



²gether NHS Foundation Trust

Annual Report and Accounts

2014/15

²gether
Making life better

²gether
NHS Foundation Trust



2gether NHS Foundation Trust

Annual Report and Accounts 2014/15

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



Take a look inside

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About us

Our Purpose

Our purpose is to make life better – both for the people in our care and the carers who support them.

The people we serve are at the heart of what we seek to achieve. It is through the competence, commitment and compassion that is demonstrated by colleagues across the Trust, that we are able to deliver the high quality of care that we would want for our own family.

Our Strategic Priorities

- Continually improve the **quality** of the services we provide
- Continually improve **engagement** internally and externally
- Ensure the **sustainability of services** and the Trust as an effective partner, employer and advocate for services

Our Vision and Values

Vision

- To be the **provider of choice** for the population and commissioners we serve
- To be an **employer of choice** in a competitive employment environment
- To provide **high quality, cost effective services** that are attractive to other commissioners and individuals
- To ensure the **long term stability** and viability of our organisation

Values

S	Seeing from a service user perspective – in order to identify opportunities, problems and risks at an early stage
E	Excelling and improving – striving for excellence to ensure we deliver innovation, best practice and learn from what we do
R	Responsive – an adaptable and flexible approach to deliver services in new ways which meet the needs of service users
V	Valuing and respectful – valuing and involving staff and investing in training and development to drive collective ownership and shared decision making
I	Inclusive, open and honest – effectively communicating with staff, service users, partner agencies and the public by being honest and open and welcoming constructive feedback and recognising accountability
C	Can do – having a proactive ‘can do’ approach which delivers on what we say and allows for productive working across professions and agencies
E	Efficient – securing value for money and a culture of making the most of resources through robust evaluation and effective assessment of information

Membership information – how to join

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 our website at 2gether.nhs.uk/membership or call 01452 894007.

Our registered address is: 2gether NHS Foundation Trust, Rikenel, Montpellier, Gloucester, GL1 1LY

Strategic Report



Chief Executive's Statement

Preparing our Annual Report and Accounts provides an opportunity for us to reflect over the last twelve months – the changes we have made to help improve our service user and their carers' experience of our services; the changes our staff have delivered within a difficult financial environment; and the challenges we have faced together that have helped to inform our continued learning.

This year we have continued to focus on our three strategic priorities: continually improving quality; improving internal and external engagement; and ensuring the sustainability of services by being an effective partner, employer and advocate for services.

We are in our eighth year operating as an NHS foundation trust and our commitment to providing quality services that are informed by the communities we serve and developed in collaboration with local people, has never been stronger.

As we reflect on 2014/15, the tragic incident in which our colleague Sharon Wall lost her life is foremost in our mind. This rare and unpredicted assault has had a profound impact upon all of us. It has both brought us together and caused us to once again challenge ourselves from every perspective to ensure that we are doing all that we can to best achieve a safe and therapeutic environment for our staff, our service users and their families/carers that is conducive to giving/maintaining hope and recovery.

Over the next year, our aim is to even further enhance what we do by placing our service users and carers at the very heart of business. Alongside local partners, commissioners and trust Governors who continued to provide valuable challenge and support to our strategic direction, we have emphasised our commitment to carers' and their own needs through our membership of the Carer's Trust Triangle of Care.

The Triangle of Care sets out six key standards aimed at achieving better collaboration and partnership with carers. This includes recognising the essential role that carers provide in the recovery journey and providing a range of carer support services.

During 2015, we will work more closely with local carer organisations to make sure that standards are met and carers receive the best possible service. We will also keep improving our processes to make sure that both our patients and staff remain safe in environments that encourage hope and recovery.

In our 2014/15 Quality Report, you can read about the progress colleagues have made to help deliver the vast majority of the priorities we set ourselves for the last year.

We delivered the vast majority of quality measures which we aligned to the NHS Outcome Framework themes of Effectiveness, User Experience and Safety. We will continue to focus on the areas where we fell short of our measures over the next year.

We also have a continuing role in enhancing, protecting and promoting mental, physical and social wellbeing within our communities. Over the last twelve months we have remained committed to tackling mental health stigma to help improve understanding and promote wider

access to services – that way more people can benefit from the early support that they need.

Our approach has a number of key components from raising awareness of good mental health among local employers to enhanced awareness of local services.

In both Gloucestershire and Herefordshire, our work to help raise awareness of Let's Talk - Improving Access to Psychological Therapy service – has ensured that we exceeded the nationally defined access level target of at least 15% of the adult population in need of psychological therapy by March 2015.

We remain a strong performing trust with 31 consecutive quarters of reporting a financial surplus.

On page 13, you will read how we expect to deliver a planned deficit of £0.5m during 2015/16, before returning to breakeven in 2016/17 and surplus thereafter. Our decision is based on a realistic assessment of the current economic position and dependent upon the full delivery of a challenging Cost Improvement (CIP) Plan.

This is the first time that we have forecasted a deficit - it is in line with our five year strategic plan submitted to our regulator (Monitor) and will be continuously monitored throughout the year to make sure that we are able to deliver our planned and ongoing investment in services, our clinical environments and staff development.

Focused technological improvements are already ensuring that colleagues have the right skills and equipment to provide effective and timely services for those in our care; and our service users and their carers can now take a greater role in their own self-care, wellbeing and sustained recovery.

We are able to make the investment in your services thanks to a continued effort by staff to continuously challenge what we do and facilitate efficiency savings while maintaining or improving service safety and quality.

While preparing this report, we are unsure how any changes to national health and social care policy following the UK general election, may influence the commissioning of local services.

What we do know, is that our dedicated staff have the commitment, skills, experience and compassion to keep challenging what we do and providing the best possible support and treatment for the people in our care, their family and carers.

As a Foundation Trust, we also encourage members and the wider community to contribute to and influence decisions we make about the care and treatment we provide. Our aim is to involve, listen and learn. Join us and together we can make a difference.

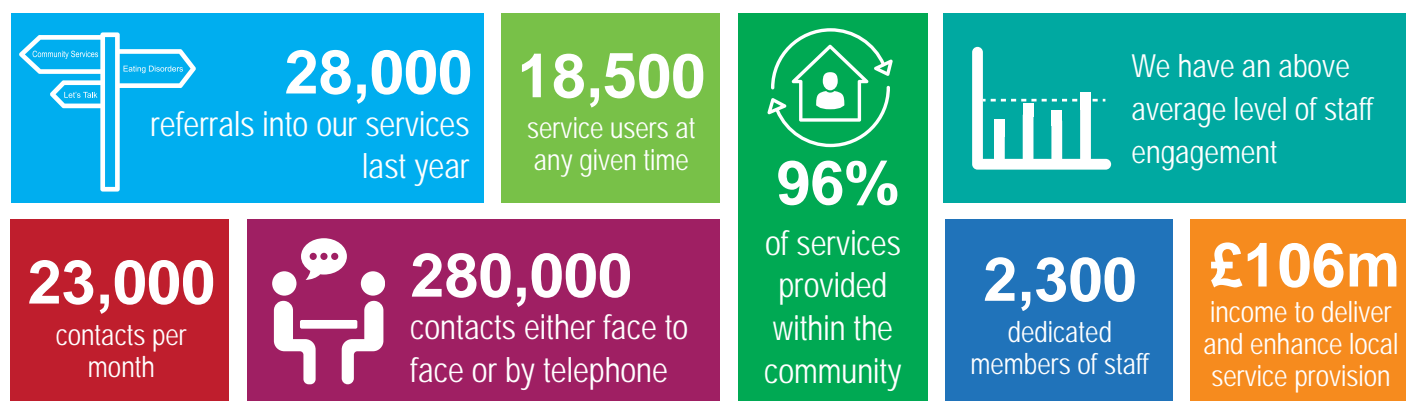
Signed



Shaun Clee
Chief Executive

26 May 2015

What we achieved in 2014/15



2gether NHS Foundation Trust (2gether) provides specialist social and mental healthcare services across Gloucestershire and Herefordshire.

The services we provide are determined and paid for by NHS commissioning organisations. These are the organisations that manage local and specialist budgets.

In Herefordshire we are commissioned by Herefordshire Clinical Commissioning Group (CCG) to provide mental health services and Herefordshire Local Authority to provide a learning disability health team. Social Care services are provided directly by the Local Authority and services work closely together to deliver supportive integrated care pathways.

In July 2007, we were one of the first ten mental health trusts in England to achieve foundation trust status when we were authorised by Monitor, the independent sector regulator for health services in England.

As a foundation trust, we are a not-for-profit, public benefit corporation. The applicant organisation, Gloucestershire Partnership NHS Trust, 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 2gether in April 2008 as part of an initiative to strengthen our identity and pursue our purpose to help make life better.

2gether employs over 2,300 members of staff (including staff bank) and serves a combined population of 761,000, over nearly 1,900 square miles. At any one time, we deliver services to approximately 18,500 individuals and offer education and support to their carers and families.

Our name is a statement of intent: 'together' defines the way in which we will continue to work, informing, developing and sustaining productive partnership working to deliver easily accessible and easily understood integrated solutions that promote and deliver early detection, early intervention, and sustained recovery.

As an NHS foundation trust, we are accountable to our local people who help ensure local ownership and control of their NHS.

Nearly 7400 members influence our activities both directly by contacting the Trust and through locally elected representatives who sit on the Council of Governors.

Our continued aim is to work with our Governors to identify ways for our membership to be engaged, well informed and consulted across a range of NHS initiatives.

Our Services

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

2gether staff provide assessment, signposting and support for people with long term conditions such as dementia. We also provide Primary Mental Healthcare including the treatment of common mental health problems like depression and anxiety through our Let's Talk service.

Each of our Gloucestershire localities is aligned to our local general practice surgeries and deliver local services to our communities through multidisciplinary and specialist teams. In Herefordshire, we are working with commissioners to continue the transformation of services, providing enhanced community support to help people live independently at home and avoid hospital admission where appropriate.

We also deliver community and inpatient NHS learning disability services; adult inpatient mental health care at Stonebow (Hereford), Wotton Lawn (Gloucester) and Charlton Lane (Cheltenham); psychiatric intensive care at Greyfriars (Gloucester); Learning Disability services; assertive outreach and recovery services; children and young people emotional wellbeing services; eating disorder services; Section 136 care at the Maxwell Centre Assessment Suite in Gloucester; and drug and alcohol services in Herefordshire.

Our occupational health service provides services to public and private organisations through our Working Well identity. Our Gloucestershire based Back 2 Work services facilitate vocational opportunities and promote social inclusion for people in recovery from mental ill health.

Strategic Priorities

The environment in which we provide services continues to be complex and challenging.

Over the last five years, we have delivered significant transformational change in our service delivery. This has improved the care we provide our service users and carers while helping us to realise our financial savings. As such, we remain focused on our three strategic priorities:

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

Our five year plan for Monitor is structured around our three strategic priorities and provides the basis for our future investment. In five years, we will have:

- further empowered people to make informed choices to support their wellbeing
- enabled rapid access to treatment and support which enables recovery from unavoidable acute episodes
- helped people to spot and wherever possible, avoid crisis

Our plan identifies four key challenges which we will help mitigate by investing in organisational development, technology and partnership working.

Our four challenges we will focus on

- 1 Keeping up with demand; delivering safe services; and making productivity improvements with less money.
 - 2 Providing effective, integrated and co-developed services with other providers.
 - 3 Supporting staff to make sure that everyone is equipped to use the new technology and the necessary changes.
 - 4 Ensuring we engage service users - who have long term conditions - in new services that are also exciting developments for commissioners.
- We will help mitigate these four key challenges by investing in organisational development, technology and partnership working.

The significant changes are being driven by increasing demand, changing demography, changing knowledge base and changing technology.

In order to achieve our key priorities, we know that further transformational change is necessary – this will be asking a great deal from our colleagues who have already delivered significant changes and efficiency savings.

Discussions with colleagues, partners and the wider public suggest that we will remain a sustainable business in five years if we rise to these challenges and further lower our operating costs by £22 million.

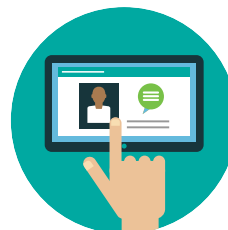
We will therefore invest time and money in the following:



Organisational Development

We will review staff skills to make sure that services continue to be **safe and sustainable**.

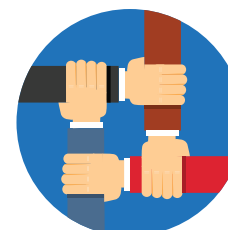
We will **develop and support leaders** at every level to make sure we have strong leadership and continuous engagement.



Technology

We will use technology to change the way people think about their health and wellbeing and the **way we deliver services**.

Technology will **enable greater self-care** for service users; and **new ways of working for staff**.



Partnership Working

We will invest time, energy and resources in **building relationships** with commissioners and other organisations who share our values.

We will provide a **co-ordinated response** to people in a crisis and develop **new and improved services**.

Above all, our desire to provide the best possible care is informed by the experiences that our service users, carers and our staff contribute to our ongoing process of community and internal engagement.

Our engagement and communication strategy is currently being discussed with stakeholder groups for implementation in 2015/16. Our collaborative approach is based on an engagement cycle that highlights three fundamental principles: to inform, involve; and to improve services together.



INFORM

We will communicate openly so people have the right information to inform our conversations.

INVOLVE

We will encourage participation so communities can influence decisions made about the care we provide.

IMPROVE

We will listen and learn. Feedback and experiences will ensure we keep improving what we do.

Adapted from engaging with patients, carers and the public to deliver clinical commissioning engagement: In Health Associates, 2015

Operational Performance

Over the last twelve months, we have continued to build productive and sustainable relationships with our commissioners.

This is based on a collaborative approach that develops and delivers the best available services that are at the highest quality of care we can deliver while remaining affordable to commissioners.

During 2014/15, we co-developed a number of service improvements across Gloucestershire and Herefordshire.

In Herefordshire, we enhanced our community dementia service and now provide earlier support to help increase the rate of detection and help people with dementia to live well.

We have also continued to consolidate our Improving Access to Psychological Therapy (IAPT) service so people with the most common mental health conditions - such as stress and depression - are able to receive the help they need more quickly.

The Let's Talk IAPT identity was launched in September and at financial year end, the service had exceeded the national requirements of supporting a target population who need help.

Within Gloucestershire, we have worked with our local health partners to explore and develop strategies for the future pattern of Health and Social Care support across the county.

This has included the development and implementation of a Crisis Concordat, revision of the service pathway for our Eating Disorders service and continued review of our existing admission to our Dementia services.

Quality Improvement

As an NHS foundation trust, our operational performance is measured against a series of national targets which are reported to Monitor, England's health and social care regulator.

We are also regulated by the Care Quality Commission (CQC), who assesses us against a number of national safety and quality outcomes based on how we deliver safe, clinical care in a cost effective manner. We also report on a number of local safety and quality standards agreed with Gloucestershire and Herefordshire Clinical Commissioning Groups and through the Commissioning for Quality and Innovation (CQUIN) payment framework.

This year, we have fully met the CQC's safety and quality outcomes. The CQC did not take any enforcement action against the Trust in 2014/15 – there are no quality concerns outstanding.

We have also undertaken our own quality assurance reviews across all services. This is part of an internal clinical audit programme where visits review clinical practice and patient experience against the CQC Outcomes Framework.

With staff, we identified seven quality goals with associated targets. These are aligned to the three key themes set out in the NHS Outcomes Framework which are Safety; Effectiveness; and User Experience.

The goals are to:

- improve the physical health care for people with schizophrenia
- measure the effectiveness of the falls prevention work for inpatients
- ensure appropriate access to psychiatric inpatient care
- improve the experience of service users across a number of defined key areas
- minimise the risk of suicide of people who use our services
- ensure the safety of people detained under the Mental Health Act
- ensure we follow up with people within 48 hours when they leave our inpatient units to reduce risk of harm

You can read about our progress against our quality based objectives for 2014/15 and our plans for 2015/16 in our Quality Report from page 53.

Staff Performance

Our people are our strength – the dedication, expertise and commitment to our service users, their families and carers is continually evident in the high quality of work that they deliver within multi-disciplinary teams.

The national staff survey is one opportunity where the Trust can learn and make improvements based on the anonymous views of colleagues. The 2014 survey results, which you can read on page 21, compared us favourably with other mental health/learning disability trusts across a number of significant areas. This includes staff feeling satisfied with the quality of work and patient care they are able to deliver while working for the Trust.

The survey also showed an improvement in the number of colleagues who would recommend the Trust as a good place to work or not; and overall staff engagement continues to improve and is now above average for mental health/learning disability trusts. These results are very encouraging, with staff reporting that we are better than average in 15 areas compared to five in last year's survey.

²gether staff experience compared most favourably with other mental health/learning disability trusts in England in the following areas:

- ✓ agreeing that their role makes a difference to patients
- ✓ feeling satisfied with the quality of work and patient care they are able to deliver
- ✓ witnessing potentially harmful errors, near misses or accidents
- ✓ experiencing physical violence from other staff
- ✓ feeling pressure to attend work when feeling unwell

Alongside improvements being made, we now need to understand, improve and support colleagues across the areas where responses indicated we were below average for example in training and development, reporting of near misses and work-related stress.

We have a range of policies to support disabled staff which include processes to retain staff who become disabled in the course of their employment – through our sickness absence policy; and to support the recruitment of disabled staff through our recruitment policy.

As a signatory of the Mindful Employer charter and accredited to use the Two Ticks symbol, we are committed to supporting staff with stress, anxiety, depression and other mental health conditions. We are also committed to promoting wellbeing and providing employment opportunities for people with mental health conditions.

The female/male breakdown of staff

On 31 March 2015, ²gether employed 2302 people across a variety of professions including, doctors, nurses, Allied Health Professionals, social workers and support staff.

This figure includes bank staff who are invaluable in helping to provide a sustainable and quality service.

The following tables provide a breakdown of the number and percentage of male and female members of staff:

Board Members	Employees	%
Female	7	50
Male	7	50

Senior Clinicians/Managers*	Employees	%
Female	107	70
Male	46	30

Total Staff*	Employees	%
Female	1418	78
Male	392	22

Definitions

* Senior Clinicians/Managers at Bands 8c and above including consultants

* Total staff up to and including Band 8b

Financial Performance

During 2014/15, our two main commissioners were Gloucestershire and Herefordshire Clinical Commissioning Groups (CCGs) with who we agreed to provide clinical care and treatment through block contracts.

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

Our 2014/15 Statement of Comprehensive Income is on page 124.

The table below details a financial performance summary for the last two years:

	2014/15 £m	2013/14 £m
Total Income	106.373	106.915
Operating expenses	(103.958)	(103.617)
Underlying surplus	0.092	1.426

As detailed above, operating expenses in 2014/15 totalled £103.958m which is an increase of 0.3% year on year. Staff costs accounted for £78.7m or 75.7% of our operating expenses. We report a surplus of £92,000 based on a planned break even.

2015/16 will be the first year since becoming a foundation trust that we plan to forego a financial surplus, while we continue to invest in services and staff. We will deliver a planned deficit of £0.5m. We will also continue to deliver our existing capital programme which includes further improvements to our community environments.

Efficiency Savings

During 2014/15 we were expected to deliver £5.4m in efficiency savings in addition to the £6.4m we delivered in 2013/14.

This comprised a 4% national efficiency requirement and additional savings to meet cost pressures and service developments.

Over the year, we delivered savings of £5m against a total income of £106.4m.

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 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 the best clinical care.

Monitor Rating

England's health service regulator has a statutory role to ensure the continued provision of NHS services by NHS providers. This includes overseeing the governance of NHS foundation trusts.

From 1 April 2013, NHS foundation trusts required a licence from Monitor that stipulates specific conditions that must be met for the Trust to operate. These include financial sustainability and governance requirements.

From 1 October, 2013, all NHS foundation trusts, including ourselves, now receive a Monitor quarterly risk rating performance for continuity of services; and governance.






Similar to all NHS organisations, we continue to operate in the context of unprecedented financial challenges. At the end of 2013/14, we planned to deliver a Continuity of Service Rating of 4 – this is on a scale from 4 to 1 where 4 represents the lowest level of risk. In 2014/15, we delivered to plan.

During 2015/16, we plan to deliver a rating of at least 3 while maintaining the high quality of service delivery we have achieved over recent years.
















Our Governance rating remained Green throughout the year which indicates that no significant governance issues have been identified. Both of these scores were in line with the Trust's plans at the start of the year.

²gether's performance against both the old Compliance Framework and the new Risk Assessment Framework are noted below:

Summary of ²gether's ratings for 2014/15

2014/15	Annual Plan 2014/15	Q1 2014/15	Q2 2014/15	Q3 2014/15	Q4 2014/15
Under the Risk Assessment Framework					
Continuity of Service risk rating	4	4	4	4	4
Governance rating					

Summary of ²gether's ratings for 2013/14

2013/14	Annual Plan 2013/14	Q1 2013/14	Q2 2013/14	Q3 2013/14	Q4 2013/14
Under the Compliance Framework					
Financial Risk Rating	3	4	4		
Governance rating					
Under the Risk Assessment Framework					
Continuity of Service risk rating				4	4
Governance rating					

Cost allocation and charging requirements

The Directors confirm that ²gether NHS Foundation Trust comply 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 2014/15.

The cumulative Public Sector Payment Policy (PSPP) performance for the Trust for the financial year 2014/15 was 82% of invoices paid within 10 days and 97% paid within 30 days.

The Trust paid £0 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 statement of financial position events

There are no material adjustable post balance sheet events to report. Disclosure has been made in note 22 of the accounts.

Going Concern

Accounts are prepared under a direction issue by Monitor under the National Service Act 2006 and in line with International Financial Reporting Standards (IFRS).

After making enquiries, the Directors have a reasonable expectation that the 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 accounts. Accounting policies are set out in note 1 to the Accounts.

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 to reduce opportunities for the commission of fraud and corruption to an absolute minimum.

They have also helped to increase liaison with other government, public and private organisations and the national and regional offices of NHS Protect 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 take appropriate action and pursue appropriate sanctions. The outcome of this activity is reported to act as deterrence to others.

Environmental Sustainability

Our strategic objective is to reduce carbon in line with the national target to deliver 10% minimum reductions in direct and indirect emissions, across the board, by 2015 from levels during 2006/07 base year.

We have achieved a 14% reduction in Gloucestershire from 2008/09 to 2013/14 against the 10% target. We are limited in our ability to influence Herefordshire estate due to contracted arrangements in place with our commissioners.

CO₂e is the universal unit of measurement to indicate the global warming potential (GWP) of Greenhouse Gases (GHGs), expressed in terms of the GWP of one unit of carbon dioxide.

Utilities Carbon Production in Gloucestershire

	Baseline 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Change against 08/09
	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	
Gas	1597	1279	1403	1109	1156	1182	-26%
Electricity	1633	1592	1638	1734	1437	1581	-3%
Heating Oil	69	57	64	69	82	83	20%
Water	7	7	9	9	11	9	29%
TOTAL	3306	2935	3114	2921	2687	2855	-14%

Utilities Carbon Production in Herefordshire

	2011/12	2012/13	2013/14
	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)	Weight of CO ₂ e (tonnes)
Gas	82	86	71
Electricity	70	167	157
Heating Oil	237	282	221
Water	2	2	2
TOTAL	391	536	442

The majority of our buildings pre-date the high insulation and low energy consumption targets introduced in Part L2 of the 2002 Building Regulations and updated in 2009. This has enabled us to make reductions in carbon through refurbishment and investment, achieving 14% over 5 years, putting us 4% ahead of our target for this financial year.

Gas

The Trust's primary heating source is gas, with the exception of the Stonebow Unit and Westridge, which have oil fired boilers. Over the reporting period there has been a 26% reduction in carbon. This is due to a programme of works installing, or improving roof insulation, and the replacement of older inefficient boilers; and solar water heating.

Water

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

Electricity

There has been a 3% reduction in carbon from electricity between 2008/09 and 2013/14, reversing recent trends. Electricity is generally used for lighting, Information Technology and to a smaller extent for air conditioning. The reductions in electrical consumption has been the consequence of higher performance lighting and controls during refurbishment projects.

Waste

The Trust has recently participated in a joint tendering exercise with adjoining NHS trusts.

The new clinical waste contractor uses the heat from the incineration of all infectious waste and sharps for hot water and heating for a District General Hospital, which provides all of its needs for nine months of the year and 75% of its needs for the remaining three months.

The Trust's domestic waste contractor will move us towards the use of a Tiger Waste Stream for all its non-infectious waste. This will divert waste from incineration to a rendering plant that converts the waste into fuel for electrical generation.

Waste Data for Gloucestershire

	Baseline 2008/09 Weight of CO ₂ e (tonnes)	2009/10 Weight of CO ₂ e (tonnes)	2010/11 Weight of CO ₂ e (tonnes)	2011/12 Weight of CO ₂ e (tonnes)	2012/13 Weight of CO ₂ e (tonnes)	2013/14 Weight of CO ₂ e (tonnes)	Percentage Change against 08/09
Landfill	88	80.3	66.31	69.1	65.98	61.7	-30%
Treated and incinerated	8.4	0	0.75	0.5	0.49	0.39	-5%
Treated and landfill	0	6.4	6.41	8.4	8.72	9.71	-
Paper recycled	0	2.25 = 0	20.31 = 0	25.23 = 0	58.26 = 0	34.02 = 0	-
TOTAL	96.4	86.7	73.47	78	75.19	71.8	-25%

Waste Data for Herefordshire

	2011/12 Weight of CO ₂ e (tonnes)	2012/13 Weight of CO ₂ e (tonnes)	2013/14 Weight of CO ₂ e (tonnes)
Landfill	37.4	37.4	37.4
Treated and incinerated	1.0	1.5	1.3
Treated and landfill	0.0	0.0	0.0
Paper recycled	6.6 = 0	6.0 = 0	6.3 = 0
TOTAL	38.42	38.94	38.8

Future Investment

The significant changes for our workforce and our future planning are driven by increased demand, a changing demography, increased understanding of mental health issues and new technologies.

Delivering our required savings, while improving the quality of care we provide, will remain one of the most significant challenges we face over the coming year.

We do not expect the financial challenges to ease and yet we remain committed to investing in our staff, and the

systems they need, to facilitate continued change across our organisation. Investing in these areas will help us to achieve our strategic priorities.

We will use our strong liquidity position to finance a planned deficit of £500k in 2015/16. We have also reviewed and adjusted our capital investment plans so we can invest in the areas that staff tell us are important to them and will provide the foundations for future years' quality and financial gains.

Future Performance and Risks

The economic context of the health and social care communities in which we work requires us all to face significant challenges which require difficult decisions, tough financial planning and robust monitoring.

Reducing the cost of provision, whilst providing the same or better service outcomes across the health and social care community, requires our active engagement with commissioners, other providers and the communities we serve.

The risks and uncertainties we face are associated with a number of interrelated areas including:

- increased competition – where our commissioners need to demonstrate value for money;
- new commissioner models in response to best practice;
- ensuring appropriately skilled, engaged, equipped and well-led staff;
- securing and sustaining positive and productive relationships with stakeholders;
- effectively utilising our liquidity to support our objectives;
- learning from action plans to prevent serious incidents; and
- the important emphasis of linking physical health, mental health and social care to provide a connected and integrated pathway of care that emphasises continuity of care and delivers enhanced outcomes.

These are also the risks that present us with opportunities to expand our services, build new relationships, enhance our culture and develop new propositions that enhance service delivery, patient care and outcomes.

We will seek to form strategic partnerships within the voluntary sector, with charitable trusts and private providers who share our purpose of making life better for the people we serve.

Our aim is to develop and deliver creative and innovative initiatives that maximise the resources and expertise of our organisations and deliver benefit to our communities.

In 2015/16, we are preparing for the re-procurement of mental health services in Herefordshire and the need to transform services to meet the reconfiguration undertaken by the county's social care commissioners.

We will also continue to work collaboratively with NHS provider organisations, sharing each other's good practice, investing in sustainable services and exploring opportunities that help us to further develop and integrate care.

At any one time, we provide care and support to over 18,500 individuals and offer education and support to their carers and families. Above all, quality considerations will remain the foundation of what we do.

Therefore, we will continue to assess and monitor the risks associated with our plans and include them in our Risk Register and Board Assurance Framework which is reported and discussed regularly at our Trust Board.

To succeed, we will continue to challenge our thinking and improve what we do. We are determined and committed to meeting the challenges ahead and will continue to invest in our staff and the systems that enable us to provide the highest quality of care.

To achieve this, we will use the financial resources that staff have enabled us to build up over recent years and adjust our capital investment plans to make sure that we can do the things that staff have told us matter most to delivering services within a modern National Health Service.

This Strategic Review has been approved by the directors of 2gether NHS Foundation Trust.



Shaun Clee
Chief Executive

26 May 2015



NHS
Herefordshire
Clinical Commissioning Group

NHS

Let's
Talk

Feel stressed,
anxious or depressed?

Directors' Report



Financial matters

As described in the Strategic Report, 2gether NHS Foundation Trust Directors' report a successful financial year where we have delivered a surplus of £92k against a break even plan and achieved the savings efficiencies required for the future financial security of the organisation.

Our annual accounts are published from page 123 onwards.

Charitable Funds

Charity Commission Registration Number: 1097529

For many people, recovery is 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.

However large or small your donation is to one of our charities, you will be making a massive difference and could help us quite literally save a life.



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 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 1.4 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.

Local Indicators

Using the national contractual Commissioning for Quality and Innovation (CQUIN) framework, our two main commissioners - Gloucestershire and Herefordshire Clinical Commissioning Groups (CCGs) - agreed local indicators with us.

A proportion of the income we receive from our commissioners is conditional on the Trust achieving the agreed local quality improvements in the provision of services.

In Gloucestershire, we met 100% of our CQUIN targets; and in Herefordshire we met 100% of our CQUIN targets.

In 2014/15, £2,056,500 of 2gether's income was conditional on us achieving the CQUINs agreed with commissioners. We anticipate achieving £2,053,407.

In 2015/16, the income conditional on achieving our agreed CQUINs is £2,108,000.

Staff Engagement

Our service users, their families and carers are cared for by dedicated staff across multiple professions. Recruiting and retaining excellent staff means that we can continue to provide the care we would want for our own family.

Internal (and external) engagement is one of the Trust's three key priorities.

We are committed to involving, engaging, listening and learning from the substantial experience that our staff have to offer and the innovative ideas they share.

It is our responsibility to develop new ways of making sure that a range of mechanisms are in place for staff to offer suggestions, feedback and ideas for performance improvement – both in person and anonymously.

We have invested in our intranet site to help improve share knowledge and develop social interaction among our teams; signed up to the national Speak Out in Safety initiative; and will introduce an electronic message board to facilitate constructive conversations between staff and senior managers.

Our Organisational Development Strategy and evolving internal engagement programme sets out how we intend to make sure that staff are genuinely engaged. We value staff opinions and their ongoing support for the transformational changes and continued improvements in organisational performance that we need to make over the next five years to ensure we provide sustainable services.

During the last year, we were re-accredited by Investors in People.

We work actively with locally recognised union representatives through our formal Joint Negotiation and Consultation Committee, which meets bi-monthly. A range of issues are discussed and formally recorded.

In response to the Francis Inquiry Report, we established four working groups, each chaired by a member of staff with the support and guidance of an Executive Director.

Membership of the groups is drawn from across the Trust and includes Staff Side representatives and colleagues from a variety of professional backgrounds – both clinical and corporate support services. The groups address proposed changes to policies and organisational change initiatives in collaboration with our union representatives.

Our monthly Team Talk Core Brief meetings are facilitated by Executives and run in Gloucestershire and Herefordshire simultaneously so that staff in both counties receive relevant and up to date information at the same time.

Team Talk helps to make sure that trust managers can share their important news with colleagues and receive relevant information and key messages in regards to performance, finances and other factors affecting the Trust. Managers then cascade the information to their own teams.

We also continued our annual Recognising Outstanding Service and Contribution Awards (ROSCAs) and long service award programme. The number of nominations

for staff and volunteers has become more varied and continues to increase year on year.

In 2014 we received over 170 nominations across 10 award categories including our newest award, the Chief Executive Officer (CEO) Award for Outstanding Contribution. This new award is designed to recognise excellence sustained over a long period, perhaps even a whole career.

The monthly Best Supportive Colleague Award is in its second 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.



2014 Staff Survey Report

An important element of our approach to gaining staff feedback is our ongoing participation in the NHS staff survey.

The survey is anonymous and one of the most important opportunities for colleagues to give honest opinions about their work and the Trust overall.

These are the answers to important questions that in turn, help us to assess where further improvements can be made and where we need to focus our attention over the next year.

They also highlight the areas where we are doing well in comparison with other trusts that provide similar services.

This year a random sample of 748 colleagues across the Trust were invited to complete an online form – an approach which colleagues said they preferred. Paper surveys were also available.

The survey is structured around 29 Key Findings. These include four pledges contained in the NHS Constitution that set out what staff can expect from their NHS employer. They are:

- Roles, responsibilities and rewarding jobs
- Personal development, access to training and support from line management
- Maintaining health, wellbeing and safety
- Engaging staff in decisions that affect them
- Other Key findings including Equality and Diversity; patient experience measures and job satisfaction

Overall Results

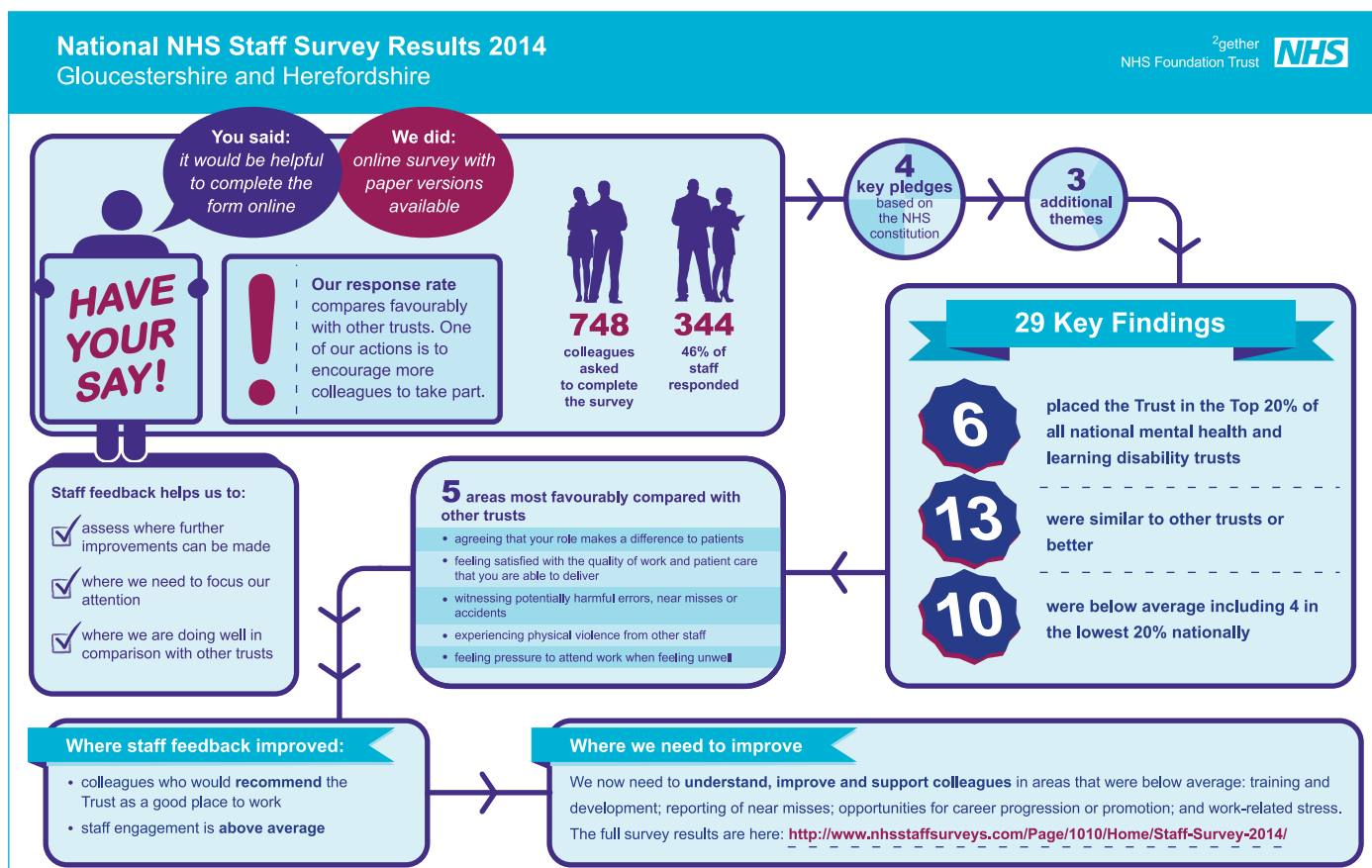
There was a national decline in the number of staff who responded to the 2014 survey. In our trust, 46% of staff (344) who were sent a survey chose to respond. This compares favourably with other trusts but one of our actions is to make sure that we encourage more colleagues to take part. This will help us to learn and make improvements based on a better representative of people's views.

