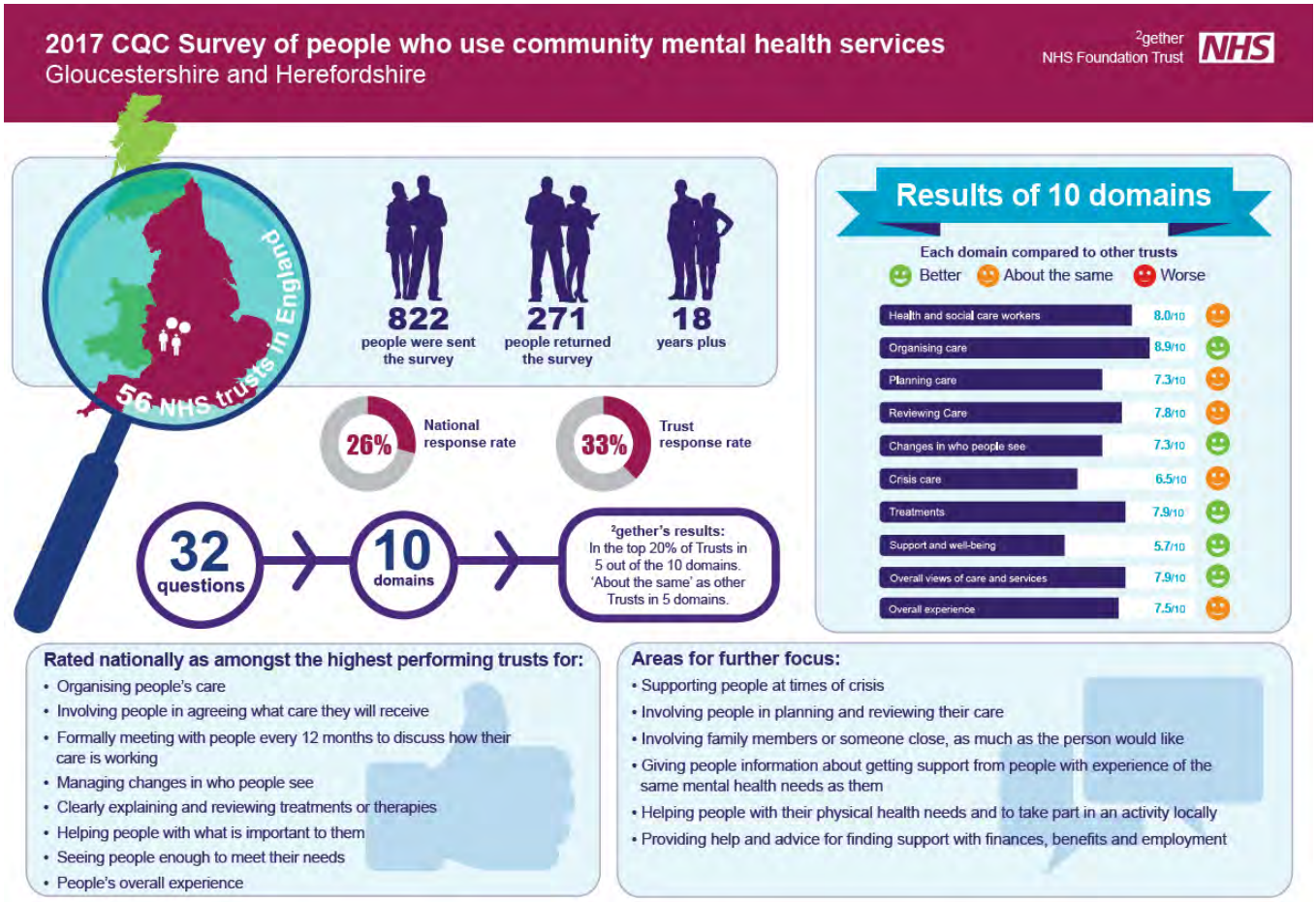
²gether NHS Foundation Trust scored well this year overall by comparison to other Trusts, being one of only three English mental health Trusts classed as 'better than expected'. However, there continue to be areas where further development and continued effort would enhance the experience of people in contact with ²gether NHS Foundation Trust's services. For example, the results in the crisis care domain suggest that further work is required in this area. It would appear from the CQC 2017 scores and information from a range of other service experience information (reported to Board quarterly) that actions being taken to enhance service experience over recent years are having a positive impact. However, areas for further development are evident and these will be reflected in an action plan

The **priority areas** to undertake further work have been identified by considering where the scores suggest a lower degree of satisfaction overall. As such, the following areas for further practice development are proposed:

- Supporting people at times of crisis
- Involving people in planning and reviewing their care
- Involving family members or someone close, as much as the person would like
- Giving people information about getting support from people with experience of the same mental health needs as them

- Helping people with their physical health needs and to take part in an activity locally
- Providing help and advice for finding support with finances, benefits and employment

The 2017 results have already been provided for all colleagues through a global email which celebrates our successes and thanks them for their dedication. Further cascade will be undertaken through Team Talk across Herefordshire and Gloucestershire. The results will be cascaded to Service Directors for sharing with Teams and for generating ideas for continued practice development. An infographic has been developed to share the local results in a more accessible format and this is seen below.



Staff Survey 2017

The Trust participates in the annual NHS Staff Survey alongside quarterly Staff Friends and Family Tests (FFT). While staff also have a wide variety of other ways to feed back their views and experiences of work, the NHS Staff Survey provides the most in-depth analysis of how staff view the Trust as an employer and as a provider of mental health and learning disability services.

The responses to each of the questions asked are grouped into 32 key findings, progress against which can be measured year on year. These key findings and the questions within the survey are set nationally.

For the second year running, all staff in post were invited to take part in the survey. Previously the survey had only been sent to a random sample of staff. The overall response rate in the most recent survey was **45%** (improved from 40% the previous year). This equated with **921** staff taking the time to contribute their views (up from 777 the previous year). The 2017 survey has arguably provided the richest and most accurate picture of the staff views in the Trust to date.

Overall staff engagement has remained steady with the result being derived from three Key Findings:

- KF1 – Staff recommendation of the Trust as a place to work or receive treatment
- KF4 – Staff motivation at work
- KF7 – Staff ability to contribute towards improvements at work.

The Trust score was **3.88** (from a possible 5) and was better than the national average for mental health/learning disability trusts, and better than the national average for all NHS organisations.

The results of the 2017 Survey showed the Trust to be better than average in 17 Key Findings (53%) and better than average or average in 27 (84%) of the overall 32 key findings. There were no statistically significant improvements in any of the categories. However, there was a statistically significant deterioration in two key findings:

- KF29 - % of staff reporting errors, near misses or incidents witnessed in the last month
- KF18 - % of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves.

It is encouraging to note that the number of staff recommending the organisation as a place to work or receive treatment has again increased and was higher than the national average. Staff motivation at work and ability to contribute to improvements at work also both remain above the national average.

After a disappointing score in 2015, followed by significant improvements in 2016, the percentage of staff reporting good communication between senior managers and staff has again improved and is equivalent with the national average for mental health trusts. Effective team working saw an improvement as did satisfaction with resourcing and support, both Key Findings being higher than the national average.

The Survey results are also used to inform progress against the Workforce Race Equality Standard (WRES), introduced in 2014. Four of the nine WRES indicators are taken from the survey. Both white and BME staff groups reported that there were equal opportunities for career progression and promotion, at rates better than the national average. The percentage of BME staff experiencing harassment, bullying or abuse from patients mirrors the average rate for mental health trusts in England. The percentage of Trust BME staff experiencing harassment, bullying, discrimination or abuse from colleagues is less than half the national average.

Nationally within the NHS, levels of bullying and harassment arguably remain high but as a Trust we continue to work to eliminate this. Over the last 12 months we have increased the number of Dignity at Work Officers and we continue to promote Whistleblowing alongside our confidential dialogue system

known as Speak in Confidence as part of the wider suite of measures introduced to offer support to staff.

Following internal reviews and discussions of the findings, the Trust will focus on three priority areas corporately over the coming year. These include:

- Improving Staff Health and Well-being;
- Improving Reporting of Incidents;
- Making more effective use of patient and service user feedback.

Each Locality has also reviewed their local ratings and been asked to agree priority areas and actions to focus on in the coming year.

More recently, in quarter 4 at the end of 2017/18, the Trust ran its 12th Staff Friends and Family Test with staff rating the Trust on the following basis:

- **90.5%** of staff would recommend the Trust as place to receive treatment - an increase by 3.5 % points to the best score since the introduction of the test.

- **77%** of staff would recommend the Trust as a place to work - risen from 73%, also the best score to date.

While this is encouraging, the Trust continues to work with staff and managers towards achieving further longer term improvements in staff experience and engagement.

PLACE Assessment 2017/18

In April 2013, Patient Led Assessments of the Care Environment (PLACE) were introduced in England. PLACE are self-assessments carried out voluntarily that involve local people who go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food, cleanliness, general building maintenance, Dementia friendly environments and for the first time this year a disability domain has been added. PLACE focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job. It is only concerned about the non-clinical activities. The Trust has achieved very positive results placing us above the national average for Mental Health and Learning Disability settings in seven of the eight domains. PLACE is now in its fifth year and the 2017 outcome is seen below.

Site Name	Cleanliness	Food Overall	Organisational Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Overall 2gether Trust Score: (taken from Organisation Average)	**97.21%**	**88.69%**	**90.32%**	**88.21%**	**97.55%**	**97.93%**	**97.53%**	**95.31%**
HOLLYBROOK	**100.00%**	**90.72%**	**88.87%**	**93.49%**	**100.00%**	**99.59%**	**N/A**	**99.00%**
CHARLTON LANE	**100.00%**	**91.57%**	**90.41%**	**92.75%**	**98.41%**	**99.41%**	**100.00%**	**96.55%**
WOTTON LAWN	**100.00%**	**93.26%**	**90.44%**	**96.74%**	**98.99%**	**99.54%**	**N/A**	**97.71%**
HONEYBOURNE	**100.00%**	**94.23%**	**90.44%**	**98.91%**	**100.00%**	**100.00%**	**N/A**	**100.00%**
LAUREL HOUSE	**100.00%**	**94.00%**	**89.56%**	**100.00%**	**100.00%**	**99.63%**	**N/A**	**100.00%**
STONEBOW UNIT	**89.78%**	**71.30%**	**90.44%**	**55.77%**	**93.67%**	**96.06%**	**94.50%**	**91.81%**
OAK HOUSE	**79.87%**	**N/A**	**N/A**	**N/A**	**88.57%**	**78.46%**	**N/A**	**68.42%**
National Average MH/LD	98.00%	89.68%	87.70%	91.50%	90.60%	95.20%	84.80%	86.30%

Key

At or above MH/LD National Average	
Below England MH/LD average	

The condition, appearance and maintenance PLACE scores are very high in the Trust across with every unit, apart from Oak House, being above the National Average. A programme of refurbishment for Oak House commenced in November 2017. The poor cleanliness scores for the Stonebow unit were the consequence of a reduced input from Sodexo, following the Trust serving notice on the contract. Quality has significantly improved following the TUPE of the staff over to Trust Management.

On the day of assessment the quality of the food at the Stonebow Unit was very poor, which brought down the overall score for the site, and the Trust below the national average for mental health and Learning disability units. The food at the Stonebow unit was CookFreeze from Tilery Valley Foods, supplied by Sodexo. The food has consistently scored poorly in the PLACE assessments over recent years. Since the PLACE assessment the catering staff have transferred to the Trust and we have changed the food supplier to Apetito, in line with Charlton Lane and Wotton Lawn which scored 92.75% and 96.74% respectively.

Annex 1: Statements from our partners on the Quality Report

Gloucestershire Health and Care Overview and Scrutiny Committee

On behalf of the Health and Care Overview and Scrutiny Committee I welcome the opportunity to comment on the 2gether NHS Foundation Trust Quality Account 2017/18.

This has been a significant year for the Trust following the decision to integrate with Gloucestershire Care Services NHS Trust, and the appointment of both a Joint Chair and Joint Chief Executive. The committee is supportive of the aim to provide seamless mental and physical health services to patients, service users and carers, and looks forward to hearing the detail of the proposals as they emerge.

I consider that this is an open and honest Quality Account that does not shy away from the challenges faced by the Trust, is clear where improvement is still needed, and has both patients and staff wellbeing at its centre.

Last year the committee was concerned with the number of suspected deaths by suicide, and whilst the way in which this target is measured is different this year, notes that there has been an increase in these deaths in Gloucestershire.

I welcome the target to reduce the use of prone restraint on patients and the move to using supine restraint.

The committee is pleased to see the improvement in performance against IAPT targets, but does note that there is still work to do to reach the required level of support. Committee members are also pleased to see the mainly positive outcomes from the Patient Led Assessments of the Care Environment (PLACE), and hopes to see an improvement in the overall food score in the next assessment.

The committee welcomes the award, by the Carers Trust, of a second gold star as part of the Triangle of Care scheme.

The committee is pleased to note that further improving personalised discharge care and improving the transition process for children and young people who move into adult mental health services are specifically identified as priorities.

I would particularly like to thank the Trust for its work with the committee and Ruth FitzJohn and Shaun Clee for their commitment to mental health and wellbeing services in Gloucestershire.

The committee looks forward to working with Ingrid Barker and Paul Roberts as they lead the Trust on its journey to integration with Gloucestershire Care Services NHS Trust.

