Great Western Hospitals NHS
NHS Foundation Trust

Great Western Hospitals NHS Foundation Trust
Annual Report and Accounts
2012/2013

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

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1 CHAIR AND CHIEF EXECUTIVE'S REPORT

The past 12 months has been one of transition and reorganisation for the NHS and whilst we as a Trust have not been directly involved in these changes, the landscape that has changed around us has a direct impact on the work we do.

The winter period has been one of the busiest on record. We are increasingly seeing more frail elderly patients with conditions that require more acute support. This pressure has not only been experienced at the Great Western Hospital. Most Trusts across the region have experienced similar demands on their services and this has had a knock on impact for our community services in Wiltshire with more referrals into our Neighbourhood Teams and more patients seen in our Minor Injury Units.

One of the most pressing priorities for the Trust is to manage the demand for urgent care and we are working closely with our new commissioners – the Clinical Commissioning Groups – to address this in the year ahead.

During the latter part of the year the Francis Report into care failings at Mid-Staffordshire Hospitals NHS Foundation Trust was published. Whilst the issues the inquiry looked at occurred 100 miles away in Stafford, the disturbing stories of neglect and poor care have sent ripples across the NHS. The report detailed 290 recommendations for all parts of the NHS and other external organisations and we are starting the new financial year going through these recommendations to see what we are already doing to raise standards and what else we need to do to go further.

Above all the report highlighted the need for a change in culture in the NHS – one that is 100% focussed on the patient and service user and this is something we have been promoting ourselves over the past year through the championing of our STAR values – Service, Teamwork, Ambition and Respect.

Through the hard work, compassion and dedication of our staff we are in a strong position as a Trust from a performance, financial and a patient experience perspective. Despite the high degree of uncertainty in the NHS over the past 12 months due to national changes and the extra demand from patients, overall we have performed well across the majority of the quality indicators we are measure against and we delivered a surplus of £1.2m. However, there have been some measures that we have found more difficult to achieve such as the Clostridium difficile indicators and the four hour Emergency Department waiting times, particularly over this busy winter period.

At Christmas we were pleased to learn that we are in the top three Trusts in the South West according to the results of the latest independent NHS Staff Survey. These results have not happened by accident, we take the survey findings very seriously and it helps guide our work so we can deliver improvements in the working lives of staff. Thanks to this effort, over recent years we have gradually improved our position in this survey and we aim to do even better in the year ahead through focussing on the areas we need to improve such as communication between line managers and their teams and providing staff with greater opportunity to offer up their ideas and suggestions. Staff engagement is vitally important, not for its own sake, but because a more engaged and motivated workforce leads to better patient care.

As part of our drive to improve patient care, a major focus of our efforts during the past 12 months has been to deliver improvements in the standard of nursing across the Trust. To spearhead this effort we have been fortunate to recruit Hilary Walker our new Chief Nurse who has made excellent progress in this area. This has included the development of a new Nursing Strategy which aims to strengthen the voice of nursing within the Trust and raise standards where we need to.

We have also agreed an additional £1.1m investment in extra Nurses for this coming year with recruitment already underway. We have also invested over £200,000 in a new leadership programme to give our senior Nurses and Midwives the skills to lead their teams in these challenging times. All of this investment is a demonstration of our unwavering commitment to improving patient care and the importance of the role of nursing in that mission. Our investment in additional staffing in the year ahead will not only benefit patients and improve care but it will also provide much needed support for colleagues who have routinely gone above and beyond the call of duty throughout much of the past 12 months.

We have been pleased that some of the groundbreaking work we have been doing within the Trust is starting to achieve national recognition. We were shortlisted in the National Health Service Journal Awards for the development of a new Ambulatory Care Service for patients and our work to improve the hydration of patients on the wards. In this year already we have been shortlisted in two National Patient Safety Award categories and we are supporting our staff to raise the profile of the great work they do.

The whole Board is extremely grateful for the effort of our staff and volunteers during what has been an incredibly challenging end of the year. We said in the Annual Report last year that challenging times lay ahead and we are now experiencing them fully.

What we aim to do as a Trust is to not sit back and wait to respond to these challenges but instead be proactive with how we manage them. We have spent the latter part of the year developing a new five year strategy – one which accounts for the ageing population, new technology, drugs and treatment, the poor economic environment and rising expectations.

Yours sincerely

Bruce Laurie
Chairman
23 May 2013

Nerissa Vaughan
Chief Executive
23 May 2013

2 OUR TRUST

2.1 Vision - Your health our passion

"We will provide healthcare services that delight patients and satisfy commissioners by meeting, or exceeding, all local and national standards and providing convenient, local services so that people enjoy the best state of health and will have access to first class services when they need them."

2.2 Our aims and values

To achieve our Vision we have the following aims, also known as strategic objectives: -

1. To provide consistently high quality, safe services which deliver desired patient outcomes and we will perform in the top 25% (upper quartile) of comparable acute trusts in delivering Hospital Standardised Mortality Rates (HSMR), patient satisfaction and staff satisfaction.

2. To improve the patient and carer experience of every aspect of the service and care that we deliver.

3. To ensure that staff are proud to work for the Trust and would recommend the Trust as a place to work and to receive treatment.

4. To secure the long term financial health of the Trust.

5. To adopt new approaches and innovate to promote health and improve services as healthcare changes whilst continuing to become even more efficient.

6. To work in partnership with others so that we provide seamless care for patients, more systematically identifying and supporting those individuals at most risk of ill health and delivering closer to home in rural areas.

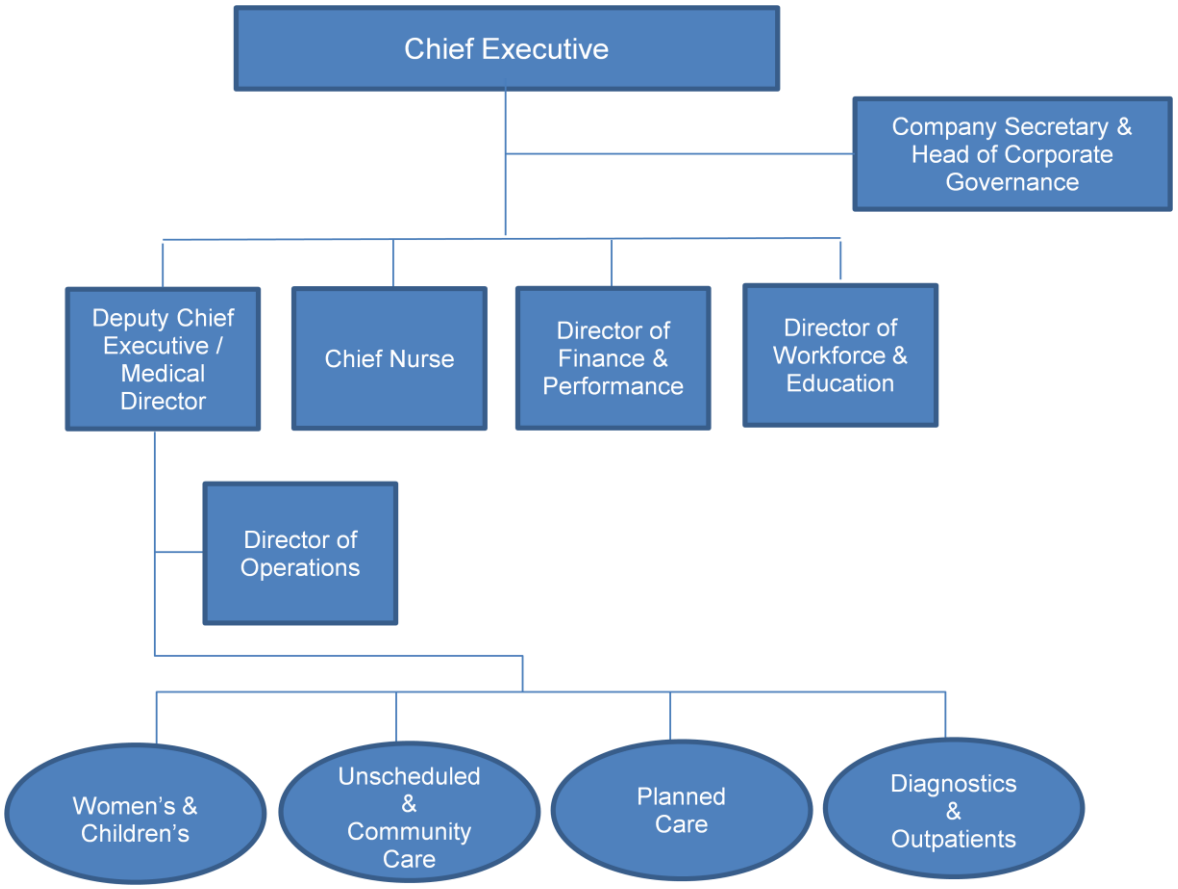
Underpinning this, our principles are to: -

1. always listen to our patients, local people, commissioners and staff;

2. be a good collaborator, working effectively with colleagues and with external stakeholders with mutual respect; and

3. work honestly, openly and with integrity to encourage innovation and bold decisions, striving to be an exemplary employer.

2.3 Organisational structure 2012/13



For 2013/14 the Unscheduled and Community Care Directorate has been split out to provide two separate directorates, namely, the Unscheduled Care Directorate and the Community Integrated Health Directorate.

3 DIRECTOR'S REPORT

General Companies Act Disclosures

3.1 Directors of Great Western Hospitals NHS Foundation Trust

Directors of Great Western Hospital NHS Foundation Trust during 2012/13: -

Bruce Laurie	Chairman
Nerissa Vaughan	Chief Executive
Roberts Burns	Non-Executive Director
Rowland Cobbold	Non-Executive Director *(up until 31 December 2012)* Senior Independent Director *(up until 30 September 2012)*
Liam Coleman	Non-Executive Director
Oonagh Fitzgerald	Director of Workforce and Education
Angela Gillibrand	Non-Executive Director Deputy Chairman
Philippa Green	Non-Executive Director *(from 1 January 2013)*
Roger Hill	Non-Executive Director Senior Independent Director *(from 1 October 2012)*
Dame Janet Husband	Non-Executive Director *(from 1 January 2013)*
Maria Moore	Director of Finance and Performance
Kevin Small	Non-Executive Director *(up until 31 October 2012)*
Alf Troughton	Medical Director and Deputy Chief Executive
Hilary Walker	Interim Chief Nurse *(from 28 May 2012 up until 31 December 2012)* Chief Nurse *(from 1 January 2013)*

3.2 Principal activities of the Trust

Great Western Hospitals NHS Foundation Trust has its main headquarters at the Great Western Hospital (GWH) in Swindon. In addition to this, the Trust also provides a range of community health and maternity services across Wiltshire and parts of Bath and North East Somerset covering a population of approximately 1,300,000 people. This includes providing services to residents of parts of Oxfordshire, West Berkshire and Gloucestershire. The Trust has a workforce circa 5,500 and the Trust's income was £302,962m in 2012/13. The history of the Trust is referred to elsewhere in this report (section 3.29.2 refers).

The regulated activities that the Trust is currently registered to provide are as follows: -

- Treatment of disease, disorder or injury;
- Assessment of medical treatment for persons detained under the Mental Health Act 1983;
- Surgical procedures;
- Diagnostic and screening procedures;
- Management of the supply of blood & blood derived products;
- Maternity and midwifery services;
- Nursing care
- Termination of pregnancy

The Trust secured a licence to operate from the Care Quality Commission in March 2010 without any conditions attached to it. As part of the merger with Wiltshire Community Health Services (WCHS), the Trust altered the conditions of its existing registration from 1 June 2011 with the Care Quality Commission (CQC). This included nursing care as an additional community based activity and the addition of 21 community sites/locations. All registered sites/locations and activities have since been reviewed post merger and registration variation applications were completed to reflect the changes. A full copy of our licence can be found at: www.gwh.nhs.uk.

3.3 Location of services

The Trust provides emergency, acute and community services to the local population through the following sites:

3.3.1 Great Western Hospital

The Great Western Hospital (GWH) is a purpose built District General Hospital providing emergency care, elective (planned) surgery, diagnostics, paediatrics, maternity (both midwife and consultant led), outpatient and day case services.

GWH opened in December 2002, replacing the Princess Margaret Hospital in Old Town, Swindon. The hospital has approximately 500 beds and is designed and equipped to offer a first-class environment for patients, visitors and staff, with over 30% of beds provided in single rooms with en-suite facilities. The remainder are in single sex four bedded bays.

3.3.2 The Brunel Treatment Centre

On the GWH site there is a purpose built centre for elective (planned) surgery called the Brunel Treatment Centre. The centre has enabled the Trust to separate emergency from elective (planned) surgery. Patients admitted to the Treatment Centre are screened for MRSA prior to their admission. The Centre includes the Shalbourne Suite, which is a private patient unit.

3.3.3 Within the Community

The Trust also provides a number of services closer to patients' homes in the local community. Some of our other sites are as follows:

Location	Type of service
Chippenham Community Hospital	Acute and community services, Minor Injuries Unit, dentistry and Birthing Centre
Trowbridge Community Hospital	Acute and community services, Birthing Centre, Minor injuries Unit and outpatients clinics
Savernake Community Hospital	Acute and community - Inpatients
Warminster Community Hospital	Acute and community – Inpatients and dentistry
Melksham Community Hospital	Community/Out patients
Westbury Community Hospital	Dentistry
Southgate House	Neighbourhood Team base. Community specialist services
Hillcote	Care home
Paulton Memorial Hospital	Birth Centre and Outpatients Clinic
Princess Anne Wing, Royal United Hospital, Bath	Acute Maternity and Inpatients
Shepton Mallet Community Hospital	Birthing Centre
Frome Victoria Hospital	Birth Centre and outpatients clinic
Erlstoke Prison	Dentistry and nursing
Amesbury Health Clinic	Dentistry and podiatry
Malmesbury Primary Care Centre	Podiatry/MSK
Devizes Community Hospital	Maternity/MSK Physio/Out patients/dentistry
Salisbury Central Health Clinic	Dentistry and podiatry
Swindon Health Centre (Carfax Street)	Dentistry and sexual health
Tidworth Clinic	Dentistry
West Swindon Health Centre	Dentistry
Devizes Health Centre	Dentistry
Fairford Community Hospital	Outpatient services
GP practices	The Trust provides a range of clinics in various GP practices throughout our catchment area

Further Companies Act Disclosures

3.4 Regulation Disclosures

1 Where any market values of fixed assets are known to be significantly different from the values at which those assets are held in the Trust's financial statements, and the difference is, in the directors' opinion, of such significance that readers of the accounts should have their attention drawn to it, the difference in values will be stated with as much precision as is practical and reported in the notes to the accounts.

2 There are no political or charitable donations to disclose.

3 Any important events since the end of the financial year affecting the Trust will be recorded as a post balance sheet event and noted in the accounts.

4 An indication of likely future developments at the Trust is included in the Trust's Annual Plan.

5 An indication of any significant activities in the field of research and development is reported elsewhere in this report (section 3.8 refers).

6 The Trust does not have branches outside the UK.

7 Details of policies applied during the financial year for giving full and fair consideration to applications for employment made by disabled persons, having regard to their particular aptitudes and abilities are available on request to the Trust.

8 Details of policies applied during the financial year for continuing the employment of, and for arranging appropriate training for, employees who have become disabled persons during the period are available on request to the Trust.

9 Details of policies applied during the financial year for the training, career development and promotion of disabled employees are available on request to the Trust.

10 The circulation of a "Team Brief" (an electronic site communication) is one regular action taken in the financial year to provide employees systematically with information on matters of concern to them as employees.

11 To enable consultation with employees, the Trust has in place an employee partnership agreement. There is an Employee Partnership Forum made up of representatives from the trades unions and management. The agenda covers Trust developments and financial information, as well as consultation on policies and change programmes.

12 Actions taken in the financial year to encourage the involvement of employees in the Trust's performance include regular all staff briefings by the Chief Executive. Staff are encouraged to ask questions and seek further information directly.

13 Actions taken in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the Trust include site communication with staff and Team Brief circulation.

14 In relation to the use of financial instruments, an indication of the financial risk management objectives and policies of the Trust and the exposure of the entity to price risk, credit risk, liquidity risk and cash flow risk, unless such information is not material for the assessment of the assets, liabilities, financial position and results of the entity are included in the account notes.

15 Disclosures in respect of policy and payment of creditors are included in the notes to the accounts.

Business Review / Management Commentary / Operating and Financial Review

3.5 Review of the Trust's Business

The Trust's Annual Plan submitted to Monitor (the regulator of Foundation Trusts) sets out the organisation's priorities for delivery during the year. Set out below is an overview of the Trust's business during 2012/13 which includes key developments, mapped against our six strategic objectives which guide the direction of the Trust. .

1. To provide consistently high quality, safe services which deliver desired patient outcomes and we will perform in the top 25% (upper quartile) of comparable acute trusts in delivering Hospital Standardised Mortality Rates (HSMR), patient satisfaction and staff satisfaction.

Quality and safety continue to be our top priorities as we want to provide the best care possible consistently to our patients across all our sites. Our key challenge during 2012/13 has been ensuring our capacity meets demand and maintaining a high quality service with growing operational pressures. This is across our elective and non-elective services.

Examples of achievements across the Trust during the course of the year are as follows:

- Performance is strong, with positive outcomes against national and local performance targets. Details on performance against key quality indicators are included in the Quality Report referred to elsewhere (section 6 refers).
- The average length of stay in community hospitals has reduced.
- We have continued our focus on the Productive Ward (an efficiency tool) with the roll out of a Productive Community Hospital Programme.
- The end of life preferred choice of place to die has increased, which means more patients are ending their life in a place of their choice.
- The cancer target performance has been maintained to achieve the two week and 31 and 62 day targets and provide a supportive and timely service for patients on a cancer pathway.
- In addition, cancer services work has been undertaken to develop a new strategy for the ongoing delivery of high quality services for patients, reflecting the national drive to reduce mortality from all cancers and improve life outcomes for patients. A mobile chemotherapy unit, started in January 2013, now supports more patients receiving treatment closer to home and cancer length of stay has been reduced as a result of more multi-disciplinary working across the service.
- Therapy services have developed the Musculoskeletal Assessment Treatment Service across the Trust, supporting a reduction in referrals to Trauma and Orthopaedics.
- Referral to Treatment (RTT) performance has been maintained providing excellent pathways and competitive waiting times for patients.
- Best practice in fractured neck of femur care has continually been met providing

excellent care for patients. The Trust has very competitive performance in this area particularly in ensuring no delays for surgery for clinically appropriate patients

- The Medical Director has rolled out regular safety briefings aimed at Junior Doctors but relevant to all clinical staff featuring important 'calls to action' around specific safety issues.

- Over the past year the Trust has performed well in relation to the Hospital Standardised Mortality Rate (HSMR) and throughout the year has consistently been below the level of mortality expected against the standardised figure. A more detailed report on our performance against a range of quality and safety indicators can be found elsewhere in this report (section 0 refers).

- A pre-operative weight management programme has been introduced in conjunction with primary care to reduce clinical risk and ensure patients are optimised before their operation.

- Level 2 compliance with NHSLA Risk Management Standards was confirmed by a formal external assessment in November 2012.

- Safeguarding and child protection activity has increased with a stronger focus on domestic abuse, substance misuse and mental health issues for children and young people.

Conversely, performance at the end of the patient pathway has been less positive. Challenges remain in discharging patients in a timely way, both as a result of internal processes and support from community partners. Recognising the importance of patient discharge, a Discharge Team has been established to ensure patient discharge is timely and the appropriate support is put in place.

Some ward services are not currently configured to offer senior clinical cover 7 days per week, resulting in lower levels of discharges at weekends. Initiatives such as criteria led discharge have helped improve discharge at weekends, but the impact of this is limited to those patients for whom a clearly defined assessment can be made.

The presence of a Discharge registrar at weekends has facilitated improved weekend discharges but requires support of other services to be most effective.

2. To improve the patient and carer experience of every aspect of the service and care that we deliver.

Notable achievements during the year in improving patients and carer experience are included in a separate patient experience report found elsewhere in this report (section 0 refers). Some examples include: -

- We successfully re-established the Patient Advice Liaison Service (PALS) Team into a broader, more proactive Customer Service Team, ensuring that the structure and therefore team met organisation needs. The team lead on ensuring the patient voice is heard within our service and the clarity on processes focused the Directorates on their role and lessons are being learnt from complaint themes. The Team has also worked with NHS Elect to deliver sessions to teams in order to ensure that patients are at the heart of learning, for example the Goldfish bowl exercises referred to elsewhere in this report (section 3.24.5 refers).

- Creation of Elective Admission Team to merge Bed Bureau and Cherwell Unit to provide clinical input into the booking process to improve patient experience and drive efficiency.

- The re-introduction of Children's Day Area to provide a better pathway for children.

3. To ensure that staff are proud to work for the Trust and would recommend the Trust as a place to work and to receive treatment.

- The Trust has in place training requirements for all staff. During 2012/13 the processes for ensuring staff undertake mandatory training were refreshed resulting in compliance with mandatory training increasing across the Trust.

- During 2012/13 a greater understanding of the needs and support for community staff was gained. Electronic reporting systems were rolled out across community sites, Occupational Health and Wellbeing Services were provided across the community from January 2013, health and safety audits were conducted for the first time and mandatory and other training was delivered across community sites. There remains some work to do to ensure appropriate engagement with the community workforce and to ensure that the model of training delivery meets community staff's needs.

- Managers are supported by HR to review services and consequently teams were successfully merged for example, the podiatry team. In total 9 HR policies were merged so as to gain consistency and common understanding across the workforce.

- The Trust has values which embed a strong customer service culture within the Trust. The values were developed by staff as the key characteristics and traits they felt the Trust embodies and that all staff should aspire to. The values are represented by four simple but powerful words: Service, Teamwork, Ambition and Respect (STAR).

- There has been a focus on improving our employee recognition offer and expanded the already successful Staff Excellence Awards annual scheme. Over 400 staff attended the awards night in June 2012. A monthly recognition scheme based on the Trust STAR values continues whereby staff can nominate colleagues who they feel are role modelling the Trust values. For the first time nominations for awards now include a category whereby patients can nominate staff.

  The values underpin management standards, recruitment processes, induction and appraisals to ensure the Trust has the right calibre of staff delivering not only the best clinical care, but the best customer service too.

- The Trust recruited a Staff Engagement Manager to lead a programme of work to support more effective staff engagement, in particular across community sites. The Staff Engagement Manager working with the Communications Manager met with over 400 members of staff to seek views on how we can more effectively engage with our staff. A Staff Engagement Plan was approved in September 2012 and is currently being implemented.

- We measure our success in achieving this through our staff survey results which measures across 28 areas of contact points with staff including training and development, job design, health and wellbeing services, role design, engagement, safety and effectiveness.

- Towards the end of 2012 the Trust took part in the annual national NHS Staff Survey. The results, published in March 2013 place the Trust third from top for Acute Trusts in the South West. The results show that overall staff consider the Trust to be a good place to work and they feel satisfied with the quality of work and patient care they are able to deliver. However, areas for actions were identified around staff communicating with senior managers and the ability of staff to contribute towards improvements at work. Plans are in place to address these areas.

  An overview of 2012 Staff Survey results is contained elsewhere in this report (section 0 refers).

- The Communications Team continue to work proactively with local and social media to ensure that the Trust is represented positively locally and regionally. A considerable success for the Trust was the 10 year anniversary celebrations in December 2012. The ideas for celebration captured local people's interest in the hospital and also provided an opportunity for staff to reflect on their time in the hospital.

- Our ability to utilise our management staffing information needs to be strengthened so that we can maximise the benefits of the rostering system. However this is a cultural change across the organisation and there will be considerable focus on this during 2013/14.

- Attendance rates at work deteriorated during 2012/13 with a 4.06% rate in January 2013. The trend is 0.5% increase which means an additional 46 members of staff not at work. Work is underway to support staff to remain at work, where possible and to promote positive health and wellbeing.

- A challenge emerged in winter 2012 as we had vacancy hotspots in our high demand winter pressure areas. This has put pressure on our permanent staff and has increased cost due to high use of agency. We have reviewed our approach to recruitment and need to ensure that our workforce planning and in particular for our escalation plan is achieved in a more effective manner and work is progressing to achieve this through a vacancy recruitment campaign.

- During 2012/13 there was considerable concern regarding the potential reputational damage for the Trust as a local employer during the complex GMB/Carillion Employee relations issue. This challenge will continue into 2013/14. The Trust has been proactive in keeping staff informed of the situation and to responding to any areas of concern. Strong relationships exist with the local media which have helped in presented a fair reflection of the issues.

- In 2012/13, a state of the art Simulation suite has been built in the Academy. We are training staff to use it and are delivering a teaching programme for students. The Undergraduate team are also delivering many added value programmes, for example: "Dare to Doctor: a widening participation course for 6th form students", an international medicine programme in Uganda. In total 30 scientific publications based on undergraduate research and audits have been published.

- We successfully recruited 16 new consultants during 2012/13, a significant increase on previous years and used patients to input into the recruitment of paediatric consultants on two occasions.

4. To secure the long term financial health of the Trust.

The financial environment remains challenging and this challenge will grow in the years ahead as the Trust seeks to reduce costs and maintain a high standard of care.

As the Trust is also a provider of community services, this presents an opportunity for the Trust to control expenditure associated with care across the acute and community care pathway. As part of the Strategic Transformation Programme a business case for the development of neighbourhood teams was developed in November 2012 with partners to respond to the Shadow Wiltshire Clinical Commissioning Groups (CCGs) clinical strategy for care closer to home. The CCG confirmed in December its intention to make significant investment over the next three years to develop case management systems and care coordination while improving communications with GP practices.

In the latter part of 2012/13 a review of the approach to business planning was undertaken resulting in a more robust approach adopted for future planning in a challenging and changing environment. The primary focus on services is around quality of care, but a strong factor is economic viability. The Trust has robust planning for identifying cost improvements plans and has introduced new processes for greater scrutiny and challenge around delivery of those plans. The Trust has placed great emphasis on identifying efficiencies to ensure the delivery of more services, for the same or less.

The Trust is reviewing where further efficiencies can be realised in its services, estates and other areas.

Examples of achievements during 2012/13 which impact on the financial health of the Trust include: -

- Pharmacy services had particular success in reducing expenditure on medications, through both negotiation on contracts but also through patients bringing their own drugs into hospital. There has been a rationalisation of medical gas use, which has also brought about savings.
- £16.264m of savings were delivered in year against a plan of £16m.
- An additional working capital facility was secured improving the Trusts liquidity position.
- A corporate approach to recruitment has started with a view to reducing agency spend.
- A review of the theatre stock management.
- Offensive waste roll out saving circa £75k per annum.
- Implementation of new booking process for Non Emergency Transport Service to support patient discharge, reducing spend on private ambulance use.
- Successful EU tender completed resulting in reduced costs for offsite storage.

5. To adopt new approaches and innovate to promote health and improve services as healthcare changes whilst continuing to become even more efficient.

The Trust continually looks at ways to become more efficient, delivering more with less. Examples of new approaches and innovation are: -

- Our approach to Ambulatory Care launched as a six month pilot in November 2011 and rolled out permanently in 2012/12. The initiative has reduced the number of admissions; reduced mixed sex accommodation and improved how we care for ambulatory (walk in) patients. Through an internal reconfiguration and streamlined processes, the Acute Assessment Unit (AAU) was expanded to create more space to see and treat patients who may not require hospital admission. More space means that we are able to put patients in the most appropriate bay removing the risk of

accommodating patients in bays with people of the opposite sex.

- Integration of specific services, following the merger with Wiltshire Community Health Services, such as Dietetics, has been successful.

- Virtual outpatient clinics have been established and partnerships with primary care and the emergent Clinical Commissioning Groups have been established. New referral pathways are being developed jointly with GPs and hospital clinicians, both reducing referrals and maximising the initial outpatient attendance reducing the need for follow up appointments as much as possible.

- Following the merger of Wiltshire Community Health Services with the Trust in June 2011, the Trust has continued to integrate community services with the acute hospital services, improving patient flow, hospital discharges and enhancing understanding of acute/community services. The community hospital beds have been used predominantly for step down care and but there has been a consistent problem with delayed transfers of care and lower levels of discharges at weekends. Initiatives such as criteria led discharge have helped improve discharge over the weekends, but the impact of this is limited to those patients for whom a clearly defined assessment can be made.

- In 2012 a desktop exercise was carried out to identify the overall progress in delivering community services and integrated care focussing on patient communication and engagement; engagement with GPs and improved care coordination; health and performance improvement; reducing avoidable emergency admissions and public health outcomes and vulnerable groups. This exercise identified that performance was variable and whilst progress has been made in integrating services, there is still work to be carried out to maximise the opportunity afforded through being a combined organisation.

- A transformation programme was established in April 2012 which includes developing neighbourhood teams and community hospitals to take forward some of the benefits identified and respond to new commissioning intentions from clinical commissioning groups for community services.

- The Trust achieved a Trauma Unit accreditation for Severn and Thames Valley Networks to facilitate the continued provision of trauma services for our local population.

- The provision of oral surgery has been expanded with services now provided from Tetbury Hospital.

- The Medway system, which is the main patient information system used throughout the Trust is being upgraded to make it fit for the future.

The new Medway Maternity system was deployed at Great Western Hospital (GWH) and planning is underway to introduce digital pens, eForms (at GWH), and to then deploy the system within the Bath Clinical Area.

In the latter part of 2012/13 the Trust strengthened it approach to business planning with a redefinition and consolidation of the strategic agenda. The Trust has developed 10 work programmes to consolidate and focus activity across the Trust, with a planning time horizon of two years.

6. To work in partnership with others so that we provide seamless care for patients, more systematically identifying and supporting those individuals at most risk of ill health and delivering closer to home in rural areas.

Examples of working in partnership include the following: -

- Acute medical services have been developed and enhanced in the last twelve months, with the successful establishment of two new clinical areas – Linnet Acute Medical Unit (LAMU) and Ambulatory Care. Both of these services have supported a reduction in medical beds through better management of short stay admissions. The Acute Medical Team has worked closely with SEQOL (Social Enterprise) in developing a single point of access service through which all GP referred patients are now channelled. Alongside this, SWICC (Intermediary Care) now has both step up and step down beds supporting both admission avoidance and faster access to rehabilitation and re-ablement, with strong links between acute medical teams and GPs.

- The Single point of Access (SPA) for SEQOL formerly, Emergency Department Assessment Team (EDAT) has been successful in supporting faster discharge from the 'Front door', which has, alongside other developments, enabled a reduction in emergency admissions. Senior decision making at the front door is also strong with good Emergency Department and Acute Medical presence. From January 2013 Access to Care (ATC) Wiltshire has supported Health and Social Care decisions at the front door for Wiltshire residents working in partnership with SEQOL.

- The Trust is establishing relationships with the various new Clinical Commissioning Groups which are responsible for commissioning services. Ways of working together are developing and there is a strong focus on meeting local demands and providing high quality care.

- In March 2013 a 'fifth' directorate known as the Health and Integrated Care Directorate, encompassing adult community services was established to take community services through a significant period of change and development. The Trust has approved the establishment of three senior community posts to support the development of community services in three localities. This arrangement will allow for a local response to the three Clinical Commissioning Groups within Wiltshire and will help the Trust to respond to natural patient flows acute hospitals in the area and will strengthen communication, co-production with partners and the development of managed care networks.

- Creation of a vascular network in partnership with Cheltenham and Gloucester to provide the best care for patients in line with national recommendations on vascular surgery and other interventions.

- Creation of a Spinal network with Oxford.

3.6 Additional activity creating pressure on finances

The Trust continues to experience additional demand for services, over and above the levels we are contracted to provide by our Commissioners. The following tables highlight activity levels verses contracts by point of delivery for the GWH Acute and Community and Maternity contracts.

TABLE - GWH Acute Activity

Point of Delivery	Contract	Actual	(Under)/ Over performance against contract	Variance %
GWH - New Outpatients	130,630	148,766	18,136	12.2%
GWH - Follow Up Outpatients	254,568	274,326	19,758	7.2%
GWH - Planned Same Day	27,096	27,838	742	2.7%
GWH - Emergency Inpatients	31,916	38,192	6,276	16.4%
GWH - Elective Inpatients	6,338	6,343	5	0.1%
GWH - Emergency Department Attendances	68,185	77,642	9,457	12.2%
Total	518,733	573,107	54,374	9.5%

TABLE - Wiltshire Community Activity

Point of Delivery	Actual
Minor Injuries Unit	41,755
Admitted Patients	789,473
Community contacts including outpatients	8,498

In year the Trust secured for contract over performance was £7.27m for Swindon, £1.556m for Wiltshire; £0.617m for Wiltshire Community £1.216m for other.

3.7 Continued investment in improved services for patients

With increasing pressures on resources it has become more challenging to invest in large capital projects. As a Foundation Trust we do not have other sources of funding and therefore we rely on delivering ambitious savings programmes to free up money to invest in new equipment and services. This is becoming increasingly pressing as some of the equipment purchased at the time of opening the Great Western Hospital 10 years ago is now coming to the stage where it needs to be replaced.

In 2012/13 the Trust generated a surplus to allow investment in services and equipment thus ensuring that we continue to improve care for our patients both at the GWH, out in the community and in the home. Going forward, the Trust will aim to continue to make a surplus each year to fund investment in services.

The Trust has in post a Fund Raising Manager who is key in generating charitable funds which are used for specific one off projects which would otherwise not be achievable. In March 2013, the Trust hosted a “Dragons Den” event whereby staff were able to bid for funding donated by the Charitable Funds Committee towards one off projects. The event was very successful with a number of small projects being awarded funds. These projects will improve services to patients.

The Dragon's Den is one example of how the Trust provides opportunities to staff to allow them to come forward with suggestions and enables staff to be engaged and instrumental in introducing new ideas and initiatives.

3.8 Research and development

The number of patients receiving NHS services provided or sub-contracted by Great Western Hospitals NHS Foundation Trust that were recruited during 2012/13 to participate in research approved by a research ethics committee was 826.

We currently have 61 actively recruiting Department of Health endorsed (portfolio) research projects. 11% of these are straight forward Band1 studies with 43% being the more complex Band 2 studies and 46% are highly complex Band 3 studies.

Under the direction of the Research and Development (R&D) Director the R&D department continues to increase research activity at the Great Western Hospitals NHS Foundation Trust.

The team consisting part time posts of R&D Manager, Coordinator and Administrator continue to ensure tight deadlines for approval of research projects are met. In addition to these tasks the focus has changed to incorporate more in depth support to recruitment of ongoing studies.

Cancer research accounts for approximately 50% of our activity, and this remains our most heavily supported area with 6WTE supporting research here. Progress continues to be made in other key topic areas such as Rheumatology and Orthopaedics with 10% of activity and 1.2 WTE in these areas. Dementia research has taken off this year with 5% of our activity happening in this growing area.

Commercially funded research has grown substantially within the Trust and some research posts continue to be funded from this income.

With funding received from the Department of Health through our Comprehensive Local Research Network (CLRN), R&D have been able to continue funding key research posts across the Trust in Cancer, Rheumatology, Dermatology, Sexual Health, Orthopaedics and ICU. Support departments continue to receive funding for posts to allow them to carry out any additional tests etc that a research project may require.

All research staff in the Trust are supported with training and guidance through R&D and the CLRN's. All research nurses receive an induction pack and competency pack in addition to their standard induction information. Further support is also available through mentoring our increasingly experience team here.

All SOPs (standard operating procedures) within the Research Support Services National Initiative have been implemented to ensure we are compliant with all governance standards.

3.9 Main risks and uncertainties facing the Trust in the future

Main risks and uncertainties facing the Trust are included in the Trust's Annual Plan, together with proposed actions to mitigate those risks. A summary of the risks to the Trust for 2013/14 onwards is included in the Annual Governance Statement set out elsewhere in this report (section 14.4.5 refers).

3.10 Trends likely to impact on the Trust 2013/14

The most significant trend likely to impact on the Trust in 2013/14 is the increase in activity which brings with it an increase in associated costs, particularly staffing and supplies. Correlating with this is an increase in complaints and claims as the Trusts treats more patients.

The trend going forward is a continuing emphasis on more for less and that delivering savings and efficiencies will become increasingly more challenging. The Trust therefore needs to continually consider new ways to deliver services, providing good value for money, whilst delivering high quality care and services. The ongoing economic situation looks unlikely to change.

In a new NHS environment there will be increased competition with commissioners tendering services. With the ability for any qualified provider to deliver health care services and choice being around quality of service, there will be more pressure on the Trust to provide the highest quality care.

Recruiting and retaining nursing staff will continue to be challenging with a growing demand for nursing staff against a national shortage.

A further trend will be the continual push to look at patient pathways, to ensure the best approaches to delivering care to patients with joined up co-ordinated methods across providers and services.

The trend going forward is for more open and transparent processes with focus on a duty of candour. There is greater public interest in the NHS generally and the Trust will be required to evidence its governance processes around how it promotes a culture of openness, admitting when we make mistakes, learning from them and saying sorry when things go wrong. Married with this will be greater focus on taking responsibility and ownership of problems and dealing with them.

Locally the trend is an increasing elderly population with long term conditions. There continues to be pockets of deprived areas within the Trust area with associated health care requirements around obesity, drug misuse and teenage pregnancy.

3.11 Impact of the Trust's business

Details of the impact of the Trust's business on the environment, social and community issues and on employees, including information about policies in relation to those matters and the effectiveness of those policies are referred to elsewhere in this report under the sustainability report (section 7 refers) and in the staff survey report (section 9 refers).

3.12 Consultations

There were no formal public or stakeholder consultations during 2012/13. However, the Trust regularly engages with local stakeholders regarding issues relevant to the Trust.

In January 2013, a decision was taken to establish a 'fifth' directorate encompassing adult community services and staff consultation took place on this including on what should be the name for the directorate.

3.13 Contractual arrangements

The Trust does not have any contractual arrangements with persons which are essential to the business of the Trust.

3.14 Performance across the range of healthcare indicators which we are measured against

A detailed performance report is provided elsewhere in the quality report (section 6.4 refers).

Please note that the Trust has disclosed information on the above as required under the Companies Act that is relevant to its operations.

Enhanced Quality Governance Reporting

Quality governance is combination of structures and processes at and below Board level to lead on trust-wide quality performance including:

- ensuring required standards are achieved;
- investigating and taking action on sub-standard performance;
- planning and driving continuous improvement;
- identifying, sharing and ensuring delivery of best-practice; and
- identifying and managing risks to quality of care.

Arrangements in place to ensure quality governance and quality are discussed in more detail within the annual governance statement (section14 refers) and the quality report (section 6 refers).

The Trust continues to maintain a strong focus on quality. Through the 10 work programmes developed to consolidate and focus activity across the Trust, (section 3.5 refers), the Trust will drive further improvements in the quality of care provided to patients.

3.15 Monitor's Quality Governance Framework

The Trust has had regard to Monitor's quality governance framework in arriving at its overall evaluation of its performance, internal control and board assurance framework. The Trust seeks to ensure that the Trust strategy; capabilities and culture; processes and structure and measurements are mapped against Monitor's Quality Governance Framework. Quality governance is discussed in more detail elsewhere in this report namely in the Quality Report (section 6 refers) and in the Annual Governance Statement (section 14 refers).

In November 2012, the Trust commissioned an independent audit which provided assurance regarding the Trust's quality governance arrangements, but identified areas for improvement. The audit confirmed that the Board had demonstrated a focus on quality although improvements should be made to ensure a quality focused culture in the organisation, through active leadership and engagement. An action plan has been drawn up to address the recommendations in the audit report, which include the launch and implementation of a revised Quality Strategy, staff engagement and ensuring robustness of quality information and data. This work is progressing and will be ongoing throughout 2013/14.

During 2012/13 the Trust had in place a number of plans and processes which contribute to ensuring quality governance. Examples of this include: -

- Ongoing development of the Trust's business strategy with particular emphasis on quality.

- Monthly reporting to the Board on risks and potential risks to quality, with action plans in place to address any gaps in assurance.

- Ongoing refreshment of the Board to ensure that the Board has the necessary skills and qualities to manage the Trust and deliver the quality agenda.

- Promotion of a quality focused culture throughout the Trust evidenced by the roll of staff values and improved communication and feedback mechanisms. Quality is considered in developing policies and procedures for the Trust with consideration given to the impact on clinical effectiveness, patient experience and the quality of care.

- There are clear processes for escalating quality performance issues to the Board. These are documented, with agreed rules determining which issues should be escalated. These rules cover, amongst other issues, escalation of serious untoward incidents and complaints. Robust action plans are put in place to address quality performance issues.

- A robust and effective Board Assurance Framework and Risks Management process, which provides a valuable tool for identifying risk, managing them, ensure controls are in place and addressing any gaps in those controls.

- Patient experience is important to the Trust. Each month Information on comments and complaints is reported, which includes areas for learning.

- Quality information is analysed and challenged in a number or areas. The Board reviews a monthly 'dashboard' of the most important metrics and areas for focus are identified.

Patient care

3.16 Development of services to improve patient care

We treat thousands of patients every year as follows: -

TABLE – Patients seen, treated or admitted 2010/11 – 2012/13

	2010/11	2011/12	2012/13	Variance from 2011/12
New outpatients	96,456	137,504	148,766	11,262
Follow up appointments	212,887	263,066	274,326	11,260
Day cases	27,813	27,320	27,838	518
Elective inpatients	7,269	6,723	6,343	-380
Emergency inpatients	35,210	35,804	38,192	2,388
Emergency Department attendances	68,618	70,731	77,642	6,911

The table above is for the Great Western Hospital acute activity only. GUM/HIV, A&E and Anticoagulation are included in outpatient figures.

TABLE – Patients seen, treated or admitted 2012/13 by former Wiltshire Community Health Services

	2011/12	2012/13	Variance from 2011/12
Community Minor Injuries Unit	**46,507**	**43,277**	**-3,230**
Community Admitted Patients	**7,445**	**8,498**	**1,053**
Community contacts including outpatients	**803,545**	**789,473**	**-14,072**

3.17 Performance against key healthcare targets

Details of performance against key healthcare indicators is set out elsewhere in this report (section 6.4 refers).

3.18 Arrangements for monitoring improvements in the quality of healthcare

Continuous monitoring of the Quality Account and Improvement Plan and National Targets is observed monthly. The improvement indicators and national targets inform the Safety and Performance Dashboard and are reported through to our Commissioners and Trust Board via an Executive Committee. The Quality Account improvement indicators also inform a Patient Safety and Quality Committee each month.

Compliance Monitoring of the CQC regulations is undertaken through a Clinical Standards Group, the Patient Safety and Quality Committee and Executive Committee up to Trust Board. Compliance monitoring is informed by the CQC Quality and Risk Profile. Exceptions in compliance or risks identified inform the Trust's 15+ Risk Register (a register of top risks) and actions plans are developed and progress monitored to ensure any evidence of compliance or strengthened where appropriate.

3.19 Progress towards targets

Progress with national targets informs the Trust Safety and Performance dashboard which is shared and monitored by our commissioners, as well as monitored through the Executive Committee and Trust Board. Monthly directorate performance meetings are held to monitor performance at directorate level. Quarterly reporting on compliance with the national targets informs Monitor quarterly.

Progress towards targets as agreed with local commissioners, together with details of other key quality improvements are included elsewhere in this report (section 6.4 refers).

3.20 New or significantly revised services

Improving the way we care for ambulatory patients - Acute Assessment Unit (AAU) and Ambulatory Care Unit pilot – Following a six month pilot in 2011, the Trust permanently relocated the Acute Assessment Unit (AAU) and opened an Ambulatory Care Unit at GWH. Ambulatory patients are those who are capable of walking and who require acute hospital medical attention.

These changes were designed to:

- Increase the size of AAU, which is re-named the Acute Medical Unit (AMU) and will better match the demand from the number of daily medical admissions into the hospital. It will continue to be a specialist area providing care for patients requiring admission for up to 72 hours or needing acute medical assessment and treatment prior to referral to specialty teams.
- Set up a fast track Assessment and Diagnostic area in the current AAU space close to the Emergency Department to treat patients without having to admit them overnight to hospital, called the Ambulatory Care Unit.

This way of providing care for AAU and ambulatory patients has improved their care and experience in hospital and the initiative has proved successful. Without this model of care the Trust would have undoubtedly struggled more to cope with the increased volumes of patients during the winter months as was the case for many Trust without this model of care.

Information on new approaches and innovation to promote health and improve services as healthcare changes whilst continuing to become even more efficient are included elsewhere in this report (section 3.5 refers).

3.21 Improvement in patient / carer information

In order to improve the information we provide to patients and carers, we need to understand who they are, their needs and how we can meet and exceed their expectations. Work is underway within Customer Services and the Equality and Diversity Group to develop our understanding of who our patients and carers are, and who they will be in the years to come.

Although we remain focused on the future, some projects have continued over the last year. The Trust has renewed its development of a new bedside guide which aims to improve the quality of information for each patient and their families.

The Trust has also recognised the need to improve the quality of patient information and has tasked the Customer Service Team to carry out a systemic review of the information we provide to patients. The outcomes from the review will form an action plan that aims to improve patient information.

3.22 Focusing on the patient

How the Trust has focused on the patient, with examples is included in the business review / management commentary / operating and financial review section of this report (section 3.5 refers). The Trust is also considering the recommendations in the Francis Inquiry report with a view to making further improvements, focussed on the patient.

3.23 Complaints Handling

Published under Regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009

Over the last year, the Trust has made a real effort to listen to and understand its customers, predominantly its patients. By using the information provided by its customers, the Trust has been able to develop services as a result of their feedback.

When things have gone wrong, or if we have not lived up to expectations, then it is often our complaints process which can help us to work out what we can do differently or better next time. Complaints must be seen as a positive. On a personal level, being honest and open improves our relationship with the people we serve. From an organisational perspective, complaints information is an excellent source of insight into how we provide care.