Of the 29 Key Findings for ²gether 6 placed the Trust in the Top 20% of all national mental health and learning disability trusts; 13 were similar to other trusts or better; and 10 were below average including 4 in the lowest 20% nationally.

Results showed that staff considered the Trust better than average in 15 areas compared to 5 in the previous year's survey. We also reduced the number of areas in which we were perceived to be below average from 13 areas to 10 in 2014.

Staff reporting good communication with senior management continues to improve.

The survey also showed an improvement in the number of colleagues who would recommend the Trust as a good place to work; and overall staff engagement continues to improve with a 15% increase over the last two years – the result this year is above average for mental health/learning disability trusts.



	2013		2014		Trust improvement/deterioration
	Trust	National Average	Trust	National Average	
Response rate	56%	49%	46%	42%	10%

Top 4 ranking scores	2013		2014		Trust improvement/deterioration
	Trust	National Average	Trust	National Average	
KF12 - % of staff witnessing potentially harmful errors, near misses or incidents in last month. <i>Note: in 2013 this was KF13</i>	26% (the lower the score, the better)	26% (the lower the score, the better)	19% (the lower the score, the better)	26% (the lower the score, the better)	7%
KF17 - % of staff experiencing physical violence from staff in last 12 months	3% (the lower the score, the better)	4% (the lower the score, the better)	2% (the lower the score, the better)	3% (the lower the score, the better)	1%
KF2 - % of staff agreeing that their role makes a difference to patients	89% (the higher the score, the better)	90% (the higher the score, the better)	92% (the higher the score, the better)	89% (the higher the score, the better)	3%
KF20 - % of staff feeling pressure in last 3 months to attend work when feeling unwell	19% (the lower the score, the better)	22% (the lower the score, the better)	16% (the lower the score, the better)	20% (the lower the score, the better)	3%

Bottom 4 ranking scores	2013		2014		Trust improvement/deterioration
	Trust	National Average	Trust	National Average	
KF29 - % of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department	N/A	26% (the lower the score, the better)	38% (the higher the score, the better)	53% (the higher the score, the better)	This is a new key finding introduced in 2014 so there is no comparison with previous years.
KF26 - % of staff having equality and diversity training in last 12 months	47% (the higher the score, the better)	67% (the higher the score, the better)	43% (the higher the score, the better)	67% (the higher the score, the better)	4%
KF13 - % of staff reporting errors, near misses or incidents witnessed in the last month	92% (the higher the score, the better)	92% (the higher the score, the better)	89% (the higher the score, the better)	92% (the higher the score, the better)	3%
KF6 - % of staff receiving job-relevant training, learning or development in last 12 months	79% (the higher the score, the better)	82% (the higher the score, the better)	80% (the higher the score, the better)	82% (the higher the score, the better)	1%

Staff Friends and Family Test

The National Staff Survey has been complimented by the introduction of the Staff Friends and Family Test, which introduced in April 2014. This is an additional opportunity for staff to voice their opinion on the Trust as an employer and provider of care.

The survey is conducted quarterly and is a useful and popular pulse survey, enabling colleagues to regularly and confidentially give their feedback on how we are doing.

The questions are asked with every quarter of the year. The results are closely monitored and allow us to celebrate successes and direct our attention quickly to areas of staff concern.

In the most recent survey held in March 2015, 77% of respondents said they would be likely or extremely likely to recommend the Trust to friends and family as a place to receive care or treatment. 62% of staff said they would be likely or highly likely to recommend the Trust as a place to work.

Action plan to address areas of concern

Following receipt of the staff survey results, five key findings have been agreed as priorities for the action in the coming months. These are:

- Staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department

- Staff having equality and diversity training
- Staff suffering from work-related stress
- Staff agreeing they would feel safe raising concerns about unsafe clinical practice
- Staff believing the Trust provides equal opportunities for career progression or promotion

To ensure momentum is not lost we will also continue to focus upon some of the priorities from the last survey including:

- Staff recommendation of the Trust as a place to work
- Staff reporting good communications between senior management and staff
- Staff receiving job-relevant training, learning or development

We are continuing to develop our new intranet alongside a dedicated staff micro site - the aim is to provide readily available and up to date information and advice on health, wellbeing and the staff benefits we have negotiated both locally and nationally.

As part of our improving technology programme, we will implement a more streamlined version of our electronic patient record in May 2015. This will help lessen the amount of time spent by staff updating data and provide a platform on which we will enable better patient care and greater flexibility for staff through mobile working opportunities.



Occupational Health

Working Well is part of 2gether and provides our occupational health service. The service promotes and helps improve the health and wellbeing of people in work – both within the Trust and for external public and private sector organisations.

The service offers independent advice to both 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.

Equal Opportunities

The Trust meets all of its duties outlined in the 2010 Equality Act. We are committed to ensuring equality and diversity in the provision of our services, support to our staff and the work that we do. This means that we seek to:

- improve access to services and recognise the different and diverse needs of the communities we serve
- build a workforce that is valued and whose diversity reflects the communities we serve, enabling the delivery of the best possible healthcare

The NHS Equality Delivery System (EDS) is now fully implemented and provides us with a robust assurance framework to identify areas of strength and weakness in relation to how we support all groups protected under the act. We are progressing our plans to implement the revised system (EDS2) in 2015/16. We also have a range of policies to meet our statutory requirements and the needs of our staff across a range of protected characteristics.

Our Managing Diversity Policy sets out the Trust's principles for recruiting, developing and promoting people irrespective of protected characteristics or domestic circumstances, social and employment status, HIV status, trade union membership or political affiliation.

 You can read our Equality and Diversity Policy online by visiting www.2gether.nhs.uk/equality-and-diversity

The Director of Organisational Development is the Board lead for equality and diversity within the trust.

Positive about Disabled Employees

We are committed to employing disabled people and are pleased to be able to use the 'Positive About Disabled People' (Two Ticks) disability symbol. The Trust will:

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

We are also a signatory to the Mindful Employer initiative, and actively develop and promote a significant number of health and wellbeing benefits and initiatives to staff which are available via the Trust intranet.

Focus on Health and Safety

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

In the last twelve months we upgraded our on-line Datix incident reporting system, have reviewed our user guides and set up a User Group to inform future developments. We are reviewing the training that is available and will continue to enhance the system to ensure we can learn lessons from incidents, accidents and near misses.

Colleagues have a proactive approach to reporting, especially patient safety incidents. This helps to improve the quality of reporting and our subsequent analysis. All Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) reportable incidents are investigated and any remedial actions identified and implemented, either locally or trustwide.

We continue to educate colleagues on the importance of documenting every incident that occurs. This helps ensure that incidents in the workplace are investigated by the most appropriate authority.

Staff sickness

The average sickness absence over the last twelve months was 5.22%. This was a decrease in absence from the previous year where the average was 5.38%.

Environmental matters

In January 2014, NHS England and Public Health England, through the Sustainable Development Unit published 'Sustainable, Resilient, Healthy People and Places' to replace 'Saving Carbon, Improving Health; NHS Carbon Reduction Strategy for England'.

Following its publication, we revised our Estate Strategy to incorporate Carbon Reduction Objectives and related Key Performance Indicators.

In Gloucestershire, we plan to reduce our carbon from 3,306 tonnes of CO₂e from gas, heating oil, electricity and water in 2008/09 to 661 in 2049/50. By 2014/15, we achieved a 14% reduction against the 10% target.

Over the reporting period there has been a 26% reduction in carbon from gas. We are limited in our ability to influence reductions in Herefordshire due to our contract arrangements with commissioners.

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 Independent Non-Executive Directors

1. Ruth FitzJohn, DL – Chair

Ruth has been our Chair since 1 April 2013, and also chairs our Council of Governors and the Appointments & Terms of Service Committee. 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.

2. Maggie Deacon – Independent Non-Executive Director

Maggie was appointed on 1 April 2014. From Stow on the Wold, she spent the majority of her career in the public services, including working in local Government, the NHS and higher and further education.

Maggie has worked in partnership across the public, private and voluntary sectors to enable regeneration, to provide joined up services and to develop new accommodation and infrastructure.

A Chartered Public Finance Accountant by profession, she has a degree in Economics and Statistics and a post graduate diploma in business research with a focus on

change management. She has also established wholly owned subsidiary companies to enable organisations to achieve their objectives and minimise risk.

3. Martin Freeman – Independent Non-Executive Director

Martin is a retired GP who joined the Trust as a Non-Executive Director on 1 April 2013 and was reappointed by the Council of Governors in January 2015 for a further three year term commencing on 1 April 2015. He has chaired the Trust's Governance Committee since May 2013, and is also Vice Chair of the Mental Health Legislation Scrutiny Committee, having chaired that Committee until October 2014. He has gained knowledge and understanding of service delivery and strategic planning in his role as GP Clinical Lead for Dementia and GP Regional Lead of Dementia.

Martin has a great interest in the provision of care for people with mental illness, learning disability and dementia. Previously Chair of Governors for a large comprehensive school, he has also been the lead clinical support in business planning and service redesign, involved in closing Berkeley Community Hospital and building new Vale Community Hospital.

4. Charlotte Hitchings – Deputy Chair; Senior Independent Director

Charlotte Hitchings was appointed as a Non-Executive Director from 1 March 2011 and reappointed by the Council of Governors on 1 March 2014.

She was reappointed by the Council of Governors as the Trust's Deputy Chair in January 2014, and was appointed as the Trust's Senior Independent Director in October 2013. She chairs the Trust's Delivery Committee.

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

5. Joanna Newton - Independent Non-Executive Director (to 31 October 2014)

Joanna joined the Trust on 1 April 2013, having previously been Chair of NHS Herefordshire, a role she held for seven years. She was also appointed Board Chair of the West Mercia Cluster of PCTs leading up to the transfer of commissioning to Clinical Commissioning Groups on 1 April 2013. Joanna was the Chair of the Trust's Charitable Funds Committee until she left the Trust on 31 October 2014.

6. Nikki Richardson - Independent Non-Executive Director (from 2 February 2015)

Nikki Richardson was appointed as a Non-Executive Director from 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. She now has her own consultancy company and has been providing project management support following the acquisition of NHS services.

Nikki is the Chair of the Trust's Charitable Funds Committee and lives in Cheltenham.

7. John Saunders, OBE - Independent Non-Executive Director

John was appointed on 1 February 2014. Following a 20 year career in Corporate and Investment Banking (majoring in mergers and acquisitions). John moved to the public sector in various Chief Executive, Chair and Board Member roles. He has specialised in introducing commercial approaches to Public Sector challenges including negotiating private sector investments in education, health and infrastructure initiatives. In 2010 he was given the remit of developing and delivering Government's Planning reforms to accommodate the essential £150bn National Infrastructure Investment. He has recently led the transformation of the Planning Inspectorate.

John has contributed to change programmes in organisations such as BMW (Germany) and the Disney Corporation (USA). He is a former member of the UK Investment Task force and chaired the UK Investment Readiness Initiative.

John has a strong connection to the area having lived in Herefordshire for 14 years up to 2001. He is returning to live in the area. John has chaired the Audit Committee since March 2014.

8. 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 an Independent Member of the Department of Energy and Climate Change (DECC) Investment Committee and a board member of British Rowing. He chairs the Trust's Development Committee.

Executive Directors

9. Shaun Clee - Chief Executive

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.

He is the current Chair of the NHS Confederation Mental Health Network, the Senior Independent Director Trustee of the NHS Confederation, a member of the NHS Confederation National Policy Forum, Chair of the NHS Confederation Audit Committee and Chair of the South of England Clinical Faculty for Improving Safety in Mental Health.

Shaun also represents health on the National Criminal Justice Council and is a board member representing mental health and community services on Health Education England's South West Board. Shaun is the Chair of 'Kids Like Us', a charity supporting children, young people and families affected by juvenile arthritis in the West Midlands.

10. Paul Winterbottom – Medical Director

Paul has worked in the NHS for over 30 years and has held the role of Medical Director since April 2003 and combines this with his role as Caldicott Guardian and Consultant Psychiatrist in the Psychiatry of Learning Disabilities and works clinically in the Forest of Dean Community Learning Disabilities Team. He is particularly interested in support structures for parents with a learning disability, autistic spectrum conditions and the development of inclusive communities.

11. Colin Merker – Director of Service Delivery

Colin has over 37 years' NHS Experience. He was a member of the early NHS graduate training programme and is a professionally qualified Chartered Engineer through his original professional training. 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 the Deputy Chief Executive of the Coventry Healthcare NHS Trust before taking on the specific role of Director of Mental Health Services for Coventry from 2002. He was appointed to the Chief Operating Officer role with the Coventry & Warwickshire NHS Trust when services merged across Coventry and Warwickshire in 2006 until joining together in late 2009.

12. Trish Jay – Director of Quality (to 31 March 2015)

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

Trish provided proactive professional leadership at Board level for nursing, allied health professionals and social care. She also maintained the standards required for Care Quality Commission registration and leads on our Quality Accounts, focusing on patient outcomes, safety and experience. Trish entered the final planned phase of her long career in the NHS on 31 March and stepped down from the Board to return to a front line nursing role for her final two years.

13. Marie Crofts – Director of Quality (from 30 March 2015)

Marie is a mental health nurse with over 30 years' experience. She has worked in adult and children's services across provider organisations as well as within specialised commissioning.

For the majority of her working life she has lived and worked in the West Midlands, working in regional posts developing evidence based practice as well as service improvement work within the National Institute of Mental Health in England. Latterly she has worked in Service Director roles managing large scale Child and Adolescent Mental Health Services. More recently she has been Deputy Director of Nursing and Operations within a Community Trust in Liverpool.

14. Carol Sparks – Director of Organisational Development

Carol has 20 years' experience in the NHS and is a Chartered Fellow of the Chartered Institute of Personnel and Development. She has responsibility for ensuring colleagues have the knowledge and skills to lead our services into the future, that our culture reflects Trust values and the NHS Constitution, and last but not least that the safety and health and wellbeing of staff is assured. Carol is particularly passionate about ensuring equality and diversity is integrated into how we work and deliver services.

15. Andrew Lee – Director of Finance and Commerce (from 3 November 2014)

Andrew is an experienced Finance Director, and has 35 years of experience of working in the NHS. Andrew is a Fellow of the Chartered Association of Certified Accountants (FCCA). For over the last 20 years Andrew has operated at either Director or Deputy level within the NHS, and during this time has worked in service provision (including acute, mental health and community services), service commissioning (including at Health Authority level, at PCT level, and playing a lead role in setting up a Clinical Commissioning Group), shared service provision, and 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. Andrew worked for 25 years substantively within the NHS in Wales before operating in a number of different areas in the NHS in England on a consultancy basis (through his own company – AJL Consultancy Ltd) for nine years, but has now returned to substantive NHS employment with 2gether.

16. Prof. Jane Melton – Director of Engagement and Integration (from 1 December 2014)

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.

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 adhoc 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	Charitable Funds	Audit	Governance	Delivery	Mental Health Legislation Scrutiny	Executives
Total Meetings	6	11	11	3	5	11	11	6	22
Ruth FitzJohn, DL, Trust Chair ¹	6/6	11/11	1	2/3	1	1	-	-	-
Martin Freeman, Non-Executive Director ²	4	11/11	1	3/3	4/5	10/11	10	6/6	-
Joanna Newton, Non-Executive Director ³	2	5/6	1	1/1	2/3	6/7	4/7	-	-
Jonathan Vickers, Non-Executive Director ⁴	3	11/11	11/11	2/3	4/5	1	1	-	-
Charlotte Hitchings, Deputy Trust Chair ⁵	6	10/11	-	3/3	3/5	-	10/11	-	-
John Saunders, OBE, Non-Executive Director ⁶	2	10/11	9/11	0/3	5/5	1	-	-	-
Maggie Deacon, Non-Executive Director ⁷	2	10/11	1	1/3	2/5	2	-	6/6	-
Nikki Richardson, Non-Executive Director ⁸	-	1/2	-	1/1	0/1	2/2	1/2	-	-
Shaun Clee, Chief Executive ¹	3	11/11	4	1/3	2	1	1	-	18/22
Carol Sparks, Director of Organisational Development	1	11/11	1	0/3	-	4	9	1	20/22
Paul Winterbottom, Medical Director	0	10/11	-	0/3	-	8/11	1	-	11/22
Colin Merker, Director of Service Delivery ⁹	3	10.5/11	5	0/3	-	-	10/11	5/6	21/22
Trish Jay, Director of Quality	2	10/11	-	2/3	5	10/11	4	-	21/22
Andrew Lee, Director of Finance and Commerce ¹⁰	1	10/11	9/11	2/3	3	-	1	-	18/22
Jane Melton, Director of Engagement and Integration ¹¹	1	3/4	1	0/1	-	2	-	-	5/7
Marie Crofts	-	-	-	-	-	-	-	-	1/1

KEY

These people are members of a Committee (or Board) as stated in the Terms of Reference. Board members are welcome to attend all Committees. Adhoc attendance for a specific item is common – these attendances are unshaded in the table above.

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

² Chair of Governance Committee from May 2013 and Chair of Mental Health Legislation Scrutiny Committee until October 2014

³ Left the Trust 31 October 2014

⁴ Chair of Development Committee from October 2013

⁵ Chair of Delivery Committee from May 2013

⁶ Chair of Audit Committee from March 2014

⁷ Chair of Mental Health Legislation Scrutiny Committee from October 2014

⁸ Appointed on 2 February 2015. Vice chair of Governance and Delivery Committee meetings

⁹ Colin Merker attended the confidential trust board in January 2015; he did not attend the subsequent public board meeting on the same day

¹⁰ Appointed as Director of Finance and Commerce on 3 November 2014. Was Interim Director of Finance from April 2014

¹¹ Appointed on 1 December 2014



Board Committees

Audit Committee

All Non-Executive Directors, except the Trust Chair, are members of the Audit Committee. John Saunders was chair of the Audit Committee in 2014/15. 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: Pricewaterhouse Coopers (PwC) is the Trust's Internal Audit provider, having been reappointed in April 2013 for a period of 3 years. 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.

Deloitte was appointed as the Trust's External Auditor in 2012 for an initial period of three years, through a competitive tendering process overseen by the Council of Governors. During 2014/15 the Council of Governors accepted a recommendation from the Audit Committee to extend Deloitte's appointment for a further two years, with effect from 1 April 2015.

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

During the year the committee met three times and considered:

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

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

Balance of the Board and appraisal

The Board 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 1.4 of the accounts.

Details of senior employees' remuneration can be found in pages 49-50 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 1.4 to the full statutory

accounts and details of senior staff's remuneration can be found in the Remuneration Report later in this document.

Council of Governors

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

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

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

An election was held in July 2014 for a number of Public and Staff Governor positions. The turnout for the elections was as follows:

Constituency	Candidates	Total Votes Cast	Turnout
Public: Cheltenham	2 to elect (4 candidates) • Vic Godding* • Alan Thomas* • Philip Osborne • Elke Stratford	Eligible voters: 849 Valid votes cast: 105	12.4%
Public: Cotswolds	2 to elect (5 candidates) • Pat Ayres MBE** • Rod Whiteley** • Kate Atkinson • Mike Brereton • Merryl Phillips	Eligible voters: 391 Valid votes cast: 82	21%
Public: Forest	2 to elect (1 candidate) • Joan Tranter**	N/A	
Public: Gloucester City	1 to elect (3 candidates) • Paul Toleman* • Stephen Brickley • Darren Tanner	Eligible voters: 1,345 Valid votes cast: 114	8.5%
Public: Herefordshire	2 to elect (2 candidates) • Dawn Christine Lewis* • Adrian Wilcox*	N/A	
Staff: Management and Administration	1 to elect (1 candidate) • Rob Blagden*	N/A	

*Elected **Re-elected

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

Council of Governors by constituency and current vacancies

Category of Governor	Total number of Governors	Vacancies as of 31 March 2015
Public constituencies		
Cheltenham	2	0
Cotswold	2	0
Forest	2	2
Gloucester	2	0
Stroud	3	1
Tewkesbury	2	1
Herefordshire	2	0
Greater England	1	0
Staff constituencies		
Medical and Nursing	3	1
Clinical and social care support staff class	2	1
Management, administrative and other staff class	2	0
Appointed Governors		
Gloucestershire Clinical Commissioning Group	1	0
Gloucestershire County Council	1	0
Herefordshire Clinical Commissioning Group	1	0
Herefordshire County Council	1	1
Gloucestershire Learning Disabilities Partnership Board	1	1
Total	28	8

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. 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

In 2014/15, the Council of Governors has:

- Met six times in the reporting period
- Appointed a new Non-Executive Director
- Re-appointed one Non-Executive Director
- Assisted in the development of strategic plans and provided comments on drafts
- Developed a work programme for the coming year
- Received presentations from services and the Chief Executive on various aspects of their work
- Received assurance from Non-Executive chairs of Board Committees as part of the process for holding the Non-Executive Directors to account for the performance of the Board
- Endorsed a Membership data and planning process
- Organised four local engagement events
- Reviewed the Trust's Quality priorities
- Selected local Quality Report indicators to be audited
- Appointed a Lead Governor (Rod Whiteley, Public Governor, Cotswolds)
- Received and provided comments on service user feedback including complaints
- Received the Annual Report and Accounts
- Held a joint Annual General Meeting with the Board of Directors
- Agreed the process of appraisal for the Chair and the Non-Executive Directors

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

Constituency	Number of Constituency Governors	Name of Governor	Date of appointment/ nomination (Date of reappointment) (resignation date)
Cheltenham Borough Council	2	Ros Taylor ¹ Al Thomas Vic Godding	June 2014 July 2014 July 2014
Cotswold District Council	2	Pat Ayres MBE Rod Whiteley	July 2011 (July 2014) July 2011 (July 2014)
Forest District Council	2	Joan Tranter ² Vacant Vacant	February 2015
Gloucester City Council	2	Jinny Searle ³ Gillian Hayes Paul Toleman	June 2014 July 2013 July 2014
Stroud District Council	3	Michael Parker ⁴ Richard Castle Jodie Townsend Vacant	March 2015 January 2013 July 2013
Tewkesbury Borough Council	2	Edward Buxton ³ Mandy Nelson Vacant	March 2015 July 2013
Herefordshire	2	Dawn Lewis Adrian Wilcox	July 2013 July 2014
Greater England	1	Vacant	
Elected Staff Governors			
Medical and Nursing	3	Dr Amjad Uppal Paul Grimer Phil Hennessy ¹ Vacant	November 2011 (Nov 2014) December 2012 October 2014
Clinical and Social Care and Support Staff	2	Elaine Davies Vacant	July 2013
Management, Administrative and Other Staff	2	Diane Topham Rob Blagden	September 2012 July 2014
Governors nominated by partner agencies			
Gloucestershire Clinical Commissioning Group	1	Dr Helen Miller	July 2014
Gloucestershire County Council	1	Cllr Roger Wilson	July 2014
Herefordshire Clinical Commissioning Group	1	Hazel Braud	October 2014
Herefordshire County Council	1	Vacant	
Gloucestershire Learning Disabilities Partnership Board	1	Vacant	

Former Governors are shown in green

Resignation Notes:

¹ End of term

² Deceased

³ Removed by Council of Governors

⁴ Personal reasons

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 process. 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.



Constituency	Name of Governor	Possible attendance
Cheltenham Borough Council	Ros Taylor Al Thomas Vic Godding	1/1 4/4 3/4
Cotswold District Council	Pat Ayres MBE Rod Whiteley	4/6 6/6
Forest District Council	Joan Tranter Vacant Vacant	0/5
Gloucester City Council	Jinny Searle Gillian Hayes Paul Toleman	0/1 4/6 2/4
Stroud District Council	Richard Castle Jodie Townsend Vacant Michael Parker	4/6 2/6 3/6
Tewkesbury Borough Council	Mandy Nelson Vacant Edward Buxton	2/6 2/6
Herefordshire	Dawn Lewis Adrian Wilcox	5/5 3/5
Greater England	Vacant	

Elected Staff Governors

Medical and Nursing	Dr Amjad Uppal Paul Grimer Phil Hennessy Vacant	3/6 6/6 0/3
Clinical and Social Care and Support Staff	Elaine Davies Vacant	1/6
Management, Administrative and Other Staff	Diane Topham Rob Blagden	2/6 2/5

Governors nominated by partner agencies

Gloucestershire Clinical Commissioning Group	Dr Helen Miller	3/5
Gloucestershire County Council	Cllr Roger Wilson	2/5
Herefordshire Clinical Commissioning Group	Hazel Braud	1/2
Herefordshire County Council	Vacant	
Gloucestershire Learning Disabilities Partnership Board	Vacant	

Former Governors are shown in green

Register of Governors' and Directors' interests

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

Membership Constituencies and Eligibility Requirements

There are eight Public membership constituencies and a Staff constituency divided into three classes.

Public constituencies

Members of our public constituency must live in England, be over 11 years old and not eligible to become a member of our staff constituency. Six of our public constituencies are based on 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

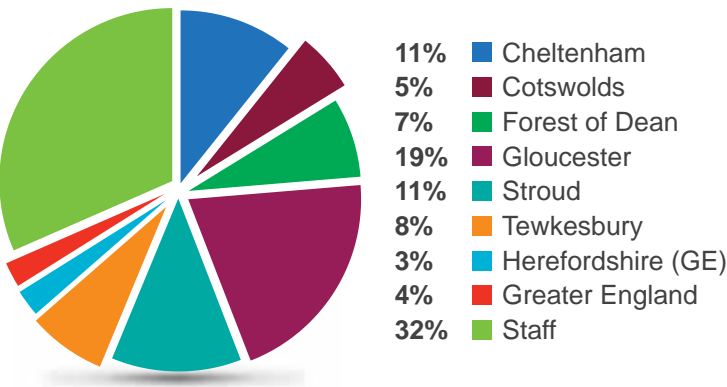
Members of the staff constituency are individuals who are employed by the Trust under a contract of employment. Staff leaving trust employment have the option to not transfer automatically to public membership.

The Trust provides automatic membership of the staff constituency and when ineligible to remain a member of the staff constituency, we provide automatic membership of a public constituency. All eligible members of staff become a member of the organisation unless they elect otherwise.

On the 1 April 2014, our staff constituency was amended in our constitution. There are now three classes:

- Medical and Nursing staff
- Clinical and Social Work and Support staff
- Management, administrative and other staff

Constituency	As at 31 March 2015
Public	5020
Staff	2349
Average new members per month	30



Membership Strategy

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

The three key objectives of our membership strategy are to:

- Recruit and retain members representative of the population we serve
- Retain members by communicating effectively and timely
- Re-engage members, encouraging meaningful involvement

We have undertaken a substantial cleansing of our membership data over the year to ensure all membership details are correct. A 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.

There are a number of ways we have engaged with our members over the year:

- new style membership magazine launched during the last year
- e-flyers
- web based information including a dedicated governor section
- member engagement events
- voting and governor nomination opportunities
- community based campaigns
- events at supermarkets, leisure centres and public buildings

During 2014/15 overall membership continued to increase. We have also worked with Governors to develop an annual activity planning process that starts with the membership strategy as its basis and is informed by regular data analysis.



Data at 31 March 2015 shows that:

- Membership appeals more to women than men, to people aged 65 and over; and to those with self-reported disability
- Further tactics need to be developed to encourage membership from males, younger people, people from minority ethnic groups and from people who are without disability in order to reflect an accurate representation of the constituents of Gloucestershire and Herefordshire
- Membership in Herefordshire is significantly lower than in Gloucestershire - Gloucester city has the largest proportion of Trust members

How much our members want to get involved is entirely up to them. Over the next twelve months, we will continue to work with Governors to engage a representative membership.

Three distinct areas are used in the activity timetable to highlight how we will both run a programme of continuous activities that have delivered an increase in membership over the last six years; Governor defined activities; and our agreed segmentation strategy. They are:

- Overarching activities (all audiences)
- Governor defined activities (specific audience)
- Data defined activities (specific audience)

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: 2gether.comms@glos.nhs.uk

🌐 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 and predominantly, our trust environments.

During 2014/15, we made the following investments in our buildings to help improve the care we provide:

- Improved environment and patient safety works at Dean Ward, Wotton Lawn, Gloucester, providing 100% en-suite facilities
- Began similar safety improvement works on Priory Ward, Wotton Lawn, Gloucester, for completion in 2015/16
- Began a reorganisation of our Learning Disability inpatient facilities
- Invested in mobile technology, digital transcription and the replacement of our electronic patient record system
- Begun work to create a new team base in the Forest of Dean

Service Experience

Our overarching vision is that every service user will receive a flexible, compassionate, empathetic, respectful, inclusive and proactive response from 2gether 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, confidence and hope for the future.

The implementation of the work to deliver our service experience vision is monitored through the Trust's quarterly Service Experience Committee. Membership of the Committee includes service users, carers, partner organisations and senior members of staff.

Our quarterly Service Experience Reports are also discussed at our public Trust Board meetings. This helps us to retain a continued awareness and monitoring of service user and carer feedback at the highest level of the organisation. Detailed information is also considered by our Board's Governance Committee and our individual Locality Boards.

Complaints and Compliments

A total of 158 formal complaints were made to the Trust between April 2014 and March 2015. This is a decrease of one complaint when compared with the number received in the same period last year.

Our written acknowledgement of complaints continues to improve with 98% (n=155) of complaints acknowledged within the three day time standard this year. This is a 2% increase on 2013/14.

155 complaints were closed between 1 April 2014 and 31 March 2015. Of these, 12% (n=19) were closed within 25 days. 58% of all complaints were closed between 25 and 60 days (n=90) and 30% took over 60 days to close (n=46). However, these figures should be read with caution as 30% (n=41) of complaints received between 1 April 2014 and March 31 2015 (n=158) remain open and have yet to be coded for the time taken to close.

4% (n=7) cases were referred to Parliamentary Health Services Ombudsman - who has reviewed procedures following recommendations from the Francis Report and have increased the number of cases they investigate. None of the cases were upheld.

Learning from individual complaints forms part of each response to people who complain. Even when complaints are not upheld, any learning from an individual's experience and feedback is reflected upon and appropriate action taken.



Shaun Clee
Chief Executive

26 May 2015

Compliance with Foundation Trust Code of Governance



Compliance with the 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 Monitor website at:

 www.monitor.gov.uk/FTcode

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 to re-appoint 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, 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.

Reference	Code of Governance requirement	Trust response
A.1.1	This statement should 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 each of the boards and which are delegated to the executive management of the Board of Directors.	Any disputes 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 31 - 36 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 26 - 32 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 in pages 35 of the Annual Report.

Reference	Code of Governance requirement	Trust response
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 26 - 27 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 26 - 29 and 32 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 48 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.	<p>This information is set out in pages 26 of the Annual Report.</p> <p>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.</p>
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 received a presentation on the forward plan and feedback was taken into account when compiling the final version. This 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.
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, and has conducted a self-assessment during the year in accordance with Monitor's Well-Led Framework for Governance. 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 reduce potential duplication of effort. Directors are subject to annual performance appraisals; for Non-Executive Directors, Governors are invited to contribute through a 360° feedback process. Non-Executive Director appraisals are presented in summary form to the Nomination & Remuneration Committee.

Reference	Code of Governance requirement	Trust response
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 applicable – no external evaluation has taken place.
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 109 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 pages 111 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 31 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.	The Council of Governors accepted a recommendation from the Audit Committee to re-appoint Deloitte as the Trust's External Auditor from 1 April 2014.
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 provided and an explanation of how auditor objectivity and independence are safeguarded	This information is set out in pages 31 of the Annual Report.

Reference	Code of Governance requirement	Trust response
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 49 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 36 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 38 of the Annual Report.

2gether 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.



An aerial photograph of a river valley. The river flows from the top center towards the bottom left, reflecting the sky. The valley is filled with lush green fields and dense forests. In the background, rolling hills and a small town are visible under a clear blue sky. A green rectangular box is overlaid on the top right of the image, containing the text "Remuneration Report".

Remuneration Report

Remuneration Report

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

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

The 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 Appointment and Terms of Service Committee has adopted a policy of developing a very simple reward package. Where appropriate, recruitment and retention premia may be applied based on internal or external factors. The package 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.

Salary ranges for the Executive Directors have been agreed through an externally commissioned job evaluation process. Appointments are made through a spot salary within a range.

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 externally commissioned reviews that take in to account the market, the scope of responsibilities, performance and best practice. The committee also takes into account the awards for other staff groups when considering the remuneration of its Chief Executive and Executive Directors.

For all other senior managers, performance is managed in accordance with our appraisal policy and pay progression policy, both of which are consistent with Agenda for Change 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 and conditions ensures that objectives for each individual are aligned to the trust strategy and trust business.

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 at the beginning of each financial year.

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

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

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, in England and Wales. As a consequence it is not possible for the NHS trust to identify its share of the underlying scheme assets and liabilities.

Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period. Further details can be found in note 1.4 of our annual accounts.

Membership and Attendance of the Remuneration Committee

The Nominations and Remuneration Committee is a committee of the Council of Governors which advises the Council on the appointment, dismissal, remuneration and terms of service of the Chair and Non-Executive Directors of the Board. The Committee is normally chaired by the Trust Chair, unless they must be excluded from the meeting due to the business being conducted. In this instance, the Deputy Chair 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.

Members of this committee during 2014/15 were:

- Trust Chair (Committee Chair)
- Dr Amjad Uppal, Staff Governor – Medical Staff
- Richard Castle, Public Governor – Stroud
- Michael Parker, Public Governor – Stroud

In 2014/15 the Committee oversaw the appointment of a new Non-Executive Director using an external executive search agency.

The Committee also reviewed the annual appraisals of the Non-Executive Directors and Trust Chair. It made

recommendations to the Council of Governors on these matters, and on Non-Executive Directors' remuneration.

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

Name	7 May 2014	22 October 2014	14 January 2014
Ruth FitzJohn	✓	✓	✓
Dr Amjad Uppal	✓	✓	✓
Richard Castle	✓	✓	
Michael Parker	✓	✓	✓
Gillian Hayes	✓	✓	✓

Salary and Pension Entitlement of Senior Managers: Remuneration

Non-Executive Directors

Name and Title	2014-15			2013-14		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)
Ruth FitzJohn Chair	40-45	0	0	40-45	0	0
Charlotte Hitchings Non-Executive Director	15-20	0	0	15-20	0	0
Martin Freeman Non-Executive Director	15-20	0	0	15-20	0	0
Joanna Newton Non-Executive Director (Left 31/10/14)	05-10	0	0	10-15	0	0
Jonathan Vickers Non-Executive Director	10-15	0	0	10-15	0	0
Maggie Deacon Non-Executive Director (Start 01/04/14)	10-15	0	0	0	0	0
John Saunders Non-Executive Director	10-15	0	0	00-05	0	0
Nikki Richardson Non-Executive Director (Start 01/02/15)	00-05	0	0	0	0	0

Executive Directors

Name and Title	2014-15			2013-14		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)
Shaun Clee Chief Executive	165-170	0	0	160-165	0	0
Andrew Lee Director of Finance & Commerce (Start 28/04/14)	140-145 ⁽¹⁾	0	0	0	0	0
Carol Sparks Director of Organisational Development	90-95	0	0	95-100	0	0
Colin Merker Director of Service Delivery	115-120	0	0	115-120	0	0
Trish Jay Director of Quality (Left 31/03/15)	115-120	0	0	110-115	0	0
Dr Jane Melton Director of Engagement & Integration	20-25	0	0	0	0	0
Paul Winterbottom Medical Director	55-60 ⁽²⁾	145-150	0	70-75	150-155	0

⁽¹⁾ £88,000 of The Director of Finance & Commerce salary shown here was paid through an arrangement to a personal service company (see 'off payroll arrangements'). This figure excludes VAT paid to the supplier.

