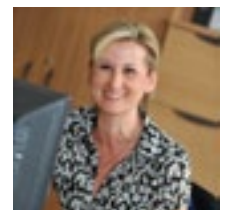
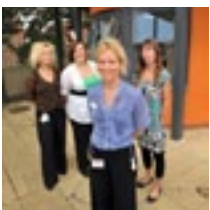




Annual Report 2011/12

Financial and Quality Accounts



Contents

Introduction - (pages 4-11)

- 4 Message from The Chairman and Chief Executive
- 6 About our Trust
- 7 Our services
- 10 Our Trust

Achieving our strategic goals - (pages 13-33)

- 13 We will always provide an excellent patient experience
- 19 Our services will always be safe and effective
- 25 Working in partnership to improve integration
- 29 Our organisation will be efficient, inclusive and sustainable

Information and performance - (pages 34-42)

- 34 Looking after our staff
- 38 Improving our performance
- 40 Our Trust in the natural environment

Quality Account - (pages 43-82)

- 43 2011/12 priorities revisited
- 48 Review of 2011/12
- 56 Clinical effectiveness
- 65 Looking forward to 2012/13
- 65 Our ambition to sustain high quality care
- 68 Quality account priorities for 2012/13
- 71 Technical Section
- 77 Responses to QA
- 80 Statements

Financial Accounts - (pages 83-115)

- 83 Summary Financial Statements
- 96 Statements
- 98 Operating and Financial Review (OFR)
- 105 Remuneration Report
- 109 Audit Committee Annual Report 2011/12
- 111 Details of Directors
- 114 Glossary of terms used in the Annual Report



Worcester Cathedral and the River Severn, Worcester

Message from The Chairman and The Chief Executive

This is the first Annual Report for Worcestershire Health and Care NHS Trust since its creation in July 2011 following the integration of local community and mental health services.

Our Trust manages the vast majority of services that were previously provided by both Worcestershire Primary Care NHS Trust and Worcestershire Mental Health Partnership NHS Trust. Combining these services has given us new opportunities to improve integration and partnership working which are central to our new Trust objectives, and which will improve care for the future.

Our main priority this year has been to remain focused on the quality and safety of care we provide to our patients while this transition has taken place. We have set ourselves very high targets around our quality indicators to ensure that we establish ourselves as an organisation that delivers care to a consistently high standard.

We were delighted to receive some really positive reports by the Care Quality Commission (CQC) and Worcestershire Local Involvement Network (LINK) following unannounced visits to our services this year. This suggests that we are going a long way to achieving those ambitions.

The NHS Annual Staff Survey showed some very encouraging results. It was particularly

pleasing to see that staff felt they were supported by regular appraisals and that there were opportunities for career progression within the organisation. However, we are a learning organisation and the survey has helped to highlight certain areas where we can improve, such as introducing more robust reporting procedures around errors or near misses, as well as improving the way we communicate with our staff at all levels of the organisation. We are committed to making improvements in time for the next staff survey, and we hope to be able to report on the success of the measures we take in next year's report.

Our successes in this first year have not been delivered in isolation. Partnership working has been vital in being able to provide effective, integrated care. We have continued to work closely with patients and carers, other local health providers, health commissioners, Worcestershire County Council and other local authorities and the voluntary sector. Our regular dialogue with key stakeholders has also influenced the decisions we have made this past year, and this involvement is something we plan to continue as we move forward.

You may be aware that the Health and Social Care Act has now passed into law. The Act gives NHS provider trusts like ours operational independence to determine how best to meet the needs of our local commissioners. In order to make the most of these freedoms, we are in the process of becoming an NHS

Foundation Trust. This will ensure we are a sustainable NHS organisation and will allow us to remain a provider of excellent community and mental health services to Worcestershire patients well into the future. It will also mean we will have the freedom to design services according to what our emerging clinical commissioning groups (CCGs) want, while being able to deliver continuous improvement in quality.

The organisational change has made a challenging financial year all the more difficult. The current national economic climate requires us to make continual savings, but we remain committed to protecting our frontline services. It was particularly important that we achieved all our financial targets in our first year, and we are pleased to report that these have all been met. This has been due to the hard work and continued support of staff who have been responsible for realising the cost savings as part of our Cost Improvement Programme (CIP), and who must be congratulated on achieving these targets during a year of such radical organisational change.

We now need to look ahead and plan to meet the financial challenges over the next few years. We know that we will once again be asked as an NHS Trust to deliver efficiency savings and a strategic approach is already in place to respond to this challenge.

We would like to place on record our thanks to all staff for the outstanding work they

do and for their continued commitment especially during a year which has involved a great deal of change for so many. There are undoubtedly going to be many challenges that lie ahead, some of which will be unexpected, but our main focus will continue to be our patients and on driving up the standards and quality of care we provide.

We confirm that to the best of our knowledge the information in this document is accurate.



A handwritten signature in black ink that reads "C. Burdon".

Chris Burdon
Chairman



A handwritten signature in black ink that reads "Sarah Dugan".

Sarah Dugan
Chief Executive



Arrow Valley, Redditch

About our Trust

Worcestershire Health and Care NHS Trust was established on 1 July 2011 in response to the Department of Health's 'Transforming Community Services' initiative.