Over the last year, the Patient Advice and Liaison Service (PALS) has undergone some big changes. The Team has been re-branded as the *Customer Service Team* and has moved to the Workforce and Education Directorate. The Team was restructured and additional staff recruited to provide a more proactive service to both our service users and staff. A new Head of Customer Service started at the beginning of February 2013 and the Team closed the year fully staffed. The Trust has invested in the Team demonstrating a commitment to listening to and acting on feedback and is seeing strong results from doing so.

The Customer Service Team administers the complaints process on behalf of the Trust and is developing strong links with all areas of the organisation. In order to be even more customer focused the Team created a vision and mission:

Our Vision

To turn concerns and complaints into service improvements by listening to the patients, their carers and families to improve the overall patient experience and become a provider of choice.

Our Mission

We aim to maintain a high standard by placing the needs of customers at the heart of our service and for our customer service delivery to be the standard against which all other departments are measured.

In the public sector, great emphasis is placed on statements about improving the patient or customer experience. The challenge for the year ahead for us is to turn words into actions and actively develop the culture to truly live the vision and mission.

As part of the business planning process ambitious objectives, including receiving external recognition for delivering excellent customer service, have been set. The Team is embarking on closer partnership working across the trust and although it will take time, the Team is committed to embedding its vision and mission into service delivery.

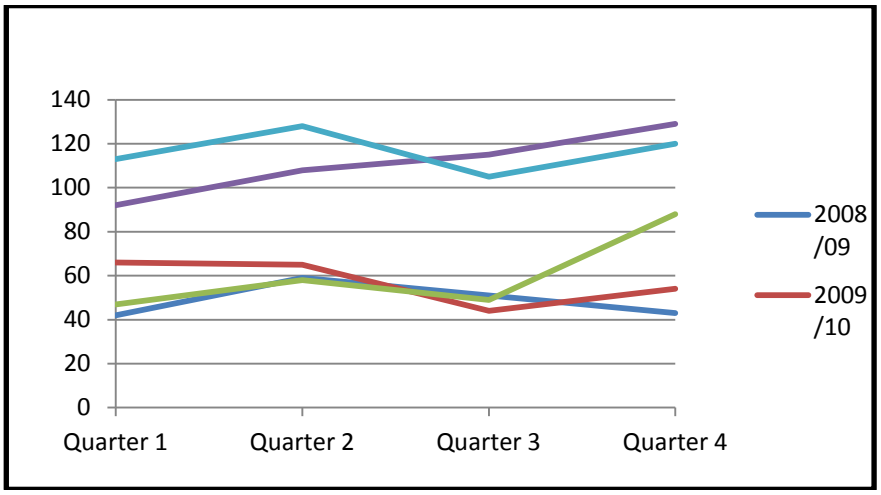
3.23.1 Formal complaints

During 2012/13 the Trust received a total of 2,194 comments, concerns and complaints, which is a combined total from all stages of the complaints process.

This is only the second year that complaint figures have incorporated the previous Wiltshire Community Health Service (WCHS) which merged into the Trust in June 2011. Stage Three or formal complaints increased by 22 from 2011/12 to total 466. This equates to just 0.08% of the total number of patients seen, treated or admitted during 2012/13 which is the same as 2011/12.

The graph below compares the number of Formal Complaints received during 2012/13, along with data from 2011/12, 2010/11, 2009/10 and 2008/09. The jump in numbers since 2011 relates to the merger with WCHS.

Chart - Number of Formal Complaints received



Response times for formal complaints have dramatically improved over the year and will continue to be a focus into 2013/14. When taking all stages of the complaints process into account, the Trust responded to 83% of complaints within timescale during the final quarter of the last year. This represents the Trust's best ever performance.

The Customer Service Team is keen to share good practice around the Trust to replicate the results of some departments and improve response times even further. Proven ideas include introducing dedicated officers to help at peak times.

From working to improve back office functions to implementing front end service developments – our promise is to keep listening to our customers and learn.

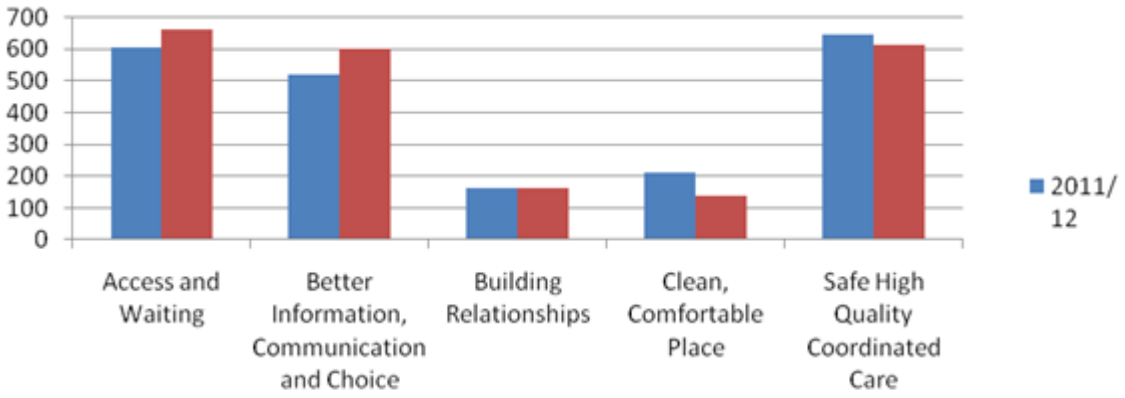
A number of service improvements have been put in place over the last year to enhance patient experience and even more are planned for 2013/14:

- Enhanced patient information prior to admission and on discharge regarding care, treatment and expectations
- A review of all patient leaflets and information to help patients make informed decisions about their care.
- Following a skill mix review undertaken in 2012 to ensure the Trust has the right numbers of staff with the right skills in place to care for patients.
- Launch of a new 'Bedside Guide' for patients at the Great Western Hospital
- Information leaflets provided on discharge regarding side effects of medication – provided with all medication dispensed from pharmacy as well as a helpline number for patients to ring if there are concerns
- Review of admission, discharge and transfer document underway to ensure standardised discharge checklist completed including explanation about medication and side effects.
- Maintenance of senior sister/matron posters visible in ward/departments ensuring patients and visitors know who to contact if they have concerns or questions
- Bedside handover audits by matrons and senior sisters monthly to ensure robust processes in place.

3.23.2 Key Complaint Themes

For 2012/13 the most prominent complaints themes, from across all stages of the complaints process, are access and waiting, and communication. The chart below shows the major themes and the comparison to 2011/12.

Table - Complaints Themes



Unfortunately, these are not just complaint themes. Concerns about access and waiting, and communication are being highlighted in quarterly inpatient surveys, an Accident and Emergency survey and posts on websites.

3.23.3 Parliamentary and Health Service Ombudsman (PHSO)

15 complaints were investigated by the PHSO during 2012/13. From the 15 cases, six have been closed.

The Ombudsman found that in three cases financial redress should be made, with payments totalling £2,900. Two cases also required formal action plans to be produced and sent to the Care Quality Commission and Monitor.

3.23.4 Learning from patient experience

The problems customers told us about last year	What we have done as a result
Difficulties getting through to the wards by telephone.	Clearer answer phone messages on out of use telephones to ensure patients know the correct contact information. A reminder to Out Patient Departments has also being sent out asking staff to divert their phones to a colleague if they are going to be away and unable to answer calls from patients.
Leaflets not providing enough information or providing incorrect information	The Trust has instigated a patient information project to look at every leaflet the Trust provides to ensure high quality information is provided. This will be rolled out in 2013/14.
Some patients have been unhappy with the quality of the food provided and the availability of food for those with special requirements.	Under the leadership of the Nutrition Steering Group, the Trust will look at how food can be improved. A food diary has been given to a sample of patients looking at a range of issues including, taste, choice, presentation and support provided during mealtimes. The results will be used to identify targeted improvements in food. Governors have been involved in the target area for improvement.
Patient concerned with the amount of available car parking spaces.	A short term solution is being implemented by mid April 2013. A plan has been formulated to redesign the car park to increase the amount of available space designated at the front of the hospital.
More appropriate signage required to ensure blue badge holders don't park illegally.	Changes to car parking to be implemented in April, with more spaces for Blue Badge Holders which will result in all spaces being outside of the parking barriers.
Inadequate seating for patients and relatives in Breast Screening.	Seating increased with current redevelopment of Breast Screening Unit.
Multiple cancellations of patient's appointments and lack of discussion regarding convenient time and date.	The Outpatient project – 'Eyes to the Future' is reviewing and improving processes to allow improved booking, capacity and reduce cancellations whilst making improvements to the appointment letters for those who absolutely must be cancelled.
Complaints about delays in triaging in ED within 20 minutes	Recruitment of additional staff in ED.
Concerns about the hospital as a whole and the lack of service provision for the deaf community, particularly when admitted via ED.	Met with the patient to discuss requirements for the deaf community when being admitted via ED. The Trust purchased video relay software to ensure that British Sign Language is available at the start of admission. Awareness has been raised with ED receptionists of how to communicate with patients with hearing difficulties and will be included in the customer service training.
Cleanliness of bedside tables	New styles of bedside tables have been ordered which have a smooth top which is easier for cleaning.
Ward Manager not visible.	Photographs of Ward Manager on the ward. Ward Manager now working 50:50 clinically to raise visibility.

3.24 Using patient experience to drive service improvements

3.24.1 The Friends and Family Test

One of the biggest changes regarding the measurement of the patient experience is the introduction of the Friends and Family Test. Although not mandatory until 1st April 2013, the Trust proactively introduced it into many areas in December 2012.

Working in partnership with external company iWantGreatCare, the Trust launched the test in all inpatient areas, maternity and A&E. Although it is too early to obtain full and meaningful data, early indications show a positive view of the Trust, and with many patients expressing the view that they would be extremely likely to recommend us if their friends and family needed care or treatment.

The Trust has adopted a paper based and on-line approach to the test. At the point of discharge, every patient should be given a small A5 card which currently asks:

- what was good about their care, and
- how likely they are to recommend us should a friend or family member need care.

Patients can either complete the card in the hospital on at home on-line.

The Trust is expected to achieve a 15% – 20% response rate for these cards and plans to roll this test out across outpatients so that we have a comprehensive view of patient experience.

Each week, the completed cards are sent off to iWantGreatCare who produce management reports down to ward level. Theses are shared with staff as soon as possible and reflect an over all score, based on the recommendation, and a scan of any hand written comments.

From July 2013 onwards the results from the test will be published on-line.

3.24.2 Comment Cards

Comment cards have been phased out in areas now conducting the Friends and Family Test, but have continued to be a useful way for our customers to ‘tell us how we’re doing’ in other areas.

Through the comment cards system, customers could feedback in four particular areas:

- What was good about their visit?
- Was there anything we could do better?
- Would they recommend us to a friend?
- Please tell us about any person or team who provided you with excellent care.

As funding becomes available, the comment cards will be totally replaced by the Friends and Family test.

3.24.3 Online Feedback

Online feedback has continued to grow throughout the year. The Trust now has over 1250 followers on Twitter (gaining 800 this year), a notable Facebook presence and also received comments through NHS Choices, Patient Opinion and Swindon Link websites. The Trust has routinely reviewed all of the comments posted and aims to reply within 48 hours.

Comments posted online have ranged from complaints about unappetising food to comments about exceptional care. One very positive aspect of online feedback is its instantaneous nature. One particular comment made a series of complaints about poor hygiene on a ward. A spot check was quickly carried out to monitor standards demonstrating the seriousness with which we take this type of feedback.

The Trust is keen to develop how we use social media to communicate with our customers and a key priority for next year will be the creation of a social media strategy.

3.24.4 Mystery Shopping

Over the course of 2013/14, the Customer Service Team will be introducing Mystery Shopping to the Trust. Using real patients, who will be invited to sign up to the scheme, we hope to be able to understand the journey a patient takes through the Trust's services and gain more in-depth feedback on real situations.

3.24.5 The Goldfish Bowl

The Goldfish Bowl is a learning workshop for staff to learn about patient's healthcare experiences – both good and bad. Four Goldfish Bowl training sessions have now been held, one for each directorate with a further session planned for Integrated Community Health Directorate.

The training was originally facilitated by NHS Elect, but will now be managed internally by the Academy. From each training session action plans have been produced which will be followed up by the Customer Service Team.

The training has received positive feedback from both staff and patients who have been involved and will continue as a rolling project which will continue throughout 2013/14.

3.24.6 Patient Surveys

During 2012/13 the Trust swapped suppliers for the analysis of surveys, moving from the PICKER Institute, to Quality Health who have carried out the mandatory and voluntary surveys.

During 2012/13, Quality Health has carried out:

- Quarterly Inpatient Surveys
- Annual Inpatient Survey - *results from this survey are used for national benchmarking purposes by the CQC*
- Maternity Survey
- They have also been commissioned to undertake a survey of Neighbourhood Team patients in early 2013/14.

3.24.7 Quarterly Inpatient Surveys

Quarterly Inpatient Surveys give the Trust an opportunity to monitor service improvements and responsiveness to the personal needs of patients.

The results of the surveys are used to monitor five elements of Commissioning for Quality and Innovation (CQUIN) relating to patient experience at the Trust. The table below shows the CQUIN results gathered from the quarterly Inpatient surveys:

TABLE - Great Western Hospital Quality Account results on patient experience

Indicator	Regulator	Target 2012/13	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Were you involved as much as you wanted to be in decisions about your care and treatment?	QA, PCT, CQUIN	52% or more	45%	49%	52%	52%
Did you find someone on the hospital staff to talk to about your worries and fears?	QA, PCT, CQUIN	43% or more	37%	37%	35%	32%
Were you given enough privacy when discussing your condition or treatment?	QA, PCT, CQUIN	73% or more	71%	73%	75%	74%
Did a member of staff tell you about medication side effects to watch for when you went home?	QA, PCT, CQUIN	40% or more	31%	31%	33%	30%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?	QA, PCT, CQUIN	76% or more	63%	70%	69%	69%

Surveys are also conducted on the Trust's Community Inpatient areas which are provided from four wards across three sites, Longleat Ward - Warminster Hospital, Ailesbury Ward - Savernake Hospital, and two wards at Chippenham Community Hospital.

Please note, that due to very low numbers of participants in the Community surveys, some % figures are not representative.

TABLE - Community Services Quality Account results on patient experience

Indicator	Regulator	Target 2012/13	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Were you involved as much as you wanted to be in decisions about your care and treatment?	QA, PCT, CQUIN	42% or more	42%	18%	45%	39%
Did you find someone on the hospital staff to talk to about your worries and fears?	QA, PCT, CQUIN	41% or more	41%	0%	43%	31%
Were you given enough privacy when discussing your condition or treatment?	QA, PCT, CQUIN	73% or more	73%	55%	64%	61%
Did a member of staff tell you about medication side effects to watch for when you went home?	QA, PCT, CQUIN	31% or more	31%	20%	13%	21%
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?	QA, PCT, CQUIN	67% or more	67%	10%	53%	55%

3.24.8 Annual Inpatient Survey

The Annual Impatient Survey was carried out in quarter three of 2012/13.

This survey is a national survey with core questions mandated. The results for these core questions are published by the Care Quality Commission (CQC) and compare the Trust against the best are worst performers nationally.

In all but one question, we performed at roughly the same level as other trusts. The only question where we need to improve relates to communication and information provided when leaving hospital.

The survey also maps trends and in many areas, the problems highlighted by complainants and online feedback corroborate survey data as areas for improvement. These are set out below.

TABLE – Problems identified in survey

Area	Problems Identified in Survey
Admissions	Choice, changes to the date of admission, privacy and information
Hospital and Ward	Mixed Gender Wards, information safety, noise and food
Doctors	Communication
Nurses	Staffing levels, communication,
Operations	Communications
Leaving Hospital	Discharge delays, information

3.24.9 Accident and Emergency Department Survey

In 2012 the Picker Institute conducted an Accident and Emergency Department Survey, which looked at the services provided and the quality of service. It also referenced the results back to the previous survey in 2008 and to other trusts.

Overall, the scores for the Trust showed no significant differences from 2008, however, we did score significantly better in two areas; cleanliness of toilet facilities and patients being able to get care from staff when needed. Scores worsened in one area; being given written/printed information about condition or treatment.

Compared to other trusts, we scored significantly better on 18 questions with no scores being worse.

The results from the survey match feedback from other source and support projects commencing in 2013 to develop better communication.

3.24.10 Other

Call Bells

Call bell response times within the acute hospital site continue to be closely monitored. Matrons receive data for their clinical areas every week to enable very regular monitoring at local level and the Matrons Care Quality Operational Group maintain an overview of progress and achievement.

While many departments do achieve a response within 5 minutes for over 90% of patients, a number of the inpatient areas continue to strive to achieve this target, with some achieving over 80% but others achieving less than 80%.

It is anticipated that as additional nurses are recruited to the ward teams following agreed investment, greater consistency will be achieved.

Within our inpatient wards across community settings the technology to replicate this work is not currently available. Senior Nurses providing leadership across these settings will this year establish a mechanism by which to provide some performance data and assurance.

Patient Reported Outcome Measures (PROMs)

PROMS is a national initiative which measures the quality of care provided in hospitals from the perspective of the patient. They help to measure improvement experienced by a patient following an operation, and this is captured through surveys being completed before and after surgery.

A PROMs assistant is managed within the PALS Department and currently collects the data for the following procedures within the Cherwell Unit:

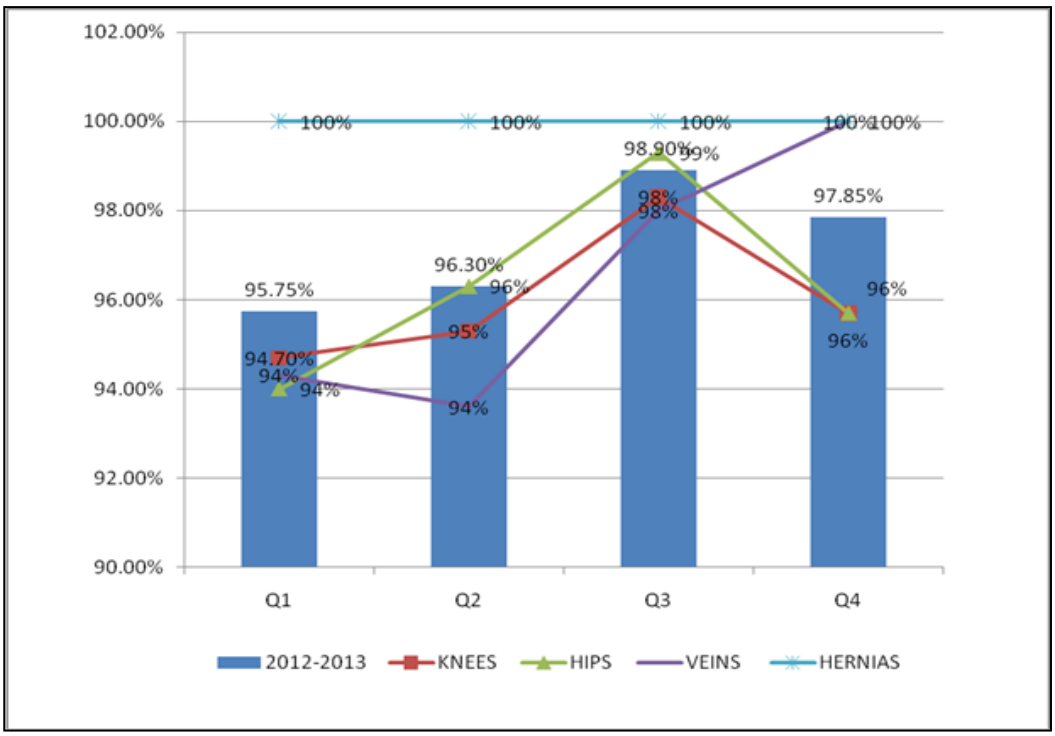
- Hip
- Knee
- Hernia
- Varicose Veins

Completed surveys are sent to the National PROMS team for analysis. They monitor the feedback against the number of historic procedures recorded on the HES (Hospital Episode Statistics) system. As this information is historic, it gives an indication on performance rather than up to date information. There is work underway nationally to improve the information that is gathered through

these questionnaires to ensure that meaningful data is available for Trusts to use to improve services.

The PROMS Assistant monitors the number of completed surveys through the clinic lists of the Cherwell Pre-Assessment Unit. The graph below shows the percentage of completed surveys in the Cherwell Unit.

CHART - Percentage of patients who completed a PROMS questionnaire



3.24.11 Customer Service Training

One of the areas which the Trust is proactively looking to improve is in the area of customer service. We know from the feedback from our patients that, in the main, the clinical care we provide is of a high standard but occasionally it is the customer service that can let us down.

To deliver improvements in this area four Customer Service Training sessions for administrative staff have been held towards the latter part of the year, two by an external provider - NHS Elect and two facilitated by our own Academy. 47 staff have attended across all directorates and this will continue throughout 2013/2014. This course is designed to provide powerful tools to improve the overall administration and customer service.

As referred to elsewhere in this report (section3.5and 3.22 refer), the Trust has developed 10 work programmes to consolidate and focus activity across the Trust with customer services being one of three transformational priorities.

Stakeholder Relations

3.25 Partnerships and alliances

During the course of the year the Trust began establishing relationships with a number of the emerging organizations to be established in shadow form under the reorganisation of the NHS. These groups included the Clinical Commissioning Groups (CCGs) – the GP led group responsible for commissioning services, the Health and Well being Boards and the Local Authorities.

As PCTs and SHAs were wound down, the CCGs, operating in shadow form increasingly took on their new responsibilities. With the largest reorganisation of the NHS is a decades, the changing landscape has presented challenges as new roles and relationships are formed. The challenge has also been with many staff in these organisations facing uncertainty in their own jobs; it has meant it has been difficult to gain traction in some areas of work.

With these groups now in place the Trust will be investing a lot of energy in building these relationships and making the most of the opportunities new people and new organisations present to address joint challenges.

The Trust continues to work with The Hospital Company and Carillion private sector partners who own and manage the building and facilities at the Great Western Hospital. The key challenge during the past year in this area has been the ongoing dispute between the GMB Trade Union and Carillion. The original dispute related to holiday entitlement, concerns about bullying and formal recognition of the GMB. This led to 20 days of strike action by cleaners and housekeepers who are members of the GMB union and a large number of Employment Tribunal claims against Carillion.

The Trust has been concerned that the ongoing dispute would interfere with patient care and has met on a number of occasions with senior management within The Hospital Company, as the company who hold the contract with Carillion, and also directly with Carillion themselves. These meetings have focused on ensuring cleaning standards are maintained during the strike periods and that there is support for staff.

The issue has been raised by Trade Union representatives with the Swindon Health Overview and Scrutiny Committee and verbal and written reports have been provided to the committee during the year. The Trust has repeatedly called on all sides in the dispute to come to an amicable resolution but as yet no resolution has been achieved. This has included both parties attending ACAS talks which ended without resolution.

A number of Employment Tribunal claims against Carillion are being heard during 2013/14 and the Trust will continue to push for a resolution.

3.25.1 Development of services with others and working with our partners to strengthen the service we provide

Examples of how the Trust has developed services with others and working with partners to strengthen the services we provide is included in the business review / management commentary / operating and financial review section of this report (section 3.5 refers).

3.26 Health and Overview Scrutiny Committees (HOSCs)

HOSCs (known as the Adult Social Care Select Committee in Wiltshire) are a statutory function of Local Authorities comprising elected representatives whose role it is to scrutinise decisions and changes that impact on health services in the area.

Our relationship with our local HOSCs has developed over the past year with positive working relationships with officers of the councils and elected representatives. As a matter of course senior staff from the Trust attend both meetings to provide a briefing on Trust issues, answers questions and take back issues to address.

During the course of the year the Trust has also kept the Swindon HOSC informed regarding the ongoing dispute between the GMB and Carillion which started in December 2011. The issue has been raised on a number of occasions at the committee by Trade Union representatives and full briefings and investigations have been carried out in response to the issues raised.

A separate briefing was also held with Swindon HOSC on the publication of the Francis Report into care failings at Stafford Hospital. This provided an opportunity to brief members on the contents of the report, the recommendations and the implications for our own Trust. The subsequent action plan will be shared with HOSC members and discussed at future meetings.

In Wiltshire, the Older Peoples' Representative on the committee was also involved, together with other patient representatives from the Wiltshire Involvement Network, in a series of improvement events held to look at ways to deliver improvements in community care and Neighbourhood Teams to help address the significant challenges facing the service. The Trust benefited from their expertise and perspective in these sessions.

The Trust has also hosted members of both committees to visit Trust facilities, speak to staff and see firsthand services being delivered. With good working relationships established with both committees we will continue to engage in open dialogue with them throughout 2013/14.

3.27 Swindon and Wiltshire LINks

The Trust places great emphasis in the role of patient groups to help influence our thinking and shape the way we deliver services. Two key groups the Trust has liaised with over the past year are the Local Involvement Networks in Swindon and Wiltshire.

Representatives from the Trust have had a regular presence at Wiltshire Involvement Network meetings in particular and have attended the Swindon meetings on request. Topics discussed range from the quality of podiatry provision in Wiltshire, Care Quality Commission inspections. discharge planning and the Liverpool Care Pathway. The Trust has sought to take an honest and open approach with the LINks, as we have done with the Health Overview and Scrutiny Committees, and this has helped build stronger relationships. This means briefing them on not only on the areas where we are doing well but the areas where we need to improve.

These sessions also provide useful intelligence about the issues that are a concern for local people. One notable example during the year was concern expressed about changes to the Grapevine Restaurant at Chippenham Hospital. Earlier in the year the Trust made changes to opening times and the food provision following a drop in demand which meant the service was not financially viable. Following the changes the Trust received feedback through Wiltshire Involvement Network and other local channels that the restaurant was an important community resource and visitors and staff to the hospital had found the quality of service had deteriorated.

In response to the feedback the Trust invested circa £50,000 to refurbish the kitchens, expand the opening times to include weekends and also expand the choice of food. The new restaurant service was launched in January 2013 and feedback has since been positive.

Under the reorganisation of the NHS which took place on 31st March 2013, LINks were abolished and replace with Local Healthwatch organisations. These new groups are in their early days and it is one of the Trust's priorities over the coming year to work with both groups in Wiltshire and Swindon as they start to develop their own strategy and priorities.

3.28 Statement as to disclosures to auditors

For each individual director, so far as the director is aware, there is no relevant information of which the Great Western Hospitals NHS Foundation Trust's auditor is unaware and that each director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Great Western Hospitals Foundation Trust's auditor is aware of that information.

Relevant audit information means information needed by the auditor in connection with preparing their report. In taken all steps the directors have made such enquiries of their fellow directors and of the Trust's auditors for that purpose and they have taken such other steps for that purpose as are required by their duty as a director of the Trust to exercise reasonable care, skill and diligence.

3.29 Additional disclosures

3.29.1 Preparation of accounts

The accounts for the period ended 31st March 2013 have been prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the National Health Service Act 2006 in the form that Monitor (the Independent Regulator of NHS Foundation Trusts) with the approval of the Treasury, has directed.

3.29.2 History of the Trust

Great Western Hospitals NHS Foundation Trust was authorised as a Foundation Trust on 1 December 2008 and established as a public benefit corporation under the NHS Act 2006. On becoming a Foundation Trust the name of the organisation was changed from Swindon and Marlborough NHS Trust to the name we have now.

On 1 June 2011, the Trust took over the running of a range of community health services and community maternity services across Wiltshire and the surrounding areas, which were previously provided by Wiltshire Community Health Services.

As a Foundation Trust the organisation has greater freedom to run its own affairs, which offers financial advantages to invest in services for the future. The principle activities of the Trust are referred to elsewhere in this report (section 3.2 refers).

3.29.3 Going concern

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

3.29.4 Accounting policies for pensions and other retirement benefits

Accounting policies for pensions and other retirement benefits are set out in note 1.3 to the accounts and details of senior employees' remuneration can be found elsewhere in this report in the remuneration report section (section 4.8 refers).

3.29.5 Interests held by Directors and Governors

Details of company directorships and other significant interests held by directors or governors which may conflict with their management responsibilities are registered. The Trust maintains two registers one for directors and one for governors which are open to the public. Both registers are available from the Company Secretary.

Each Director and Non-Executive Director is required to declare their interests on an ongoing basis and to ensure that their registered interests are up to date. The Directors are reminded at the beginning of each Trust Board meeting that they must declare any interest which may conflict with the business of the Trust and excuse themselves from any discussion where such conflict may arise. The Trust is satisfied with the independence of the Board for the entire year.

4 REMUNERATION REPORT

Information not subject to audit

4.1 Remuneration Committee

The Trust has a Remuneration Committee which has responsibility to put in place formal, rigorous and transparent procedures for the appointment of a new Chief Executive and other Executive Directors and to develop, maintain and implement a remuneration policy that will enable the Trust to attract and retain the best candidates. The Committee regularly reviews the structure, size and composition (including the skills, knowledge and experience) required of the Board and gives consideration to, and make plans for, succession planning.

The responsibility for carrying out these duties rests with the Remuneration Committee whilst the accountability for the actions of the Committee remains with the full Board.

4.2 Membership of the Remuneration Committee

The Remuneration Committee is comprised of the Chairman, Non-Executive Directors and the Chief Executive and chaired by the Senior Independent Director.
Membership of the Committee in 2012/13 was as follows: -

Rowland Cobbold	Chairman / Member *(Chairman part year until 30 September 2012 and thereafter a Member until 31 December 2012)*
Roger Hill	Member / Chairman *(Member part year until 30 September 2012 and thereafter Chairman)*
Robert Burns	Member
Liam Coleman	Member
Angela Gillibrand	Member
Philippa Green	Member *(part year from 1 January 2013)*
Janet Husband	Member *(part year from 1 January 2013)*
Bruce Laurie	Member
Kevin Small	Member *(part year until 31 October 2012)*
Nerissa Vaughan	Member

4.3 Attendance at meetings of the Remuneration Committee during 2012/13

There were 4 meetings of the Remuneration Committee during 2012/13.

	Record of attendance at each meeting (✓ = attended × = did not attend)			
	26.04.12	**21.05.12**	**03.09.12**	**20.12.12**
Rowland Cobbold (Chair – until 30.09.12)	✓	✓	✓	✓
Roger Hill (Chair – from 01.10.12)	✓	✓	✓	✓
Robert Burns	✓	✓	✓	✓
Liam Coleman	✓	×	✓	✓
Angela Gillibrand	✓	✓	✓	✓
Philippa Green	n/a	n/a	n/a	n/a
Janet Husband	n/a	n/a	n/a	n/a
Bruce Laurie	✓	✓	✓	✓
Kevin Small	✓	×	×	n/a
Nerissa Vaughan	✓	✓	✓	✓

4.4 Policy and guidance

In exercising its responsibilities, the Committee: -

- has regard for each individual's performance and contribution to the Trust and the performance of the Trust itself;
- takes into account any applicable guidance from Hay Group (appointed by the Trust to advise on all aspects of executive remuneration on an ongoing basis) or other external bodies, that may from time to time be issued relating to remuneration of Executive Directors; and
- seeks professional advice from Oonagh Fitzgerald, the Director of Workforce and Education and Maria Moore, the Director of Finance and Performance or other professionals as necessary.

4.5 Remuneration of senior managers (Executive Directors)

The Committee continues to work towards introducing an element of variable pay for Executive Directors, having introduced it for the Chief Executive in 2011/12. The Committee had a clear view that there must be a vigorous threshold to be achieved before payment of all or part of the variable element could be considered.

The Committee recognised that Directors' remuneration did not in all cases reflect current market levels and therefore to ensure the Trust could continue to recruit and retain high calibre Directors, the Committee undertook a review of Executive Director remuneration during 2012/13. Benchmarking information relating to other Trusts was considered in compiling the review. The Committee aspires to offer top quartile remuneration for top quartile performance. The

Remuneration Committee is due to meet at the end of May 2013 to assess the outcome of the review and agree next steps.

During 2012/13 the Committee also considered the remuneration of other senior positions within the Trust, notably the Associate Medical Directors.

4.6 Performance of senior managers

The appraisal process adopted in 2009/10 for the Chief Executive and Executive Directors involves a 360 degree assessment of each Director against a range of competencies based on those devised by Hay Group for Foundation Trust Directors and an assessment of performance against a set of objectives agreed with each individual. This provides an effective system for setting individual objectives and performance measures each year. This process continued to be used in 2012/13 though the Leadership Qualities Framework was used as the benchmark

The Committee receives a summary report from the Chief Executive into the performance of each Executive Director.

The Committee reviewed approaches to Board assessment and development and commissioned the National Institute for Innovation and Improvement, who had developed a Board Development Tool (BDT) for Foundation Trusts to undertake a review of its effectiveness. This was undertaken in the summer of 2011 and has continued with a Board workshop by Deloittes in June 2012. The Committee was also keen to ensure that the Trust established a longer term relationship with Board development external partners as members felt that this would be beneficial in the Board's ongoing development.

4.7 Board of Directors' employment terms

Executive Directors, but not the Chief Executive, are appointed by the Remuneration Committee. The Chief Executive and the Non-Executive Directors are nominated for appointment by a Joint Nominations Committee comprised of Governors and Non-Executive Directors. The Council of Governors approves the Chief Executive and Non-Executive Director appointments.

The Chief Executive and Executive Directors have a contract with no time limit and the contract can be terminated by either party with three months' notice. These contracts are subject to usual employment legislation. The Non-Executive Directors, which includes the Chairman, are appointed for terms of office not exceeding three years. They do not have contracts of employment but letters of appointment with terms agreed by the Council of Governors.

The Trust's Constitution sets out the circumstances under which any Director may be disqualified from office.

Information subject to audit

The information subject to audit, which includes senior manager's salaries, compensations, non cash benefits, pension, compensations and retention of earnings for non-executive directors, is set out in the table below.

4.8 Pension Benefits and Remuneration

Pensions Benefits 2012-13

Name	Title	**Real Increase in Pension 2012-13 (Bands of £2500)**	**Real Increase in Lump Sum 2012-13 (Bands of £2500)**	**Total accrued pension at 31st March 2013 (Bands of £5000)**	**Total accrued related lump sum at 31st March 2013 (Bands of £5000)**	**Cash Equivalent Transfer Value at 31st March 2013**	**Cash Equivalent Transfer Value at 31st March 2012**	**Real Increase in Cash Equivalent Transfer Value**	***Employers Contribution to Stakeholder Pensions***
		£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	***£000***
Nerissa Vaughan	Chief Executive	2.5-5	10-12.5	35-40	110-115	592	517	75	0.0
Oonagh Fitzgerald	Director of Workforce and Education	0.2.5	5-7.5	15-20	45-50	226	187	39	0.0
Maria Moore	Director of Finance and Performance	2-5.5	10-12.5	20-25	65-70	339	282	58	0.0
Alf Troughton	Medical Director and Interim Chief Executive	0-2.5	5-7.5	60-65	185-190	1,470	1,377	93	0.0
Sue Rowley	Director of Nursing and Midwifery	0.2.5	0.2.5	30-35	95-100	0	594	n/a	0.0
Helen Bourner	Director of Business Development	2.5-5	10-12.5	15-20	55-60	331	257	73	0.0
Hilary Walker	Interim Chief Nurse and Chief Nurse	n/a	n/a	25-30	85-90	509	0	n/a	0.0

Note. Accrued Pension and Lump Sum relate to benefits accrued to date and are not a projection of future benefits. They will include any additional pension benefits that have been purchased to date

Note membership of the Board during 2012/13 is referred to elsewhere in this report (section 3.1 refers)

Remuneration 2012-13

		2012-13					2011-12					
Name	**Title**	**Salary (Bands of £5000)**	**Other Remuneration (Bands of £5000)**	**Performance Related Bonuses (Bands of £5,000)**	**Compensation for Loss of Office**	**Benefits in Kind Rounded to the Nearest £100**	***Salary (Bands of £5000)***	***Other Remuneration (Bands of £5000)***	***Arrears for 2011-12 paid in 2012-13***	***Performance Related Bonuses (Bands of £5,000)***	***Compensation for Loss of Office***	***Benefits in Kind Rounded to the Nearest £100***
Bruce Laurie	Chair	35-40	-	-	-	-	35-40	-		-	-	0
Kevin Small	NED	10-15	-	-	-	-	10-15	-		-	-	0
Rowland Cobbold	NED	10-15	-	-	-	-	10-15	-		-	-	0
Angela Gillibrand	NED	10-15	-	-	-	-	10-15	-		-	-	0
Roger Hill	NED	10-15	-	-	-	-	10-15	-		-	-	0
Robert Burns	NED	10-15	-	-	-	-	10-15	-		-	-	0
Liam Coleman	NED	10-15	-	-	-	-	10-15	-		-	-	0
Philippa Green	NED	10-15	-	-	-	-	10-15	n/a		n/a	n/a	n/a
Janet Husband	NED	10-15	-	-	-	-	10-15	n/a		n/a	n/a	n/a
Alf Troughton	Deputy Chief Executive & Medical Director	120-125	55-60	-	-	-	45-50 80-85	15-20 35-40	0.5	-	-	0
Nerissa Vaughan	Chief Executive	145-150	-	-	-	-	70-75	-	10-15	-	-	0
Oonagh Fitzgerald	Director of Workforce & Education	85-90	-	-	-	-	80-85	-	5-10	-	-	0
Maria Moore	Director of Finance & Performance	105-110	-	-	-	-	100-105	-	10-15	-	-	0
Sue Rowley	Director of Nursing and Midwifery	45-50	-	-	-	-	80-85	-	n/a	-		0
Helen Bourner	Director of Business Development	0-5	-	-	-	-	80-85	-	n/a	-	-	0
Hilary Walker	Interim Chief Nurse / Chief Nurse	65-70 20-25	-	-	-	-	n/a	n/a	n/a	n/a	n/a	n/a

Non-Executive Director (NED)

Notes: Salary includes employer NI and pension contributions. The above figures do not include any final bonus/performance related pay increase which is subject to agreement by Remuneration Committee.

The accounting policies for pensions and other retirement benefits are set out in the notes 1.3 to the accounts and key management compensation is set out in note 7.3 to the accounts.

Expenses 2012-13 (unaudited)

Name	Title	Expenses 2012-13 £
Bruce Laurie	Chair	3,219
Kevin Small	Non Executive Director	0
Rowland Cobbold	Non Executive Director	0
Angela Gillibrand	Non Executive Director	923
Roger Hill	Non Executive Director	482
Robert Burns	Non Executive Director	1,309
Liam Coleman	Non Executive Director	0
Philippa Green	Non Executive Director	198
Janet Husband	Non Executive Director	156
Alf Troughton	Deputy Chief Executive & Medical Director	3,769
Nerissa Vaughan	Chief Executive	2,116
Oonagh Fitzgerald	Director of Workforce & Education	1,936
Maria Moore	Director of Finance & Performance	1,704
Sue Rowley	Director of Nursing and Midwifery	66
Helen Bourner	Director of Business Development	885
Hilary Walker	Interim Chief Nurse / Chief Nurse	2,123

Name	Title	Expenses 2012-13 £
Ros Thomson	Public Governor	
Kevin Parry	Public Governor	
Harry Dale	Public Governor	
Geraint Day	Public Governor	101
Rosemarie Phillips	Public Governor	
Phil Prentice	Public Governor	458
Margaret White	Public Governor	742
Godfrey Fowler	Public Governor	102
Janet Jarmin	Public Governor	719
Mike Halliwell	Public Governor	
Srini Madhavan	Public Governor	
Vicki Barnett	Staff Governor	
Peter Hanson	Staff Governor	
Marcus Galea	Staff Governor	
Lisa Campisano	Staff Governor	
David Stevens	Nominated Governor	33
Bill Fishlock	Nominated Governor	
Brian Mattock	Nominated Governor	
Jemima Milton	Nominated Governor	
Clive Bassett	Nominated Governor	
Jon Elliman	Nominated Governor	

Total £21,042

4.8.1 Notes to Pension, Remuneration and Expenses Tables

Non-Executive Directors do not receive pensionable remuneration.
There are no executive directors who serve elsewhere as non-executive directors and therefore there is no statement on retention of associated earnings.

4.8.2 Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at any one time. The benefits valued are the members' accrued benefits and any contingent spouse's pension payable from the scheme.

A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme, or arrangements when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures show the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of the scheme at their own cost. CETV's are calculated within the guidelines and frameworks prescribed by the Institute and Faculty of Actuaries. The CETV is based on actual contributions to 31st March 2013.

4.8.3 Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation and contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses the common market valuation factors from the start and end of the period.

4.8.4 Additional disclosures

The Trust is required to disclose the median remuneration of its staff and the ratio between this and the mid-point of the banded remuneration of the highest paid director; whether or not this is the Accounting Officer or Chief Executive. The calculation is based on full-time equivalent staff of the Trust at the year end on an annualised basis. This information is set out below together with an explanation of the calculation, including the causes of significant variances where applicable.

Executive Name and Title	Total remuneration	
	2012/13	2011/12
Dr A F Troughton, Medical Director	£184,726	£194,218

The above remuneration is on an annualised basis and is that of the highest paid director. This includes salary, performance related pay, severance payments and benefits in kind where applicable, but excludes employer pension contributions. The Medical Director's remuneration is lower than in 2011/12 as he was Acting Chief Executive for the period May to September 2011.

Multiple Statement	2012/13	2011/12	% change
Highest paid director's total remuneration	£184,726	£194,218	-4.9%
Median total remuneration	£27,625	£28,702	-3.8%
Ratio	6.69	6.77	-1.2%

All NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The median total remuneration above is the total remuneration of the staff member lying in the middle of the linear distribution of staff employed in the Trust, excluding the highest paid director. This is based on an annualised full time total staff equivalent remuneration as at the reporting period date. The small movement in the above ratio of -1.2% is due to an increase in staff numbers at the lower pay bands.

Signed .....
Nerissa Vaughan
Chief Executive

23 May 2013

5 NHS FOUNDATION TRUST CODE OF GOVERNANCE

5.1 Council of Governors

As an NHS Foundation Trust we have established a Council of Governors. The Council of Governors consists of 21 elected and nominated governors who provide an important link between the Trust, local people and key stakeholders by sharing information and views that can be used to develop and improve health services. The Council of Governors is a valued part of the Trust's decision making processes and it has the following roles and responsibilities: -

- To appoint and remove the chairman and non-executive directors.
- To decide on the remuneration, allowances and terms and conditions of office of the non-executive directors.
- To approve the appointment of the chief executive.
- To appoint and remove the auditor.
- To hold the board of directors to account on performance of the Trust.
- To represent the members' interests and bring these to bear on strategy decisions.
- To input into the development of the annual plan.
- To receive the annual report and accounts and the auditors opinion on them.

With the introduction of new legislation, the roles and duties of the Council of Governors will expand to include approval of significant transaction and the Trust's Constitution. The Council of Governors has a duty to represent the views of foundation trust members and stakeholders, to the Board of Directors and the management of the Trust. The Trust keeps the Council of Governors fully informed on all aspects of the Trust's performance. This is done through formal Council meetings, and through working groups set up by the Council of Governors. These are explained in detailed elsewhere in this report (section 5.1.10 refers).

During 2012/13, the Council of Governors carried out or was involved in the following: -

- Appraisals of the Chairman and non-executive directors.
- Re-appointment of four non-executive directors and the appointment of two new non-executive directors.
- Appointment of the external auditor.
- Review of the Constitution.
- Received and challenged the Board on 16 reports from various departments in the Trust

5.1.1 Constituencies and elections

Six public constituencies exist to cover the Trust's catchment area namely: -

- Swindon;
- Northern Wiltshire;
- Central Wiltshire;
- Southern Wiltshire;
- West Berkshire and Oxfordshire; and
- Gloucestershire and Bath and North East Somerset.

Governors for these areas are elected by members of those constituencies in accordance with the election rules stated in the Trust's Constitution using the "first past the post" voting system. Elections were carried out on behalf of the Trust in 2012/13 by the independent Electoral Reform Services Ltd. There are 10 public governor positions (Swindon – 5, Northern Wiltshire – 2, Central Wiltshire – 2, Southern Wiltshire – 1, West Berkshire and Oxfordshire - 1, and Gloucestershire and Bath and North East Somerset – 1). In addition there are 3 elected staff governors and 6 governors nominated by organisations that have an interest in how the Trust is run. The number of public governors must be more than half of the total membership of the Council of Governors.

In 2012/13 the Trust split the Wiltshire Constituency into three constituencies; Northern, Central, and Southern Wiltshire with an increase in the number of public governors. This has provided better local representation of the Wiltshire area. In 2013/14 it is planned that staff classes will be created within the staff constituency to better reflect the staff base of the Trust.

The names of governors during the year, including where governors where elected or appointed and their length of appointments are set out in the following tables. The Trust held elections in all constituencies during the year for governors whose terms of office expired. There was an average turnout of 22.4% across all constituencies. The re-elected and newly elected Governors were formally appointed to office at the Council of Governors meeting held on 29 November 2012.

5.1.2 Elected Governors in 2012/13– Public Constituencies

Name	Constituency	Date elected	Term of Office	Attendance from 6 Council of Governor meetings
Ros Thomson	Swindon	November 2011	2 years	3/6
Kevin Parry	Swindon	November 2011	2 years	5/6
Harry Dale	Swindon	November 2010	3 years	5/6
Geraint Day	Swindon	January 2011	Remainder of 3 years (ended)	5/5
Rosemarie Phillips	Swindon	November 2012	1 year	2/2
Phil Prentice	Swindon	November 2012	1 year	5/6
Michael Halliwell	Northern Wiltshire	November 2012	3 years	2/2
Margaret White	*Wiltshire	November 2011	1 year (ended)	5/6
	Central Wiltshire	November 2012	3 years	
Godfrey Fowler	*Wiltshire	November 2010	3 years (ended)	4/5
Janet Jarmin	*Wiltshire	November 2009	3 years (ended)	5/6
	Central Wiltshire	November 2012	3 years	
Srini Madhavan	West Berkshire, and Oxfordshire	November 2011	3 years	4/6

There are currently vacancies for the governor positions in the Northern Wiltshire Constituency, the Gloucestershire, Bath and North East Somerset Constituency and the Southern Wiltshire Constituency. Only one candidate stood for two governor positions for the Northern Wiltshire Constituency; Roger Johnson was elected to the seat in the Gloucestershire, Bath and North East Somerset Constituency but sadly died before taking up office and a vacancy remains as there were no other candidates; and the membership in the Southern Wiltshire Constituency is insufficient to trigger an election.