Cllr Carole Allaway Martin
Chairman
Health and Care Scrutiny Committee

Healthwatch comments on 2gether NHS Foundation Trust Quality Account 2017-18

Thank you for the opportunity for Healthwatch Herefordshire to comment on the 2gether Quality Account 2017-18.

Healthwatch Herefordshire is very pleased to support the annual report. We know that the Trust has been working hard to improve service quality and we support their continued aim for further improvement in the future.

As the report demonstrates though there are a number of areas which you highlight as needing further improvement. We are particularly concerned to see further progress in the IAPT access and outcomes measures, we strongly support the continued implementation of the Triangle of Care system and also service users we have contact with confirm your findings that care planning on discharge needs more attention. We also hear from service users that the community nursing arrangements are not working consistently across the County and we would hope to see this addressed.

Our recently formed Mental Health Forum is proving a valuable source of useful feedback and we look forward to developing links with it and 2gether to work to assist with service development and improvement in the future.

Yours Sincerely,

Ian Stead
Chair, Healthwatch Herefordshire

Healthwatch Gloucestershire's Response to 2gether NHS Foundation Trust Quality Statement 2017/2018

Healthwatch Gloucestershire welcomes the opportunity to comment on 2gether NHS Foundation Trust's quality account for 2017/18. Healthwatch Gloucestershire exists to promote the voice of patients and the wider public with respect to health and social care services. Over the past year we have continued to work with 2gether NHSFT to ensure that patients and the wider community are appropriately involved in providing feedback and that this feedback is taken seriously. Over the past year Healthwatch Gloucestershire came under a new provider but has continued to work with 2gether NHSFT.

We welcome the ongoing work based on the CQC report that remains a driving force for positive change. We support the Trust's priorities of personalised discharge planning, but we note that this has been an ongoing issue for some time and share concerns that progress on this isn't being made as quickly as the Trust may want.

It is encouraging to note that the Quality Measures are meeting the targets for User Experience and would suggest that these could be more challenging to have more of a positive impact.

We welcome the adaptations to the Friends and Family Test (FFT) to include an Easy Read version for users of the service with Learning difficulties, and it is heartening to note that these remain fairly consistent across the year. We would welcome improvements to the FFT scores so that they became more aligned to National and regional providers' scores.

We are concerned that the actual number of suicides of those who use the Trust's services continues to rise despite remaining a priority. Although we understand that case load has also risen, this constitutes a worrying trend and at best shows (using the new measurement) that the numbers of suicides in the Trust remains static. We note that the Trust has developed the Stay Alive App and will be interested to see how well this works for those with suicidal ideation and their friends and family.

Referral to treatment times for the Improving access to psychological therapies (IAPT) service are not at present meeting national targets. The Trust has not outlined any actions to improve these targets and therefore we would like to understand more about future plans and what interim services may be available for those waiting to use the service.

We note that the Trust has highlighted a priority of reducing the number of prone restraints and welcome the new training in place to reduce risk. We will be interested to see how this is evaluated in the next year, and the positive impact it has on patients.

Healthwatch Gloucestershire looks forward to working with 2gether over the coming year to ensure that the experiences of patients, their families and unpaid carers are heard and taken seriously.

Alan Thomas
Interim Chair,
Healthwatch Gloucestershire
Shadow Steering Group

NHS
Herefordshire
Clinical Commissioning Group

Herefordshire CCG response to 2gether NHS Foundation Trust Quality Accounts

Herefordshire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2017/18.

The report is well written, concise and easy to understand.

The 2017/18 Quality Report demonstrates that the trust has overcome most of the challenges, concerns and opportunities that the Trust faced in 2016/17. Herefordshire CCG continues to regularly attend the Trust Quality Committee meetings and are made to feel welcome and contribute constructively at the Contract Quality Review Forum.

The CCG acknowledge 2gNHSFT's continuing focus on patient and carer experience and the delivery of comprehensive high quality of care across a range of integrated health and social care services across the county, which underpins all clinical work delivered by the Trust.

The CCG notes that the Trust did not reach its targets of (for Hereford patients):

- A further improvement in personalised discharge care planning in adult and older peoples wards, including the provision of discharge information to primary care services within 24 hours of discharge

The CCG is pleased to note that this remains a priority for the trust.

The CCG endorses the continued work on the research strategy as it enters its third year, including its ambition to be a 'world class centre of practice-based research and developments to make life better'; the building on the review of the Assessment and Care Management CPA and Assessing and Managing of Clinical Risk and Safety policies. We also welcome the work on the Alzheimer's disease and dementia research with Cobalt Health and look forward to its integration into primary health care as it further develops.

We were pleased to note there continues to be a high level of 2gNHSFT engagement in both national and local clinical audits and research as well as participation in national confidential enquiries, with a 100% response rate. Which have led to changes in practice for example, the development of Level 3 Child Protection (safeguarding) training internally and the learning from the Covert Medicines Administration audit.

We further endorse the work on data quality which underpins the effective provision of care and treatment, including the use of Masterclasses to underpin the CPA audit and the development of the patient treatment list (PTL) to current care pathways.

The CCG reviews 2gNHSFT's incident responses on a regular basis and find robust systems and processes in place with evidence of duty of candour has been undertaken in each report and evidence that learning is embedded within the wider Trust workforce.

The CCG endorses all 2gNHSFT's priorities for improvement as contained in this report in the expectation that they will lead to improved delivery against effectiveness, service user experience and safety, supporting improved outcomes for service users.

Following a review of the information presented within this report, coupled with commissioner led reviews of quality across all providers, the CCG is satisfied with the accuracy of the report.

Helen Richardson
Chief Nursing Officer

NHS
Gloucestershire
Clinical Commissioning Group

NHS Gloucestershire CCG Comments in Response to 2gether NHS Foundation Trust Quality Report 2017/18

NHS Gloucestershire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2017/18 in line with NHS Improvement guidance '*Detailed requirements for quality reports 2017/18*' published January 2018.

The report clearly identifies how the Trust performed against the agreed quality priorities for improvement for 2017/18 and also outlines their priorities for improvement in 2018/19. The CCG endorses the quality priorities included in the report whilst acknowledging the difficult financial challenges 2gNHSFT have to address in the future, particularly in the implementation and delivery of the Gloucestershire STP. We will continue to work with the Trust where targets have not been met.

2gNHSFT had a comprehensive CQC inspection during February and March 2018 and we note that the outcome of that inspection is still awaited. We note that the comprehensive CQC inspection during October 2015, where the overall outcome was rated as 'good' continues to inform many of the Trust's quality initiatives. The CCG will continue to work with the Trust to monitor the implementation of the CQC action plan developed to address any areas identified for further improvement in 2018/19.

The CCG note the development of a new Quality Strategy for 2018 – 2020 and we will work with the Trust to monitor implementation to ensure the delivery of high quality, effective services to improve the lives of service users, their families and carers.

We acknowledge that the Trust did achieve many of their targets in 2017/18 and were pleased to note good progress in supporting service users with their physical health, the provision of information on who to contact in a crisis and reducing the number of service users who went absent without leave. The CCG acknowledge the significant work and commitment of staff to become Smokefree. We were pleased to note the Trust's achievements in being in the top three mental health trusts for the number of frontline staff vaccinated against flu, and of being amongst the top three mental health providers nationally in the CQC's community mental health survey for 2017. However, 2gNHSFT did not achieve a number of targets and the CCG will work with the Trust to ensure these priorities will continue to be a focus for achievement in 2018/19.

We wish to acknowledge the extensive work undertaken by the Trust and progress to date against the Gloucestershire Improving Access to Psychological Therapies (IAPT) recovery plans. This continues to remain a high priority for the CCG, and we will continue to work with 2gNHSFT in 2018/19 to improving access to IAPT services to meet national targets.

2gNHSFT were compliant in meeting the CQUIN requirements and achieved targets in 2017/18 with the exception of Goal Number 3 - Improving Services for people with mental health needs who present to A&E. However, this was due to circumstances outside the control of 2gNHSFT and this has been acknowledged by the CCG. We will continue to work with the Trust on the achievement of their CQUIN goals for 2018/19 and delivery of clinical improvements and transformational change as set out in the Five Year Forward View and NHS Mandate.

The CCG are pleased to note the Trust's focus on continuing improvement in identified priorities for effectiveness, service user experience and safety in 2017/18. We note achievement of targets in 2017/18, and whilst there are a number of areas where targets were partially or not achieved, the CCG are content that the Quality Report provides a balanced view.

The CCG also acknowledge the Trust's commitment to Learning from Deaths, identification of learning and actions put in place to improve patient safety and the quality of care for service users. [2]gNHSFT has continued to engage in partnership working with other provider organisations to share this learning across the wider healthcare system in Gloucestershire. The CCG will continue to work with the Trust to monitor progress against these requirements in 2018/19.

The CCG acknowledge [2]gNHSFT's continued strong focus on service user and carer experience and quality of caring and whilst not all targets were met in improving the experience of service users in key areas, the Trust continues to receive a high percentage of positive responses. We are pleased to note that the FFT score for Q4 has remained consistent with other quarters and they continue to maintain a high number of people who would recommend their services.

We were also pleased to note that [2]gNHSFT scored well overall in comparison to other mental health Trusts in the 2017 CQC Community Survey.

The CCG also wish to acknowledge the Trust has again achieved very positive results in the Patient Led Assessments of the Care Environment (PLACE) 2017 and were placed above the national average for Mental Health and Learning Disability settings with the exception of one unit.

We recognise that the Trust's response rate to the Staff Survey 2017 saw an overall increase in the response rate, and that overall staff engagement has remained steady, whilst this survey has provided the richest and most accurate picture of staff views. We note the Trust score was again higher than the nation average when compared to other Mental Health and Learning Disabilities Trusts, and in 2017 was better than the national average for all NHS organisations.

We were pleased to note there continues to be a high level of clinical participation in local clinical audits, and also a positive increase in activity in relation to Clinical Research.

The CCG will continue to work with [2]gNHSFT during the current merger with Gloucestershire Care Services (GCS) and resulting reorganisational change to ensure the trust is in a strong position to manage both present and future challenges in delivering mental health and learning disabilities services that provide best value with a clear focus on providing high quality, safe and effective care for the people of Gloucestershire.

Gloucestershire CCG wish to confirm that to the best of our knowledge we consider that the 2017/18 Quality Report contains accurate information in relation to the quality of services provided by [2]gNHSFT. During 2018/19 the CCG wish to work with [2]gNHSFT, all stakeholders and the people of Gloucestershire to further develop ways of receiving the most comprehensive reassurance we can regarding the quality of the mental health and learning disability services provided to the residents of Gloucestershire and beyond.

Dr Marion Andrews-Evans
Executive Nurse & Quality Lead
NHS Gloucestershire CCG

Herefordshire Health and Social Care Overview and Scrutiny Committee

Thank you for inviting comment on your quality account for 2017.

Congratulations on your ethos of continuous improvement.

It is noted that there is considerable improvement needed on the arrangements for transition between children's and adults' services, although it is noted that this is being explored. The latest Care Quality Commission report is awaited with interest.

Having looked at some of the performance data in the report, it would be interesting to have more detailed information regarding the root cause analysis relating to deaths in order to provide greater understanding and clarity in this area.

With regard to the performance against targets by percentage, it understood that these are performance targets and it is good to see where these are exceeded. However, these should be 100% targets in all cases, for example all patients/relatives should be discharged with the knowledge of who to contact if support is required.

The priorities covered in the account are appropriate. However, anecdotally, relatives may feel vulnerable if not fully informed or equipped to meet someone's needs upon discharge.

It has been noted that there are concerns regarding the lack of locally accessible inpatient treatment for eating disorders, and we would encourage and welcome any consideration of more local provision, including a shared provision with our neighbours.

Cllr Polly Andrews, Chair of the Adults and Wellbeing Scrutiny Committee
Cllr Carole Gandy, Chair of the Children and Young People Scrutiny Committee

The Royal College of Psychiatrists

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

2gether NHS Foundation Trust			
Programmes	**Participating services in the Trust**	**Accreditation Status**	**Number of Services Participating Nationally**
AIMS Rehab: A Quality Network for Mental Health Rehabilitation Services	Honeybourne Recovery Unit	Accredited	66
	Laurel House	Accredited	
AIMS-WA: A Quality Network for Working-age Adult Wards	Mortimer Ward, Stonebow Unit	Not yet assessed	145
	Abbey Ward, Wotton Lawn Hospital	Accredited	
	Dean Ward, Wotton Lawn Hospital	Accredited as excellent	
	Kingsholm Ward, Wotton Lawn Hospital	Accredited as excellent	
	Priory Ward, Wotton Lawn Hospital	Accredited as excellent	
ECTAS: Electro Convulsive Therapy Accreditation Service	Stonebow (Hereford)	Accredited	80
	Wotton Lawn (Gloucester)	Accredited as excellent	
EIPN**:** Early Intervention in Psychosis Network	GRIP (Gloucestershire)	Accreditation not offered by this Network	155
	Herefordshire Early Intervention Service	Accreditation not offered by this Network	
HTAS: Home Treatment Accreditation Service	Cheltenham Crisis Resolution and Home Treatment Team	Accredited	54
	Gloucester Crisis Resolution and Home Treatment Team	Accredited	
	Stroud and Cirencester Crisis Resolution and Home Treatment Team	Accredited	
MSNAP: Memory Services National Accreditation Project	Gloucester Memory Service	Accredited (no longer member)	75
QNCC: Quality Network for Community CAMHS	Gloucester CYPS	Participating but not yet undergoing accreditation	42
	Eating Disorder Service	Participating but not yet undergoing accreditation	
QNOAMHS: Quality Network for Older Adults Mental Health Services	Cantilupe Ward	Accredited	87
	Jenny Lind	Accredited as excellent	
	Chestnut Ward	Accreditation deferred	
	Willow Ward	Accreditation deferred	
	Mulberry Ward	Participating but not yet undergoing accreditation	
QNPICU: AIMS PICU: Psychiatric Intensive Care Units	Greyfriars PICU	Accredited as excellent	38

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 to prepare Quality Accounts for each financial year.