⁽²⁾ The Medical Director is a part time role whose payment is identified under Salary. Pay associated with the Medical Director's clinical work is shown as Other Remuneration.

Locality/Service Directors

Name and Title	2014-15			2013-14		
	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)	Salary (bands of £5,000) £000	Other Remuneration (bands of £5,000) £000	Benefits in Kind (rounded to the nearest £100)
Les Trewin Locality Director	75-80	0	0	75-80	0	0
Jan Furniaux Locality Director	60-65	0	0	45-50	0	0
Mark Hemming Locality Director	70-75	0	0	65-70	0	0
Mathew Page Service Director (Left 17/10/14)	35-40	0	0	60-65	0	0
Sarah Batten Service Director (Start 22/09/14)	25-30	0	0	0	0	0
Christopher Woon Service Director (Left 31/08/14)	35-40	0	0	55-60	0	0
Alison James Service Director (Start 06/10/14)	20-25	0	0	0	0	0

Salary and Pension Entitlement of Senior Managers - Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2015 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2014 £'000	Cash Equivalent Transfer Value at 31 March 2015 £'000	Real Increase in Cash Transfer Value £'000	Employers Contribution to Stakeholder Pension £'000
Shaun Clee Chief Executive	0	0	0	0	0	0	0	0
Andrew Lee Director of Finance & Commerce	0	0	0	0	0	0	0	0
Carol Sparks Director of Organisational Development	0-2.5	0-2.5	25-30	80-85	595	638	28	0
Colin Merker Director of Service Delivery	0-2.5	0-2.5	50-55	160-165	1067	1130	33	0
Trish Jay Director of Quality	0-2.5	0-2.5	35-40	105-110	659	707	30	0
Jane Melton Director of Engagement & Integration	0-2.5	2.5-5	20-25	70-75	377	420	31	0
Paul Winterbottom Medical Director	5-7.5	15-17.5	70-75	215-220	1252	1422	137	0
Les Trewin Service Director	0	0	20-25	70-75	434	458	12	0
Jan Furniaux Locality Director	0-2.5	5-7.5	25-30	85-90	460	521	49	0
Mark Hemming Locality Director	0-2.5	0-2.5	15-20	45-50	299	326	19	0
Mathew Page Service Director	0-2.5	0-2.5	10-15	35-40	144	161	13	0
Sarah Batten Service Director	0-2.5	2.5-5	5-10	15-20	73	95	21	0
Christopher Woon Service Director	0-2.5	0-2.5	5-10	20-25	87	99	9	0
Alison James Service Director	0-2.5	2.5-5	0-5	10-15	30	46	15	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.

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

The calculation is based on the full-time, annualised equivalent of every member of staff employed by the trust during the stated financial years below, including bank staff and medical locums.

The disclosure of the median remuneration of the trust's workforce and the ratio between this and the mid-point of the banded remuneration of the highest paid director has been audited.

2013/14

The banded remuneration of the highest-paid director in ²gether NHS Foundation Trust in the financial year 2013-14 was £215,000-£220,000. This was 7.1 times the median remuneration of the workforce, which was £28,928.

The highest paid director took on additional clinical responsibilities in November 2012, which are on-going. The additional responsibilities were inadvertently omitted from salary until March 2014, when back-pay for the full period was received.

The amount relating to prior financial years has been excluded from the figures stated for 2013/14. If the additional responsibilities worked in 2012/13 had been paid in that year, the highest paid Director's remuneration would have been in the band £205,000-£210,000 and the correct ratio for that year would have been 7.1 which is the same as 2013/14. No employees received remuneration in excess of the highest-paid director.

2014/15

The banded remuneration of the highest-paid director in 2014/15 was £205,000-£210,000. This was 7.2 times the median remuneration of the workforce, which was £29,129. In 2014/15, no employees received remuneration in excess of the highest-paid director.

Expenses

Governors

Governors do not receive remuneration but are paid reasonable expenses in order to perform their role. During the reporting period, 11 Governors received expenses payments. The aggregate sum of expenses paid to Governors during the reporting period is £1570.

Directors

In 2014/15, 15 Directors were in office including starters and leavers. During the reporting period, all but one recently appointed Director claimed expenses to a total of £22,900.

Off-payroll engagements as at 31 March 2015

We are required to declare highly paid and/or senior off-payroll engagements.

The off-payroll engagements for more than £220 per day and that last for longer than six months are as follow:

Number of existing engagements as of 31 March 2015	9
Of which:	
Number that have existed for less than one year at time of reporting:	4
Number that have existed for between one and two years at time of reporting:	4
Number that have existed for between two and three years at time of reporting:	1
Number that have existed for between three and four years at time of reporting:	0
Number that have existed for four or more years at time of reporting:	0

All existing off-payroll engagements, outlined above, have 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 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months:

Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	13
Number of the above which include contractual clauses giving the trust the right to request assurance in relation to income tax and National Insurance obligations	13
Number for whom assurance has been requested	13
Of which:	
Number for whom assurance has been received	4
Number for whom assurance has not been received	9
Number that have been terminated as a result of assurance not being received	0

The following table details the off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015:

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals that have been deemed "board members and/or senior officials with significant financial responsibility" during the financial year. This figure should include both off-payroll and on-payroll engagements	15

The above information has been audited.


Shaun Clee
Chief Executive

26 May 2015

A photograph of two women outdoors. An older woman with short, curly blonde hair and glasses stands behind a younger woman with short dark hair and glasses who is seated in a black motorized wheelchair. The older woman is wearing a white short-sleeved top and a striped skirt, with her hands resting on the shoulders of the woman in the wheelchair. The younger woman is wearing a coral-colored short-sleeved top and light blue pants. Both women are smiling broadly. The background is a blurred outdoor setting with a brick building and greenery.

Quality Report

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„ An annual update
on how we are
seeking to deliver
quality „

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Part 1: Statement on Quality from the Chief Executive

“ Quality Consideration remained the foundation on which we made decisions in 2014/15 ”



Introduction

Welcome to our Quality Report for 2014/15. This is the sixth year that 2gether NHS Foundation Trust has published an annual report providing details of the quality improvements that colleagues have been working hard to deliver over the last twelve months.

Quality of care is the bedrock on which we seek to deliver our overall purpose of making life better for the people in our care, the family and carers who support them; and the wider community.

Alongside engagement and the sustainability of co-developed and local services, quality remains our key strategic priority.

Ensuring appropriate clinical outcomes, safe services and the best experience of care possible, are core functions of our organisation. Against a challenging economic backdrop, we remain focused on identifying what is important for our communities.

With the continued support and active involvement of our service users and carers, we are making the changes that they tell us truly matter to them. Collectively these improvements that will help us deliver even better compassionate and competent care for our communities.

This report is an open and honest assessment of what we have collectively achieved and how we helped to protect and improve the physical, emotional and social wellbeing of the people we serve. It shows progress against our quality targets and the priorities we have set for ourselves in 2015/16.

Our Trust Board is held in public and we discuss quality issues with our Council of Governors. Our aim is to ensure that conversations about quality data and information are transparent and as publicly available as possible.

The content of this report has also been reviewed by the Health and Care Scrutiny Committees of our local councils, Healthwatch organisations in both Herefordshire and Gloucestershire and the people who fund the services we provide (commissioners). Their assessment and feedback is included from page 98. The report is also subject to review by our external auditor.

We also continue to develop new opportunities for open, candid and constructive conversations with members of our communities that help us to further improve what we do.

Just as quality defines our intent, living up to our values remain vital to securing inclusive, engaging and effective care – none more so than seeing from a service users' and carers perspective.

Our aim is to keep improving the standards of care we provide and this must include the involvement and insightful views of a service users carer and/or whole family when seeking to provide the most appropriate care for a loved one.

We have more to do and our dedication in this regard was highlighted at our final Trust Board of the financial year when alongside local carer organisations, we announced our membership of the Carers Trust's Triangle of Care initiative.

As we reflect on 2014/15, the tragic incident in which our colleague Sharon Wall lost her life is foremost in our mind. This rare and unpredicted assault has had a profound impact upon all of us. It has both brought us together and caused us to once again challenge ourselves from every perspective to ensure that we are doing all that we can to best achieve a safe and therapeutic environment for our staff, our service users and their families/carers that is conducive to giving/maintaining hope and recovery.

Over the next year we will also continue to focus on further improvements in safety and ensuring that we deliver effective services.

You can read about our quality priorities on page 57 which include increasing the number of vulnerable people who are able to access our Let's Talk service. With 1 in 4 people experiencing mental ill-health, our Let's Talk service helps to ensure that support is available for people with the most common and low level problems – early and effectively. We take our role and responsibility to tackle mental health stigma very seriously and this is illustrated in our ongoing leadership and support of a multiagency work programme.

Nothing demonstrates our commitment to quality more than the people who provide our services. It is through their dedication and commitment - that I witness each and every day – we are able to provide the high quality of care that we would expect for our own family.

We expect to be held accountable and in reading this report, I hope that you are able to learn more about what we do and assess how together, we are making a difference through sustainable change.

The report is consistent with internal and external information presented to and agreed by our Governance Committee and the Trust Board. Each meeting receives monthly updates and quarterly quality reports against our agreed targets.

In preparing our Quality Accounts, 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 contained in this document is accurate.

It continues to be a privilege for me to work with the colleagues across the Trust who have delivered the achievements highlighted in this report.



Shaun Clee
Chief Executive
2gether NHS Foundation Trust

26 May 2015

Part 2a: Looking Ahead to 2015/16

Quality Priorities for Improvement 2015/16

This section of the report looks ahead to our priorities for quality improvement in 2015/16. 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 8 goals and 11 associated targets for 2015/16. These targets will be measured and monitored 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:

- Building the NHS of the five year forward view: The NHS England Business Plan 2015-2016
- NHS Outcomes Framework 2015/16
- Care Quality Commission (via Intelligent Monitoring Reports and CQC Compliance Reviews at our sites)
- 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
- Internal assurance inspections
- Monitor
- King's Fund report on Quality Accounts
- National Institute for Health & Care Excellence publications including their quality standards
- Preventing suicide in England: two years on. Second annual report on the cross-government outcomes strategy to save lives. Department of Health 2015.

The feedback and contributions have come from:

- Healthwatch Gloucestershire;
- Healthwatch Herefordshire;
- Gloucestershire Health, Community and Care Overview and Scrutiny Committee (HCCOSC) and Council colleagues;
- Herefordshire Overview and Scrutiny Committee and Council colleagues;
- Gloucestershire Clinical Commissioning Group;
- Herefordshire Clinical Commissioning Group;
- Internal assurance and Internal Audit reports;

- NHS South of England Mental Health Patient Safety Improvement Programme;
- Trust's Governors; and
- Trust clinicians and managers.

During 2013/14 a set of principles were developed with the Governors to assist with the identification of the quality priorities, in that they should

- seek to:
 - find, celebrate, share and maintain good practice; and
 - Determine where practice can be improved.
- Be measureable across all geographical locations where services are provided, so that results can be both aggregated and individually compared for the purpose of internal benchmarking. Also, where appropriate, reflecting specific local requirements with a choice of indicator.
- Refer to historical data, where available to identify and show any change in quality over time.
- In addition to identified measurable indicators, there should also be quality reporting on the outcome measures and indicators used in services to demonstrate effective interventions.

These principles have been carried forward during 2014/15 and have helped to shape the development of quality priorities for 2015/16.

The proposed priorities for improvement have been considered and agreed by the Governance Committee, which is a sub-committee of the Board and has clinical and managerial representation from across the Trust and is chaired by a Non-Executive Director. This Committee meets formally monthly to consider information relating to quality across all of the services we provide. The priorities for improvement are applicable for services in both Gloucestershire and Herefordshire.

Progress on the implementation of each of the quality improvement areas will continue to be reported to the Trust Board every quarter. This information will also be shared with our major stakeholders. These core targets represent a small sample of the large number of quality initiatives which are undertaken, but are areas which will potentially have a significant impact on safety and quality.

Effectiveness

Goal	Target	Drivers
Improving the physical health care for people with serious mental illness.	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.	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 did not meet the target we set ourselves during 2014/15 achieving a technical score against the national Commissioning for Quality & Innovation (CQUIN) of 74% against our target of 90%.
Ensure that people are discharged from hospital with personalised care plans.	1.2 To improve personalised discharge care planning in: a) Adult inpatient wards and; b) Older people's wards.	This is a CQUIN for our Herefordshire services, but equally applicable to Gloucestershire services. This is a theme seen in serious incidents we report and there is historical data available for year on year comparison.
Ensure appropriate access to psychological therapy.	1.3 To increase the number of vulnerable people who are able to access the IAPT service "Let's Talk" (Improving Access to Psychological Therapies).	This is a CQUIN for our Herefordshire services, but equally applicable to Gloucestershire services.
Improve transition processes for child and young people who move into adult mental health services.	1.4 To develop a measureable data set to improve the experience of service users who make the transition from children and young people's services to adult services.	This is a CQUIN for Gloucestershire services but equally applicable to Herefordshire services.

User Experience

Goal	Target	Drivers
Improving the experience of service user in key areas. This will be measure though defined survey questions for both people in the community and inpatients.	<p>2.1 Have you been offered a written or printed copy of your care plan?</p> <p>Target: To achieve a response 'Yes' for more than 73% of the people surveyed.</p> <p>2014 Local survey score = 72.5%</p>	<p>Questions 2.2 – 2.4 are areas relating to patient experience where we wish to improve following the 2014 Care Quality Commission (CQC) national community mental health survey results.</p> <p>There is historical data available for year on year comparison for some targets.</p> <p>These areas also support some of the indicators identified under the domains of effectiveness and safety.</p>
	<p>2.2 Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?</p> <p>Target: To achieve a response 'Yes' for more than 65% of the people surveyed.</p> <p>2014 Trust score = 65%</p>	
	<p>2.3 In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?</p> <p>Target: To achieve a response of 'Yes' for more than 58% of the people surveyed.</p> <p>2014 Trust score = 58%</p>	
	<p>2.4 Have you been given advice about taking part in local activities?</p> <p>Target: To achieve a response of 'Yes' for more than 51% of the people surveyed.</p> <p>2014 Trust score = 51%</p>	



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Safety

Goal	Target	Drivers
Minimise the risk of suicide of people who use our services.	<p>3.1 Reduce the numbers of deaths by suicide (pending inquest) of people in contact with services when comparing data from previous years.</p> <p>In 2014/15, 20 deaths from suspected suicide were reported which was less than during 2013/14 when we reported 22 deaths from suspected suicide. During 2015/16 we aim to reduce the number of deaths from suicide even further.</p>	<p>Gloucestershire Suicide Prevention Strategy and Action Plan</p> <p>Preventing suicide in England: Two years on. First annual report on the cross-government outcomes strategy to save lives.</p> <p>The 2014/15 plan to report fewer than 22 deaths from suspected suicide was achieved and we wish to further reduce this. It is a high risk area with historical data available for year on year comparison.</p>
Ensure the safety of people detained under the Mental Health Act.	<p>3.2 Reduce the number of detained patients who are absent without leave (AWOL) when comparing data from previous years.</p> <p>We will report against 3 categories of AWOL as follows:</p> <ol style="list-style-type: none"> 1. Absconded from escort 2. Failure to return from leave 3. Left the hospital (escaped) <p>There were 125 total reported occurrences during 2014/15 and our target was to report fewer than 110 occurrences.</p> <p>During 2015/16 we aim to reduce the numbers of service users AWOL and be more explicit as to the type of absence to support improvements in care.</p>	<p>NHS South of England Patient Safety Improvement Programme</p> <p>Preventing suicide in England: Two years on. First annual report on the cross-government outcomes strategy to save lives.</p> <p>We did not achieve this target during 2014/15. It is a high risk area with historical data available for year on year comparison.</p>
Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm.	<p>3.3 95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care.</p> <p>(This is a local target. The national target is that 95% CPA service users receive follow up within 7 days).</p>	<p>This is an area of good practice within the Trust, during 2013/14 we achieved 95% but in 2014/15 this percentage was 94%</p> <p>There is historical data available for year on year comparison.</p>

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

The following section includes responses to a nationally defined set of statements which are common across all Quality Accounts/Reports.

The statements provide assurance that we are providing services according to national standards, measuring and monitoring the quality of care we provide and are participating in, and learning from national projects.

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 2014/2015, the 2gether NHS Foundation Trust provided and/or sub-contracted the following NHS services:

Gloucestershire

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

- One stop teams 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, Crisis Resolution and Home Treatment, Assertive Outreach, Managing Memory, Children and Young People Services; Intensive Health Outcome Team and the Learning Disability Intensive Support Service; and
- 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 and Substance Misuse Services;
- Inpatient care;
- Community Learning Disability Services; and
- Improving Access to Psychological Therapies.

2gether NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services through a systematic plan of quality reporting and assurance that is considered by the Trust's Governance Committee and the Board. The income generated by the NHS services reviewed in 2014/15 represents 95.1% of the total income generated from the provision of NHS services by 2gether NHS Foundation Trust for 2014/15.



Participation in Clinical Audits and National Confidential Enquiries

During 2014/15 two national clinical audits and three national confidential enquiries covered NHS services that 2gether NHS Foundation Trust provides.

During that period, 2gether NHS Foundation Trust participated in 50% national clinical audits and 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 2gether NHS Foundation Trust was eligible and participated in during 2013/14 are as follows:

National Clinical Audits

Clinical Audits	Participated Yes/No	Reason for no participation
Prescribing Observatory for Mental Health	Yes	The Trust is not a member of the Observatory.
National Audit of Schizophrenia	No	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 2gether NHS Foundation Trust participated in, and for which data collection was completed during 2014/2015 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.

Participation in the Prescribing Observatory for Mental Health (POMH-UK)

Topic	Trust Participation		National Participation	
	Teams	Submissions	Teams	Submissions
Topic 14a: Prescribing for Substance Misuse (Alcohol Detoxification)	Not Participating	Not Participating	174 Teams	1197 Submissions
Topic 12b: Prescribing for Personality Disorder	Not Participating	Not Participating	522 Teams	4014 Submissions
Topic 9c: Prescribing for People with a Learning Disability	Not Participating	Not Participating	TBC Teams	TBC Submissions

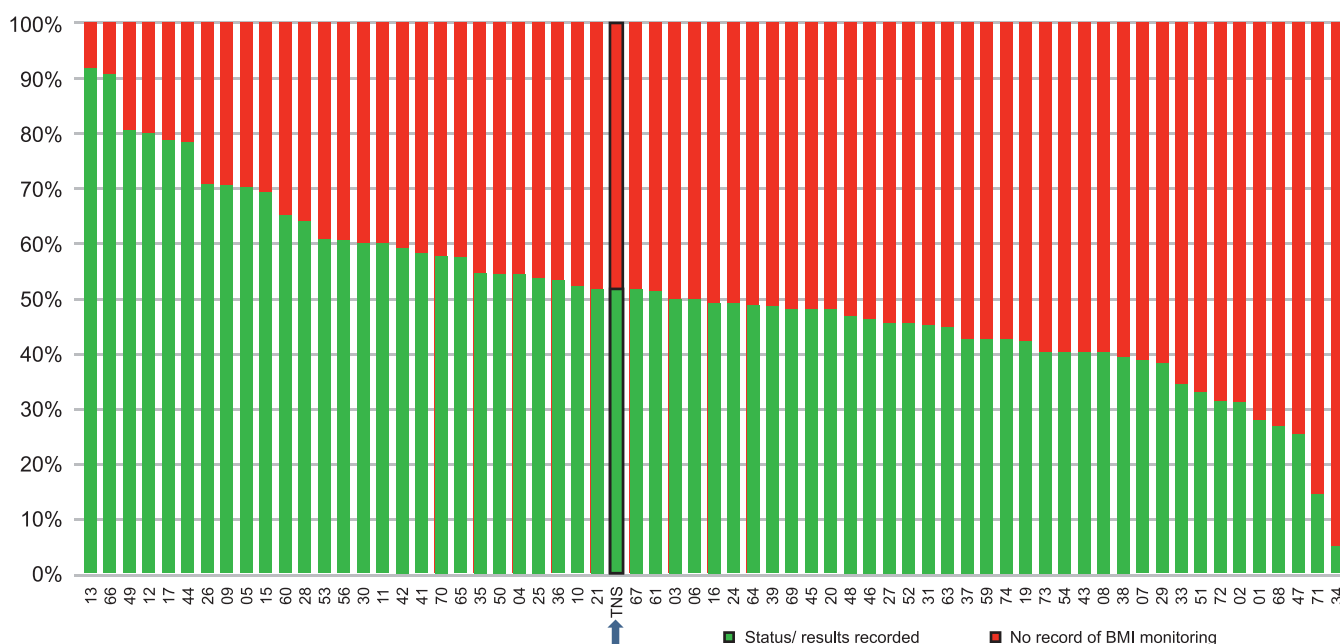
Participation in the National Audit of Schizophrenia

Monitoring of Body Mass Index (BMI)

The below figure shows the percentage of service users in each Trust who had their BMI monitored and recorded at least once in the previous 12 months.

There is a wide range across Trusts, from 5% to 92% being recorded as monitored in the National Audit of Schizophrenia 2 (NAS2), with a Total National Sample (TNS) average of 52%. In the National Audit of Schizophrenia 1 (NAS1) the range was 27% to 87% with a TNS of 51%.

NAS ID: 07 (2gether NHS Foundation Trust)



- The data for this figure area taken from Q34 of the audit of practice tool
- The number of cases included in this analysis is 5,608.
- Data collected Autumn 2013

Participation in National Confidential Enquiries

Confidential Enquiries	% cases submitted	
	2gether	National Average
Confidential Enquiry into Maternal and Child Health	Information not published	Information not published
National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	99.25%*	98.17%
Sudden Unexplained Death Study	100%*	94.92%

*Information published July 2014

The report of one national clinical audit was reviewed in 2014/15 and 2gether NHS Foundation Trust intends to take the following action to improve the quality of healthcare provided.

- Ensure an increased focus on the physical health of people diagnosed with schizophrenia via Target 1.1 2015/16 -to increase the number of service users with a LESTER tool intervention (all inpatients and all SMI/CPA service users in the community, inclusive of Early Intervention Service, Assertive Outreach and Recovery) alongside increased access to physical health treatment.

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 Governance 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 335 recommendations to further improve our practice as part of our commitment to continuous improvement.

Clinical Audits	2013/14 audit programme	2014/15 audit programme
Total number of audits on the audit programme	140*	122
Audits completed (at year end)	82	67
Audits that are progressing and will carry forward	36	30
Audits taken off the programme for specific reasons	22	25

* This includes internal 24 peer review assurance visits

The reports of 67 local clinical audits were reviewed by the provider in 2014/15 and ²gether 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** undertaken in 2013/ 2014, the Trust has now implemented and embedded these principles into policies and practice. This has been supported by the roll out of specific training to support all clinical staff to operate within evidence based best practice. There have been a number of audits carried out throughout the year to evidence improvements made.
- 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.

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

- Following completion of the quantitative and qualitative audit against the policy on **Assessing and Managing Risk and Safety**, one recommendation identified that there were challenges with the quality and completeness of some returns of the qualitative data. To address this issue, the Quality Development and Assurance Department will develop an audit pack with detailed guidance for staff carrying out the qualitative audits, including examples showing the standards expected for completion and the level of detail required.

- Following completion of an audit on 'Children in care' it was identified that there were areas of concern around record keeping- specifically care plans, risk assessments and core assessments. To address these concerns, three recommendations were made in the action plan to send out policies and reminders to all **Children & Young Peoples Services (CYPS)** staff regarding **RiO**¹ training, to interview clinicians individually to identify blocks and plan "catch-up" regarding being non-compliant with the Trust record keeping standards, and to establish quarterly compliance sheet to monitor ongoing compliance.

Internal peer review assurance visits:

- The Trust has undertaken 14 peer review assurance visits during 2014/15 covering both community and inpatient services. During this process a number of team specific recommendations were made and individual services have developed agreed Specific, Measurable, Achievable, Realistic and Time Limited (SMART) action plans to address these recommendations.

Participation in Clinical Research

A Positive Increase in our Activity

The number of patients receiving relevant health services provided or sub-contracted by ²gether NHS Foundation Trust in 2014/15 that were recruited to participate in research approved by a research ethics committee is 460, from 12 different studies. This figure is from data reported by the Comprehensive Research Network for the West of England (WoE CRN) at the end of the financial year. This is a significant increase from last year's final

¹ This is the name of the electronic system for recording service user care notes and related information within ²gether NHS Foundation Trust.

figure of 60 participants, which has been due, in part, to our participation on the ViewPoint Survey, which forms part of the Time to Change campaign measuring the stigma and discrimination experienced by mental health service users. The Trust had an excellent response rate from service users across both counties of Gloucestershire and Herefordshire with 280 participants taking part.

Our increase in activity has been made possible by the increased strength and presence of 2gether internal Research Team. Back at full capacity, the team of four have increased our portfolio of research across the areas of both mental health and dementia. In January 2015 we appointed a highly experienced commercial trials research nurse, and hope to expand our portfolio to include more commercial trials in 2015/16.

Full team capacity has enabled us to regularly scan the national portfolio for new studies that are open to new sites and proactively make contact with study teams. Currently we have 18 approved National Institute of Health Research (NIHR) studies recruiting or active in Gloucestershire, an increase on the seven open at this time last year. This continues to highlight the need to develop a rolling programme of studies to help counterbalance the long set-up period required before opening new studies to recruitment.

In 2014/15, the Trust registered and approved 28 studies. Of these studies, eight were portfolio clinical research based in mental health or dementia; the remainder made up from non-portfolio, commercial or student studies. We currently have five service evaluation, and 12 student / educational research projects initiated and co-ordinated by Trust staff or students. three open studies known as PICs, are where we can refer service users out of county to a research study.

Trend-wise, we have seen a decrease in the number of studies across mental health and a large increase in the number of dementia related studies; a direct consequence of the dementia challenge and call for research proposals which are now coming through the pipeline. This means that our portfolio is currently heavily weighted towards work in the dementia field, although we do have opportunities coming up in both the Learning Disability and Children & Young People's Services.

A Year of Change and Opportunities in Research

2014 / 2015 has been a year of transition for the NIHR as the new streamlined clinical research networks came in force in April 2014. Mental health research has now aligned with dementia and neurology, and we are led locally within the WoE CRN by a consultant psychiatrist from Avon & Wiltshire Partnership Trust and a consultant psychiatrist from 2gether sharing the role of joint clinical lead for this division. We have supported national campaigns hosted by the NIHR, such as 'Okay to Ask' which calls on service users and carers to ask their doctor or health practitioner about NHS research they can take part in.

March 2015 saw the national launch of a Department of Health funded initiative known as Join Dementia Research (JDR). It is a database of volunteers who are interested in taking part in research which is focused on the diseases which cause dementia. It allows people to provide information about themselves so that they can be contacted about relevant research studies for which they are eligible to participate. At the current time, the JDR initiative has only just recently opened within the South West, but on the back of the national campaign awareness it is likely to grow, increasing the number of potential inquiries. We expect to see a rise in the awareness and number of people wishing to support dementia research, and are supporting the promotion of this initiative.

Future Developments

We continue to receive support funding from the WoE CRN via the R&D consortium for Gloucestershire to provide a research infrastructure within the Trust. We currently have a Senior Team Leader, two Clinical Studies Officers and one Assistant Clinical Studies Officer working across mental health and dementia. The challenge we face moving forward, given a 7% decrease in our allocation of research funds, is to maintain our activity and commitment to long term research studies, with significant follow up. It is important that we continue to promote the work of the NIHR within our clinical services, so that we are offering opportunities to service users and carers, wherever possible.

From December 2014 the research team now form part of the new Directorate for Engagement and Integration. There have already been early discussions with the newly appointed Director for Engagement & Integration about a review of the research strategy on how we can build our presence within the organisation and continue to increase the opportunities available to service users and carers in research, as well as begin to focus on the connectivity between our research activity and practice development.

Research Sponsors

Examples of the portfolio of activity are listed below:

Mental Health

- PPIp – Prevalence of neuronal cell surface antibodies in patients with psychotic illness;
- DPIM Polymorphisms in Mental Illness: investigating genetic factors involved in schizophrenia, bipolar disorder, alcoholism and autism and exploring possible treatment options;

Dementias and Neurodegenerative Disease

- IDEAL: Improving the experience of dementia and enhancing active life; the IDEAL study
- MADE: Minocycline in Alzheimer's disease efficacy trial; the MADE Trial.
- MAS: Using Patient Reported Outcome Measures (PROMs) to Improve Dementia Services: Evaluation of Memory Assessment Services
- Brains for Dementia Research
- GERAS 2: Observational Study of costs and resource use of Alzheimer's disease in Europe

Use of the Commissioning for Quality & 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 2gether NHS Foundation Trust's income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between 2gether 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.

Further details of the agreed goals for 2014/15 and for the following 12 month period are available electronically at www.2gether.nhs.uk/cquin

2014/15 CQUIN Goals

Gloucestershire

Goal Name	Description	Goal weighting	Expected value	Quality Domain
Personality Disorder Service Delivery	To improve services for people with personality disorders by ensuring service delivery that is consistent with regional strategy expectations for these patients.	20%	£330,000.00	User Experience
Patient Experience Survey feedback	This indicator asks four locally agreed questions relating to patient experience where improvement was identified as being required following the 2013/14 national MH survey results.	20%	£330,000.00	User Experience
Friends and Family Test (Staff)	Staff will have access to a quarterly questionnaire asking two questions. <ul style="list-style-type: none"> • Whether you would recommend the Trust to Friends and Family requiring treatment. • Whether you would recommend the Trust as a place to work. 	8%	£132,000.00	Effectiveness
Friends and Family Test	Early Implementation	6%	£99,000.00	User Experience
Friends and Family Test	Phased Expansion	6%	£99,000.00	User Experience
Cardio metabolic Assessment for Patients with Schizophrenia	Improving the Physical Healthcare of Patients with Schizophrenia	10%	£165,000.00	Effectiveness
Patients on CPA: Communication with General Practitioners	A local audit covering communication with Patients' GPs, to include care Plans and relevant content.	10%	£165,000.00	Effectiveness
NHS Safety Thermometer	To collect and report upon four elements of the NHS Safety Thermometer	20%	£330,000.00	Safety

Goal Name	Description	Goal weighting	Expected value	Quality Domain
Friends and Family Test (Staff)	Staff will have access to a quarterly questionnaire asking two questions <ul style="list-style-type: none"> Whether you would recommend the Trust to Friends and family requiring treatment Whether you would recommend the Trust as a place to work 	2%	£7,100.00	Effectiveness
Friends and Family Test	Early Implementation	2%	£7,100.00	User Experience
Friends and Family Test	Phased Intervention	2%	£7,100.00	User Experience
NHS Safety Thermometer	To collect and report upon four elements of the NHS Safety Thermometer	4%	£14,200.00	Safety
Cardio metabolic Assessment for Patients with Schizophrenia	Improving the physical healthcare of patients with Schizophrenia.	5%	£17,700.00	Effectiveness
Communication with General Practitioners	A local audit of communication with Patients' GPs covering Care Plans and their content.	5%	£17,700.00	Effectiveness
Children's and Young people's transition to Adult Services	Local indicator to capture and act upon feedback from people in transitional phase from child mental health services to adult mental health services.	25%	£88,000.00	Effectiveness
Antipsychotic Prescribing	Indicator to ascertain the percentage of patients with Dementia who are prescribed Antipsychotics in a Community setting who are subject to regular review.	20%	£71,000.00	Safety
Harm Prevention	Falls Prevention and bone health staff training	20%	£71,000.00	Effectiveness
Harm Prevention	Use of falls pathway and Risk Assessment Tool	15%	£53,300.00	Effectiveness

Low Secure Services

Goal Name	Description	Goal weighting	Expected value	Quality Domain
Cardio metabolic Assessment for Patients with Schizophrenia	Improving the Physical Healthcare of Patients with Schizophrenia	10%	£4,800.00	Effectiveness
Friends and Family Test	Phased Expansion	10%	£4,800.00	Effectiveness
Specialised Services Quality Dashboard	Assurance that the Clinical dashboard is completed and used for monitoring purposes.	20%	£9,600.00	Efficiency
Collaborative Risk Assessments	The provision of an education Training package for Patients and qualified staff	30%	£14,400.00	User Experience
Supporting Carer Involvement	To support Carer involvement with relatives	30%	£14,400.00	User Experience

The total combined potential value of the income conditional on reaching the targets within the CQUINs during 2014/15 is £2,056,500. We anticipate achieving £2,053,407.

In 2013/14, the total potential value of the income conditional on reaching the targets within the CQUINs was £2,080,492 of which £2,080,292 was achieved.

2015/16 CQUIN Goals

CQUIN goals for 2015/16 have been drafted with Gloucestershire and Herefordshire Clinical Commissioning Groups and NHS England (for the provision of low secure mental health NHS services). These include:

National CQUINs applicable to all mental health services

- Improving physical healthcare for patients with severe mental illness.

Gloucestershire (Local)

- Triangle of Care;
- Young people's transitions;
- Perinatal mental health;
- Delirium screening (Willow Ward, Charlton Lane Centre);
- Early Warning Scores.

Herefordshire (Local)

- Personality disorder;
- Crisis contingency planning;
- Inpatient discharge planning;
- Improving Access to Psychological Therapies (IAPT) for vulnerable service users.

Low Secure

- Supporting service users to stop smoking;
- Collaborative Risk Assessments;
- Supporting Carer Involvement.

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.

2gether NHS Foundation Trust is required to register with the CQC and has no conditions on its registration. This means that the Trust has continued to demonstrate compliance with the regulations and we are registered 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

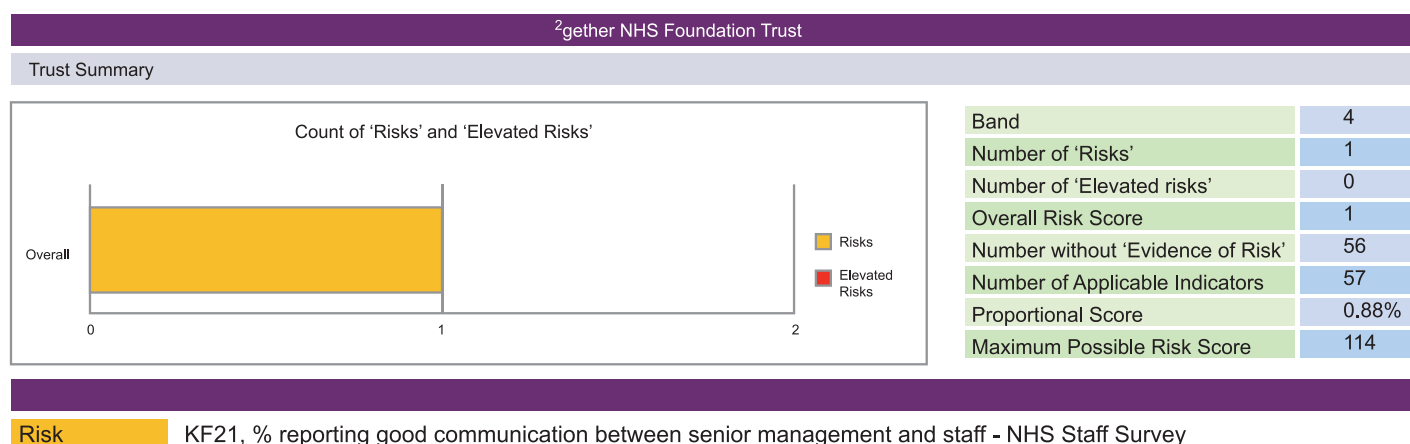
The locations from which the Trust is registered to provide these regulated activities are confirmed on the CQC website www.cqc.org.uk.

The Care Quality Commission has not taken enforcement action against 2gether NHS Foundation Trust during 2014/15 or the previous year 2013/14.

The CQC have moved away from publishing Quality Risk Profiles for Trusts and they are developing Intelligent

Monitoring Report the first of which for all mental health organisations was published in November 2014. CQC intelligent monitoring of trusts that provide mental health services considers 59 different types of evidence, based on sources that include the NHS staff survey, bed occupancy rates, the national health outpatient survey and concerns raised by trust staff. These evidence sources are used to answer the five key questions that they ask of services – are they safe, effective, caring, responsive and well lead.