Elections are planned for June 2013 to fill the two existing vacancies and a plan to increase the membership of the Southern Wiltshire Constituency is in place.

In the event of an elected governor's seat falling vacant for any reason before the end of a term of office, it shall be filled by the second (or third) place candidate in the last held election for that seat provided they achieved at least five percent of the vote and they will be known as reserve governors.

5.1.3 Elected Governors in 2012/13 – Staff Constituency

Name	Constituency	Date elected	Term of Office	Attendance from 6 Council of Governor meetings
Peter Hanson	Staff	November 2010	3 years	3/6
Vicki Barnett	Staff	November 2011	2 years	4/6
Marcus Galea	Staff	November 2009	3 years (ended)	3/5
Lisa Campisano	Staff	November 2012	1 year	1/2

5.1.4 Nominated Governors in 2012/13

Name	Nominating Partner Organisation	Date nominated	Term of Office	Attendance from 6 Council of Governor meetings
David Stevens	PCT – Wiltshire PCT	November 2011	3 years – ended 31.03.13 with abolition of PCT	5/6
Bill Fishlock	PCT – Swindon PCT	November 2011	3 years – ended 31.03.13 with abolition of PCT	6/6
Brian Mattock	Local Authority – Swindon Borough Council	November 2011	3 years	3/6
Jemima Milton	Local Authority – Wiltshire Council	November 2011	3 years	4/6
Clive Bassett	Other Partnerships – Prospect Hospice	November 2011	3 years	6/6
Jon Elliman	Other Partnerships – Swindon and North Wiltshire Health and Social Care Academy	November 2011	3 years	5/6

The Trust is currently amending its constitution to provide for the local Clinical Commissioning Groups to nominate governors to the Council of Governors in place of the Primary Care Trusts which have been abolished under new legislation.

5.1.5 Attendance at meetings of the Council of Governors during 2012/13

There were 6 meetings of the Council of Governors in 2012/13. The table below shows governor and director attendance at those meetings: -

Attendee (✓ = attended X = did not attend)	**25/04/12**	**11/06/12**	**12/07/12**	**08/10/12**	**29/11/12**	**18/2/13**
Governors						
Vicki Barnett	✓	✓	✓	×	×	✓
Clive Bassett	✓	✓	✓	✓	✓	✓
Lisa Campisano	n/a	n/a	n/a	n/a	×	✓
Harry Dale	✓	×	✓	✓	✓	✓
Geraint Day	✓	✓	✓	✓	✓	n/a
Jon Elliman	✓	×	✓	✓	✓	✓
Bill Fishlock	✓	✓	✓	✓	✓	✓
Godfrey Fowler	✓	✓	×	✓	✓	n/a
Marcus Galea	×	×	✓	✓	✓	n/a
Michael Halliwell	n/a	n/a	n/a	n/a	✓	✓
Peter Hanson		×	✓	×	✓	✓
Janet Jarmin	✓	×	✓	✓	✓	✓
Srini Madhavan	✓	×	✓	×	✓	✓
Brian Mattock	×	×	✓	✓	✓	×
Jemima Milton	✓	✓	×	×	✓	✓
Kevin Parry	✓	×	✓	✓	✓	✓
Rosemarie Phillips	n/a	n/a	n/a	n/a	✓	✓
Phil Prentice	✓	✓	✓	✓	✓	×
David Stevens	✓	✓	×	✓	✓	✓
Ros Thomson	✓	×	×	✓	×	✓
Margaret White	✓	×	✓	✓	✓	✓
Directors						
Robert Burns	✓	×	✓	✓	✓	✓
Rowland Cobbold	✓	×	×	×	✓	n/a
Liam Coleman	×	✓	×	×	×	×
Oonagh Fitzgerald	×	×	✓	×	×	×
Angela Gillibrand	✓	✓	✓	×	✓	✓
Philippa Green	n/a	n/a	n/a	n/a	×	✓
Roger Hill	×	✓	×	✓	✓	✓
Janet Husband	n/a	n/a	n/a	n/a	×	✓
Bruce Laurie (Chair)	✓	✓	×	✓	✓	✓
Maria Moore	✓	✓	×	×	×	×
Kevin Small	×	×	×	×	×	n/a
Alf Troughton	×	×	×	✓	×	×
Nerissa Vaughan	✓	✓	✓	×	✓	✓
Hilary Walker	×	×	×	✓	✓	×

5.1.6 Lead and Deputy Lead Governors

In November 2012, Harry Dale and Ros Thomson were re-nominated for a further year as the Lead and Deputy Lead Governors respectively. The Lead Governor is responsible for receiving from governors and communicating to the Chairman any comments, observations and concerns expressed by governors regarding the performance of the Trust or any other serious or material matter relating to the Trust or its business. The Deputy Lead Governor is responsible for supporting the lead governor in his role and for performing the responsibilities of the lead governor if he is unavailable. The Lead Governor regularly meets with the Chairman of the Trust both formally and informally. In addition the Lead Governor communicates with other governors by way of regular email correspondence.

5.1.7 Biography of individual governors

A biography of each governor is included on the Trust's website.

5.1.8 Statement setting out how the Council of Governors and the Board of Directors operate

The overall responsibility for running the Trust lies with the Board of Directors and the Council of Governors is the collective body through which the directors explain and justify their actions. The Board has a scheme setting out which decisions it will make itself, known as the Reservation of Powers to the Board (section 5.2.7 elsewhere in this report refers) and there is a Scheme of Delegation which sets out powers delegated to staff.

It is the responsibility of the Council of Governors to represent the views and interests of the members, to hold the Board of Directors to account for the performance of the NHS Foundation Trust and to ensure the Trust acts within the terms of its authorisation. The Council of Governors also works with the Board of Directors to shape the future strategy of the organisation.

The Council of Governors has specific statutory powers and duties as set out above (section 5.1 refers).

The Chairman of the Council of Governors is also the Chairman of the Board of Directors and he provides a link between the two, supported by the Company Secretary.

5.1.9 Statement setting out the steps that members of the Board of Directors, in particular the Non-Executive Directors have taken to understand the views of governors and members

The Board of Directors Board has taken the following steps to understand the views of governors and members: -

Non-Executive Director attendance at Council of Governors Meetings – During 2012/13 Non-Executive Directors attended Council of Governor meetings which enabled them to listen to Governor's concerns and to respond to any questions raised.

Presentations to the Council of Governors by Non-Executive Directors to Governors - Non-Executive Directors in their capacity as Chairs of Board Committees made presentations to the Council of Governors on the role and work of those Committees which provided an opportunity for Governors to express their views and question the Non-Executive Directors on the performance of the Board.

Joint Board of Directors and Council of Governors Training – A training session was held in December 2012 for the Board of Directors and the Council of Governors to each consider and understand their respective roles particularly in light of future legislation and new duties and responsibilities. At the same time the Council of Governors reviewed its effectiveness and an action plan has been developed. The joint training provided an opportunity for the whole Board, including the Non-Executive Directors to engage with the governors and to better understand their views and concerns about future roles and responsibilities.

Joint Board of Directors and Council of Governor Strategy Workshop – To allow an open discussion about future strategy a joint workshop was held in February 2013. Directors sought the views from governors on the development and delivery of strategy in terms of what they believed

members, patients and the public generally wanted from healthcare services in this area now and in the future. The workshop enabled the governors to better understand the challenges facing the Trust and to input into strategy formulation.

Members Briefings – To provide a forum for members to meet the governors, the Trust hosts members briefings. These are held throughout the year in publicly accessible local venues, where members are invited to attend to discuss relevant issues or topics of specific interest. The Chairman and Deputy Chairman of the Board of Directors attend these meetings to listen to the debate, take on board the comments made and answer any questions or add any additional information.

Public Health Lectures – To provide further forums for members to meet governors, public health lectures have been introduced whereby members are invited to attend a public lecture on a specific health topic and thereafter meet governors and share thoughts and views on healthcare. One public health lecture has been held to date which was well attended and welcomed by local people.

"Listening to our patients" – An initiative previously known as "eyes and ears" but later changed to "listening to our patients" is in place whereby the Governors identify any issues of concern regarding the provision of services. Governors' feedback issues they have witnessed for themselves or those which have been reported to them. These are highlighted to staff throughout the Trust for their attention and action as necessary.

Governor Working Groups – As referred to elsewhere in this report (section 5.1.10 refers), there are a number of working groups of the Council of Governors, the work of which is supported by staff and directors. The joint working results in effective communication between the staff, directors and governors. Governors have an opportunity to input directly into the workings of the Trust. On request, Non-Executive Directors may attend meetings of working groups to provide information and receive feedback from Governors directly.

Annual Members Meetings – In 2012/13 two Annual Members Meetings were held in different locations namely Swindon and Devizes. The annual report and accounts are presented and a briefing given on the overall performance of the Trust in the previous year. These meetings presented an opportunity for Governors to address members, seek questions on Trust business and provide feedback to the Board of Directors.

Chairman – The Chairman of the Trust attends most meetings of the working groups of the Council of Governors. He listens to the comments raised at these meetings and he feeds them back to the Board of Directors. In addition the Chairman meets monthly with the Lead and Deputy Lead Governors to sound out their views on any matters currently being considered. The Lead and Deputy Lead Governors are representatives of the Council of Governors. Their advice and input is incorporated into the decision making process via the Chairman.

Governor involvement in events / activities – Governors are invited to attend a number of events throughout the year. These provide an opportunity for Governors to be directly involved in the workings of the Trust and to influence the decisions being made. Any comments arising out of these events are fed back to the Directors. A few examples in 2012/13 are: -

- Weekly food tasting
- Patient safety walkabouts by the Non-Executive Directors and Governors;
- Membership development Governor volunteer sought
- Governor representative on Car Parking Advisory Group looking at car parking at the Great Western Hospital site
- Governor representative on Nutrition Steering Group looking at hydration and nutrition
- Joint workshops and training events with the Trust Board

- Tour of community services and neighbourhood teams
- Governor representative at the Hearing and Vision Focus Group
- Governor invitation to attend the opening of the new Chippenham restaurant
- The Great Western Hospital 10 year anniversary events
- Outpatients Service Project
- Patient Experience Working Groups
- Membership Working Groups
- Finance Workings Groups
- Nominations and Remuneration Working Groups

5.1.10 Council of Governors Meetings Structure

The Council of Governors has established the following working groups: -

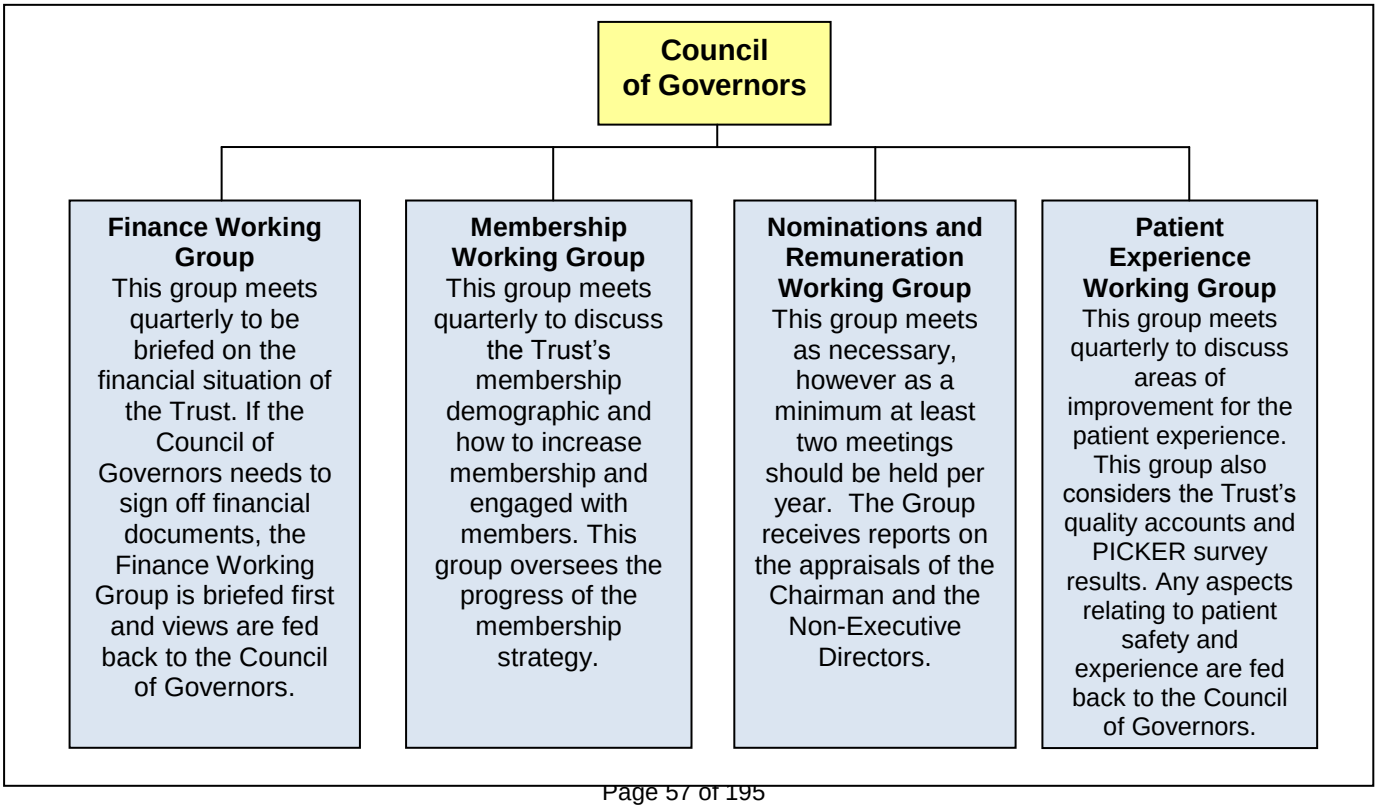
- Finance Working Group
- Membership Working Group
- Nominations and Remuneration Working Group
- Patient Experience Working Group

The purpose of the working groups is to inform governors about activities and issues relevant to each area and they allow governors a means of influencing decisions and provide a vehicle for challenge and scrutiny of action and activities by the Board. The Governors hold the Board to account via the working groups.

In addition there is a Joint Nominations Committee, which is a Committee established by the Council of Governors jointly with the Board of Directors to consider nominations for non-executive director appointments (section 0 refers).

The meetings structure of the Council of Governors is shown below.

TABLE – Council of Governors Meeting structure



5.1.11 Nominations and Remuneration Working Group

It is the role of the Nominations and Remuneration Working Group to assess the performance of the chairman and the non-executive directors and to determine their level of remuneration.

The Working Group agrees the process for appraisal of the chairman and the non-executive directors. The outcome of the appraisal process is considered by the working group with reports from the Chairman and the Senior Independent Director being presented and recommendations are then made to the Council of Governors.

The Working Group is comprised of five governors (three elected, one nominated and one staff). The Chairman is appointed by the Chairman of the Council of Governors who attends as appropriate with the Senior Independent Director attending as requested. The Working Group met twice in 2012/13, to undertake the annual review of the chairman and non-executive directors' appraisal process and to consider the outcomes of those appraisals. There was an annual review of the level of remuneration paid to the Chairman and the Non-Executive Directors and at least every three years there is market testing of those remuneration levels. The current pay arrangements for Non-Executive Directors were fixed at Authorisation in December 2008 to reflect foundation trust responsibilities. No salary increases have been awarded to the Non-Executive Directors since that time. Further information about the salaries of the Non-Executive Directors can be found elsewhere in this report (section 4.8 refers).

5.1.12 Interests of Governors

Governors are required to declare any interests which are relevant and material to the business of the Trust; pecuniary interests in any contract, proposed contract or other matter concerning the Trust; and family interests of which the governor is aware, irrespective of whether the interests are actual and potential, direct or indirect.

A register of those interests is maintained, a copy of which can be obtained from the Company Secretary.

5.2 Board of Directors

5.2.1 The Board of Directors

The Board of Directors or Trust Board, is the decision making body for strategic direction and the overall allocation of resources. It has delegated decision making for the operational running of the Trust to the Executive Directors. The Board takes decisions consistent with the approved strategy. Brief biographies for the Non-Executive and Executive Directors on the Board in 2012/13 are given below.

5.2.2 Biography of individual Directors

Bruce Laurie, Chairman

Bruce was Chair of Newbury and Community PCT from 2001 until 2006 where he established the new West Berkshire Community Hospital working closely with West Berkshire Council. He was appointed a Non-Executive Director of Berkshire Healthcare NHS Foundation Trust, leading on commercial matters and saw the transition to Foundation Trust. He is also a Trustee Director of Connexions Berkshire, working with young people on employment, education, training and support and is a Fellow of the University of West London where he leads a Masters Course in Managing Technological Innovation. Bruce joined the Trust in February 2008 and led it successfully to Foundation Trust status and is proud to be associated with the acquisition of Wiltshire Community Health Services in June 2011. Prior to being involved in the NHS he was Group Services Director of BG plc having held a number of board level positions in the gas regions and in the international business. In 2011 Bruce was re-appointed Chairman of the Trust for a further term of two years ending 31 January 2014. Bruce has been Chair of the Trust since 1 February 2008. In 2012/13 Bruce was Chair of the Mental Health Act / Mental Capacity Act Committee and the Joint Nominations Committee and was a member of the Remuneration Committee.

Nerissa Vaughan, Chief Executive

Nerissa Vaughan joined the NHS in 1991 as a Graduate National Management trainee. She trained in Birmingham and after completing the Training Scheme took up her first post in Birmingham Family Health Services authorising developing GP commissioning. After a few years in commissioning at Birmingham Health Authority, she took up her first hospital management job in Dudley Road Hospital in Birmingham as Divisional Manager for Clinical Support Services, which included A&E, Pharmacy, Theatres, ICU, Therapies and a range of other support services. Nerissa became Project Director for the Wolverhampton Heart Centre, setting up a new Cardiac Tertiary Centre from scratch. Following this, she became interested in capital development and moved to Hull as Director of Planning. She oversaw a £200m capital programme which included a cardiac development and oncology PFI scheme. Keen to return to the Midlands, she took up post as Deputy Chief Executive at Kettering General Hospital. Moving to her first Chief Executive role at King's Lynn nearly five years ago, she led the Trust to Foundation Trust status. Nerissa became Chief Executive of this Trust in October 2011. Nerissa originates from Llanelli and holds a BA Degree in Theology and a Master of Science Degree in Health Service Management from Birmingham University.

Angela Gillibrand, Non-Executive Director and Deputy Chair

Between 1984 and 1999 Angela was the Finance Director at the University of Cranfield's Shrivenham Campus, and helped set up one of the first PFIs - the academic contract between the University and the Ministry of Defence. More recently Angela was the Head of Finance, Planning and Company Secretary at U.K. Nirex Ltd, the U.K.'s radioactive waste management company. Since 2003 Angela has combined a career as a Non-Executive Director in the NHS, Government and a Housing Association with work for a family company. Angela holds a degree in Physiology and Psychology from Somerville College, Oxford and a MBA from INSEAD, Fontainebleau, France.

Angela has been a member of the Board since 1 July 2004. Angela was re-appointed as a Non-Executive Director in January 2012 for a further term of two years ending 30 June 2014. In 2011/12 Angela was appointed Deputy Chairman of the Trust from 1 January 2012 until 30 June 2012. With her re-appointment as a Non-Executive Director, Angela was also re-appointed Deputy Chairman of the Trust until 30 June 2014. In 2012/13 Angela was a member of the Governance Committee until 19 October 2012 when she became Chair of that committee; a member of the Finance and Investment Committee; the Mental Health Act/Mental Capacity Act Committee, the Remuneration Committee and the Joint Nominations Committee. Angela was Chair of the Charitable Funds Committee and Chair of the Academy Strategic Board until 30 September 2012 after which she became a member of that committee and Board.

Robert Burns, Non-Executive Director

Robert Burns' career has been largely focused on financial disciplines and financial management roles. Having trained as an accountant most of his career has been spent in complex multinationals ultimately in various senior Finance, and Sales Management roles. He is a Fellow of the Institute of Chartered Accountants in England and Wales (FCA) and a Fellow of the Chartered Management Institute (FCMI). He was also a Board Member of Gloucester Probation Trust, part of the National Offender Management Service but resigned in June 2011 to enable him to dedicate more time to this Trust following the transition of Community Services. Robert joined the Board on 1 August 2008. Robert was re-appointed as a Non-Executive Director in January 2012 for a further term of three years ending 31 July 2015. In 2012/13 Robert was Chair of the Audit, Risk and Assurance Committee and a member of the Remuneration Committee. Robert was also a member of the Charitable Funds Committee until 30 September 2012 when he then became Chair of that committee.

Rowland Cobbold, Non-Executive Director *(until 31 December 2012)*

Rowland has over 40 years commercial experience in the aviation and tourism industry including seven years on the Board of Cathay Pacific Airways Ltd where his responsibilities included marketing, customer service, corporate communications and IT. He is currently Chairman of Ecco Tours Ltd which he helped to set up 18 years ago and he has also served as a Non-Executive Director on the Boards of Air Partner PLC (1996 to 2004) and Groundstar Ltd (1999 to 2004). Rowland holds a masters degree in law and attended the London Business School's Executive Programme. Rowland was the Senior Independent Director up until 30 September 2012. In 2012/13 Rowland was the Chair of the Remuneration Committee until 30 September 2012 and thereafter a member of that committee; a member of the Joint Nominations Committee until 30 September 2012; Chair of the Governance Committee until 19 October 2012 and a member of the Audit, Risk and Assurance Committee. Rowland's ceased to be a Non-Executive Director of this Trust when his term of office ended on 31 December 2012.

Liam Coleman, Non-Executive Director

Liam Coleman is currently Deputy Group Treasurer of the Royal Bank of Scotland Group. Prior to that Liam was Group Director - Treasury at Nationwide Building Society. Prior to joining Nationwide, Liam worked in banking roles at Mitsubishi Bank, Hambros Bank and National Westminster Bank. Liam holds a BA Honours degree from the University of Manchester and an MBA from Warwick Business School; he is also a member of the Chartered Institute of Bankers and the Association of Corporate Treasurers. Liam joined the Trust in December 2008. In July 2012 he was re-appointed as a Non-Executive Director for a further term of three years ending 31 October 2015. In 2012/13 Liam was Chair of the Finance and Investment Committee and a member of the Remuneration Committee and the Workforce Strategy Committee.

Philippa Green, Non Executive Director *(from 1 January 2013)*

Philippa has a successful career in the private sector. She has worked at BT as a highly accomplished senior executive for the past 11 years, currently in the role of Resource Supply Director. Praised as an inspirational leader, Philippa has a proven track record of delivering sustainable results. Philippa has also established a new corporate procurement organisation which delivered procurement savings of £170 million per annum. Philippa, who lived in Wiltshire for 17 years before moving to Berkshire, is an executive coach and mentor and is keen to use her business experience to help the Trust further improve patient services. Philippa joined the Trust in January 2013. In 2012/13 she was a member of the Governance Committee, the Remuneration Committee and the Workforce Strategy Committee.

Roger Hill, Non-Executive Director and Senior Independent Director

Roger was appointed to the Board in April 2008. Until 1999 he had been both the Chairman and Managing Director of the UK subsidiary of Intergraph Corporation, a large American computer company. Subsequently he has been a Board Director of a number of IT services companies, both in the UK and Ireland. Until 2008 he had been serving as a Governor of Newbury College. Roger was re-appointed as a Non-Executive Director in January 2012 for a further term of three years ending 30 April 2015. Roger was appointed the Senior Independent Director of the Trust from 1 October 2012. In 2012/13 Roger was a member of the Finance and Investment Committee and the Workforce Strategy Committee becoming Chair of the latter on 1 January 2013. He was a member the Remuneration Committee up until 1 October 2012 when he became Chair of that committee to coincide with his appointment as Senior Independent Director. He also became a member of the Joint Nominations Committee on 1 October 2012.

Janet Husband, Non-Executive Director *(from 1 January 2013)*

Janet is a renowned Consultant Radiologist who has worked for prestigious organisations, including the Royal Marsden NHS Foundation Trust and the Institute of Cancer Research, in a career spanning over 40 years. Since retiring from full time clinical practice in 2007, Janet has held a number of high profile positions. She is currently Chair of the National Cancer Research Institute, Emeritus Professor of Radiology at the Institute of Cancer Research and Founder and Trustee of the International Cancer Imaging Society. Her extensive experience in healthcare includes three years as Medical Director at the Royal Marsden NHS Foundation Trust, where she worked as a Consultant Radiologist from 1980 until 2007. Janet has given lectures around the world, published six books and won numerous awards for her groundbreaking work. In 2002 she was awarded an OBE and received her DBE in 2007. Janet joined the Trust in January 2013. In 2012/13 she was a member of the Audit, Risk and Assurance Committee, the Governance Committee and the Remuneration Committee.

Kevin Small, Non-Executive Director *(until 31 October 2012)*

Kevin was appointed to the Board on 1 November 2003. Kevin was an experienced Board member having been involved in a wide range of organisations. Kevin was Chair of Wiltshire Ambulance Service NHS Trust from 1998 to 2002 and Director of the New Swindon Company between 2003 and 2004 and again from 2005 to 2010. Kevin has also been a Non-Executive Director for the British Railways Board/Strategic Rail Authority (2000 to 2002), Chair of Western England Rail Passenger Committee (1998 to 2000), a member of Wiltshire Police Authority (1999 to 2003) and Leader of

Swindon Borough Council (Aug 2002 to May 2003). During 2012/13 Kevin was a member of the Audit, Risk and Assurance Committee, the Governance Committee and the Remuneration Committee. Kevin was Chair of the Workforce Strategy Committee until 31 October 2012. Kevin's ceased to be a Non-Executive Director of this Trust when his term of office ended on 31 October 2012.

Dr Alf Troughton, Medical Director and Deputy Chief Executive

Alf has been Medical Director at the Trust since 1 April 2006. He has been a consultant radiologist at the Trust since 1994 and was the Clinical Director of Radiology for five years. He was the Radiology President at the Royal Society of Medicine between 2003 and 2005. Alf obtained his degree in medicine in 1978 from the University of Bristol and became a member of the Royal College of Physicians (MRCP) in 1984. Subsequently Alf became a fellow of the Royal College of Radiologists (FRCR) in 1989 and a fellow of the Royal College of Physicians (FRCR) in 1997. Despite his managerial commitments Alf continues to practice as a Radiology consultant part time as this helps him to keep in touch first hand with the clinical services provided by the Trust. During 2011/12 Alf Troughton was appointed interim Chief Executive following the resignation of Lyn Hill-Tout who left the Trust in June 2011. He returned to his substantive post in October 2011 when Nerissa Vaughan joined the Trust as Chief Executive.

Maria Moore, Director of Finance and Performance

Maria was appointed as Director of Finance and Performance in September 2008. She had previously held the Deputy Director of Finance post at the Trust having joined in March 2003. Maria has over 19 years experience in the NHS which she joined as a Regional Finance Management Trainee in 1994. Since completing her training, she has worked in several acute Trusts. Maria graduated from London University with a degree in Mathematics and is a member of the Chartered Institute of Management Accountants (ACMA).

Oonagh Fitzgerald, Director of Workforce and Education

Oonagh joined the Trust in February 2008. Oonagh had previously worked as Director of Human Resources and Organisation Development at Kingston Hospital, South West London and prior to that she was Deputy Director of Human Resources at Mayday Healthcare NHS Trust in Croydon, South London. She is a Fellow of the Chartered Institute of Personnel and Development. She originally studied law at university and gained a Masters in HR Leadership in 2005.

Sue Rowley, Director of Nursing and Midwifery *(until 21June 2012)*

Sue registered as a General Nurse in 1982, undertook her diploma of nursing, registering as a clinical tutor in 1987. Sue specialised in trauma and orthopaedics as a Ward Sister and Senior Nurse before moving into General Management. Sue was successful in applying for the Kings Fund Leadership Programme (1999–2001) and studied leadership in healthcare nationally and internationally spending time in both Hong Kong and China. Sue was appointed Director of Operations in August 2003, then to Director of Nursing & Midwifery as a statutory Board member in September 2006. Sue later achieved a MSc in Strategic Management at Bristol University. Sue Rowley retired from the Trust in June 2012.

Hilary Walker, Chief Nurse *(28 May – 31 December 2012 interim position / 1 January 2013 substantive appointment)*

Hilary has been a Registered Nurse since 1985 and has a particular interest in Trauma and Orthopaedic Nursing. She has held a number of corporate nursing roles since 2002, mainly in acute trusts but most recently as Interim Nursing Director at Dudley Primary Care Trust. Her previous role was Deputy Nursing Director at Royal Wolverhampton Hospitals NHS Trust. Hilary joined the Trust in May 2012 as interim Chief Nurse and thereafter was successful in securing the substantive Chief Nurse position from 1 January 2103.

Helen Bourner, Director of Business Development *(until 8 April 2012)*
Helen spent a number of years working in the hotel sector, latterly as Regional Director of Sales for the North of England and Scotland for Hilton Hotels. She worked for NHS Estates (an executive agency of the Department of Health) and NHSU (the NHS University) from 2000 – 2005 providing advice and guidance on the Consumerism agenda arising out of the NHS Plan in 2000. She entered the NHS through the Gateway to Leadership Scheme, joining Barnsley Hospital NHS Foundation Trust in 2005. Helen has been Director of Business Development since August 2008. Helen left the Trust in April 2012 to take up the position of Director of Commercial and Corporate Development at Warrington and Halton Hospitals NHS Foundation Trust.

5.2.3 Length of appointments of Non-Executive Directors

Listed below are details of the length of appointments of the Non-Executive Directors. Appointments are shown from 1 December 2008, being the date of Authorisation as a Foundation Trust.

Name	First Term	Second Term	Third Term
Bruce Laurie (Chair)	01.12.08 – 01.01.12	01.02.12– 01.01.14	
Rowland Cobbold	01.12.08 – 01.12.10	01.01.11 – 31.12.11	01.01.12 – 31.12.12**
Angela Gillibrand	01.12.08 – 30.06.12	01.07.12 – 30.06.14	
Kevin Small	01.12.08 – 31.10.11	01.11.11 – 31.10.12**	
Roger Hill	01.12.08 – 30.04.12	01.05.12 – 30.04.15	
Robert Burns	01.12.08 – 31.07.12	01.08.12 – 31.07.15	
Liam Coleman	01.12.08 – 31.10.12	01.11.12 – 31.10.15*	
Janet Husband	01.01.13 – 31.12.15*		
Philippa Green	01.01.13 – 31.12.15*		

Non-Executive Directors are appointed by the Council of Governors. A Non-Executive Director or Chairman may be removed from office with approval of three-quarters of the members of the Council of Governors. The circumstances under which this might happen are included in the Trust's Constitution.

As recommended by the Local Counter Fraud Service (LCFS), the names of all Trust Directors (Executive and Non-Executive) are cross-referenced with the Disqualified Directors Register on the Companies House website on an annual basis. No Trust Directors appeared on the Disqualified Directors Register (as of 5 April 2013).

*These Non-Executive Directors were either re-appointed / appointed during 2012/13. The process involved assessment by a Joint Nominations Committee. The following considerations were taken into account and matched against a job description and person specification in respect of each re-appointment / appointment: -

- Skills and qualities identified as required;
- Composition of the Board mapped against Directors;
- Statutory and Code of Governance requirements;
- Governors' duties in considering re-appointments;
- Views of the Chairman and Governors;
- Independence;
- Qualifications and experience requirements;

- Annual performance appraisals feedback;
- Board development feedback;
- Refreshment of the Board;
- Changes in significant commitments which could be relevant;
- Time commitment for the role; and
- Term of appointment.

The re-appointment / appointments were approved by the Council of Governors. **The terms of office of these Non-Executive Directors ended and they ceased to be Non-Executive Directors of the Trust.

5.2.4 Statement about the balance, completeness and appropriateness of the Board of Directors

The Non-Executive Directors are all considered to be independent of the Foundation Trust and the Trust Board believes it has the correct balance, completeness and appropriateness in its composition to meet the requirements of an NHS Foundation Trust. One Non-Executive Director has served more than 6 years from the date of their first appointment but on re-appointment the Trust considered that she remained independent in that, amongst other things, she continued to have a willingness to probe and challenge and there were no relationships which might create a conflict of interest.

The Board is committed to reviewing its balance and composition in order to maintain its effectiveness. During 2012/13, the Trust mapped the refreshment of the Board, looking in detail at the skills and qualities needed now and in the future and mapped the composition of the Board against desired experience and knowledge on the Board. In 2012/13 one Non-Executive Director was re-appointed and two Non-Executives left the Trust as their terms of office ended. Two new Non-Executive Directors with different skills required on the Board at this time were appointed.

5.2.5 Statement setting out that the Board of Directors undertakes a formal and rigorous evaluation of its own performance and that of its collective and individual directors

In 2011/12 the Trust commissioned an independent formal review of its performance and effectiveness. This review involved an independent advisor attending and observing Board meetings, interviews with each Director and the Company Secretary and 360 degree questionnaires and feedback. The review looked at the performance of the Board and that of its collective and individual Directors with recommendations being made relating to the operation of the Board; Director's roles; functions of the Board; Board engagement; strategy development and development generally. The Trust is continuing to use the independent advisor with further Board Development planned during 2012/13.

For individual Non-Executive Directors, the Trust has in place a framework for their appraisal based on elements of the Hay Group work and best practice from other Foundation Trusts. In June 2012 a formal appraisal process for the Chairman and the Non-Executive Directors was undertaken by the Council of Governors. The evaluation of the Chair's performance was led by the Senior Independent Director with input from the Lead Governor and the Chief Executive on behalf of the Executive Directors and having regard to the views of the other Non-Executive Directors. The Chief Executive and Non-Executive Directors' performance was evaluated by the Chairman taking account of Governors' and other Directors' input. The Executive Directors' appraisals were led by the Chief Executive in March/April 2013, and will be reported through the Remuneration Committee following a formal appraisal process using the Leadership Qualities Framework competencies. All appraisals involve 360 degree evaluation and feedback.

5.2.6 Attendance at meetings of the Board of Directors during 2012/13

Listed below are the Directors and Non-Executive Directors of GWH and their attendance record at the meetings of the Trust Board held during the past year.

Record of attendance at each meeting
✓ = Attended
× = Did not attend

	26 April 2012	31 May 2012	28 June 2012	26th July 2012	3 September 2012	27 September 2012	25 October 2012	29 November 2012	20th December 2012	31 January 2013	28 February 2013	28 March 2013
Bruce Laurie	✓	✓	✓	✓	✓	✓	✓	✓	✓	×	✓	✓
Helen Bourner	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Robert Burns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rowland Cobbold	✓	✓	✓	✓	✓	✓	✓	✓	✓	n/a	n/a	n/a
Liam Coleman	✓	×	✓	×	✓	✓	✓	×	✓	✓	×	×
Oonagh Fitzgerald	✓	✓	✓	✓	✓	✓	✓	×	✓	✓	✓	✓
Angela Gillibrand	✓	×	✓	✓	✓	×	✓	✓	✓	✓	✓	✓
Philippa Green	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓	✓
Roger Hill	✓	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓
Janet Husband	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	✓	×	✓
Maria Moore	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sue Rowley	×	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Kevin Small	✓	✓	×	✓	✓	×	✓	n/a	n/a	n/a	n/a	n/a
Alf Troughton	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nerissa Vaughan	✓	✓	✓	✓	✓	×	✓	✓	✓	✓	✓	✓
Hilary Walker	n/a	✓	×	✓	✓	✓	✓	✓	✓	✓	✓	✓

5.2.7 Decisions reserved for the Board of Directors

There are certain matters which are reserved for the Board of Directors to decide relating to regulation and control; appointments; strategic and business planning and policy determinations; direct operational decisions; financial and performance reporting arrangements; audit arrangements and investment policy.

The Reservation of Powers to the Board was reviewed in March 2013. A full copy can be obtained from the Company Secretary.

5.2.8 Interests of Directors

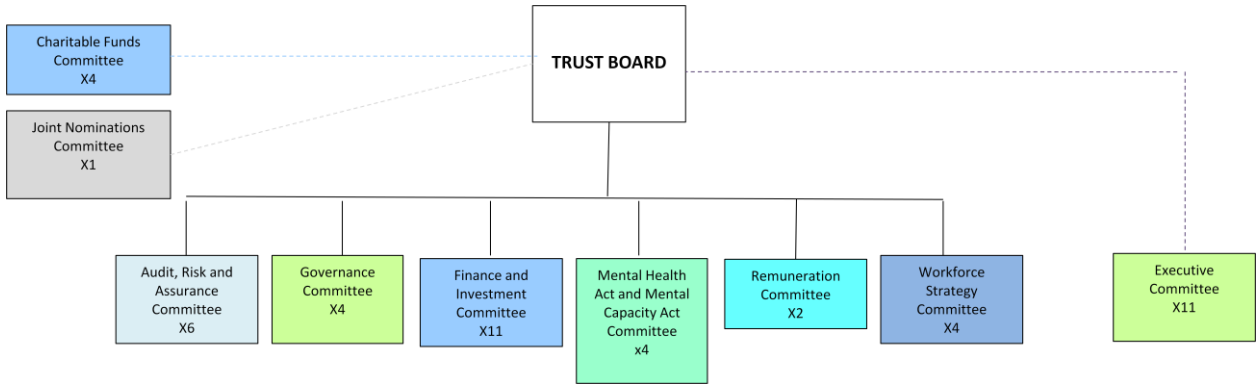
A Register of Interests of Directors is maintained, a copy of which can be obtained from the Company Secretary.

5.2.9 Significant Commitments of the Chairman

There have been no substantial changes to commitments during the year and the Chairman is able to devote the appropriate time commitment to this role.

5.2.10 Committee structure

The Board of Directors reviewed its committees during 2012/13, adding a new Governance Committee as follows: -



Sitting below this top level structure are a number of working groups and other meetings.

5.2.11 Key Committees

The Board recognises the importance of organisational governance such as executive structures, annual and service plans, performance management and risk management arrangements to deliver the Trust's strategic objectives. The Trust has developed a meetings structure to support these and to provide assurance to the Board.

The Board has established the following committees: -

- Charitable Funds Committee
- Audit, Risk and Assurance Committee*
- Governance Committee
- Finance and Investment Committee
- Mental Health Act and Mental Capacity Act Committee*
- Remuneration Committee*
- Workforce Strategy Committee.
- Executive Committee

* Statutory Committees

5.3 Audit Committee

GWH NHS FT AUDIT, RISK & ASSURANCE COMMITTEE
ANNUAL REPORT 2012/13

INTRODUCTION

1. As Chair of the Audit, Risk & Assurance Committee (the Committee, (ARAC) I am delighted to present the above Committee's annual report. The Committee operates under a Board delegation and approved terms of reference. The Committee consists of three non-executive directors, has met six times during the period and has reported to the Board and Governors on its activities. The Committee also provides assurance in relation to the Statement of Internal Control made by the Trust's Chief Executive (CE) as Accountable Officer (AO) in respect of GWH NHS FT for year ended 31 March 2013; this report covers activities and accounts covering during the period 1 April 2012 to 31 March 2013.

TERMS OF REFERENCE

2. The terms of reference of the Committee have been reviewed against the Audit Committee Handbook published by the HFMA and Department of Health, Monitor's Code of Governance and current best practice. The Committee's current terms of reference have been endorsed by the Committee and reviewed and approved by the GWH NHS FT Board in March 2012. The Committee acts in an advisory capacity and has no executive powers.

A copy of the terms of reference is available on request from the Company Secretary.

COMMITTEE MEMBERSHIP AND ATTENDANCE

3. The Committee has had five non-executives acting as members during the financial year:

Robert Burns	April 2012 (Chair)
Rowland Cobbold	April 2012- December 2012 (Governance and Finance Committees) (Retired 31/12/12)
Kevin Small	April 2012- October 2012 (Retired 31/10/12)
Angela Gillibrand	October 2013 (Governance and Finance Committees) (Re-appointed 1/10/12)
Dame Janet Husband DBE	January 2013 (Governance Committee.) (Appointed 1/1/13)

Attendances: Non-Exec Members	24 May 2012	19 July 2012	20 September 2012	22 November 2012	29 January 2012	26 March 2012
Robert Burns (Chair)	✓	✓	✓	✓	✓	✓
Rowland Cobbold	✓	✓	✓	✓	N/A	N/A
Kevin Small	✓	✓	✓	N/A	N/A	N/A
Angela Gillibrand	N/A	N/A	N/A	✓	✓	✓
Janet Husband	N/A	N/A	N/A	N/A	✓	✓

N/A Not applicable, x not attended, ✓attended

4. Nerissa Vaughan (CE and AO), Maria Moore (Finance Director (FD)), Dr Alf Troughton (Medical Director) or appropriate alternates also attend as does Carole Nicholl (Board Secretary (CS)). Additional attendees at all Committee meetings include representatives from Internal Audit and Counter Fraud (Parkhill) and External Audit (KPMG) who all provide updates on current activities, planning and reporting. KPMG also providing regular updates on current technical or regulatory matters the Committee should be made aware of.

5. Other senior Trust managers or representatives from Internal and External Audit are invited to attend Audit Committee meetings to assist on matters of specific interest or relevance to the Committee's responsibilities as required.

OTHER SOUTH WEST REGION AUDIT COMMITTEES

6. Arrangements are in place for periodic meetings of Audit Committee chairs of the NHS and Foundation Trusts in the South West Region of the NHS to discuss matters of mutual interest. The Trust has been represented at all such meetings held during the period.

AUDIT COMMITTEE PURPOSE & ACTIVITY IN DISCHARGING ITS RESPONSIBILITIES

7. Purpose: The primary purpose of the Committee is to provide oversight and scrutiny of the Trust's risk management, internal financial control and all other control processes, including those related to quality and performance. These controls underpin the Trust's Assurance Framework so as to ensure it's overall adequacy, robustness and effectiveness. This addresses risks and controls that affect all aspects of the Trust's day to day activity and reporting.

(It should be noted that additional oversight and scrutiny, in particular relating to quality and patient care performance is also provided through the Governance Committee There is a direct linkage between the Governance Committee and ARAC through committee membership and exception reporting. Similarly the Finance Committee also provides financial planning and performance scrutiny and oversight, and again there is a direct linkage between the Finance Committee and ARAC through committee membership and exception reporting. The ARAC chair and Non-Exec members have also been party to all Board discussions relating to these matters. Day to day performance management of the Trust's activity, risks and controls is however the responsibility of the Executive).

The Committee also provides governance and audit oversight in relation to corporate governance and compliance and the performance and outcomes of Internal Audit, (including Counter Fraud services) and of External Audit. The Committee also ensures that the relationship between Internal and External Audit is robust and effective, and that all parties receive and provide adequate support to and from Trust management as required. Time is set aside for private discussion with Internal Audit, External Audit and Trust Finance Management, should it be required, at the end of committee meetings.

8. **Risk and Governance Activity:** The Committee met in May, July, September and November 2012, plus January and March 2013. For the current financial year a minimum of six meetings is currently scheduled, commencing in May 2013 with the review and approval of the 2012/13 year-end Annual Reports and Accounts. The major review areas addressed in the meetings in 2012/13 relating to Governance and Enterprise Risk Management (ERM) can be summarised as follows:

- At least on a quarterly basis the Trust's Assurance Framework and higher risk 15+ Risk Register, as presented by the FD and CS, have been reviewed and risks and assurances challenged by the Committee with management. Where appropriate lower rated risks or other risk registers have also been reviewed. When the Committee felt it necessary suggestions have been made and discussed for the ongoing development of ERM within the Trust and to

ensure the Assurance Framework remains "fit for purpose" and reflects any risk impact on the Trusts strategic objectives.

- The Committee has during the period specifically reviewed the Trust's Scheme of Delegation, policies relating to Gifts and Hospitality, Whistle-blowing and Information Governance and Strategy. The Committee also received annual reports relating to Legal Services, including claims management, and Information Governance during the period and discussed progress and mitigating actions taken to control any future risks.

- The Committee has reviewed and approved at least quarterly reports of any single tender actions or contract extensions and also reports of losses including patient property losses and any compensation paid.

- The Chair of the Committee at each meeting has reviewed the Seal Register and sought any necessary explanations relating to the use of the Trust seal.

- The minutes of the Committee are submitted for noting to the Board and the Chair of the Committee has given verbal updates on the work of the Committee as required.

- The Chair of the Committee has also attended the Governors meetings and provided updates on both the work of the Committee and that of the External Auditors also providing an explanation to the Governors relating to their consideration and subsequent approval of a two year contract extension under the terms of the External Auditor's existing contract.

- Additionally as indicated above, in May 2013 both the Trust's Financial Accounts and Annual Report including the Quality Report for 2011/12 were reviewed and approved by the Committee for endorsement by the Board.

9. Internal Audit and Counter Fraud: The Committee reviewed and approved Parkhill's internal audit and counter fraud plans to ensure the provision of support of the assurance framework and adequate review of internal control processes and any known areas of risk or concern. This included a review of planned chargeable days, and monitored audit delivery. The Committee receives all finalised reports on audit and counter fraud activity, all findings and any other opinions concerning governance, control or risk management arrangements. The FD also provides comments at Committee meetings that confirm progress against the plan, areas of concern and the progress on resolving audit recommendations.

The Audit Committee has considered and endorsed the Head of Internal Audit's 2012-13 Annual Report that assessed the Trust's internal controls as consistent and that they provided overall **Significant Assurance.**

During the course of their normal audit work Parkhill issued two internal audit reports providing Limited Assurance in relation to process weaknesses, documentation and record keeping relating to some specific aspects concerning "Safeguarding Adults" and "Human Resources". Action plans and implementation timescales have been agreed to address all identified concerns which are subject to follow up reviews. All other internal audit reports provided Adequate or Substantial assurance. In addition the Trust requested a review of it's "Transportation" practices which identified some specific weaknesses in processes and practice and again actions are already in hand to address issues and improve processes and controls.