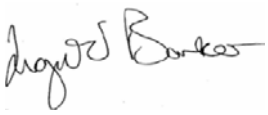
NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality 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 2017/18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2017 to March 2018
    - papers relating to Quality reported to the Board over the period April 2017 to April 2018
    - feedback from Gloucestershire commissioners dated May 2018
    - feedback from Herefordshire commissioners dated May 2018
    - feedback Governors dated 17 January 2017
    - feedback from Herefordshire Healthwatch dated May 2018
    - feedback from Gloucestershire Healthwatch dated May 2018
    - feedback from Gloucestershire Health and Care Overview and Scrutiny Committee dated May 2018
    - feedback from Herefordshire Overview and Scrutiny Committee dated May 2018
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2018
    - the 2017 national patient survey
    - the 2017 national staff survey
    - the Head of Internal Audit's annual opinion over the trust's control environment dated May 2018
    - CQC inspection report dated 28 January 2016
- 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 MHs Improvement'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.

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



Ingrid Barker, Chair
25 May 2018

Paul Roberts, Chief Executive
25 May 2018

Annex 3: Glossary

ADHD	Attention Deficit Hyperactivity Disorder
BMI	Body Mass Index
CAMHS	Child & Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CHD	Coronary Heart Disease
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
CYPS	Children and Young Peoples Service
DATIX	This is the risk management software the Trust uses to report and analyse incidents, complaints and claims as well as documenting the risk register.
GriP	Gloucestershire Recovery in Psychosis (GriP) is ^{2}gether's specialist early intervention team working with people aged 14-35 who have first episode psychosis.
HoNOS	Health of the Nation Outcome Scales – this is the most widely used routine Measure of clinical outcome used by English mental health services.
IAPT	Improving Access to Psychological Therapies
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.
MCA	Mental Capacity Act
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.
MRSA	Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections in humans. It is also called multidrug-resistant
MUST	The Malnutrition Universal Screening Tool is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition),

	or obese. It also includes management guidelines which can be used to develop a care plan.
NHS	The National Health Service refers to one or more of the four publicly funded healthcare systems within the United Kingdom. The systems are primarily funded through general taxation rather than requiring private insurance payments. The services provide a comprehensive range of health services, the vast majority of which are free at the point of use for residents of the United Kingdom.
NICE	The National Institute for Health and Care Excellence (previously 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.
PBM	Positive Behaviour Management
PHSO	Parliamentary Health Service Ombudsman
PICU	Psychiatric Intensive Care Unit
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Reported Outcome Measures (PROMs) assess the quality of care delivered to NHS patients from the patient perspective.
PMVA	Prevention and Management of Violence and Aggression
RiO	This is the name of the electronic system for recording service user care notes and related information within ^{2}gether NHS Foundation Trust.
ROMs	Routine Outcome Monitoring (ROMs)
SIRI	Serious Incident Requiring Investigation, previously known as a “Serious Untoward Incident”. A serious incident is essentially an incident that occurred resulting in serious harm, avoidable death, abuse or serious damage to the reputation of the trust or NHS. In the context of the Quality Report, we use the standard definition of a Serious Incident given by the NPSA
SMI	Serious mental illness
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 4: How to Contact Us

About this report

If you have any questions or comments concerning the contents of this report or have any other questions about the Trust and how it operates, please write to:

Paul Roberts
Chief Executive
2gether NHS Foundation Trust
Rikenel
Montpellier
Gloucester
GL1 1LY

Or email him at: paul.roberts@glos-care.nhs.uk

Alternatively, you may telephone on 01452 894000 or fax on 01452 894001.

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 894673
- Completing our Online Feedback Form at www.2gether.nhs.uk
- Completing our Comment, Concern, Complaint, Compliment Leaflet, available from any of our Trust sites or from our website www.2gether.nhs.uk
- Using one of the feedback screens at selected Trust sites
- Contacting the Patient Advice and Liaison Service (PALS) Advisor on 01452 894072
- Writing to the appropriate service manager or the Trust's Chief Executive

Alternative formats

If you would like a copy of this report in large print, Braille, audio cassette tape or another language, please telephone us on 01452 894000 or fax on 01452 894001.

Annual Accounts 2017/18

Foreword to the Financial Statements

ve been prepared by [2]gether NHS Foundation Trust under Paragraphs 24 & 25 of schedule 7 to the National Health Service Act 2006.

[2]gether NHS Foundation Trust provides mental health services to the populations of Gloucestershire and Herefordshire.

NHS Improvement (NHSI), our Regulator, set [2]gether NHS Foundation Trust a Control Total of a surplus of £0.883m for 2017/18. Provided this Control Total was met NHSI would provide Sustainability and Transformation Funding (STF) of £0.642m.

[2]gether NHS Foundation Trust achieved a surplus of £0.934m and therefore met its Control Total and received the STF of £0.642m. However as we over-achieved our Control Total, [2]gether NHS Foundation Trust was also eligible for both Incentive STF and Bonus STF monies. We received a further £0.059m Incentive STF and a further £1.214m Bonus STF monies.

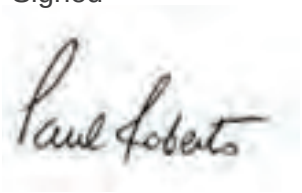
This means that for 2017/18 [2]gether NHS Foundation Trust has achieved a surplus of £2.207m for NHS segmentation purposes, and received £1.915m of STF in total.

To reconcile to our reported financial position of a deficit of £13.524m, impairment costs of £15.731m need to be deducted from the surplus of £2.207m. However impairment costs are a technical non cash financial adjustment arising from a change in asset values and do not count against the achievement of our Control Total or our segmentation.

NHSI segments all NHS Trusts on a scale of 1 to 4 with 1 being the best achievable; [2]gether NHS Foundation Trust has a segmentation of 2.

The Trust is working on a merger project with Gloucestershire Care Services NHS Trust which is being supported by NHS Improvement. This is expected to come to fruition in 2019/20 and is not expected to have any adverse impact on the operations, finance or going concern position of the Trust.

Signed



Paul Roberts, Chief Executive
Date: 25 May 2018

STATEMENT OF COMPREHENSIVE INCOME - for the period ended 31 March 2018

	NOTE	12 Months to 31 March 2018 £000	12 Months to 31 March 2018 £000	12Months to 31 March 2017 £000	12Months to 31 March 2017 £000
Operating income from continuing operations	6		**119,589**		112,813
Remuneration		**(83,928)**		(80,788)	
Drugs		**(1,194)**		(1,277)	
Clinical supplies & services		**(1,628)**		(922)	
Non clinical supplies & services		**(1,302)**		(1,320)	
Miscellaneous other operating expenses		**(42,782)**		(28,066)	
Operating expenses of continuing operations	7		**(130,834)**		(112,373)
OPERATING SURPLUS/(DEFICIT)			**(11,245)**		440
Finance costs					
Finance income - interest receivable	9		**36**		57
Finance expense - financial liabilities	9		**(17)**		(19)
PDC dividends payable			**(2,307)**		(2,783)
			(2,288)		(2,745)
Gains/(losses) on disposal of assets			9		3
Surplus/(deficit) from continuing operations			**(13,524)**		(2,302)
Surplus/(deficit) of discontinued operations and gain/loss disposal of discontinued operations	3		0		0
SURPLUS/(DEFICIT) FOR THE YEAR			**(13,524)**		(2,302)
Other comprehensive income W expenditure:					
Impairments			**(22,296)**		2,103)
Revaluations			**740**		1,170
Total other comprehensive income (expense) for the year			**(21,556)**		(933)
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR			**(35,080)**		(3,235)

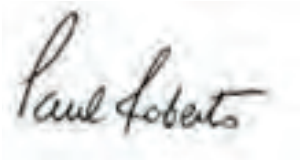
The notes on pages 163 to 207 form part of these financial statements.

All transactions within the Statement of Comprehensive Income are attributable to the beneficiaries of the Trust (taxpayers).

STATEMENT OF FINANCIAL POSITION - As at 31 March 2018

	NOTE	As at 31 March 2018 £000	As at 31 March 2017 £000
NON-CURRENT ASSETS			
Intangible assets	10.3	**1,972**	2,621
Property, plant and equipment	10.5	**51,308**	85,867
Trade and other receivables	11	**406**	475
TOTAL NON-CURRENT ASSETS		**53,686**	88,963
CURRENT ASSETS			
Trade and other receivables	11	**7,687**	6,608
Non-current assets for sale and assets in disposal groups	10.2	**1,900**	430
Cash and cash equivalents	15	**9,047**	11,034
TOTAL CURRENT ASSETS		**18,634**	18,072
TOTAL ASSETS		**72,320**	107,035
CURRENT LIABILITIES			
Trade and other payables	13.1	**(10,451)**	(10,156)
Borrowings	13.3	**(46)**	(43)
Provisions	14	**(283)**	(475)
Other liabilities	13.2	**(39)**	(117)
TOTAL CURRENT LIABILITIES		**(10,819)**	(10,791)
TOTAL ASSETS LESS CURRENT LIABILITIES		**61,501**	96,244
NON-CURRENT LIABLILITIES			
Trade and other payables	13.1	0	0
Borrowings	13.3	**(228)**	(275)
Provisions	14	**(48)**	(67)
Other liabilities	13.2	**0**	0
TOTAL NON-CURRENT LIABILITIES		**(276)**	(342)
TOTAL ASSETS EMPLOYED		**61,225**	95,902
FINANCED BY TAXPAYERS' EQUITY:			
Public Dividend Capital		**46,556**	46,153
Revaluation reserve		**3,162**	24,828
Other reserves		**1,157**	1,157
Income and expenditure reserve		**10,350**	23,764
TOTAL TAXPAYERS' EQUITY	Page 3	**61,225**	95,902

The financial statements on pages 158 to 207 were approved and authorised for issue by the Audit Committee on 25 May 2018 and signed on its behalf by:



Paul Roberts, Chief Executive **Date: 25 May 2018**

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	NOTE	Total	Public Dividend Capital	Revaluation Reserve	* Other Reserves	Income & Expenditure Reserve
		For the Period 1 April 2017 to 31 March 2018				
		£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2017		**95,902**	**46,153**	**24,828**	**1,157**	**23,764**
Surplus/(deficit) for the year		**(13,524)**	**0**	**0**	**0**	**(13,524)**
Impairments	**10.5**	**(22,296)**	**0**	**(22,296)**	**0**	**0**
Revaluations - property, plant and equipment	**10.5**	**740**	**0**	**740**	**0**	**0**
Transfer to retained earnings on disposal of assets		**0**	**0**	**0**	**0**	**0**
Other recognised gains and losses		**0**	**0**	**0**	**0**	**0**
Actuarial gains/(losses) on defined benefit pension schemes		**0**	**0**	**0**	**0**	**0**
Public Dividend Capital received		**403**	**403**	**0**	**0**	**0**
Other reserve movements		**0**	**0**	**(110)**	**0**	**110**
Taxpayers' Equity at 31 March 2018		**61,225**	**46,556**	**3,162**	**1,157**	**10,350**

* 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 and Social Care, the element which had been missed off was classified as 'other reserves'.

	NOTE	Total	Public Dividend Capital	Revaluation Reserve	* Other Reserves	Income & Expenditure Reserve
		For the Period 1 April 2016 to 31 March 2017				
		£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2016		99,107	**46,123**	**25,761**	**1,157**	**26,066**
Surplus/(deficit) for the year		(2,302)	**0**	**0**	**0**	**(2,302)**
Impairments	10.5	(2,103)	0	(2,103)	0	0
Revaluations - property, plant and equipment	10.5	1,170	0	1,170	0	0
Transfer to retained earnings on disposal of assets		0	0	0	0	0
Other recognised gains and losses		0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes		0	0	0	0	0
Public Dividend Capital received		30	30	0	0	0
Other reserve movements		0	0	0	0	0
Taxpayers' Equity at 31 March 2017		95,902	46,153	24,828	1,157	23,764

* 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 and Social Care, the element which had been missed off was classified as 'other reserves'.