The first Intelligent Monitoring Report for 2gether NHS Foundation Trust shows one item as a risk from 57 indicators which placed the Trust in Band 4, which is the lowest banding of risk. The one risk indicator reported related to the NHS Staff Survey and showed that the % of staff who reported good communication between senior management and staff was less than expected. The summary report published is shown below.



It is anticipated that the next Intelligent Monitoring Report will be published in June 2015.

CQC Inspections of our services

The Care Quality Commission (CQC) has not undertaken inspections of the Trust's services during 2014/15, but we anticipate undergoing a comprehensive inspection before December 2015. Inspections undertaken during 2013/14 are available on the CQC website under the location of each service.

www.cqc.org.uk/search/hospitals/2gether

Mental Health Act reviews

The Mental Health Act Commissioner (MHAC) visits the Trust's in-patient units to meet with detained patients and scrutinise the associated Mental Health Act paperwork and records – the process forms part of the Care Quality Commission monitoring system. The visits can be made at any time, are generally unannounced and can be either during normal working hours or out of hours.

During 2014/15 there have been MHAC visits to the Montpellier Unit (April 2014 & October 2014), Dean Ward (April 2014), Westridge (May 2014), Hollybrook (May 2014), Priory Ward (May 2014), Greyfriars PICU (May 2014), Mortimer Ward (October 2014) and Chestnut Ward (November 2014). In response to these visits, the Trust has reviewed the following:

- Use of Extra Care Areas;
- Processes for documentation of S17 leave forms;
- Discharge planning processes;
- Documentation of Statutory Consultees discussions with Second Opinion Approved Doctors (SOADs);
- Patient involvement in care planning;

- Recording of Patients' Rights under Section 132 of the Mental Health Act Code of Practice; and
- Processes to ensure that Sections are not allowed to "lapse" but should be ended in line with policy.

Safeguarding Children and Children in Care Special Review in Gloucestershire

2gether NHS Foundation Trust has participated in one CQC special review relating to Children Looked After and Safeguarding in Gloucestershire in March 2014, the report was published on 3 July 2014. The review followed the journey of the child, and covered all health settings including the Trust's Children and Young Peoples Service (CYPS) and adult mental health services.

Feedback was generally favourable, recognising high standards of quality in service provision and due attention paid to safeguarding matters. Our Trust received six specific organisational recommendations which are listed as follows:

- 1) All CYPS practitioners receive regular, formal, safeguarding supervision in line with statutory guidance;
- 2) That all adult mental health workers undertake formal training in the "Think Family" approach and that this model is embedded in service delivery;
- 3) That adult mental health workers are engaged effectively in child in need and child protection processes, including attendance at common assessment framework (CAF) meetings;

- 4) That CYPS practitioners are supported to liaise effectively and work in partnership with out of area Tier 4 providers on a case by case basis;
- 5) That all young people who require specialist support have timely access to the specialist CYPS 3.5 service; and
- 6) That practitioner in adult mental health services routinely document the impact of parental mental health on young people and include the child or young persons' needs in care plans.

An action plan responding to the recommendations under the stewardship of Gloucestershire Clinical Commissioning Group (CCG) was completed ahead of the 31 July 2014 deadline. The Trust has completed all its required actions satisfactorily and this has been reported to Gloucestershire CCG. Positive outcomes of the action plan are that Think Family training is well attended; the Trust Safeguarding Named Nurse is facilitating specialist supervision sessions with the Named Doctor for Safeguarding and a new post was developed to focus on liaison between Tier 4 and community services.

Changes in service registration with Care Quality Commission for 2014/15

No requests to change our registration with the CQC have been this year, although a revised Statement of Purpose has been submitted.

Quality of Data

Good quality data underpins the effective provision of care and treatment and is essential to enabling improvements in care. Together NHS Foundation Trust submitted records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data (Month 11 data is reported below, as this was the only available information at the date of publication).

The percentage of records in the published data which included:

- The patient's valid NHS number was: 99.8% for admitted patient care (99.1% national); and 100% for outpatient care (99.4% national);
- The patient's valid General Practitioner Registration Code was: 100% for admitted patient care (99.9% national); and 100% for outpatient care (99.9% national).

Together NHS Foundation Trust has taken the following action to improve data quality building on its existing clinical data quality arrangements:

- During 2014/15 the Trust has continued to progress data quality improvement. There was a clear focus on consolidating previous work undertaken in 2013/14 on improvements in HoNoS scoring and outcome measurement, cluster reviews and ensuring all appointments were within agreed deadlines by implementing automated data quality reports for all

team managers and clinicians which are refreshed overnight and made available on all staff's computers.

- All community and team managers have received training in the efficient use of the reports during 2014/15.
- In addition during 2014/15 an automated Data Quality Exceptions Report to monitor compliance with the Trust's Care and Assessment Policy was developed and implemented across all RiO supported services. This real-time tool enables clinicians and managers to monitor data quality continuously and address any gaps that are identified. The report specifically focuses on those data items underpinning the Care and Assessment Policy such as assessments, reviews and risk management and can be used to undertake automated audits of compliance.

Information Governance Toolkit

Ensuring that patient data is held securely is essential, as such the Trust complies with the NHS requirements on Information Governance and assesses itself annually against the national standards set out in the Information Governance Toolkit which is available on the Health & Social Care Information Centre website:

<http://systems.hscic.gov.uk/infogov>

Together NHS Foundation Trust Information Governance Assessment Report overall score for 2014/15 was 84% and was graded green. This is 1% higher than 2013/14 and 2012/13 when the overall score was 83%.

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:

- 23 key indicators were at level 3
- 21 key indicators were at level 2
- 1 key indicator was deemed not relevant

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

The Trust's efforts will remain focussed on maintaining the current level of compliance during 2015/16 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 Error Rate

Together NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2014/2015 by the Audit Commission.

Part 3: Looking Back: A Review of Quality during 2014/15

Introduction

The 2014/15 quality priorities were agreed in May 2014 and published in last year's Quality Report, and can be accessed through the following link:

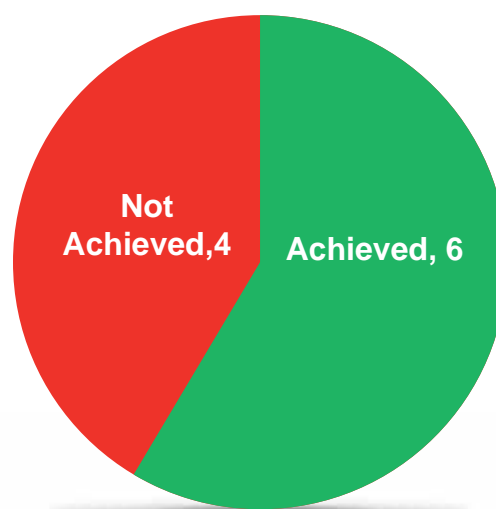
www.nhs.uk/Services/Trusts/Overview/DefaultView.aspx?id=2769

The quality priorities were grouped under five broad areas of quality improvements. This section of the report outlines the achievements and progress made in each of the three areas of Effectiveness, User Experience and Safety to date. It also outlines key service developments which have positively impacted on the care we provide as it is important to us that we constantly strive to improve quality overall.

The table on page 73 provides a summary of our progress against these individual priorities. Each are subsequently explained in more detail throughout Part 3.

Figure 1 below provides an overview of achievement against our targets for the year. The table overleaf provides a summary of our progress against these individual priorities. Each are subsequently explained in detail throughout Part 3.

Figure 1. Summary of Quality Measure Achievement 2014/15



Summary Report on Quality Measures for 2014/2015

		2012-2013 Actual	2013-2014 Actual	2014-2015 Actual
Effectiveness				
1	90% of community patients with a serious mental illness will have had an annual physical health check. Gloucestershire Herefordshire	- -	86% 47%	We cannot report on this exact target due to changes in the way we collected data during the year - so it is not met.
2	The number of falls resulting in harm (fractures) will be maintained at 3 or less across all our inpatient units.	4	4	4
3	The proportion of people gate kept by the Crisis & Home Treatment Team prior to admission will be 95%. This will ensure appropriate access to inpatients services. Gloucestershire Herefordshire	89% 70%	95% 95%	99.44% 100%
User Experience				
4	Did 2gether Trust staff involve a member of your family or someone else close to you, as much as you would like in your care? >53%	-	50%	84.3%
5	Did we organise the care and services that you need? >59%	-	57%	91.1%
6	Have you been given information on how you can contact your Care Co-ordinator or lead professional if you have a problem? >72%	-	66%	90.5%
7	Have you been offered a written or printed copy of your care plan? >41%	-	40%	72.2%
Safety				
8	Reduce the numbers of deaths relating to identified risk factors of people in contact with services when compared data from previous years.	18	22	20
9	Reduce the number of people who are absent without leave from inpatient units who are formally detained.	53	110	125
10	95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care.	98.8%	99.1%	94%

Effectiveness

In 2014/15 we remained committed to ensure that our services are as effective as possible for the people that we support. We set ourselves three targets against the goals of:

- Improving the physical health care for people with schizophrenia and other serious mental illnesses;
- Continuing to measure the effectiveness of the falls prevention work for in-patients; and
- Ensure appropriate access to psychiatric inpatient care.

Target 1.1

90% of community patients with a serious mental illness will have had an annual physical health check

The target described above will not be met as the information has not been captured in exactly this way this year reflecting the national CQUIN reporting requirements; we are, therefore, reporting on the progress made overall in promoting physical health.

There is a long established association between physical comorbidity (the presence of multiple illnesses) and mental ill health. People with severe and enduring mental health conditions (Serious Mental Illness - SMI)

experience worse physical health and reduced life expectancy compared to the general population. People with schizophrenia and bipolar disorder die an average 25 years earlier than the general population largely because of physical health problems. People with SMI are at increased risk of a range of physical illnesses and conditions, including coronary heart disease (CHD), diabetes, respiratory disease, greater levels of obesity and metabolic syndrome.

Last year we wanted to ensure that 70% of service users on our caseload who had a diagnosis of schizophrenia or bi-polar affective disorder (as these are the most at risk group of people) had an annual physical health check. To achieve this, we routinely undertook a physical health check for all services users with these diagnoses who were admitted to our inpatient units. For the majority of people living in the community this was more complicated, and involved our teams working closely with colleagues in primary care to identify service users and support them to attend their GP surgery for the health check. The results are seen in the table below.

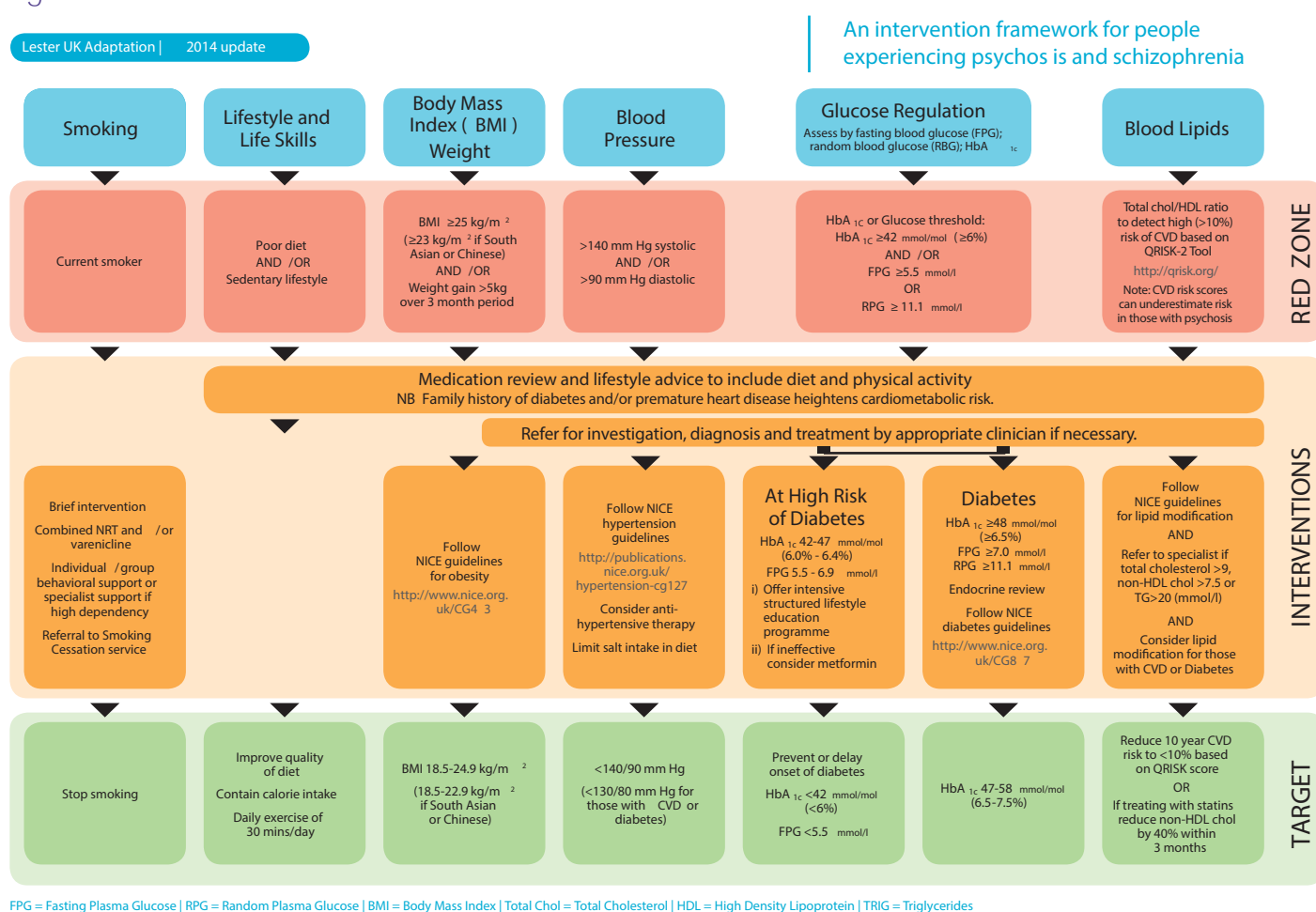
Clinical Audits	Target	2013-14
Gloucestershire Services	>70%	86%
Herefordshire Services	>70%	47%

For 2014/15 this became a National CQUIN for all mental health services across England. In June 2014 the Royal College of Psychiatry, on behalf of NHS England, issued comprehensive guidance on how the national physical Care CQUIN will be delivered and audited. This necessitated a significant change in the way in which we anticipated collecting information and included marked changes from the original guidance focusing only on inpatients with a SMI diagnosis. Part 1 of the CQUIN focussed on the delivery of a specialist cardio metabolic assessment tool for individuals with an SMI, this was called the LESTER Tool (see Figure 2).

The Trust developed extensive plans and guidance to facilitate this work during the inpatient audit period. These plans were formulated to provide a sustainable ongoing solution that we can continue into the future, and we are exploring how to roll this out into community services in Quarter 4. The audit period was 1 August 2014 – 31 September 2014. This was administrated as a bespoke Royal College of Psychiatry audit outside of the National Audit of Schizophrenia which was the original platform for gathering data.



Figure 2. Positive Cardiometabolic Health Resource



The nationally published results show that we have achieved a technical score of 74% compliance for this CQUIN, based on each patient receiving all measures specified within the CQUIN guidance. However we are pleased with our progress; when the results are measured in an aggregated format we are able to demonstrate a Trust wide average of 95% compliance for screening and above 90% on average for interventions and onward referral for inpatients which shows that a large majority of the measures are being implemented for service users with serious mental illness. This work has allowed us to obtain clear data regarding the quality of future interventions, which will enable us to strengthen our approach in providing good quality physical health care for this vulnerable group.

The second part of the CQUIN focussed on sharing improved physical health information for people with an SMI who are cared for by our Trust as part of the Care Programme Approach (CPA). The programme will provide improved physical health information sharing with General Practitioners. This has sought to enable primary care to improve physical care interventions and monitoring for people with an SMI in the community. The improved information set includes the following:

- Care Plan;
- Diagnosis specified;
- ICD 10 Diagnosis - inclusive of mental health and physical issues (if known);
- Medication list;
- Medication Monitoring;
- Physical health information; and
- Physical Health Monitoring - completed or required.

The final audit is currently in process, and we have shown good progress in both counties. Currently we are able to demonstrate in the final audit sample in Gloucestershire we are achieving 85% compliance of fulfilling all of the above measures for each patient. In Herefordshire we are achieving 62% with the same measures, however we anticipate that these figures may rise in the final week of auditing.

We will continue to develop this work in the coming year. We will seek to work with the teams who have contributed to the CQUIN to gain valuable feedback and develop ongoing strategies to further imbed the importance of sharing physical health information between primary and secondary care services.

Next year's CQUIN will, in essence, remain similar to the 2014/2015 CQUIN with a few additional aspects, such as expanding the principles of the LESTER tool to the Early Intervention teams. It will have the capacity to drive closer working relationships between specialist mental health providers and primary care through the routine use of the NHS numbers, and the sharing of physical and mental health diagnoses and treatments communicated between the specialist mental health clinicians, the person's GP, and with the service user.

We are also pleased to report that we were successful in applying to NHS England's Improving Quality initiative to fund selected sites around the county to develop physical health care projects for services users. This project will run through 2014/15 and 2015/16. Our project is to expand the successful inpatients programme to a wider cohort and incorporate the community teams in both Gloucestershire and Herefordshire within this. This project will expand the remit beyond the scope of the LESTER tool CQUIN and work to improve access to other physical health care such as sexual health and dental care, and include embedding a health check into primary care processes. Our successful bid has allowed us

access to additional funding and national expertise. **We did not meet this target.**

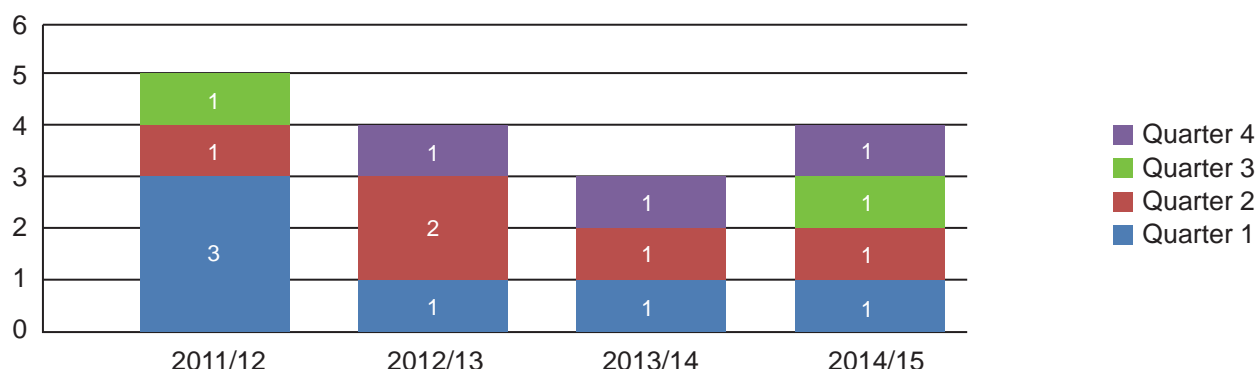
Target 1.2

The number of falls resulting in harm (fractures) will be maintained at 3 or less across all our inpatient units.

In 2012/13 the Trust had an agreed quality target to reduce serious harm from falls by 50% from the baseline established in March 2010; this was part of an initiative for mental health providers entitled Leading Improvements in Patient Safety. A 33% reduction was achieved at that time, and subsequently all wards have achieved a 50% reduction in the number of falls at times, and levels of harm are generally reported as consistently low. This initiative is now maintained through a mental health collaborative, the NHS South of England Mental Health Patient Safety Improvement Programme.

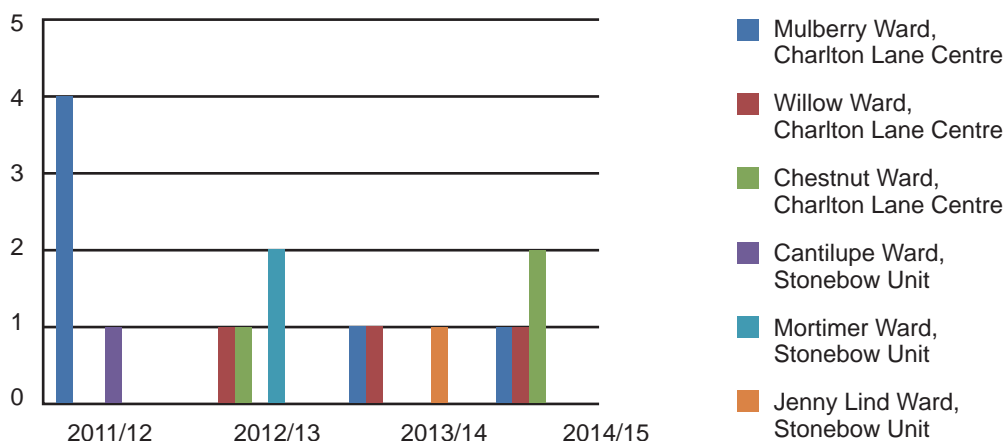
In terms of absolute numbers of falls resulting in fractures, Figure 2 below shows these incidents from 2010/11 to the end of 2014/15. **We did not meet this target this year.**

Figure 3. Falls Resulting in Fractures



In this year, two falls resulting in a fracture occurred on Chestnut Ward, Charlton Lane Centre, one during May 2014 and a further one in February 2015 in which the patient sadly passed away following surgery. One fall resulting in a fracture happened on Willow Ward, Charlton Lane Centre in July 2014, and one fall resulting in a fracture occurred on Mulberry Ward, Charlton Lane Centre in December 2014 after which the patient passed away following surgery. Each of these falls was reported and investigated as a serious incident thereby ensuring we obtained critical information to improve practice.

Figure 4. Wards



Data is now collected on the number of falls, the levels of harm from falls and days between incidents. This year the number of falls reported on all inpatient wards for older adults showed an increase and varied considerably depending on the inpatient population at the time. This is a pattern that has been reported previously locally and elsewhere in the South of England in both mental health and general hospital inpatient areas. Older adults are presenting on admission with increased complex physical and mental health needs, and dependency levels, as a result of physical frailty, have risen. Reporting on falls has become more robust, and falls are also reported on via the NHS Safety Thermometer², which provides a national snap shot collection of data.

Despite us not achieving our target, implementation of the following interventions continues to assist with minimising the risk of fractures:

- Preparation of the physical environment – There are new red anti-ligature hand rails fitted on Willow Ward and also in the therapy corridor. It has been agreed that, due to high bed usage, red anti-ligature hand rails will also be funded and fitted to Cantilupe, Jenny Lind, Mulberry and Chestnut wards during 2015/16
- Night light plug-ins are used
- Communication of risk - Safety crosses are used to log falls locally and as a prompt at handover, also indicators on Patient Safety Boards are in place
- The Falls Pathway has been revised and post falls interventions, and includes where necessary the use of hip protectors, multi-disciplinary team review, medication review, functional assessment and the promotion and use of mobility and standing aids
- Falls alert magnets on the patient status whiteboards
- All inpatients are assessed for falls risks on admission. In Wotton Lawn Hospital and Charlton Lane Hospital this is completed by a physiotherapist. At Stonebow unit, a different level of therapist provision is provided and therefore nurses complete the assessment
- Visual prompts in the form of pictures of mobility aids are used to remind both patients and staff of the necessity to promote individual patient safety
- E-learning education on falls prevention
- Red walking frames have been tested on a small scale and have proved successful in raising both staff and patient's awareness of the need to use a walking aid, therefore, vigilance has been heightened
- An information leaflet aimed at patients, carers and families has been developed and tested with good input from carers. An easy read leaflet has also been developed. Both leaflets are now in use at both Charlton Lane Hospital and Stonebow Unit
- Intentional Rounding³ has been revisited and is being tested out currently on Mulberry and Jenny Lind Wards;
- To assist people with dementia a "Rummage box" has been developed by a lead healthcare assistant, which after successful testing on Cantilupe Ward is also now

in use on Willow ward. The box contents can be tailored to suit the age and condition of the patient, enabling them to tap into past memories thereby offering them a level of security, familiarity and empowerment

- Induction at Charlton Lane Hospital for new staff now includes training on falls and risk levels. All other staff receive twice yearly updates
- At Charlton Lane Hospital floor mats and buzzers have been identified as possible tele health interventions.

Our current focus is to continue to share the learning from tests of change across both Gloucestershire and Herefordshire, and indeed across the wider NHS via the NHS England South, Patient Safety Improvement Programme.

Target 1.3

The proportion of people gate kept by the Crisis & Home Treatment Team prior to admission will be 95%. This will ensure appropriate access to inpatients services.

Crisis Resolution and Home Treatment Teams provide a 24-hour service to people in their own homes to avoid hospital admissions where possible and provide the maximum opportunity to resolve individual crises. Their role in mental health services is to ensure that individuals experiencing severe mental distress are supported in the least restrictive environment and as close to home as possible, thereby avoiding the potential for an unnecessary admission to hospital.

When an admission to hospital is needed, the Crisis Resolution & Home Treatment Teams⁴ will arrange this, working closely with inpatient staff to ensure continuity of care, and then will also help service users to return home as quickly as possible, supporting them after discharge.

The national target is that 95% of people admitted to acute mental health wards will be "gate kept" by the Crisis Resolution & Home Treatment Teams. An admission has been "gate kept" by a Crisis Resolution & Home Treatment Teams if they have assessed the service user before admission and if they were involved in the decision-making process, which resulted in admission.

Trust performance against this target is detailed in Figure 5 below, and it is seen that both Herefordshire and Gloucestershire mental health services have consistently exceeded the requirement over a 3 year period. Herefordshire services have achieved 100% for the past two years, and Gloucestershire services, which hold a much greater caseload, have achieved 100% for the past six months, with a cumulative achievement this year of 99.44%. Given this consistent achievement, this will not be a quality target in future years.

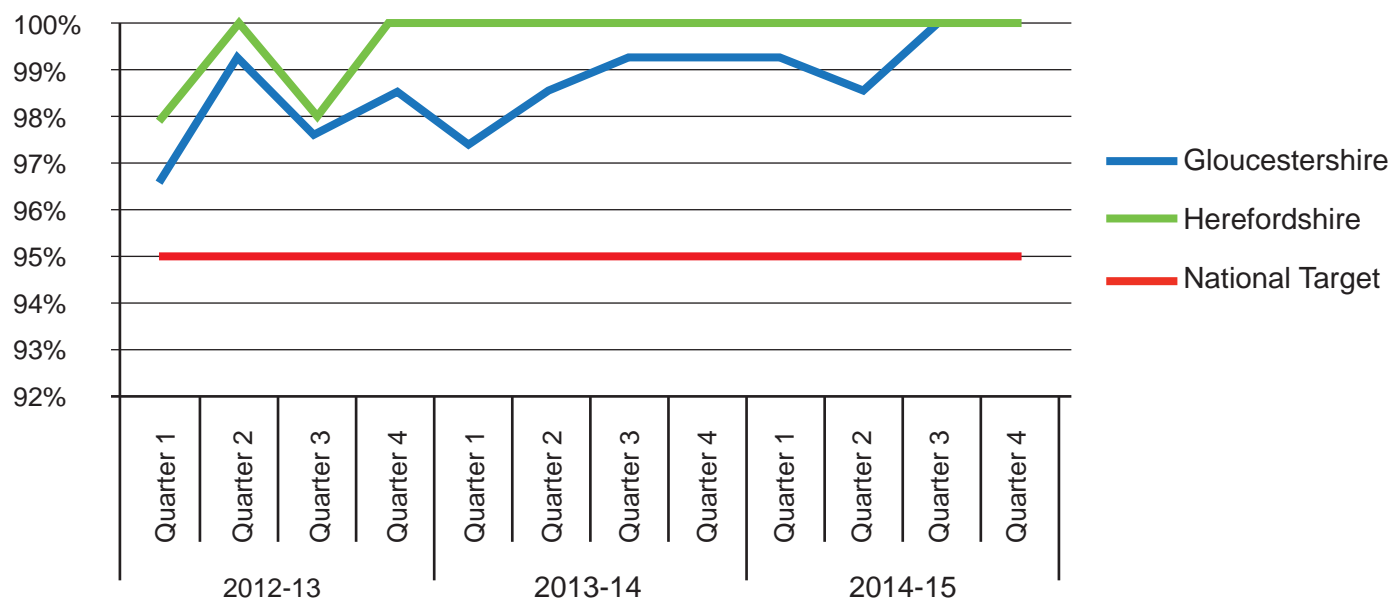
We have met this target.

² The NHS Safety Thermometer allows teams to measure harm and the proportion of patients that at "harm free" during the working day. Further information can be accessed via www.safetythermometer.nhs.uk

³ Intentional Rounding is a structured process where nurses on wards carry out regular checks with individual patients at set intervals.

⁴ Detailed requirements for quality reports 2014/15: Monitor, February 2015

Figure 5.



User Experience

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

- Improving the experience of service user in key areas. This was measured through defined survey questions for both people in the community and inpatients

Local surveys using the same questions have been implemented in our community and inpatient settings using an iPad and paper based survey method. This has been across the Trust in both Gloucestershire and Herefordshire, and below are the cumulative responses to the returned service user questionnaires at year end.

Target 2.1

Did 2gether Trust staff involve a member of your family or someone else close to you, as much as you would like in your care? > 53%

	Treatment setting	Sample size Glos	No. of 'yes' Glos	% 'yes' Glos	Sample size Hfd	No of 'yes' Hfd	% 'yes' Hfd	Total % giving 'yes' answer in Glos+Hfd
Question 1 Did 2gether Trust staff involve a member of your family or someone close to you as much as you would like in your care?	Inpatient	190	172	90.5%	89	80	89.9%	
	Community	1166	941	80.7%	687	604	87.9%	
	Total Responses	1356	1113	82.1%	776	684	88.1%	84.3%

We have met this target

Target 2.2**Did we organise the care and services that you need? >59%**

	Treatment setting	Sample size Glos	No. of 'yes' Glos	% 'yes' Glos	Sample size Hfd	No of 'yes' Hfd	% 'yes' Hfd	Total % giving 'yes' answer in Glos+Hfd
Question 2 Did we organise the care and services that you need?	Inpatient	190	172	90.5%	89	86	96.6%	
	Community	1176	1047	89%	687	647	94.2%	
	Total Responses	1366	1219	89.2%	776	733	94.5%	91.1%

We have met this target**Target 2.3****Have you been given information on how you can contact your Care Co-ordinator or lead professional if you have a problem? >72%**

	Treatment setting	Sample size Glos	No. of 'yes' Glos	% 'yes' Glos	Sample size Hfd	No of 'yes' Hfd	% 'yes' Hfd	Total % giving 'yes' answer in Glos+Hfd
Question 3 Have you been given information on how you can contact your care coordinator or lead professional if you have a problem?	Inpatient	190	140	73.7%	89	81	91%	
	Community	1166	1056	90.6%	687	653	95.1%	
	Total Responses	1356	1196	88.2%	776	734	94.6%	90.5%

We have met this target**Target 2.4****Have you been offered a written or printed copy of your care plan? >41%**

	Treatment setting	Sample size Glos	No. of 'yes' Glos	% 'yes' Glos	Sample size Hfd	No of 'yes' Hfd	% 'yes' Hfd	Total % giving 'yes' answer in Glos+Hfd
Question 4 Have you been offered a written copy of your care plan?	Inpatient	190	134	70.5%	89	74	83.1%	
	Community	1176	853	72.5%	687	486	70.7%	
	Total Responses	1366	987	72.3%	776	560	72.2%	72.2%

The scores suggest that of the people who responded to the survey, their experiences were generally positive and continued practice development activity is having an encouraging impact. Involving family members in care is of key importance and these local survey results suggest that we are making progress with this goal. It is

anticipated that the Triangle of Care developments will assist with further development in this area. There is also significant development in the score ranges for the other question areas. Development in offering information and involvement has also been a focus of practice development this year.

Friends and Family Test

Work has been carried out to develop further ways of ensuring that the Friends and Family Test is made available to all service users. This question asks people who have used the service whether they would recommend the service should their friends or family require care.

The following six-point response scale is used to answer the question:

- Extremely likely
- Likely

- Neither likely nor unlikely
- Unlikely
- Extremely unlikely
- Don't know

The standard way to report the findings is by calculating the percentage of people who state that they would either be 'Extremely Likely' or 'Likely' to recommend the services of the Trust. This figure is reported routinely in the Trust's Service Experience report.

Draft Year End Results – 2gether overall Friends and Family Test

2756 people took part in the standard Friends and Family Test this quarter. Data were gathered using multiple sources including text messaging, iPad and paper systems.

Trust Area	Number of responses	Number Likely to recommend	% number likely to recommend
Overall	2756	2338	84.8%
Herefordshire In-patient	89	69	77.5%
Gloucestershire In-patient	189	148	78.3%
Herefordshire Community	722	633	87.7%
Gloucestershire Community	1756 *	1488	84.7%

* The sample size for Gloucestershire community is higher than the responses in the 4 questions above as it included text messaging responses

In each of the practice areas reported above the scores have improved from the previous year. It is noted that in both an individual's likelihood of recommending 2gether's services is higher than from hospital experiences. However, people who are using a hospital for their care will have perhaps experienced more disruption to their everyday life because of a change in their living environment. This and other factors may affect their score. The Friends and Family Test is now implemented across all mental health trusts and it will be possible to benchmark with other, similar organisations in the forthcoming year.

Adjusted version of the Friends and Family Test for People with Learning Disabilities in Herefordshire

2gether NHS Foundation Trust has continued to offer Easy Read Friends and Family Test for people with learning disabilities. The results below are reported for the year from the community teams for People with Learning Disabilities in Herefordshire and Gloucestershire, the Intensive Health Outcome Team in Gloucestershire, and Gloucestershire Inpatient Services. This illustrates a return of 114 over the year.



Reporting Period: April 2014 – March 2015 Number of forms received: 114

Questions	% Yes	Yes*	Maybe*	No*	Don't Know / N/A*
1. Would you want your Friends and Family to come here if they were ill?	86.8%	99	5	3	7
2. Did the staff explain things well?	93.0%	106	8	0	0
3. Were staff friendly and helpful to you?	99.1%	113	1	0	0
4. Did the staff listen to you?	96.5%	110	2	2	0
5. Did the staff listen to your carer or family?	94.7%	108	2	1	3
6. Were you given easy to understand information about your visit?	72.8%	83	12	16	1 Don't Know, 2 blanks
7. Did the staff explain what will happen with your healthcare when you leave?	82.5%	94	6	9	2 Don't Know, 2 blanks 1 N/A

*Numbers for Yes, Maybe, No, and Don't know show the number of completed survey's received.

These results suggest that, in general there is satisfaction with the service areas covered in this survey. There is further work to undertake to ensure that information provided is understandable in its format.

Survey of Gloucestershire Children and Young People

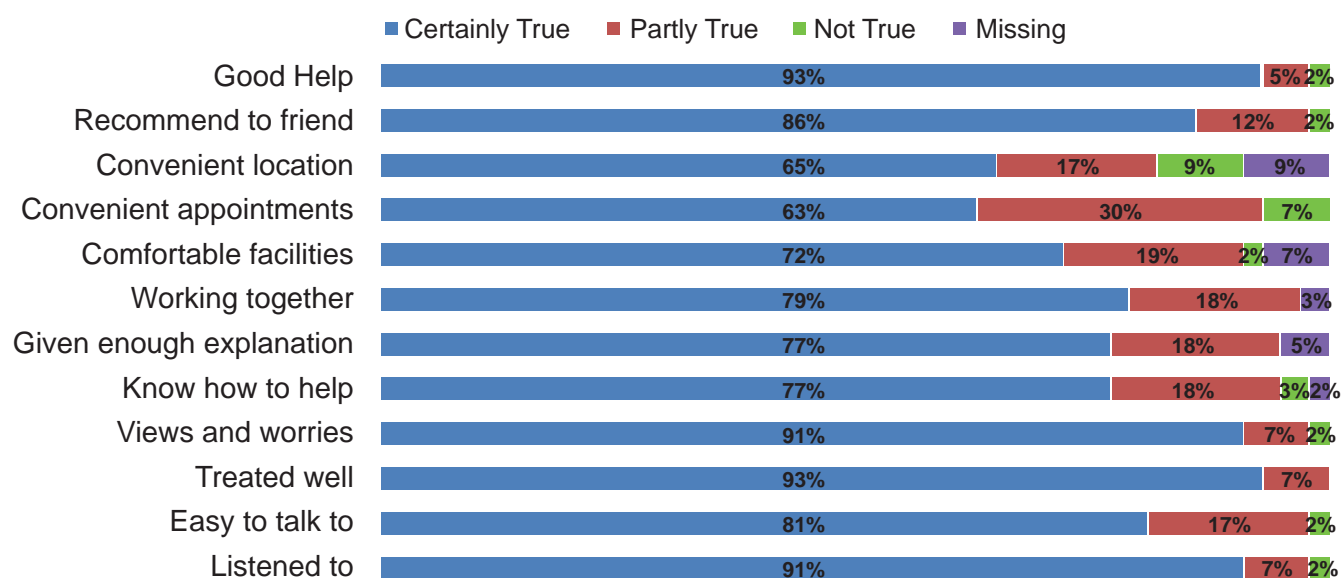
The Experience of Service Questionnaire (CHI ESQ) is a national questionnaire and part of the CYPS IAPT national dataset specifically for community services. It includes questionnaires for different groups of people including:

- Carer/Parent
- Service Users Age 9-11
- Service Users Age 12-18

Children and Young People (CYP) in Gloucestershire are asked to complete the Experience of Service Questionnaire at six month review or at a discharge meeting. The data is collected via paper forms or hand held devices.