10. External Audit: KPMG were represented at all meetings of the Committee and submitted reports as needed, including their 2012-13 Unqualified Report on the Trust's Financial Accounts, their Annual Audit letter and also provided a Limited Assurance (ie.unqualified) on the Trust's Quality report. The 2012/13 year end audit plan has been reviewed and agreed, and will be monitored by the Committee. All significant points raised by the KPMG as a result of their audit work including any

issues carried forward and their Use of Resources assessment have been discussed with the Committee, were considered by management and if needed appropriate responses have been made and control processes strengthened. The Committee also reviews the fees charged by KPMG and the scope of work undertaken.

In the latter part of 2012/2013 the Trust requested KPMG to undertake a short "Service Line Sustainability Review" as a precursor to and supporting its longer term strategic planning in the context of the significant changes ongoing within the NHS and Healthcare within the UK.

This work represents a non Audit service provision. KPMG were selected as they already had relevant experience of such reviews, however the staff and management engaged were not involved in the Statutory Audit activity or its management and the Trust assessed the costs as not likely to be material to the independence of KPMG in carrying out its External Audit responsibilities. The review has now been completed and a report issued.

11. **Review of Effectiveness:** The Committee undertook a formal self-assessment during the year, and an action plan was prepared to address weaknesses where identified. It is planned that a formal self-assessment review will also be undertaken in 2013/14.

12. Directors responsibilities for preparing accounts and external auditors report:

- So far as the directors are aware there is no relevant material audit information of which the auditors are unaware. The directors have ensured that any such information has been brought to the auditor's attention.

  The directors are aware of their responsibilities for preparing the accounts and are satisfied that they meet NHS FT reporting requirements 2012-13 and the requirements reflected in the AO's Statement of Internal Control made by the CEO of the Trust.

  A letter of representation reviewed and approved by the Committee, has been provided to the External Auditors signed by the CEO on behalf of the Trust Board to this effect.

- The responsibilities of the External auditors are set out in their audit report as appended to the Annual Report of the Trust.

AUDIT COMMITTEE ASSURANCE

13. Based on its work over this reporting period, the Committee is able to provide assurance on the adequacy of control processes, governance and Assurance Framework within the Trust and to provide assurances to the AO and the Board in respect of the audit assurances (internal and external), governance, risk management and accounting control arrangements operated.

14. There were and are no significant areas of concern to be disclosed in the Statement of Internal Control. The Committee was of the opinion that there is full and frank disclosure of any material issues.

In 2013-14 we will continue to operate against our terms of reference, seek further assurance that steps are being taken to maintain effective risk management and mitigation, maintain sound systems of internal control and quality control, monitor actions planned to implement audit recommendations or strengthen controls in areas of concern.

ACKNOWLEDGEMENTS

15. The committee and I acknowledge the support we have received from the Executive and senior management. We also warmly welcome the readiness of Trust management to cooperate with us and take action where it is indicated. Finally we are grateful for the detailed work and application of both Internal and External Auditors.

Robert Burns – (Chair), AUDIT, RISK & ASSURANCE COMMITTEE
May 2013

5.4 Nominations Committee

5.4.1 The Joint Nominations Committee

The Trust has a Joint Nominations Committee which is responsible for recommending suitable candidates to the Council of Governors for appointment to the Chairmanship or office of Non-Executive Director; and for nominating suitable candidates to the Non-Executive Directors for appointment as the Chief Executive.

5.4.2 The work of the Joint Nominations Committee in discharging its responsibilities

In 2012/13 the Committee met on four occasions, once to consider Non-Executive Director's re-appointments; another to agree the process and timetable for new Non-Executive Director appointments, and thereafter on two further occasions to short list applicants for the Non-Executive Director appointments and to consider feedback from interviews and recommend candidates for appointment to the Council of Governors. When the Chairman or a Non-Executive Director reaches the end of their current term and being eligible wishes to be reappointed, the Joint Nominations Committee may nominate the individual for such reappointment without competition, subject to the Committee taking into account the result of any review of the individual's performance during their term of office and the balance of skills required on the Board of Directors.

The Joint Nominations Committee is comprised of the Chairman, two Non-Executive Directors and four Governors, hence a majority of governors as required by the Code of Governance when nominating individuals for appointment.

Before making any nomination for re-appointment / appointment, the Committee had regard to the performance of the individual during their term (as appropriate), the balance of qualifications, skills, knowledge and experience required on the Board of Directors.

5.4.3 Attendance at the Joint Nominations Committee Meetings during 2012/13

Joint Nominations Committee Members	Record of attendance at each meeting ✓ = Attended × = Did not attend			
	6 July 2012 Joint meeting with the Governor Nomination and Remuneration Working Group	10 September 2012	5 November 2012	28 November 2012
Rowland Cobbold – Non-Executive Director	✓	✓	n/a	n/a
Angela Gillibrand – Non-Executive Director	n/a	×	✓	✓
Roger Hill - Non-Executive Director	n/a	✓	✓	✓
Bruce Laurie – Chairman	✓	✓	✓	✓
Harry Dale – Governor	✓	✓	✓	✓
Geraint Day – Governor	✓	✓	×	× (Clive Bassett substitute)
Godfrey Fowler – Governor	×	× (Srini Madhavan substitute)	× (Clive Bassett substitute)	× (Phil Prentice substitute)
Marcus Galea – Governor	×	× (Phil Prentice substitute)	× (Phil Prentice substitute)	✓
	Plus 3 other governors			

Note: Angela Gillibrand, Rowland Cobbold and Roger Hill are Non-Executive Directors appointed to the Committee by the Chairman Bruce Laurie also a Non-Executive Director and Harry Dale, Geraint Day, Godfrey Fowler, and Marcus Galea are Governors appointed by the Council of Governors.

The Chair of the Committee is Bruce Laurie, Chairman of the Trust.

Note that in addition to the Joint Nominations Committee, there is a Remuneration Committee authorised by the Trust Board to oversee a formal, rigorous and transparent procedure for the appointment of the Chief Executive and other Board Executive Directors and to keep under review the composition size and structure of the Executive, leading on succession planning, appointing candidates to Board level positions. The Remuneration Committee reviews senior manager (Executive Director) remuneration and has delegated authority for agreeing any annual pay review for these staff only.

5.5 Mental Health Act / Mental Capacity Act Committee

5.5.1 The Mental Health Act / Mental Capacity Act Committee

Under the terms of the Mental Health Act 1983, (MHA) the Trust has a key responsibility for looking after patients who come to the hospital with problems associated with their mental health and to ensure that that the requirements of the Act are followed.

The Trust must:
ensure that patients are detained only as the MHA allows;
ensure that patients' treatment and care accords fully with the provision of the Act;
patients are fully informed of, and supported in, exercising their rights;
patients' cases are dealt with in line with other relevant statutory legislation including the Mental Capacity Act 2005, Human Rights Act 1998, The Race Relations Act, Disability Discrimination Act 1995 or Data Protection Act 1998.

Membership of the Mental Health Act and Mental Capacity Act Committee

- 2 Non-Executive Directors
- Director of Nursing - Executive Lead for Mental Health Services
- Deputy Director of Nursing – Trust Lead for Mental Health Services
- Mental Health Act Administrator
- Representatives from the Child and Adolescent Mental Health Service (CAMHS) x three (General Manager/Clinician/Nurse)
- Senior Representative from the Adult Mental Health Services (AWP)
- Senior Representative from Older People's Mental Health Services (AWP)
- Senior Nurse/Matron (Great Western Hospital)
- Representative from Swindon Primary Care Trust.

5.5.2 Meetings during 2012/13 and attendance

The Mental Health Act / Mental Capacity Act Committee members		Jun 2012	Sep 2012	Dec 2012	Mar 2013
Bruce Laurie (Chair)	Chairman of the Trust	√	√	√	√
Angela Gillibrand (Deputy Chair)	Non Executive Director	√	√	√	√
Rob Nicholls	Deputy Chief Nurse	√	√	√	√
Joy Gobey	Mental Health Act Administrator	√	√	√	√
Teresa Harding Joanne Smith, Senior Nurse Paediatrics - deputy	General Manager, Women and Children's' Department	√	√	√	x x
Dick Eyre Attendance as either / both with Amanda Cadder	Child Psychiatrist	x	√	x	x
Amanda Cadder Attendance as either/both with Dick Eyre	Nurse Manager	x	x	x	x
Neil Mason	Community Service Manager and Adults Service Manager AWP (Liaison)	x	√	√	√
Gill McKinnon Retired from AWP in September.	Service Manager (Specialist Services) Older People's SBU	x	√	-	-

The Mental Health Act / Mental Capacity Act Committee members		Jun 2012	Sep 2012	Dec 2012	Mar 2013
Jane Higgins for Joi Demery	AMHP	-	-	-	-
Thomas Kearney	Area Service Manager, Swindon AWP	-	-	√	-
Kieran Holland (deputy for Jenny MacDonald)	Modern Matron, Sandalwood Court	x	x	x	x
Anthony Harrison	Consultant Nurse (Liaison Psychiatry) AWP	x	x	x	x
Donna Bosson (Left Trust)	Matron, Unscheduled Care	x	x	-	-
Julie Dart	Mental Capacity Act Programme Manager Joint appointment with Swindon Borough Council and Swindon Primary Care Trust, Adult Social Care	x	x	√	√

The provision of mental health liaison psychiatry has been extended to include the weekends. In addition, a Later Life Mental Health Liaison Nurse has been recruited to provide services for patients over the age of 65 years old. It is envisaged that further investment will be provided in 2013/14 to strengthen mental health liaison services in particular services provided to patients aged 65yrs and over.

There is no formal agreement for the provision of a Responsible Clinician (RC) and as a result, there are incidents where accessing a RC has been challenging. The Deputy Chief Nurse is having discussion with AWP and Commissioners in order that the issues are resolved as early as possible.

A three way Service Level Agreement (SLA) between Great Western Hospitals NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership (AWP) and Swindon PCT (now CCG) will be reviewed and updated. AWP is liaising with Wiltshire Borough Council to confirm continued funding for later life mental health services with a view of having the SLA in place by June 2013.

5.5.3 Application of the Mental Health Act (MHA) in the Trust

The Mental Health Act Administrator provides a three monthly report on the application of the Mental Health Act in the Trust. The report is considered by the Mental Health Act and Mental Capacity Act Committee at each meeting.

From April 2012 – 31st March 2013, the use of the Mental Health Act was applied on 115 occasions (excluding Section 2 to another organisation) in regard of 59 patients.

TABLE - Use of the Mental Health Act at The Great Western Hospitals NHS Foundation Trust 1st April 2012 to 31st March 2013

Section	Type of Section	Number for use of the Mental Health Act
5(2)	Report on Hospital In-Patient	27
2	Compulsory Admission for Assessment	13
3	Compulsory Admission for Treatment	2
17	Authorisation for Leave of Absence	21
19	Authority for Transfer from Hospital to Another Under Different Managers	9
23	Order of Discharge from Detention by Responsible Clinician	5
132	Record of Information	38
Other	Detained to Other Hospital under Section 2 of the Act whilst GWH inpatient	8
Total		**123**

5.6 Membership

5.6.1 Membership

The Trust is accountable to local people who can become members of the Trust. Members share their views and influence the way in which the Trust is run.

The Trust's membership is made up of local people, patients and staff who have an interest in healthcare and their local health care services and these are broken down into two groups with different criteria.

5.6.2 Public Members

Public members include patients, carers and interested members of the public. Public members are aged 12 and over who live in the geographical area of the Trust.

Public members come from constituencies based on where they live. The constituencies are reviewed to ensure they reflect the Trust's geographical area and populations. In 2012/13 the Wiltshire Constituency was split out into three constituencies to better reflect the local population, resulting in the following public constituencies in total: -

- Swindon
- North Wiltshire
- Central Wiltshire
- Southern Wiltshire
- West Berkshire and Oxfordshire
- Gloucestershire and Bath and North East Somerset

5.6.3 Staff Members

Staff members include Trust employees, Carillion Health employees and volunteers. The Trust has strong links with the local community, with over 500 volunteers. Volunteers automatically become members when:

- they are employed by the Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months; or
- they have been continuously employed by the Trust under a contract of employment for at least 12 months; or
- they are employed by a designated subcontractor (i.e. Carillion Health) who otherwise exercise functions for the purpose of the Trust provided they have exercised these functions continuously for a period of 12 months; or
- they are designated volunteers who assist the Trust on a voluntary basis and have been doing so for at least 12 months.

Trust staff may opt-out of membership if they wish.

The Trust has a wide range of staff undertaking a variety of roles and professions. In 2012/13 the Trust agreed to split the staff constituency into sub classes to reflect occupational areas. This change is currently in progress and will be in place for ordinary Elections later in 2013/14. The sub classes will be as follows: -

- Hospital Nursing and Therapy Staff
- Community Nursing and Therapy Staff
- Doctors and Dentists
- Administrators, Maintenance, Auxiliary and Volunteers

Public members can only be a member of one constituency. Staff can only be members of the staff constituency. Members are able to vote and stand in elections for the Council of Governors.

5.6.4 Membership analysis

During the year, the Trust sought to increase membership numbers. As at 18 March 2013, the membership of the Great Western HNS Foundation Trust was as follows: -

Constituency	Member Count
Gloucestershire and Bath and North East Somerset	157
Swindon	2854
West Berkshire and Oxfordshire	318
North Wiltshire	1065
Central Wiltshire	370
Southern Wiltshire	27
Public Unknown	218
Staff	6483
Total	**11492**

Public Constituency	2012/13	2013/14 (estimated)
At year start (1 April)	5041	5009
New Members	55	150
Members leaving	87	100
At year end (31 March)	5009	5059

Staff constituency	2012/13	2013/14 (estimated)
At year start (1 April)	7222	6483
New Members	938	500
Members leaving	1677	200
At year end (31 March)	6483	6783

The estimates for 2013/14 public members are based on a prediction having regard to membership recruitment drives to take place in 2013/14.

The estimates for 2013/14 staff members are based on a prediction having regard to expected staff levels.

The groupings of the members in the public constituency are as follows: -

Age	Member Count
12 to 17	50
18 to 21	185
22 to 30	274
31 to 40	525
41 to 50	595
51 to 60	737
61 to 70	1022
71 to 80	926
81+	644
Unknown	51
Total	**5009**

Ethnicity	Member Count
Asian Bangladeshi	5
Asian Indian	76
Asian Other	30
Asian Pakistani	22
Black African	26
Black British	28
Black Caribbean	44
Black Other	34
Chinese	37
Mixed Other	2
Mixed White & Asian	10
Mixed White & Black African	9
Mixed White & Black Caribbean	4
Not Known	747
Other ethnic group	25
White British	3756
White Irish	57
White Other	97
Total	**5009**

Gender	Member Count
Male	2785
Female	2224
Total	**5009**

The Trust uses information from the Office of National Statistics (Census 2012) to build up a picture of the population size and ethnicity for each constituency. This helps the Trust in it aims to make the membership reflective of its population. The Trust has also determined the socio-economic breakdown of its membership and the population from its catchment area.

5.6.5 Building a strong relationship with our members

It is the aim of the Trust to have a membership which will allow the Trust to develop a more locally accountable organisation, delivering healthcare services that reflect the needs of the local communities. Membership supports the Trust in increasing local accountability through communicating directly with current and future service users. In turn services are developed which reflect the needs of our local communities and loyalty within the local communities is encouraged.

The Trust fulfils this aim by communicating and engaging with members via the Trust's quarterly magazine Horizon and hosting members' briefings and events such as Public Lectures. The Trust's website provides regular updates and information on meetings and events. The Lead Governor writes a regular blog which aims to help people understand what happens in the Trust and also discusses topical national subjects. The Trust has a full time Governance Officer responsible for membership, to answer any questions from members or to provide additional information.

5.6.6 Membership Strategy

To encourage membership, the Trust has in place a Membership Strategy which is reviewed annually to ensure that it reflects the needs of the members. The latest Membership Strategy focuses on three key areas:

- How the Trust hopes to engage and offer more to our existing members.
- The change in membership demographic due to the adoption of Wiltshire Community Health Services and the mechanisms GWH will use to increase membership in the new territories.
- The changes to the Trust's Constitution in order for the Trust to be fully representative of the new areas it will serve.

The Council of Governors has established a sub-group known as the Membership Working Group, whose remit is to aim to increase and promote membership. The group meets quarterly and deliberates mechanisms to increase membership, as well as how to market membership, including tangible benefits that can be offered.

5.6.7 Membership development in 2012/13

In order to build a representative membership during 2012/13 the Trust undertook the following: -

- The Governance Officer hosts monthly recruitment drives in the hospital atrium;
- The Membership Working Group approved a new, free-post membership application form so that it is easier for applicant members to return to the Trust
- The Governance Officer attended 'Schools Day' in the Academy on 25th September 2012 in order to increase youth membership.
- Held 2 Annual Members Meetings in September 2012, in Swindon and Calne
- Hosted 5 Constituency meetings, including 2 in Wiltshire, 2 in Swindon and 1 Staff constituency meeting.

In the last twelve months the Trust has worked on increasing its members as well as engaging its' members. The membership application form has been revised to incorporate a method of return delivery, making it easier for people to return to the Trust. The Governance Officer has attended Parish Council and forum meetings in order to talk about the structures of Foundation Trusts and the opportunities to get involved. The Governance Officer hosts a stall in the atrium of the GWH on a monthly basis talking to visitors and patients and recruiting members.

The Trust acknowledges that the number of members has decreased in 2012/13 due to a higher number of members leaving.

5.6.8 Membership development proposed for 2012/13

Engagement with existing forums
The Governance Officer will continue to engage with existing forums, such as Patient Participation Groups, parish and town councils, carers groups etc. by attending meetings and presenting to them about membership and recruiting new members.

Youth Membership Drive
The Governance Officer is working to develop contacts with youth groups who are likely to be interested in the future of the hospital, and as such is planning to engage with GCSE and A Level students. Students will receive a presentation on the structure of foundation trusts, tied in with the politics and funding of healthcare. This will be an opportunity to increase our membership amongst the under 18s.

Governor Blog
The Trust has launched a blog written by Governors, seeking the views of local service users and existing members on the Trust and healthcare more generally.

Horizon Newsletter
The Trust's quarterly magazine Horizon is sent to every member, either electronically or in the post. The newsletter contains dedicated membership pages, with a word from the Governors.

Public Lectures
A series of public lectures on a variety of topics from Dementia to Snoring are planned, with the Governance Officer in attendance to recruit new members.

Annual Members Meeting
An annual members meeting is planned to update existing members on issues affecting the Trust. This will be an opportunity to recruit new members as emphasis will be placed on advertising the meeting throughout the community.

5.6.9 Contacting the Governors and Directors

If any constituency member or member of the public generally wishes to communicate with a Governor or a Director they can do so by emailing the Foundation Trust email address: foundation.trust@gwh.nhs.uk. This email address is checked daily by the Governance Officer who will forward the email to the correct Governor and/or Director. Alternatively a message can be left for a Governor by ringing the Governance Officer on 01793 604185 or for a Director by ringing the Company Secretary on 01793 605171 or by sending a letter to:

Company Secretary, The Great Western Hospital, FREEPOST (RRKZ-KAYR-YRRU), Swindon, SN3 6BB.

5.7 Code of Governance Disclosure Statement

The Trust Board has overall responsibility for the administration of sound corporate governance throughout the Trust and recognises the importance of a strong reputation.

Monitor, the independent regulator for Foundation Trusts, published the NHS Foundation Trusts Code of Governance. The way in which the Trust applies the principles within the Code of Governance are set out in this report, and the Directors consider that in 2012/13, the Trust has been compliant with the Code with the exception of the following: -

G.1.1 – The Trust should have a public document setting out the Trust's policy on the involvement of members, patients and the local community at large including a description of the kind of issues it will consult. The Trust's approach is outlined in a number of documents rather than in one policy. During 2012/13 the Trust reviewed and agreed a membership strategy; a staff engagement strategy and a GP engagement strategy. In 2013/14 a patient engagement strategy is planned.

G.1.2 – The Board should clarify in writing how the public interests of patients and the local community will be represented, including its approach for addressing the overlap and interface between governors and any local consultative forums already in place. This is partly covered by the engagement strategies referred to above. However the patient engagement strategy planned for 2013/14, together with a governor engagement strategy should address this further.

6 QUALITY REPORTS

Part 1 - Statement on quality from the Chief Executive of the Great Western Hospitals NHS Foundation Trust

6.1 Statement on quality from the Chief Executive of the Great Western Hospitals NHS Foundation Trust

Patient safety continues to be at the heart of everything we do. We continue to focus our energies on improving safety and patient and staff satisfaction by providing the highest quality care.

The past year has been extremely challenging, however, it has also been an extremely positive and rewarding year and provided opportunity for us to develop and improve the quality of care we provide within the acute and community health care settings for which we are responsible.

We have regularly monitored our quality improvement plans during 2012/13 through our Patient Safety and Quality Committee through to Trust Board. We have presented progress to our Council of Governors and the local Health Overview and Scrutiny Committee. We have also ensured our quality improvements plans have been informed by national priorities and our locally agreed quality contracts with our commissioners.

The priorities for quality improvement set out in the Quality Accounts have been chosen to reflect our goals in improving the safety of our patients and prevent avoidable harm, to ensure the care we provide is clinically effective and in the best interest of our patients and to improve the experiences and satisfaction of our patients. We have improved care in many areas and delivered some significant service improvements and continued to develop our services.

We have continued to reduce hospital acquired infections and we have achieved our MRSA improvement (reduction) goals for both the acute and community settings. Although our numbers of clostridium infections remains low, we did not achievement our improvement goal within the acute hospital setting and have implemented plans to improve in this area.

Due to the early recognition and prompt management of patients presenting with Norovirus we have also reduced the number of ward closures due to outbreaks and hence reduced the number of beds we have not been able to fully utilise due to ward closures.

We are proud of our achievements in reducing the numbers of pressure ulcers developing in patients within our care and have significantly reduced the numbers of the more serious pressures ulcers developing within the acute hospital. We have reduced the numbers of patients who fall in hospital by proactively managing their care and providing specialist equipment to reduce these incidents. Whilst we recognise these improvements, we are mindful that they remain the most commonly reported to our Clinical Risks Team and plan to keep these key elements of safe care as top priority within our quality improvement plans during 2013/14.

2012/13 has seen the implementation of a planned programme of care led by our Matrons to ensure the nutrition and hydration need of our patients are being met and continuously assessed. We have also continued to closely monitor our mortality rates and implement actions to reduce preventable mortalities where improvements can be made. As a result of this, our Hospital Standard Mortality Rate (HSMR) has remained below 100 which is an accepted and reliable national benchmark for the effective care we provide.

We have listened to our patients, heard their experiences and continue to share and use this information and the learning from incidents, complaints and audits to continuously improve the quality of care we provide and improve our patient satisfaction. Our in-patient survey shows we have improved in many areas however we are aware that we still need to improve the way we communicate with our patients and their families.

I am delighted with our recent 2012/13 staff survey results. Feedback from staff indicated that they felt highly motivated at work and placed GWH within the top three Trusts in the South West of England. Whilst the outcome of the Survey continues to improve year on year, we continue to strive to make further improvement particularly in the areas of communication, staff engagement and Health and Well Being. We have also undertaken a staffing skill mix review to ensure we have the right numbers of staff in post to deliver high quality care.

During 2013/14 we will be developing and consulting on our Quality Strategy 2013-2018. This will be informed by national reviews i.e. the Francis Report, national and local drivers and the local contractual agreements with our local Clinical Commissioning Groups and will be used to progress and monitor our long term quality improvement plans and future Quality Accounts.

None of the above would have been possible without the hard work and dedication of our staff and volunteers, along with colleagues working in other allied organisations. Change is needed and is inevitable if we are to continue to improve what we do both inside and outside hospitals and to deliver better care for the population we serve. However, we are confident that our staff will continue to meet the challenges ahead.

Signed

Nerissa Vaughan
23 May 2013

Part 2 - Priorities for improvement and statements of assurance from the Board

6.2 Priorities for improvement

Within its business plan, the Great Western Hospitals NHS Foundation Trust sets out that the provision of safe, high quality, patient care, is its number one priority.

The Trust's aim is to set out a clear quality improvement plan building on current local and national quality improvement initiatives to meet its quality and **safety** objectives and to provide the safest and most **effective** care to enhance the **experiences** of our patients. Where these improvement priorities are informed by our local contractual agreement with our commissioners, this is cited accordingly.

6.2.1 Priorities 2012/13

Safe Care

- Continue to reduce healthcare associated infections including MRSA and *Clostridium* difficile (Commissioning for Quality & Innovation) (CQUIN contract)
- Continue to reduce harm associated with patient falls
- Continue to reduce hospital and community acquired pressure ulcers
- Continue to reduce avoidable mortality, disability and chronic health through improved assessment and management of venous thromboembolism (CQUIN contract)

Effective Care

- Improve the care and management of patients through progressing implementation of the Trusts Nutrition and Hydration action plans
- Continue to sustain our Hospital Standardised Mortality Ratio (HSMR) to below 100
- Improve the management of the deteriorating patient by full completion of the Early Warning Score

Patient Experience

- Continue to improve the quality of end of life care for patients and improve access to palliative care services (CQUIN contract)
- Improve care and access to services for patients with dementia (CQUIN contract)
- Improve patient satisfaction by improving upon the Trust's outcome measures within the National Patient Experience (PICKER) survey (CQUIN contract)

6.2.2 Priorities 2013/14

Our commitment to quality will continue through a number of priorities for 2012/13 which are informed by both national and local priorities and as such, are driven through the Commissioning for Quality Improvement Contracts agreed with our local Clinical Commissioning Groups. These priorities will be shared with and agreement sought from the Trust Governors, Local Healthwatch Organisations and other key external stake holders.

Priorities for 2013/14 are summarised below and they have been set out in the NHS Outcomes Framework which focuses on patient outcomes and experience. We are developing detailed plans to ensure we deliver these improvement priorities.

NHS Domain	Darzi Element	Focus	Priority	Driver
1	Effective care	Preventing people from dying prematurely	• Hospital Standardised Mortality Ratios (HSMR)/Summary Hospital-level Mortality Indicator (SHMI)	Contract
			• Early recognition of the deteriorating patient	Contract
2	Effective care	Enhancing quality of life for people with long term conditions	• Dementia	CQUIN/Contract
			• Safeguarding adults and children	Contract/Regulation
			• Review of patients who are being readmitted to hospital within 30 days of discharge	National/Contract
3	Effective Care	Helping people to recover from episodes of ill health or following injury	• Nutrition and hydration	Contract/ Regulation
			• Stroke care	National/Contract/ Regulation
			• Compliance NICE Publications	Contract
4	Patient Experience	Ensuring people have a positive experience of care	• Friends and family test – patient recommendations	CQUIN/Contract
			• Reducing complaints	Local
			• Equality and Diversity	Contract/Regulation/ Local
5	Safe care	Treating and caring for people in a safe environment and protecting them from avoidable harm	• Reduce Healthcare Infections	National/Contract/ Regulation/Local
			• Never events • Reduce Incidents and associated harm	Contract/ Local/ Regulation
			• Patient safety thermometer - continue to reduce pressure ulcers, falls, Catheter Associated Urinary Tract Infections (CAUTIs), VTE	CQUIN/Contract/ Local

During 2013/14 we will report upon our performance against these patient focused outcomes and we will also continue to explore new measures by which we can enhance and improve upon the quality of care we provide.

6.3 Statements of assurance from the Board

During 2012/13 the Great Western Hospitals NHS Foundation Trust provided and/or sub-contracted 7 relevant health services.

The Great Western Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 7 of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of relevant health services by the Great Western Hospitals NHS Foundation Trust for 2012/13.

6.3.1 Review of services and participation in clinical audits and national confidential enquiries

During 2012/13, 39 national clinical audits and 8 national confidential enquiries covered relevant health services that Great Western Hospitals NHS Foundation Trust provides.

During 2012/13 Great Western Hospitals NHS Foundation Trust, participated in 95% (37/39) national clinical audits and 100% (8/8) national confidential enquiries of the national clinical audits and national confidential enquiries, which it was eligible to participate in.

Exceptions to the National Audits are as follows:

- For one audit the trust does not capture diagnostic codes on outpatient attendees so was unable to identify patients with Bronchiectasis in order to participate in this audit. Coding outpatient diagnosis is not observed locally as part of the data collection for coding and there is not currently a facility to record this on Medway. This is being reviewed

- For one audit the Trust chose not to participate in the annual audit of "National Health Promotion in Hospitals" as the Trust was compliant with the audit in the previous year, and at the time, initiated internal measures to monitor compliance

The national clinical audits and national confidential enquiries that the Great Western Hospitals NHS Foundation Trust was eligible to participate in during 2012/13 are as follows: (see list entitled National Clinical Audits and National Confidential Enquiries below).

The national clinical audits and national confidential enquires that the Great Western Hospitals NHS Foundation Trust participated in during 2012/13 are as follows: (see again list entitled National Clinical Audits and National Confidential Enquiries below).

The national clinical audits and national confidential enquires that Great Western Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2012/13, 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.

National Clinical Audits and National Confidential Enquiries List

	National Clinical Audits - Eligible	Participated	% Data Submission
1	Acute Coronary Syndrome or Acute Myocardial Infarction	Yes	100%
2	Adult Asthma	Yes	100%
3	Adult community acquired pneumonia	Yes	100%
4	Adult Critical Care	Yes	100%
5	Bowel cancer	Yes	100%
6	Bronchiectasis	No	N/A
7	Cardiac Arrest	Yes	100%
8	Cardiac Arrhythmia	Yes	Data submission still in progress
9	Carotid interventions	Yes	100%
10	Comparative audit of blood transfusion	Yes	100%
11	Coronary Angioplasty	Yes	Data submission still in progress
12	Diabetes (Adult)	Yes	100%
13	Diabetes (Paediatric)	Yes	100%

14	Emergency use of oxygen	Yes	100%
15	Epilepsy 12 (Childhood Epilepsy)	Yes	Data submission still in progress
16	Fever in children	Yes	100%
17	Fractured neck of femur	Yes	Data submission still in progress
18	Head and neck oncology	Yes	100%
19	Heart failure	Yes	Data submission still in progress
20	Health promotion in hospitals	No	NA
21	Heavy menstrual bleeding	Yes	100%
22	Hip fracture database	Yes	100%
23	Inflammatory bowel disease	Yes	100%
24	Lung cancer	Yes	100%
25	National joint registry	Yes	100%
26	Neonatal intensive and special care	Yes	100%
27	Non-invasive ventilation	Yes	100%
28	Oesophago-gastric cancer	Yes	100%
29	Paediatric asthma	Yes	100%
30	Paediatric pneumonia	Yes	100%
31	Pain Database	Yes	100%
32	Parkinson's disease	Yes	100%
33	Potential donor	Yes	100%
34	Renal colic	Yes	100%
35	Renal Registry	Yes	100%
36	Renal transplantation (NHSBT UK Transplant Registry)	Yes	100%
37	National Stroke (Sentinel and SINAP)	Yes	Data submission still in progress
38	Trauma (TARN)	Yes	100%
39	National Audit of Dementia	Yes	100%
	Confidential Enquiries		
1	Asthma Deaths	Yes	Data submission still in progress
2	Child Health	Yes	100%
3	Maternal infant and perinatal	Yes	100%
4	Patient Outcome and Death - Subarachnoid Haemorrhage	Yes	100%
5	Patient Outcome and Death - Alcohol Related Liver Disease	Yes	100%
6	Patient Outcome and Death - Bariatric Surgery	Yes	100%
7	Patient Outcome and Death - Cardiac Arrest Procedures	Yes	100%
8	Elective surgery (National PROMs Programme)	Yes	100%

The reports of 24 national clinical audits were reviewed by the provider in 2012/13 and Great Western Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- To set up a new multidisciplinary working group for heavier patients to ensure the Trust has the correct equipment and procedures in place. A scoping exercise is currently underway to identify gaps in provision and updates to the trust policy accordingly.

- For post-op fracture care, lying & standing blood pressure readings are to be added to the existing proforma and to employ a Fracture Liaison Nurse.

- To continue with excellent rates of pacing achieved in our catchment areas, which have been recognised and congratulated by the Cardiac Network Director, Dr T Cripps, Consultant Electophysiologist.

- The recruitment of an Epilepsy Specialist Nurse.

- To review the management of patients admitted with heart failure and develop a heart failure care pathway involving cardiology, general medicine and care of the elderly.

- To provide education sessions which focus on the use of the Liverpool Care Pathway, co-existing alongside interventions such as hydration, in order to build confidence in health care professionals and their discussions with patients.

- A Parkinson's Nurse Specialist will be recruited which will help with the waiting times. This will allow more time for the doctors to see new patients which will reduce referral times and extra clinics can be introduced.

- Appoint a Respiratory Nurse Specialist.

- Continue to participate in National Clinical Audits and Confidential Enquiries and assess recommendations and implement actions where appropriate.

- Continue to monitor compliance with National Clinical Audits and Confidential Enquiries

The reports of 224 local clinical audits were reviewed by the provider in 2012/13 and the Great Western Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- To re-design the child protection paper work in the A&E department to ensure that it is clear for staff to see and complete. To educate staff the importance of the new documentation.

- To guarantee a geriatrician assessment, a senior anaesthetist and senior surgeons for all patients coming to theatre with a fracture neck of femur.

- To educate junior doctors on renal colic with the inclusion of information on investigation of renal colic in the Junior Doctor's Surgical Handbook.

- Introduce an Epistaxis (nose bleed) management protocol in the A&E department.

- Develop an agreed pathway and database for patients with Rheumatoid Arthritis with a focus on compliance with: Monthly monitoring, patient and GP education, and monthly appointment for patients with early rheumatoid arthritis.

- To work with the Specialist Special Educational Needs Services (SSENS) team to create a screening tool for Special Educational Needs Co-ordinators (SENCO's) which will help them to spot hidden language needs in children and create intervention programmes for schools to help them support children.

- To have earlier communication between the medical team and nurses to ask Urologists about follow-up plans especially for patients receiving bladder instillation.

- GWH NHS FT to contribute to the review and update of the current Escalation Policy and Flow Chart being undertaken by Wiltshire Local Safeguarding Children's Board.

- To educate junior doctors about the importance of Glasgow Scoring in acute pancreatitis and produce a Glasgow Scoring proforma in the form of a sticker which can be used to score all admissions.

- Develop a proforma enabling healthcare professionals to document in line with the key recommendations for sedation in children and young people, and to improve the awareness amongst the medical staff of the NICE guidance.

- Increase awareness of the stop smoking services available within maternity and for all patients who smoke or are affected by smoking, to be referred to the stop smoking specialist midwife.

- Agree a pathway in the primary care for cow's milk allergy and the appropriate prescription of specialist formulas with the Paediatricians at Salisbury District Hospital and roll out education programme supporting local GP's and Health Visitors once pathway has been introduced.

- Continue to provide training and education of clinical audit results and outcomes to all clinical staff where required.

- Continue to monitor and re-audit projects where the results and outcomes have demonstrated good compliance.

- Continue to identify areas for improvement and key learning and implement changes where appropriate

As a Department of Health directive towards driving quality, safety and evidence through clinical audits, the Trust aims to ensure that it meets all professional, regulatory, monitory and national requirements. This includes the assessment and implementation of all NICE guidance where relevant to the organisation.

Internal monitoring of NICE guidance commenced in September 2007 and compliance is based on initial assessment of all NICE guidance published thereafter. The Trust has a robust internal compliance assessment process which is informed by Senior Clinicians and checked within each directorate prior to advising the Patient Safety and Quality Committee (PSQC) and our Commissioners of Trust wide compliance. Where exceptions occur these inform our Commissioners and agreement on funding is sought or exceptions agreed based on risk analysis.

To provide additional assurance to the Trust Board, a total of 22 reviews were undertaken as a result of the Trust's internal monitoring process for increased inpatient mortalities, readmissions and length of stays, of which, 3 reviews provided assurances to the Care Quality Commission.

6.3.2 Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by Great Western Hospitals NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 826.

6.3.3 Use of the CQUIN Framework

A proportion of Great Western Hospitals NHS Foundation Trust income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between Great Western Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

The monetary total for the amount of income in 2012/13 conditional upon achieving Quality Improvement and Innovation Goals, and a monetary total for the associated payment in 2011/12 is summarised in the table below.

TABLE - Financial Summary of CQUIN for Quality Paper

TOTAL CQUIN	Plan	Actual	Percentage
2012-13	£6,064	£5,036	83%
2011-12	£3,750	£3,088	82%

6.3.4 Registration with Care Quality Commission (CQC) and periodic / special reviews

Registration and enforcement

Great Western Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is "registered" without conditions. Great Western Hospitals NHS Foundation Trust has the following conditions on registration – none.

The Care Quality Commission has not taken enforcement action against Great Western Hospitals NHS Foundation Trust during 2012/13.

Special reviews or investigations

Great Western Hospitals NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2012/13 (see table below).

The CQC undertook two unannounced inspections at the GWHFT during 2012/13.

TABLE - CQC External Regulatory Compliance March 2013

CQC External Regulatory Compliance March 2013				
Great Western Hospital	**5 July 2012 Review of Compliance**	Care & Welfare	GWH site - Theatres	Compliant
		Meeting Nutritional Needs	GWH site	Compliant
Great Western Hospital (GWH) **Princess Anne Wing (PAW)** **Trowbridge Birthing Unit (BU)** **Maternity Service Inspection**	**11th, 12th, 13th and 18th December 2012** Unannounced Inspections	Respecting & Involving People	GWH	Compliant
			PAW	Compliant
		Care & Welfare	GWH	Compliant
			Trowbridge Birthing Unit	Compliant
		Cleanliness & Infection Control	PAW	Non Compliance Moderate Impact
		Staffing	Trowbridge Birthing Unit	Compliant
		Staffing	GWH	Non Compliance Minor Impact
			PAW	Non Compliance Minor Impact
		Assessing & Monitoring the Quality of Service Provision	GWH	Compliant
			PAW	Compliant
			Trowbridge Birthing Unit	Compliant

PAW – Princess Anne Wing, Royal United Hospital, Bath
GWH – Great Western Hospital, Swindon

The Great Western Hospitals NHS Foundation Trust intends to take the following actions to address the conclusions or requirements reported by the Care Quality Commission.

Cleanliness and Infection Control

- A redecoration programme of the Maternity Unit at Princess Ann Wing, which will include the Delivery rooms in the Central Delivery Suite.
- Quality improvements to the cleaning schedule (as provided by the Royal United Hospital under contract), to ensure adequate numbers of cleaning staff and the delivery of expected quality cleaning standards.
- An active cleaning audit programme to monitor and improve the standards of cleaning.
- A review of current Infection Control audits in place, to support robust monitoring of care delivery and ensure that actions are taken when required.

Staffing

- A staffing review and phased plan completion which will increase the numbers of midwives (in line with midwife to birth national guidelines ratio) within the Maternity Services at both GWH and PAW sites. Although staffing levels were deemed below national guidance, the resulting impact on care patient care was deemed to be ‘minor’ by the CQC.

The Great Western Hospitals NHS Foundation Trust has made the following progress by 31 March 2013 in taking such action:

Cleanliness and Infection Control

- £400,000 Department of Health finance secured to support required redecoration programme.
- Redecoration plans drawn up and contract under negotiation.
- Continued negotiations with the Royal United Hospital to improve the standard of cleaning.
- Great Western Hospitals NHS Foundation Trust cleaning audit programme reviewed and continues to monitor and improve the standards of cleaning.
- Equipment storage improvements reviewed and actions progressing.
- Infection control audit review completed and amendments made to the process,

Staffing

- Validation of the submitted Birth Rate Plus report including numbers of Midwives.
- Drawing up of a phased plan to increase the numbers of Midwives at both GWH and PAW sites.
- Executive approval to finance additional recruitment of Midwives.
- Recruitment drive planning commenced and progressing.

CQC Special Reviews - Dr Foster alerts and subsequent investigations

Pneumonia Mortality Outlier

On 19 October 2012, the CQC notified the Trust about a mortality outlier alert for Pneumonia.

The Great Western Hospitals NHS Foundation Trust has taken the following action to address the conclusions or requirements reported by the Care Quality Commission:

- Identified a group of patients who have particularly complex medical problems. This leads to significant difficulty in allocating accurate diagnostic codes for complex medical problems
- Reviewed the coding process to improve coding in complex medical cases
- To progress work across the local community to improve advance care planning and the use of end of life pathways

Acute myocardial infarction-investigation

On 2 November the CQC notified the Trust about a mortality outlier alert for Myocardial Infarction which occurred in July 2012.

The Great Western Hospitals NHS Foundation Trust has taken the following action to address the conclusions or requirements reported by the Care Quality Commission:

- Undertaken a case by case review identifying reasons for the apparent increase in mortality to identify any issues related to clinical coding and the quality of clinical care. No avoidable mortality was identified
- Coding improvements were implemented as a result of the review
- Work within the South West Cardiac Network continues to ensure that all patients who are candidates for cardiac intervention following out of hospital cardiac arrest have access to this service
- Future submission of a regional out of hospital MI Protocol to be submitted in September 2013 once ratified

Neonatal non elective readmissions – Maternity Services, Royal United Hospital, Bath

The CQC identified the subsequent increase in rates of neonatal non-elective readmissions within 28 days of delivery from July 2011 to December 2011 as an outlier and an internal investigation was commenced.

The Great Western Hospitals NHS Foundation Trust has taken the following action to address the conclusions or requirements reported by the Care Quality Commission:

A report was created following internal investigation and this identified and led a review of and improvement in:

- The coding process for documenting readmissions.
- Discharge checks for feeding of babies.
- Breast feeding support pre discharge.

Maternal non-elective readmissions within 42 days of delivery – Maternity Services, Royal United Hospital, Bath

The CQC identified an increase in rates of maternal non-elective readmissions within 28 days of delivery from July 2011 to December 2011 as an outlier and an internal investigation was commenced.

The Great Western Hospitals NHS Foundation Trust has taken the following actions to address the conclusions or requirements reported by the Care Quality Commission:

- A Trust review of how healthy mothers are now recorded/coded when accompanying an unwell baby.
- Staff education on accurate documentation and coding.

Other External Reviews

The following non CQC external reviews which have taken place during 2012/13 are listed in the Table below.

External Review	Review area/service	Site	Date
Prison Health Performance & Quality Indicators (PHPQI) Review	Prison Services HMP Earlestoke	HMPE	Took place 16 May 2012
Accreditation	GWH Endoscopy Department	GWH	End April 2012
Cancer Peer Review	GWH Oncology	GWH	2 July 2012
Verifier Visits	GWH The Academy	GWH	26 January 2012 16 February 2012 5 May 2012 10 May 2012
Breast Screening Review	Breast Screening/ Breast Screening Centre	GWH	w/c 8 May 2012
NHSLA	Trust wide	GWH based	22-23 November 2012
Stroke Network	Stroke Services (at the request of GWH)	GWH	5 November 2012
Commissioners Quality Walkabout	Maternity	Princess Anne Wing	6 December 2012
Infection Control Peer Review	Trust wide	GWH	12 & 13 December 2012
Departmental Accreditation in Echo	Cardiology	GWH	9 January 2013
Diabetic Foot Service Peer Review	Diabetic Foot Surgery	GWH	11 January 2013
Commissioners Quality Walkabout	MIU and Mulberry Ward	Chippenham Hospital	7 February 2013
Dementia Care in Hospital Peer Review	Trust wide – Dementia Care	GWH	8 February 2013

6.3.5 Quality Data

Great Western Hospitals NHS Foundation Trust submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was:
99.4% for admitted patient care;
99.9% for outpatient care; and
92.1% for accident and emergency care.

The lower performance in accident and emergency care is attributed to the completeness of this data item at the minor injury units in Wiltshire and the Trust's Data Quality Group is working on improving this.

- which included the patient's valid General Practitioner Registration Code was:
99.7% for admitted patient care;
99.6% for outpatient care; and
100% for accident and emergency care.

Great Western Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2012/13 was 77% and was graded satisfactory / green.

Great Western Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. The summary results of the audit were

Auditor	Primary Diagnosis	Secondary Diagnosis	Primary Procedure	Secondary Procedure
PbR Audit Commission	90.0%	91.1%	94.6%	100.0%

These results achieved level 2 in the Information Governance Toolkit. The audit identified areas for improvement and these have been included in an action plan that will be implemented in the course of the year.

The Trust continues to work towards developing compliance with the pseudonymisation initiative and maintains a log of patient identifiable data flows from key departments. The audit serves both to log the flows and to audit their compliance with pseudonymisation and data protection rules. This work will maintain its level of focus as changes to data flows are requested by Clinical Care Commissioning Groups as they become established as Commissioners.

Actions to improve data quality

Great Western Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

- The Trust Data Quality Group will continue to manage and monitor a work programme that targets identified areas of poor data quality and progress will be reported to the Trust's Information Governance Steering Group.
- Proactive review of data quality will be integral to the Patient Administration Project being undertaken by the Trust in 2012/13.
- The actions from internal and external audits and benchmark reports associated with data quality will be acted on and monitored by the Trust Data Quality Group.
- Data quality reports and issues raised by Commissioners will be reviewed and any required action taken.
- Development of refresher training programmes for staff involved in data collection and data entry will continue.

Information governance

Information is a key asset, both in terms of the clinical management of individual patients and the management of services and resources throughout the Trust. It is therefore of utmost importance that appropriate policies, procedures and management accountability provide a robust governance framework for the efficient management of information. There is corporate leadership of information governance, the Finance Director having overall responsibility. The Information Governance Steering Group oversees information governance issues, with responsibilities delegated from the Audit, Risk & Assurance Committee on behalf of the Trust Board.