STATEMENT OF CASH FLOWS - for the period ended 31 March 2018

	NOTE	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
OPERATING ACTIVITIES			
Operating surplus/(deficit) from continuing operations		**(11,245)**	440
Operating surplus/(deficit) from discontinued operations		**0**	0
OPERATING SURPLUS/DEFICIT		**(11,245)**	440
NON CASH INCOME AND EXPENSE:			
Depreciation and amortisation	7.1	**1,805**	2,741
Net Impairments	7.1	**15,731**	3,566
Income recognised in respect of capital donations (cash and non-cash)		**(24)**	0
(Increase)/decrease in trade and other receivables		**(545)**	(1,995)
Increase/(decrease) in trade and other payables		**545**	(451)
Increase/(decrease) in other liabilities		**(78)**	17
Increase/(decrease) in provisions		**(211)**	(1,285)
NET CASH GENERATED FROM/(USED IN) OPERATIONS		**5,978**	3,033
CASHFLOWS FROM INVESTING ACTIVITIES			
Interest received		**36**	61
Purchases of financial assets		**0**	(22,000)
Sales of financial assets		**0**	22,000
Purchases of intangible assets		**(32)**	(1,046)
Purchases of property, plant and equipment		**(5,710)**	(8,734)
Sales of property, plant and equipment		**146**	3
Receipt of cash donations to purchase capital assets		**24**	0
Net cash generated from/(used in) investing activities		**(5,536)**	(9,716)
CASHFLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		**403**	30
Capital element of finance lease rental payments		**(43)**	(40)
Other capital receipts		**0**	0
Interest paid		**0**	0
Interest element of finance lease		**(17)**	(19)
PDC dividend paid		**(2,772)**	(2,871)
		(2,429)	(2,900)
Increase/(decrease) in cash and cash equivalents	15	**(1,987)**	(9,583)
Cash and cash equivalents at 1 April	15	**11,034**	20,617
Cash and cash equivalents at 31 March	15	**9,047**	11,034
Increase/(decrease) in cash and cash equivalents		**(1,987)**	(9,583)

1 Accounting Policies

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Healthand Social Care Group Accounting Manual (DHCS GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017/18 issued by the Department of Health and Social Care.

The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

1.1 Accounting convention

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

1.2 Going Concern

These accounts have been prepared on a going concern basis. Note 2 discloses the basis of management's going concern assessment and material uncertainties.

1.3 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed.

Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Note 5 discloses the judgements made by management and the assumptions and sources of estimation uncertainty.

1.4 Subsidiary undertakings

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as the Trust is the corporate trustee of the linked NHS Charities 2gether NHS Foundation Trust Charitable Fund and 'New Highway Charity', it effectively has the power to exercise control so as to obtain economic benefits. However the transactions are immaterial in the context of the group and transactions have not been consolidated. Details of the transactions with the charities are included in the related parties' notes.

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 a subsequent 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 T

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

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

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used."

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

b) Full actuarial (funding) valuation

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

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, andconsideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

The next actuarial valuation is to be carried out as at 31 March 2016 and is currently being prepared. The direction assumptions are published by HM Treasury which are used to complete the valuation calculations, from which the final valuation report can be signed off by the scheme actuary. This will set the employer contribution rate payable from April 2019 and will consider the cost of the Scheme relative to the employer cost cap.

There are provisions in the Public Service Pension Act 2013 to adjust member benefits or contribution rates if the cost of the Scheme changes by more than 2% of pay. Subject to this 'employer cost cap' assessment, any required revisions to member benefits or contribution rates will be determined by the Secretary of State for Health after consultation with the relevant stakeholders.

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 Property, Plant and Equipment

1.8.1 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.

1.8.2 Measurement

1.8.2.1 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.

Land and buildings are stated in the Statement of Financial Position (SOFP) at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- land and non-specialised buildings – market value for existing use; and
- specialised buildings – depreciated replacement cost (DRC).

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing cost which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

All land and buildings are restated to fair value using professional valuations in accordance with IAS16 every five years. A three-year interim revaluation is also carried out. The last asset valuations were undertaken in 2017/18 as at the prospective valuation date of 01 April 2017.

In March 2018 the Trust undertook an annual impairment review and commissioned the District Valuer to revalue all land and buildings in a desktop exercise. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

1.8.2.1 Valuation (continued)

The property valuations are carried out primarily on the basis of (DRC) for specialised operational property (e.g. NHS patient treatment facilities) and Existing Use Value (EUV) for non-specialised operational property. The value of land for existing use purposes is assessed at EVU. For non-operational land including surplus land, the valuations are carried out at Market Value.

The Department of Health and Social Care has adopted the Modern Equivalent Asset (MEA) approach for its DRC valuations rather than the previous identical replacement method.
The MEA approach used to value the property will normally be based on the cost of a modern equivalent asset that has the same service potential as the existing asset and then adjusted to take account of obsolescence. In the past, functional obsolescence has not been reflected in asset valuations for the NHS.

Functional obsolescence examines a building's design or specification and whether it may no longer fulfil the function for which it was originally designed or whether it may be much more basic than the MEA. The asset will still be capable of use but at a lower level of efficiency than the MEA, or may be capable of modification to bring it up to a current specification. Other common causes of functional obsolescence include advances in technology or legislative change.

The obsolescence adjustment will reflect either the cost of upgrading, or if this is not possible, the financial consequences of the reduced efficiency compared with the modern equivalent.

The MEA approach incorporates the Building Cost Information Service Index to determine an increase or decrease in building costs which impact on the asset valuation. Additional alternative Open Market Value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

The carrying values of PPE 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 PPE are not capitalised but are charged to the Statement of Comprehensive Income (SOCI) in the year to which they relate.

All impairments resulting from price changes are charged to the SOCI. If the balance on the revaluation reserve is less than the impairment the difference is taken to SOCI.

"The Trust's land and building valuation was carried out by the Trust's current valuer DVS, on a MEA "Optimised Alternative Site" method valuation, and applied on 01 April 2017."

The valuation has been undertaken having regard to IFRS as applied to the UK public sector and in accordance with HM Treasury guidance. The Trust has valued its land and buildings at fair value - non-specialised assets at existing use value and specialised operation assets at depreciated replacement cost.

1.8.2.2 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.

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, or useful expected life if shorter.

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
Transport Equipment	7

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

1.8.3 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.

1.8.4 Donated Assets

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

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

1.9 Private Finance Initiative (PFI)

The Trust does not have any Private Finance Initiative transactions.

1.10 Intangible Assets

1.10.1 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.

1.9 Private Finance Initiative (PFI)

The Trust does not have any Private Finance Initiative transactions.

1.10 Intangible Assets

1.10.1 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 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.

1.10.2 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 current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating.

Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 or IFRS 5.

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.

1.11 Government Grants

Government grants are grants from Government bodies other than income from commissioners or NHS Trusts for the provision of services. Where the Government grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. The Trust has not received any Government grants during the current or prior year.

1.12 “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. However, the Trust does not recognise inventories as the value is immaterial.

1.13 Cash and Cash Equivalents

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

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of ²gether NHS Foundation Trust’s cash management. Cash, bank and overdraft balances are recorded at current values.

1.14 Third Party Assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the financial statements since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the financial statements in accordance with the requirements of the HM Treasury Financial Reporting Manual.

1.15 Leases

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

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives are added to the lease rentals and charged to operating expenses over the life of the lease. Contingent rentals are recognised as an expense in the period in which they are incurred.

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.

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources;

and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 14 but is not recognised in the trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to 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.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 17 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 17 unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

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

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

1.18 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.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

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

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

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

1.19 Value Added Tax

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

1.20 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.

1.21 Foreign Exchange

The functional and presentational currency of the Trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

The Trust has no assets or liabilities denominated in a foreign currency at the Statement of Financial Position date.

1.22 Financial Instruments and Financial Liabilities

The Trust may hold any of the following financial instruments and liabilities:

Financial assets

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 contractul 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 in note 1.15.

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 loans and receivables.

Financial liabilities are classified as other financial liabilities.

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: 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 exactly discounts 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.

1.22 Financial Instruments and Financial Liabilities (Continued)

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 exactly discounts 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.

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 Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However note 21, the losses and special payments note, is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

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 Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However note 21, the losses and special payments note, is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

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 Gifts

Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.26 Transfers of Functions to/from other NHS bodies/local government bodies.

For functions that have been transferred to the Trust from another NHS/local government body, the assets and liabilities transferred are recognised in the accounts as at the date of transfer. The assets and liabilities are not adjusted to fair value prior to recognition. The net gain/loss corresponding to the net assets/liabilities transferred is recognised within income/expenditure but not within operating activities.

For property, plant and equipment assets and intangible assets, the Cost and Accumulated Depreciation/Amortisation balances from the transferring entity's financial statements are preserved on recognition in the Trust's financial statements. Where the transferring body recognised revaluation reserve balances attributable to the assets, the Trust makes a transfer from its income and expenditure reserve to its revaluation reserve to maintain transparency within public sector financial statements.

For functions that the Trust has transferred to another NHS/local government body, the assets and liabilities transferred are de-recognised from the financial statements as at the date of transfer. The net loss/gain corresponding to the net assets/liabilities transferred is recognised within expenses/income, but not within operating activities. Any revaluation reserve balances attributable to assets de-recognised are transferred to the income and expenditure reserve.

1.27 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017/18.

1.28 Accounting standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following Standards and Interpretations to be applied in 2017/18. These standards are still subject to HM Treasury FReM adoption.

IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 15 Revenue from Contracts with Customers -– Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted

IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

IFRIC 22 Foreign Currency Transactions and Advance Consideration – Application required for accounting periods beginning on or after 1 January 2018.

IFRIC 23 Uncertainty over Income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

With the exception of IFRS 16 adoption of the accounting standards listed above is not expected to have a material effect on the Trust's accounts. Once adopted by the Department of Health and Social Care Group Accounting Manual IFRS 16 is likely to have a material effect on the Trust's accounts.

1.28 Accounting standards, amendments and interpretations in issue but not yet effective or adopted (Continued)

IFRS 16 will involve the recognition of the "right to use" asset which will affect the lessee's right to use a leased asset over the lease term and a lease liability reflecting the obligation to make payments. This treatment will apply to all leased assets removing the previous concept of the operating lease. In the Income and Expenditure account operating lease charges will be replaced by depreciation on the lease asset and an interest expense on the lease liability.

Application of IFRS 9 is not expected to have a material effect on the Trust accounts because the Trust does not hold complex financial instruments.

Application of IFRS 15 is not expected to have a material effect on the Trust's income recognition. The Trust's service delivery contracts will however have to be reviewed to ensure the accounting is in accordance with IFRS 15 when it is adopted.

1.29 Prior Period Adjustments

There were no prior period adjustments.

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 Strategic Report. In addition, notes 1 to 22 to the financial statements include the Trust's policies and processes for managing its capital; its financial risk management objectives; details of its financial instruments; and its exposures to credit risk and liquidity risk.

At the Audit Committee in February 2018 the Committee received the annual assessment of the Trust's Going Concern status. The Committee concluded that the Trust has sufficient resources to continue to provide services for the foreseeable future. The Trust has signed new contracts with its leading commissioners indicating the Trust has resources secured to provide clinical services for a period of greater than 12 months.

The Trust's plans and future financial projections indicate the Trust should generate surpluses and achieve NHS Improvement's Use of Resources financial risk rating of 1 over 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 financial pressures in the NHS.

The Audit Committee is confident 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 Discontinued Operations

There were no discontinued services or operations in 2017/18 or 2016/17.

4 Business combinations involving the trust and another entity within the Whole of Government Accounts (WGA) boundary

There were no Business combinations involving the trust and another entity within the Whole of Government Accounts (WGA) boundary in 2017/18 or 2016/17.

5 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant.

Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

Critical judgements in applying accounting policies

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

The Trust believes the use of the Modern Equivalent Asset (MEA) basis to value land and buildings to fair value is the methodology with least risk of material uncertainty.

The Trust adopted MEA Alternative Site approach in 2017/18. The underlying principle is that the valuation of land and buildings should reflect the extent of estate required for the provision of the same service as already provided by the existing estate. With service delivery requirements evolving, this requires the Trust to consider whether the existing buildings and sites are optimal in terms of number and size.

The fundamental principle is that the hypothetical buyer of a Modern Equivalent Asset would purchase the least expensive site that would be suitable and appropriate for its proposed use. If the Trust were starting with a “clean sheet”, the Modern Equivalent Asset aligned to service delivery could be different to the current layout in terms of buildings configuration and the number of sites. The Trust is responsible for providing the requirements of the optimised site to the Trust’s Valuer.

Key sources of estimation uncertainty

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

With regard to valuing provisions the methodology to determine best estimate differsaccording to the class of provision.

An accrual for annual leave was estimated by obtaining details from all budget holders of staff with leave outstanding at the end of 31 March 2018. The remaining leave was valued at the appropriate pay band for each member of staff.

Annual leave carry forwards are only approved under exceptional circumstances whereby staff are unable to take the full annual leave allowance, for example those on maternity or long term sick leave. This principle applies equally to medical staff and outstanding annual leave was only calculated for those on maternity or long term sick leave as at 31 March 2018.