The results from Quarter 4 2014-2015 (Figure 6) were generally positive and also highlight areas for improvement. The lowest scoring responses in Quarter 4 are consistent with those of Quarter 2 and were the convenience of appointments and their location. The highest scoring response of Quarter 4 are consistent with those in Quarters 3 and 2 and reflect that young people are generally happy with the quality of treatment they receive, such as they feel they are being listened to, find it easy to talk and view treatment as being helpful.

Figure 6. ²gether Children and Young People Service Experience of Service Questionnaire Parent/Carer/Child/Young Person version (n=57) Quarter 4 January - March 2015

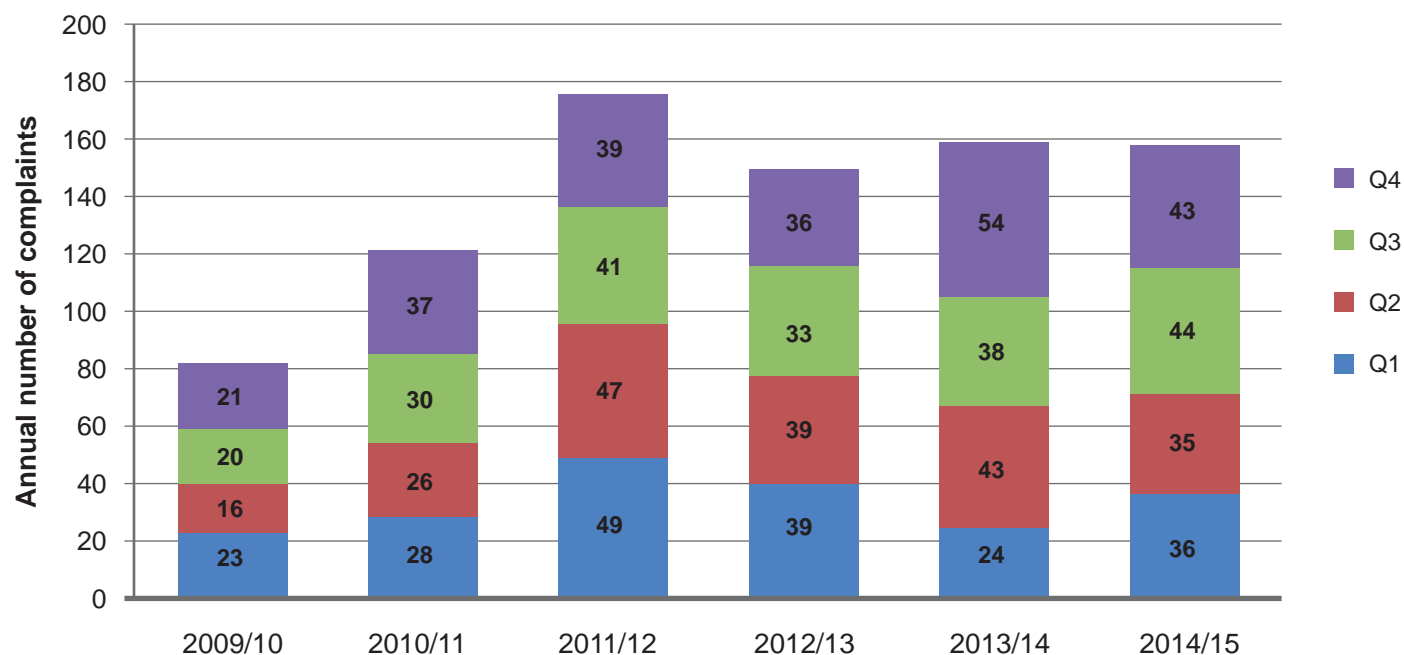


Complaints

A total of 158 complaints were received and recorded by the Trust for the period 1 April 2014 - 31 March 2015. This is one less complaint than last year (159; see Figure 7).

Figure 7 shows the number of complaints per year over a six year period for comparison. It should be noted that prior to 2011 the Trust served a smaller population, as mental health services in Herefordshire were not provided by 2gether at this point. In addition, over recent years there has been more emphasis on encouraging people to express their complaints and concerns which may have affected the number of people expressing their dissatisfaction or concern.

Figure 7. Number of complaints by quarter year over a six year period



A continuous year on year improvement in written acknowledgement of complaints within the expected three day timeframe has been demonstrated. 98% (155) of complaints were acknowledged within the three day time standard this year.

The Service Experience Team have continued to telephone people who complain in order to acknowledge their complaint, clarify issues, negotiate a timescale for a detailed response, and determine an appropriate resolution. Reasons for delayed acknowledgment letters in three cases were a result of the complainants' request for a telephone call at a later date before confirming their complaint issues and written acknowledgement from a colleague outside of the Service Experience Department. Significantly, this means that **all** complainants did, in fact, receive contact from the Trust within the three day timescale for acknowledging complaints.

Further developments through the Service Experience Team have included:

- Awareness raising activity with colleagues in clinical services to encourage the earliest possible response to complaints;
- Offers of meetings with people who complain to seek local resolution; and
- Advising people when delays in responses are expected.

People are also encouraged to seek an independent investigation of their complaint via the Parliamentary Health Services Ombudsman (PHSO) if they are not satisfied with the outcome of the complaint investigation, or if their concern remains unresolved.

Seven cases from 2gether were investigated by the PHSO this year. This is an increase of four compared to last year and represents 4% of complaints received overall in 2014/15 (2013/14, 3 representing 2% of complaints received). The PHSO have reviewed their procedures following recommendations from the Francis Report and now investigate **all** cases referred to them.

Two of the cases referred this year and one referred the previous year have been closed following investigation by the PHSO. None were upheld. On average the PHSO uphold a third of cases referred to them nationally.

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 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 three goals to:

- Minimise the risk of suicide of people who use our services;
- Ensure the safety of people detained under the Mental Health Act;
- Ensure we follow people up when they leave our inpatient units within 48 hours to reduce risk of harm.

There are three associated targets.

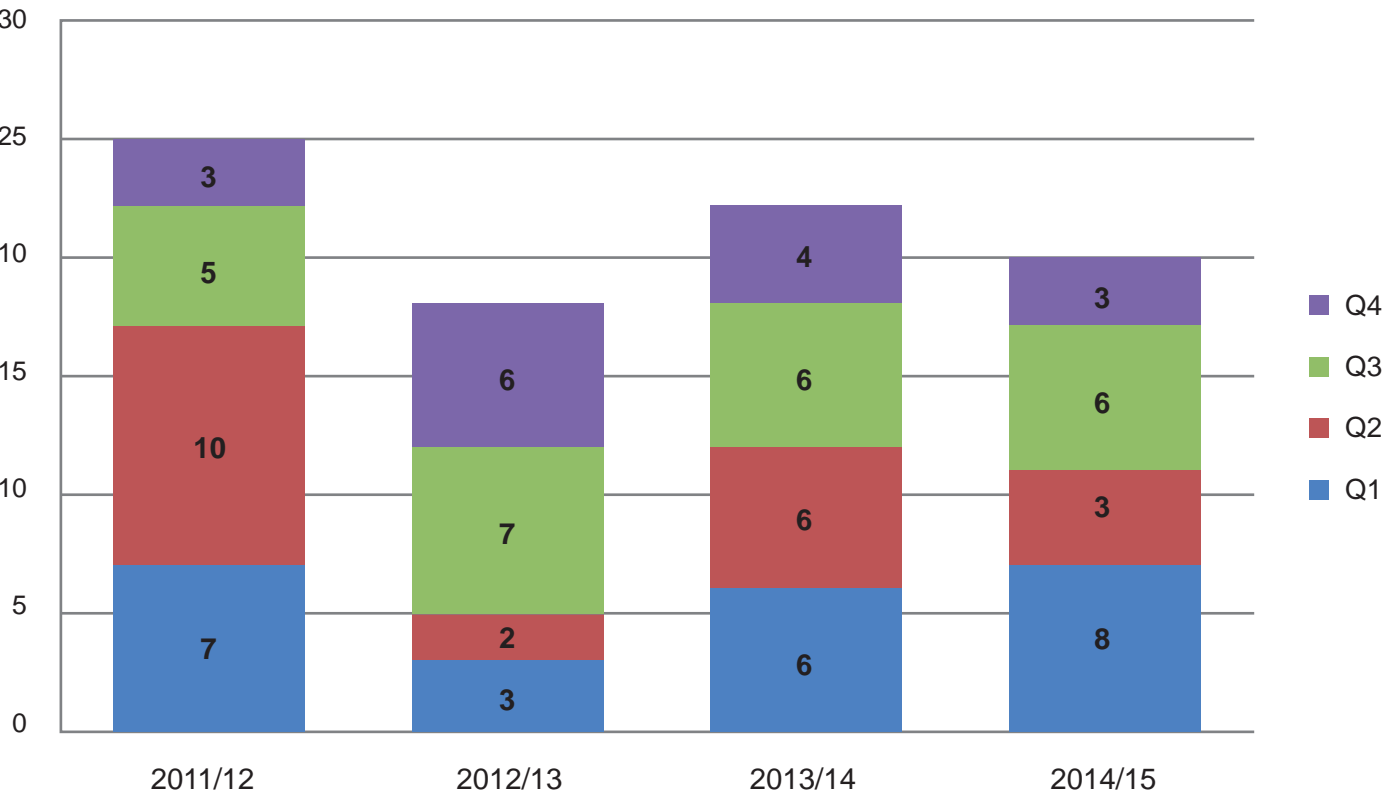
Target 3.1
Reduce the numbers of deaths relating to identified risk factors of people in contact with services when compared data from previous years.

We aim to minimise the risk of suicide amongst those with mental disorders through systematic implementation of sound risk management principles. In 2013/14 we set ourselves a specific quality target for there to be fewer deaths by suicide of patients in contact with teams. Last year we reported 22 suspected suicides, which was four more than in 2012/13 and did not meet the target.

Figure 8 below shows the number of reported suspected suicides of people in contact with our services over a four year period. During 2014/15 we reported 20* suspected suicides which is lower than the previous year.

We have met this target.

Figure 8. Suspected Suicides

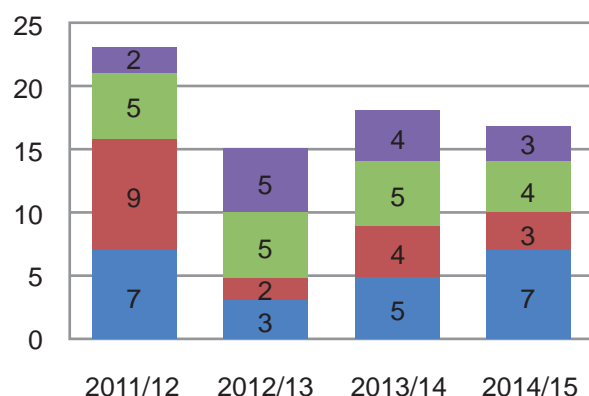


* One sudden death occurred at Wotton Lawn Hospital in March 2015. This does not appear to be related to self-harm, however, post mortem results are inconclusive. In the event that toxicology results indicate an overdose was taken, this number will be amended.

It should be noted that during Quarter 2, four suspected suicides were initially reported. This figure has been amended to three as a police investigation determined that one of these was, in fact, a domestic homicide and not an NHS serious incident.

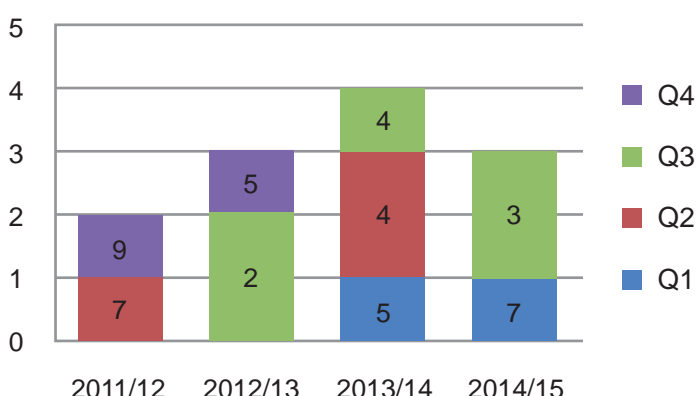
This information is provided below in Figures 9 & 10 for both Herefordshire and Gloucestershire services

Figure 9. Suspected Suicides in Gloucestershire Services



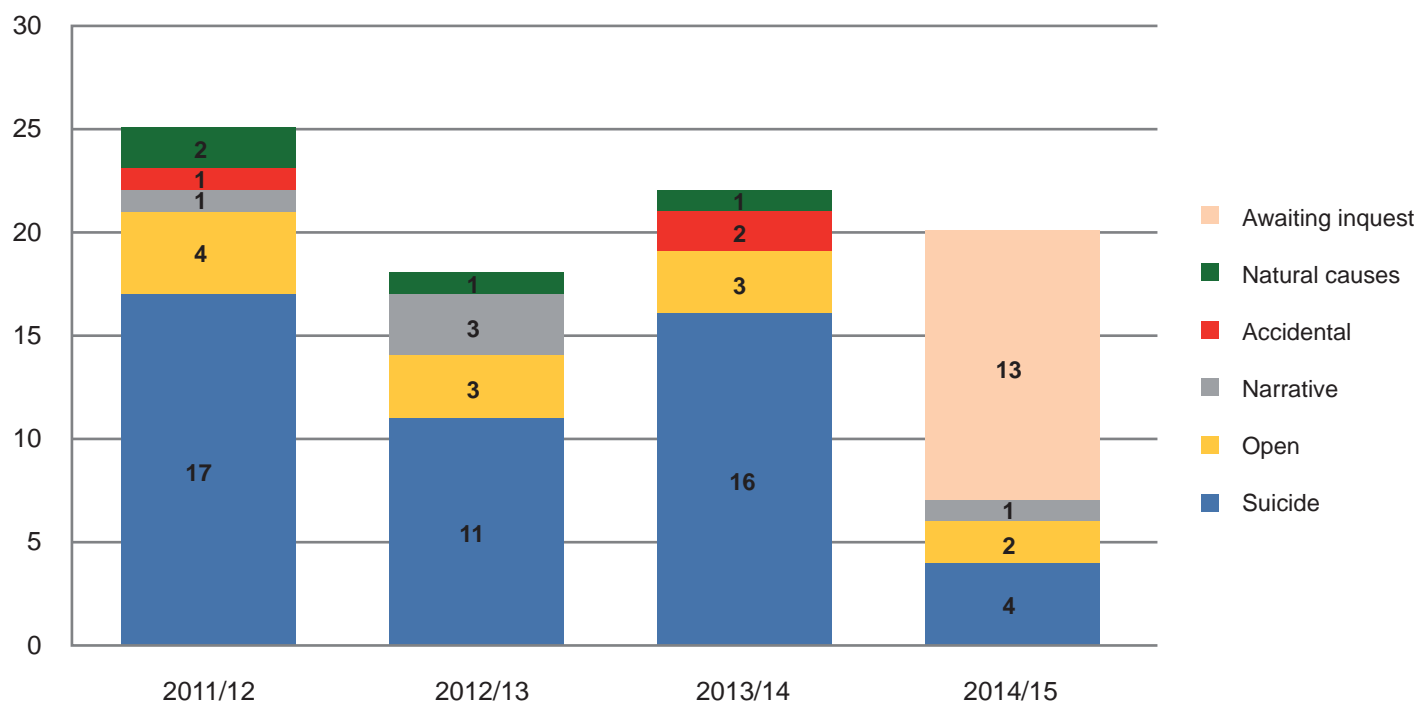
separately. It is seen that greater numbers of suspected suicides are reported in Gloucestershire services. There is no clear indication of why the difference between the two counties is so marked, but it is noted that the population of people in contact with mental health services in Gloucestershire is greater, and the services in each county are configured differently to reflect individual commissioning requirements.

Figure 10. Suspected Suicides in Herefordshire Services



Whilst we report all deaths which appear to be as a consequence of self-harm as suspected suicide, ultimately it is the coroner who determines how a person came by their death. Figure 11 provides the number of suicide, open and narrative conclusions following an inquest being heard for the same cohort of service users.

Figure 11. Inquest Conclusions



The first and second reports on the National Suicide Prevention strategy⁵ note that, sadly, for the first time since 2007 the national suicide rate has risen. These report details key areas for local services to work together to promote suicide prevention, namely:

⁵ Preventing suicide in England: One year on. First annual report on the cross-government outcomes strategy to save lives. January 2014.
Preventing suicide in England: Two years on. Second annual report on the cross-government outcomes strategy to save lives. February 2015.

- 1) Implement NICE guidelines on self-harm, and support additional psychosocial and physiological interventions;
- 2) Work collaboratively to support service users facing debt, housing problems and unemployment;
- 3) Increased focus on support for people bereaved by suicide;
- 4) Increased focus on understanding and addressing the factors associated with suicide in males;
- 5) Improve access to psychological therapies for children and young people;
- 6) Work closely and collaboratively with coroners;
- 7) Work collaboratively to prevent male suicides; and
- 8) Increased focus on social media in terms of keeping young people safe online.

Our teams are mindful of these recommendations and continue to work closely with service users who are at risk of suicide to support them through times of crisis. Initiatives such as the implementation of the inpatient and community suicide prevention toolkit, annual ligature assessments within our inpatient services, undertaking follow up within 48 hours post discharge from inpatient units, and the provision of Applied Suicide Intervention Skills Training (ASIST) during 2013/14 have helped to improve staff awareness of issues associated with suicide.

The Trust is an active member of the Gloucestershire Suicide Prevention Partnership Forum (GSPPF). This Forum brings together key stakeholders in the county to develop and deliver a countywide suicide prevention strategy and action plan and contribute to reducing the stigma around suicide and self-harm.

In addition, the Trust is part of the Zero Suicide Collaborative in the South West, which was launched in October 2014. The collaborative has an aim to reduce suicide to zero by October 2018. It has established a learning collaborative focussing on the interventions that make the most impact. These are as follows:

- Work closely with Emergency Departments to better identify and support people who present with suicidal thoughts or attempts;
- Explore ways of providing better mental health support for people once they've been discharged, regardless of which NHS service they have been in contact with;
- Explore how to offer tailored support to high risk groups such as middle aged men; and
- Work with other agencies, such as the police and transport services, to identify 'hot-zones' – areas where higher than average numbers of suicides occur – and understand the reasons behind these figures.

While the evidence base for Zero Suicide is currently anecdotal, the elements are grounded in research about what works, and from tried and tested health services

improvement methodology. Thorough evaluation will be vital to understanding the potential of this holistic approach.

Target 3.2

Reduce the number of people who are absent without leave from inpatient units who are formally detained.

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 Mental Health Patient Safety Improvement Programme. AWOL reporting includes those who abscond from the ward, those who fail to return from a period of agreed leave, and a third category of those who escape whilst on escort.

To date, we have not been able to identify which interventions are most effective. Our current focus is to identify interventions that are being used consistently by teams across both Gloucestershire and Herefordshire, and of those, which are making a difference to reducing AWOLS.

The following interventions have been tested and implemented:

- Setting "ground rules" (known as Rule Clarity) for service users regarding leaving the ward;
- The profile of the person most likely to abscond is known through research, and this has been supported by the revised Trust Risk Assessment and Management Policy;
- Data/charts are shared with wards as a source of progress against the aim to reduce AWOLs;
- Pre admission work with Crisis Resolution & Home Treatment Teams;
- Gym use and activities on offer;
- Access to Pay as you Go phones; and
- Measurement and reporting continues. Safewards⁶ is being implemented - three interventions per ward at Wotton Lawn Hospital. This is evident and visible within the ward environments and service users are engaged. It aims to impact on reducing AWOL through increased service user engagement.

Variation exists between Gloucestershire and Herefordshire due to commissioning arrangements and this includes difference in therapy input/provision which impacts on structured activity.

We have tested out a variety of interventions on specific adult inpatient wards as means of making improvements using a developmental approach. For example, we know that Rule Clarity for patients has been established on wards but different implementation methods are being used. The profile of the person most likely to abscond is known but we also need to know that this is applied consistently.

⁶ Safewards: the empirical basis of the model and a critical appraisal. Len Bowers. 2013

Therefore identifying the specifics of which interventions have made a difference can be complex and there is ongoing work to determine 'reliability' of interventions. For example, a plan is in place to address how we will know if giving out Leave Cards is effective and reliable. We want to know if this happens 95% of the time and so the recording of such is important. A test of change completed in October 2014 by the Mortimer Ward team, showed that this happens 75% of the time.

The total number of detained patients reported as being absent without leave during 2013/14 was **110** and whilst we did not meet our target, the reported incidents did not lead to patient harm. The number of reported incidents during 2014/15 was **125** which is more than the same period in 2013/14.

We have not met this target.

	2013/14	2014/15 Q1
Quarter 1	23	20
Quarter 2	25	39
Quarter 3	24	35
Quarter 4	38	31
Totals for year	110	125

As we have not met this target for two consecutive years, this will remain a quality priority next year with more detailed analysis of the types of AWOLS reported.

Target 3.3

95% of adults will be followed up by our services within 48 hours of discharge from psychiatric inpatient care

This is a local target and one which we first established as a quality target in 2012/13. The national target is that 95% of CPA service users receive follow up within seven days⁷.

Discharge from inpatient units to community settings can pose a time of increased risk of self-harm for service users. The National Confidential Inquiry into Suicides and Homicides⁸ recommended that *'All discharged service users who have severe mental illness or a recent (less than three months) history of self-harm should be followed up within one week'*.

One of the particular requirements for preventing suicide among people suffering severe mental illness is to ensure that follow up of those discharged from inpatient care is treated as a priority and that care plans include follow up on discharge. Although the national target for following up service users on CPA is within seven days, in recognition that people may be at their most vulnerable within the first 48 hours, we aim to follow up 95% of people within these two days. This has been an organisational target for two years, and the cumulative figures for each year end are seen in the table below.

At the end of 2014/15 Herefordshire services have followed up 92% (21 breaches) of people discharged from inpatient care and Gloucestershire services have followed up 95% (44 breaches), this gives an organisational compliance figure of **94%**. To improve performance in Herefordshire services the discharge process has been revised and the protocol now includes areas where there is a potential for breaches to occur, with team managers being notified of all discharges so that they can check that 48 hour follow up is in place in each case. We will continue to have this as a quality target into 2015/16 noting the importance of this in our suicide prevention work.

	Target	2012 -13	2013 -14	2014 -15
Gloucestershire Services	>95%	89%	95%	95 %
Herefordshire Services	>95%	70%	95%	92 %

We are not, therefore, meeting this target consistently across the organisation.

⁷ Detailed requirements for quality reports 2014/15: Monitor, February 2015

⁸ Five year report of National Confidential Inquiry into Suicide and Homicide by people with mental illness Department of Health – 2001

Serious Incidents reported during 2014/15

At the end of 2014 -15, 48 serious incidents were reported by the Trust, and the types of incidents reported are seen in Figure 12. However, the two incidents indicated as “Domestic Homicide” have been “declassified” as NHS serious incidents as the perpetrators were not in receipt of care; the Trust will be participating in the associated Domestic Homicide Reviews. Additionally, a further incident was declassified as an NHS serious incident as it was determined to be a natural cause death. This brings the actual total of serious incidents to 45.

which is why we will continue into 2015-16 with a target to further reduce suicide of people in contact with services. There was one homicide reported in July 2014 in which Sharon Wall, a member of staff working in our Gloucestershire low secure service, was fatally stabbed by a service user. A Health & Safety Executive investigation continues due to this being a death in the work place, and there will also be an NHS Independent Homicide Inquiry in 2015-16. The outcome of both of these investigations will be presented in next year’s Quality Report.

Figure 13 shows a four year comparison of reported serious incidents. The most frequently reported serious incidents are “suspected suicide” and attempted suicide

There have been no Department of Health defined “Never Events” within the Trust during 2014-15. Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative

Figure 12. Serious Incident Type 2014 -15

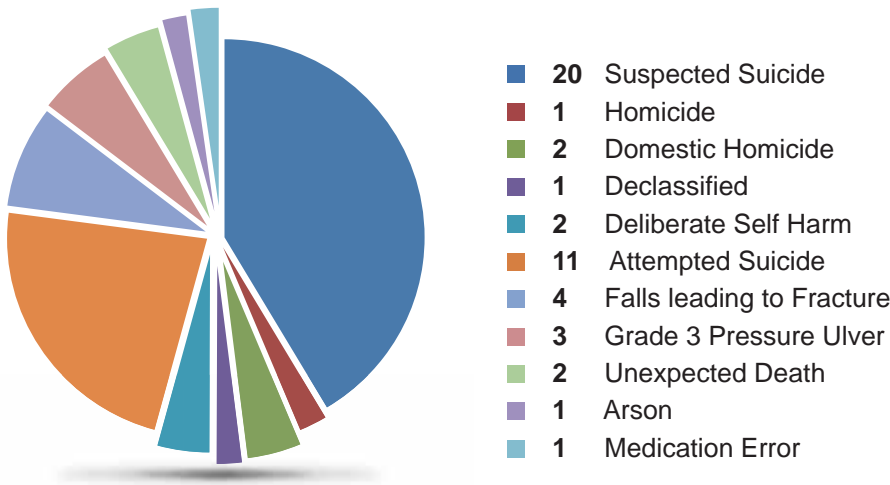
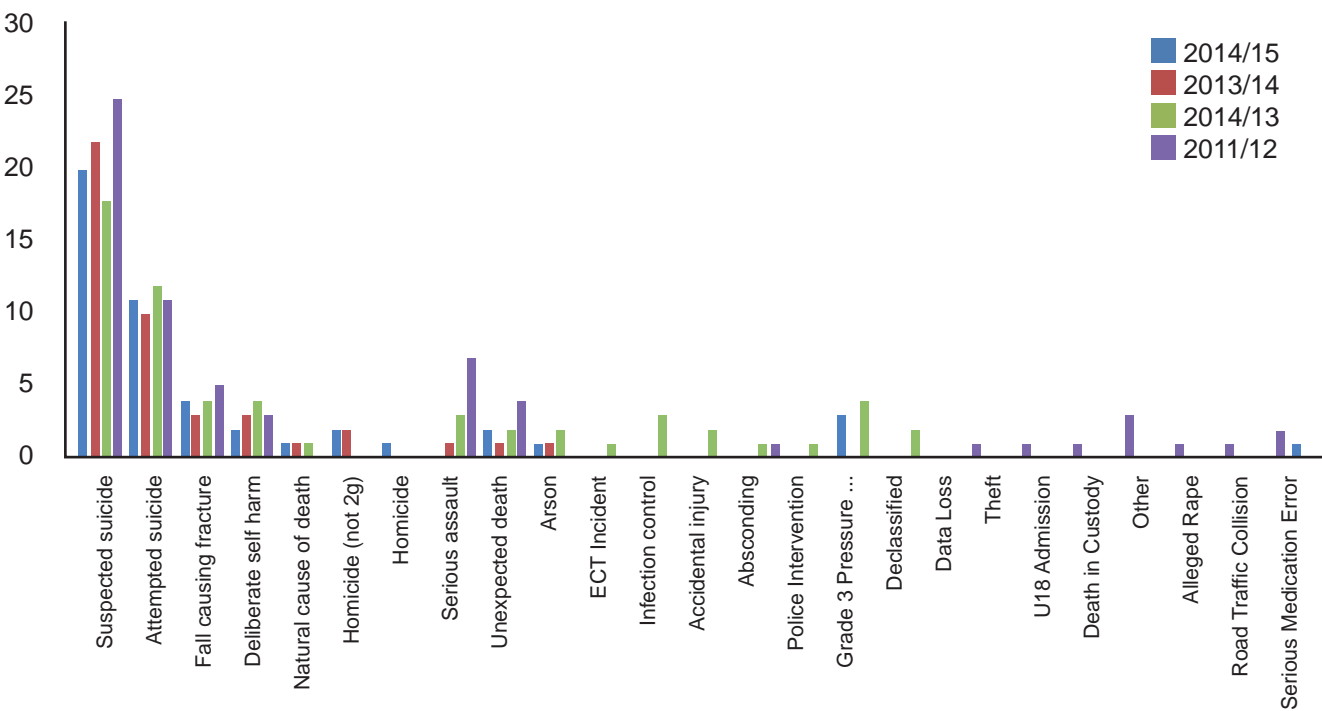


Figure 13. Serious Incidents by Type 2011-2015



Additional Quality Developments

Organisational Learning

To ensure that appropriate organisational learning occurs, an Aggregated Learning Sub-Committee of the Trust Governance Committee has been formed. This meets quarterly to ensure that learning from incidents, inquests, complaints, service experience, claims, clinical audit and external inspection reports (where appropriate) occurs through thematic analysis.

The areas of learning we have identified during the year include:

- Involving families and sharing information remains a theme in complaints received, and there have been serious incidents in which communication with service users and carers in regard of harm sustained could have been improved or explained sooner. This identified a need to raise the profile of the Duty of Candour.
- Learning from medication incidents must be improved; there have been incidents in which medicines management could have been improved in the context of patient safety.
- There was one serious incident and inquest which identified that interface between police and the NHS be improved.
- Data Quality in DATIX (our incident reporting system) in regard of including Person Identifiable Information (for the person harmed) must be improved.
- There have been a number of complaints and serious incidents in which crisis management plans and/or identification of relapse indicators were not recorded/documented or shared.
- Safeguarding supervision and recording of safeguarding decision making and formulation on RiO has been identified through both serious incident reviews and safeguarding meetings.
- Physical health for people with a serious mental illness must be improved.
- Families and carers must have appropriate support from ward/unit staff to understand what a mental health or learning disability service inpatient environment is like at the point of a service user being admitted.
- Processes for undertaking and documenting environmental risk assessments, including fire and security must be reviewed.
- Discharge care planning must be improved, and in recognition of this, a quality target for 2015-16 has been agreed.

Central Alerts

The Trust has appointed a Medicines Safety Officer and a Medical Device Liaison Officer to ensure that national learning from alerts distributed from the Department of Health is embedded within Trust services. All Patient Safety Alerts, Estates and Facilities Alerts and Medical Device Alerts are reviewed, and plans developed locally to ensure compliance with requirements. Compliance with relevant alerts is reported quarterly through the Risk Dashboard.

Patient Safety Improvement Programme

Since January 2011, ²gether NHS Foundation Trust has been involved in the NHS South West Quality and Patient Safety Improvement Programme for Mental Health. The NHS South of England (SoE) and the Institute for Healthcare Improvement (IHI), an international body, have revised the safety programme with some original and new aims to be achieved by March 2015, and are facilitating this programme for Mental Health, which is being led by a collaborative "faculty". Shaun Clee, Chief Executive for ²gether NHS Foundation Trust, is the lead Executive for this programme, across the South of England.

A model has recently been agreed with the four Academic Health Science Networks (AHSNs) across the south of England to enable the mental health collaborative to continue and be supported by the AHSNs, and this includes funding.

The Berwick report "A promise to Learn – a Commitment to Act" has been reported on frequently within the Trust, and NHS England has now established the 15 Patient Safety Collaboratives as a key element of the wider National Patient Safety Plan in England. The aims of this are to deliver definitive improvements in specific patient safety issues over the next four years as a minimum, and build local capability and energy for change.

The overall aim of the Patient Safety Programme is to reduce avoidable harm to Inpatients and community patients in our care, by making improvements in the way we work, and thereby improving the patients' experience of what is provided. Harm reduction to users of mental health services is achieved by focusing improvement efforts on the following work streams:

- Senior Leadership for safety
- Safe and reliable delivery of mental health care
- Getting medicines right
- Improving the physical care of patients

Delivering person and family centred care, along with communication and team work, are integral to the four main work streams above.

Progress and development is reported to the Governance Committee every six months.

Learning Disability Services

The Trust has made important changes to its learning disability services to enhance quality and this transformation will continue into 2015/16.

Following “Transforming care: A national response to Winterbourne View Hospital”, Gloucestershire Learning Disability Inpatient Services have been working with commissioners to redesign inpatient services; this has included the establishment a Learning Disability Intensive Support Service (LDISS).

Currently inpatient services operate from Hollybrook and Westridge with 16 beds available. Plans are in place to reduce the number of assessment and treatment inpatient beds from eight to four, including two place of safety beds. Redesign also includes creating opportunities for complex care provision which provides single person accommodation where individuals have their ‘own front door’ and a care team that supports their needs within the community. The new service will operate from the Hollybrook site in Cashes Green, Stroud.

The Learning Disability Intensive Support Service (LDISS) has been operational since 2014. It is a multi-professional team comprised of 2gether staff and seconded staff from Gloucestershire County Council and Gloucestershire Care Providers Association. It is currently based at the Westridge Unit, Stonehouse. The service works across a range of providers and services reporting to commissioners on a monthly basis and is part of the Gloucestershire Challenging Behaviour Strategy.

In terms of clinical activity in the last 12 months, LDISS has opened 87 referrals. 18 of these referrals have been for children, 69 for adults:

- 24% of the total caseload has been to maintain existing placements
- 48% of the total caseload has been responding to an increase in challenging behaviour

- 28% of the total caseload has been to support transitions

In addition to these initiatives, an Intensive Health Outcome Team (IHOT) is available. The IHOT team was commissioned in 2008 to provide a specialist comprehensive tertiary service for people with learning disabilities, and other vulnerable adults with associated health problems who require intensive assessment with the aim of providing services that promote health, are preventative and person centred.

The aim of the service is to work in partnership with individual service users, family and others to ensure that reasonable adjustment, when required, is secured within mainstream services. The outcome is for the individual to establish the best possible quality of life and to enable them to live as independently as their abilities allow.

The IHOT team is made up of a group of dedicated and skilled practitioners, committed to providing a person-centred service in a variety of settings including: hospital, 24 hour staffed supported accommodation and the service user’s home. The team recognises how the care pathway relates to each individual and provides individualised care with collaboration of the right health partners achieving equitable health outcomes.

The service has received 60 referrals for the year 2014/15 and holds an average case load of 12 persons per month.

Indicators & Thresholds for 2014/2015

The following table shows the 10 metrics that are monitored during 2014/15. These are the indicators and thresholds from Monitor and follow the standard Department of Health national definitions. Note that some are also the Trust quality targets, and some may have more stretching targets than Monitor require as a threshold.

		2012-2013 Actual	2013-2014 Actual	National Threshold	2014-2015 Actual
1	Clostridium Difficile objective	1	1	0	3
2	MRSA bacteraemia objective	0	0	0	0
3	7 day CPA follow-up after discharge	98.6%	99.1%	95%	97.73%
4	CPA formal review within 12 months	95.1%	96.4%	95%	97.1%
5	Delayed transfer of care	0.12%	0.12%	≤7.5%	0.06%
6	Admissions gate kept by Crisis resolution/home treatment services	98.8%	99.1%	95%	99.57%
7	Serving new psychosis cases by early intervention teams	100%	100%	95%	100%
8	MHMDS data completeness: identifiers	99.7%	99.7%	97%	99.71%
9	MHMDS data completeness: CPA outcomes	79.7%	80.6%	50%	97.06%
10	Learning Disability – six criteria	6	6	6	6

Mandated Quality Indicators 2014/2015

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 seven days after discharge from psychiatric inpatient care

	Quarter 4 2013/14	Quarter 1 2014/15	Quarter 2 2014/15	Quarter 3* 2014/15	Quarter 4* 2014/15
² gether NHS Foundation Trust	98.5%	97.1%	97.2%	99.3%	97.3%
National Average	97.4%	97.4%	97.3%	97.3%	97.2%
Lowest Trust	93.3%	93%	91.5%	90%	93.1%
Highest Trust	100%	100%	100%	100%	100%

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

- The Trust performs well against this indicator as staff work hard to provide timely follow up as they are aware that service users are more vulnerable and at higher risk during this time; and
- In recognition of this awareness there is a local quality target of follow up within 48 hours of discharge from inpatient care.