The Information Governance Management Framework is documented within the Information Governance Strategy and Policy. The four key principles are openness, information quality, information security and legal compliance. Confidentiality, security, and data quality play an important role in the safeguarding of information within the Trust. This includes organisational and staff information as well as patient information. The Trust has agreements for the sharing of patient information with healthcare organisations and other agencies in a controlled manner, which ensures the patients' and public interests are upheld. It is essential for the delivery of the highest quality health care that accurate, timely and relevant information is recorded and maintained. As such it is the responsibility of all staff to promote data quality and confidentiality.

The Trust's Information Governance Steering Group undertakes an Information Governance Work Programme covering the full range of information governance elements, and ensures that appropriate policies and management arrangements are in place. The Data Quality Group, which reports to the Steering Group, provides a quarterly data quality and completeness report, including the results of data accuracy tests. The Data Quality Group also undertakes a Data Quality Work Programme, which includes data quality reporting, training and awareness, clinical coding, and policies and procedures. These corporate and operational arrangements ensure that information governance and data quality are prioritised at all levels of the Trust.

Each year the Trust completes a comprehensive self-assessment of its information governance arrangements by means of the NHS Information Governance Toolkit. The main Toolkit headings are:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance – Health Records and Information Quality
- Secondary Use Assurance
- Corporate Information Assurance – Records Management and Freedom of Information.

These assessments and the information governance measures themselves are regularly validated through independent internal audit. Great Western Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2012/13 was 77% and was graded Satisfactory.

6.3.6 Explanatory Note for clinical Coding

The Clinical Coding Audit carried out by the Audit Commission takes a sample of 100 patients from a selected specialty, in this year's audit, Trauma and Orthopaedics, as well as 100 patients randomly selected across all specialties. The samples are therefore small and the results of the audit should not be extrapolated further than the actual sample audited.

Part 3 - Other Information

6.4 Overview of the quality of care offered 2012/13

Priority 1 – To continue to reduce our numbers of Healthcare Associated Infections

MRSA Bacteraemia

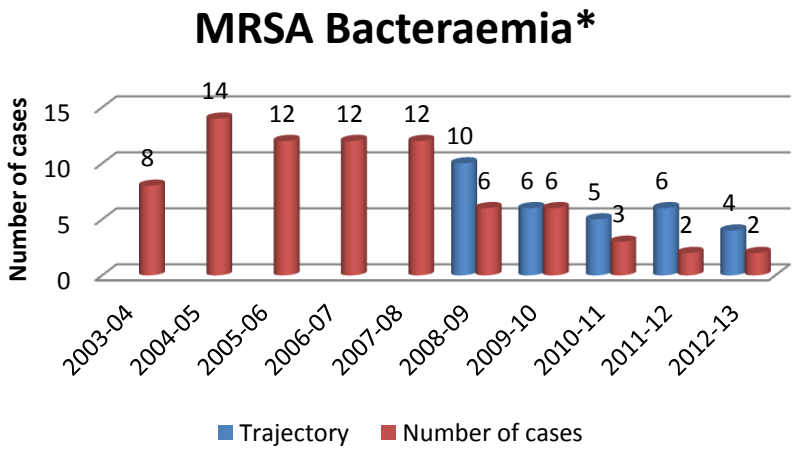
Reducing healthcare associated infection remains an important priority for us and our patients at both local and national level. Our nationally mandated goal for 2012/13 was to report no more than two acute cases of Meticillin-Resistant Staphylococcus Aureus Bacteraemia (MRSAB) and no more than two community cases.

During 2012/13 we reported one acute and one community case, two in total.

In 2008, all NHS Acute and Foundation Trusts had trust specific targets set by the Department of Health to reduce the number of health care acquired infections year on year. You can see our trajectories in the chart below. The chart demonstrates our year on year improvements since 2004. The total number of cases also includes our community beds from 2011-12

Local initiatives to ensure MRSA bloodstream infections remain minimal included:

- Sustained improvement with care bundles, (which is a method of measuring and improving clinical care), for peripheral intravenous lines and urinary catheters. These have also been introduced to and have been completed by the community staff during the year
- Ensuring Infection Control admission risk assessments are completed on all patients and acted upon, including the community inpatient beds
- Daily monitoring of MRSA admission screening of elective and emergency patients, with follow up isolation and decolonisation regimens. This has ensured that over 95% of patients are screened for MRSA skin colonisation on or prior to admission
- Continued improvement of care for patients with diabetes thus helping to reduce complications such as infected ulcers that are often associated with MRSAB's



***Including community since 2011/12**

Clostridium difficile

The nationally mandated goal for 2012/13 was to report no more than twenty one acute trust apportioned cases and no more than nine Community apportioned cases. We reported twenty seven *Clostridium difficile* infections within the acute hospital and six within the community. This means that although we continue to report low numbers of *Clostridium difficile* infections, we did not achieve the Acute Trust improvement goal of 21 but we did achieve the community reduction goal.

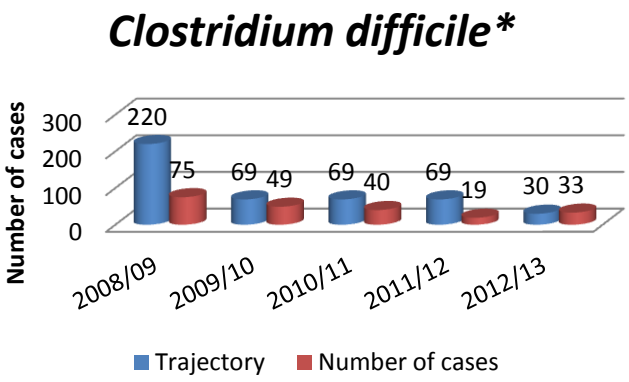
Local initiatives to ensure we continue to reduce these infections have included:

- Promotion of prompt isolation of patients with suspected infective diarrhoea
- Continuation of weekly ward round for patients with Clostridium *difficile* infections, including teleconferences for any positive patients in community beds with the wards staff to monitor and advise
- An external review of the management and prevention of Clostridium *difficile*

The Trust requested an external peer review as we were concerned about the number of Clostridium *difficile* cases being reported within our acute services. The review was conducted in December 2012 by a Senior Infection Control Nurse from the Royal Wolverhampton NHS Trust. During this visit the assessor inspected our levels of cleanliness on the wards and patient care equipment. She met with senior staff and looked at how we report internally on a monthly basis to our staff. An action plan has been agreed since the visit to address the recommendations made and is being progressed.

The pharmacy antibiotic team are proactively monitoring antibiotic prescribing and promoting the Department of Health's 'Start Smart and Focus' actions, thus engaging staff to reduce antibiotic usage and the incidence of Clostridium *difficile*.

Clostridium *difficile* numbers for 2012/13 have increased this year within the Swindon and local community and we are working closely with our partners in healthcare to ensure all elements of healthcare provided are giving a real focus toward driving down these infections.

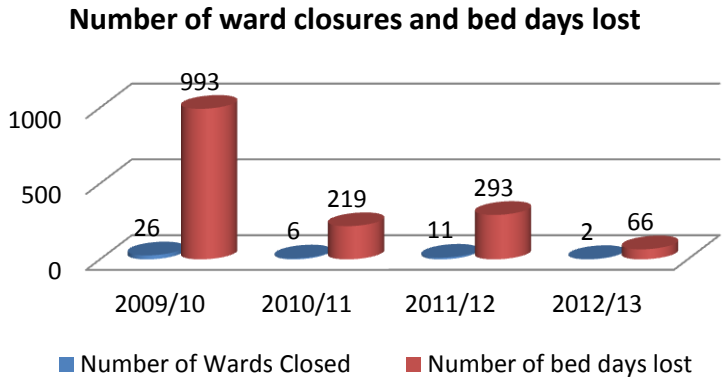


***Including community since 2011/12**

Ward Closures due to Outbreaks of Norovirus

Each winter most hospitals are affected by an increased prevalence of norovirus. This infection causes acute diarrhoea and vomiting and spreads very easily. This often necessitates either full or partial ward closures. Patients in hospital are more susceptible to these infections which are usually brought into the hospital from the community and then spread very quickly. We have been working hard with our staff and visitors over the past few years to reduce the impact of this seasonal virus. The introduction of antiviral hand gel and asking friends and relatives to refrain from visiting if they are poorly themselves, has had a positive impact on reducing the number of wards closed due to this infection.

The chart below shows the number of ward closures each year and the associated impact on the number of empty bed days accumulated during these closures. The winter of 2009/10 was particularly difficult with many wards being closed for long periods of time. Since 2011-12 the data also includes the GWH community wards and it can be seen that due to the proactive management and isolation of patients, and early bay closures, the numbers of wards we have needed to close has reduced considerably along with the number of bed days lost due to full ward closure.



Priority 2 - To reduce harm arising from patient falls

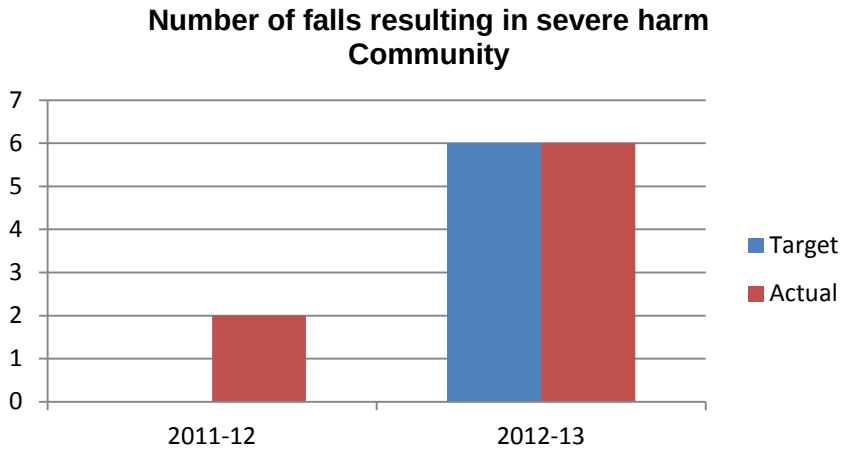
Patients who fall in hospital are at significant risk of sustaining injuries and fractures and it is a real priority for us to not only prevent these falls occurring, but also to reduce the harm to patients following such incidents. This summary provides information on all patient falls resulting in severe harm which have occurred within our acute and community services. The key findings and learning from these incidents have been combined.

For the year 2012/13 our goal was to reduce the number of patients who sustain severe harm from a fall by 10%. This equated to <20 for the acute hospital and <6 for the community services we provide.

Definitions

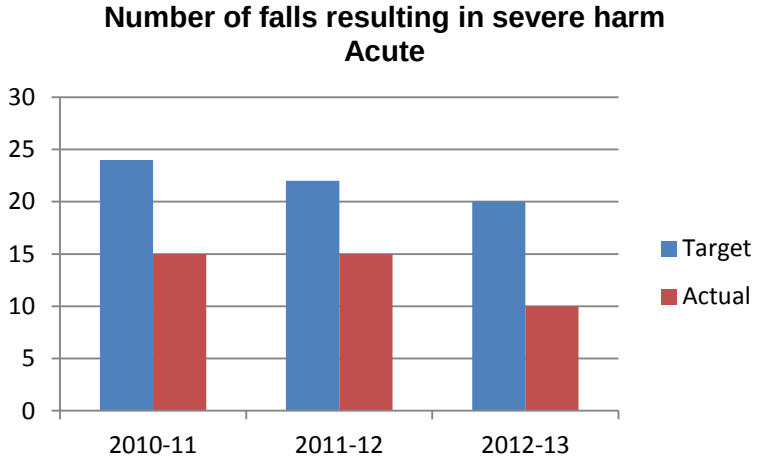
Moderate Harm: The fall resulted in harm that was likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital

Severe Harm: Where permanent harm, such as disability, was likely to result from the fall.



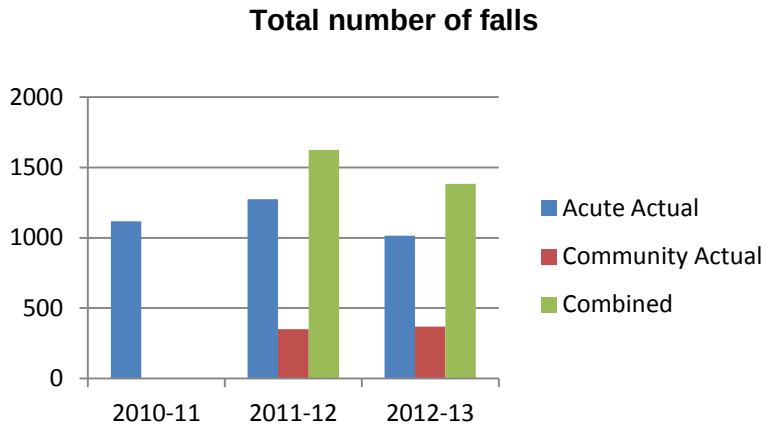
The above graph shows that the Trust reported four more, severe harm falls in 2012/13 compared with 2011/12. Unfortunately we do not have any community data prior to 2011/12 so we cannot be sure if this is a transient increase.

Following investigation, a theme started to arise in that the patients were attempting to mobilise without seeking support. Another observation was that the layout of the ward meant does not promote good visibility of all the beds. We have aimed to alleviate this by introducing intentional rounding, establishing a guideline for when 1:1 nursing is appropriate, and ultimately renting a sensor alarm to alert staff when a patient is attempting to mobilise. Intentional Rounding is a method of systematically reviewing all patients on a regular basis to ensure and document that fundamental care needs are met. The check includes Pressure Ulcer Prevention intervention, continence care, prevention of falls and support regarding nutrition and hydration



The graph above shows that during 2012/13, we reported 10 falls which resulted in severe harm in the acute setting. This is a 33% reduction compared with 2011/12 figure and has exceeded our improvement goal.

As a whole, the Trust has seen an overall reduction in the total number of patient falls this year compared with 2011/12, as well as a reduction in the number of severe harm from falls if the figures are combined. The strengthening of investigations and prompt learning which support the reduction in falls strategy have accounted for the improvements made during the year.



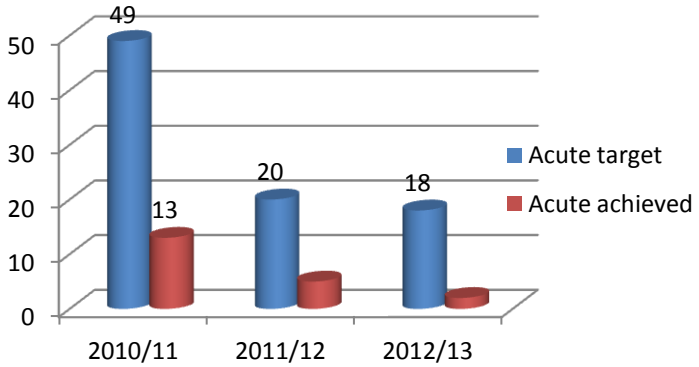
The above graph shows there is a combined total reduction (green bar) of 16% of all patient falls compared with 2011/12. 2012/13 will see focused work on reducing falls in the community, such as purchasing more low beds and developing guidance for staff on when it is appropriate to request one to one supervision for high risk fallers.

The trust will continue to strive to achieve the standards set within the Falls Strategy, including aiming for every adult patient to have a falls risk assessment within 4 hours of admission and a comprehensive falls prevention care plan in place for those patients identified as at risk of falling. This practice is being audited monthly at ward level and data collated to a central spreadsheet for monitoring at directorate level.

Priority 3 - To Reduce Healthcare Acquired Pressure Ulcers

Preventing the development of pressure ulcers is an important element of the care we provide for our patients, especially for those who have reduced mobility and those who, due to serious illness and increasing age, may have delayed recovery.

The GWH acute hospital combined reduction goal for both Category III and Category IV hospital acquired avoidable pressure ulcers was 18 or less. Grade III and IV category pressure ulcers are the most serious ones. The actual total number reported during 2012/13 was 2 (Category IV = 1; Category III = 1). This is a significant improvement and achievement and shows a reduction in severe pressure ulcers of 60% from the previous year



During 2012/2013 we also aimed to reduce the number of hospital acquired Category II pressure ulcers.

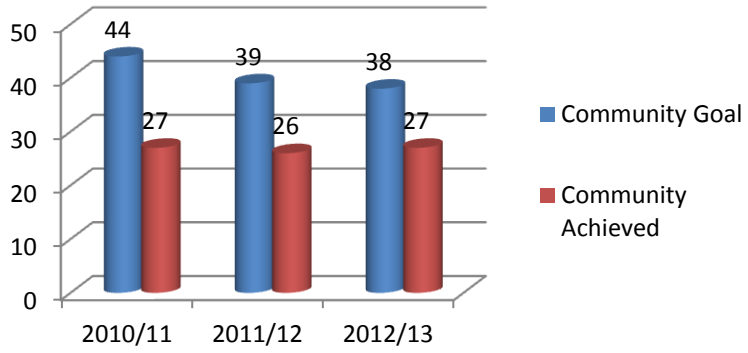
	Acquired Category II pressure ulcers GWH Hospital
2011/2012	**157**
2012/2013	**138**

In 2011/12, 157 hospital acquired category II pressure ulcers were reported and at end of year 2012/13, 138 had been reported. This is a reduction of 12%

A pressure ulcer risk assessment tool is used when patients are admitted to hospital to determine the risk of them developing a pressure ulcer and re-assessments are undertaken as conditions change. This enables care to be individualised and planned appropriately for each patient. The reassessment results are placed on a ward dashboard so that they are highly visible at all times.

The introduction of Ward Safety briefings ensures that our staff are aware of the patients who are at risk of developing pressure ulcers i.e., those patients whose skin integrity is already compromised and/or those whose skin is vulnerable.

Within our community setting, the combined reduction goal of both Category III and Category IV community acquired avoidable pressure ulcers was 38 or less. The actual total number reported end of year 2012/13 was 27 (Category IV = 18; Category III = 9). This shows that we have not reduced these patient safety incidents over the last 3 years and is a priority for us during 2013/14.



The tissue viability team have also focused on reducing the numbers of community acquired Category II pressure ulcers; which have also been monitored for every neighbourhood team. This relates to patients who are being cared for in their own homes.

	Acquired Category II pressure ulcers Community hospital	Acquired Category II pressure ulcers Neighbourhood teams	Acquired Category II pressure ulcers Total
2011/2012	23	217	**240**
2012/2013	31	123	**181**

The table above shows that we have also reduced our healthcare associated Category II pressure ulcers by 25% over the last year.

The Tissue Viability Team has put many measures in place to optimise the reduction of pressure ulcers:

- Implementation of an intentional rounding tool within Great Western hospital and the community hospital sites
- This includes the Surface Skins Keep Moving Incontinence Nutrition (SSKIN) Bundle which is a national tool used for pressure ulcer assessment and reduction
- Developing an information leaflet for all patients at home and in hospital on how to prevent pressure ulcers
- Providing specialist equipment where appropriate such as the provision of dynamic mattresses, negative pressure wound therapy, protectors and dressings
- Utilising the services of the medical photography department take photographs of pressure ulcers to support the monitoring of how they improve or worsen to inform further care
- Implementing actions following investigations when Category III or Category IV pressure ulcers develop.

A new Pressure Ulcer Prevention Strategy has been developed and will be fully implemented during 2013/14 and includes:

- Utilising the SSKIN Bundle in every patient's home in the community and working in partnership with Social Service agencies
- Instigating a pressure ulcer review panel to investigate and learn from each incident
- Providing education on pressure ulcer prevention will be mandatory from 2013
- A pressure ulcer and wound care group will commence from May 2013

Priority 4 - To ensure patients are assessed for the risk of developing venous thromboembolism and that these risks are managed appropriately

People who are poorly and have reduced mobility are at increased risk of developing venous thromboembolism (VTE). This is the development of small blood clots in the veins in the leg which can lead to serious complications such as a pulmonary embolism (blood clot in the lung) if part of the clot breaks off and travels downstream towards the heart. It is therefore very important that we assess patients to identify those at risk of developing a VTE and ensure that we provide the necessary care to prevent this complication occurring. An important VTE preventative measure is to ensure VTE prophylaxis (prevention medication) is given to those considered to be at risk.

VTE Risk Assessments

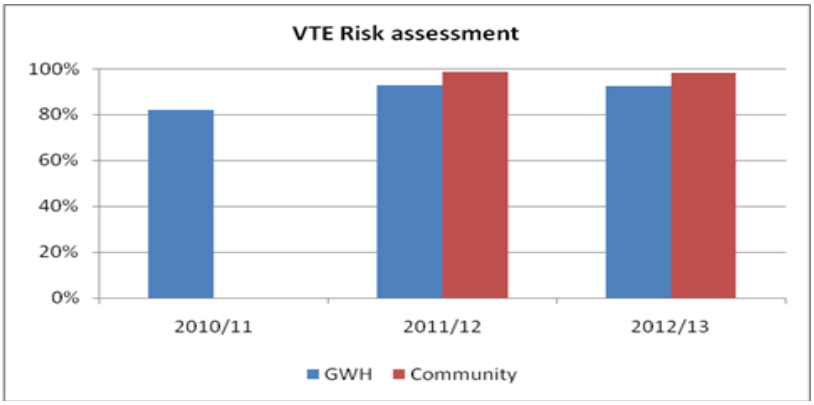
During 2012/13 our goal of completing VTE risk assessments for all patients has been maintained at over 90%. This includes data from our community settings since June 2011.

This has been achieved by:

- Continued education sessions at Trust Induction for both the acute and community settings
- Making VTE training available electronically on the Trust's intranet site
- Daily monitoring of the completion of VTE risk assessments through the nursing Crescendo documentation system providing daily reports to each ward
- Raising awareness with patients and relatives by means of information boards and displays
- We have also worked closely with our community partners in healthcare provision to introduce VTE risk assessments into the community for patients who are discharged home with VTE prophylaxis. This will also enable patients who deteriorate at home to be reassessed and for them to receive appropriate VTE prophylaxis, if at risk. This is not

mandated in the NICE clinical guideline (CG92) but is good clinical practice and has been embraced by the community.

The chart below shows the total percentage of patients that have had a VTE risk assessment on admission to hospital and includes data for the community since June 2011.

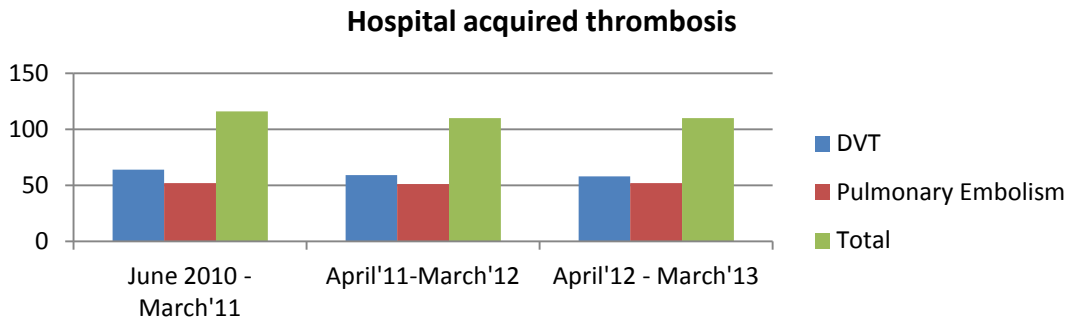


Administering appropriate VTE thromboprophylaxis

Compliance with VTE prophylaxis has been maintained between 90-100% for the last 12 months. Audits evaluating the quality of the risk assessments and appropriate thromboprophylaxis are undertaken each month looking at one surgical ward and one medical ward.

Hospital Acquired Thrombosis

We also look at the number of Hospital Acquired VTE events (HAT) which relates to a thrombosis (either deep vein thrombosis or pulmonary embolism) that occurs within 90 days of a hospital admission. The chart below shows the total number of hospital acquired thromboses since June 2010 and includes data for our community services since April 2012. There is no national bench mark for this data but it is good clinical practice to monitor this and enables us to see if we are improving and to learn. The number of events has not gone down this year however the total number of admissions throughout the year has increased by over 2000 for the same period in 2011-12.



Priorities for 2013/14 are:

- To increase the percentage of patients who have a VTE risk assessment from 90% to 95% by November 2013
- To ensure a root cause analysis is carried out for all hospital acquired thrombosis events where a VTE risk assessment and/or received appropriate prophylaxis have not been observed
- To set an achievable and sustainable reduction goal

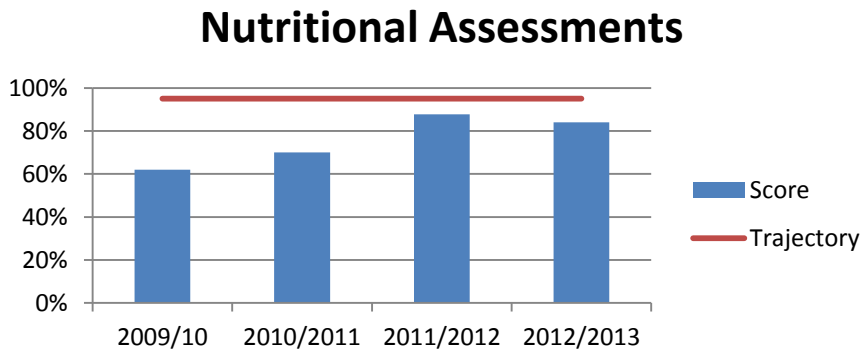
Priority 5 - To meet the nutritional/hydration needs of patient

Nutritional screening is essential to identify those requiring nutritional support to sustain their nutritional and hydration needs. This includes the quality of the food being offered and the meals service including providing assistance and an appropriate environment.

Many of our inpatients are elderly and frail; require assistance with their eating and drinking and consequently are at additional risk of clinical deterioration. Many of these patients will be nutritionally compromised and/or dehydrated on admission. Additional stresses from any acute illness or trauma and the unfamiliarity of their surroundings and foods can further impact adversely on their nutrition and hydration status.

All patients should have a nutritional screen on admission and an appropriate and individualised nutritional care plan initiated. At Great Western Hospital NHS Foundation Trust the Malnutrition Universal Screening Tool (MUST) is used, which has been nationally validated for screening adults. Patients' nutritional status (regular weights and MUST re-screening) and nutritional intake, as well as fluid input/output must be monitored. Clear and timely recording with effective bed-side handover is essential to ensure any issues are raised early.

Not all nutritionally vulnerable patients are elderly and frail; many are at risk due to complex chronic conditions such as inflammatory bowel disease or cancer and these patients may need additional and specific support from dietetics.



Our priorities this year have been to focus on:

- Improving (or maintaining) compliance with and accuracy of MUST, nutrition care plans and documentation of fluid balance
- Improving in-patients meal-time experience including meal quality, appropriate choice and assistance with meals as required
- Ensuring ward staff (including hostesses, Nursing Auxiliaries and volunteers) and catering staff undergo training appropriate to their roles and areas of work (GWH & Community) through training programmes, workbooks and/or e-learning
- Providing twice yearly reports, to the Clinical Standards Group, showing progress with the action plan and assessments

A summary of some of the progress with our Nutrition and Hydration action plan

To improve (or maintain) compliance with and accuracy of MUST, nutrition care plans and documentation of fluid balance

- Matrons continue to audit ward hydration and nutrition documentation and individualised care planning monthly to ensure accurate completion and compliance with standards
- Year to date figures show MUST compliance rate of 85%
- Ward performance is a standing agenda item at the Matrons Care Quality Operational Group (MCQOG). Audit results are regularly reviewed and actions agreed for each individual ward and Matron to improve compliance rates and quality of results
- Results of ward performance are discussed at the Directorates' ward review meetings and at senior sisters meetings
- Awareness training for Nutrition and Hydration is mandatory for all relevant ward staff, Compliance is monitored by the Trust's "Academy" Team and staff Line Managers.
- Internal inspections are conducted by the Trust Quality and Safety Team
- Spot Checks conducted by the Deputy Director of Nursing; Executives and Matrons (Peer Review)

To improve in-patients meal-time experience including meals quality, appropriate choice and assistance with meals as required.

- The “protected meal times” initiative ensures dedicated time for ward staff to assist with serving meals and supporting patients that require assistance
- Ensuring that all patients identified as being nutritionally at risk and requiring assistance with food and drinks are easily identifiable to staff through the use of a red trays and a red jug lids
- Dietetics Team are working to strengthen individualised care planning for patient nutrition and hydration which will include guidance to improve efficiency of the meal time’s processes and experience. A pilot project is underway on Saturn ward
- Ward staff have access to the Nutrition Resource Folder which includes guidance on ordering meals or specific items for special diets such as allergen free
- Information on the above is also accessible via the Dietetics intranet site
- Band 6 ward nurses lead on embedding effective bed-side handover which includes a review of fluid and food charts
- Patient feedback sought via patient food questionnaire (“diary”) completed in March 2013. Feedback generated provides areas for improvement with food quality and choice which is being reviewed with Carillion as providers of meals and with the matrons. Good feedback was received regarding the levels of assistance at mealtimes. Also other satisfaction surveys e.g., new Friends and Family Test and Senior Managers walkabouts and complaints.
- The current menu does meet the existing standards; the dieticians have completed checks to confirm this. More detailed analysis is planned for later in 2013/14

Education, training and information

- Hydration and nutrition awareness is now included on the Trust nursing and (Nursing Auxiliary) NA induction
- The majority of wards have a Nutrition Resource Nurse many of whom were also involved with the productive ward meals projects
- Volunteer staff receive information and training on assisting patients with hydration and nutrition
- Relevant ward staff involved in direct patient care undertake mandatory training on hydration and nutrition. Training is delivered through an e-learning programme and work books
- Information leaflets on hydration and nutrition are available to patients, carers and the public in ward clinical areas
- Ward staff have access to Hydration Information and Nutrition Resource Folders

- Dietetics intranet pages include guidance on nutritional screening, nutrition care planning and therapeutic diets. Also includes information about ordering meals or specific items for special diets such as allergen free or modified textures.

Assurance Framework

- Ward performance is a standing agenda items at the Matrons Care Quality Operational Group (MCQOG). Audit results are regularly reviewed and actions agreed for each individual ward and Matron to improve compliance rates and quality of results. Current audits identify overall compliance at 80-100% against all indicators, which has risen from 60% when audits commenced in March 2012. Individualised care planning has proven the most challenging with overall compliance at 80%, improvement in this is a component of the 'Saturn ward Project'
- Trust Nutrition & Hydration Steering Group (NHSG) monitors activities relating to quality standards and ensures work plans are updated as required. NHSG reports to the Clinical Standards Group and informs compliance with the relevant CQC regulations

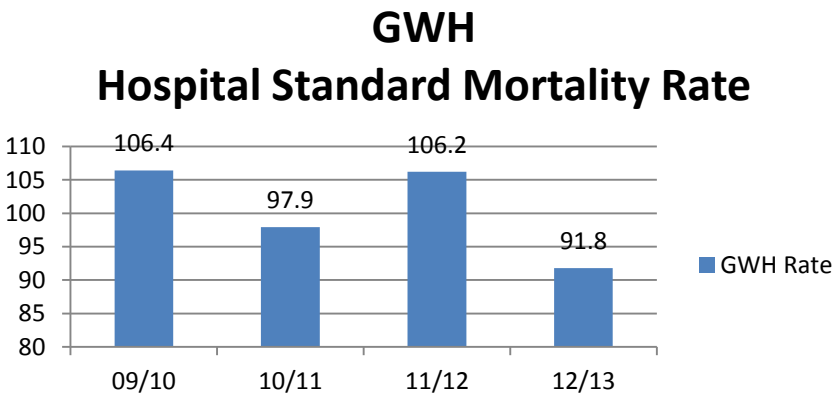
Priority 6 - To Reduce Preventable Hospital Mortalities

The Hospital Standardised Mortality Rate (HSMR) is an external validated method of calculating and comparing mortality rates. This information is analysed and presented to all trusts by Dr Foster. Dr Foster is an independent benchmarking organisation specialising in healthcare analysis eg mortality rates. HMSR is measured by a Relative Risk (RR) score which is a ratio derived from the number of deaths in specific groups of patients divided by the risk adjusted expected number of deaths and then multiplied by 100.

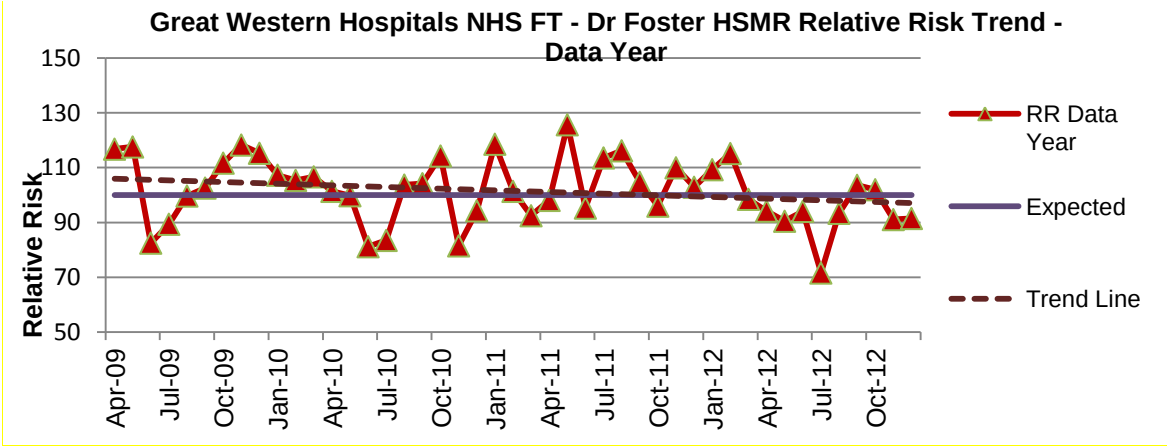
Therefore when comparing a local RR figure of 100 it would indicate that the mortality rate is exactly as expected, whilst a local figure of less than 100 would indicate a mortality rate lower (better than) than expected.

Each year the risk adjusted element of the RR is rebased by Dr Foster on the expectation that improvements in standards of care and new clinical methods should be reducing the number of hospital deaths on a year on year basis. Therefore for any given financial year the national HSMR Relative Risk will be 100 but when compared to the previous year the RR will appear to be lower. Because of this, Dr Foster normally plots the RR against the risk adjusted element for the year being measured (termed the Data Year).

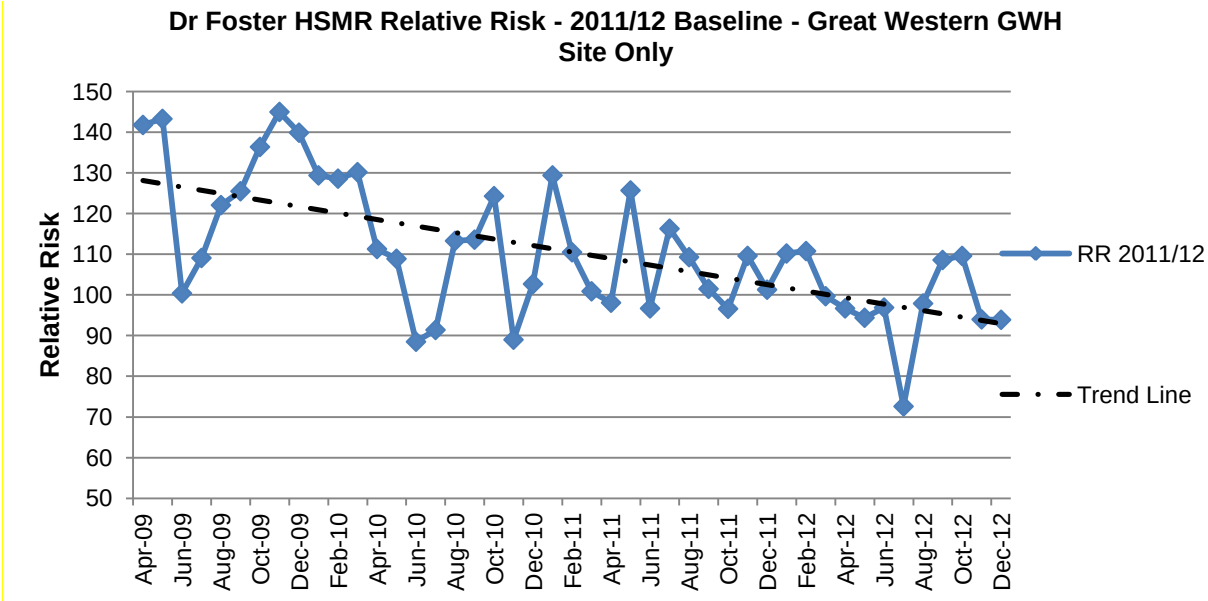
The Table below shows the year on year HSMR following rebasing which denotes a continued improvement and reduction in mortality rates over the last 3 years



The chart below shows the RR monthly trend and is based on the Data Year. It can be seen that the overall trend is downwards yet the actual RR scores for each month are closely set either side of the expected 100 line.



It is clear from the chart below that by comparing the RR trend for the Trust over the last 3 years using the current base year of 2011/12 across the whole period that major improvements in the RR score for mortality have been made. That said, because the baseline is being recalculated every year it means that the benchmark is always being lowered (albeit by smaller amounts year on year) so the Trust can never be complacent about the RR performance. This chart is not available for the Community due to figures being base lined on the previous year (2010/11), which was not available.



Priority 7 - Monitor Compliance with the Early Warning Score (EWS for Adults and PEWS for Paediatrics)

Early Warning Score - Adults

It is important whenever a critically unwell patient presents that they are identified quickly and care escalated appropriately. For staff to do this they need to use a system that all members of the Multi Disciplinary Team are familiar with, use effectively and respond to in a recognised manner. Much in the same way that resuscitation is universal across the country, the current drive is to standardise the process for recognising critically unwell patients through the rollout of a National Early Warning Scoring system (NEWS). This should ensure that wherever staff work in different hospitals, and wherever patients present, they will have exposure to the same standard system, hopefully reducing risk or errors with lack of familiarity of different systems and also allowing comparison of different Trusts data, with the aim to drive national standards up.

With the official sign up of the Royal College of Physicians in July 2012 of the National Early Warning Scoring system (NEWS) it was agreed to continue with the current SOS system and unmodified charts with a view to moving over to the NEWS system when launched. This system uses a very different style of chart but does include 'frequency of observations'. The SOS system in its current format has a high compliance rate of completion and works well across the Trust. However, it is a local scoring system so will not give comparative data against other Trusts; the long term plan is to move over to NEWS. The annual audit of 200 charts completed between Jan and Mar 2013 again shows compliance with the NEWS monitoring process of over 90%.

For 2013-2014, the plan is to continue to use the SOS scoring system, with quarterly audits, and plan a staged change over to NEWS within 12 months.

The SOS observation charts were introduced across Wiltshire in 2012. The audit completed in Jan – Mar 2013 showed compliance above 90%. It was agreed to mirror the GWH processes and continue with the SOS scoring on the current unmodified charts and move over to the National Early Warning Scoring system (NEWS) during 2013/14.

Paediatrics Early Warning Scores (PEW)

A universal PEW score for the whole organisation was not introduced as planned due to the variations of assessment/monitoring tools across the various disciplines.

However a PEW audit was undertaken during a 10 week period on the children's unit, this involved reviewing 5 charts weekly. Compliance improved over the 10 week period though appeared to decrease during busy periods. The main concerns were frequency of observations not being documented and observations being missed. The ward manager and ward sisters have raised this with staff and it is now part of their daily monitoring to ensure compliance.

For 2013-2014, the plan is to introduce a Trust wide PEW tool that meets the demands of the various areas within the Trust where children are assessed and monitored. Once introduced, each area will be audited at least once to obtain a percentage base line compliance with completion. We will seek to ensure at least 90% compliance during 2013/14.

Priority 8 - To improve the quality of End of Life Care for patients

People who are approaching the end of their lives often have frequent contact with health services. The National End of Life Care Programme identifies that these patients should receive high quality person centred care which where possible supports them to live and die in their preferred place.

End of Life Care is provided by staff throughout the Trust. Staff are supported in delivering this care by the Palliative Care Team. This an in-reach team provided by the In-reach palliative care team, and who are contracted to support the needs of patients in the Acute Trust. This is achieved in 2 ways:

- By supporting clinical staff throughout the Trust in their provision of care. This is demonstrated in the quality accounts by the education provision, the support of the Liverpool Care Pathway, work to flag patients on Adastra (data capture IT system to register patients on end of life care pathway) to all clinicians and work to increase understanding and participation in advance care planning
- By providing direct care, for example with advice on more complex symptom control, supporting rapid discharges home, supporting the decision making for the more complex patients. The direct care also provides opportunity to up-skill the wider clinical teams informally.

Improve education and awareness in End of Life care for clinical staff.

Education provision is an important component of the In-reach Palliative Care Team's activity. Education provided over the past year:

- Formal sessions (68 hours provided to 1087 attendees)
- Informally whilst providing direct clinical advice and care (130 hours to 83 staff members)

Nursing staff are required to complete an e-learning module about the Liverpool Care Pathway. Participation is closely tracked electronically. The **Liverpool Care Pathway for the Dying Patient** (**LCP**) is a UK care pathway covering palliative care options for patients in the final days or hours of life. It has been developed to help doctors and nurses provide quality end-of-life care. The Liverpool Care Pathway was developed by Royal Liverpool University Hospital and Liverpool's Marie Curie Hospice in the late 1990s for the care of terminally ill cancer patients. Since then the scope of the LCP has been extended to include all patients deemed dying.

A series of educational study days around enhancing the skills and confidence of ward nurses in the delivery of End of Life Care are underway. This was a single funded initiative by the Strategic Health Authority and provided by the Palliative Care Team and the Education Facilitator at Prospect Hospice.

Improve data capture of patients who are approaching end of life admitted to GWH and in community.

In Swindon and Wiltshire, an electronic register enables primary care teams to generate a register of patients who are likely to be within the last year of life. Patients must consent to be included. The register facilitates the communication of information between care providers with the aim of enabling the most appropriate care to be offered to patients. Work is now underway to identify these patients on the hospital's electronic information system so that the information recorded on the register is available to hospital clinicians.

Promote conversations involving Advance Care Planning

Advance Care Planning is a voluntary process of discussion about future care between an individual and their care providers, in the context of anticipated future deterioration in individuals condition (NHS End of Life Care Programme, 2008)

To support such conversations the Advance Care Planning booklet 'Planning for your future care,' published by the National End of Life Care Strategy is available for patients and their carers in key clinical areas and distributed when appropriate by the Palliative Care Team.

The Palliative Care Team has been involved in 759 conversations about Advance Care Planning over the last year. This was also a theme incorporated into educational events.

It is important that patients expressed preferences are reflected in their care. Over the last year, 87 patients who were known to the Palliative Care Team and who died in the hospital expressed a preference to have their End of Life Care provided in the hospital. The discharge from hospital to home or care home of 352 patients was supported by the team. 102 patients were transferred to Prospect Hospice.

Involvement in National Care of the Dying (Liverpool Care Pathway) Audit

The most recent round of twice yearly audits took place during the summer of 2011. It is anticipated that the audit will be repeated in 2013. The audit is directed nationally. It enables benchmarking of the local use of the pathway against other hospitals across the country.

Work has been undertaken in response to the very adverse publicity that the Liverpool Care Pathway has received in the media, to ensure that high quality care is available to dying patients and their families. This has involved the Palliative Care Team working alongside ward teams and patients/families to provide support and the development of an additional information leaflet

The substantial educational activity of the team has incorporated issues around the Liverpool Care Pathway in many events.

The outcome of the independent review of the Liverpool Care Pathway is expected in summer 2013

Priorities for 2013/2014

In accordance with the National End of Life Care Programme's guidance for acute hospitals, work will continue to embed and develop the key enablers which support good End of Life Care. These include Advance Care Planning, the End of Life Register, Rapid Discharge Home pathways and the Liverpool Care Pathway. This will be facilitated by the mechanisms above, by building on the well developed clinical care and education delivered over the last year and by close collaborative working with End of Life Care providers in other sectors.

Priority 9 – Improve care and access to services for patients with Dementia

On 8 February 2013, Gloucestershire Hospitals NHS Foundation Trust visited GWH hospital to review the development made so far in the care and support for people with dementia and their carers. This review is part of an ongoing programme across the South West area hospitals to improve standards through a process of networking and Peer Review, giving organisations an opportunity to showcase their good work, share experiences and support each other to meet the challenges. The reviewers commented on the significant improvement the Trust made since the review of November 2011.

Positive Practices identified during the visit

- The implementation of Dementia Training for staff and volunteers
- The dementia champion forum was launched in November 2012 and over 100 staff from across the organisation volunteered to support the Trust aspiration to improve patient experience and care
- The visiting team liked the process which enables the Dementia Environment Group to be involved in any planned works including public areas within the hospital, and the use of Charitable Funds to buy small equipment/clocks etc
- The Team were impressed with the close working between GWH hospital and the Prospect In-reach Palliative Care Team who provide timely support to patients in hospital including expediting discharge planning arrangement. The Prospect also provide education and training to GWH staff
- Development made in ensuring that patients' hydration and nutrition needs were met using a range of initiatives. They liked the idea of 'Weigh Wednesday' programme and the way it has been extended into the community hospitals. There has been introduction of soft menu for dementia patients and a system that enables a choice of meal from the trolley
- The visiting team were impressed by the thoroughness of the work targeted at falls prevention
- GWH was commended for attracting, supporting and retaining 590 volunteers across the organisation Staff on wards welcomed the support they receive and the evident benefits for patients
- The visiting team liked the concept of learning from patients' stories through a process referred to as 'Goldfish Bowl' where patients or relatives/carers are able to come to the hospital to share with staff their positive or negative experiences
- The visiting team heard of the steps the hospital was taking to address better management of pain for people with dementia

Work expected in 2013/14

- Continue to develop staff knowledge and skills in caring for people with dementia through the dementia training programme
- Develop an integrated dementia pathway to ensure that patients have a seamless journey from community to hospital and back to community
- Continue to increase the number of dementia champions that will help to raise awareness locally and support the embedding of standards
- To develop a GWH Dementia Care Strategy clearly outlining the Trust's ambitions and priorities

Priority 10 – To improve patient experience and satisfaction

Patient Experience focuses on inpatients because the data historically used to satisfy some CQUIN questions and this section of the Quality Account has been based on the mandatory inpatient survey.