6 Operating Income

6.1 Income from patient care (by nature)

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Cost and volume contract income	**1,140**	1,354
Block contract income	**103,191**	98,482
Clinical partnerships providing mandatory services (including S75 agreements)	**1,012**	981
Clinical income for the secondary commissioning of mandatory services	**0**	0
Other clinical income from mandatory services	**4,987**	4,466
Other clinical income	**13**	0
	110,343	105,283

6.2 Other Operating Income

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Research and development	**354**	82
Education and training	**3,537**	2,395
Education and training - notional income from apprenticeship fund	**0**	0
Cash donations for the purchase of capital assets - received from NHS charities	**0**	0
Cash donations for the purchase of capital assets - received from other bodies	**24**	0
Charitable and other contributions to expenditure - received from NHS charities	**0**	7
Charitable and other contributions to expenditure - received from other bodies	**0**	0
Non-patient care services to other bodies	**905**	731
Support from DHSC for mergers	**0**	0
Sustainability and Transformation Fund income*	**1,915**	1,237
Income in respect of employee benefits accounted on a gross basis	**744**	855
Other **	**1,767**	2,223
	9,246	7,530
Total Operating Income	**119,589**	112,813

Of which:		
Related to continuing operations	**119,589**	112,813
Related to discontinued operations	**0**	0

For details of discontinued operations see note 3

* NHS Improvement (NHSI), our Regulator, set [2]gether NHS Foundation Trust a Control Total of a surplus of £0.883m for 2017/18. Provided this Control Total was met NHSI would provide Sustainability and Transformation Funding (STF) of £0.642m. [2]gether NHS Foundation Trust achieved a surplus of £0.934m and therefore met its Control Total and received the STF of £0.642m. However as we over-achieved our Control Total, [2]gether NHS Foundation Trust was also eligible for both Incentive STF and Bonus STF monies. We received a further £0.059m Incentive STF and a further £1.214m Bonus STF monies.This means that for 2017/18 [2]gether NHS Foundation Trust has achieved a surplus of £2.207m for NHS segmentation purposes, and received £1.915m of STF.

** 'Other' includes supporting people services of £1,214,216 (£1,112,657 in 2016/17), sale of goods and services £1,689 (£31,797 in 2016/17), rental income £82,007 (£78,567 in 2016/17), improving patient safety programme monies £180,000 (£290,000 in 2016/17), staff contributions to employee benefit schemes £171,783 (£182,326 in 2016/17), catering income £21,965 (£22,566 in 2016/17) and £0 of QSIR funding (£20,000 in 2016/17).

6.3 Income from patient care (by source)

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
NHS England	**0**	0
Clinical Commissioning Groups	**106,032**	100,970
NHS Foundation Trusts	**1,313**	1,652
NHS Trusts	**11**	49
Local Authorities	**2,622**	2,152
Department of Health and Social Care - other	**0**	0
NHS other (including Public Health England)	**350**	445
Non NHS: private patients	**0**	0
Non-NHS: overseas patients (non-reciprocal)	**13**	0
Injury cost recovery scheme	**0**	0
Non NHS: other	**2**	15
	110,343	105,283

The Trust does not generate private patient income.

6.4 Overseas Visitors

Overseas Visitors relates to patients charged directly by the foundation trust.

	12 Months to 31 March 2018 £000	12 Months to 31 March 2018 £000
Income recognised this year	**13**	0
Cash payments received in-year (relating to invoices raised in current and previous years)	**0**	0
Amounts added to provision for impairment of receivables (relating to invoices raised in current and prior years)	**0**	0
Amounts written off in-year (relating to invoices raised in current and previous years)	**0**	0

6.5 Operational lease income

The Trust does not generate operating lease income.

6.6 Commissioner Requested Income

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Commissioner Requested services	**109,985**	106,078
Non Commissioner Requested services	**8,332**	6,735
Total operating income from continuing operations	**118,317**	112,813

6.7 Other gains and (losses)

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Gains on disposal of property, plant and equipment	**1**	**0**
Gains on disposal of intangible assets	**0**	**0**
Gains on disposal of assets held for sale	**8**	**3**
Losses on disposal of property, plant and equipment	**0**	**0**
Losses on disposal of intangible assets	**0**	**0**
Losses on disposal of assets held for sale	**0**	**0**
Total gains/(losses) on disposal of assets	**9**	3

7 Operating Expenses

7.1 Operating expenses comprise:

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Purchase of healthcare from NHS and DHSC bodies	**35**	1,482
Purchase of healthcare from non NHS and Non DHSC bodies	**6,749**	6,080
Purchase of social care	**5,656**	4,806
Staff and executive directors' costs	**83,403**	80,552
Non-executive directors' costs	**143**	149
Supplies and services - clinical (excluding drug costs)	**1,628**	922
Supplies and services - general	**1,302**	1,320
Drug costs	**1,194**	1,277
Consultancy costs	**80**	91
Establishment	**1,092**	1,254
Premises (including business rates)	**5,964**	5,294
Transport	**1,334**	1,291
Depreciation on property, plant and equipment	**1,544**	2,563
Amortisation on intangible assets	**261**	178
Impairments (net of reversals)	**15,731**	3,566
Increase/(decrease) in impairment of receivables	**138**	(543)
Provisions arising/released in year	**(169)**	(1,260)
External Auditor fees - statutory reporting	**65**	56
External Auditor fees - Other auditors remuneration	**0**	0
Internal Auditor fees	**52**	69
Clinical negligence	**180**	124
Legal fees	**170**	213
Insurance	**92**	113
Research and development (staff costs)	**242**	222
Research and development (non staff costs)	**35**	26
Education and training (staff costs)	**1,228**	958
Education and training (non staff costs)	**605**	587
Operating lease expenditure (net)	**444**	534
Early retirements - staff costs	**0**	0
Early retirements - non-staff	**0**	0
Redundancy costs - staff costs	**283**	14
Redundancy costs - non-staff	**0**	56
Car parking and security	**49**	50
Hospitality	**10**	6
Other losses and special payments (staff costs)	**0**	0
Other losses and special payments (non-staff)	**12**	6
Other services (e.g. external payroll)	**0**	0
Other	**1,282**	317
	130,834	112,373
Of which:		
Related to continuing operations	**130,834**	112,373
Related to discontinued operations	**0**	0

For details of discontinued operations see note 3

The Trust has contributed £84k to pension schemes in respect of directors in 2017/18 (£81k in 2016/17). 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.

7.2 Operating leases

7.2.1 Lease payments recognised as an expense in year:

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Minimum lease payments	**444**	**534**
Contingent rents	**0**	**0**
Sub-lease receipts	**0**	**0**
	444	**534**

7.2.2 Annual commitments containing operating leases are:

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
On buildings leases expiring:		
Future minimum lease payment due		
Within 1 year	**66**	184
Between 2 and 5 years	**0**	0
After 5 years	**0**	0
	66	184
On other leases (Lease Cars) expiring:		
Future minimum lease payment due		
Within 1 year	**192**	247
Between 2 and 5 years	**125**	169
After 5 years	**0**	0
	317	416
On all leases expiring:		
Future minimum lease payment due		
Within 1 year	**258**	431
Between 2 and 5 years	**125**	169
After 5 years	**0**	0
	383	600

7.3 Limitation on auditor's liability

	2017/18 £000	2016/17 £000
Limitation on auditor's liability	**2,000**	1,000

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

	2017/18 £000	2016/17 £000
Total liability accruing in year under this legislation as a result of late payments	**0**	0
Amounts actually paid and included within other interest arising from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0

8 Staff costs and numbers

Details of Staff Costs and numbers are now shown in the Annual Report

9 Finance revenue and finance expenses

9.1 Finance revenue - interest receivable

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Interest on bank accounts	**24**	40
Interest on loans and receivables	**12**	17
Interest receivable	**36**	57

9.2 Finance expense - financial liabilities

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Finance leases	**17**	19

10 Intangible and tangible non-current assets

10.1 Impairment of non-current Assets (Property, Plant and Equipment and non-current assets for sale Assets):

	2017/18			2016/17		
	Net impairments	**Impairments**	**Reversals**	Net impairments	Impairments	Reversals
	£000	**£000**	**£000**	£000	£000	£000
Impairments charged to						
Loss or damage from normal operations	**0**	**0**	**0**	0	0	0
Over specification of assets	**0**	**0**	**0**	0	0	0
Abandonment of assets in course of construction	**0**	**0**	**0**	0	0	0
Unforeseen obsolescence	**0**	**0**	**0**	2,571	2,571	0
Loss as a result of catastrophe	**0**	**0**	**0**	0	0	0
Other	**0**	**0**	**0**	0	0	0
Changes in market price	**15,731**	**16,818**	**(1,087)**	995	1,073	(78)
Total Impairments charged to	**15,731**	**16,818**	**(1,087)**	3,566	3,644	(78)
Impairments charged to the revaluation reserve	**22,296**	**22,296**	**0**	2,103	2,103	0
Total Impairments	**38,027**	**39,114**	**(1,087)**	5,669	5,747	(78)

Further details of the 2017/18 and 2016/17 impairments are given in note 10.5 Tangible Property, Plant and Equipment

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

	2017/18	2016/17
	£000	£000
NBV of non-current assets for sale and assets in disposal groups at 1 April	**430**	430
Plus assets classified as available for sale in the year	**1,600**	460
Less assets sold in year	**(130)**	(460)
Less Impairment of assets held for sale	**0**	0
Plus reversal of impairment of assets held for sale	**0**	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	**0**	0
NBV of non-current assets for sale and assets in disposal groups at 31 March	**1,900**	430

During the year the Trust started marketing three properties, which were reclassified from property, plant and equipment to being shown as non-current assets for sale. After a property sale mid year, the Trust still has four properties being actively marketed and being shown as non-current assets for sale at March 2018.

10.3 Intangible assets

	2017/18			
	Total	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets Under Construction
	£000	£000	£000	£000
Valuation/gross cost at 1 April	3,757	924	1,130	1,703
Additions - purchased/internally generated	32	32	0	0
Additions - leased	0	0	0	0
Additions - donations of physical assets (non-cash)	0	0	0	0
Additions - assets purchased from cash donations/grants	0	0	0	0
Impairments charged to operating expenses	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0
Revaluations	0	0	0	0
Reclassifications	0	0	0	0
Transfers to/from assets held for sale and assets in disposal groups	(420)	1,160	123	(1,703)
Disposals/derecognition	0	0	0	0
Valuation/gross cost at 31 March	3,369	2,116	1,253	0
Accumulated amortisation at 1 April	1,136	229	907	0
Provided during the year	261	198	63	0
Impairments charged to operating expenses	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0
Revaluations	0	0	0	0
Reclassifications	(7)	0	(7)	0
Transfers to/from assets held for sale and assets in disposal groups	7	7	0	0
Disposals/derecognition	0	0	0	0
Accumulated amortisation at 31 March	1,397	434	963	0
Net book value				
Purchased at 1 April	2,517	591	223	1,703
Donated at 1 April	104	104	0	0
Total as at 1 April	2,621	695	223	1,703
Net book value				
Purchased at 31 March	1,883	1,593	290	0
Donated at 31 March	89	89	0	0
Total as at 31 March	1,972	1,682	290	0

10.3 Intangible assets (Continued)

	2016/17			
	Total	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets Under Construction
	£000	£000	£000	£000
Valuation/gross cost at 1 April	2,752	749	1,131	872
Additions - purchased/internally generated	1,005	142	(1)	864
Additions - leased	0	0	0	0
Additions - donations of physical assets (non-cash)	0	0	0	0
Additions - assets purchased from cash donations/grants	0	0	0	0
Impairments charged to operating expenses	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0
Revaluations	0	0	0	0
Reclassifications	0	33	0	(33)
Transfers to/from assets held for sale and assets in disposal groups	0	0	0	0
Disposals/derecognition	0	0	0	0
Valuation/gross cost at 31 March	3,757	924	1,130	1,703
Accumulated amortisation at 1 April	958	97	861	0
Provided during the year	178	132	46	0
Impairments charged to operating expenses	0	0	0	0
Impairments charged to the revaluation reserve	0	0	0	0
Reversal of impairments credited to operating expenses	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0
Revaluations	0	0	0	0
Reclassifications	0	0	0	0
Transfers to/from assets held for sale and assets in disposal groups	0	0	0	0
Disposals/derecognition	0	0	0	0
Amortisation at 31 March	1,136	229	907	0
Net book value				
Purchased at 1 April	3,710	846	1,992	872
Donated at 1 April	0	0	0	0
Total as at 1 April	3,710	846	1,992	872
Net book value				
Purchased at 31 March	2,517	591	223	1,703
Donated at 31 March	104	104	0	0
Total as at 31 March	2,621	695	223	1,703

In 2015/16 the Trust received £108,500 RIO software licence transfers as a donated addition from the Department of Health and Social Care.

The Trust has no commitments to purchase 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	2015/16	2016/17	N/A
Carrying amount of revalued assets at 31 March 2018 (£000)	1,682	290	0

In 2015/16 the Trust conducted an exercise to review all equipment asset values and remaining lives.

The Trust's Software Licences have a market value and an established economic life and are required in connection with the main clinical and financial systems. Since there is not an active market value for the internally generated IT intangible assets each year the Trust's Audit Committee review them to confirm they are a fair value, and to agree the remaining life over which the assets will be amortised is reasonable.