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

- Keeping its local quality target of follow up within 48 hours as a key quality target for 2015/16 noting its importance in suicide prevention work; and
- Revising discharge planning process. The protocol now includes areas where there is a potential for breaches to occur, with team managers being notified of all discharges so that they can check that 48 hour follow up is in place in each case.

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

	Quarter 4 2013/14	Quarter 1 2014/15	Quarter 2 2014/15	Quarter 3* 2014/15	Quarter 4* 2014/15
² gether NHS Foundation Trust	99.5%	99.4%	98.8%	100%	100%
National Average	98.3%	97.9%	98.5%	97.8%	98.1%
Lowest Trust	75.2%	33.3%	93%	73%	59.5%
Highest Trust	100%	100%	100%	100%	100%

²gether 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
- During 2014/15, crisis teams also gate kept admissions to older people's services beds within Gloucestershire

²gether 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 complete the 'Method of Admission' field with the appropriate option when admissions are made via the Crisis Team; and
- Continuing to remind clinicians who input information into RiO to 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 Quarters 3 & 4 has not yet been revised and may change. This is of particular relevance to Target 1.3.

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 1 2014/15	Quarter 2 2014/15	Quarter 3 2014/15	Quarter 4 2014/15
² gether NHS Foundation Trust 0-15	0%	0%	0%	0%
² gether NHS Foundation Trust 16+	4.53%	7.89%	5.88%	8.6%
National Average	Not available	Not available	Not available	Not available
Lowest Trust	Not available	Not available	Not available	Not available
Highest Trust	Not available	Not available	Not available	Not available

²gether 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 to hospital to maximize their safety and promote recovery;
- Service users on Community Treatment Orders (CTOs) can be recalled to hospital if there is a deterioration in their presentation.

²gether 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 2012	NHS Staff Survey 2013	NHS Staff Survey 2014
² gether NHS Foundation Trust Score	3.19	3.46	3.63
National Median Score	3.54	3.55	3.57
Lowest Trust Score	3.06	3.01	3.01
Highest Trust Score	4.06	4.04	4.15

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

- The National Staff Survey does not report directly on this question but does report on 'Staff recommendation of the trust as a place to work or receive treatment'. This key finding is derived from the responses to three linked questions relating to care of patients, recommending the organisation as a place to work and being happy with the standard of care provided by the organisation. The response to the component questions was more positive in 2014 than in the previous two surveys indicating increasing improvement of the Trust as a place to receive treatment and to work as perceived by staff. The 2014 survey also shows the Trust score to have moved ahead of the median score for other like-type trusts.
- The National Staff Survey results have been complemented by the introduction of the Staff Friends and Family Test that was introduced in April 2014 giving staff the opportunity to voice their opinion on the Trust as an employer and provider of care, confidentially in three questionnaires during the year. In the most recent survey held in March 2015, 77% of respondents said they would be likely or extremely likely to recommend the Trust to friends and family as a place to receive care or treatment.
- The staff survey showed a significant increase in the percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver. There has also been an increase in the number of staff agreeing that their role makes a difference to patients.
- Staff have reported a marked improvement in communications with senior managers and communications across the Trust enabling colleagues to be better informed and to be able to have their own views heard and considered. Staff have also reported an increase in the level of job satisfaction and motivation at work. Whilst these improved levels of staff satisfaction are encouraging, the Trust is very careful to also take note of feedback from colleagues who are less satisfied and where possible to address these concerns. The Trust also received re-accreditation of Investors in People status in September 2014 following a full assessment that included interviews with staff from a wide range of roles and professions.

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

- The National Staff Survey was administered online in 2014 in response to staff feedback but mindful of the fact that not all staff have immediate access to a PC due to the nature of their work, a paper version of the survey was also utilized;
- The Staff Friends and Family Test was implemented in April 2014 and has been widely publicised in each quarter (excluding quarter 3 which corresponds with the National Staff Survey). This has proved to be a popular medium for staff to feedback how they perceive the Trust as an employer and provider of care. Close monitoring of feedback from these regular surveys

highlight areas where improvements can not only be made but also to celebrate success;

- The increased visibility of senior managers including a regular programme of site visits by Executive and Non-Executive Directors;
- The new intranet, known as ²getherNet has provided a more accessible resource for staff and is the main method of communication throughout the Trust. Development is ongoing with feedback from staff. Work is continuing to ensure easy access to information relating to support available for the health and wellbeing of staff and a range of benefits available locally for colleagues; and
- The launch of RiO2 has had a positive impact following significant feedback from staff about the time needed to update the previous version.

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 2012	NHS Community Mental Health Survey 2013	NHS Community Mental Health Survey 2014
² gether NHS Foundation Trust Score	8.4	8.7	8.2
National Average Score	Not available	Not available	Not available
Lowest Score	8.2	8.0	7.3
Highest Score	9.1	9.0	8.4

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

- The survey results for this set of questions are broadly similar to the previous three years when compared with the national scores. In fact, in relation to previous years, ²gether's scores are nearer the higher scores nationally. It should also be noted that the survey questions in 2014 differed from previous years which may have had a bearing on the results. This was a national decision. There is still work to do to enhance service experience and some of the actions being taken are reflected in the points below.

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

- The Triangle of Care self-assessment tool is being piloted in each locality area. The provision of Carer Assessment Training at Team level to clinical teams;
- The revised Assessment and Care Management guidance is being implemented; and
- Following feedback from local service users and carers, information is being provided with contact details of a person's care coordinator in the newly developed 'My Care Plan & Information Folder'. This includes information about how to contact their care coordinator and what the person can do in case of a crisis.

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.

	October 2013 - March 2014				April 2014 - September 2014			
	Number	Rate*	Severe	Death	Number	Rate*	Severe	Death
² gether NHS Foundation Trust Score	1,601	35.39	0	10	1,197	33.41	1	12
National	122,667	-	450	920	134,187	-	464	897
Lowest Trust	16	9	0	0	4	7.25	0	0
Highest Trust	5,906	58.69	36	57	5,852	90.04	41	61

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

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

- NRLS data is published six months in arrears; therefore data below for severe harm and death will not correspond with the serious incident information shown in the Quality Report; and
- The Trust is in the highest 25% of reporters and it is believed that organisations that report more incidents usually have a better and more effective safety culture.

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

- Including additional local guidance within the Trust's Incident Reporting Policy to assist staff in classifying categories of harm;
- Re-auditing its Incident Reporting Systems (DATIX) to improve the processes in place for the timely review, approval of, and response to reported patient safety incidents; and
- Setting a project group to review the use of DATIX throughout the organisation and further promote open reporting of incidents.

Community Survey 2014

The CQC published results of an independent survey taken in 2014 that tested the experience of service users who use ²gether's community services. The published results compare ratings about ²gether's services with the results of other mental health trusts.

²gether NHS Foundation Trust received one of the highest percentage response rates in the country to the questionnaire at 35% returned. Full details of this survey questions and results can be found on the CQC website www.cqc.org.uk/provider/RTQ/survey/6. No significant differences were noted between the results for Herefordshire and Gloucestershire.

Across most of the nine domains in the survey our scores were reported as 'About the Same' as other trusts. In the domain named 'Other aspects of life' service users rated ²gether's services as 'Better' than others. The results are tabulated below together with the scores out of 10 for ²gether calculated by the CQC.

²gether's scores compared with scores of other trusts

Score (out of 10)	Domain of questions	How the score relates to other trusts
8.2	Health and Social Care workers	Same as others
8.8	Organising Care	Same as others
7.4	Planning care	Same as others
7.9	Reviewing Care	Same as others
6.8	Changes in who people see	Same as others
6.6	Crisis care	Same as others
7.7	Treatment	Same as others
5.9	Other aspects of life	Better
7.7	Overall	Same as others

The questions asked in the 2014 survey were slightly different from previous years which makes direct comparison challenging. However, the CQC named ²gether NHS Foundation Trust as one of the overall top performing Trusts as rated by participants of the survey this year.

In six out of the 33 evaluative questions, ²gether received particularly favourable results **compared with** other Trusts rated in the CQC Survey. These questions include:

Q no.	Question
Q05	Did the person or people that you saw listen carefully to you?
Q07	Did the person or people you saw understand how your mental health needs affect other areas of your life?
Q11	How well does this person organise the care and services you need?
Q13	Were you involved as much as you wanted to be in agreeing what care you will receive?
Q34	In the last 12 months, did NHS mental health services give you any help or advice with finding support for or finding or keeping work?
Q43	Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS Mental Health services?

The results have been considered further for areas where improvements could be made. These include:

- 1) Further attention to the issue of asking people what's important to them for their recovery
- 2) Ensuring that all service users have a formal yet collaborative meeting, at least annually to discuss their care
- 3) Further work to ensure that service users are provided with information about contact points and out of office hours if they need support in a crisis
- 4) Greater routine emphasis to support people to access help for physical health needs; benefits advice employment opportunities and everyday activities
- 5) Information provision regarding getting support from people who have experience of similar mental health needs
- 6) Further practice development to ensure that our service ethos offers and emphasises hope

When compared with similar mental health and learning disabilities trusts, with last year's figures shown in brackets, we were:

- In the best 20% in 6 areas (2)
- Better than average in 9 areas (3)
- Average in 4 areas (10)
- Below average in 6 areas (9)
- In the lowest 20% in 4 areas (4)

This comparison with the previous year clearly demonstrates improvements made to the work experience of our staff and is an indicator of improved engagement with staff.

We have increased the number of areas where we are viewed as being above average from five areas in 2013 to 15 in 2014, and are now viewed as being below average in ten areas compared with 12 in the previous year.

Staff Survey 2014

Each year the Trust participates in the National NHS Staff Survey, as commissioned by the Department of Health. This survey provides an opportunity to understand how our staff perceive the Trust as an employer when compared with the staff pledges contained within the NHS Constitution. The 2014 survey took place between the end of September 2014 and the beginning of December 2014. The results were released in February 2015.

The 2014 survey contained 29 Key Findings, one more than in the previous years and one Key Finding replaced with a new one for 2014. The other 27 Key Findings are directly comparable with the previous year. Of these 27 Key Findings, there had been no statistically significant change to 22 of them when compared to the previous survey, but a more detailed analysis indicates small improvements in 15 of these Key Findings. Staff told us that there had been significant improvements in 4 Key Findings.

The survey shows the five Key Findings where the Trust compares most favourably with other mental health and learning disabilities trusts. These were

- Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month
- Percentage of staff experiencing physical violence from staff in last 12 months
- Percentage of staff agreeing that their role makes a difference to patients
- Percentage of staff feeling pressure in last three months to attend work when feeling unwell
- Percentage of staff feeling satisfied with the quality of work and patient care they are able to deliver

These Key Findings feature in the top 20% for mental health and learning disabilities trusts. The sixth Key Finding that features in the top 20% is the percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

The survey also highlights the five areas where the Trust compares least favourably with other like-type trusts. These are;

- Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department* **
- Percentage of staff having equality and diversity training in last 12 months*
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month*
- Percentage of staff receiving job-relevant training, learning or development in last 12 months*
- Percentage of staff suffering work related stress in last 12 months

* Four of these key findings show results in the lowest 20% of like-type Trusts.

** This Key Finding was included for the first time in 2014 and there is no direct comparison with previous surveys.

The Key Findings where the Trust's results were below average when compared with like-type Trusts were;

- Percentage of staff receiving job-relevant training, learning or development in last 12 months
- Percentage of staff having well-structured appraisals in last 12 months
- Percentage of staff receiving health and safety training in last 12 months
- Percentage of staff suffering work related stress in last 12 months
- Percentage of staff reporting errors, near misses or incidents witnessed in last 12 months
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months
- Percentage of staff having equality and diversity training in last 12 months
- Percentage of staff believing the Trust provides equal opportunities for career progression or promotion
- Percentage of staff agreeing feedback from patients/service users is used to make informed decisions in their directorate/department

It should be noted that with one exception, statistically speaking, there has been no significant change to these findings since the previous survey. The exception is the percentage of staff believing the Trust provides equal opportunities for career progression and promotion. However, work is underway with regard to a number of recruitment initiatives that include equal opportunities for career progression and the survey results will be fed into this work. The final key finding on this list is new for 2014 and has no comparator from the previous survey.

The Trust has continued to take a pro-active approach to increasing staff engagement, building on the results of each annual survey as the results become known. Activity is overseen by the Workforce and Organisational Development Committee through its Engagement sub-group. Team Talk remains our primary medium for discussing issues of interest.

In 2014, our new intranet was launched. Known as 2getherNet, the site continues to be updated with accessible and relevant information with departments being responsible for the upkeep of their specific pages. We are also looking at making greater use of the intranet to highlight available training courses and make greater use of e-learning.

Recognising that our staff know their service better than anyone, we are launching a series of Innovation Days where colleagues are invited to come along and discuss their ideas with peers and if practical, the ideas will be taken forward for further development, implementation and review.

Colleagues also have a further opportunity to give feedback on the Trust as a place to work or receive treatment via the quarterly Staff Friends and Family Test.

An Action Plan has also been developed based on the findings of the Staff Survey with a set of recommendations that will enable us to respond to the 2014 survey. The Key Findings that have been identified as priorities for the coming months are;

- Staff receiving job-relevant training, learning or development in last 12 months
- Staff suffering work-related stress in last 12 months
- Staff agreeing they would feel safe raising concerns about unsafe clinical practice
- Staff having equality and diversity training in last 12 months
- Staff believing the Trust provides equal opportunities for career progression or promotion
- Staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department

We will also be continuing to promote actions from the previous survey in order to maintain momentum and to build on the improvements reported with issues such as communications with senior managers and whether colleagues would recommend the Trust as a place to work or receive treatment.

PLACE Assessment Results 2014/15

In April 2013, Patient Led Assessments of the Care Environment (PLACE) were introduced in England; it is the new system for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections. The assessments apply to hospitals, hospices and day treatment centres providing NHS funded care.

The final 2014 PLACE results for the Trust demonstrate considerable improvements across all areas in comparison to the 2013 PLACE scores. Results demonstrate a high level of compliance which compare favourably in comparison to National Average results:

	Cleanliness	Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
National 2013	96%	85%	89%	89%
² gether 2013	98.3%	82.3%	88.3%	87.5%
National 2014	97%	89%	88%	92%
² gether 2014	98.9%	95.1%	96.5%	97.5%

A further analysis of the data in terms of each unit, in comparison to national average is presented below. Green indicates national average or above.

Site Name	Site Type	Cleanliness	Food Overall	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance
Hollybrook	Learning Disabilities	98.94%	93.71%	100.00%	98.31%
Westridge	Learning Disabilities	99.51%	96.40%	90.33%	97.50%
Charlton Lane	Mental Health only	99.33%	95.85%	98.51%	99.17%
Wotton Lawn	Mental Health only	99.28%	96.38%	97.55%	96.84%
Honeybourne, Cheltenham	Mental Health only	100.00%	96.59%	89.66%	99.18%
Laurel House, Cheltenham	Mental Health only	97.22%	97.04%	93.33%	96.55%
Stonebow Unit	Mental Health only	97.51%	90.03%	97.35%	99.21%
Oak House	Mental Health only	100.00%	N/A	87.10%	86.89%

The one area that scored below national average results was Oak House in Herefordshire, and we are pleased that £200,000 has been made available to improve and enhance the building during 2015/16.



Annex 1: Statements from our Partners on the Quality Report



Gloucestershire Clinical Commissioning Group

NHS Gloucestershire CCG Comments in Response to 2gether NHS Foundation Trust Quality Report 2014/15

NHS Gloucestershire Clinical Commissioning Group (CCG) welcomes the opportunity to provide comments on the Quality Report prepared by 2gether NHS Foundation Trust (2gNHSFT) for 2014/15.

The past year has presented major challenges across both Health and Social care in Gloucestershire and we are very pleased that 2gNHSFT have worked jointly with partnership organisations, including the CCG during 2014/15 to maintain, develop and improve the quality of commissioned services and outcomes for patients.

The 2014/15 Quality Report is easy to read and understandable given that it has to be considered by a range of stakeholders with varying levels of understanding. Some of the graphs and charts provided could benefit from further narrative to explain the detail and to provide benchmarking data where appropriate with similar providers.

As the 2014/15 Quality Report clearly demonstrates, 2gNHSFT has been open and transparent regarding challenges and concerns. We continue to regularly attend the Trust Governance Committee meetings, and the CCG would like to acknowledge this transparency in relation to their assurance process, and also the Trust's engagement with the CCG 2gNHSFT Clinical Quality Review Group (CQRG) to provide assurance to the CCG. The Trust continues to support, and engage with the joint pathway developments via the Mental Health Clinical Programme Group and 2gNHSFT have actively contributed to the development of the work programme of this group.

2gNHSFT have demonstrated improvement in the safety, effectiveness and both patient and carer experience of mental health and learning disability services provided. The CCG would wish to see particular focus on continuing improvement in these areas for 2015/16. We note achievement of targets in 2014/15, and whilst there are a number of areas where targets were not achieved, the Quality Report provides a balanced view.

The CCG note that the Care Quality Commission (CQC) published the first Intelligent Monitoring Report for the Trust which placed it in the lowest banding of risk and this gives further assurance to the CCG that the quality of services provided are safe, effective, caring, responsive and well led. We also note that the Mental Health Act Commissioner (MHAC) undertook a number of visits during 2014/15 and the Trust has conducted reviews in response to these visits.

We are pleased to note the reduction in the number of serious incidents reported, and acknowledge the profound impact the tragic homicide incident in which a member of staff lost her life had on both staff and patients.

The CCG also acknowledge the Trust's involvement in the NHS South West Quality and Patient Safety Improvement Programme for Mental Health and the development of a number of work streams to focus improvement on ways of working, and thereby improving the patient's experience of services provided by the Trust.

The CCG acknowledge 2gNHSFT's continued strong focus on patient and carer experience and quality of caring, which demonstrates a joint commitment to delivering high quality, compassionate care, and also dignity and respect with which service users are treated. We are pleased to note that 2gNHSFT have become members of the Carer's Trust Triangle of care initiative and look forward to working with the Trust on the delivery of the CQUIN in relation to the implementation of the Triangle of Care standards.

We are pleased to note improvements made to the work experience of staff and indication of improved engagement with staff and the Trust will need to maintain a focus on improving communication with its staff to ensure these areas continue to improve over the coming year.

We were pleased to note there is a high level of clinical participation in local clinical audits, and also a positive increase in activity in relation to Clinical Research, mainly due to recruitment to the internal 2gNHSFT Research Team.

The priorities for 2015/16 have been developed in partnership, and the quality priorities identified demonstrate a high level of engagement between the CCG and 2gNHSFT. However, we would wish to see more of a focus on wider partnership working with other NHS and voluntary sector organisations. We are aware that 2gNHSFT are actively engaged in partnership working with the Local Authority and Voluntary sector bodies in Gloucestershire through the Mental Health and Wellbeing partnership arrangements, however there is no reference to this within the report.

2gNHSFT need to be in a strong position to manage both present and future challenges, and to work with the CCG to deliver mental health and learning disabilities services that provide best value and quality, safe and effective care for the people of Gloucestershire. The CCG fully endorse the proposals set out in the Quality Report whilst acknowledging the very difficult financial and partnership challenges 2gNHSFT have to address in the future.

Gloucestershire CCG wish to confirm that to the best of our knowledge we consider that the Quality Report contains accurate information in relation to the quality of services that 2gNHSFT provides. During 2015/16 the CCG would like to work with 2gNHSFT, GPs, and the population of Gloucestershire to 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

May 2015

NHS
Herefordshire
Clinical Commissioning Group

2gether's draft Quality Report

Herefordshire Clinical Commissioning Group (CCG) is pleased to receive 2gether NHS Foundation Trust quality account for 2014/15 which provides an overview of the quality of services during the period, and sets out priorities for the forthcoming year.

Following a review of the information presented, coupled with commissioner led reviews of quality across all providers, the CCG is satisfied with the accuracy of the report. This recognises the Trust commitment to quality and demonstrates transparency, honest assessment and further development which mirrors the aspirations of commissioners.

With commissioning priorities which reflect the national approaches and sound principles, the CCG support all measures intended to improve delivery against access standards, transition and personalised care in support of the delivery of improved outcomes for service users.

Herefordshire CCG has set out a quality framework which includes assurance visits and regular quality review meetings between provider and commissioners to scrutinise and challenge quality. We look forward to continuing this work during the coming year to ensure the delivery of high quality, high performing and safe services for the residents of Herefordshire.

Yours sincerely

David Farnsworth
Executive Nurse (Quality & Safety)
Herefordshire CCG

Healthwatch Gloucestershire (HWG) comments

On the 2gether FT Quality Report 2014/15

Thank you for this opportunity to discuss and comment upon the Trust's Quality Report. This is one of several methods that we have used in 2014/15 to provide independent feedback to the Trust based on what the public have told us about their services.

We have had a regular and constructive dialogue with the Trust, and we have been assured that patient, carer and family feedback is examined within the Trust's Board, Quality and Patient Experience arrangements in creative and innovative ways.

General Comments

There is a great deal of interesting and detailed information in the Report some of which is very complex. We hope that opportunities will be taken to produce accessible summaries so that the key messages can be understood by lay readers.

We found the way that material is sequenced to be confusing in places, particularly where the text looks forward to future priorities before reviewing past performance. It would perhaps be more logical and easier to understand why new priorities had been selected for 2015/16 if previous year performance is reviewed first. The return to 2014/15 Indicators and Thresholds after reporting the year's Targets was confusing. Would it be possible to reconsider the order of material in future Reports?

There seems to be considerably more information about looking back at previous-year activity (Part 3) compared to looking ahead (Part 2a). Notwithstanding the constraints of the reporting format, could the Trust reconsider this balance of material?

The presentation of Goals, Targets and Drivers is very clear. It would be helpful if more measurable intentions could be included for Effectiveness to give a clearer sense of the scale of planned improvement and the timescales involved. In some instances where SMART targets are present, e.g. User Experience, the Targets seemed rather low, e.g. Advice about taking part in local activities has a 2015/16 target of more than 51% against a 2014 Trust score of 51%. Are there opportunities for further improvement by setting a more precise and stretching target? The Safety section demonstrates a clear relationship between drivers and targets.

Part 3: Looking Back: A Review of Quality during 2014/15

We welcomed the comprehensive information provided to support reporting on each of the targets. Equally, the clear and unambiguous statements of whether or not each target had been met were helpful. These statements could usefully precede the explanatory paragraphs in the interests of clarity. A brief reminder of intentions for 2015/16 at these points in the Report would have helped readers to remind themselves of the Trust's intentions, especially where performance has fallen short of Targets.

We welcomed the good performance on Target 1.3 concerning Crisis Resolution Teams.

User Experience

We commend the Trust both for the range of methods it has developed to enable people to express their views about their care, and also for the very high performance against these targets. The stated intention to focus on family members and other carers is particularly welcome. It would be useful to know how these methods and results benchmark against other similar organisation.

Complaints

Again, both the range of methods used to make prompt and good contact with people who complain and the long term trend in numbers of complaints are welcome. It would be useful if the Quality Report could include a summary of the principal things that people complained about and what the Trust learned from its complaints investigations.

Serious Incidents reported during 2014/15

This section is clearly expressed with an effective analysis and illustration of categories and definitions that can be confusing to the public. We very much welcome the further detail concerning the work of the Aggregated Learning Sub-Committee and the stated intention to learn from a whole range of incidents, complaints, service user experience and other sources.

Claire Feehily
Chair, Healthwatch Gloucestershire

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 2014/15. This has been a challenging year for the Trust and I must praise staff members, particularly those employed at Wotton Lawn, Gloucester, for their professionalism and commitment to their patients following the murder of their colleague Sharon Wall.

Both this committee and the Children and Families Overview and Scrutiny Committee are concerned about children and young people's access to mental health services. I acknowledge that this Quality Account reflects actions in response to a CQC special review relating to Children in Care and Safeguarding; and includes the outcome of a survey of children and young people. However I would have preferred more detail on the Children and Young People Service (CYPS) and expected and delivered outcomes.

The focus on improving patient safety is very welcome. This should complement and work well alongside the actions being taken forward in response to the staff survey.

I welcome the areas of learning identified within the Organisational Learning section of this Quality Account; particularly the actions identified with regard to improving the communication with the patient and their family/carer. It is also good to note the activity in support of suicide prevention; this is an issue that is of particular concern for committee members.

I would comment that the charts do not always make it clear as to whether the facility is in Gloucestershire or Herefordshire. It would be helpful if this was clearer. I must also point out that Figure 2 in the report is illegible.

I have valued the attendance of the Trust at committee meetings to contribute to debate and respond to members' questions. I would like to particularly thank Ruth FitzJohn, Shaun Clee and Professor Jane Melton.

Cllr Steve Lydon
Chairman

Comments on the 2gether Draft Quality Accounts 2014/15

Thank you for the opportunity for Healthwatch to comment on the 2gether Annual Quality Accounts. Some specific issues which we believe are particularly important are as follows:-

- 1) The goal of ensuring the physical health of those suffering serious mental health conditions is an important issue. We were disappointed that the Trust audited this through a short two month period rather than more accurate all year data. We strongly encourage the trust to implement accurate data recording arrangements so that in the coming year it can be better monitored. We also look forward to an improvement on the achievement figure for Herefordshire.
- 2) We strongly support the objective of care plans being provided for patients and even more importantly that the patients and their carers are fully involved in this process.
- 3) We also strongly support the development of early intervention services and we are pleased to see that take up rates for IAPT in Herefordshire has shown a significant increase in recent months.
- 4) Transitional arrangements for young people moving into adult services is a key issue and wrongly handled can be a very negative experience for the young person. We recommend that more flexible arrangements are considered so that this transition is as easy and as un-stressful as possible.
- 5) The reduction in suicides is clearly a vital objective and we support any initiative to improve this in Herefordshire. We would be very pleased to see a similar scheme to the Gloucestershire Suicide Prevention Strategy and Action Plan applied in Herefordshire.
- 6) As mentioned above we believe that the early and continued involvement of carers, including young carers, in care planning is a crucial element of good mental health care. As a result we strongly support the Trust's commitment to the Triangle of Care and we look forward to its Herefordshire wide implementation as quickly as possible.
- 7) The national Crisis Care Concordat is a valuable initiative which we strongly support and we look forward to its early adoption in Herefordshire. Healthwatch Herefordshire is involved in the development of this plan and is pleased to offer its wide experience to help ensure its successful adoption.
- 8) We are pleased to be actively involved in the PLACE assessments in Herefordshire and are also very happy that there is now to be investment in the fabric of the buildings at Oak House.
- 9) We strongly encourage the Trust to adopt the statutory guidance to support the implementation of the Adult Autism Strategy if you haven't done so already. At Healthwatch Herefordshire we are aware that there could be significant changes made to improve the services for people with Autism in Herefordshire and we would challenge the Trust to lead the way by championing the implementation of the Autism Strategy.
- 10) Healthwatch Herefordshire would welcome reporting on work undertaken by the trust supporting maternal mental health, given that post-natal depression is the largest cause of maternal deaths in the UK.

Overall Healthwatch Herefordshire is pleased to see that services have continued to be positively developed by the Trust and we look forward to working collaboratively with 2gether to ensure that this continues.

Yours sincerely

Ian Stead
Board Member - Healthwatch Herefordshire

The Royal College of Psychiatrists

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

	Trust Participation	National Participation
Service Accreditation Programmes and Quality improvement Networks		
Eating Disorder Inpatient Wards	0 Wards	36 Wards
Forensic Mental Health Services	1 Services	110 Services
Inpatient Child & Adolescent Wards	0 Wards	120 Wards
Inpatient Rehabilitation Units	2 Wards	45 Wards
Learning Disability Inpatient Wards	0 Wards	20 Wards
Mother & Baby Units	N/A	15 Units
Older Peoples' Inpatient Wards	5 Wards	54 Wards
Psychiatric Intensive Care Wards	1 Ward	37 Wards
Working Age Inpatient Wards	5 Wards	163 Wards
Child & Adolescent Community Mental Health Teams	1 Teams	56 Teams
Crisis Resolution & Home Treatment Teams	1 Teams	36 Teams
Electroconvulsive Therapy Clinics	2 Clinics	82 Clinics
Memory Clinics	1 Clinics	91 Clinics
Perinatal Community Mental Health Teams	0 Teams	20 Teams
Psychiatric Liaison Teams	0 Teams	57 Teams



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.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that NHS Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

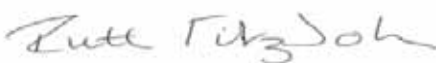
In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15 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 2014 to April 2015
 - papers relating to Quality reported to the Board over the period April 2014 to April 2015
 - feedback from Gloucestershire commissioners dated May 2015
 - feedback from Herefordshire commissioners dated 12 May 2015
 - feedback Governors dated 13 March 2014
 - feedback from Herefordshire Healthwatch dated 30 April 2015
 - feedback from Gloucestershire Healthwatch dated 11 May 2015
 - feedback from Gloucestershire Overview and Scrutiny Committee dated April 2015
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2015
 - the 2014 national patient survey
 - the 2014 national staff survey dated 2014
 - the Head of Internal Audit's annual opinion over the Trust's control environment dated April 2015
 - CQC Intelligent Monitoring Report dated November 2014
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the quality report (available at www.monitor.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black

26 May 2015 Date  Chair

26 May 2015 Date  Chief Executive

Annex 3: Glossary

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 2gether'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
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
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.
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.
QRP	The Quality and Risk Profile is a monthly compilation by the CQC of all the evidence about a trust they have in order to judge the level of risk that the trust carries to fulfil its obligations of care
RiO	This is the name of the electronic system for recording service user care notes and related information within 2gether NHS Foundation Trust. In a major exercise, it has been implemented across almost all the Trust's areas of operation during 2010.
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:

Mr Shaun Clee
Chief Executive Officer
2gether NHS Foundation Trust
Rikenel
Montpellier
Gloucester
GL1 1LY

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

Alternatively, you may telephone **01452 894000** or fax **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**.

Statement of Accounting Officer's Responsibilities

Statement of Accounting Officer's Responsibilities

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 Monitor.

Under the NHS Act 2006, Monitor has directed ²gether NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of ²gether NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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



Shaun Clee
Chief Executive

26 May 2015

Annual Governance Statement



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 Together NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Together NHS Foundation Trust for the year ended 31 March 2015 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 me as Accounting Officer, the Board has in place:

- A Governance Committee, of Executive and Non-Executive Directors, supported by Clinical Directors and Heads of Profession 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 that receives assurance on operational performance management including economy, efficiency and effectiveness on behalf of the Board
- A Mental Health Legislation Scrutiny Committee 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 that receives assurance on 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 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, Finance, Risk Management, Mental Health Act compliance, Infection Prevention and Control, Safeguarding Children and Vulnerable Adults, Security, Service User Experience and Occupational Health and Safety and Workforce. They provide leadership for the management of the risks presented. The Trust's capacity to handle risk has been further augmented this year by the appointment of an additional Non-Executive Director, and the appointment of a Director of Inclusion and Engagement. Both appointments were made having regard to the Fit and Proper Person Test for Directors, and recruitment took place in a timely manner as vacancies arose.

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 while ensuring that both staff and service users are able to remain safe whilst that care is being provided. 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.

The Trust takes steps to seek and learn from good practice in terms of the management of risk. This includes compliance with guidance issued by the Department of Health, Monitor, 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

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.

Through meetings, reports and correspondence, the Chair, Directors and I have regularly exchanged information about risks with Monitor, 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.

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 Strategy. This strategy has been shared with local health, social care and key voluntary sector organisations in line with an agreed communications plan. The strategy is underpinned by policies, procedures and guidance documentation that contribute to the management and control of risk. The strategy and supporting information has been brought to the attention of all managers and is widely available in all work areas through the Trust intranet. All managers 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 Strategy sets out a process for the assessment and prioritisation of risks and describes the level at which risks may be simply monitored, those that must be treated and the level at which the Board must be informed of a risk and ensure that mitigating actions are in place and working. The following are identified as particularly important tools supporting the Trust's Risk Management Strategy:

- **An Assurance Framework** has been developed by the Board. The process includes the identification and monitoring of:
 - The Trust's principal objectives
 - The risks to these objectives
 - The key controls on the risks

- The sources of assurance that the key controls are adequate

The Audit Committee reviews the information provided by the assurance framework on a quarterly basis, on behalf of the Board. Further quarterly scrutiny of the assurance framework is provided by me as the Accounting Officer and the Trust's Executive Committee. The assurance framework is reviewed annually by the Trust Board. The assurance framework provides a means for assessing and categorising the assurances the Trust Board receives and highlights any assurance gaps. Individual senior managers are identified as the 'risk owner' with responsibility for developing risk treatments and monitoring their continued effectiveness, responding to changes in conditions as they arise. The assurance framework identifies for each risk the 'owning' Committee responsible for overseeing and receiving assurance on the implementation of mitigating actions.

- **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 Board Assurance Framework, 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 during the year has further increased that understanding of the Trust's risk profile by identifying strategic risks which may hinder the achievement of the Trust's objectives and agreeing mitigating actions for those risks. This review of risk management and oversight resulted in a number of changes which have increased the robustness of scrutiny and management of risk within the Trust. Each strategic and corporate risk has been 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 and commercial 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 clinical and quality risks.

The Audit Committee receives aggregated assurance on all corporate and strategic risks on a quarterly basis, enabling the Audit Committee to provide robust challenge in respect of mitigation in place, and assurance to the Board. Committee summary reports to the Board have also been strengthened through the use of a more 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 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.

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, 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 has been appointed by the Trust to ensure 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. A review during the year identified a number of areas where the Trust relies on single points of expertise. Following this review, mitigating actions were put in place in respect of all but three of these areas.

• **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 six months. Committees receive updates every quarter in respect of specific risks assigned to them.

• **Risk Dashboard** - This document is produced by the Risk Manager each quarter for the Audit 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 Key Risk Indicators (KRIs), 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.

• **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 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.

• **Whistle-blowing Policy** - A policy is in place to enable staff to report any suspected malpractice, danger or wrongdoing without fear of unwarranted repercussions.

The policy has been reviewed within the financial year in the light of an increased national focus on whistleblowing following the publication of the Francis report. A self assessment tool issued by the National Audit Office was used as part of the review process.

• **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 2015, with findings graded as high, medium or low risk as appropriate. No critical risks were reported.

Considerable work has taken place during the year to improve the use and management of incident data, identified as a critical risk in an Internal Audit report in December 2013. At the Trust's request, a follow up Internal Audit review was conducted in February 2015 which resulted in an improvement both in the overall rating for this risk, and in the individual risk ratings within the Internal Audit follow up report. However, the overall risk was rated as 'High' in that follow up review, and the Trust continues to work on addressing and improving incident recording practice through the implementation of new processes, changes to the configuration of the incident reporting system, and oversight of improvement actions by the Trust's Delivery, Executive and Audit Committees.

• **Health and Safety Inspection** - 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.

Following a serious incident in which a member of staff was killed, the Trust conducted its own internal investigation and cooperated fully with an investigation by the Health and Safety Executive to ensure that any lessons from this tragic event were quickly identified and learning was promptly disseminated across the Trust. A letter of contravention was issued by the HSE, informing the Trust formally that in the opinion of the Health and Safety Executive the Trust was in contravention of the Health and Safety at Work Act in relation to this incident.

• **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 training in order to monitor compliance.

• **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 Monitor's Quality Governance Framework, and to provide the Board with evidence which in turn enables the Board to make an informed quarterly declaration of compliance to Monitor.