We are aware that the CQUIN questions do not provide enough information on the views of some patients, particularly outpatients, and we plan to change this in the future. The Trust has already gone further than needed with the Friends and Family Test now in place in Inpatients, MIUs, A&E and Maternity services. We are also hoping to roll it out to Outpatient areas by late summer and onto the remaining areas later in the year.
In the future, this simple test will give a much clearer impression of the views of all patients, not just inpatients.

A change in survey provider (from Picker to Quality Health) has resulted in a difference to the analysis of the in-patient survey. In past surveys a 'problem score' was used which focused on the negative results. With the change in provider and with a positive outlook, we are now focusing on top scores.

Previous surveys, which focused on the 'problem score' outcome also had targets attributed to a reduction of the negative or 'no' answer; for example, '40% or less'. With the change in focus, we have used the 'yes, definitely' answer to re-frame to target to become a measurement of the positive; 'more than 60%'.

The table below shows the results for the Great Western Hospital, and the Community. It should be noted that the response rate for the community was significantly smaller in quarter two and this has resulted in some unbalanced figures when calculating the percentage.

The Trust closed the year with some mixed results; achieving or surpassing its targets in five areas, but falling short in the other five. The areas for improvement mostly relate to communication with our patients, which is a priority for us to address in 2013/14.

Question	Target	Q1 %	Q2 %	Q3 %	Q4 %
Were you involved as much as you wanted to be in decisions about your care and treatment?	**GWH** GWH target 52% or more responding 'Yes, definitely'	**45**	**49**	**51**	**50**
	Community GWH target 42% or more responding 'Yes, definitely'	**42**	**18**	**45**	**49**
Did you find someone on the hospital staff to talk to about your worries and fears?	**GWH** GWH target 43% or more responding 'Yes, definitely'	**37**	**37**	**37**	**32**
	Community GWH target 41% or more responding 'Yes, definitely'	**41**	**0**	**43**	**41**
Were you given enough privacy when discussing your condition or treatment?	**GWH** GWH target 73% or more responding 'Yes, definitely'	**71**	**72**	**73**	**72**
	Community GWH target 73% or more responding 'Yes, definitely'	**73**	**55**	**64**	**61**
Did a member of staff tell you about medication side effects to watch for when you went home?	**GWH** GHW target 40% or more responding 'Yes, completely'	**31**	**31**	**30**	**28**
	Community GWH target 31% or more responding 'Yes, completely'	**31**	**20**	**13**	**21**
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left the hospital?	**GWH** GWH target 63% or more responding 'Yes'	**63**	**69**	**67**	**67**
	Community GWH target 67% or more responding 'Yes'	**67**	**10**	**53**	**55**

To improve patient satisfaction through more involvement with decisions about care

Results from the National Inpatient Survey have remained fairly static over the last few years. Although around 50% were 'definitely' happy with the level of involvement about their care, we need to work harder to reach the other 50%.

Further actions being taken include:

- Implementation of bedside handovers with patient involvement, to ensure patients are involved in their care
- We are aiming for bedside handover audits by matrons and senior sisters monthly to ensure robust processes in place
- Maintenance of senior sister/matron posters visible in ward/departments ensuring patients and visitors know who to contact if they have concerns or questions
- Provision of patient information prior to admission and on discharge regarding care and treatment
- Implementing actions arising from a recent nursing skill mix review. Roll out of adjusted staffing establishments commenced April 2013 with the introduction of supervisory roles for the senior ward Sisters. This will increase visibility and a core part of the Sisters' role will be daily reviews of all patients, meeting and greeting visitors to ensure that there is good communication and opportunities to ask questions and raise concerns regarding treatment and care plans

To improve patient satisfaction through more discussions regarding any concerns

- The Trust has worked hard to maintain many of the high clinical standards we pride ourselves on, however visibility and availability of staff still concerns some of our patients
- The provision of posters denoting the senior sisters/matrons is a key area to address these concerns so that patients and visitors know who to speak to and contact. There will also be pictures of staff uniforms in the new 'Bedside Guide' to help patients recognise know who is looking after them in terms of staffing grade and competency
- We are also recruiting additional nurses which will help with staffing availability (see section above).
- In the Children's Ward, a designated co-ordinator visits every bed space twice a day to check that enough information has been given to children and their families. There are also initiatives to promote nurses as advocates to help families understand medical information
- Implementation of bedside handovers also ensures that staff visit each bedside at least three times a day

To improve patient satisfaction through ensuring privacy when discussing care or treatment

Privacy has been a key development area, and the results of the survey show that the hard work had improved patient experiences. Staff are more focused on confidentiality, especially at bedside handovers and more care is taken to reflect the needs of the patient. Safety briefs and handover of confidential information is conducted away from the patient's bedside.

In the Children's Ward, an office has now been allocated for confidential phone calls by professionals. The option to pull curtains is also now in place for all families unless close observation is required.

Some wards now have sitting rooms available for private discussions with patients and their relatives.

To improve patient satisfaction by providing more explanation of the side effects of medication

Progress has been made to resolve some of the issues regarding communication on medication prescribed. This has included:

- Provision of information leaflets on discharge regarding side effects of medication dispensed from pharmacy
- Provision of, and advertising a helpline number for patients to ring if there are concerns about medication

The Trust is also reviewing admission, discharge and transfer documents to ensure standardised discharge checklists are completed. This includes an explanation about medication and side effects. Clinical handover of care documents have been developed and all staff should complete them on discharge for patients receiving additional support when at home; this includes a section on medication. The admission discharge and transfer document was launched and is now under review again, led by the Chief Nurse and includes a checklist for staff to follow which includes explaining medication to patients.

Community Hospital wards will be adopting the admission, discharge and transfer documents to ensure standardised discharge checklists are completed. This includes an explanation about medication and side effects. The policy is the same for acute and community.

To improve patient satisfaction through more contact after discharge, should any concerns arise

The GWH closed the year above its goal of 63%, which is an encouraging sign that the work started during the year is having an impact in this area.

Work continuing into 2013/14 includes:

- Discharge workshop training. Plans in place to progress these workshops during 2013 and will include all clinical staff. A mandatory training package for the Training Tracker is also being discussed.
- Reviewing discharge and transfer documentation. This work has been completed and is now under review with the Chief Nurse.

Other information

		2009/ 2010	2010/ 2011	2011/ 2012 Data includes Comm'ty	2012/ 2013	National Average	What does this mean	Source of measure	Definition
1 - Reducing Healthcare Associated Infections	MRSA	6	3	2	2	Not available	Zero is aspirational	IP&C	National definition
	C.*Diff*	49	40	17	33	Not available	Zero is aspirational	IP&C	National definition
	C.Diff 100,000 bed days*	23.7	20.1	7.3	13.4				
2 - Patient Falls in Hospital resulting in severe harm		24	15	17	16	Not available	Low number is excellent	IR1's	NPSA
3 – Reducing Healthcare Acquired Pressure Ulcers			40	31	28	Not available	Low number is better	IR1's	National definition (from Hospital database)
4 – Percentage of VTE Risk Assessments completed		N/A	85.1%	92.7%	95.3%	90%	Higher number better	Crescendo nursing care plan and manual data collection from LAMU, Day surgery, and ICU	National definition (from Hospital database)
5 – Percentage of patients who receive appropriate VTE Prophylaxis	Figures awaited					N/A	Higher number better	One day each month whole ward audit for one surgical ward and one medical ward	National definition (from Hospital database)
6 – Never Events that occurred in the Trust		0	0	3	3	SW Regional never events 2009 -7 2010-17 2011-33 2012-32	Zero tolerance	IR1's	NPSA
7 – Mortality Rate (HSMR)	HSMR	106.4	97.9	106.2	91.8	100	Lower than 100 is good	Dr Foster	National NHS Information Centre
8 – Early Management of Deteriorating Patients - % compliance with Early Warning Score	Early Warning Score (Adults)	90% GWH only	93% GWH only	96% GWH only	91%	Not available	Higher number is better	Audit	Audit criteria
	Paediatric Early Warning Score (Children)	Not available						Audit	Audit criteria
10 – Percentage of Nutritional Risk Assessments	Using MUST	62% Acute only	70% Acute only	87.8% Combined	84%	Not available	Higher % is better	Crescendo	National definition

11 – Were you involved as much as you wanted to be in decisions about your care and treatment?		47.8%	48.1%	46.9%	51%	Not available	Higher is better	Picker Survey	National definition
12 – Did you find someone on the hospital staff to talk to about your worries and fears?		23.8%	23%	22.5%	37%	Not available	Higher is better	Picker Survey	National definition
13 – Were you given enough privacy when discussing your conditions or treatment?		68.7%	68.5%	66.8%	73%	Not available	Higher is better	Picker Survey	National definition
14 – Did a member of staff tell you about medication side effects to watch for when you went home?		24.4%	22.9%	24.3%	30%	Not available	Higher is better	Picker Survey	National definition
15 – Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?		62.1%	65.6%	66.6%	67%	Not available	Higher is better	Picker Survey	National definition
16 – Patient Reported Outcome Measures	Varicose Vein surgery	Not available	Awaited	Awaited	100%	80%	Higher is better	DoH	National Definition
	Groin hernia surgery	Not available	Awaited	Awaited	96.9%	80%	Higher is better	DoH	National Definition
	Hip Replacem't Surgery	Not available	Awaited	Awaited	96%	80%	Higher is better	DoH	National Definition
	Knee Replacem't Surgery	Not available	Awaited	Awaited	95.6%	80%	Higher is better	DoH	National Definition
17 – Readmissions – 30 days		n/a	n/a	7.4%	8.1%	Local target (7.1%)	Lower is better	Where from – POD?	National Definition
18 – Readmissions – 28 days	To be monitored from 2013/14								

*The above [c.*diff*] rates have been calculated on the Trust's actual bed days. This will of course be different to the rates calculated by the HPA (now Public Health England) over previous years, as their calculations are estimated figures based on the previous year's bed numbers. We do not have these figures to base our calculations on. The HPA rates are provided on a quarterly basis and they do not produce an annual rate per Trust.

6.5 Performance against key national priorities

An overview of performance in 2012/13 against the key national priorities from the Department of Health's Operating Framework is set out below. Performance against the relevant indicators and performance thresholds are provided.

Indicator	2009-10 GWH	2010-11 GWH	2011-12 Trust	2012-13 Trust	2012-13 Target	Achieved/ Not Met
Clostridium Difficile -meeting the C.Diff objective	49	40	19	33	30 or less	Not Met
MRSA - meeting the MRSA objective	6	3	2	2	4 or less	Achieved
Cancer 31 day wait for second or subsequent treatment - surgery	97.4%	98.5%	98.4%	98.4%	94.0%	Achieved
Cancer 31 day wait for second or subsequent treatment - anti cancer drug treatments	99.8%	100.0%	100.0%	100.0%	98.0%	Achieved
Cancer 62 Day Waits for first treatment (urgent GP referral for suspected cancer)	90.3%	92.4%	89.3%	90.0%	85.0%	Achieved
Cancer 62 Day Waits for first treatment (from NHS cancer screening service referral)	98.9%	100.0%	98.4%	96.2%	90.0%	Achieved
Cancer 31 day wait from diagnosis to first treatment	97.4%	99.0%	98.7%	98.1%	96.0%	Achieved
Cancer 2 week wait from referral to date first seen, all urgent referrals (cancer suspected)	92.6%	97.0%	97.1%	95.3%	93.0%	Achieved
Cancer 2 week wait from referral to date first seen, symptomatic breast patients (cancer not initially suspected)	96.0%	97.2%	97.1%	96.0%	93.0%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, admitted patients	95.0%	95.1%	96.1%	95.3%	90.0%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, non-admitted patients	97.5%	97.9%	98.2%	98.3%	95.0%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways				96.1%	92.0%	Achieved
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	95.3%	97.4%	97.0%	95.6%	95.0%	Achieved

6.6 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 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 2012/13;
- 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 2012 to June 2013
  - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
  - Statement from Wiltshire County Council dated 24 April 2013
  - Feedback from the Wiltshire Clinical Commissioning Group dated 13 May 2013
  - Feedback from the Swindon Clinical Commissioning Group dated 15 May 2013
  - Feedback from the Swindon Health Overview & Scrutiny Committee dated 13 May 2013
  - Feedback from governors dated 16 May 2013
  - Feedback from Local Healthwatch organisations dated 15 May 2013
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, reported to the Board monthly
  - The national patient survey dated April 2013
  - The national staff survey 28 February 2013
  - The Head of Internal Audit's annual opinion over the Trust's control environment dated May 2013
  - Care Quality Commission quality and risk profiles dated April 2012 – March 2013
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.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

23/5/2013 ..... Date ..... Chairman

23.5.13 ..... Date ..... Chief Executive

6.7 Statements from Clinical Commissioning Groups, the Local Authority, Governors and the Overview and Scrutiny Committee

6.7.1 Statements from Clinical Commissioning Groups

Statement from Swindon Clinical Commissioning Group (Lead Commissioner) dated 15 May 2013

The Quality Account provides information across a wide range of quality measures and gives a comprehensive view of the quality of care provided by the Trust. Swindon Clinical Commissioning Group (CCG) has reviewed the Great Western Hospitals NHS Foundation Trust Quality Account against the three domains of quality:

Safe care: which demonstrates the good progress made relating to the prevention of healthcare associated infections, falls and pressure ulcers.

Effective care: highlighting notable progress within two key outcome measures, i.e., the Trust's nutrition and hydration action plan to address their priority in meeting the nutritional/hydration needs of patients and the reported major improvements in the relative risk score for mortality.

Patient experience: GWHNHSFT clearly demonstrates that it values feedback about the patients' experience and uses this to help shape improvements for the future. We are pleased that the Trust has made significant improvement in the development in the care and support for people with dementia and their carers and will monitor progress in 2013/14.

The report provides a balanced overview of the Trust and clearly identifies their achievements to date, but also sets out areas within their service delivery where improvements could be made. The CCG welcome the openness and transparency of this approach and are committed to supporting the Trust in achieving improvement in the areas identified within the Quality Account through existing contract mechanisms and collaborative working. The CCG welcomes the benefits this will bring to service users and their families/carers.

Gill May
Executive Nurse
NHS Swindon CCG

15th May 2013

Statement from Wiltshire Clinical Commissioning Group dated 13 May 2013

NHS Wiltshire CCG has reviewed the information provided by Great Western Hospital NHS Foundation Trust in this report. In so far as we have been able to check the factual details, our view is that the report is materially accurate and is clearly presented in the format required by the Department of Health Toolkit and the information it contains accurately represents the Trust's quality profile.

Provider organisations are expected to put in place arrangements for the involvement of service users in the development of their Quality accounts and there is no evidence of this in the Quality report for GWHFT. This needs to be addressed in future Quality Reports.

Our view is that Great Western Hospital NHS Foundation Trust provides, overall, high-quality care for patients. The results from the National Inpatient Survey have remained fairly static over the last few years. One of the biggest changes regarding the measurement of the patient experience in 2013/14

will be the introduction of the Friends and Family Test. Although not mandatory until 1st April 2013, the GWHFT have proactively introduced it into many areas in December 2012, and to maternity Service prior to the national implementation date for maternity of October 2013

Great Western Hospital Foundation Trust will need to consider the implications of the Francis report and on-going actions from the Winterbourne View Report, both of which will form a key part of our assurance in 2013/14.

Wiltshire CCG welcomes the specific priorities for 2013/14 which the Trust has highlighted in this report all are appropriate areas to target for continued improvement and link with the Clinical Commissioning priorities.

The Community Transformation Programme is a high local priority for Wiltshire in 2013/14 in terms of developing an integrational model of care for community health services ensuring the right clinical balance of services between Primary care, hospital care, community settings and patients' homes .NHS Wiltshire is fully committed to continuing its close co-operation with the Trust over the coming year on these important issues.

6.7.2 Statement from Wiltshire Council dated 25 April 2013

Wiltshire has elections on 2 May for the whole Council and, as the Health Select Committee (HSC) is now not due to meet until after the elections, the chairman has decided that the HSC will not be commenting on any Quality Accounts this year.

Maggie McDonald
Senior Scrutiny Officer
Democratic Services
Wiltshire Council

6.7.3 Statement from Governors dated 16 May 2013

As in previous years, the Governor Group have had regular presentations and involvement in the Quality updates through the Council of Governor and Patient Experience meetings, the latter offering the opportunity for more detailed scrutiny. The PEWG is also open to visits from the local CQC officials.

The Patient Experience Group has the opportunity to update on an ongoing basis trends that it picks up with regards patient issues. In the past year it has been closely involved with the reorganisation of the Patient Advise & Liaison Services (PALs) structure and also receives regular updates on the formal complaints coming into the Hospital and where necessary resolutions that are achieved. This group ensures that the experience of the Hospital delivered to patients is a constant focus at all levels within the Hospital.

6.7.4 Statement from Local Healthwatch Organisations

Statement written by the Local Healthwatch dated 15 March 2013

It falls to the Local Healthwatch in the area of an NHS Trust's main offices to co-ordinate a response to a draft Quality Account. Swindon Local Involvement Network (LINk) closed on 31 March and Healthwatch Swindon was established on 1 April 2013. Local Healthwatch in adjacent areas were not in a position to comment on the draft and nor, formally, was Healthwatch Swindon.

During 2012/13 Swindon Local Involvement Network participants continued to work in a variety of ways with Trust staff, governors and board members - to reflect the views of local people in working groups to achieve change or improvement where possible, and to pass on comments, suggestions or complaints. The Quality Account for 2012/13 demonstrates the breadth and complexity of the Trust's work and of its geographical spread. Healthwatch Swindon will look forward to working with Local Healthwatch in adjacent areas and with the Trust during 2013/14 to ensure that the voices of local people are heard and the best quality health care is provided in the most appropriate setting.

Statement written by Healthwatch on behalf of Bath and North East Somerset (B&NES) Local Involvement Network disbanded 31st March 2013

Bath and North East Somerset (B&NES) LINk welcomed the opportunity to contribute to the Quality Report prepared by Great Westerns Hospitals NHS Foundation Trust (GWHFT). The LINk had a positive and constructive working relationship with the Trust and recommended that this relationship is continued. They recommended that Healthwatch responds to the NHS Quality Accounts (QA) and where necessary applies pressure to ensure that Quality Account documents are received in good enough time for Healthwatch to develop a thorough response and that information relevant to the QA is available, discussed and consulted on with Healthwatch throughout the year.

Healthwatch B&NES began in April 2013, and they are not in a position to provide a comprehensive response to this year's Quality Account. They look forward to submitting a comprehensive response in 2014.

6.7.5 Health Overview and Scrutiny Committee Statement

Statement from Swindon Health Overview & Scrutiny Committee dated 13 May 2013

The Swindon Health Overview & Scrutiny Committee is encouraged by the work that is already being undertaken to improve services for quality improvement.

The Health Overview & Scrutiny Committee is committed to having a good working relationship with the Great Western Hospital NHS Foundation Trust and, based on the Committee's knowledge, endorses the Quality Account for 2012/13.

The Committee welcomes attendance and regular reporting at its committee meetings and hopes that this will continue throughout 2013/14.

The Committee supports the three areas for Quality Improvement and looks forward to continuing to work with the Great Western Hospital NHS Foundation Trust to provide improving mental health services for the residents of Swindon and the region.

Sally Smith
Overview and Scrutiny Officer
Swindon Borough Council

6.8 Independent Assurance Report to the Council of Governors of Great Western Hospitals NHS Foundation Trust on the Annual Quality Report

Independent Auditor's Report to the Council of Governors of Great Western Hospitals NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Great Western Hospitals NHS Foundation Trust to perform an independent assurance engagement in respect of Great Western Hospitals NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2013 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- Clostridium Difficile - all cases of Clostridium Difficile positive diarrhoea in patients aged two years or over that are attributed to the Trust; and
- 62 Day cancer waits - the percentage of patients treated within 62 days of referral from GP.

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 in the *Detailed Guidance for External Assurance on Quality Reports*; 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 2012 to May 2013;
- Papers relating to Quality reported to the Board over the period April 2012 to May 2013;
- Feedback from the Commissioners dated May 2013;
- Feedback from Governors dated 16 May 2013;
- Feedback from local Healthwatch organisations dated 15 May 2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, 2012/13;
- The 2012/13 national patient survey;
- The 2012/13 national staff survey;
- Care Quality Commission quality and risk profiles 2012/13; and
- The 2012/13 Head of Internal Audit's annual opinion over the Trust's control environment dated 17 May 2013.

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 Great Western Hospitals NHS Foundation Trust as a body, to assist the Council of Governors in reporting Great Western Hospitals 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 2013, 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 Great Western Hospitals NHS Foundation Trust for our work or this report save 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 impact 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 thereof, 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 governance over quality or non-mandated indicators which have been determined locally by Great Western Hospitals NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- 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 above; 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.*

Jonathan Brown

Jonathan Brown, for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
100 Temple Street
Bristol
BS1 6AG

23 May 2013

7 SUSTAINABILITY REPORTING

7.1 Strong focus on sustainability

The Great Western Hospitals NHS Foundation Trust recognises that there are many benefits of having a strong focus on all aspects of sustainability, which means we continue to seek to meet the needs of the present without compromising the needs of future generations. There are short, medium and long term advantages to making sure that we are able to continue to provide healthcare of the highest standard in a sustainable way.

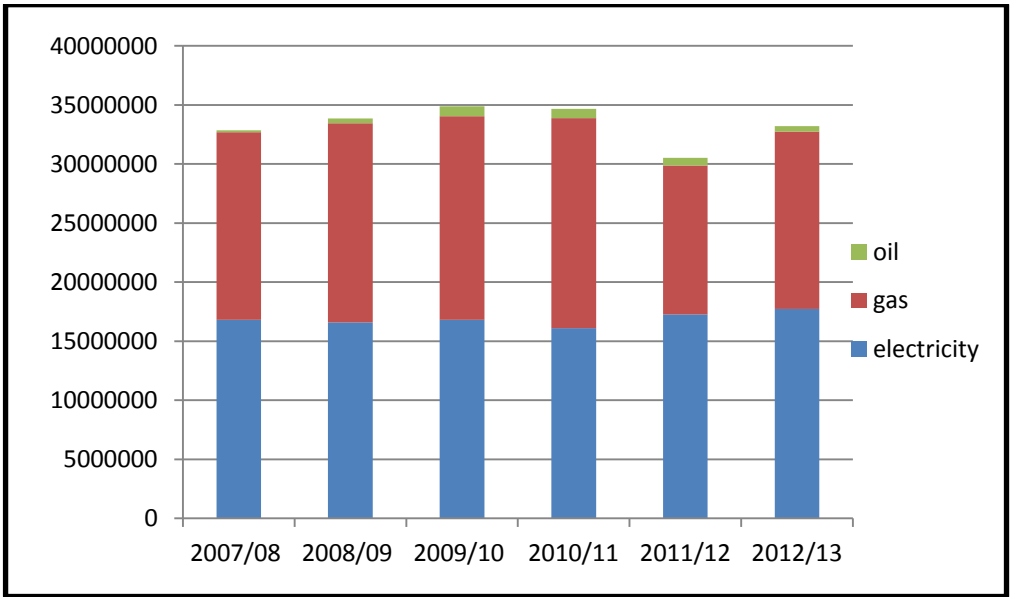
In June 2011 the Great Western Hospitals NHS Foundation Trust merged with Wiltshire Community Health Services (WCHS), to form a much larger Trust. As part of the merger the Trust took over responsibility for several properties and services previously managed by WCHS. Subsequently, and with effect from 1st April 2013, ownership of a number of properties passed to the Trust.

Since the merger some properties have been closed and administrative services have been changed, which has some impact on the graphs below. Throughout this report information is generally shown separately for the Great Western Hospital and community sites. Some of the Trust's sites are listed elsewhere in this report (section 3.3.3 refers).

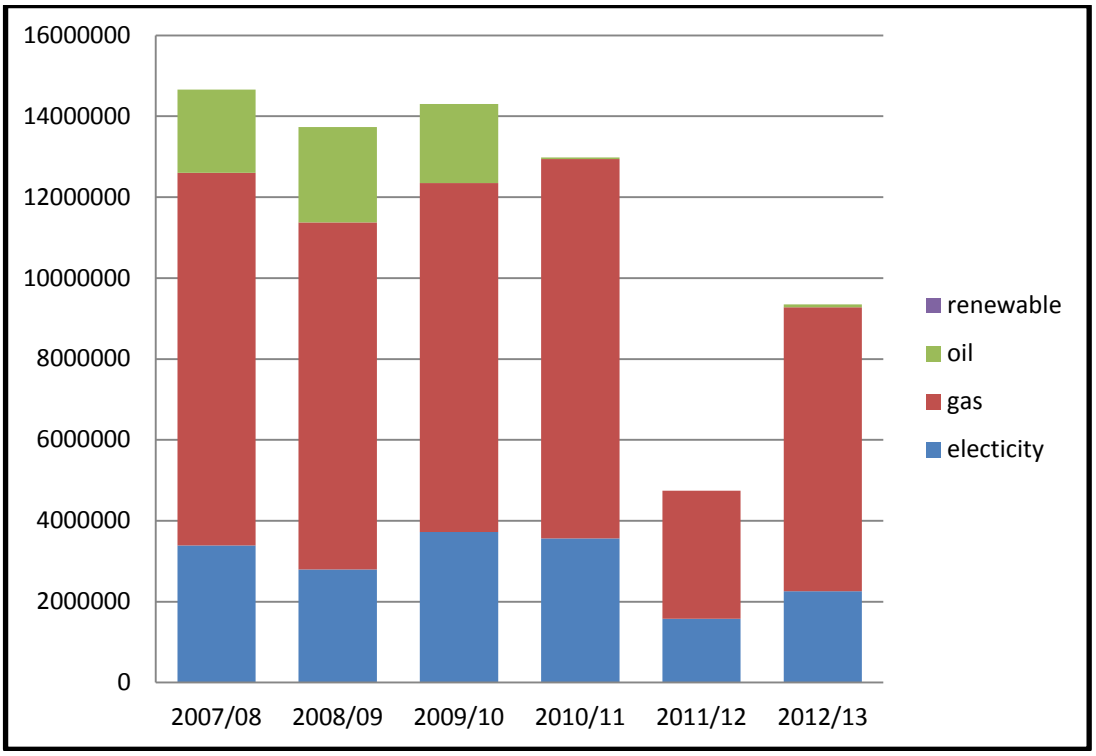
7.1.1 Energy

Graphs 1 and 2 show energy consumption in kwh at the Great Western Hospital and community sites since 2007/08 respectively. Spend on energy increased both in the community sites and at the Great Western Hospital in the 2012/13 financial year. The reasons for this are being investigated but might be due in part to an increase in the amount of clinical equipment in use. Over the next year the Trust has plans to spend on capital schemes that will reduce the amount of energy being consumed. Projects such as LED lighting are being considered on all sites and smaller more visible changes such as the installation of PIR light switches in offices and store rooms continues.

Graph 1 – Energy consumption at Great Western Hospital in Kwh



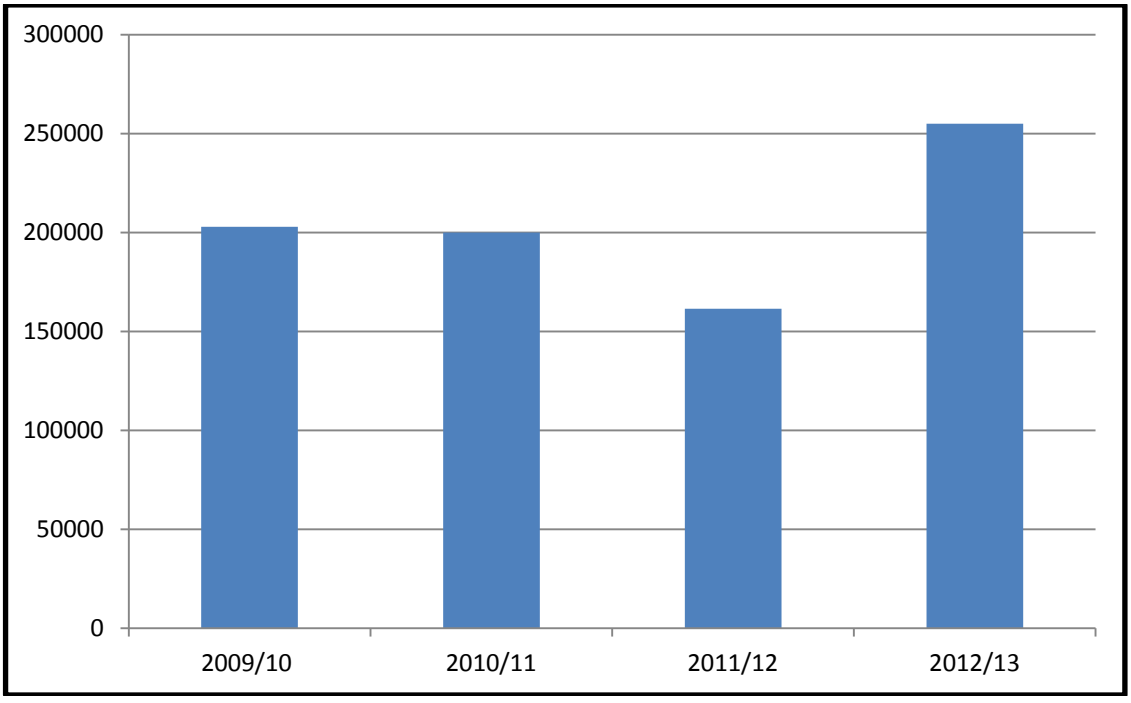
Graph 2 – Energy consumption at community sites in Kwh



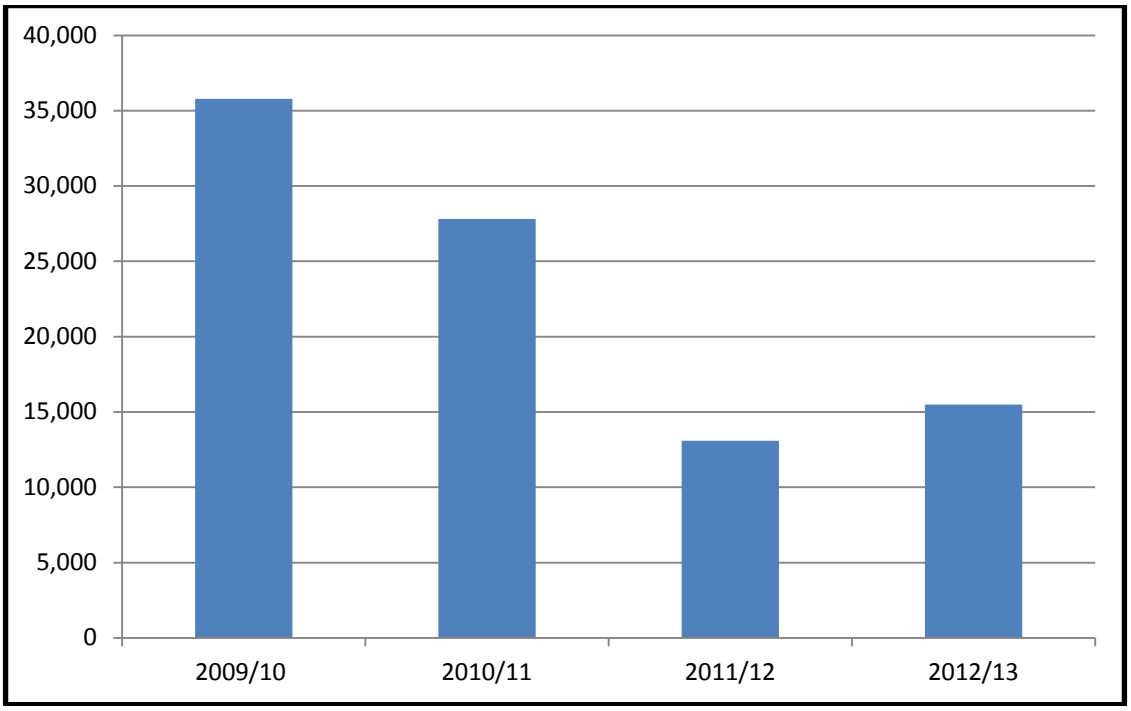
7.1.2 Water Consumption

During 2012/13, water usage increased both at the Great Western Hospital and in the community sites from 2011/12 usage. Graphs 3 and 4 show Great Western Hospital and community sites water consumption figures for the last four years respectively.

Graph 3 – Water consumption at Great Western Hospital (m^3)



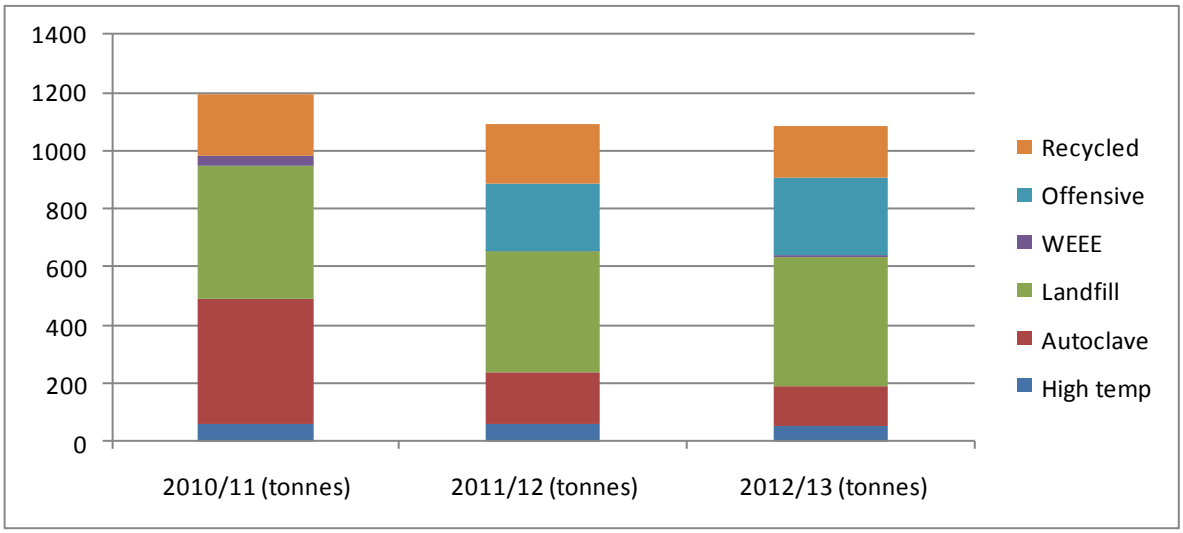
Graph 4 – Water consumption in community sites (m^3)



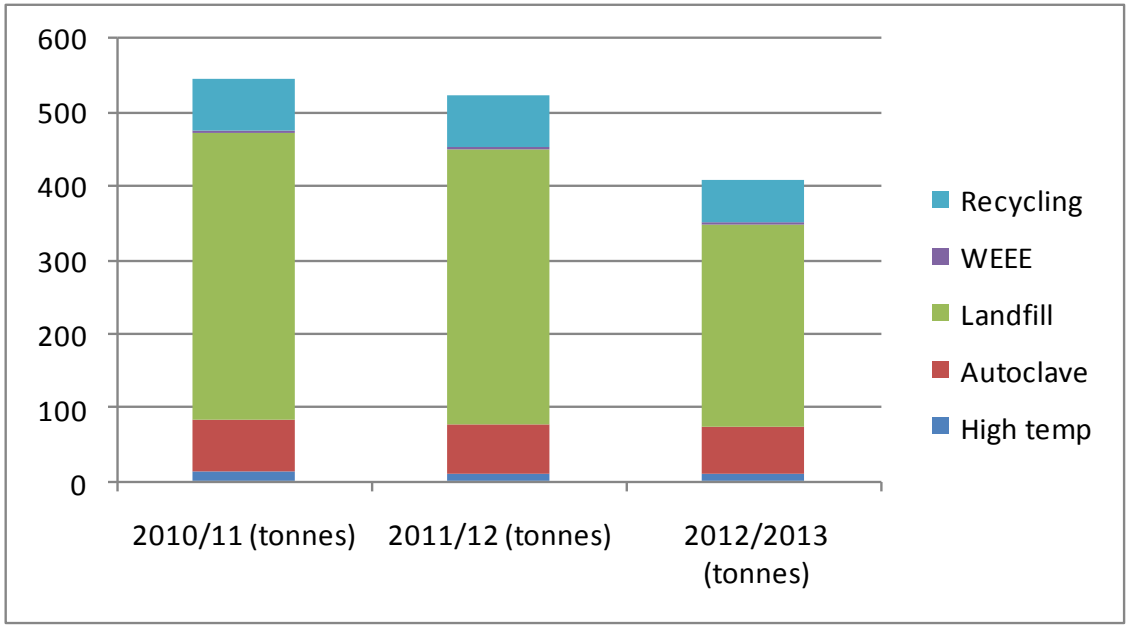
7.1.3 Waste

The weight of waste produced at Great Western Hospital has altered little from 2011/12 to 2012/13. At community sites the total weight of waste produced has decreased considerably. At Great Western Hospital, an offensive waste stream has been introduced and this waste is being sent to an "energy from waste" plant for disposal.

Graph 5 – Total tonnes of waste produced at Great Western Hospital (tonnes)



Graph 6 – Total tonnes of waste produced at community site (tonnes)



The NHS Carbon Reduction Strategy requires all Trusts to have a Board approved Sustainable Development Management Plan (SDMP). Our plan is currently being developed and will be considered by the Board for approval early in 2013/14. The SDMP will include issues such as:

- Voltage reduction – powerPerfector – A stage 1 bid for funding has been sought from the Department of Health Energy Efficiency Fund.
- LED Lighting – 1000 units – A stage 1 bid for funding has been sought from the Department of Health Energy Efficiency Fund for this also.
- LED Lighting – Semperian scheme for ground floor corridor trial.
- Ground source heat pumps.
- STOR (Short Term Operating Reserve) ie running generators to reduce electrical demand.
- Sub-metering for some areas such as plant rooms, with a view to reducing heating/cooling periods.
- PIR switches – for all small areas, eg cleaners' cupboards/some toilets.
- Time switches on water boilers.
- Vertical wind turbines at roof level.
- Photovoltaic panels at ground level at front of hospital.

7.1.4 Other issues and planned progress for next year

Other issues identified for consideration in 2012/13 include the following which are currently being reviewed: -

- Recycling to reduce amount of waste going to landfill/incineration.
- Waste food generated
- Video-conferencing to reduce current 2-3 million business miles travelled by Trust staff each year.
- Clinical waste collections by transport.
- Water utilisation.

Once the SDMP is approved, a Sustainability Forum will be established to be chaired by the Director of Finance and Performance who has Board level responsibility for Sustainability. The Sustainability Forum will monitor the SDMP and ensure that the Trust fulfils its commitment to conducting all aspects of our activities with due consideration to Sustainability, whilst providing high quality patient care. A Board level lead for Sustainability ensures that issues have visibility and ownership at the highest level of the organisation.

8 EQUALITY REPORTING

8.1 Equality duty

The Trust uses the Equality and Diversity System to help ensure the requirements of the public sector Equality Duty are met and that the Trust delivers services that are personal, fair and diverse.

The Equality and Diversity System (EDS) covers 18 outcomes grouped in to 4 objectives:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and included staff
4. Inclusive leadership

8.2 Our equality and diversity objectives

In 2012/13 the Trust worked towards the following objectives to enhance equality and diversity across the Trust: -

Objectives
The Trust will develop positive attitudes towards equality and diversity by training and developing, Associate Medical Directors, General Managers, Matrons, Deputy General Managers and Ward Sister/Charge Nurses.
The Trust is in the process of identifying an Equality and Diversity data set for patients and staff.
The Trust is working toward identifying good and poor practice for people with learning difficulties in Acute.

The Trust will be working towards achieving these objectives over the next three years and will be reviewing our progress in this area annually. The Trust will publish updated objectives every three years to take into account changes in practice.

8.3 Policies for potential and existing disabled employees

The Trust has signed up to the national "two tick" symbol and supports the recruitment and development of disabled candidates/employees. The Trust interviews all disabled applicants who meet the minimum criteria for a job vacancy and to consider them on their abilities. The Trust makes every effort when employees become disabled to make sure they stay in Employment. HR works with Occupational Health to seek appropriate roles for staff following a change in circumstances. For staff that become disabled whilst in our employment, the Trust actively works with the Occupational Health Team to make reasonable adjustments to enable the member of staff to continue their employment with the Trust.

Please note that the Trust has disclosed information on the above as required under the Companies Act that is relevant to its operations.

9 STAFF SURVEY REPORT

9.1 Our staff

We are very proud of our staff who work incredibly hard and are committed to providing the highest care possible to our patients and their carers. As a Trust we are committed to being an exemplar employer and strive to ensure that all our employees reach their full potential at work and are happy and motivated to do their job and contribute to our success as an organisation

As an organisation that provides a public service, we have also focused on ensuring that our staff have the right knowledge and skills to provide high standards of care to our patients and their carers but also the right values so that provide care in a compassionate way to local people.
We also continue to work towards improving how we recognise the hard work, loyalty, commitment and successes of our workforce and have raised the profile of achievement through the monthly and annual award scheme and in putting staff forward for national awards.

We have been trying to engage with our staff in a different way over the course of the year so that they are more involved in organisational change at an early stage and also so that we are actively getting staff ideas and suggestions on ways to deliver care differently.

At the end of the year we had 5,084 staff in the organisation. The breakdown by professional group is listed below.

	Headcount of Staff
Admin & Clerical	981
Allied Health Professionals	471
Ancillary	171
Medical and Dental	462
Midwives	351
Nursing Assistants	735
Prof and Tech	420
Registered Nurses	1442
Senior Manager	64
Trust Total	**5084**

9.2 Staff satisfaction

We recognise that a more satisfied and motivated workforce provides better patient care and therefore the Trust places a great deal of emphasis on exploring ways to improve and enhance motivation so that staff are satisfied in their work whether they are looking after patients in our hospitals, schools, community centres or in patients homes.

To help us understand how staff are feeling, the results of the annual staff survey are examined by the Trust to identify any areas for improvement, to share good practice and implement changes

Our staff scores received in March 2013 benchmark the Trust as third across 23Trusts in the South West of England. This is an improving trend as GWH was placed fifth in 2011 and eighth in 2010.

Overall, the Trust is measured against the four staff pledges from the NHS Constitution with an additional theme of staff satisfaction. These indicators break down into 28 key findings and results show that staff at GWH report that their experience of working at GWH placing us in

Top 20% of Trusts in UK for 9 out of 28 indicators including staff motivation levels, equal opportunities for promotion and witnessing harmful errors
Better than average for 8 out of 28 indicators including effective team working, levels of work pressure and appraisal rates. The latter was also an area of improvement for GWH since 2011
Average for 7 out of 28 indicators including job satisfaction, support from immediate managers and staff recommending the Trust as a place to work or receive treatment
Worse than average in 3 out of 28 indicators including staff feeling satisfied with the quality of work and patient care they are able to deliver staff feeling pressure to attend work when they feel unwell and staff reporting good communication between senior managers and staff
Bottom 20% for one indicator staff feeling they can contribute towards improvements at work,

Following this year's staff survey results, the Executive Committee and Trust Board received a presentation so that we could determine which areas to focus on so that we could improve the experience of our staff.

We recognise that we need to improve visibility of senior management in the organisation, particularly across community services and a plan is being agreed to ensure that visits have the maximum impact. We also need to recruit to the additional staff agreed as part of the Skill Mix Review work, which supports the Nursing Strategy which demonstrated that we needed to invest in our qualified nursing workforce. We have also agreed to invest in our midwifery workforce to ensure that our staffing levels meet the needs of our patients. This investment will improve our staff's confidence so that they feel more satisfied with the quality of work and patient care they are able to deliver and will recommend us more highly as an employer of choice.

We also need to focus on how we design our jobs and how we deploy our staff to ensure that we are getting maximum benefit from our workforce and so that staff have maximum job satisfaction. Projects are also underway to support and improve team effectiveness as we feel this is key to improving patient care.

We are also investing in improving our management capability and have commissioned Ashridge Business School to design and deliver a bespoke leadership programme for 93 of our nursing and midwifery leaders. The Transforming Leadership, Transforming Care Programme will ensure that our managers are well equipped to support staff through change as we improve pathways and efficiencies in the way we work.

9.3 Summary of staff survey results

Table - Response Rate

2011		2012		Trust Improvement/ Deterioration
Trust	**National Average**	**Trust**	**National Average**	
66%	54%	63%	50%	**3% deterioration**

TABLE – Summary of Performance

	2011		2012		Trust Improvement/ Deterioration
Top 5 Ranking Scores	**Trust**	**National Average**	**Trust**	**National Average**	
Question: KF26. Percentage of staff having equality and diversity training in the last 12 months *(the higher the score the better)*	69%	48%	77%	55%	**8% improvement**
Question: KF12. Percentage of staff saying hand washing materials are always available *(the higher the score the better)*	73%	66%	70%	60%	**3% deterioration**
Question: KF11. Percentage of staff suffering work-related stress in last 12 months *(the lower the score the better)*	26%	29%	31%	37%	**5% deterioration**
Question: KF27. Percentage of staff believing the trust provides equal opportunities for career progression or promotion *(the higher the score the better)*	94%	90%	93%	88%	**1% deterioration**
Question: KF25. Staff motivation at work *(the higher the score the better)*	3.88	3.82	3.93	3.84	**0.05 points improvement**

9.4 Staff consultation and engagement / other consultations

The GWH has a strong relationship with its trade union colleagues and also the Employee Partnership Forum (EPF) which formally negotiates on changes to pay, terms and conditions of employment. EPF reviews its effectiveness annually to ensure that it continues to learn and improve as a method of formal negotiation. Key points from the last review below:

> *"The EPF generally feel that we have had a positive impact, that our suggestions and concerns are listened to and that we are genuinely actively involved in the decisions and processes involving the workforce to ensure transparency and fairness."* Carol Cradock, Chair of Staff Side

> *"I have been really impressed by how all members have coped with the changes and increased workload. Their insight and contribution has been extremely valuable. Many thanks."* Oonagh Fitzgerald, Director of Workforce and Education and Chair of EPF.