10.4 Economic life of intangible assets

	Min Life Years	Max Life Years
10.4.1 Intangible assets - internally generated		
Information technology	3	6
Development expenditure	0	0
Other	0	0
10.4.2 Intangible assets - purchased		
Software	**1**	**7**
Licences & trademarks	**0**	**0**
Patents	**0**	**0**
Other	**0**	**0**
Goodwill	**0**	**0**

10.5 Tangible Property, Plant and Equipment

Tangible property, plant and equipment at the balance sheet date comprise the following elements:

	2017/18							
	Total	Land	Buildings	Assets Under Construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2017	88,127	18,898	57,762	6,003	1,626	0	3,828	10
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Additions purchased/ internally generated	5,428	0	3,853	1,220	346	0	9	0
Additions grants/donations of cash to purchase assets	24	0	24	0	0	0	0	0
Impairments charged to operating expenses	(16,818)	(6,098)	(10,720)	0	0	0	0	0
Impairments charged to revaluation reserve	(22,296)	(5,502)	(16,794)	0	0	0	0	0
Reversal of impairments credited to operating income	549	105	444	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0
Reclassifications	311	216	3,860	(6,003)	0	0	2,238	0
Revaluations	740	152	588	0	0	0	0	0
Transferred to disposal group as asset held for sale	(1,600)	(369)	(1,231)	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2018	54,465	7,402	37,786	1,220	1,972	0	6,075	10
Accumulated depreciation at 1 April 2017	2,260	0	346	0	843	0	1,064	7
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Provided during the year	1,544	0	682	0	154	0	707	1
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	(538)	0	(538)	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0
Reclassifications	(109)	0	(109)	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transfer 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
Accumulated depreciation at 31 March 2018	3,157	0	381	0	997	0	1,771	8

10.5 Tangible Property, Plant and Equipment (Continued)

	2017/18							
	Total	Land	Buildings	Assets Under Construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Net book value								
Purchased at 31 March	50,774	7,402	36,871	1,220	975	0	4,304	2
Finance lease at 31 March	219	0	219	0	0	0	0	0
Donated at 31 March	315	0	315	0	0	0	0	0
Total as at 31 March	51,308	7,402	37,405	1,220	975	0	4,304	2

In 2015/16 the Trust conducted an exercise to review all equipment asset values and remaining lives.

As a result of a 1 April 2017 Modern Equivalent Assets (MEA) Alternative Site review of land and buildings by the District Valuation Office, the Trust's overall land and buildings value decreased by £36,197k ;

Some properties incurred an impairment totalling £36,439k of which £22,265k was credited against revaluation reserve and an impairment of £14,174k was charged to operating expenses.

Other properties experienced an increase in value totalling £242k of which £134k was debited to revaluation reserves and £108k was credited to the operating income as a reversal of previous years impairments against operating expenses.

During the year the Trust sought a valuation review by the District Valuation Office, of three properties which were to be reclassified from property, plant and equipment to being shown as non-current assets for sale. This resulted in an increase in value totalling £526k of which £66k was debited to revaluation reserves and £460k was credited to the operating income as a reversal of previous years impairments against operating expenses.

As a result of the annual 31 March 2018 desktop review of land and buildings by the District Valuation Office, the Trust's overall land and buildings value decreased by £1,616k ;

Some properties incurred an impairment totalling £2,675k of which £30k was credited against revaluation reserve and an impairment of £2,645k was charged to operating expenses.

Other properties experienced an increase in value totalling £1,059k of which £540k was debited to revaluation reserves and £519k was credited to the operating income as a reversal of previous years impairments against operating expenses.

10.5 Tangible Property, Plant and Equipment (Continued)

	2016/17							
	Total	Land	Buildings	Assets Under Construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & Fittings
	£000	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2016	85,898	19,428	59,927	2,644	1,499	0	2,390	10
Additions - purchased	9,149	0	664	7,326	112	0	1,047	0
Additions grants/donations of cash to purchase assets	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to revaluation reserve	0	0	0	0	0	0	0	0
Reversal of impairments credited to operating income	0	0	0	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0
Reclassifications	(7,630)	(70)	(3,999)	(3,967)	15	0	391	0
Revaluations	1,170	0	1,170	0	0	0	0	0
Transferred to disposal group as asset held for sale	(460)	(460)	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2017	88,127	18,898	57,762	6,003	1,626	0	3,828	10
Accumulated depreciation at 1 April 2016	1,658	0	310	0	656	0	687	5
Provided during the year	2,563	0	1,997	0	187	0	377	2
Impairments charged to operating expenses	3,644	253	820	2,571	0	0	0	0
Impairments charged to revaluation reserve	2,103	160	1,943	0	0	0	0	0
Reversal of impairments credited to operating income	(78)	0	(78)	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0
Reclassifications	(7,630)	(413)	(4,646)	(2,571)	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transfer 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
Accumulated depreciation at 31 March 2017	2,260	0	346	0	843	0	1,064	7

Net book value								
Purchased at 31 March	85,133	18,898	56,682	6,003	783	0	2,764	3
Finance lease at 31 March	254	0	254	0	0	0	0	0
Donated at 31 March	480	0	480	0	0	0	0	0
Total as at 31st March	85,867	18,898	57,416	6,003	783	0	2,764	3

In 2015/16 the Trust conducted an exercise to review all equipment asset values and remaining lives.

During 2016/17 a property was revalued to Market Value as it was to be marketed for sale and transferred to non-current assets for sale. The resulting impairment was £1,471k of which £746k was credited against revaluation reserve and an impairment of £725k was charged to operating expenses.

During 2016/17 a property was revalued for unforeseen obsolescence. The resulting impairment was £2,571k which was charged to operating expenses.

As a result of the annual 31st March 2017 desktop review of land and buildings by the District Valuation Office, the Trust's overall land and buildings value decreased by £457k ;

Some properties incurred an impairment totalling £1,705k of which £1,357k was credited against revaluation reserve and an impairment of £348k was charged to operating expenses.

Other properties experienced an increase in value totalling £1,248k of which £1,170k was debited to revaluation reserves and £78k was credited to the operating income as a reversal of previous years impairments against operating expenses.

10.6 Economic life of property, plant and equipment

	Min Life Years	Max Life Years
Land	**99**	**99**
Buildings excluding dwellings	**6**	**77**
Plant & machinery	**1**	**14**
Transport equipment	**0**	**0**
Information technology	**1**	**8**
Furniture & fittings	**1**	**2**

11 Trade Receivables and Other Receivables

	31 March 2018 £000	31 March 2017 £000
Current:		
Trade receivables	**6,435**	5,204
Capital receivables	**460**	460
Provision for impaired receivables	**(520)**	(382)
Deposits and advances	**0**	0
Prepayments (non-PFI)	**120**	191
Accrued income	**0**	0
Interest receivable	**0**	0
Corporation tax receivable	0	0
Finance lease receivables	**0**	0
PDC dividend receivable	**503**	38
VAT receivable	**219**	242
Other receivables - revenue	**470**	855
Total current trade and other receivables	**7,687**	6,608
Non Current:		
Prepayments (non-PFI)	**107**	154
Other receivables - revenue	**299**	321
Total non current trade and other receivables	**406**	475
Total trade and other receivables	**8,093**	7,083

The non current ‘Other receivables - revenue’ relates to a payment arrangement with a purchaser of a trust property, the term of which is 15 years from January 2016.

11.1 Provisions for impairment of trade receivables

	31 March 2018 £000	31 March 2017 £000
As at 1 April	**382**	925
Increase in provisions	**243**	0
Amounts utilised	**0**	0
Unused amounts reversed	**(105)**	(543)
As at 31 March	**520**	382

Provisions for impairment of trade receivables includes £64k in respect of bodies considered related parties (£63k at 31 March 2017)

11.2 Analysis of impaired receivables

	31 March 2018 Trade Receivables £000	31 March 2018 Other Receivables £000	31 March 2017 Trade Receivables £000	31 March 2017 Other Receivables £000
Ageing of impaired receivables				
0 - 30 days	**0**	**0**	0	0
30 - 60 days	**0**	**0**	0	0
60 - 90 days	**0**	**0**	0	0
90 - 180 days	**0**	**0**	0	0
over 180 days	**520**	**0**	382	0
Total	**520**	**0**	382	0
Ageing of non-impaired receivables past their due date				
0 - 30 days	**5,570**	**0**	4,514	0
30 - 60 days	**(20)**	**0**	446	0
60 - 90 days	**113**	**0**	96	0
90 - 180 days	**244**	**0**	434	0
over 180 days	**166**	**0**	866	0
Total	**6,073**	**0**	6,356	0

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 2018 £000	31 March 2017 £000
Cost or valuation at 1 April	0	0
Additions	0	(22,000)
Disposals	0	22,000
Revaluations	0	0
Cost or valuation at 31 March	0	0

The Trust used the Bank of England for short term investments which were not greater than 3 months in duration.

13 Trade and Other Payables

13.1 Trade and other payables at the balance sheet date are made up of:

	31 March 2018 £000	31 March 2017 £000
Current		
Trade payables	**4,588**	4,358
Capital payables (including capital accruals)	**760**	1,010
Accruals (revenue costs only)	**2,642**	2,560
Receipts in advance (including payments on account)	**0**	0
Social security costs	**1,678**	1,552
VAT payables	0	0
Other taxes payable	**0**	24
PDC dividend payable	**0**	0
Other payables	**783**	652
Total current trade and other payables	**10,451**	10,156
Non-current		
Trade payables	**0**	0
Capital payables (including capital accruals)	**0**	0
Accruals (revenue costs only)	**0**	0
Receipts in advance (including payments on account)	**0**	0
Total non-current trade and other payables	**0**	0

An accrual for annual leave was estimated by obtaining details from all budget holders of staff with leave outstanding at the end of 31 March 2018. The remaining leave was valued at the appropriate pay band for each member of staff. Annual leave carry forwards are only approved under exceptional circumstances whereby staff are unable to take the full annual leave allowance, for example those on maternity or long term sick leave. This principle applies equally to medical staff and outstanding annual leave was only calculated for those on maternity or long term sick leave as at 31 March 2018.

Accruals for bank/agency staff and staff travel were estimated using details from the Trust's staff booking and expenses systems respectively.

Accruals for telephones and utility invoices were estimated having analysed the invoices paid and the period unpaid.

13.2 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	**39**	117
Deferred grants	**0**	0
Total other current liabilities	**39**	117
Non-current		
Deferred income	**0**	0
Deferred grants	**0**	0
Total other non current liabilities	**0**	0
Total other liabilities	**39**	117

13.3 Borrowings

	31 March 2018 £000	31 March 2017 £000
Current		
Bank overdrafts - Government Banking Service	**0**	0
Other Loans	**0**	0
Obligations under finance leases	**46**	43
Total current borrowings	**46**	43
Non-current		
Obligations under finance leases	**228**	275
Total non-current borrowings	**228**	275
Total borrowings	**274**	318

13.4 Finance lease obligations

	31 March 2018 £000	31 March 2017 £000
Gross buildings lease liabilities	**317**	377
of which liabilities are due:		
- not later than one year;	**59**	59
- later than one year and not later than five years;	**236**	236
- later than five years.	**22**	82
Less finance charges allocated to future periods	**(43)**	(59)
Net buildings lease liabilities	**274**	**318**
Net lease liabilities payable:		
- not later than one year;	**46**	43
- later than one year and not later than five years;	**209**	199
- later than five years.	**19**	76
	274	318

The Trust has one finance lease arrangement, Avon House. The term of the lease is for 20 years and 6 months calculated from 24 November 2003. Any discussions on the remainder of the lease/option to buy can commence at the tenth or fifteenth anniversary of the date from which the term is calculated.

14 Provisions

14.1 Provisions for liabilities and charges

	31 March 2018	31 March 2017
	Other legal claims £000	Other legal claims £000
Current	**283**	475
Non-current	**48**	67
Total	**331**	**542**

14.2 Movements in provisions for liabilities and charges

	31 March 2018	31 March 2017
	Other legal claims £000	Other legal claims £000
As at 1 April	**542**	1,827
Arising during the period	**272**	144
Utilised during the period - Accruals	**0**	0
Utilised during the period - Cash	**(42)**	(25)
Reclassified to liabilities held in disposal groups in year	**0**	0
Reversed unused	**(441)**	(1,404)
At 31 March	**331**	542
- not later than one year;	**283**	475
- later than one year and not later than five years;	**22**	38
- later than five years.	**26**	29
At 31 March	**331**	542

The provision for other legal claims is stated subject to uncertainty about the outcome of legal proceedings.

The Trust has made provisions for some employment and supplier issues in accordance with International Accounting Standard 37. No individual provision is over £800,000. (Nil in 2016/17)

NHS Resolution held provisions of £20,718,495 at 31 March 2018 in respect of clinical negligence liabilities of the NHS Foundation Trust (£20,491,254 in 2016/17).

Since the effect of the time value of money is not significant, since April 2013 cash flows are not discounted.

15 Cash and cash equivalents

	31 March 2018 £000	31 March 2017 £000
At 1 April	**11,034**	20,617
Net change in year	**(1,987)**	(9,583)
At 31 March	**9,047**	11,034
Broken down into:		
Cash at commercial banks and in hand	**37**	38
Cash with the Government Banking Service	**9,010**	10,996
Deposits with the National Loan Fund	**0**	0
Other current investments	**0**	0
Cash and cash equivalents as in SoFP	**9,047**	11,034
Bank overdraft - GBS & commercial	**0**	0
Cash and cash equivalents as in SoCF	**9,047**	11,034

15.1 Third Party Assets

	31 March 2018 £000	31 March 2017 £000
Third party assets held by the Trust	**112**	102

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 financial statements above.

16 Commitments

16.1 Capital Commitments

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

	31 March 2018 £000	31 March 2017 £000
Property, plant and equipment	**0**	2,453
Intangible assets	**0**	0
	0	2,453

At 31 March 2017 the Trust was partway through a few significant capital contracts as it developed a new site. The new site became operational in 2017/18.

16.2 Other Financial Commitments

The Trust is not committed to any non-cancellable contracts (which are not leases, PFI contracts or other service concession arrangements) with any related party or other organisation at 31 March 2018.

17 Contingencies

	31 March 2018 £000	31 March 2017 £000
Gross value of contingent liabilities	**(226)**	(244)
Amounts recoverable against contingent liabilities	**0**	0
Net value of contingent liabilities	**(226)**	(244)
Net value of contingent assets	**25**	13

Net contingent assets and liabilities relate to personal injury claims (NHS Resolution Scheme) and permanent injury benefit claims (NHS Pensions scheme).