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

Board agendas include a number of standing items relating to quality, including reports on Patient Safety and Serious Incidents, Quality Report monitoring, and Service 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 an Organisational Development and Workforce Committee structure with four 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. Similar updates have been provided to the Council of Governors.

The Medical Director and Director of Quality take the executive lead for quality, working closely with the Chief Executive and other Directors, and assessing Quality Impact Assessments in respect of every cost improvement programme to ensure that adverse safety impacts are mitigated. There is a nominated non-executive for quality and governance, including a focus on complaints. The Board takes an active leadership role in quality in order to promote a quality-focused culture throughout the Trust, and Board members participate in a regular programme of service visits and patient safety walkabouts. The organisation is structured to enable quality accountability in appointed Clinical Directors, Heads of Profession, and Lead Nurses. A Quality Management Team provides support in embedding this quality culture and ensuring that learning is captured from complaints, incidents and other initiatives.

The Trust reviewed its leadership in respect of quality during the year by undertaking a self-assessment against the Care Quality Commission's Well-Led framework. The self-assessment, using the CQC's Key Lines of Enquiry, provided assurance about existing good practice in the Trust and identified a number of potential actions which the Trust will take forward in line with its values and its strategic priority of 'Continuously Improving Quality'.

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 Council of Governors' agenda includes a standing item on service and quality issues, and there is active development of patient experience through the Director of Engagement and Integration. Regular surveys of service users inform the quality debate and help to ensure quality of service.

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

• **Review and Assurance** - Each level of management, including the Board, frequently reviews the risks and controls for which it is responsible. These reviews are monitored by and reported to the next level of management and the results recorded on the risk register. Any need to change priorities or controls is either actioned or reported to those with authority to take action. Lessons that can be learned, from both successes and failures, are identified and disseminated to those who can gain from them by the Assistant Director of Governance or the Risk Manager. The Board ensures an appropriate level of independent assurance is provided on the whole process of risk identification, evaluation and control.

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

The Trust has appointed, at Board level, a Caldicott Guardian and a Senior Information Risk Officer to oversee this area of risk. The Trust self-assessed at Level 2 in the Health and Social Care Information Centre'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 cannot be downloaded on to any media except approved encryption media. All laptops 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.

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 incidents 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 undertaken an extensive engagement and involvement exercise during the year to inform the production of its five year strategic plan. This included active engagement with service users and carers, staff, Governors, and a range of external stakeholders including Healthwatch, Clinical Commissioning Groups

and Local Authorities. This engagement enabled the Trust to produce a strategic plan which is aligned to local planning assumptions and commissioning intentions, and which was rated 'Green' by Monitor. This engagement process is now led at Board level by a new Director of Engagement and Integration, appointed during the year.

• **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 will make 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, 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.

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 scrutiny of 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.

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's Governance structures are subject to regular review to ensure that they remain fit for purpose. During the year, the Trust has taken a number of actions to mitigate this risk, including a review of Executive Director portfolios to take account of changes in personnel, to optimise the capacity of the 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; strengthening of the Board through appointment of an additional Non-Executive Director, and a Director of Engagement and Integration who adds a further clinical voice to the Board; and ongoing review of Committee membership and responsibilities to ensure continued oversight of performance standards, and to maintain compliance with relevant legislation, licence conditions and good practice. 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.

As a matter of good practice, the Trust has undertaken a self-assessment as the first stage of an independent review of its governance using Monitor's 'Well-led Framework for governance reviews: guidance for NHS foundation trusts' published in May 2014. The self-assessment provided the Trust Board with assurance regarding the organisation's strategic planning, risk management, capacity, culture, engagement and performance management. The self-assessment will inform a more detailed external assessment in 2015/16.

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 provides a further layer of governance, and has devised and implemented a process of reviews 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. The Council of Governors exercised its statutory duties during the year by reappointing the Trust's External Auditors following a recommendation from the Audit Committee informed by the Committee's evaluation of the External Auditor's effectiveness.

Key Risks

In reviewing its risk management arrangements during the year, the Board identified and agreed five overarching organisational risks which the Trust faced during the year and beyond. These risks comprise a number of individual

risks which are each included in the corporate risk register, but which when taken together 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 are summarised as follows:

That a serious incident occurs that is judged to have been preventable for which the organisation is negligent and catastrophically destabilises clinical and/or financial governance: The Trust joined the NHS South West Quality and Safety Improvement Programme for Mental Health, in January 2011. Originally a two year programme of work but subsequently extended until 2015, the overall aim of the programme is to reduce harm to service users, by focussing on improving safe and reliable care, safe and effective medicines management, patient and family centred care and communication, and leadership. The Trust's commitment to the aims of this programme are illustrated by a programme of capital works designed to improve patient safety at Wotton Lawn Hospital and specifically to further improve ligature risk management beyond compliance with current guidance, whilst also improving facilities from a privacy and dignity perspective. Going forward, the Trust will continue with its rolling programme of annual ligature risk assessments at each inpatient unit.

The Trust maintains a robust approach on the reporting and investigation of Serious Incidents which includes the active promotion of incident reporting using Datix, and a comprehensive training and induction programme in incident reporting. The Trust's patient safety agenda is a top priority for the Board, which receives monthly patient safety reports and quarterly reports detailing compliance against the CQC's Essential regulations. The Board's oversight of patient safety issues is supported by the work of its Committees. The Governance Committee reviews quality, and the associated risks on a monthly basis, which are then reported to the Board. Ownership of quality is clear, with clinical leads for specific areas. The Governance Committee also ensures that learning points from incidents, complaints and claims are captured, reviewed and disseminated throughout the organisation. An ongoing engagement and learning process, supported by a Workforce and Organisational Development Committee structure and monitored regularly by the Governance Committee, ensures that lessons from the Francis and Berwick reports are captured and embedded within the Trust in order to improve patient safety and the quality of service. The Audit Committee also considers quality and the governance processes associated with it, through a programme of internal audits. Some higher risk areas of practice, such as Patient Safety and Serious Incidents, are reported monthly to the Board.

The organisational Risk Register collates all risks and monitors progress on mitigation, including those impacting on quality. Aspects of quality which are considered to be higher risk are included in the annual clinical audit programme. Quality targets are monitored each month by the Trust Board and the Delivery Committee through the Trust's performance dashboard.

Executive Director Safety Walk-rounds also take place each month in order to highlight patient and staff safety risks which can be actioned.

The Trust places particular importance on the safety of its staff, and through the Delivery Committee monitors compliance with mandatory training for staff in the management of violence and aggression. Such training is mandatory for those staff in relevant frontline inpatient roles, and helps to ensure the safety of staff providing high quality compassionate care to patients.

That financial and demand pressures within the health and social care community result in financial pressures on the Trust to a degree that it is beyond that which can be managed effectively without destabilising either Clinical or Financial Governance:

As a responsible partner in the local health economy, the Trust has to balance the needs of commissioners in delivering ever more cost-effective services within limited financial resources against the need to maintain financial sustainability and compliance with the Continuity of Services condition of its provider licence, while at the same time continuously improving quality. The Trust's five year strategic plan submitted to Monitor in June 2014, makes clear that in order to remain sustainable and to support the local health economy in delivering safe and cost effective services, we need to lower operating costs by £22 million, to transform the way that clinical and corporate functions work, and to keep safety at the forefront of our minds at all times. The strategic plan was assigned a 'Green' rating by Monitor.

To achieve this financial challenge, the Board has agreed a savings programme comprising two main schemes – Waste Less and Better for Less – supported by a range of smaller schemes which is projected to deliver the required £22m in the five years to 2018/19. Achievement of savings targets remains under constant review by the Trust Board. To support service transformation, the Trust will use its strong liquidity position to invest in organisational development, in technology and in partnership working in order to deliver services which are safe, modern, affordable and accessible.

The Trust has a number of mechanisms in place to ensure that efficiency savings and transformation schemes do not impact negatively on quality. Clinicians have been fully involved in generating these schemes, and have ownership of some of the initiatives. Quality Impact Assessments are drawn up for each savings scheme and are reviewed and signed off by the Medical Director and Director of Quality, in order to mitigate any adverse effect on safety and quality. In addition to clinical input to and ownership of efficiency and transformation schemes through quality impact assessments, quality and safety issues are considered by the Trust's Governance and Delivery Committees. The Trust Board has incorporated into its agendas elements of the quality checklists contained within the Burdett Trust's report 'Sustaining Quality in Turbulent Times' to ensure a sustained focus on patient safety and quality improvement, especially when considering efficiencies and service change.

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 concomitant shift in culture to enable new models of service delivery to be developed and implemented.

Alongside the financial investment outlined above, the Trust is therefore making a significant investment in organisational development and engagement with staff in order to co-produce change wherever we can, and to do so in a transparent, open and honest way. Talkback events led by Executive Directors took place during the year to enable staff to understand the challenges that the Trust faces, and what is required to meet those challenges. An organisational development 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 Technology Strategy is complemented by a Practice Development Strategy, led by the newly appointed Director of Engagement and Involvement, which sets out the changes required in terms of pathway design and implementation.

That we fail to secure and sustain positive and productive relationships with stakeholders to the extent that discretionary positive impact is lost: The Trust places great emphasis on its positive relationships with key stakeholders which provides a synergy that supports service development while providing assurance to commissioners and regulators through a 'No surprises' approach that accords with the Trust's values.

The maintenance and development of these relationships forms a key part of the Trust's strategy for the coming year and beyond. The Trust has drawn up an External Engagement and Communications Strategy, a Partnership Strategy, and has appointed a Director of Engagement and Integration to the Board to ensure that the development and maintenance of sustainable and productive relationships maintains an appropriate profile in order to achieve the Trust's strategic objectives.

That we fail to utilise our liquidity position effectively to support delivery of strategic objectives: The Trust faces a difficult economic climate in the coming year and beyond, and the Trust's strategic plan recognises that sustainability in the long term can only be achieved through service transformation, by lowering operating costs, and by ensuring the safety of services, service users and staff. The Trust faces four main challenges in delivering sustainable services: keeping up with demand, delivering safe services, and making productivity improvements with less money; providing effective, integrated and co-developed services with other

providers; supporting staff to make sure that everyone is equipped to use the new technology and the necessary changes; and ensuring we engage service users who have long term conditions in new services that are also exciting developments for commissioners.

The Trust plans to address these challenges by using its strong liquidity position and forego making any surpluses until 2017/18, so as to invest in organisational development, in technology and in partnership working.

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 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

At a strategic level, the Delivery Committee receives assurance on the efficient, economic and effective use of resources. The Board of Directors receives regular reports from its committees and itself receives regular finance and performance reports. The Board reviews the Trust's financial position on a monthly basis, and

approves the quarterly compliance reports required by the independent regulator, Monitor.

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

The 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.

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. 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 overseen by an Information Governance Committee which reports to the Trust Board's Governance Committee. Corporate data quality objectives have been agreed by the Executive 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 Committee 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, comprising senior operational managers from each Service Directorate in the Trust has lead responsibility for clinical data quality in their respective services. The Group is chaired by the Trust's Information Development Manager, and provides a forum for dissemination of policy and process changes as well as the opportunity to address data quality issues in a consistent manner across all services. 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 Act Scrutiny Committee as appropriate.

In the development of the annual Quality Report, the Trust utilises several sources of information and data to develop an holistic and rounded analysis of its performance against the nationally and locally defined quality measures. These have included internal data and information such as clinical audit findings, patient care performance data and NICE compliance. The Trust has also drawn on information from independent studies such as the service user experience survey, staff survey, NHSLA accreditation and achievement of CQUINs, as well as external bodies such as the Care Quality Commission assessment of compliance. This triangulated approach provides an assurance that the information provided to the Trust Board on its Quality Reports is both measured and objective.

We have involved stakeholders including Governors, 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. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Quality Report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and governance committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

I have also taken account of the findings of a self-assessment which has been undertaken by the Board as the first stage of a Well-Led Framework for Governance review.

This self-assessment has documented the systems and processes in place in the Trust which demonstrate good leadership in terms of key outcomes including safety, quality, culture and engagement. The self-assessment has also outlined a number of areas where performance could be improved still further, and these areas for improvement will inform an external review of the Trust's wider governance and leadership, as required by Monitor's Risk Assessment Framework, during the first part of 2015/16.

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

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

- The Board has reviewed its assurance framework
- The Board or its committees have considered all major assurance reports received by the Trust and ensured action plans were developed to address any weaknesses
- The Audit Committee has reviewed all internal and external audit reports and ensured action is taken to address the recommendations, and has provided an annual report to the Board setting out the Committee's work during the year. The Governance Committee has also considered the results of the monitoring of incidents and complaints to ensure any lessons were carefully reviewed and acted upon

- The Board and Governance Committee have closely monitored arrangements for the prevention and control of infection. They have also monitored all service areas and continued the implementation of a substantial clinical governance development plan
- The Risk Manager has reported on the management of the risk register and supporting processes
- Non-Executive and Executive Directors, the Chair and I have visited services and met staff, service users, carers, members and governors as part of an informal programme of review

8. Conclusion

The Trust firmly believes that it has comprehensive and robust governance processes in place. Work is continuing to address issues with incident reporting. However, no significant internal control issues have been identified.



Shaun Clee
Chief Executive

Date: 26 May 2015



Annual Accounts



Annual Accounts

Forward to the Financial Statements

These financial statements for the period ended 31 March 2015, have been prepared by ²gether NHS Foundation Trust under Paragraphs 24 and 25 of schedule 7 to the National Health Service Act 2006.

Signed



Shaun Clee, Chief Executive

Date: 26 May 2015

STATEMENT OF COMPREHENSIVE INCOME For the year ended 31 March 2015

		12 Months to 31 March 2015		12 Months to 31 March 2014	
	NOTE	£000	£000	£000	£000
Operating income from continuing operations	6		106,373		106,915
Remuneration		(77,100)		(76,340)	
Drugs		(1,580)		(1,652)	
Clinical supplies & services		(830)		(571)	
Non clinical supplies & services		(943)		(914)	
Miscellaneous other operating expenses		(23,505)		(24,140)	
Operating expenses of continuing operations	7		(103,958)		(103,617)
OPERATING SURPLUS / (DEFICIT)			2,415		3,298
Finance costs					
Finance income - interest receivable	9.1		96		88
Finance expense - financial liabilities	9.2		(23)		(26)
PDC dividends payable			(2,265)		(1,934)
Net finance costs			(2,192)		(1,872)
Surplus/(deficit) from continuing operations			223		1,426
Surplus/(deficit) of discontinued operations and gain/loss on disposal of discontinued operations	3		(131)		0
SURPLUS/(DEFICIT) FOR THE YEAR			92		1,426
Gain/(loss) from transfer by absorption from demising bodies			0		6,095
Impairments	10.1		(754)		(302)
Revaluations	10.5		1,149		5,273
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR			487		12,492

The notes on pages 128 to 159 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 At 31 March 2015

		At 31 March 2015	At 31 March 2014	At 1 April 2013
	NOTE	£000	£000	£000
NON-CURRENT ASSETS				
Intangible assets	10.3	980	376	640
Property, plant and equipment	10.5	77,735	75,188	64,210
Trade and other receivables	11	19	16	11
TOTAL NON-CURRENT ASSETS		78,734	75,580	64,861
CURRENT ASSETS				
Trade and other receivables	11	4,582	2,599	3,936
Non-current assets for sale and assets in disposal groups	10.2	575	400	474
Cash and cash equivalents	15	27,368	30,408	27,645
TOTAL CURRENT ASSETS		32,525	33,407	32,055
TOTAL ASSETS		111,259	108,987	96,916
CURRENT LIABILITIES				
Trade and other payables	13.1	(11,312)	(11,054)	(11,432)
Borrowings	13.3	(38)	(36)	(34)
Provisions	14	(2,540)	(1,680)	(1,769)
Other liabilities	13.2	(76)	(356)	(634)
TOTAL CURRENT LIABILITIES		(13,966)	(13,126)	(13,869)
TOTAL ASSETS LESS CURRENT LIABILITIES		97,293	95,861	83,047
NON-CURRENT LIABILITIES				
Trade and other payables	13.1	0	0	0
Borrowings	13.3	(358)	(397)	(432)
Provisions	14	(38)	(54)	(30)
Other liabilities	13.2	0	0	0
TOTAL NON-CURRENT LIABILITIES		(396)	(451)	(462)
TOTAL ASSETS EMPLOYED		96,897	95,410	82,585
FINANCED BY TAXPAYERS' EQUITY:				
Public Dividend Capital		46,123	45,123	44,790
Revaluation reserve		23,415	23,050	17,155
Other reserves		1,157	1,157	1,157
Income and expenditure reserve		26,202	26,080	19,483
TOTAL TAXPAYERS' EQUITY		96,897	95,410	82,585

The financial statements on pages 124 to 159 were approved and authorised for issue by the Audit Committee on 26 May 2015 and signed on its behalf by:



Shaun Clee, Chief Executive
Date: 26 May 2015

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY For the Period 1 April 2014 to 31 March 2015

	Total	Public Dividend Capital	Revaluation Reserve	* Other Reserves	Income & Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2014	95,410	45,123	23,050	1,157	26,080
Surplus/(deficit) for the year	92	0	0	0	92
Transfers by modified absorption: Gains/(losses) on 1 April transfers from demising bodies.	0	0	0	0	0
Transfers by modified absorption: transfers between reserves	0	0	0	0	0
Transfers by normal absorption: transfers between reserves	0	0	0	0	0
Impairments	(754)	0	(754)	0	0
Revaluations - property, plant and equipment	1,149	0	1,149	0	0
Transfer to retained earnings on disposal of assets	0	0	(30)	0	30
Movements arising from classifying non current assets as assets for sale	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	1,000	1000	0	0	0
Public Dividend Capital adjustment for cash impact of payables/receivables transferred from legacy teams	0	0	0	0	0
Taxpayers' Equity at 31 March 2015	96,897	46,123	23,415	1,157	26,202

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

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY For the Period 1 April 2013 to March 2014

	Total	Public Dividend Capital	Revaluation Reserve	* Other Reserves	Income & Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2013	82,585	44,790	17,155	1,157	19,483
Surplus/(deficit) for the year	1,426	0	0	0	1,426
Transfers by modified absorption: Gains/(losses) on 1 April transfers from demising bodies.	6,095	0	0	0	6,095
Transfers by modified absorption: transfers between reserves	0	0	962	0	(962)
Impairments	(302)	0	(302)	0	0
Revaluations - property, plant and equipment	5,273	0	5,273	0	0
Transfer to retained earnings on disposal of assets	0	0	(38)	0	38
Movements arising from classifying non current assets as assets for sale	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	50	50	0	0	0
Public Dividend Capital adjustment for cash impact of payables/receivables transferred from legacy teams	283	283	0	0	0
Taxpayers' Equity at 31 March 2014	95,410	45,123	23,050	1,157	26,080

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

STATEMENT OF CASH FLOWS For the year ended 31 March 2015

	NOTE	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
OPERATING ACTIVITIES			
Operating surplus/(deficit) from continuing operations		2,415	3,298
Operating surplus/(deficit) from discontinued operations		(131)	0
OPERATING SURPLUS/DEFICIT		2,284	3,298
NON CASH INCOME AND EXPENSE:			
Depreciation and amortisation		2,426	2,396
Impairments		59	75
Reversals of impairments		(59)	(408)
(Gain)/loss on disposal		0	7
(Increase)/decrease in trade and other receivables		(2,055)	1,279
Increase/(decrease) in trade and other payables		(1,031)	(511)
Increase/(decrease) in other liabilities		(280)	(278)
Increase/(decrease) in provisions		844	(65)
NET CASH GENERATED FROM/(USED IN) OPERATIONS		2,188	5,793
CASHFLOWS FROM INVESTING ACTIVITIES			
Interest received		95	97
Purchases of financial assets		(91,000)	(96,000)
Sales of financial assets		91,000	96,000
Purchases of intangible assets		(23)	0
Purchases of property, plant and equipment		(4,085)	(1,698)
Sales of property, plant and equipment		0	172
Net cash generated from/(used in) investing activities		(4,013)	(1,429)
CASHFLOWS FROM FINANCING ACTIVITIES			
Public dividend capital received		1,000	50
Public dividend capital received (adjustment for modified absorption transfers of payables/receivables)		0	283
Capital element of finance lease rental payments		(36)	(33)
Other capital receipts		15	0
Interest paid		0	0
Interest element of finance lease		(24)	(27)
PDC dividend paid		(2,170)	(1,874)
Net cash generated from/(used in) financing activities		(1,215)	(1,601)
Increase/(decrease) in cash and cash equivalents	15	(3,040)	2,763
Cash and cash equivalents at 1 April		30,408	27,645
Cash and cash equivalents at 31 March		27,368	30,408

NOTES TO THE ACCOUNTS

1. Accounting Policies

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently, the financial statements have been prepared in accordance with the FT ARM 2013/15 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual (FRM) to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the financial statements in the current and prior year.

1.1 Accounting convention

These financial statements have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities. Note 2 states why the Trust continues to adopt the going concern basis in preparing the financial statements.

1.2 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 together 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.

1.3 Income

Income in respect of services provided is recognised when, and to the extent that performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the Trust is contracts with commissioners in respect of healthcare services.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.4 Expenditure on Employee Benefits

Short Term Employee Benefits

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 NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FRM 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 the scheme liability is carried out annually by the scheme actuary 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 are accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2015, is based on valuation data as 31 March 2014, updated to 31 March 2015 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FRM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of

the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Pension Accounts, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from the Stationery Office.

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 scheme (taking into account its recent demographic experience), and to recommend the contribution rates.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012.

The Scheme Regulations were changed to allow contribution rates to be set by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and appropriate employee and employer representatives as deemed appropriate.

The next formal valuation to be used for funding purposes will be carried out at as at March 2012 and will be used to inform the contribution rates to be used from 1 April 2015.

c) Scheme provisions

The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

- The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service;
- With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation";

- Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year. From 2011-12 the Consumer Price Index (CPI) has been used and replaced the Retail Prices Index (RPI); and
- Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the employer.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

1.5 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.

1.6 Property, Plant and Equipment

1.6.1 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 :

- Individually have a cost of at least £5,000; or
- 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

- 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
- 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.

1.6.2 Measurement Valuation

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

Tangible property, plant and equipment assets are stated at the lower of replacement cost and recoverable amount. The carrying values of property, plant and equipment are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable.

The costs arising from financing the construction of the asset are not capitalised but are charged to the income and expenditure account in the year to which they relate.

All land and buildings are revalued using professional valuations every five years. A three yearly interim valuation is also carried out.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

In March 2014 all land and buildings were revalued by the District Valuer and this was accounted for on 31 March 2014.

In March 2015 the trust undertook annual impairment reviews and commissioned the District Valuer to revalue all land and buildings in a desktop exercise.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property.

The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Additional alternative open market values are only supplied for operational assets scheduled for imminent closure and subsequent disposal. These assets are classified as "Non current assets for sale" within the financial statements.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

Operational equipment is valued at depreciated historic cost which is deemed to represent fair value.

Subsequent Expenditure

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

Depreciation

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

Property, plant and equipment which has been reclassified as “Held for Sale” ceases to be depreciated upon reclassification. Assets in the course of construction are not depreciated until the asset is brought into use.

Property, plant and equipment assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on assets surplus to requirements.

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the NHS Foundation Trust’s professional valuers. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life of the asset using the following lives:

	Years
Engineering plant and equipment	5-15
Furniture & Fittings	5-10
Information Technology	3-8
Set-up costs in new buildings	5-10
Transport Equipment	- 7

Revaluation gains and losses

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

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

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

Impairments

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

Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

1.6.3 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.

1.6.4 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.

1.7 Private Finance Initiative (PFI)

The Trust does not have any Private Finance Initiative transactions.

1.8 Intangible Assets

1.8.1 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 and sell or use it;
- the Trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the Trust to complete the development and sell or use the asset; and
- the Trust can measure reliably the expenses attributable to the asset during development.

Software

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

1.8.2 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 fair value. Revaluation gains and losses and impairments are treated in the same manner as for property, plant and equipment.

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

Amortisation

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

1.9 Government Grants

The Trust has not received any Government grants during the current or prior year.

1.10 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.

1.11 Leases

Finance Leases

Where substantially all the risks and rewards of ownership of an asset are borne by the Trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating Leases

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease.

Operating lease incentives are added to the lease rentals and charged to operating expenses over the life of the lease.

Leases of land and buildings

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

1.12 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

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the Trust pays an annual contribution to the NHSLA, which in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the Trust is disclosed at note 14 but it is not recognised in the NHS Foundation Trust's financial statements.

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.

1.13 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."

1.14 Public Dividend Capital (PDC)

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

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

- (i) donated assets,
- (ii) 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 (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

1.15 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.

1.16 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.

1.17 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.

1.18 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.

1.19 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.

1.20 Financial Instruments and 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 contractual arrangements

Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

Financial assets or financial liabilities in respect of assets acquired or disposed of through finance leases are recognised and measured in accordance with the accounting policy for leases described in note 1.11.

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.

Other financial liabilities

All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that 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.

Impairment of financial assets

At the Statement of Financial Position date, the Trust assesses whether any financial assets, other than those held at 'fair value through income and expenditure' are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced directly.

1.21 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.

1.22 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.

1.23 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. In 2013/14 the net gain corresponding to the new assets transferred from Herefordshire PCT is recognised within the income and expenditure reserve under the principals of modified absorption accounting which applies to transfers where the transferring body ceased to exist on 1st April 2013.

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.

1.24 Accounting Standards issued but not yet adopted

Neither the Treasury FReM nor Monitor's ARM requires the following standards to be applied in 2014/15. Their application would not have a material impact on the Trust's financial statements in 2014/15 if they were applied.

Change published	Published by IASB	Financial year for which the change first applies
IFRS 9 Financial Instruments	Oct-10	Uncertain. Not likely to be adopted by the EU until the IASB has finished the rest of its financial instruments project.
IFRS 13 Fair Value Measurement	May-11	Adoption delayed by HM Treasury. To be adopted from 2015/16.
IAS 36 (amendment) – recoverable amount disclosures	May-13	To be adopted from 2015/16 (aligned to IFRS 13 adoption)
Annual Improvements 2012	Dec-13	Effective from 2015/16 but not yet EU adopted
Annual Improvements 2013	Dec-13	Effective from 2015/16 but not yet EU adopted
IAS 19 (amendment) – employer contributions to defined benefit pension schemes	Nov-13	Effective from 2015/16 but not yet EU adopted
Amendments to IAS 1		Effective from 2015/16
Annual Improvements to IFRSs: 2012-2014 Cycle	Sept-14	Effective from 2015/16
IFRS 15		Effective 2016/17
Amendments to IAS 16 and IAS 18	May-14	Effective from 2015/16

1.25 Prior Period Adjustments

There were no prior year 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 2015 the Committee received the annual assessment of the Trust's Going Concern status. The Committee concluded that the Trust has sufficient resources and the future projections indicate the Trust should break even or generate surpluses and achieve Monitor's financial risk ratings of 3 over the next five financial years. As a consequence, the Audit

Committee believe that the Trust is well placed to manage its business risks successfully despite the current uncertain economic outlook.

The Audit Committee 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

	12 Months to 31 March 2014	12 Months to 31 March 2013
	£000	£000
Operating income of discontinued operations	1,316	0
Operating expenses of discontinued operations	(1,447)	0
Gain on disposal of discontinued operations	0	0
(Loss) on disposal of discontinued operations	0	0
Total	(131)	0

At 31st May 2014 the Trust stopped providing the CAMHS social care element of the Herefordshire Section 75 contract commissioned by Herefordshire Council. On 31st March 2015, the Trust stopped providing the adult social care element of the Herefordshire Section 75 contract. The full year contract was £1.47m and involved 36 staffing posts.

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 2014/15

As a result of the reorganisation of the NHS on 1 April 2013 the Trust is the recipient of the transfer of assets and liabilities from Herefordshire PCT. Since the trust recognises the transfer directly from a body which ceases to exist on 1 April 2013, modified absorption accounting applied.

The Trust received the following transfer from Herefordshire PCT	As at 1 April 2013
	£000
Property, plant and equipment	6,417
Current Trade and other receivables	16
Current Trade and other payables	(338)
	6,095

The transfer relates to 5 properties and their equipment in Herefordshire, the major site being Stonebow, from which the Trust runs mental health services. The current receivable and current payable transactions all related to the transferred assets. A breakdown of the property, plant and equipment is shown in note 10.3 (page 143)

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 critical judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's 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 must ensure that the fixed asset register holds each asset separately and by components. The Trust believes that a threshold of £800,000 is reasonable, above which owned property assets will be accounted for as structures, engineering and external works components.

Key sources of estimation uncertainty

The following are the key assumptions

concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, that have a significant risk of causing a material adjustment within the next financial year.

With regard to valuing provisions the methodology to determine best estimate differs according to the class of provision.

An accrual for annual leave was estimated by requesting from all budget holders a list of staff with leave outstanding at the end of 31st March 2015. The remaining leave was valued at the appropriate pay band for each member of staff. Annual leave outstanding for medical staff was calculated differently as their annual leave year does not run from 1 April to 31st March but annually from their start date. The actual date of the individual's leave year has been factored into the calculation for determining the outstanding leave and applied to their actual pay.

6 Operating Income

6.1 Income from Activities

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Cost and volume contract income	1,432	1,343
Block contract income	94,678	93,885
Clinical partnerships providing mandatory services (including S75 agreements)	2,407	2,268
Clinical income for the secondary commissioning of mandatory services	0	0
Other clinical income from mandatory services	3,871	4,018
	102,388	101,514

6.2 Other Operating Income

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Research and development	8	137
Education and training	1,772	1,614
Received from NHS charities: Other charitable and other contributions to expenditure	70	0
Received from other bodies: Other charitable and other contributions for the purchase of capital assets	15	0
Received from other bodies: Other charitable and other contributions to expenditure	5	4
Non-patient care services to other bodies	841	776
Other *	1,946	1,893
Gain on disposal of assets held for sale	0	0
Reversal of impairments of property, plant and equipment	59	408
Rental revenue from operating leases	0	0
Income in respect of staff costs where accounted on gross basis	585	569
	5,301	5,401
Total Operating Income	107,689	106,915
Of which:		
Related to continuing operations	106,373	106,915
Related to discontinued operations	1,316	0

For details of discontinued operations see note 3

* 'Other' includes supporting people services of £1,215,383 (£1,275,985 for 2013/14), sale of goods & services £31,744 (£37,884 for 2013/14), Local Authority non healthcare £17,220 (£2,753 for 2013/14), rental income £75,152 (£90,689 for 2013/14), insurance claim reimbursement £4,374 (£12,366 for 2013/14) and staff contributions to employee benefit schemes £208,000 (£213,000 in 2013/14).

6.3 Income from Activities (By Commissioner)

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
NHS Foundation Trusts	1,376	1,379
NHS Trusts	87	54
CCGs and NHS England	96,515	95,390
Local Authorities	3,996	3,966
Department of Health - other	0	0
NHS other	0	0
Non NHS: private patients	0	0
Non-NHS: overseas patients (non-reciprocal)	0	2
NHS injury scheme	0	0
Non NHS: other	414	723
	102,388	101,514

The Trust does not generate private patient income.

6.4 Overseas Visitors

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Cash Payments received	0	2
Amounts added to provisions for impairments of receivables	0	0
Amounts written off in-year	0	0
Income recognised this year	0	2

Overseas Visitors relates to patients charged directly by the foundation trust

6.5 Operating Lease Income

The Trust does not generate private patient income.

6.6 Commissioner Requested Income

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Commissioner Requested services	100,667	101,119
Non-Commissioner Requested services	5,706	5,769
Total operating income from continuing operations	106,373	106,888

7 Operating Expenses

7.1 Operating expenses comprise

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Services from NHS Foundation Trusts	2,265	2,827
Services from NHS Trusts	164	141
Services from CCGs and NHS England	0	56
Services from other NHS bodies	0	0
Purchase of healthcare from non NHS bodies	3,632	4,500
Purchase of social care	4,243	4,466
Executive directors' costs	872	922
Non-executive directors' costs	137	141
Staff costs	77,562	75,325
Supplies and services - clinical (excluding drug costs)	938	571
Supplies and services - general	943	914
Establishment	948	987
Research and development (pay)	135	141
Research and development (Other)	5	56
Transport	1,157	1,226
Premises	4,556	4,283
Increase / (decrease) in bad debt provision (for impairment of receivables)	404	435
Increase in other provisions	494	240
Drug costs	1,580	1,652
Other impairment of financial assets	0	0
Rentals under operating leases	646	629
Depreciation on property, plant and equipment	2,163	2,132
Amortisation on intangible assets	263	264
Impairments of property, plant and equipment	9	1
Impairments of intangible assets	0	0
Impairments of financial assets	0	0
Impairments of investment property	0	0
Impairments of assets held for sale	50	74
Audit fees - statutory reporting	59	38
Audit fees - regulatory reporting	0	0
Other auditors remuneration * Further assurance services	0	0
Clinical negligence	109	112
Loss on disposal of intangible fixed assets	0	0
Loss on disposal of land and buildings	0	7
Loss on disposal of other property, plant and equipment	0	0
Loss on disposal of assets held for sale	0	0
Legal fees	206	189
Consultancy costs	328	327
Training, courses and conferences	498	386
Patient travel	9	14
Car parking & security	50	88
Redundancy	0	0
Early retirements	0	37
Hospitality	4	2
Publishing	0	0
Insurance	132	125
Losses, ex gratia & special payments	3	7
Other *	841	302
	105,405	103,617
Of which:		
Related to continuing operations	103,958	103,617
Related to discontinued operations	1,447	0

For details of discontinued operations see note 3

* 'Other' includes £630k Professional Fees (£70k in 2013/14)

The Trust has contributed £57k to pension schemes in respect of directors in 2014/15 (£72k in 2013/14). 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 Operating expenses include:

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Minimum lease payments Buildings	159	148
Minimum lease payments Lease Cars	487	481
	<u>646</u>	<u>629</u>

7.2.2 Annual commitments containing operating leases are:

On buildings leases expiring:	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Future minimum lease payment due		
Within 1 year	115	113
Between 2 and 5 years	49	15
After 5 years	0	0
	<u>164</u>	<u>128</u>

On other leases (Lease Cars) expiring:

Future minimum lease payment due

Within 1 year	238	216
Between 2 and 5 years	207	152
After 5 years	0	0
	<u>445</u>	<u>368</u>

7.3 Limitation on auditor's liability

	2014/15 £000	2013/14 £000
Limitation on auditor's liability	1,000	1,000

7.4 The late payment of commercial debts (interest) Act 1998

	2014/15 £000	2013/14 £000
Amounts included within other interest payable 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

8.1 Staff costs

	12 Months to 31 March 2015			12 Months to 31 March 2014		
	Total	Permanent	Other	Total	Permanent	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	60,635	59,336	1,299	59,982	55,604	4,378
Social security costs	4,736	3,546	1,190	4,710	4,447	263
Pension costs - defined contribution plans (employers' contributions to NHS Pension Scheme)	7,435	7,088	347	7,381	6,922	459
Pension cost - other contributions	0	0	0	0	0	0
Other post employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	99	99	0
Agency/contract staff	5,823	0	5,823	4,274	0	4,274
Total Staff Costs	78,629	69,970	8,659	76,446	67,072	9,374
Costs capitalised as part of assets	(60)	(60)	0	(21)	(21)	0
Recoveries from DH Group bodies in respect of staff cost netted off expenditure	0	0	0	0	0	0
Recoveries from Other bodies in respect of staff cost netted off expenditure	0	0	0	0	0	0
	78,569	69,910	8,659	76,425	67,051	9,374

The costs associated with bank staff are included within the salaries and wages category
The costs associated with non executive directors are excluded from staff costs.

8.2 Average number of persons employed (WTE basis)

	12 Months to 31 March 2015			12 Months to 31 March 2014		
	Total	Permanent	Other	Total	Permanent	Other
Medical and dental	105	69	36	104	67	37
Ambulance staff	0	0	0	0	0	0
Administration and estates	410	402	8	403	383	20
Healthcare assistants and other support staff	52	48	4	54	52	2
Nursing, midwifery and health visiting staff	841	831	10	830	802	28
Nursing, midwifery and health visiting learners	0	0	0	1	1	0
Scientific, therapeutic and technical staff	268	257	11	253	239	14
Social care staff	70	49	21	81	49	32
Agency and contract staff	54	0	54	75	0	75
Bank staff	113	0	113	108	0	108
Other	0	0	0	0	0	0
	1,913	1,656	257	1,909	1,593	316

8.3 Directors Remuneration

	12 Months to 31 March 2015			12 Months to 31 March 2014		
	Salary	Other Remuneration	Employer contributions to a pension scheme	Salary	Other Remuneration	Employer contributions to a pension scheme
	£000	£000	£000	£000	£000	£000
Non Executive Directors	126	0	0	130	0	0
Executive Directors	714	147	70	751	150	85
Directors Remuneration	840	147	70	881	150	85

The Trust paid into The NHS Pension Scheme for the five Directors who are in the scheme (five in 2013/14). The NHS Pension Scheme is a defined benefits scheme.