We continue to embed the STAR organisation values, which are Service, Teamwork, Ambition and Respect (STAR). These values are embedded in our HR and development policy framework, recognition schemes and support recruitment decisions.

Our Chief Executive, Nerissa Vaughan continues to hold Open Meetings with staff across the Trust sites which are appreciated by staff. Further a feedback process called 'Ask Nerissa' continues to enable staff to email her directly about their concerns and questions on issues affecting them.

The Trust also employed its first Staff Engagement Manager, Jane Keep in June 2012. Jane conducted 400 interviews with staff to understand in depth what their issues, ideas and suggestions were. This feedback culminated in a Staff Engagement Plan which was presented and approved by Executive Committee in September 2012.

9.5 Communicating with staff

We have continued to extend the range of channels to strengthen communication between senior management and Trust staff and also from staff to senior management:

- Over the past year the Trust has built on the success of quarterly magazine Horizon by providing space for regular features on different areas within the organisation and highlighting the achievements of staff including educational attainment and awards. The magazine continues to be well read and its readership has grown since the launch and the merger with Wiltshire Community Health Services. In each issue the Trust ensures there is a wide selection of features from across the Trust providing representation from both the acute and community settings. The magazine also provides a good source of news items for the local media.

- The new Trust Intranet was launched in February 2012 and continues to provide greater opportunities to reach staff across the organisation. The Trust has a single intranet providing an accurate and timely source of information across the various departments and empowering staff to take control of their own areas of the site to share information with colleagues. The new intranet features web chat and video podcasts in the future to provide important information in a more easily digestible format.

- Hosting a number of Chief Executive 'road shows' across the Trust to provide staff with an opportunity to meet the new Chief Executive and ask questions. These events included sessions at a number of the community sites across Wiltshire.

- The monthly Team Brief continues to be used as a key source of information for staff offering the Chief Executive's personal view on issues affecting the Trust. The Team Brief has grown to be a trusted source of information and we continue to look at ways to increase its readership.

9.6 Workforce Key performance indicators (KPI's)

The Trust has a range of workforce KPI's which are monitored to understand the organisation's performance.

Sickness absence. Sickness absence levels were 4.06% at the end of the year which is an increase from 3.42% for last year. Work continues to support staff who have musclo skeletal disorders and those who are experiencing stress at work or through personal problems through our Staff Counselling Service. .

Turnover. Voluntary turnover at the end of the year was 8.92%.

Vacancy levels. We ended the year with 190 vacancies which equates to 4% of our total staffing levels. We are concerned about recruitment of qualified nurses and have a plan to recruit from Ireland, Scotland and Portugal to ensure we have enough staff to look after our patients. We continue to work with local Universities to ensure we have jobs for the best students.

Appraisal rates. The overall rate for the Trust is 83%. This is an area of improvement for us since last year as we focus on ensuring that our staff have clear direction and feedback as well as a robust plan for their development

9.7 Workforce Development

The Trust continues to be committed to encouraging and supporting staff with their ongoing learning and development as we see it as key to providing high quality care.

The Academy has been successful in encouraging staff to engage with mandatory elements of training, this has now been extended to reflect the changing age profile of service users and to embrace the needs to community services. During 2012 - 2013 the Academy has developed and delivered 24 clinical and non clinical mandatory training modules in consultation across the community and the acute services and has developed a Training need analyses for all staff members enabling accurate capture of training statistics on ESR.

The Academy has extended its excellent training facilities during the year. Not only does it boast an excellent suites of seminar rooms and lecture facilities in Swindon but has extended across the Wiltshire area improving facilities in Warminster and opening new, fully equipped training rooms at Chippenham and Savernake Hospitals.

The aim of the Academy is to support the current and future workforce of all disciplines to gain knowledge, skills and understanding which will enable them to deliver empathetic care of the highest quality to our service users, now and in the future. The Academy listens to feedback from service users and inspectors and firmly links educational aims to service delivery, striving for excellence in both delivery of clinical care and overall patient experience.

The Academy has focussed on a number of improvements to education and development opportunities available for staff including:

- the course portfolio has been expanded to offer a wider range of clinical skills, suprapubic catheter care, ‘in depth’ infection control, and new pressure area courses;
- a range of new regional study days have been developed and delivered to prepare our staff new future challenges in healthcare including dementia, discharge planning, practical bariatric care and dignity;
- The successful development of support staff via new QCF, BTEC, Apprenticeships and NVQ qualifications has allowed development of unregistered role models who can deliver a more responsive service.
- All courses are reviewed twice annually against local and national benchmarks. Content and delivery are scrutinised by educational and subject experts to ensure relevance and quality.
- Learner experiences are continually measured after an educational event and to identify the impact of any education once they have returned to a service area. This feedback and that of the service user is used to inform future educational approaches.
- We have supported the introduction of some new roles into the organisation including the introduction of physicians assistants in Trauma and Orthopaedics

Work continues to strengthen the education of junior doctors with the Postgraduate team securing agreement with the Deanery to provide and run additional Leadership courses.

Research and Development throughout the Trust has developed well this year with increased recruitment into more complex studies with commercial research projects increasing from 100% to 8 with a further 4 within the set up process.

Generation of income from education clinical skills and resuscitation courses that can be reinvested within the Trust will be in excess of £120k this year.
We worked with NHS Elect to introduce the innovative Goldfish Bowl model of customer service. This places the patient at the centre so that they can explain their experience in the organisation and staff listen and then agree what could have been done differently.
Undergraduate medical training provision has expanded this year to include 2nd years students from Bristol University. The faculty has expanded to support this with additional educational supervisor posts to deliver the expanding requirements of undergraduate curriculum, ensuring the quality of our future workforce. Feedback from Bristol University has been excellent, they feel that the Trust has a strong education culture in the organisation.

9.8 Supporting our volunteers

We are extremely fortunate to have so many committed and enthusiastic volunteers who support delivery of services across our acute and community services. The volunteers provide an extremely valuable service to patients and enormous support to staff. They form an essential part of the hospital team and are greatly appreciated.

For many, volunteering is a step on the ladder to employment; an opportunity to experience the hospital environment before going to University or having the courage to leave their current employment to follow a long held dream of working in the NHS. Of course, many of our volunteers stay with us for years with some having 5, 10, 15, 20 and even 25 years or more voluntary service and each volunteer has their own personal reason for offering their time.

There remains a constant interest in “volunteering within the Great Western Hospital”, with an average of 40 enquiries received each month. Volunteers come through the same recruitment process as a member of staff.
In addition, there is the opportunity to volunteer at the hospital via other organisations, such as British Red Cross, Hospital Radio, WRVS and the Friends of Savernake Hospital & Community.

A quarterly “Voluntary Service Matters” newsletter is sent to all volunteers and twice a year we hold “Volunteer Social Events” (including Long Service Awards) to ensure that the volunteers are well communicated with and have an opportunity to share their ideas with us too.

9.9 Occupational Health

Our approach to our staff’s health and wellbeing is to ensure we are putting in place preventative measures so that we can keep our staff healthy and well. The proactive work incudes supporting every member of staff to have an assessment to look at all aspects of their health and lifestyle and specialist advice is offered to design a bespoke programme to make changes which will improve and enhance their health and wellbeing both at work and at home.

The Occupational Health department continues to work closely with managers and HR to reduce time lost due to sickness absence. The two key areas that have been addressed are Musculoskeletal Disorder (MSD) issues and reducing stress related absence.

The Occupational Health team now has an OH nurse advisor who is also a Registered Mental Health Nurse. This nurse complements the nurses already in post who can offer Cognitive Behavioural Therapy, and also works alongside the Staff Support Service, who offer the full range of counselling and support therapies.

The Musculoskeletal Disorder team and the Occupational Health team including physiotherapy input have worked closely together to carry out workplace assessments along with early intervention treatment.

Over the past 12 months there has been a very clear correlation between the number of referrals received within Occupational Health from line managers and the number of staff off sick. We have also seen increased referrals and support offered to staff in community services.

9.10 Swine / Seasonal Flu Vaccinations

The seasonal flu campaign obtained a 46% uptake across the Trust in2012/3 which is an increase from 2011 when we achieved 39.5%

9.11 Health and Safety

During 2012/2013 we continued implementation of a suitable safety management system throughout the combined geographical area. Notable improvements are already being appreciated by staff, visitors and patients across the organisatom and a new governance structure has been implemented with monitoring via the Trust and Wiltshire Health and Safety Committees and regular progress reports to the Executive Committee.

Major targeted improvements have included:

- Implementation of new Safeguard Incident Management system across Wiltshire and commencement of an electronic incident reporting process across all sites within the enlarged Trust to speed up and improve quality of reports and investigations.

- Roll out of a comprehensive H&S Audit programme across all Wiltshire sites to benchmark current compliance with legal / Policy H&S requirements and to provide clear improvement advice to all departmental managers.

- Fire safety management improvements in reducing unwanted fire signals at GWH from 35 last year to 22 [against a target threshold of 32] in partnership with Carillion and also providing a comprehensive fire safety warden structure and training programme throughout the enlarged trust.

- Sustained performance in serious RIDDOR reportable accidents for GWH which remain at 9 for the year and introduction of a centralised RIDDOR reporting requirement across Wiltshire instead of manager self reporting. This has resulted in 7 RIDDOR incidents being reported by the H&S Department from Wiltshire over the past year.

- Introduction of a comprehensive H&S Representative training programme for the newly appointed department Reps and Department Managers throughout the Wiltshire sites.

- Amalgamation of Wiltshire and GWH Policies and procedures accessible via a new versatile H&S Intranet web page.

Please note that the Trust has disclosed information on the above as required under the Companies Act that is relevant to its operations.

10 REGULATORY RATINGS REPORT

10.1 Monitor the Independent Regulator

As a Foundation Trust, GWH is regulated by Monitor, the independent regulator of all NHS Foundation Trusts. Monitor's relationship with GWH is to ensure that the Trust does not breach the terms of its authorisation which is a set of detailed requirements covering how the Trust will operate (going forward this will be a provider licence). In summary the requirements include:

- the general requirement to operate effectively, efficiently and economically;
- requirements to meet healthcare targets and national standards; and
- the requirement to cooperate with other NHS organisations.

Monitor requires each Foundation Trust board to submit an annual plan, quarterly and ad hoc reports. Performance is monitored against these plans to identify where potential and actual problems might arise. Monitor publishes quarterly and annual reports on these submissions and assigns each Foundation Trust with an annual and quarterly risk rating. These risk ratings are designed to indicate the risk of a failure to comply with the terms of authorisation. Monitor publishes three risk ratings for each NHS Foundation Trust as follows: -

- financial rating; and
- governance risk rating.

The future role of Monitor and the regulatory regime has change in light of new legislation. Providers of healthcare services will be licensed and Monitor will ensure that providers comply with licensing conditions. The great Western Hospitals NHS Foundation Trust was issued with a provider licence in March 2013, effective from 1 April.

10.2 Risk ratings from Monitor

10.2.1 Financial risk rating

The Trust has been rated as 3 for Finance (rated range from 1-5, where 1 represents the highest risk and 5 the lowest). This means that there are regulatory concerns in one or more components but significant breach is unlikely.

When assessing financial risk, Monitor will assign quarterly and annual risk ratings using a system which looks at four criteria, namely achievement of plan; underlying performance; financial efficiency; and liquidity.

The risk rating is forward-looking and is intended to reflect the likelihood of an actual or potential financial breach of the Foundation Trust's terms of authorisation.

Going forward a Risk Assessment Framework will be implemented and the risk rating methodology will change.

10.2.2 Governance risk rating

The term governance is used to describe the effectiveness of an NHS Foundation Trust's leadership. At the end of 2012/13, the Trust had a rating of amber/red for Governance (rating range from red, amber-red, amber-green, green with green being the best). A green rating means there are no material concerns surrounding the terms of Authorisation. An amber/red risk rating means there are material concerns surrounding the terms of the authorisation.

When assessing the annual and quarterly governance risk ratings Monitor considers the legality of the constitution; growing a representative membership; appropriate board roles and structures; co-operation with NHS bodies and local authorities; clinical quality; service performance (healthcare targets and standards); and other risk management processes.

Further details about the risk ratings issues by Monitor can be found on their website at: www.monitor-nhsft.gov.uk

10.2.3 Mandatory services

Mandatory services are defined in a Foundation Trust's terms of authorisation and are the services the Trust is contracted to supply to its commissioners.

Trust Boards are required to provide a board statement certifying that they expect to be able to continue to provide the mandatory services required by Schedules 2 and 3 of their Authorisation and then by exception to declare in year if this risks not being the case. During 2012/13 no such declarations were made.

10.3 Risk Ratings 2012/13

10.3.1 Summary of rating performance throughout the year and comparison to prior year with analysis of actual quarterly rating performance compared with expectation in the annual plan and comparison to prior year

	Annual Plan 2011/12	Q1 2011-12	Q2 2011-12	Q3 2011-12	Q4 2011-12
Financial Risk Rating	**3**	3	3	3	3
Governance Risk rating	**Amber Green**	Green	Green	Amber Red	Green

	Annual Plan 2012/13	Q1 2012-13	Q2 2012-13	Q3 2012-13	Q4 2012-13
Financial Risk Rating	**3**	3	3	3	3
Governance Risk rating	**Green**	Green	Amber/Green	Green	Amber/red

10.3.2 Explanation for differences in actual performance versus expected performance at the time of the annual risk assessment

In Quarter 3 the Trust was unable to achieve its target for clostridium difficile. The Trust had 16 cases against a trajectory of 15 cases.

In Quarter 4 the Trust was unable to achieve its target percentage of 95% of patients who stay a maximum of 4 hours in A&E. Actual performance was 92.5%. A plan has been put in place to ensure that all patients are seen within 4 hours.

The Trust reported 10 cases of clostridium difficile against a trajectory of 7 for Quarter 4 and for the year exceeded its limit of incidence of Clostridium difficile with 33 cases against a trajectory of 30. The Trust initiated an external infection prevention and control peer review in December 2012, resulting in a number of suggested actions which are being progressed.

10.3.3 Details and actions from any formal interventions.

The Trust had no formal interventions during 2012/13.

10.4 The Care Quality Commission (CQC – formerly the Healthcare Commission)

Whereas Monitor's current role is to assess and regulate the ability of an NHS Foundation Trust board to do its job properly and ensure their hospitals provide high quality care, the Care Quality Commission (CQC) is the independent regulator responsible for regulating the quality of health and adult social care services in England.

There are Core Standards which the Trust must comply with and which the Care Quality Commission periodically reviews the Trust against. These standards cover the full range of healthcare services and provide the general public with information on the quality of services provided by the Trust.

10.4.1 Care Quality Commission (CQC) registration

Health and social care organisations are required to register with the CQC through a registration system. This process is, in effect, a licence for Trusts like GWH to provide services.

To be registered, trusts must meet the standards, which cover important issues for patients such as treating people with respect; involving them in decisions about care; keeping clinical areas clean, and ensuring services are safe.

To register with the CQC the Trust has had to demonstrate that it meets the essential standards of quality and safety across all services being provided.

The Trust is registered with the CQC without additional conditions attached to the registration.

11 OTHER DISCLOSURES IN PUBLIC INTEREST

11.1 Income Disclosures

The income the Trust receives from the provision of goods and services for the purposes other than health care does not exceed the income it receives from the provision of goods and services for the provision of health.

11.2 Cost allocation and charging requirements

The Trust has complied with the cost allocation and charging requirement set out in HM Treasury and Office of Public Sector Information Guidance.

11.3 Serious incidents involving data loss or confidentiality breach

During 2012/13 there were no serious incidents of data loss or confidentiality breach classified at the higher severity ratings of 3-5. Accordingly, no incidents were required to be reported to the Information Commissioner's Office.

Serious incidents classified at the lower severity ratings of 1-2 are aggregated and reported below in the specified format. During 2012/13 there was only one such incident of severity rating 1.

Summary of other personal data related incidents in 2012/13 (of severity 1-2)		
Category	**Nature of incident**	**Total**
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	1
IV	Unauthorised disclosure	0
V	Other	0

Severity rating 1 is described as a potentially serious breach of confidentiality, assessed as low risk or having an impact on fewer than 5 people.
Severity rating 2 is described as a serious potential breach of confidentiality, assessed as high risk and having an impact on fewer than 20 people.

11.4 Working with suppliers

The Great Western Hospitals NHS Foundation Trust works with a large number of suppliers across a very diverse portfolio. Our aim is to work in partnership with our suppliers and to build strong relationships that enable us to obtain best value for money when purchasing the quality of goods and services the Trust needs to support patient care.

The Trust in place an E-Procurement tool which enhances transparency of our contracting processes, gives visibility of the contracts the Trust is tendering for, makes it easier for suppliers to engage with us and reduces the paperwork suppliers have to complete during formal tendering processes.

11.5 Off Payroll Engagements

TABLE 1: For off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012

	Main department *
No. In place on 31 January 2012	**0**
Of which:	
No. that have since come onto the Organisation's payroll	
Of which:	
No. that have since been re-negotiated/re-engaged to include to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	
No. that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the (department) to seek assurance as to their tax obligations	
No that have come to an end	
Total	

TABLE 2: For all new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months

	Main department *
No. of new engagements	**5**
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	**3**
Of which:	
No. for whom assurance has been accepted and received	**3**
No. for whom assurance has been accepted and not received	
No. that have been terminated as a result of assurance not being received	
Total	**3**

Disclosures in this paragraph are not subject to audit

12 STATEMENT OF ACCOUNTING OFFICER'S RESPONSIBILITIES

12.1 Statement of the Chief Executive's responsibilities as the accounting officer of Great Western Hospitals NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the Accounting Officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Great Western Hospitals 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 Great Western Hospitals 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 judgments and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

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

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

Signed

Nerissa Vaughan
Chief Executive

23 May 2013

13 AUDITOR'S OPINION AND CERTIFICATE

13.1 Independent auditor's report to the Council of Governors of Great Western Hospitals NHS Foundation Trust

INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS OF GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

We have audited the financial statements of Great Western Hospitals NHS Foundation Trust for the year ended 31 March 2013 on pages 159 to 192. These financial statements have been prepared under applicable law and the NHS Foundation Trust Annual Reporting Manual 2012/13.

This report is made solely to the Council of Governors of Great Western Hospitals NHS Foundation Trust in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the accounting officer and the auditor

As described more fully in the Statement of Accounting Officer's Responsibilities on page144 the accounting officer is responsible for the preparation of financial statements which give a true and fair view. Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed, the reasonableness of significant accounting estimates made by the 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. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of Great Western Hospitals NHS Foundation Trust's affairs as at 31 March 2013 and of its income and expenditure for year then ended; and
- have been prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2012/13.

Opinion on other matters prescribed by the Audit Code for NHS Foundation Trusts

In our opinion the information given in 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

We have nothing to report where 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 reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements.

We are not required to assess, nor have we assessed, whether all risks and controls have been addressed by the Annual Governance Statement or that risks are satisfactorily addressed by internal controls.

Certificate

We certify that we have completed the audit of the accounts of Great Western Hospitals NHS Foundation Trust 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 issued by Monitor.

Jonathan Brown

Jonathan Brown, for and on behalf of KPMG LLP, Statutory Auditor

Chartered Accountants
100 Temple Street
Bristol
BS1 6AG

23 May 2013

14 ANNUAL GOVERNANCE STATEMENT

14.1 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.

14.2 The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Great Western Hospitals 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 Great Western Hospitals NHS Foundation Trust for the year ended 31 March 2013 and up to the date of approval of the annual report and accounts.

14.3 Capacity to handle risk

Leadership is given to the risk management process by the executive director's. Risk management forms part of the executive director job descriptions, annual appraisal and personal development plans. Executive directors personally review the assurances against strategic objectives within their remit on a quarterly basis as part of the Board Assurance Framework. They ensure action is taken to address gaps in control mechanism and proactively identify evidence of positive assurance. All Executive and Non-Executive Directors have been trained on risk management and on their roles and responsibilities for leadership in risk management.

Staff education and training on risk management is carried out commensurate with their roles. All new employees receive corporate induction, which includes risk management and incident reporting, alongside health and safety, manual handling and infection control training appropriate to their duties. In addition during 2012/13, further training on risk management was provided to staff across directorates and a new electronic system for compiling and managing risk was rolled out. Refresher training on risk management is being introduced and will be rolled out across all directorates during 2013/14. Particular emphasis is being given to the identification and management of risk at a local level. The Francis Inquiry made recommendations about risk management which are being reviewed by this Trust to ensure that the lessons learnt from the Inquiry are embedded in this organisation.

14.4 The risk and control framework

14.4.1 Risk Management Strategy

The overall objective of the Risk Management Strategy is to ensure that robust risk management processes are in place which provide assurance to the Board that the Trust is discharging its responsibilities in ensuring good business and financial decision making leading to improvements in services and the quality of care provided.

To ensure that risk is identified, evaluated and controlled there are formal structures within the Trust. The Trust has a Risk Management Strategy which is continually reviewed and improved. This sets out how risk will be managed within the organisation and it sets out formal reporting processes. Whilst the Board has overall responsibility for risk management, it has delegated responsibility to the Executive Committee and the Audit, Risk and Assurance Committee for scrutinises and challenging risk and checking that processes for risk management are effective.

The three main tenets of our risk management strategy are:

- Risk Assessment
- Risk Register
- Board Assurance Framework

14.4.2 Risk assessment

All trust staff are made responsible for identifying and managing risk. In addition there is a robust Incident Management Policy in place and at Corporate Induction staff are actively encouraged to utilise our web-based incident reporting system. A healthy incident reporting culture has been maintained for a number of years providing assurance that staff feel able to report incidents and risks. A Being Open Policy, based on National Patient Safety Agency guidance, is in place and regularly reviewed. An annual audit is undertaken by the Health and Safety Team of all wards and departments which demonstrates risk assessment and risk management in practice.

14.4.3 Risk Register

The Trust has agreed that the most significant risks to the Trust, being those which score 15 and above, should be reviewed monthly at the Executive Committee. A register containing 15 plus risks is scrutinised and challenged by the Executive Committee (to ensure risks are being managed) and the Audit, Risk and Assurance Committee (to ensure processes in place to manage risk are effective). This high-level register is informed both by those risks which score 15 in the board assurance framework (top down) and risks identified from within the directorates (bottom up).

14.4.4 Board Assurance Framework

In 2011/12, the Trust undertook a fundamental review of its Board Assurance Framework. Development of the framework continued into 2012/13 and is ongoing. The Board Assurance Framework is set by the Executive Committee and approved by the Trust Board annually. The assurance framework sets out

- the principal objectives to achieving the Trust's overall goals,
- the principal risks to achieving those objectives,
- the key controls to mitigate against those risks,
- the assurances on those controls, and

- any gaps in assurances.

An internal audit undertaken in March 2-013 granted the Trust substantial (green) assurance on the design and implementation of the board assurance framework. The Framework has been commended by the Trust's auditors as an example of good practice for recommendation to other Trusts.

14.4.5 Significant Risks

There are a number of risks identified in the board assurance framework and risk register. Examples of significant risks identified during 2012/13, together with the actions that have been taken to mitigate them as summarised as follows: -

Risk	How risk was mitigated
Failure to ensure 80% staff attend mandatory training.	• Revised procedures in place • Refresh of mandatory training requirements and methods of delivery • Monthly mandatory training compliance reports to managers • Monitoring through monthly meetings of the Employee Partnership Forum and quarterly through Workforce Strategy Committee
Activity above proposed contract levels	• Risk framework agreed with Commissioners; • Appropriate contract values agreed with Commissioners.
Failure to learn from complaints and claims	• Monthly reporting to the Patient Safety and Quality Committee, the Executive Committee and Trust Board • Number of complaints per directorate recorded • Drive to improve the quality and timeliness of responses • Key complaint themes identified and action plans agreed
Not learning from patient safety incidents	• Monthly reporting to the Patient Safety and Quality Committee, the Executive Committee and Trust Board • Themes and lessons from incidents identifies • Training on incident management available for staff

Assurances and gaps in those assurances have been identified during 2012/13. Assurances and gaps are sought from a variety of sources including audits, external reviews or peer challenge. As at the end of March 2013, there were 43 new positive assurances, with17 gaps in those assurances identified. This compared with no gaps in 2011/12. Whilst there are gaps in assurances, there are action plans in place to address them. Gaps demonstrate that the Trust is using the Board Assurance Framework as an effective tool for managing risks to achieving our strategic objectives.

New risks for 2013/14 will be identified through the annual plan process and will be added to the Assurance Framework. Major future risks, including significant clinical risks for 2013/14 are currently being identified as part of the planning process and will include the following: -

TABLE – Examples of Future risks

Risk	Actions to manage and mitigate, including how outcomes will be assessed
Financial and reputation risk if non achievement of Clinical Negligence Scheme Risk Management Standards level 2 – May 2013	• Gap analysis completed and action plan in place • Weekly meetings looking at evidence and compliance • Monthly monitoring of progress via Patient Safety and Quality Committee • Informal Assessments completed by the NHSLA prior to formal assessment with action plans updated to reflect outcome
Staffing – high costs of agency staff to cover vacancies and activity pressures	• An international clinical recruitment plan is in place to include overseas recruitment • Service redesign (transformation) • Contractual arrangements in place to cap premium costs • Plans to develop workforce "in-house" • Plan to implement new technologies
Increasing pressures on emergency activity and the impact on capacity	• Redesign of Emergency patient flow • Increased Ambulatory Care • Reconfiguration of Bed Base • Increase in Medical and Nursing staff • Implementation of 7 clinical support staff to promote early discharge • Increase in community services including outreach specialist services
Savings delivery required to funds to re-invest in patient services and EM pressures	• External assurance on robust plans and deliverability of £16m Cost Improvement Plans (CIPs) • Monthly monitoring of plans being delivered and clear escalation to remove any barriers prohibiting delivery • Health economy wide projects supported through all Commissioners and Providers monitored collectively to achieve delivery Re-investment of: Bed Reconfiguration £2.6m Nurse Skill Mix £1.1m Strategic Investment £1.0m Activity Reserve £3.4m Community Transformation £2.4m Total £10.5m

14.4.6 Organisation Culture

The Trust has mechanisms in place to promote a culture in which staff are supported to be open with patients when things go wrong. The Trust has a Being Open Policy and a Whistle Blowing Policy which encourages staff to come forward with concerns. Action is being planned to further embed an openness culture. The Trust takes part in an annual staff survey (referred to elsewhere in section 9) . For 2012/13 areas for improvement around staff were identified and an action plan is being developed to address these.

In addition the Trust is considering the recommendations of the Francis Inquiry Report, which include a duty of candour and the need for openness and transparency. The Trust is pulling together an action plan to ensure the Trust has in place processes to ensure this.

Reports to the Board and its Committees include a quality impact assessment for all papers, with any areas of concern highlighted and addressed. Quality, as well as equality impact assessments have also been introduced for policies and Trust wide procedural documents, thus ensuring that equality and quality considerations are core to the Trust's overall policy framework and business.

The Trust promotes a culture of putting the patient at the forefront of everything we do. Listening to patients is important and patient comments and complaints are considered and investigated to ensure the Trust learns from the feedback received.

During 2013/14 the Trust will be rolling out a programme of training and workshops to further embed a risk management culture throughout the organisation.

14.4.7 Information Risk

Risks to information, including data confidentiality, integrity and availability, are being managed and controlled. A system of monitoring and reporting on data security risks is established under delegated authority of the Trust Board through the Information Governance Steering Group, which reports into the Board's Audit, Risk and Assurance Committee. The Trust Board has a Senior Information Risk Owner (SIRO) with responsibility for information risk policy, who is deputy chair of the Steering Group.

The Information Risk Policy defines an overall structured approach to the management of information risk, in line with the Risk Management Strategy. A register of Information Assets is maintained. The business ownership of those assets is the responsibility of senior managers within the Trust, supported by staff with responsibility for operational management of the assets. These 'owners' and 'administrators' ensure that the principal risks are identified, assessed and regularly reviewed, and that annual assurance reports are provided on the satisfactory operation and security of the information assets.

Where assessed as appropriate, risk treatment plans are actioned, additional controls are implemented, and prioritised risks are escalated to the appropriate Risk Register. As Accounting Officer I am committed to ensuring that immediate actions are taken where significant risks have been highlighted.

A range of measures is used to manage and mitigate information risks, including: staff training, privacy impact assessments, physical security, data encryption, access controls, penetration testing, audit trail monitoring, departmental checklists and spot checks. In addition, a comprehensive assessment of information security is undertaken annually as part of the Information Governance Toolkit and further assurance is provided from Internal Audit and other reviews.

The effectiveness of these measures is reported to the Information Governance Steering Group. This includes details of any personal-data-related Serious Incidents (SIs), the Trust's annual Information Governance Toolkit score, and reports of other information governance incidents, audit reviews and spot checks.

14.4.8 Stakeholder involvement

As a foundation trust our membership is a resource for supporting risk management in the Trust. The membership is represented by governors. Governors attend regular formal meetings of the Board of Directors and Trust staff to have an overview of Trust performance and influence decision making. In particular the governors hold the Board to account via various working groups, such as the Patient Experience Working Group and the Finance Working Group.

The governors contributed to the development of the Trust's strategy via a joint workshop with the Trust Board, through informal discussions with the Chairman and via a formal Council of Governors meeting where quality was discussed in particular.

The Trust welcomes the input of wider stakeholders in the development of its Business Strategy. The Chief Executive and the Chairman represent the Trust at a number of stakeholder forums. There is ongoing dialogue with Clinical Commissioning Groups, GPs, local authorities and other Trusts, which has included shared thinking on future services focussing on quality of care to patients. To ensure Trust services matches the needs and wishes of the local community, there has been shared information and learning with the Clinical Commissioning Groups via workshops.

14.4.9 Quality Governance Arrangements

In November 2012, the Trust was assessed as compliant with Level 2 National Health Service Litigation Authority (NHSLA) Risk Management Standards for Acute Trusts. The Trust is currently level 2 for Clinical Negligence Scheme for Trusts (CNST) Risk Management Standards for maternity and is being re-assessed in May 2013.

In September 2011, the Trust introduced revised arrangements to ensure that there is a corporate governance overview of trust wide policies and procedural documents. As part of the revised requirements, authors must carry out an equality impact assessment and a quality impact assessment of the reviewed document to ensure that any issues of concern relating to equality and quality are highlighted and addressed.

14.4.10 Internal CQC Compliance Assessment arrangements

Internal processes for assessing compliance against the CQC regulations are led by the Clinical Standards Group (CSG) which meets on a monthly basis. The internal compliance judgement is informed by the CQC's Quality and Risk Profile and many other accessible sources of intelligence including internal and external inspections.

Evidence supporting internal judgement of compliance is captured by CSG and updated on the Trust's Provider Compliance Assessment Forms, which are saved and managed centrally by the Quality Team. Gaps in compliance identified either internally or externally inform the Patient Safety and Quality Committee and actions plans are developed and monitored to ensure improvements are progressed. Risks identified from the internal compliance assessment process and risks arising from within the directorates, inform the relevant risk registers and are linked to the CQC outcomes where appropriate.

The Patient Safety and Quality Committee reports to the Executive Committee and Trust Board monthly on the Trust's regulatory compliance status.

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

14.4.11 Other

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 are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

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

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

The Trust has arrangements in place for agreeing targets and actions to deliver the Trust's strategic objectives. Each year the Trust produces and Annual Plan which sets out planned action for the year and risks against achieving those actions. The Trust aims to ensure that its Annual Plan is dynamic but realistic and achievable, aimed at reducing costs, driving efficiencies whilst promoting good clinical outcomes, a good patient experience and patient safety. Quality of care is at the forefront of the Trust's business planning.

To ensure delivery of the planned action, there is continual review of progress against business plans and cost savings plans are scrutinised to ensure achievement (whilst maintaining and improving quality and safety). Senior Managers have signed up to an accountability framework which provides focus on delivery of objectives. In turn individual members of staff have annual performance appraisals to ensure there is an organisation wide approach to delivery business plans.

Performance against objectives is monitored and actions identified through a number of channels:

- approval of annual budgets by the Board of Directors;
- monthly reporting to the Patient Safety and Quality Committee on patient safety and quality indicators; patient safety and clinical risk; clinical effectiveness; regulation; patient experience and complaints;
- regular reporting to the Board on key performance indicators including finance, activity, patient safety and human resources targets;
- monthly review of financial targets and contract performance by the Finance and Investment Committee, which is a committee of the Board;
- monthly reporting to the Executive Committee on directorate and Trust performance;
- monthly monitoring and reporting within Directorates which feeds into the Executive Committee and up to the Board; and
- quarterly reporting to Monitor, via the Finance and Investment Committee and compliance with the terms of authorisation.

Value for money is an important component of the internal and external audit plans. These provide assurance to the Trust that processes in place are effective and efficient in the use of resources.

Procedures are in place to ensure all strategic decisions are considered at Executive and Board level and there is wider consultation with governors and stakeholders.

The emphasis in Internal Audit work is providing assurances on internal controls, risk management and governance systems to the Audit, Risk and Assurance Committee and to the Board.

14.6 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.

Steps which have been put 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 include the following: -

- The Medical Director is the Executive lead for the Quality Account and there is a named Non Executive Director with designated personal leadership for patient safety and quality on behalf of the Trust Board. The Trust has a 3 year Quality Improvement Strategy which provides details on roles and responsibilities for quality and safety and defines the key focus for the Annual Quality Accounts.

- The Annual Quality Account Report 2012/13 provides a narrative of progress toward achieving the quality improvement indicators agreed by the Executive Committee, the Patient Safety and Quality Committee and the Trust Board.

- The Quality Account is compiled by a Clinical Governance Administrator following both internal and external consultation to inform the improvement indicators. Data is provided by nominated leads in the Trust. These leads are responsible for scrutinising the data they provide to ensure accuracy. Once compiled the Quality Account Report is scrutinised by the Associated Director of Quality and Patient Safety for challenging the veracity of data. The Medical Director is ultimately accountable to Trust Board and its committees for the accuracy of the Quality Account Report.

- The Quality Account is subject to robust challenge at a Patient Safety and Quality Committee on both substantive issues and also on data quality. Where variance against targets is identified the leads for individual metrics are held to account by the Patient Safety and Quality Committee. Following scrutiny at that committee, the Quality Account is reported to Trust Board which is required to both attest to the accuracy of the data and also ensure that improvements against the targets are maintained.

- Directors' responsibilities for the Quality Account Report are outlined separately in this report.

- The Quality Account Report has been prepared in accordance with Monitor's annual reporting guidance as well as the standards to support data quality for the preparation of the Quality Report. No material weaknesses in the control framework associated with Quality Accounts have been identified.

- The Trust has a Data Quality Group responsible for reviewing the way data is captured and recorded to ensure its accuracy and robustness. Data audits are undertaken. This Group feeds into an Information Governance Group which overviews information governance across the Trust.

14.7 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 within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board and the Audit, Risk and Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes that have been applied in maintaining and reviewing the effectiveness of the system of internal control include the following: -

Process	**Role and Conclusions**
Board	- The Board leads the organisation throughout the year with regular reporting on finance and clinical performance. It receives minutes of committees, with concerns and issues escalated by the Committee Chairs. In March 2013 the Board refreshed again the terms of references for Board Committees to ensure that the Trust's system of internal control reflects the current needs of the organisation and to ensure that appropriate reporting and decision making mechanisms are in place.
Audit, Risk and Assurance Committee	- The Committee provides scrutiny of internal controls, including the review and challenge of the Board Assurance Framework and Corporate Risk.
Internal audits	- On the effectiveness of systems of internal control. Audit findings are presented to the Audit, Risk and Assurance Committee and the Board through the Audit, Risk and Assurance Committee minutes.
Clinical audits	- Clinical Audit is a key component of clinical governance and is aims to promote patient safety, patient experience and to effectiveness of care provided to patients. The Trust is compliant with the Trust Clinical Audit plan. The NICE lead is responsible for actively disseminating and monitoring NICE compliance. Trust wide compliance of 96-100% has been attained throughout this year.
Other Committees	- All board committees have a clear timetable of meetings and a clear reporting structure to allow issues to be raised. Terms of reference for each Board Committee are refreshed each year to ensure ongoing effectiveness and to ensure that an appropriate level of delegation and reference back to the Board is in place.
Assurance Framework	- Provides assurance that the effectiveness of the controls to manage the risks to the organisation in achieving its principal objectives has been reviewed. An internal audit in March 2013 provided substantial assurance to the risk management process of the Trust and the Assurance Framework has been commended by the Audit, Risk and Assurance Committee and external and internal auditors.

Self-assessment declaration against CQC standards	-	The Trust has self assessed compliance with the CQC regulations. There have moderate concerns with compliance with the CQC regulations for which is it registered, but action plans are in place to address moderate and minor concerns. External NHSLA Risk Management Standards (Acute) – level 2 (November 2012) External CNST Risk Management Standards (Maternity) – level 2
Quarterly reporting to Monitor	-	Declarations are considered by the Executive Committee and Finance and Investment Committee and thereafter approved by the Board on a quarterly basis prior to submission to Monitor.

The Trust will continue to review all risks and where necessary will take approach actions to either reduce or eliminate these. Actions taken will be monitored through the appropriate committees of the Board, and where necessary the Chair of the committee will escalate concerns to Board.

14.8 Conclusion

I have not identified any material weaknesses in our systems for internal control as part of my review. My review confirms that Great Western Hospitals NHS Foundation Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

Signed

Nerissa Vaughan
Chief Executive

23 May 2013

15 GLOSSARY OF TERMS

BARS – Blood Audit and Release System	NICE – National Institute for Health and Clinical Excellence
CETV - Cash Equivalent Transfer Value	NHLSA – National Health Service Litigation Authority
Clostridium Difficile – Bacteria naturally present in the gut	NPSA – National Patient Safety Agency
CQC – Care Quality Commission	PCT – Primary care Trust
CQUIN – Commissioning for Quality and Innovation Payment	PEAT – Patient Environment Action Team
CUSUM – Cumulative Sum Control Chart	PSQC – Patient Safety and Quality Committee
EDS – Electronic Discharge Summary	PURAT – Pressure Ulcer Risk Assessment Tool
EPF – Employee Partnership Forum	RCA – Root Cause Analysis
GWH – Great Western Hospitals	SAFE – Stratification and Avoidance of Falls in the Environment
HCAIs – Healthcare Associated Infections	SHA – Strategic Health Authority
HSMR – Hospital Standardised Mortality Rate	SWICC – South West Intermediate Care Centre
JACIE – Joint Accreditation Committee	TVNS – Tissue Viability Nurse Specialist
MRSA – Methicillin- resistant Staphylococcus Aureus, which is a common skin bacterium that is resistant to a range of antibiotics	VAP - Ventilated Acquired Pneumonia
MUST – Malnutrition Universal Screening Tool	VTE - Venous Thromboprophylaxis (Blood clot)
NEDs – Non Executive Directors	WCHS – Wiltshire Community Health Service
	WHO – World Health Authority

16 FOREWORD TO THE ACCOUNTS

16.1 Foreword to the accounts for the year ending 31 March 2013

These accounts for the period ended 31st March 2013 have been prepared by Great Western Hospitals NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 of the National Service Act 2006 in the form than Monitor, the Independent Regulator of NHS Foundation Trusts, with the approval of the Treasury, has directed.

Great Western Hospitals NHS Foundation Trust
Accounts for the year ended 31 March 2013

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2013

	Notes	Year Ended 31 March 2013 £000	Year end 31 March 2012 £000
Operating Income from continued operations	3 - 4	**302,962**	290,475
Operating Expenses of continued operations	5	**(275,766)**	(275,274)
Operating surplus		**27,196**	15,201
Finance Costs			
Finance income	10	**313**	333
Finance expense - financial liabilities	11	**(15,088)**	(13,834)
Finance expense - unwinding of discount on provisions		**(40)**	(44)
Public Dividend Capital Dividends payable		**(1,415)**	(1,120)
Net finance costs		**(16,230)**	(14,665)
SURPLUS FOR THE YEAR		**10,966**	536
Other comprehensive income			
Revaluation		1,933	0
Profit/Loss on Asset Disposal		**0**	(22)
Total comprehensive income for the year		**12,899**	514
Note:			
Surplus for the year		10,966	536
Less net impairment gain charged to Operating Income		(7,294)	0
Surplus prior to the technical accounting adjustment		3,672	536

All income and expenditure is derived from continuing operations.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2013

	Notes	31 March 2013 £000	31 March 2012 £000
Non-Current Assets			
Intangible assets	13	**1,347**	1,162
Property, Plant and Equipment	14	**185,952**	179,122
Total non-current assets		**187,299**	180,284
Current Assets			
Inventories	16	**5,362**	4,839
Trade and other receivables	17	**17,277**	13,577
Cash and cash equivalents	19	**10,718**	14,482
Total current assets		**33,357**	32,898
Current Liabilities			
Trade and Other Payables	20	**(25,942)**	(22,970)
Borrowings	22	**(5,001)**	(4,533)
Provisions	23	**(565)**	(565)
Tax Payable	21.1	**(1,672)**	(1,788)
Other liabilities	21	**(1,248)**	(1,425)
Total current liabilities		**(34,428)**	(31,281)
Total assets less current liabilities		**186,228**	181,901
Non-Current Liabilities			
Trade and Other Payables	20	**0**	(412)
Borrowings	22.2	**(123,101)**	(128,133)
Provisions	23	**(1,672)**	(4,686)
Other Liabilities	21	**(1,702)**	(1,816)
Total non-current liabilities		**(126,475)**	(135,047)
Total assets employed		**59,753**	46,854
Financed by Taxpayers' Equity			
Public dividend capital		**27,511**	27,111
Revaluation reserve		**20,462**	18,529
Income and expenditure reserve		**11,780**	1,214
Total taxpayers' equity		**59,753**	46,854

Signed..... Date..23.5.13

Nerissa Vaughan
Chief Executive

The notes on pages 163 to 192 form part of the financial statements

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

	Public Dividend Capital	Revaluation Reserve - Tangible assets	Income and Expenditure Reserve	**Total**
	£000	£000	£000	**£000**
Taxpayers' Equity at 1 April 2011	**27,111**	**18,551**	**678**	**46,340**
Surplus/(deficit) for the year	0	0	536	536
Transfers in respect of assets disposed of	0	(22)	0	(22)
Taxpayers' Equity at 31 March 2012	**27,111**	**18,529**	**1,214**	**46,854**
Surplus/(deficit) for the year	0	0	10,966	10,966
Revaluation gains/(losses) and impairment losses property, plant and equipment	0	1,933	0	1,933
Transfer between reserves	400	0	(400)	0
Public Dividend Capital received	0	0	0	0
Taxpayers' Equity at 31 March 2013	**27,511**	**20,462**	**11,780**	**59,753**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2013

	Notes	Year Ended 31 March 2013 £000	Year Ended 31 March 2012 £000
Cash flows from operating activities			
Operating surplus from continuing operations		**27,196**	15,201
Depreciation and amortisation		**7,780**	7,872
Reversals of impairments		**(7,294)**	0
(Gain)/Loss on disposal		**(330)**	73
Amortisation of PFI credit		**0**	114
Dividends accrued and not received or paid		**267**	(116)
Increase in inventories		**(523)**	(1,019)
(Increase) in trade and other receivables		**(3,700)**	(5,242)
Increase in trade and other payables		**2,444**	5,195
Increase / (decrease) in other liabilities		**(177)**	295
Increase / (decrease) in provisions		**(3,014)**	406
NET CASH GENERATED FROM OPERATIONS		**22,649**	22,778
Cash flows from investing activities			
Interest received		**313**	333
Purchase of Property, Plant and Equipment		**(6,870)**	(3,408)
Sales of Property Plant and Equipment		**330**	0
Net cash used in investing activities		**(6,227)**	(3,075)
Cash flows from financing activities			
Capital element of Private Finance Initiative Obligations		**(4,064)**	(1,425)
Interest paid		**(58)**	(57)
Interest element of Finance Leases		**(37)**	(39)
Interest element of Private Finance Initiative Obligations		**(14,993)**	(13,738)
PDC dividends paid		**(1,034)**	(1,185)
Net cash generated (used in) financing activities		**(20,186)**	(16,444)
Increase/(decrease) in cash and cash equivalents		**(3,764)**	3,259
Cash and cash equivalents at 1 April 2012		**14,482**	11,223
Cash and cash equivalents at 31 March 2013	19	**10,718**	14,482

ACCOUNTING POLICIES

1 Basis of Preparation

Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the FT ARM 2012/13 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual 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 in relation to the accounts.

1.1 Accounting Convention

These accounts have been prepared under the historical cost convention, on a going concern basis modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.1 Subsidiaries

Subsidiary entities are those over which the Trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

Until 31st March 2013, NHS Charitable Funds considered to be subsidiaries are excluded from consolidation in accordance with the accounting direction issued by Monitor.

1.2 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.

Income relating to patient care spells that are part-completed at the year end are apportioned across the financial years on the basis of length of stay at the end of the reporting period compared to expected total length of stay.

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.

Where income is received for a specific activity which is to be delivered in the following financial year, that income is deferred.

1.3 Expenditure on Employee Benefits

1.3.1 Short term Employee Benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from the 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 the employees are permitted to carry forward leave into the following period.

ACCOUNTING POLICIES (continued)

1.3.2 Pension Costs

NHS Pension Scheme

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 direction of the Secretary of State, in England and Wales. It is not possible for the Trust to identify its share of the underlying scheme liabilities. Therefore the scheme is accounted for as a defined contribution scheme.
Employers pension cost contributions are charged to the operating expenses as and when they become due.

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

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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Local Government Superannuation Scheme

Some employees are members of the Local Government Superannuation Scheme which is a defined benefit pension scheme. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations.