Contingent liabilities relate to obligations arising from past events such as legal claims. They are not recognised as provisions either:

- because it is not probable that any expenditure will be incurred, or
- because the expenditure cannot be measured reliably

18 Related Party Transactions

[2]gether 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 the Chair of the NHS Confederation Mental Health Network and a Trustee and Board member of the NHS Confederation. Shaun is Chair of the South West SHA Clinical Faculty for Improving Safety in Mental Health. Shaun is currently Chair of 'Kids Like Us', a registered charity for children, young people and families with juvenile arthritis.

"The Chief Executive's wife, Sarah Clee, runs a marketing consultancy company called CleeCo Ltd which bids for work amongst a wide client base across the private, public and third sector. CleeCo Ltd has not undertaken any work for [2]gether NHS Foundation Trust. However, CleeCo Ltd successfully bid for work for the South of England Patient Safety Collaborative which is hosted by [2]gether NHS Foundation Trust. Neither [2]gether NHS Foundation Trust or Shaun played any role in any procurement decision making processes directly or indirectly in relation to the contract CleeCo Ltd won. Full disclosure was made to the Director of Finance of [2]gether NHS Foundation Trust as well as to the Academic Health Science Network who supported the collaborative.

The Director of Quality, Marie Crofts, is a Trustee of Papyrus, a charity which works towards the prevention of young suicides.

The Trust Chair, Ruth FitzJohn, is President of the Midcounties Cooperative (from November 2014), Director of the Midcounties Cooperative Society, a Trustee of the Gloucestershire GP Educational Trust and a Trustee of the Catholic Diocese of Clifton.

A Non Executive Director, Marcia Gallagher, in her MMG Services Ltd business role, undertook work for Herefordshire CCG from the 1 April 2017 to 30 September 2017 when the contract ended. None of this work related to [2]gether NHS Foundation Trust.

The Board of Governors has five nominated roles (two of which are vacant at 31 March 2018) :

Jenny Bartlett is a Herefordshire County Councillor.

Dr Lawrence Fielder is a senior partner at a Forest of Dean GP Practice, and the Clinical Commissioning Lead for the Forest of Dean.

Hazel Braund is the Director of Operations at Herefordshire CCG.

18 Related Party Transactions (continued)

²gether NHS Foundation Trust is under the government control of the Department of Health and Social Care. The Trust has had a number of material transactions with other government departments and other central and local government bodies within the public sector such as Gloucestershire County Council, Herefordshire Council, NHS Pension Scheme and HM Revenue and Customs.

²gether NHS Foundation Trust is the corporate trustee of the ²gether NHS Foundation Trust Charitable Fund, registered with the Charity Commission, registration number 1097529. (Further details in note 19.1).

Trustees, officers and key management staff of ²gether NHS Foundation Trust Charitable Fund are members of the Board of ²gether NHS Foundation Trust or its employees. During 2017/18 (and 2016/17) none of the trustees or members of key management staff or parties related to them undertook any material transactions with the ²gether NHS Foundation Trust Charitable Fund. The executive and non executive Directors of the Trust Board share the responsibility for ensuring that the NHS body fulfils its duties as a corporate trustee in managing the charitable funds.

Since 11 December 2013 ²gether NHS Foundation Trust became the corporate trustee of the New Highway Charity, registered with the Charity Commission, registration number 1063888. (Further details in note 19.2).

During 2017/18 (and 2016/17) none of the trustees or members of key management staff of New Highway Charity or parties related to them undertook any material transactions with ²gether NHS Foundation Trust or ²gether NHS Foundation Trust Charitable Fund. During the year, the New Highway Charity did not use any resources to benefit the Trust.

19 Charitable funds where [2]gether NHS Foundation Trust is the corporate trustee

The Treasury agreed to apply IAS 27 to NHS organisations from 1 April 2013 therefore from 2013/14, foundation trusts must consolidate any charitable funds where it is the corporate trustee and effectively has the power to exercise control unless the impact on the accounts would not be material.

[2]gether NHS Foundation Trust is the corporate trustee of the [2]gether NHS Foundation Trust Charitable Fund, registered with the Charity Commission, registration number 1097529.

Since 11 December 2013 [2]gether NHS Foundation Trust has been the corporate trustee of the New Highway Charity, registered with the Charity Commission, registration number 1063888.

The Trust has assessed the transactions and balances of its linked charities '[2]gether NHS Foundation Trust Charitable Funds' and 'New Highway' Charity and has decided that these are not material, in the context of the NHS Trust accounts, and they do not require consolidation.

The Trust will produce Annual Accounts and Trustee Reports for both charities in accordance with the Charity Commission Requirements. Further details of the charities are given in section 19.1 and 19.2.

19.1 [2]gether NHS Foundation Trust Charitable Fund

The funds are held on trust under paragraph 16c of schedule 2 of the NHS and Community Care Act 1990.

At 31 March 2018 the funds held by the charity were £115,000. In 2017/18 £17,000 was spent on patient welfare, £9,000 spent on Staff Welfare and £3,000 on Management and Administration.

19.1.1 From Charity's Statement of Financial Activities

	12 Months to 31 March 2018 £000	12 Months to 31 March 2017 £000
Total Incoming Resources	**4**	21
Cash resources expended with [2]gether NHS Foundation Trust	**(1)**	(1)
Cash resources expended with other NHS Providers	**(2)**	(2)
Resources expended with bodies outside the NHS	**(26)**	(23)
Total Resources Expended	**(29)**	(26)
Net (outgoing)/incoming resources before transfers	**(25)**	**(5)**
(Losses)/gains on revaluation and disposal	**0**	0
Other fund movements	**0**	0
Net movement in funds	**(25)**	**(5)**

19.1.2 From Charity's Balance Sheet

	As at 31 March 2018 £000	As at 31 March 2017 £000
Investments	0	0
Other fixed assets	0	0
Total fixed assets	0	0
Cash	118	140
Other Current Assets	0	0
Current Liabilities	(3)	0
Creditors due after one year	0	0
Net assets/liabilities	115	140
Restricted/Endowment funds	1	4
Unrestricted funds	114	136
Total Charitable Funds	115	140

19.1.3 Restricted/Non-Restricted Analysis

	12 Months to 31 March 2018 Total charitable funds £000	12 Months to 31 March 2018 Restricted/Endowment £000	12 Months to 31 March 2018 Non-restricted £000
Opening Balance	140	4	136
Net (outgoing)/incoming resources	(25)	(3)	(22)
(Losses)/gains on revaluation and disposal	0	0	0
Transfers to/from other bodies	0	0	0
Other movements	0	0	0
Closing Balance	115	1	114

19.2 New Highway Charity

The Trust became the corporate trustee of the New Highway Charity on 11 December 2013 and has no responsibility for transactions earlier than this.

In 2017/18 (and 2016/17) the Trust did not utilise the Charity's funds as no suitable opportunities arose that could make appropriate use of the Charity structure and the available funds.

19.2.1 From Charity's Statement of Financial Activities

	12 Months to 31 March 2018 £000	11 Months to 31 March 2015 £000
Total Incoming Resources	**0**	0
Resources Expended with this NHS body	**0**	0
Resources Expended with other NHS foundation trusts	**0**	0
Resources Expended with NHS Trusts	**0**	0
Resources Expended with NHS England & CCGs	**0**	0
Resources Expended with bodies outside the NHS	**0**	0
Total Resources Expended	**0**	0
Net (outgoing)/incoming resources before transfers	**0**	0
(Losses)/gains on revaluation and disposal	**0**	0
Other fund movements	**0**	0
Net movement in funds	**0**	0

19.2.2 From Charity's Balance Sheet

	12 Months to 31 March 2018 £000	11 Months to 31 March 2015 £000
Investments	**0**	**0**
Other fixed assets	**0**	**0**
Total fixed assets	**0**	**0**
Cash	**93**	**93**
Other Current Assets	**0**	**0**
Current Liabilities	**0**	**0**
Creditors due after one year	**0**	**0**
Net assets/liabilities	**93**	**93**
Restricted/Endowment funds	**0**	**0**
Unrestricted funds	**93**	**93**
Total Charitable Funds	**93**	**93**

19.2.3 Restricted/Non-Restricted Analysis

	12 Months to 31 March 2018 Total charitable funds £000	12 Months to 31 March 2018 Restricted/Endowment £000	12 Months to 31 March 2018 Non-restricted £000
Opening Balance	93	0	93
Net (outgoing)/incoming resources	0	0	0
(Losses)/gains on revaluation and disposal	0	0	0
Transfers to FT charities (where parent trust is Authorised)	0	0	0
Transfers to/from other bodies	0	0	0
Other movements	0	0	0
Closing Balance	93	0	93

20 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 Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Foundation 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 a committee of the Board. Trust treasury activity is subject to review by the Trust's internal auditor.

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.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from retained surpluses and capital disposals. The Trust is not, therefore, exposed to significant liquidity risks. The Trust keeps £8 million in cash and short term deposits to ensure the liquidity position.

20.1 Financial assets by category

	Loans and Receivables	Assets at Fair Value through	Held to Maturity the I&E	Available for sale	Total
	£000	£000	£000	£000	£000
Financial Assets as per Statement of Financial Position:					
As at 31 March 2018					
Embedded derivatives	**0**	**0**	**0**	**0**	**0**
Trade and other receivables (excluding non financial assets) - with NHS and DH bodies	**4,130**	**0**	**0**	**0**	**4,130**
Trade and other receivables (excluding non financial assets) - with other bodies	**3,518**	**0**	**0**	**0**	**3,518**
Other investments/financial assets	**0**	**0**	**0**	**0**	**0**
Cash and cash equivalents	**9,047**	**0**	**0**	**0**	**9,047**
Total as at 31 March 2018	**16,695**	**0**	**0**	**0**	**16,695**
As at 31 March 2017					
Embedded derivatives	**0**	0	0	0	0
Trade and other receivables (excluding non financial assets) - with NHS and DH bodies	**2,909**	0	0	0	2,909
Trade and other receivables (excluding non financial assets) - with other bodies	**3,587**	0	0	0	3,587
Other investments/financial assets	**0**	0	0	0	0
Cash and cash equivalents	**11,034**	0	0	0	11,034
Total as at 31 March 2017	17,530	0	0	0	17,530

For all categories of the Trust's financial assets the book values are equal to the fair values.

20.2 Financial Liabilities by category

	Other Financial Liabilities	Liabilities at Fair Value through the I&E	Total
	£000	£000	£000
Liabilities as per Statement of Financial Position:			
As at 31 March 2018			
Embedded derivatives	**0**	**0**	**0**
Borrowings excluding finance lease and PFI liabilities	**0**	**0**	**0**
Obligations under finance leases	**274**	**0**	**274**
Obligations under PFI, LIFT and other service concession contracts	**0**	**0**	**0**
Trade and other payables (excluding non financial liabilities) - with NHS and DH bodies	**1,022**	**0**	**1,022**
Trade and other payables (excluding non financial liabilities) - with other bodies	**7,750**	**0**	**7,750**
Other financial liabilities	**0**	**0**	**0**
Provisions under contract	**0**	**0**	**0**
Total as at 31 March 2018	**9,046**	**0**	**9,046**
As at 31 March 2017			
Embedded derivatives	0	0	0
Borrowings excluding finance lease and PFI liabilities	0	0	0
Obligations under finance leases	0	0	0
Obligations under PFI, LIFT and other service concession contracts	318	0	318
Trade and other payables (excluding non financial liabilities) - with NHS and DH bodies	0	0	0
Trade and other payables (excluding non financial liabilities) - with other bodies	1,778	0	1,778
Other financial liabilities	8,212	0	8,212
Provisions under contract	0	0	0
Total as at 31 March 2017	10,308	0	10,308

For all categories of the Trust's financial liabilities the book values are equal to the fair values.

20.3 Maturity of financial liabilities

	As at 31 March 2018	As at 31 March 2018	As at 31 March 2018	As at 31 March 2017
	Total	**With DH group bodies**	**With other bodies**	Total
	£000	**£000**	**£000**	£000
Financial liabilities fall due in:				
In one year or less	**8,831**	**1,022**	**7,809**	10,049
In more than one year but not more than two years	**59**	**0**	**59**	59
In more than two years but not more than five years	**156**	**0**	**156**	177
In more than five years	**0**	**0**	**0**	23
T	**9,046**	**1,022**	**8,024**	10,308

21 Losses and Special Payments

Losses:

	2017/18		2016/17	
	Numbers	**Value £'000**	Numbers	Value £'000
1. Losses of cash due to:				
a. theft, fraud etc.	**0**	**0**	1	0
b. overpayment of salaries etc.	**3**	**0**	3	0
c. other causes	**0**	**0**	0	0
2. Fruitless payments and constructive losses	**0**	**0**	0	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	**5**	**15**	0	0
4. Damage to buildings, property etc. due to:				
a. theft, fraud etc.	**0**	**0**	0	0
b. stores losses	**0**	**0**	0	0
c. other	**0**	**0**	0	0
Total losses	**8**	**15**	4	0
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	**11**	**2**	6	3
b. clinical negligence with advice	**0**	**0**	0	0
c. personal injury with advice	**3**	**24**	2	8
d. other negligence and injury	**0**	**0**	0	0
e. Other employment payments	**1**	**10**	0	0
f. Patient referrals outside the UK and EEA guidelines	**0**	**0**	0	0
g. other	**0**	**0**	0	0
h. maladministration, no financial loss	**0**	**0**	2	1
8. Special Severance payments	**0**	**0**	0	0
9. Extra statutory and regulatory	**0**	**0**	0	0
Total special payments	**15**	**36**	10	12
Total losses and special payments	**23**	**51**	14	12

These amounts are reported on an accruals basis but excluding provisions for future losses

2 Post Balance Sheet Events

There are no Events after the Balance Sheet Date that need reporting.