⁽¹⁾ Salary includes £88k of invoices to a personal service company for an Interim Director of Finance & Commerce arrangement. This figure excludes VAT paid to the supplier

⁽²⁾ The Medical Director is a part time role whose payment is identified under Salary. Pay associated with the Medical Director's clinical work is shown as Other Remuneration.

8.4 Retirements due to ill-health

	2014/15	2013/14
No. of early retirements on grounds of ill health	5	6
Cost of early retirements on grounds of ill health (£000)	287	298

8.5 Other compensation schemes

Exit packages 2014/15

Exit package cost band (including any special payment element)	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
	Number	£000s	Number	£000s	Number	£000s	Number	£000s
<£10,000	0	0	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0	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
>£200,001	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Exit packages 2013/14

	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
<£10,000	0	0	0	0	0	0	0	0
£10,001 - £25,000	0	0	0	0	0	0	0	0
£25,001 - 50,000	0	0	1	37	1	37	0	0
£50,001 - £100,000	0	0	1	62	1	62	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
>£200,001	0	0	0	0	0	0	0	0
Total	0	0	2	99	2	99	0	0

8.6 Exit packages : other (non compulsory) departure payments

	2014/15 Payments Agreed	2014/15 Total value of Agreements	2013/14 Payments Agreed	2013/14 Total value of Agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirement contractual costs	0	0	0	0
Mutually agreed resignations (MARS) contractual costs	0	0	0	0
Early retirements in the efficiency of the service contractual costs	0	0	1	37
Contractual payments in lieu of notice	0	0	1	62
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	0	0
Total	0	0	2	99

8.7 Employee benefits

No employee benefits were paid during the period.

9. Finance Income And Finance Expenses

9.1 Finance income - interest receivable

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Interest receivable	96	88

9.2 Finance expense - financial liabilities

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Finance leases	23	26

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):

	2014/15			2013/14		
	Net impairments £000	Impairments £000	Reversals £000	Net impairments £000	Impairments £000	Reversals £000
Impairments charged to operating surplus / deficit:						
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	0	0	0
Loss as a result of catastrophe	0	0	0	0	0	0
Other	0	0	0	0	0	0
Changes in market price	0	59	(59)	(333)	75	(408)
Total Impairments charged to operating surplus / deficit	0	59	(59)	(333)	75	(408)
Impairments charged to the revaluation reserve	754	754	0	302	302	0
Total Impairments	754	813	(59)	(31)	377	(408)

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

	2014/15 £000	2013/14 £000
NBV of non-current assets for sale and assets in disposal groups at 1 April	400	474
Transfers by absorption	0	0
Plus assets classified as available for sale in the year	225	175
Less assets sold in year	0	(175)
Less Impairment of assets held for sale	(50)	(74)
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	575	400

During the year the Trust started marketing a property for sale, which was reclassified from property, plant and equipment to being shown as non-current assets for sale. The sale of the existing property is being delayed by its possible involvement in a wider public sector development.

As a result of an impairment review of land and buildings by the District Valuation Office, an impairment of £50,000 was charged to operating expenses.

10.3 Intangible assets

	2014/15			
	Total	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets Under Construction
	£000	£000	£000	£000
Gross cost at 1 April	1,304	246	1,058	0
Impairments	0	0	0	0
Reversal of impairments	0	0	0	0
Reclassifications	24	0	24	0
Revaluation surpluses	0	0	0	0
Additions - purchased	843	0	23	820
Additions - donated	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	(371)	(166)	(205)	0
Gross cost at 31 March	1,800	80	900	820
Amortisation at 1 April	928	191	737	0
Provided during the year	263	25	238	0
Impairments recognised in the income and expenditure account	0	0	0	0
Reversal of impairments recognised in the income and expenditure account	0	0	0	0
Reclassifications	0	0	0	0
Revaluation surpluses	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	(371)	(166)	(205)	0
Amortisation at 31 March	820	50	770	0
Net book value				
Purchased at 1 April	376	55	321	0
Donated at 1 April	0	0	0	0
Total as at 1 April	376	55	321	0
Net book value				
Purchased at 31 March	980	30	130	820
Donated at 31 March	0	0	0	0
Total as at 31 March	980	30	130	820

*In 2014/15 the Trust conducted an exercise to ensure any assets with zero net book value were scrapped on the fixed asset register.

	2013/14			
	Total	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets Under Construction
	£000	£000	£000	£000
Gross cost at 1 April	1,304	246	1,058	0
Impairments	0	0	0	0
Reversal of impairments	0	0	0	0
Reclassifications	0	0	0	0
Revaluation surpluses	0	0	0	0
Additions - purchased	0	0	0	0
Additions - donated	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	0	0	0	0
Gross cost at 31 March	1,304	246	1,058	0
Amortisation at 1 April	664	164	500	0
Provided during the year	264	27	237	0
Impairments recognised in the income and expenditure account	0	0	0	0
Reversal of impairments recognised in the income and expenditure account	0	0	0	0
Reclassifications	0	0	0	0
Revaluation surpluses	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	0	0	0	0
Amortisation at 31 March	928	191	737	0
Net book value				
Purchased at 1 April	640	82	558	0
Donated at 1 April	0	0	0	0
Total as at 1 April	640	82	558	0
Net book value				
Purchased at 31 March	376	55	321	0
Donated at 31 March	0	0	0	0
Total as at 31st March	376	55	321	0

Intangible Valuations	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets Under Construction
Method of determining fair value	Management Review	Management Review	Held at Cost
Year of revaluation	2007/08	2013/14	N/A
Carrying amount of revalued assets at 31 March 2015 (£000)	30	130	820

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
<i>10.4.1 Intangible assets - internally generated</i>		
Information technology	0	1
Development expenditure	0	0
Other	0	0
<i>10.4.2 Intangible assets - purchased</i>		
Software	0	5
Licences & trademarks	0	4
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:

	2013/14							
	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 2014	79,819	19,255	54,908	924	1,849	35	2,838	10
Transfer by absorption Modified	0	0	0	0	0	0	0	0
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Additions purchased / internally generated	4,499	0	2,019	2,379	55	0	46	0
Additions grants/donations of cash to purchase assets	15	0	15	0	0	0	0	0
Impairments charged to operating expenses	0	0	0	0	0	0	0	0
Impairments charged to revaluation reserve	(515)	0	(515)	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	(24)	0	662	(793)	107	0	0	0
Revaluations	1,149	0	1,149	0	0	0	0	0
Transferred to disposal group as asset held for sale	(225)	(80)	(145)	0	0	0	0	0
Disposals	(2,533)	0	0	0	(898)	0	(1,635)	0
Cost or valuation at 31 March 2015	82,185	19,175	58,093	2,510	1,113	35	1,249	10
Accumulated depreciation at 1 April 2014	4,631	0	1,454	0	1,226	34	1,916	1
Transfer by absorption Modified	0	0	0	0	0	0	0	0
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Provided during the year	2,163	0	1,784	0	163	1	213	2
Impairments charged to operating expenses	9	0	9	0	0	0	0	0
Impairments charged to revaluation reserve	239	0	239	0	0	0	0	0
Reversal of impairments credited to operating income reserve	(59)	0	(59)	0	0	0	0	0
Reclassifications	0	0	0	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	(2,533)	0	0	0	(898)	0	(1,635)	0
Accumulated depreciation at 31 March 2015	4,450	0	3,427	0	491	35	494	3
Net book value								
Purchased at 31 March	77,009	19,175	53,940	2,510	622	0	755	7
Finance lease at 31 March	325	0	325	0	0	0	0	0
Donated at 31 March	401	0	401	0	0	0	0	0
Total as at 31st March	77,735	19,175	54,666	2,510	622	0	755	7

As a result of the annual desktop review of land and buildings by the District Valuation Office, the Trust's overall land and buildings value increased by £960k

Some properties incurred an impairment totalling £248k of which £239k was credited against revaluation reserve and an impairment of £9k was charged to operating expenses.

Other properties experienced an increase in value totalling £1,208k of which £1,149k was debited to revaluation reserves and £59k was credited to the operating income as a reversal of previous years impairments against operating expenses.

An impairment of £515k resulting from a mis-timing in capitalisation costs and a District Valuer's 2014 Revaluation has been credited against revaluation reserve. In 2014/15 the Trust conducted an exercise to ensure any assets with zero net book value were scrapped on the fixed asset register.

	2013/14							
	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 2013	67,117	16,645	43,784	2,212	1,694	33	2,749	0
Prior period adjustments	0	0	0	0	0	0	0	0
Cost or valuation at 1 April 2013	67,117	16,645	43,784	2,212	1,694	33	2,749	0
Transfer by absorption Modified	6,417	1,315	4,961	0	22	2	89	28
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Additions purchased / internally generated	1,490	0	956	416	118	0	0	0
Additions grants/donations of cash to purchase assets	0	0	0	0	0	0	0	0
Impairments charged to operating expenses	(1)	(1)	0	0	0	0	0	0
Impairments charged to revaluation reserve	(302)	(302)	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	0	1,581	126	(1,704)	15	0	0	(18)
Revaluations	5,273	77	5,196	0	0	0	0	0
Transferred to disposal group as asset held for sale	(175)	(60)	(115)	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0
Cost or valuation at 31 March 2014	79,819	19,255	54,908	924	1,849	35	2,838	10
Accumulated depreciation at 1 April 2013	2,907	0	210	0	1,066	33	1,598	0
Prior period adjustments	0	0	0	0	0	0	0	0
Accumulated depreciation at 1 April 2013	2,907	0	210	0	1,066	33	1,598	0
Transfer by absorption Modified	0	0	0	0	0	0	0	0
Transfer by absorption Normal	0	0	0	0	0	0	0	0
Provided during the year	2,132	0	1,652	0	160	1	318	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	(408)	0	(408)	0	0	0	0	0
Reversal of impairments credited to the revaluation reserve	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
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 2014	4,631	0	1,454	0	1,226	34	1,916	1
Net book value								
Purchased at 31 March	74,425	19,255	52,691	924	623	1	922	9
Finance lease at 31 March	360	0	360	0	0	0	0	0
Donated at 31 March	403	0	403	0	0	0	0	0
Total as at 31st March	75,188	19,255	53,454	924	623	1	922	9

As a result of the reorganisation of the NHS on 1 April 2013 the Trust was the recipient of the transfer of assets and liabilities from Herefordshire PCT. Since the trust recognised the transfer directly from a body which ceased to exist on 1 April 2013, modified absorption accounting applies. The Trust received £6,417k property, plant and equipment assets.

10.6 Economic life of property, plant and equipment

	Min LifeYears	Max LifeYears
Land	99	99
Buildings excluding dwellings	9	47
Assets under construction	0	0
Plant & machinery	1	15
Transport equipment	0	1
Information technology	1	7
Furniture & fittings	3	7

11 Trade Receivables And Other Receivables

	31 March 2015 £000	31 March 2014 £000
Current:		
NHS receivables - revenue	4,320	2,148
NHS receivables - capital	0	0
Other receivables with related parties - revenue	906	614
Other receivables with related parties - capital	0	0
Provision for impaired receivables	(1,171)	(899)
Deposits and advances	0	0
Prepayments (non-PFI)	208	336
Accrued income	1	0
Interest receivable	3	2
Corporation tax receivable	0	0
Finance lease receivables	0	0
Operating lease receivables	0	0
PDC dividend receivable	0	70
VAT receivable	128	95
Other receivables - revenue	187	233
Other receivables - capital	0	0
Total current trade and other receivables	4,582	2,599
Non Current:		
NHS receivables - revenue	0	0
NHS receivables - capital	0	0
Other receivables with related parties - revenue	0	0
Other receivables with related parties - capital	0	0
Provision for impaired receivables	0	0
Deposits and advances	0	0
Prepayments (non-PFI)	19	16
Accrued income	0	0
Interest receivable	0	0
Corporation tax receivable	0	0
Finance lease receivables	0	0
Operating lease receivables	0	0
VAT receivable	0	0
Other receivables - revenue	0	0
Other receivables - capital	0	0
Total non current trade and other receivables	19	16
Total trade and other receivables	4,601	2,615

11.1 Provisions for impairment of trade receivables

	31 March 2015 £000	31 March 2014 £000
As at 1 April	899	553
Increase in provisions	409	464
Amounts utilised	(132)	(89)
Unused amounts reversed	(5)	(29)
As at 31 March	1,171	899

Provisions for impairment of trade receivables include £1,047k in respect of bodies considered related parties (£856k at 31 March 2014)

11.2 Analysis of impaired receivables

	31 March 2015 Trade Receivables £000	31 March 2015 Other Receivables £000	31 March 2014 Trade Receivables £000	31 March 2014 Other Receivables £000
Ageing of impaired receivables				
0 - 30 days	205	0	33	0
30 - 60 days	0	0	66	0
60 - 90 days	0	0	68	0
90 - 180 days (was "In three to six months")	46	0	130	0
180 - 360 days (was "over six months")	883	37	558	44
Total	1,134	37	855	44
Ageing of non-impaired receivables past their due date				
0 - 30 days	2,179	37	1,493	517
30 - 60 days	149	6	(11)	24
60 - 90 days	481	1	11	5
90 - 180 days (was "In three to six months")	727	6	(230)	0
180 - 360 days (was "over six months")	(178)	22	(84)	(9)
Total	3,358	72	1,179	537

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 2015 £000	31 March 2014 £000
Cost or valuation at 1 April	0	0
Additions	91,000	96,000
Disposals	(91,000)	(96,000)
Revaluations	0	0
Cost or valuation at 31 March	0	0

The Trust used the Bank of England (National Loans Fund), Royal Bank of Scotland, Barclays and Santander 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 2015 £000	31 March 2014 £000
Current		
Receipts in advance	0	0
NHS payables - capital	0	0
NHS payables - revenue	226	1,431
NHS Payables - early retirement costs payable within one year	0	0
Amounts due to other related parties - capital	0	0
Amounts due to other related parties - revenue	1,938	1,448
Other trade payables - capital	1,553	289
Other trade payables - revenue	2,668	1,535
Social Security costs	1,335	1,368
VAT payable	0	0
Other taxes payable	0	0
Other payables	520	594
Accruals	3,047	4,389
PDC dividend payable	0	0
Total current trade and other payables	11,287	11,054
Non-current		
Receipts in advance	0	0
NHS payables - capital	0	0
NHS payables - revenue	0	0
Amounts due to other related parties - capital	0	0
Amounts due to other related parties - revenue	0	0
Other trade payables - capital	0	0
Other trade payables - revenue	0	0
VAT payable	0	0
Other taxes payable	0	0
Other payables	0	0
Accruals	0	0
Total non-current trade and other payables	0	0

An accrual for annual leave was estimated by requesting from all budget holders a list of staff with leave outstanding at the end of 31st March 2015. The remaining leave was valued at the appropriate pay band for each member of staff. Annual leave outstanding for medical staff was calculated differently as their annual leave year does not run from 1st April to 31st March but annually from their start date. The actual date of the individual's leave year has been factored into the calculation for determining the outstanding leave and applied to their actual pay.

Accruals for staff travel, telephones and utility invoices were estimated having analysed the invoices paid and the period unpaid.

13.2 Other liabilities

	31 March 2015 £000	31 March 2014 £000
Current		
Deferred income grants	0	0
Deferred income goods & services	76	356
Deferred income rent of land	0	0
Other deferred income	0	0
Total other current liabilities	76	356
Non-current		
Deferred income grants	0	0
Deferred income goods & services	0	0
Deferred income rent of land	0	0
Other deferred income	0	0
Total other non current liabilities	0	0

13.3 Borrowings

	31 March 2015 £000	31 March 2014 £000
Current		
Bank overdrafts - Government Banking Service	0	0
Bank overdrafts - commercial banks	0	0
Drawdown in committed facility	0	0
Loans from Foundation Trust Financing Facility	0	0
Loans from Department of Health	0	0
Other Loans	0	0
Obligations under finance leases	38	36
Obligations under PFI contracts	0	0
Total current borrowings	38	36
Non-current		
Loans from Foundation Trust Financing Facility	0	0
Other loans	0	0
Obligations under finance leases	358	397
Obligations under PFI contracts	0	0
Total other non current liabilities	358	397

13.4 Prudential Borrowing Limit

The prudential borrowing code requirements in section 41 of the NHS Act 2006 have been repealed with effect from 1 April 2013 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no longer required.

13.5 Finance lease obligations

	31 March 2015 £000	31 March 2014 £000
Gross buildings lease liabilities		
- not later than one year;	59	59
- later than one year and not later than five years;	236	236
- later than five years.	199	259
Gross buildings lease liabilities	494	554
Less finance charges allocated to future periods	(98)	(121)
Net buildings lease liabilities	396	433
Net lease liabilities payable:		
- not later than one year;	38	36
- later than one year and not later than five years;	178	169
- later than five years.	180	228
	396	433

The Trust has one finance lease arrangement, Avon House. The term of the lease is for 20 years and 6 months calculated from 24th Nov 2003. Any discussions on the remainder of the lease / option to buy can commence at the tenth or fifteenth anniversary of the date from which the term is calculated.

14 Provisions

	31 March 2015 Other legal claims £000	31 March 2014 Other legal claims £000
As at 1 April	1,734	1,799
Change in the discount rate	0	0
Arising during the period	1,595	746
Utilised during the period	(103)	(430)
Reclassified to liabilities held in disposal groups in year	0	0
Reversed unused	(648)	(381)
Unwinding of discount	0	0
At 31 March	2,578	1,734
Expected timing of cash flow:		
- not later than one year;	2,540	1,680
- later than one year and not later than five years;	13	13
- later than five years.	25	41
At 31 March	2,578	1,734

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 2013/14)

The NHS Litigation Authority held provisions of £1,134,488 at 31 March 2015 in respect of clinical negligence liabilities of the NHS Foundation Trust (£2,129,028 in 13/14).

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 2015 £000	31 March 2014 £000
At 1 April	30,408	27,645
Net change in year	(3,040)	2,763
At 31 March	27,368	30,408
Broken down into:		
Cash at commercial banks and in hand	36	36
Cash with the Government Banking Service	15,332	18,372
Other current investments	12,000	12,000
Other current investments	0	0
Cash and cash equivalents as in SoFP	27,368	30,408
Bank overdraft - GBS & commercial	0	0
Cash and cash equivalents as in SoCF	27,368	30,408

15.1 Third Party Assets

	31 March 2015 £000	31 March 2014 £000
Third party assets held by the Trust	84	80

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 2015 £000	31 March 2014 £000
Property, plant and equipment	2,584	1,300
	2,584	1,300

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 2015.

17 Contingencies

	31 March 2014 £000	31 March 2013 £000
Gross value of contingent liabilities	(6)	(6)
Amounts recoverable against contingent liabilities	0	0
Net value of contingent liabilities	(6)	(6)
Net value of contingent assets	18	14

Net contingent assets relate to personal injury claims.

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

²gether NHS Foundation Trust is a corporate body established by order of the Secretary of State for Health.

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

The Chief Executive, Shaun Clee, is married to the Head of Older Peoples Services for Midland Heart, a social housing provider who bid for and are in partnership with NHS providers for care support services. The individuals concerned have not been involved in any negotiations or material transactions. Shaun is currently Chair of the Mental Health Network and a Non Executive Director of the NHS Confederation, and representative for mental health/community providers on the governing body of Health Education South West.

The Medical Director, Paul Winterbottom, is married to a director of Gloucestershire Hospitals NHS Foundation Trust. The individuals concerned have not been involved in any negotiations or material transactions. Paul is also a Trustee of Gloucestershire Young Carers and a Director of Active Gloucestershire.

The Director of Finance and Commerce, Andrew Lee, became acting Director of Finance and Commerce in April 2014 and was employed through his company AJL Consultancy Ltd. In November 2014 Andrew became substantively appointed to the role. Since then the Trust has had no dealings with AJL Consultancy Ltd.

The previous Director of Finance and Commerce, Jason Burn left the Trust in March 2014 and received £62k in lieu of notice.

The Trust Chair, Ruth FitzJohn, is President of the Midcounties Cooperative (from Nov 14), Director of the Midcounties Cooperative Society and a Trustee of the Gloucestershire GP Educational Trust and of the Cheltenham Town Community, Sporting and Educational Trust.

A Non Executive Director until 31st October 2014 when she became the Chair of Black Country Partnership NHS Foundation Trust, Joanna Newton, is also a Trustee of Herefordshire Citizens Advice Bureau and Director of Principles in Partnership.

A Non Executive Director, Martin Freeman, is a Director and Trustee of Carers Gloucestershire. This role has not involved any negotiations or transactions related to the Trust.

A Non Executive Director, Charlotte Hitchings, is a self employed executive coach/consultant trading as C-Change. The Board of Governors has five nominated roles (two of which are vacant at 31 March 2015):

Roger Wilson is a Gloucestershire County Councillor and member of the Health and Care Overview and Scrutiny Committee (appointed to ²gether NHS Foundation Trust Board of Governors in July 2014).

Dr Helen Miller is a senior partner at a Gloucestershire GP Practice, and the Clinical Chair of Gloucestershire CCG (appointed to ²gether NHS Foundation Trust Board of Governors in July 2014).

Hazel Braund is the Director of Operations at Herefordshire CCG (appointed to ²gether NHS Foundation Trust Board of Governors in October 2014).

Duncan Smith is a Cheltenham Borough Councillor (left ²gether NHS Foundation Trust Board of Governors in July 2014).

Faye Henry was nominated by the Learning Disabilities Partnership Board (left ²gether NHS Foundation Trust Board of Governors in January 2015).

The Department of Health and Monitor (the independent regulator of NHS Foundation Trusts) are regarded as related parties. During the period the Trust has had a significant number of material transactions with the Department, and with other entities for which these bodies are regarded as the parent departments. Those entities with transactions or balances totalling more than £500,000 are listed below:

Entity	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Berkshire Healthcare NHS Foundation Trust	733			
Gloucestershire Hospitals NHS Foundation Trust	1,228	3,693	657	
Wye Valley NHS Trust		776		
NHS Gloucestershire CCG	76,283		1,757	
NHS Herefordshire CCG	17,590		975	
Health Education England	1,758			
NHS England	1,941			

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Those entities with transactions or balances totalling more than £500,000 are listed below:

Entity	Income £'000	Expenditure £'000	Receivables £'000	Payables £'000
Gloucestershire County Council	1,571	2,902		1,326
Herefordshire Council	3,930	906	599	
NHS Pension Scheme		7,345		1,011
HM Revenue and Customs		4,723		1,335

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 2014/15 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.

During the year, the ²gether NHS Foundation Trust Charitable Fund did not use any resources to benefit the Trust. 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 11th 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 2014/15 none of the trustees or members of key management staff 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 ²gether 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.

²gether NHS Foundation Trust is the corporate trustee of the ²gether NHS Foundation Trust Charitable Fund, registered with the Charity Commission, registration number 1097529.

Since 11th December 2013 ²gether 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 '²gether 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 ²gether 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 31st March 2015 the funds held by the charity were £241,000. £126,814 was spent on patient welfare and amenities, and £18,689 on staff welfare and amenities. Patient welfare expenditure included £75,000 on funding Recovery Colleges across Herefordshire and Gloucestershire. Staff welfare expenditure included £7,050 on Volunteers Training Programmes and £2,810 to allow two staff to present their paper at an International Quality and Safety in Health conference.

19.1.1 From Charity's Statement of Financial Activities

	12 Months to 31 March 2015 £000	12 Months to 31 March 2014 £000
Total Incoming Resources	23	1
Resources Expended with this NHS body	(8)	(1)
Resources Expended with other NHS foundation trusts	(2)	(2)
Resources Expended with NHS Trusts	0	0
Resources expended with NHS England & CCGs	0	0
Resources Expended with bodies outside the NHS	(139)	(37)
Total Resources Expended	(149)	(40)
Net (outgoing) / incoming resources before transfers	(126)	(39)
(Losses) / gains on revaluation and disposal	0	0
Other fund movements	0	0
Net movement in funds	(126)	(39)

19.1.2 From Charity's Balance Sheet

	At 31 March 2015 £000	At March 2014 £000
Investments	0	0
Other fixed assets	0	0
Total fixed assets	0	0
Cash	241	371
Other Current Assets	0	0
Current Liabilities	0	(4)
Creditors due after one year	0	0
Net assets / liabilities	241	367
Restricted / Endowment funds	21	21
Unrestricted funds	220	346
Total Charitable Funds	241	367

19.1.3 Restricted / Non-Restricted Analysis

	12 Months to 31 March 2015 Total charitable funds £000	12 Months to 31 March 2015 Restricted / Endowment £000	12 Months to 31 March 2015 Non-restricted £000
Opening Balance	367	21	346
Net (outgoing) / incoming resources	(126)	0	(126)
(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	241	21	220

19.2 New Highway Charity

The Trust became the corporate trustee of the New Highway Charity on 11th December 2013 and have no responsibility for transactions earlier than this.

In 2014/15 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

	11 Months to 31 March 2015 £000	13 Months to 30 April 2014 £000
Total Incoming Resources	0	40
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	(51)
Total Resources Expended	0	(51)
Net (outgoing) / incoming resources before transfers	0	(11)
(Losses) / gains on revaluation and disposal	0	0
Other fund movements	0	0
Net movement in funds	0	(11)

19.2.2 From Charity's Balance Sheet

	As 31 March 2015	At 30 April 2014
	£000	£000
Investments	0	0
Other fixed assets	0	0
Total fixed assets	0	0
Cash	98	98
Other Current Assets	0	0
Current Liabilities	(5)	(5)
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

	11 Months to 31 March 2015	11 Months to 31 March 2015	11 Months to 31 March 2015
	Total charitable funds £000	Restricted / Endowment £000	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 Primary Care Trusts and the way those Primary Care Trusts 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 auditors.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency fluctuations.

Interest rate risk

The Trust invests in fixed term money market deposits with the National Loans Fund and a small number of banks and building societies with a maximum period of three months. The Trust limits its investment in any one organisation, limits the time of the investment and regularly monitors interest rates in the market. The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

The majority of the Trust's income comes from contracts with other public sector bodies. The Trust has low exposure to credit risk. The maximum exposures as at 31 March are in receivables from

customers, as disclosed in the trade and other receivables note.

The Trust invests in fixed term money market deposits with a small number of banks and building societies. The Trust manages counterparty credit risks by monitoring credit ratings from three agencies and by only investing in organisations with a very strong credit rating and by investing for short periods only. At the 31st March there were no amounts invested in short term deposits.

Liquidity risk

The Trust's operating costs are incurred under contracts with Primary Care Trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from 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 the I&E	Held to Maturity	Available for Sale	Total
	£000	£000	£000	£000	£000
Financial Assets as per Statement of Financial Position:					
At 31 March 2015					
Embedded derivatives	0	0	0	0	0
Trade and other receivables excluding non financial assets	4,348	0	0	0	4,348
Other investments	0	0	0	0	0
Other financial assets	0	0	0	0	0
Non current assets held for sale and assets held in disposal group excluding non financial assets	0	0	0	0	0
Cash and cash equivalents at bank and in hand	27,368	0	0	0	27,368
Total as at 31 March 2015	31,716	0	0	0	31,716
At 31 March 2014					
Embedded derivatives	0	0	0	0	0
Trade and other receivables excluding non financial assets	2,110	0	0	0	2,110
Other investments	0	0	0	0	0
Other financial assets	0	0	0	0	0
Non current assets held for sale and assets held in disposal group excluding non financial assets	0	0	0	0	0
Cash and cash equivalents at bank and in hand	30,408	0	0	0	30,408
Total as at 31 March 2014	32,518	0	0	0	32,518

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:			
At 31 March 2015			
Embedded derivatives	0	0	0
Borrowings excluding finance lease and PFI liabilities	0	0	0
Obligations under finance leases	396	0	396
Obligations under PFI contracts	0	0	0
Trade and other payables excluding non financial assets	9,990	0	9,990
Other financial liabilities	0	0	0
Provisions under contract	2,578	0	2,578
Total as at March 2015	12,964	0	12,964
At 31 March 2014			
Embedded derivatives	0	0	0
Borrowings excluding finance lease and PFI liabilities	0	0	0
Obligations under finance leases	433	0	433
Obligations under PFI contracts	0	0	0
Trade and other payables excluding non-financial assets	9,686	0	9,686
Other financial liabilities	0	0	0
Provisions under contract	1,734	0	1,734
Total as at March 2014	11,853	0	11,853

For all categories of the Trust's financial liabilities the book values are equal to the fair values

21 Losses And Special Payments

Losses:	2014/15		2013/14	
	Numbers	Value £'000	Numbers	Value £'000
1. Losses of cash due to:				
a. theft, fraud etc.	0	0	0	0
b. overpayment of salaries etc.	9	3	18	15
c. other causes	3	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	61	3	1	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	73	6	19	15
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	9	1	13	2
b. clinical negligence with advice	0	0	0	0
c. personal injury with advice	2	20	1	10
d. other negligence and injury	0	0	0	0
e. Other employment payments	0	0	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	3	5
8. Special Severance payments	0	0	0	0
9. Extra statutory and regulatory	0	0	0	0
Total special payments	11	21	17	17
Total losses and special payments	84	27	36	32

These amounts are reported on an accruals basis but excluding provisions for future losses.

22 Post Balance Sheets Events

Following discussions with the Trust's partner Herefordshire Housing a strategic decision was reached to withdraw from Herefordshire Substance Misuse tender. The Trust will continue to provide services until November 2015. The full year contract value of the service for direct costs only is £1.63m through 30.9 WTE staff.

Independent Auditor's Report to the Council of Governors and Board of Directors of 2gether NHS Foundation Trust

Opinion on financial statements of 2gether NHS Foundation Trust In our opinion the financial statements:

- **give a true and fair view of the state of the Trust's affairs as at 31 March 2015 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes 1 to 22. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by Monitor – Independent Regulator of NHS Foundation Trusts.

Our assessment of risks of material misstatement

The assessed risks of material misstatement described below are those that had the greatest effect on our audit strategy, the allocation of resources in the audit and directing the efforts of the engagement team:

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Audit Code for NHS Foundation Trusts.

Going concern

We have reviewed the Accounting Officer's statement contained within the Annual Report on page 14 that the Trust is a going concern. We confirm that

- we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern.

However, because not all future events or conditions can be predicted, this statement is not a guarantee as to the Trust's ability to continue as a going concern.

Risk	How the scope of our audit responded to the risk
<p>Recognition of Revenue</p> <p>There are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:</p> <p>the judgements taken in evaluating volume related and Commissioning for Quality and Innovation income.</p> <p>The majority of the Trust's income comes from key commissioners, increasing the significance of associated judgements. As detailed in note 6.1 of the accounts the Trust received £108m of income during the year.</p>	<p>We evaluated the design and implementation of controls over recognition of income.</p> <p>We tested the recognition of income through the year, including year-end cut-off and detailed contract testing and evaluate the results of the agreement of balances exercise.</p> <p>We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners.</p>
<p>Capital projects and revaluation</p> <p>The Trust has completed an independent valuation of land and buildings carried out for the purposes of the 31 March 2015 financial statements. This has led to an overall upwards revaluation of £960,000 as detailed in note 10.5. The valuations are by nature significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.</p> <p>In addition, the Trust has capitalised £5.3m in fixed asset additions during the year. With significant capital projects there is a risk that costs are not accounted for correctly within the financial statements.</p>	<p>We evaluated the design and implementation of controls over property valuations and capital additions.</p> <p>We have challenged all valuation movements of £60,000 and above to determine whether yearend valuations are not materially misstated. This has been completed through direct correspondence with the valuer and corroboration of explanations to other benchmark data.</p> <p>We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.</p> <p>In addition, we have completed focused testing in relation to additions and repairs and maintenance expenditure to determine whether the costs incurred have been accounted for in line with accounting standards.</p>

The description of risks above should be read in conjunction with the significant issues considered by the Audit Committee discussed on page 31.

Our audit procedures relating to these matters were designed in the context of our audit of the financial statements as a whole, and not to express an opinion on individual accounts or disclosures. Our opinion on the financial statements is not modified with respect to any of the risks described above, and we do not express an opinion on these individual matters.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

We determined materiality for the Trust to be £1.2m, which is below 1.1% of revenue and below 1.2% of equity.

We agreed with the Audit Committee that we would report all audit differences in excess of £60,000, as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control. Audit work was performed at the Trust's head offices in Gloucester directly by the audit engagement team, led by the audit partner.

The Trust utilises the services of Gloucestershire Share Services to provide day to day accounting services to the Trust. As part of the audit process we visited the shared service provider to access the audit documentation that provided the necessary audit evidence.

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the part of the Directors' Remuneration Report to be audited has been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Strategic Report and the Directors' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Audit Code for NHS Foundation Trusts, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Our duty to read other information in the Annual Report

Under International Standards on Auditing (UK and Ireland), we are required to report to you if, in our opinion, information in the annual report is:

- materially inconsistent with the information in the audited financial statements; or
- apparently materially incorrect based on, or materially inconsistent with, our knowledge of the Trust acquired in the course of performing our audit; or
- otherwise misleading.

In particular, we have considered whether we have identified any inconsistencies between our knowledge acquired during the audit and the directors' statement that they consider the annual report is fair, balanced and understandable and whether the annual report appropriately discloses those matters that we communicated to the audit committee which we consider should have been disclosed. We confirm that we have not identified any such inconsistencies or misleading statements.

Respective responsibilities of the accounting officer and auditor

As explained more fully in the Accounting Officer's Responsibilities Statement, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law, the Audit Code for NHS Foundation Trusts and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors. We also comply with International Standard on Quality Control 1 (UK and Ireland). Our audit methodology and tools aim to ensure that our quality control procedures are effective, understood and applied. Our quality controls and systems include our dedicated professional standards review team.

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of 2gether NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Accounting Officer; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.



Ian Howse
(Senior statutory auditor)
for and on behalf of Deloitte LLP
Chartered Accountants and Statutory Auditor
Cardiff, United Kingdom

Annex A: 2014/15 limited assurance report on the content of the quality reports and mandated performance indicators

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 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Delayed transfer of Care
- Admissions to inpatient services had access to crisis resolution home treatment teams
- We refer to these national priority indicators collectively as the 'indicators'.

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 Monitor.

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'
- the Quality Report is not consistent in all material respects with the sources specified 'NHS Foundation Trust Annual Reporting Manual' 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 guidance for external assurance on Quality Reports'.

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 for the period April 2014 to May 2015
- papers relating to Quality Reported to the board over the period April 2014 to May 2015

- feedback from Commissioners, dated May 2015
- feedback from governors, dated March 2014
- feedback from local Healthwatch organisations, dated May 2015
- feedback from Overview and Scrutiny Committee dated May 2015
- the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24 April 2015
- the 2014 national patient survey,
- the 2014 national staff survey,
- Care Quality Commission Intelligent Monitoring Report, dated November 2014
- the Head of Internal Audit's annual opinion over the trust's control environment, dated April 2015, 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 2gether 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 2015, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. 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 indicators;
- 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;
- 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'. The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

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 2015:

- 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'
- the Quality Report is not consistent in all material respects with the sources specified in Detailed Guidance for External Assurance on Quality Reports ; and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual'.



Deloitte LLP
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Contact Us

Contacting the Trust



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01452 894000

Communicating with Governors

Members of the Trust may contact Governors by:



trustgovernor@glos.nhs.uk



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The Assistant Trust Secretary on:



01452 894165

There is also a feedback form on the Trust website at:



www.2gether.nhs.uk/feedback-form

Information in other languages/formats

2gether NHS Foundation Trust Annual Report and Accounts 2014/15 describe the activities of the Trust during the 2014/15 financial year.

If you would like the Annual Report in large print, Braille, audio cassette tape or another language please telephone



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To become a member of 2gether NHS Foundation Trust



Membership
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