1.4 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.

1.5 Property, plant and equipment

1.5.1 Recognition

Property, plant and equipment is capitalised where:

- they are held for use in delivering services or for administrative 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
- the cost of the item can be measured reliably
- individually have a cost of at least £5,000; or
- form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, 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.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

ACCOUNTING POLICIES (continued)

1.5.2 Measurement

Valuation

All property, plant and equipment 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 management. All assets are measured subsequently at fair value.

Land and Property assets are valued every 5 years with a 3 yearly interim valuation also carried out. Annual impairment reviews are carried out in other years. The 3 and 5 yearly interim revaluations are carried out by a professionally qualified valuer in accordance with the Royal Chartered Institute of Surveyors (RICS) Appraisal and Valuation Manual. The valuations are carried out on the basis of a Modern Equivalent Asset as required by HM Treasury. The annual reviews are carried out using the most appropriate information available at the date of the review. A revaluation was carried out on 31 March 2013. This was a full revaluation.

Equipment assets values are reviewed annually internally to determine the remaining life based on past and forecasted consumption of the economic useful life of the asset.

Property used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period.

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 Trust 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 classified as 'Held for Sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Leasehold properties are depreciated over the primary lease term.

Equipment is capitalised at current cost and depreciated evenly over the estimated lives of the asset.

	Years
Medical equipment and engineering plant and equipment	5 to 15
Furniture	10
Information technology equipment	5
Transport	6

ACCOUNTING POLICIES (continued)

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 been previously recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the FT ARM, impairments that are due to a loss of economic benefit 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 charges to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a loss of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is 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.

De-recognition

Assets intended for disposal are reclassified as 'Held for Sale' once all the following criteria are met:

- the asset is available for immediate sale in its present condition subject only 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 in within 12 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. 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.

ACCOUNTING POLICIES (continued)

1.6 Donated, government grant and other grant funded 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 property, plant and equipment.

1.7 Private Finance Initiative (PFI) Transactions

PFI Transactions that meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the Trust. The underlying assets are recognised as property, plant and equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17.

The annual contractual payments are apportioned between the repayment of the liability, a finance cost and the charges for services.

The service charge is recognised in operating expenses and the finance cost is charged to the Statement of Comprehensive Income.

1.7.1 Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

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.

ACCOUNTING POLICIES (continued)

1.8.2 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 the hardware e.g. application software is capitalised as an intangible asset.

1.8.3 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 operating 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'.

1.8.4 Valuation and economic useful lives

The valuation basis is described in note 1.5 to the accounts. There is no active market for the Trust's intangible assets and there is no revaluation reserve.

PFI Intangible Assets are depreciated over the life of the PFI Contract.

Economic useful lives of intangible assets are finite and amortisation is charged on a straight line basis:

	Minimum useful life Years	Maximum useful life Years
Software	5	5
Licences and trademarks	5	12

1.9 Revenue Grants and other Grants

Government grants are grants from Government Bodies other than income from Primary Care Trusts or NHS Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. Pharmacy stocks are valued at average cost, other inventories are valued on a first-in first-out basis. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods and services in intermediate stages of production.

ACCOUNTING POLICIES (continued)

1.11 Financial instruments and financial liabilities

1.11.1 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.

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.

1.11.2 Classification

Financial assets are classified as fair value through income and expenditure, loans and receivables. Financial liabilities are classified as fair value through income and expenditure, or as other financial liabilities.

Financial assets and financial liabilities at 'fair value through the income and expenditure' are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short term. Derivatives are also categorised as held for trading unless they are designated as hedges. Assets and liabilities in this category are classified as current assets and current liabilities.

These financial assets and financial liabilities are recognised initially at fair value, with transaction costs expensed in the income and expenditure account. Subsequent movements in the fair value are recognised as gains and losses in the Statement of Comprehensive Income.

1.11.3 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets. The Trust's loans and receivables comprise current investments, cash and cash equivalents, NHS debtors, accrued income and other debtors.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial assets 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 method and credited to the Statement of Comprehensive Income.

1.11.4 Other financial liabilities

All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to Finance Costs. Interest on financial liabilities taken out to finance property, plant and equipment or to intangible assets is not capitalised as part of the cost of those assets.

1.11.5 Determination of Fair Value

For Financial assets and financial liabilities carried at fair value, the carrying amounts are determined from current market prices.

ACCOUNTING POLICIES (continued)

1.11.6 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 recognised 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.

1.11.7 Accounting for derivative financial instruments

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through income and expenditure. They are held at fair value, with any subsequent movement recognised as gains or losses in the Statement of Comprehensive Income.

1.12 Trade receivables

Trade receivables are recognised and carried at original invoice amount less provision for impairment. A provision for impairment of trade receivables is established when there is objective evidence that the Trust will not be able to collect all amounts due according to the original terms of receivables. The amount of the provision is recognised in the Statement of Comprehensive Income.

1.13 Deferred income

Deferred income represents grant monies and other income received where the expenditure has not occurred in the current financial year. The deferred income is included in current liabilities unless the expenditure, in the opinion of management, will take place more than 12 months after the reporting date, which are classified in non-current liabilities.

1.14 Borrowings

The Trust can borrow within the limits set by Monitor's Prudential Borrowing Code. The Trust's position against its prudential borrowing limit is disclosed in note 22.1 on Page 28. The PFI non-current lease liability counts as part of the Trust's Prudential Borrowing Limit.

1.15 Leases

1.15.1 Finance Leases

Where substantially all of the risks and rewards of ownership of a lease 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 minimum value of the 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.

1.15.2 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 received are added to the lease rentals and charged to operating expenses over the life of the lease.

1.15.3 Lease 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.

ACCOUNTING POLICIES (continued)

1.16 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using discount rates published and mandated by HM Treasury.

1.16.1 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 in note 23 on page 29 but is not recognised in the Trust's accounts.

1.16.2 Non-Clinical Risk Pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 25 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public Dividend Capital

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 (including lottery funded assets), and (ii) net cash balances with the Government Banking Services (GBS), excluding any cash balances held in GBS accounts that relates to a short term working capital facility and (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 accounts.

ACCOUNTING POLICIES (continued)

1.19 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of non-current assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation Tax

The Trust does not have a corporation tax liability for the year 2012/13. Tax may be payable on activities as described below:

- the activity is not related to the provision of core healthcare as defined under Section 14(1) of the HSCA. Private healthcare falls under this legislation and is therefore not taxable.
- the activity is commercial in nature and competes with the private sector. In house trading activities are normally ancillary to the core healthcare objectives and are therefore not subject to tax.
- the activity must have annual profits of over £50,000.

1.21 Foreign exchange

The functional and presentational currencies of the Trust is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the date of the transaction. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Statement of Comprehensive Income in the period in which they arise.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.23 Losses and Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

ACCOUNTING POLICIES (continued)

1.24 Critical Accounting Estimates and Judgements

International accounting standard IAS1 requires estimates, assumptions and judgements to be continually evaluated and to be based on historical experience and other factors including expectation of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The purpose of the evaluation is to consider whether there may be a significant risk of causing a material adjustment to the carrying value of assets and liabilities within the next financial year, compared to the carrying value in these accounts. The following significant assumptions and areas of estimation and judgement have been considered in preparing these financial statements.

Value of land, buildings and dwellings £166m, 2011-12 (£159m): This is the most significant estimate in the accounts and is based on the professional judgement of the Trust's independent valuer with extensive knowledge of the physical estate and market factors. The value does not take into account potential future changes in market value which cannot be predicted with any certainty.

Income for an inpatient stay can start to be recognised from the day of admission, but cannot be precisely calculated until after the patient is discharged. For patients occupying a bed at the 2012/13 financial year end, the estimated value of partially completed spells is £1,370k (2011-12 £1,284k)

Untaken annual leave: salary costs include an estimate for the annual leave earned but not taken by employees at 31 March 2013, to the extent that staff are permitted to carry up to 5 days leave forward to the next financial year. For 2012-13 this was £534k (2011-12 £645k).

Provisions: Assumptions around the timing of the cash flows relating to provisions are based upon information from the NHS Pensions Agency and expert opinion within the Trust and from external advisers regarding when legal issues may be settled.

1.25 New Accounting Standards

Accounting standards that have been issued but have not yet been adopted

The following accounting standards, amendments and interpretations have been issued by the IASB and IFRIC but are not yet required to be adopted:

Effective for the next financial year ending 31 March 2014	**Effective Date**
IFRS 10 Consolidated Financial Statements	2013/14
IFRS 11 Joint Arrangements	2013/14
IFRS 12 Disclosure of Interests in Other Entities	2013/14
IAS 12 Income Taxes Amendment	2013/14
IFRS 13 Fair Value Measurement	2013/14
IAS 1 Presentation of Financial Statements on other Comprehensive Income	2013/14
IAS 27 Separate Financial Statements	2013/14
IAS 28 Associates and Joint Ventures	2013/14
IAS 19 (Revised 2011) Employee Benefits	2013/14
IAS 32 Financial Instruments Presentation -amendment	2013/14
IFRS 7 Financial Instruments:Disclosures - amendment	2013/14

The Trust has considered the above new standards, interpretations and amendments to published standards that are not yet effective and concluded that they are either not relevant to the Trust or that they would not have a significant impact on the Trust's financial statements, apart from some additional disclosures.

The Trust has not early adopted any new accounting standards, amendments or interpretations.

2. Segmental Analysis

The Trust's Board has determined that the Trust operates in two material segments which is Great Western Hospitals and Wiltshire Community Health Services. This is reflected in the Trusts' Contracts.

2012-13

	GWH	WCHS	Total
Operating Income	**£'000**	**£'000**	**£'000**
NHS Clinical Income	193,523	72,924	266,447
Private Patients	2,871	0	2,871
Other Non Mandatory/Non Protected Revenue	3,341	323	3,664
Research & Development Income	713	0	713
Education and Training Income	7,046	35	7,080
Misc Other Operating Income	11,074	3,817	14,891
Non Operating Income	7,295	0	7,295
Total Income	**225,863**	**77,100**	**302,962**

2011-12

	GWH	WCHS	Total
Operating Income	**£'000**	**£'000**	**£'000**
NHS Clinical Income	185,747	75,860	261,607
Private Patients	3,797		3,797
Other Non Mandatory/Non Protected Revenue	3,079	512	3,591
Research & Development Income	700	(44)	656
Education and Training Income	6,839	16	6,855
Misc Other Operating Income	9,615	4,354	13,969
Total Income	**209,777**	**80,699**	**290,475**

3. Income from Activities (by Type)

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
NHS Foundation Trusts	**316**	324
NHS Trusts	**386**	448
Primary Care Trusts	**264,351**	259,332
Local Authorities	**1,394**	1,503
Private Patients	**2,804**	3,797
Non-NHS: Overseas patients (non-reciprocal)	**206**	320
NHS Injury Cost Recovery scheme	**993**	1,565
	270,450	267,289

NHS Injury Cost Recovery scheme income is shown gross and is subject to a provision for doubtful debts of 12.6% (2011/12 10.5%) to reflect expected rates of collection.

3.1 Income from Activities (by Class)

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
Elective income	**37,027**	39,919
Non elective income	**74,768**	73,366
Outpatient income	**40,414**	38,643
A & E income	**7,495**	7,783
Other NHS clinical income	**45,207**	38,189
Community contract income	**62,735**	65,593
Private patient income	**2,804**	3,797
	270,450	267,289

3.2 Private Patient Income

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012.
The disclosure previously produced on Private Patient Income is therefore no longer required.

4. Other Operating Income	**Year ended 31 March 2013 £000**	Year ended 31 March 2012 £000
Research and Development	**713**	656
Education and Training	**7,080**	6,855
Charitable and other contributions to expenditure	**1,088**	805
Non-patient care services to other bodies	**2,385**	2,448
Staff recharges	**1,871**	2,065
Other Income	**11,751**	10,357
Profit on disposal of land and buildings	**330**	0
Reversal of impairments on land and buildings	**7,294**	0
	32,512	23,186
Analysis of Other Operating Income		
Charitable and Other Contributions to Expenditure		
Macmillan Nurses	114	108
Prospect Hospice	14	98
Contributions from suppliers to support staff posts	876	584
Charitable Funds Recharge	84	15
Total	1,088	805
Non-patient care services to other bodies		
Mortuary	136	31
Renal	375	381
Sterile Services	235	377
Drugs provided to other NHS bodies	678	587
Bowel Screening Programme	198	223
Other Misc amounts	763	849
Total	2,385	2,448
Other Income includes		
Car Parking (Staff & Patients)	1,282	1,090
Estates recharges	1,974	1,548
IT recharges	16	47
Pharmacy sales	5	6
Clinical Excellence Awards	177	177
Catering	134	232
Property Rentals	2,611	2,655
Payroll & Procurement Services	326	214
Occupational Health Service	131	168
Dietetics	35	77
Ultrasound Photo Sales	14	51
Heart Improvement Programme	1,076	942
Transport services	287	282
Other	3,683	2,867
Total	11,751	10,356

The increase in Mortuary Income relates to additional charges for services provided to HMRC Coroners

The increase in Payroll & Procurement services relates to the provision of these services to NHS Swindon, NHS Wiltshire and Royal National Hospital for Rheumatic Diseases, NHS B&NES and SEQOL.

The decrease in Catering relates to changes in services provided through the Wiltshire Community Health Services contract.

The increase on Other includes Backlog Maintenance funding (£509k) for Wiltshire Community Assets and Services provided to SEQOL (£420k).

5. Operating Expenses

	Year Ended 31 March 2013 £000	Year ended 31 March 2012 £000
Services from Foundation Trusts	**937**	1,575
Services from other NHS Trusts	**10,002**	10,001
Services from PCTs	**873**	1,705
Services from other NHS bodies	**0**	13
Purchase of healthcare from non NHS bodies	**801**	133
Employee Expenses - Executive Directors	**798**	855
Employee Expenses - Non-Executive Directors	**124**	126
Employee Expenses - Staff	**173,880**	171,129
Drug Costs	**17,853**	17,811
Supplies and services - clinical	**24,808**	22,377
Supplies and services - general	**2,477**	2,604
Consultancy services	**341**	259
Establishment	**4,203**	4,442
Research and development	**713**	656
Transport	**179**	337
Premises	**7,544**	5,288
Increase / (decrease) in bad debt provision	**301**	541
Rentals Under operating Leases	**2,821**	5,599
Depreciation on property, plant and equipment	**7,453**	7,620
Amortisation on intangible assets	**327**	252
Loss on disposal of property, plant and equipment	**0**	73
Audit services (Statutory audit)	**73**	63
Audit services (Other Assurance Services)	**61**	13
Clinical negligence	**5,492**	5,723
Patient travel	**1,580**	1,509
Car parking and security	**116**	177
Insurance	**158**	187
Hospitality	**71**	68
Legal Fees	**516**	854
Training courses and conferences	**811**	596
Other Services	**10,474**	12,682
Losses, ex gratia & special payments	**(21)**	7
	275,766	275,274

Staff Exit Packages

The Trust has not agreed any staff exit packages in 2012/13 (31 March 2012: £nil).

Limitation on auditor's liability

The limitation on the auditor's liability is £1,000,000

Services Provided by Foundation Trusts

The decrease in Services provided by Foundation Trust's includes payments that have been reclassified to Supplies and Services Clinical. These include Southampton University Hospital NHSFT (Supplies & Services Clinical - £275k).

Purchase of Healthcare from Non NHS Bodies

The increase in Healthcare purchased from NHS Bodies relates to services provided by SEQOL, the Social Enterprise formed from Swindon PCT in October 2012, which had previously been classifed as services provided by PCT's

Services Provided by PCTs

The decrease in Services provided by PCTs includes payments to Wiltshire PCT for accommodation for Wiltshire Community Services (Rents £1,322k)

Employee Expenses - Staff

Employee Costs have increased as a result of the costs of treating additional patients over the Winter period. The increase in activity resulted in the need to staff additional beds over the period November 2012 to March 2013.

Supplies & Services Clinical

The increase in Supplies & Services Clinical include the reclassification of services from Foundation Trusts and NHS Trusts (£275k) and the additional costs of activity over the Winter period.

Premises and Rentals under Operating Leases

The reduction in Premises costs relates and the reduction in Rentals under Operating Leases relates to the reclassification of leases for Wiltshire Community Assets.

Other Services

Other Services - includes cleaning, catering, portering, housekeeping and estates services.

There is a reduction in Other services which relates to the release of Section 106 Provision of £2.9m following the end of the agreement on 31/12/12

6. Operating leases - as Lessee

	Year Ended 31 March 2013	Year ended 31 March 2012
	£000	£000
Minimum lease payments	**2,821**	5,599
	2,821	5,599

Total future minimum lease payments

	Year Ended 31 March 2013	Year Ended 31 March 2012
Payable:	**£000**	£000
Not later than one year	**653**	4,203
Between one and five years	**1,129**	4,371
After 5 years	**244**	52
Total	**2,026**	8,626

The reduction in Operating Lease Rentals relates to the reclassification of leases for Wiltshire Community Assets in 2012-13.These rental agreements will cease for those assets transferred to the Trust on 1 April 2013.

7. Employee costs and numbers

7.1 Employee Expenses

	Year Ended 31 March 2013			Year Ended 31 March 2012		
	Total	**Permanently Employed**	**Other incl agency**	Total	Permanently Employed	Other incl agency
	£000	**£000**	**£000**	£000	£000	£000
Salaries and wages	**146,694**	**139,765**	**6,929**	144,146	140,338	3,808
Social security costs	**10,991**	**10,991**	**0**	10,810	10,810	0
Pension costs - defined contribution plans						
Employers contributions to NHS pensions	**16,993**	**16,993**	**0**	17,028	17,028	0
	174,678	**167,749**	**6,929**	171,984	168,176	3,808

7.2 Average number of employees

	Year Ended 31 March 2013			Year ended 31 March 2012		
	Total	**Permanently Employed**	**Other incl agency**	Total	Permanently Employed	Other incl agency
	Number	**Number**	**Number**	Number	Number	Number
Medical and dental	**488**	**471**	**17**	473	464	9
Administration and estates	**1,210**	**1,193**	**17**	1,216	1,181	35
Healthcare assistants and other support staff	**896**	**895**	**1**	901	900	1
Nursing, midwifery and health visiting staff	**1,878**	**1,788**	**90**	1,892	1,797	95
Nursing, midwifery and health visiting learners	**7**	**7**	**0**	5	5	0
Scientific, therapeutic and technical staff	**703**	**698**	**5**	680	667	13
	5,181	**5,052**	**129**	5,168	5,014	154

7.3 Key Management Compensation

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
Salaries and short term benefits	**696**	785
Social Security Costs	**79**	81
Employer contributions to NHSPA	**79**	82
	854	948

Key management compensation consists entirely of the emoluments of the Board of Directors of the NHS Foundation Trust. Full details of Directors' remuneration and interests are set out in the Directors' Remuneration Report which is a part of the annual report and accounts.
There are currently five Directors to whom pension benefits are accruing under defined benefit schemes.

7.4 Highest Paid Director

Executive Name & Title Salary	**Total remuneration**	
	2012/13	**2011/12**
Dr A F Troughton, Medical Director	£184,726	£194,218

The above remuneration is on an annualised basis and is that of the highest paid director. This includes salary, performance related pay, severance payments and benefits in kind where applicable but excludes employer pension contributions. The Medical Director's remuneration is lower than in 2011/12 as he was Acting Chief Executive for the period May to September 2011.

7.5 Multiple Statement

	2012/13	**2011/12**	**% change**
Highest paid director's total remuneration	£184,726	£194,218	-4.9%
Median total remuneration	£27,625	£28,702	-3.8%
Ratio	6.69	6.77	-1.2%

All NHS Foundation Trusts are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisations workforce. The median total remuneration above is the total remuneration of the staff member lying in the middle of the linear distribution of staff employed in the Trust, excluding the highest paid director. This is based on an annualised full time total staff equivalent remuneration as at the reporting period date. The small movement in the above ratio of -1.2% is due to a increase in staff numbers at the lower pay bands.

8. Retirements due to ill-health

During the year to 31 March 2013 there were 8 early retirements from the Trust agreed on the grounds of ill-health (31 March 2012 - 5 early retirements). The estimated additional pension liabilities of these ill-health retirements will be £453,923 (31 March 2012 - £368,490). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

9. Better Payment Practice Code

9.1 Better Payment Practice Code - measure of compliance

	Year Ended 31 March 2013		Year ended 31 March 2012	
	Number	**£000**	Number	£000
Total trade bills paid in the year	**54,747**	**126,652**	41,617	77,899
Total trade bills paid within target	**40,109**	**106,760**	35,101	67,917
Percentage of trade bills paid within target	**73.26%**	**84.29%**	84.34%	87.19%
Total NHS bills paid in the year	**2,837**	**33,841**	2,078	25,585
Total NHS bills paid within target	**2,371**	**28,710**	1,038	12,426
Percentage of NHS bills paid within target	**83.57%**	**84.84%**	49.95%	48.57%

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

9.2 The Late Payment of Commercial Debts (Interest) Act 1998

The Trust was charged £253 in the year for late payment of commercial debts (31 March 2012 £558).

10. Finance Income

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
Interest on bank accounts	**313**	333
	313	333

11. Finance Expense

	Year Ended 31 March 2013	Year Ended 31 March 2012
	£000	£000
Working Capital Facility Fee	**58**	56
Interest on late payment of commercial debt	**0**	1
Interest on obligations under Finance leases	**37**	39
Interest on obligations under PFI	**14,993**	13,738
	15,088	13,834

12. Intangible Assets

12.1 2012/13	Computer software - purchased	Licences and trademarks	Total
	£000	£000	£000
Gross cost at 1 April 2012	1,140	1,329	2,469
Additions purchased	512	0	512
Gross cost at 31 March 2013	**1,652**	**1,329**	**2,981**
Amortisation at 1 April 2012	213	1,094	1,307
Provided during the year	216	111	327
Amortisation at 31 March 2013	**429**	**1,205**	**1,634**
Net book value			
Purchased	1,223	124	1,347
Total at 31 March 2013	**1,223**	**124**	**1,347**

12.2 2011/12:	Computer software - purchased	Licences and trademarks	Total
	£000	£000	£000
Gross cost at 1 April 2011	896	1,329	2,225
Additions purchased	244	0	244
Gross cost at 31 March 2012	**1,140**	**1,329**	**2,469**
Amortisation at 1 April 2011	72	983	1,055
Provided during the year	141	111	252
Amortisation at 31 March 2012	**213**	**1,094**	**1,307**
Net book value			
Purchased	927	235	1,162
Total at 31 March 2012	**927**	**235**	**1,162**

Reclassification relates to transfer of assets from tangible assets.

13. Property, plant and equipment

13.1 2012/13:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 2012	21,049	154,004	5,206	6,704	31,882	58	11,939	3,000	233,842
Additions Purchased	0	588	0	1,341	1,110	0	1,996	21	5,056
Reversal of Impairments	(249)	2,182	0	0	0	0	0	0	1,933
Reclassifications	0	1,711	0	(2,944)	1,191	0	34	8	0
Gross cost at 31 March 2013	**20,800**	**158,485**	**5,206**	**5,101**	**34,183**	**58**	**13,969**	**3,029**	**240,831**
Depreciation at 1 April 2012	0	21,077	443	0	22,568	58	8,601	1,973	54,720
Provided during the year	0	4,139	135	0	2,058	0	827	294	7,453
Reversal of impairments	0	(7,294)	0	0	0	0	0	0	(7,294)
Depreciation at 31 March 2013	**0**	**17,922**	**578**	**0**	**24,626**	**58**	**9,428**	**2,267**	**54,879**
Net book value									
- Purchased at 31 March 2013	20,800	140,563	4,628	5,101	9,394	0	4,541	762	185,789
- Donated at 31 March 2013	0	0	0	0	163	0	0	0	163
Total at 31 March 2013	**20,800**	**140,563**	**4,628**	**5,101**	**9,557**	**0**	**4,541**	**762**	**185,952**
Analysis of property, plant and equipment									
Net book value									
- Protected assets at 31 March 2013	20,800	140,563	4,628	0	0	0	0	0	165,991
- Unprotected assets at 31 March 2013	0	0	0	5,101	9,557	0	4,541	762	19,961
Total at 31 March 2013	**20,800**	**140,563**	**4,628**	**5,101**	**9,557**	**0**	**4,541**	**762**	**185,952**
Asset Financing									
Net book value									
- Owned	20,800	1,756	0	5,101	9,557	0	4,541	762	42,517
- Finance Leased	0	138,807	4,628	0	0	0	0	0	143,435
Total at 31 March 2013	**20,800**	**140,563**	**4,628**	**5,101**	**9,557**	**0**	**4,541**	**762**	**185,952**

Reclassification Relates to Capitalisation of Assets under Construction

13. Property, plant and equipment

13.2 Prior year 2011/12:	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant and Machinery	Transport Equipment	Information Technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 Dec 2011	21,049	153,375	5,206	5,299	30,999	58	11,180	2,952	230,118
Additions Purchased	0	629	0	1,405	956	0	759	48	3,797
Disposals other than by sale	0	0	0	0	(73)	0	0	0	(73)
Gross cost at 31 March 2012	**21,049**	**154,004**	**5,206**	**6,704**	**31,882**	**58**	**11,939**	**3,000**	**233,842**
Depreciation at 1 Dec 2011	0	16,561	308	0	21,011	58	7,475	1,687	47,100
Provided during the year	0	4,516	135	0	1,557	0	1,126	286	7,620
Depreciation at 31 March 2012	**0**	**21,077**	**443**	**0**	**22,568**	**58**	**8,601**	**1,973**	**54,720**
Net book value									
- Purchased at 31 March 2012	21,049	132,927	4,763	6,704	8,915	0	3,338	1,017	178,713
- Donated at 31 March 2012	0	0	0	0	399	0	0	10	409
Total at 31 March 2012	**21,049**	**132,927**	**4,763**	**6,704**	**9,314**	**0**	**3,338**	**1,027**	**179,122**
Analysis of property, plant and equipment									
Net book value									
- Protected assets at 31 March 2012	21,049	132,927	4,763	0	0	0	0	0	158,739
- Unprotected assets at 31 March 2012	0	0	0	6,704	9,314	0	3,338	1,027	20,383
Total at 31 March 2012	**21,049**	**132,927**	**4,763**	**6,704**	**9,314**	**0**	**3,338**	**1,027**	**179,122**
Asset Financing									
Net book value									
- Owned	21,049	1,810	0	6,704	9,314	0	3,338	1,027	43,242
- Finance Leased	0	131,117	4,763	0	0	0	0	0	135,880
Total at 31 March 2012	**21,049**	**132,927**	**4,763**	**6,704**	**9,314**	**0**	**3,338**	**1,027**	**179,122**

13. Property, plant and equipment (cont.)

13.3 Revaluation

The Trust has revalued land, buildings and dwellings as at 31st March 2013 in accordance with Note 1.5.2. This has resulted in an increase in the value of buildings and dwellings and a small decrease in land value. The overall impact is an increase in land, buildings and dwellings of £9,227k which reverses the impairment charged to the accounts in 2009/10 (£7,294) with the remaining balance charged to Revaluation Reserve (£1,933k). All other assets are valued at depreciated replacement cost with no indexation in year due to the current economic climate.

13.4. Non-current assets held for sale

The Trust has no non-current assets held for sale (31 March 2012: £nil).

14. Capital commitments

There are no commitments under capital expenditure contracts at the end of the period (31st March 2012: £nil), not otherwise included in these financial statements.

15. Inventories

15.1 Inventories	**31 March 2013 £000**	31 March 2012 £000
Materials	**5,362**	4,839
	5,362	4,839

Inventories carried at fair value less costs to sell where such value is lower than cost are nil (31 March 2012 - £nil).

15.2 Inventories recognised in expenses	**31 March 2013 £000**	31 March 2012 £000
Inventories recognised as an expense	**(44,268)**	(42,500)
Write-down of inventories recognised as an expense	**0**	0
	(44,268)	(42,500)

16. Trade and other receivables (All Receivables are Current)

	31 March 2013 £000	31 March 2012 £000
NHS receivables	**5,321**	2,455
Other receivables with related parties	**2,501**	1,018
Provision for impaired receivables	**(1,241)**	(940)
Prepayments	**2,414**	1,023
Lifecycle prepayment	**3,086**	3,426
Accrued Income	**2,979**	3,170
Other receivables	**2,217**	3,310
PDC receivable	**0**	114
	17,277	13,577

17.1 Provision for impairment of receivables

	31 March 2013 £000	31 March 2012 £000
Balance at 1 April	**940**	399
Increase in provision	**301**	541
Balance at 31 March	**1,241**	940

17.2 Analysis of Impaired Receivables

	31 March 2013 £'000	31 March 2012 £'000
Ageing of impaired receivables		
0-30 days	**32**	40
30-60 days	**12**	12
60-90 days	**12**	75
90-180 days	**192**	386
over 180 days	**993**	427
	1,241	940
Ageing of non-impaired receivables past their due date		
0-30 days	**1,639**	1,752
30-60 days	**1,468**	625
60-90 days	**204**	458
90-180 days	**301**	237
over 180 days	**2,218**	2,417
	5,830	5,489

The increase in Impaired Receivables relates to NHS Injury Cost Recovery scheme which is subject to a provision for doubtful debts of 12.6% (2011/12 10.5%) to reflect expected rates of collection

18. Cash and cash equivalents	**31 March 2013 £000**	31 March 2012 £000
Balance at 1 April	**14,482**	11,223
Net change in year	**(3,764)**	3,259
Balance at 31 March	**10,718**	14,482
Made up of		
Cash with Government Banking Service	**10,710**	14,473
Commercial banks and cash in hand	**8**	9
Cash and cash equivalents as in statement of financial position	**10,718**	14,482
Bank overdraft - Government Banking Service	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in statement of cash flows	**10,718**	14,482

19. Trade and other payables	**Current**		**Non-Current**	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
NHS payables	**3,498**	2,947	**0**	0
Trade payables - capital	**2,101**	1,350	**0**	0
Other trade payables	**7,374**	3,631	**0**	288
Other payables	**6,411**	8,798	**0**	0
Accruals	**6,558**	5,030	**0**	0
Receipts in advance	**0**	3,002	**0**	124
	25,942	24,758	**0**	412

Other payables include outstanding pension contributions of £2,241,362. (31 March 2012: £2,053,755).

The increase in NHS Payables as at 31 March 2013 is due to an outstanding amount of £1,882k to RUH Bath at year end.

The increase in accruals as at 31 March 2013 is due to accrued invoices for IM&T relating to the Systems C contract of £932k

The increase in other trade payables relates to a higher level of spend in the final few months of the year, which was approved for payment in the last two weeks of the financial year.

The Reduction in Receipts in advance is because a contractual payment relating to PFI was not received in advance as in 2011/12.

20. Other liabilities	**Current**		**Non-current**	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
Deferred income	**1,248**	1,425	**1,702**	1,816
	1,248	1,425	**1,702**	1,816

21. Tax Payable

Tax payable of £1,672,068 (31 March 2012: £1,788,001) consists of employment taxation only (Pay As You Earn), owed to Her Majesty's Revenue and Customs at the period end.

22. Borrowings

22.1 Prudential borrowing limit

	31 March 2013	31 March 2012
	£000	£000
Prudential borrowing limit set by Monitor	**131,400**	133,100
Working capital facility	**18,000**	14,000
Actual borrowing in year - long term	**128,102**	132,166
Actual borrowing in year - working capital	**0**	0

The Trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements:

- the maximum cumulative amount of long term borrowing. This is set by reference to the four ratios test set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.

- the amount of any working capital facility approved by Monitor. The Trust had an increase in Working Capital Facility from £14m to £18m Approved by Monitor in November 2012.

Further information on the NHS Foundation Trust Prudential Borrowing Code and Compliance Framework can be found on the website of Monitor, the Independent Regulator of NHS Foundation Trusts.

There has been no necessity to use its overdraft facility. The actual long term borrowing relates to the Trust's PFI Lease Liability and Finance Leases. These are both within this limit.

22.2 PFI lease obligations

Amounts payable under PFI on SoFP obligations:	**31 March 2013**	31 March 2012
	£000	£000
Gross PFI liabilities	247,480	262,969
Of which liabilities are due		
Within one year	15,672	15,489
Between one and five years	52,197	52,263
After five years	179,611	195,217
Less future finance charges	(119,875)	(130,934)
	127,605	132,035
Net PFI liabilities		
Of which liabilities are due		
Within one year	4,894	4,430
Between one and five years	11,688	10,762
After five years	111,023	116,843
	127,605	132,035
Included in:		
Current borrowings	4,893	4,430
Non-current borrowings	122,712	127,605
	127,605	132,035

22.3 Finance lease obligations

Amounts payable under Finance lease obligations:	**31 March 2013**	31 March 2012
	£000	£000
Gross Finance lease liabilities	595	767
Of which liabilities are due		
Within one year	139	139
Between one and five years	456	506
After five years	0	122
Less future finance charges	(98)	(137)
	497	631
Net Finance lease liabilities		
Of which liabilities are due		
Within one year	108	103
Between one and five years	389	447
After five years	0	81
	497	631
Included in:		
Current borrowings	108	103
Non-current borrowings	389	528
	497	631

22.4 Charges to expenditure

The total charged in the year to expenditure in respect of the service element of On-Statement of Financial Position PFI contracts was £11,265k (£11,352k 2011/12)

The Trust is committed to the following annual charges

	31 March 2013	31 March 2012
PFI commitments in respect of service element:	**£000**	£000
Not later than one year	**11,874**	12,327
Later than one year, not later than five years	**48,494**	50,428
Later than five years	**172,162**	195,212
Total	**232,530**	257,967
PFI commitments present value in respect of service element:		
Not later than one year	**11,472**	11,387
Later than one year, not later than five years	**42,979**	42,798
Later than five years	**115,741**	131,983
Sub total	**170,192**	186,168

The estimated annual payments in future years are expected to be materially different from those which the Trust is committed to make during the next year as the service payment is increased annually in accordance with the increase in the Retail Price Index (RPI).

23. Provisions

	Current		**Non current**	
	31 March 2013	31 March 2012	**31 March 2013**	31 March 2012
	£000	£000	**£000**	£000
Pensions relating to other staff	**124**	119	**1,191**	1,292
Legal claims	**277**	100	**0**	0
Other	**164**	346	**481**	3,394
	565	565	**1,672**	4,686

	Pensions relating to other staff	**Legal claims**	**Other**	**Total**
	£000	**£000**	**£000**	**£000**
At 1 April 2012	1,411	100	3,740	**5,251**
Arising during the year	0	0	0	**0**
Used during the year	0	0	0	**0**
Reversed unused	(121)	(53)	(3,110)	**(3,284)**
Unwinding of discount	25	0	15	**40**
At 31 March 2013	**1,315**	**47**	**645**	**2,007**
Expected timing of cash flows:				
Within one year	124	277	164	**565**
Between one and five years	445	0	113	**558**
After five years	746	0	368	**1,114**
	1,315	277	645	**2,237**

The provision under 'legal claims' relates to outstanding Employment Tribunal Claims £277,000 (31 March 2012: £100,000). The provisions under 'other' includes Injury Benefit Provision £515,000 (31 March 2012:£519,000).

Provisions within the annual accounts of the NHS Litigation Authority at 31 March 2013 include £32,843,481 in respect of clinical negligence liabilities of the Trust (31 March 2012 - £31,653,683).

The Trust has not made a provision under the Carbon Emissions Scheme as the Trust is not required to be registered in 2012/13 as the properties managed by the Trust are below the threshold. This is not anticipated to change in 2013/14.

24. Events after the reporting period

The Trust will take on the Community Assets that were owned by Wiltshire PCT and for which the Trust is the majority user from 1 April 2013.

The Assets are as follows Category	Net Book Value at 31/3/13 £'000	Revaluation Reserve at 31/3/13 £'000
Land	15,033	4,348
Buildings (incl dwellings)	23,887	8,172
Furniture & Fittings	193	7
IT	491	0
Plant & Machinery	456	3
Total	40,060	12,530

Effect on Financial Statements	**£'000**
Statement of Financial Position	
Non Current Assets	40,060
Current Lease Liability	(112)
Non Current Lease Liability	(4,662)
Increase in Total Assets Employed	35,285
Revaluation Reserve	12,530
Income & Expenditure Reserve	22,755
Increase in Total Taxpayers Equity	35,285

In the 2013-14 financial statements the transaction will be accounted for using the absorption accounting requirements outlined in the ARM.

25. Contingencies

There are no contingent assets and liabilities for the period ended 31 March 2013

26. Related party transactions

Great Western Hospitals NHS Foundation Trust is a body incorporated by the issue of a licence of authorisation from Monitor.

The Trust is under the common control of the Board of Directors. 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 Great Western Hospitals NHS Foundation Trust.

It should be noted that a Non- Executive Director, Cllr Kevin Small (till 31/10/12) is also a Councillor for Swindon Borough Council with whom the Trust has had material transactions relating mainly to Section 75 income (£1,308k) and our Pooled Budget (£975k)

The Department of Health is regarded as a related party. During 2012/13 the Trust has had a significant number of material transactions with other entities for which the Department is regarded as the Parent Department. These entities are listed below.

	Receivables **£000**	Payables **£000**	Revenue **£000**	Expenditure **£000**
NHS South West	8	6	6,397	9
NHS Swindon	2,930	448	117,786	237
NHS Wiltshire	615	407	113,908	2,980
NHS Bath & North East Somerset	29	0	7,334	109
NHS Berkshire	0	0	7,250	0
NHS Bristol	327	0	7,402	0
NHS Gloucester	2	1	7,048	83
Royal United Hospital NHS Trust	157	1,882	1,087	9,255
NHS Litigation Authority	0	0	0	5,623
NHS Pension Scheme	0	2,239	0	16,993
Total	4,068	4,983	268,212	35,289

The Trust has also received revenue payments from a number of charitable funds, certain of the Trustees for which are also members of the Trust Board. The audited accounts of these Funds held on Trust are not included in this annual report and accounts and will be audited and published at a later date. A copy of these will be available on the Trusts' internet site.

27. Private Finance Initiative contracts

27.1 PFI schemes on-Statement of Financial Position

The Trust has 3 PFI schemes which are deemed to be on-Statement of Financial Position at the period end. These are the Main Hospital and Brunel Treatment Centre (treated as one agreement), Downsview Residences and the agreement in place with Systems C.

Great Western Hospital

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Great Western Hospital, which was completed in November 2002, for subsequent occupation and use by the Trust. The Trust pays the operator company a quarterly availability fee for the occupation of the hospital and a quarterly service fee for the services provided by the operator such as portering and catering. In October 2003 the Trust entered into a variation of the original agreement for the construction of the Brunel Treatment Centre which is an extension to the original hospital. The construction of the Treatment Centre has resulted in increased availability and service charges, however, the main terms of the contract including the termination date remain unchanged. Subsequently, in September 2006, the Trust entered into a refinancing agreement which resulted in a reduction in the annual availability payment again with no change to the contract term. The amount of the availability payment is determined annually and increased based on a combination of the annual increase in the Retail Price Index (RPI) and a fixed percentage increase of 2.5%. The operator is obliged to maintain the buildings and replace lifecycle elements of the buildings where necessary. At the end of the contract term the hospital buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the hospital buildings are treated as an asset under property, plant and equipment with the resultant liability being treated as a finance lease under IAS 17.

Downsview Residences

The contract commenced on 5 October 1999 for a period of 30 years until 4 October 2029. In terms of the contract the operator company was obliged to build the Downsview staff residences on the Hospital site for the provision of housing to hospital staff. At commencement of the contract the Trust made a capital contribution of £649k towards the construction cost of the building. The residences are managed by the operator company who rent the accommodation units to, primarily, Trust staff. The Trust does not pay the operator company an availability fee, however, a monthly service fee is paid for the servicing of the units which is based on usage. The operator is responsible for maintaining the buildings over the contract term. At the end of the contract term the accommodation buildings revert back to the Trust for Nil consideration. The nature of the contract meets the criteria for treatment as a service concession under IFRIC 12. Accordingly the residences are recognised as an asset under property, plant and equipment. The cost of the building less the capital contribution has been accounted for as deferred income and is released to income equally over the entire contract term.

System C

The Trust has a PFI contract in respect of the Integrated Clinical Information System which meets the criteria for recognition as a service concession agreement as envisaged under IFRIC 12 and has, accordingly, been treated as on statement of financial position. The contract is dated 27 May 2002 with an effective date of 13 November 2001. The contract is for 12 years and is due to expire on 12 November 2013. The contract has been extended to November 2020 and has been varied to include a system refresh and removal of network and telephony elements. The contract is for the supply of computer hardware and software together with the provision of ongoing support and system management services.

28 Financial instruments and related disclosures

The key risks that the Trust has identified relating to its financial instruments are as follows:-

28.1 Financial risk

The continuing service provider relationship that the Trust has with Primary Care Trusts (PCTs), and Clinical Commissioning Groups (CCGs) in their shadow form, and the way they are financed has not exposed the Trust to the degree of financial risk faced by business entities. The scheme of transfer to newly formed CCGs and NHS England ensures continuation of the current arrangements and does not increase the risk to the Trust. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Finance & Investment Committee.

28.2 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 rate fluctuations.

28.3 Credit risk

The majority of the Trust's income comes from contracts with other public sector bodies, resulting in a low exposure to credit risk. The maximum exposures as at 31 March 2013 are in receivables from customers, as disclosed in note 17 to the accounts. The Trust mitigates its exposure to credit risk through regular review of debtor balances and by calculating a bad debt provision at the period end.

The following shows the age of such financial assets that are past due and for which no provision for bad or doubtful debts has been raised:

	31 March 2013	31 March 2012
	£000	£000
By up to three months	**1,672**	2,835
By three to six months	**301**	237
By more than six months	**2,218**	2,417
	4,191	5,489

The Trust has not raised bad or doubtful debt provisions against these amounts as they are considered to be recoverable based on previous trading history.

28.4 Liquidity risk

The NHS Trust's net operating costs are incurred under annual service agreements with local PCTs, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks. It should also be noted that the Trust has a Working Capital Facility of £18 million available within its terms of authorisation as an NHS Foundation Trust which reduces its liquidity risk still further.

28.5 Fair Values of Financial Instruments

All the financial assets and all the financial liabilities of the Trust are measured at fair value on recognition and subsequently at amortised cost.

The following table is a comparison by category of the carrying amounts and the fair values of the Trust's financial assets and financial liabilities at 31 March 2013 and 31 March 2012.

	Carrying Value 31 March 2013 £000	**Fair Value 31 March 2013 £000**	Carrying Value 31 March 2012 £000	Fair Value 31 March 2012 £000
Current financial assets				
Cash and cash equivalents	**10,718**	**10,718**	14,482	14,482
Loans and receivables:				
Trade and receivables	**11,777**	**11,777**	7,540	7,540
	22,495	**22,495**	22,022	22,022
Non-current financial assets				
Loans and receivables:				
Trade and receivables	**0**	**0**	0	0
Total financial assets	**22,495**	**22,495**	22,022	22,022
Current financial liabilities				
Financial liabilities measured at amortised cost:				
Obligations under PFI	**4,893**	**4,893**	4,430	4,430
Obligations under Finance Leases	**108**	**108**	103	103
Trade and other payables	**22,006**	**22,006**	22,917	22,917
Provisions under contract				
	27,007	**27,007**	27,450	27,450
Non-current financial liabilities				
Financial liabilities measured at amortised cost:				
Obligations under PFI	**122,712**	**122,712**	127,605	127,605
Obligations under Finance Leases	**389**	**389**	528	528
Provisions under contract	**0**	**0**	2,900	2,900
	123,101	**123,101**	131,033	131,033
Total financial liabilities	**150,108**	**150,108**	158,483	158,483
Net financial assets	**(127,613)**	**(127,613)**	(136,461)	(136,461)

The fair value on all these financial assets and financial liabilities approximate to their carrying value.

The following table reconciles the financial assets and financial liabilities that fall within the scope of IAS 39 to the relevant on-Statement of Financial Position amounts. Cash and cash equivalents and finance lease liabilities fall wholly within the scope of IAS 39.

	Current		**Non-current**	
	31 March 2013 £000	31 March 2012 £000	**31 March 2013 £000**	31 March 2012 £000
Trade and other receivables:	**0**	1,474	**0**	0
Non-financial assets	**0**	114	**0**	0
Prepayments	**5,500**	4,450	**0**	0
	5,500	6,038	**0**	0
Trade and other payables:				
Taxes payable	**3,924**	3,430	**0**	0
Non-financial liabilities	**0**	0	**0**	0
	3,924	3,430	**0**	0
Provisions:				
Financial liabilities	**0**	206	**0**	0
Provisions under legislation	**153**	144	**1,670**	1,783
	153	350	**1,670**	1,783

The provisions under legislation are for personal injury pensions £515,218 (31 March 2012: £519,266) and early retirement pensions £1,308,137 (31 March 2012: £1,411,343). These liabilities are not contracted, but are defined by legislation and are owed to the NHS Pensions Agency.

29. Third Party Assets

The Trust held £8,399 cash at bank and in hand at 31 March 2013 (31 March 2012: £8,617) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash at bank and in hand figure reported in the accounts.

30. Losses and Special Payments

There were 144 cases of losses and special payments totalling £58,995.64 approved in the year. (2011/12 - 1,017 cases totalling £47,744)

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment or loss for the individual case exceeded £100,000. (2011/12 - nil cases).

Losses and special payments are compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

31. Pooled Budget - Integrated Community Equipment Service

	31 March 2013	31 March 2012
Income:	**£000**	**£000**
Swindon Borough Council	540	517
Paediatrics	38	29
NHS Swindon	244	238
Great Western Hospitals NHS Foundation Trust	153	153
Total Income	**975**	**936**
Expenditure	975	936
Total Surplus/(Deficit)	**0**	**0**

The above disclosure is based on month 12 management accounts provided by Swindon Borough
It should be noted that these figures are un-audited.

Great Western Hospitals NHS
NHS Foundation Trust

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