KPMG

Independent auditor's report

to the Council of Governors of ²gether NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of ²gether NHS Foundation Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Tax Payers' Equity, Statement of Cash flows, and the related notes, including the accounting policies in note 1.

In our opinion:

— the financial statements give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and Trust's income and expenditure for the year then ended; and

— the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2017/18 and the Department of Health Group Accounting Manual 2017/18.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview	
Materiality: Trust financial statements as a whole	£2 million 1.7% of total income from operations
Risks of material misstatement	
Risks identified	Valuation of land and buildings
	Recognition of NHS and non-NHS Income

2. Key audit matters: our assessment of risks of material misstatement

	The risk	Our response
NHS and non-NHS income (£119.6 million; 2017: £112.8 million) *Paper D2, page 20*	**Subjective estimate:** Of the Trust's reported income, £110.3 million (2016/17, £105.2 million) came from commissioners ,Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England make up 92% of the Trust's income. The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose penalties, reducing the level of income. The Trust participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. For these financial statements the Trust identifies the specific cause, and accounts for the expected future resolution, of each individual difference The Trust reported total income of £9.2 million (2016/17: £7.5 million) from other activities principally, Supporting people services income, Education and Training and non patient care to other bodies. Much of this income is generated by contracts with other NHS and non-NHS bodies which are based on varied payment terms, including payment on delivery, milestone payments and periodic payments. The Trust may face challenge in the timely collection of the income.	Our procedures included the following tests of details: — We tested the design and operation of process level controls over revenue recognition; — We agreed commissioner income and income received under the subcontract agreement to the signed contracts and selected a sample of the largest balances (comprising 98% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received; — We inspected invoices for material income, in the month prior to and following 31 March 2018 to determine whether income was recognised in the correct accounting period. — We agreed that the levels of over and under performance reported were consistent with contract variations and challenged the Trust's estimates of the level of income where variations are not in place by considering our own expectation of the income based on our knowledge of the client and experience of the NHS; — We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values recorded within their financial statements to the value of income captured in the Trust's financial statements. We sought explanations for any variances over £0.3 million, and all balances in dispute, and challenged the Trust's estimates of the level of income it was entitled to. — We tested material other income balances by agreeing a sample of transactions through to supporting documentation and/or cash receipts. **Our findings** — We found the resulting estimates of NHS and non-NHS income to be balanced

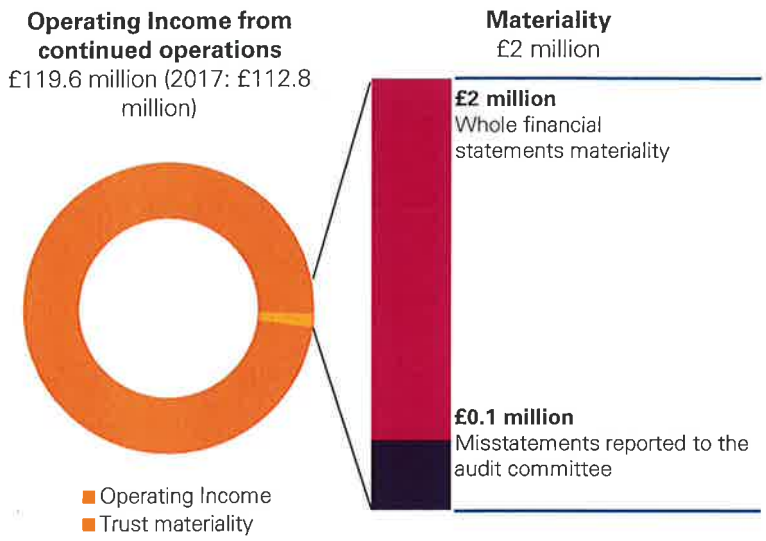
2. Key audit matters: our assessment of risks of material misstatement

	The risk	Our response
NHS and non-NHS income (£119.6 million; 2017: £112.8 million) *Paper D2, page 20*	**Subjective estimate:** Of the Trust's reported income, £110.3 million (2016/17, £105.2 million) came from commissioners ,Clinical Commissioning Groups (CCG) and NHS England). Income from CCGs and NHS England make up 92% of the Trust's income. The majority of this income is contracted on an annual basis, however actual achievement is based on completing the planned level of activity and achieving key performance indicators (KPIs). If the Trust does not meet its contracted KPIs then commissioners are able to impose penalties, reducing the level of income. The Trust participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra-NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between receivable and payable balances recognised by the Trust and its commissioners, which will be resolved after the date of approval of these financial statements. For these financial statements the Trust identifies the specific cause, and accounts for the expected future resolution, of each individual difference The Trust reported total income of £9.2 million (2016/17: £7.5 million) from other activities principally, Supporting people services income, Education and Training and non patient care to other bodies. Much of this income is generated by contracts with other NHS and non-NHS bodies which are based on varied payment terms, including payment on delivery, milestone payments and periodic payments. The Trust may face challenge in the timely collection of the income.	Our procedures included the following tests of details: — We tested the design and operation of process level controls over revenue recognition; — We agreed commissioner income and income received under the subcontract agreement to the signed contracts and selected a sample of the largest balances (comprising 98% of income from patient care activities) to agree that they had been invoiced in line with the contract agreements and payment had been received; — We inspected invoices for material income, in the month prior to and following 31 March 2018 to determine whether income was recognised in the correct accounting period. — We agreed that the levels of over and under performance reported were consistent with contract variations and challenged the Trust's estimates of the level of income where variations are not in place by considering our own expectation of the income based on our knowledge of the client and experience of the NHS; — We assessed the outcome of the agreement of balances exercise with CCGs and other NHS providers and compared the values recorded within their financial statements to the value of income captured in the Trust's financial statements. We sought explanations for any variances over £0.3 million, and all balances in dispute, and challenged the Trust's estimates of the level of income it was entitled to. — We tested material other income balances by agreeing a sample of transactions through to supporting documentation and/or cash receipts. **Our findings** — We found the resulting estimates of NHS and non-NHS income to be balanced

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Trust financial statements as a whole was set at £2 million, determined with reference to a benchmark of ooperating income from continued operations (of which it represents approximately 1.7%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £0.1 million, in addition to other identified misstatements that warranted reporting on qualitative grounds.



4. We have nothing to report on going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2017/18.

Corporate governance disclosures

We are required to report to you if:

— we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Trust's position and performance, business model and strategy; or

— the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or

— the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2017/18, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page [A], the Accounting Officer is responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities

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

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

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REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources .

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

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

We did not identify any significant risks to the Trust.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

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

We have not identified any significant risks.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of ²gether NHS Foundation Trust in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Jonathan Brown

Jonathan Brown
for and on behalf of KPMG LLP (Statutory Auditor)

Chartered Accountants and Statutory Auditor
66 Queen Square, Bristol, BS1 4BE
25 May 2018

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INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF ²GETHER NHS FOUNDATION TRUST ON THE QUALITY REPORT

We have been engaged by the Council of Governors of ²gether NHS Foundation Trust to perform an independent assurance engagement in respect of ²gether NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following two national priority indicators (the indicators):

- early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral
- inappropriate out-of-area placements for adult mental health services

Respective responsibilities of the directors and auditors

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* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the *Detailed requirements for quality reports for foundation trusts 2017/18* ('the Guidance'); and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the *Detailed Requirements for external assurance for quality reports for foundation trusts 2017/18.*

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

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes and papers for the period April 2017 to March 2018;
- papers relating to quality reported to the board over the period April 2017 to April 2018;
- feedback from commissioners;
- feedback from governors;
- feedback from local Health watch organisations;
- feedback from Overview and Scrutiny Committee;
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009;
- the 2017 national patient survey;
- the 2017 national staff survey;

- Care Quality Commission Inspection;
- the 2017/18 Head of Internal Audit's annual opinion over the trust's control environment; and
- any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

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 the NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicator. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and ²gether NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information', issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicator;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller 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

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS Foundation Trust Annual Reporting Manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or the non-mandated indicator, which was determined locally by [2]gether NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in the Guidance; and
- the indicator in the Quality Report subject to limited assurance has not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Guidance.

KPMG LLP

KPMG LLP
Chartered Accountants
KPMG UK LLP

25 May 2018

INDEPENDENT AUDITOR'S STATEMENT TO THE DIRECTORS OF ²GETHER NHS FOUNDATION TRUST ON THE NHS FOUNDATION TRUST CONSOLIDATION SCHEDULES

We have examined the consolidation schedules designated TAC02 to TAC29 for tables outlined in red, excluding TAC05A and TAC23 of ²gether NHS Foundation Trust for the year ended 31 March 2018, which have been prepared by the Director of Finance and acknowledged by the Chief Executive.

This statement is made solely to the Board of Directors of ²gether NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and paragraph 4.2 of the Code of Audit Practice and for no other purpose.

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

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

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

KPMG LLP

KPMG LLP
66 Queen Square
Bristol
BS1 4BE

25 May 2018

Contact us

If you would like to contact the Trust you can:

Write to: Trust Secretary, Rikenel, Montpellier, Gloucester GL1 1LY
Email: j.mcilveen@nhs.net
Tel: 01452 894000

Communicating with Governors

Members of the Trust may contact Governors via:

Email: anna.hilditch@nhs.net

Writing to: Freepost RLYA-XAKR-HABZ, 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester, GL1 1LY

Telephone: the Assistant Trust Secretary on 01452 894165

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

Information in other languages/formats

2gether NHS Foundation Trust's Annual Report and Accounts 2017/18 describe the activities of the Trust during the 2017/18 financial year.

If you would like the Annual Report in large print, Braille, audio cassette tape or another language please telephone 01452 894000 or email us at 2gnft.comms@nhs.net

Chinese

2gether 國家健康服務信託社的週年報告和 2017-18 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 894007 或者電郵 2gnft.comms@nhs.net

Polish

Roczny Raport i Rachunkowość Funduszu Powierniczego Narodowej Służby Zdrowia 2gether na rok 2017 - 18 opisuje działalność funduszu w czasie roku finansowego 2017 - 18 . Po kopię Raportu Rocznego w dużym druku, w języku Braille's, na kasecie audio lub w innym języku proszę dzwonić pod numer **01452 894007** lub email: 2gnft.comms@nhs.net

Czech

Výročni zpráva a účetni knihy 2017 - 18 nadace 2gether svěřenecké společnosti NHS popisují činnosti společnosti během finančního roku 2017 - 18. Pokud budete chtít výročni zprávu ve velkém tisku, Braillovu písmu, na audio kazete nebo v jiném jazyce, volejte prosím na **01452 894007** nebo napište na email: 2gnft.comms@nhs.net

Gujarati

ટુગેધર એનએચએસ ફાઉન્ડેશન ટ્રસ્ટનો 2017-18 વાર્ષિક અહેવાલ અને હિસાબ ટ્રસ્ટની ૨૦૦૮ - ૦૯નાં વર્ષ દરમ્યાનની કામગીરીઓ બતાવે છે. તમોને જો એ અહેવાલ મોટા અક્ષરોમાં, બ્રેઈલ (અંધલિપિ), ઓડિઓ કસેટ કે બીજી કોઈ ભાષામાં જોઈતો હોય તો, મહેરબાની કરીને ૦૧૪૫૨ ૮૯૧૧૬૫ નંબર પર ફોન કરશો અથવા આ જગ્યા પર ઈમેઈલ કરશો : 2gnft.comms@nhs.net

Bengali

টুগেদার এন্এইচ্এস্ ফাউন্ডেশন ট্রাস্টের (2gether NHS Foundation Trust) 2017-18 সালের বাৎসরিক রিপোর্ট ও এ্যাকাউন্টে, ২০০৮-২০০৯ আর্থিক বছরে এই ট্রাস্টের কাজকর্মের কথা বলা হয়েছে। আপনি যদি এই রিপোর্টটি বড় ছাপায়, ব্রেইল-এ, কানে শোনার ক্যাসেট টেপ-এ বা অন্য কোন ভাষায় চান, তাহলে দয়া করে **০১৪৫২ ৮৯১১৬৫** নম্বরে টেলিফোন করবেন অথবা 2gnft.comms@nhs.net ঠিকানায় ইমেইল করবেন।

Urdu

ٹو گیدر این ایچ ایس فاؤنڈیشن ٹرسٹ کی سالانہ رپورٹ اورسن 2017-18 کے اکاؤنٹس میں ٹرسٹ کی اُن سرگرمیوں کا ذکر کیا گیا ہے جو مالی سال 2017-18 کے دوران انجام دی گئیں ۔ سالانہ رپورٹ اگر آپ کو بڑے حروف کی چھپائی، آڈیو کسٹ یا کسی دیگر زبان میں درکار ہو تو برائے مہربانی نمبر **01452** پر فون کریں یا اس پتے پر ای میل بھیجیں : 2gnft.comms@nhs.net **894007**