The Trust manages the vast majority of the services which were previously managed by Worcestershire Primary Care NHS Trust's Provider Arm, as well as the mental health services that were managed by Worcestershire Mental Health Partnership NHS Trust which sought dissolution as part of the process.

Community and mental health services are provided to a population of approximately 560,000 across Worcestershire's 500 square miles, covering the city of Worcester together

with the towns of Bewdley, Bromsgrove, Droitwich, Evesham, Kidderminster, Malvern, Pershore, Redditch, Stourport, Tenbury Wells and Upton on Severn.

The Trust works closely with the Midlands and East Strategic Health Authority, the West Mercia Cluster of Primary Care Trusts, Worcestershire Acute Hospitals NHS Trust, Worcestershire County Council and a number of other statutory and non-statutory organisations.



Load Street, Bewdley



Almonry Museum, Evesham



Our Services

Bringing together the range of community and mental health services previously provided by Worcestershire Primary Care NHS Trust and Worcestershire Mental Health Partnership NHS Trust has offered opportunities to improve integration and partnership working which are central to the new Trust's objectives.

The services provided by the Trust can be divided into five service delivery units (SDUs):

- *Community Care*
- *Adult Mental Health*
- *Children, Young People and Families*
- *Specialist Primary Care*
- *Learning Disabilities*

The services provided by each Service Delivery Unit are detailed on the following pages.

Community Care

Community Care provides in-patient, out-patient and community services on a locality basis to adults and older adults across Worcestershire. With five community hospitals, four older adult mental health in-patient wards, district nursing and podiatry, as well as numerous specialist services, this is the Trust's largest service delivery unit.

SOUTH WORCESTERSHIRE CLINICAL SERVICES

District Nursing
 Community Stroke
 Health trainers
 Evesham Community Hospital
 Pershore Hospital
 Malvern Community Hospital
 Tenbury Community Hospital
 Older adult mental health in-patients (Athelon Ward and Berkeley Ward)
 Primary Care Mental Health/Improving Access to Psychological Therapy (IAPT)
 Neuropsychology
 Intermediate Care
 Community matrons
 Care managers
 Nurse advisors to the elderly
 Occupational Therapy

REDDITCH AND BROMSGROVE CLINICAL SERVICES

District Nursing
 Intermediate Care
 Community matrons
 Care managers
 Nurse advisors to the elderly
 Older adult mental health in-patients (Clent Ward)
 Older Adult Mental Health
 Community Mental Health Team
 Podiatry
 Loan Equipment
 End of Life Team
 Complex Neuro Team
 Princess of Wales Community Hospital
 Expert Patient
 Occupational Therapy

WYRE FOREST CLINICAL SERVICES

District Nursing
 Intermediate Care
 Community matrons
 Care managers
 Virtual Ward
 Older Adult Mental Health
 Community Mental Health Team
 Older adult mental health in-patients (Witley Ward)
 Early Intervention (county-wide)
 IV Therapy Team (county-wide)
 Nurse advisors to the elderly
 Tissue Viability
 Occupational Therapy
 Continence Service

Adult Mental Health

The Adult Mental Health Service Delivery Unit provides mainly community and in-patient services to adults with mental health needs across Worcestershire, with community mental health services being delivered through integrated health and social care teams.

COMMUNITY SERVICES

Community Mental Health Teams

Assertive Outreach

Early Intervention

Employment and Reablement Services

Perinatal Services

Eating Disorders Service

Asperger's Team

ACUTE SERVICES

In-patient services (Clifton, Abberley, Harvington, Hill Crest Wards and Psychiatric Intensive Care Unit)

Recovery venues (Shrubbery Avenue, Cromwell House, Keith Winter Close, Spadesbourne, Tudor Lodge and Community Recovery)

Home treatment

Psychiatric liaison

OTHER SERVICES

Out of County Placements

Substance Misuse

Children, Young People and Families

The Children, Young People and Families Service Delivery Unit provides general child health and specialist mental health services to children, young people and their families across Worcestershire.

PAEDIATRIC CHILD HEALTH

Paediatrics

Safeguarding and

Looked After Children

Support to Child

Death Review process

Rapid Response

CHILDREN'S SERVICES, COMMUNITY NURSING AND THERAPIES

Children's Nursing

- Home support (Orchard Service)

Ludlow Road Respite

Speech and Language Therapies

School Health Nursing

Health Visiting

Physiotherapy

Occupational Therapy

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Locality Teams

Youth Offending Team

Integrated Service for

Looked After Children

Out of Hours / Liaison

Substance, Prevention,

Acceptance,

Confidentiality,

Education (SPACE)

SPECIAL NEEDS / DISABILITY

Child Development Centres

Child Development Team (county-wide)

Special Schools

Nursing

Specialist Primary Care

The Specialist Primary Care Service Delivery Unit provides sexual, dental, and offender health services.

SEXUAL HEALTH SERVICE

Contraception and Reproductive Healthcare
Pregnancy Advisory Service
Chlamydia Screening
Time 4U
Genito-Urinary Medicine (GUM) (North and South)
Psychosexual Counselling
Vasectomy

DENTAL SERVICE

Dental Access Centres: (Worcester, Evesham, Malvern and Kidderminster)
Community Clinics
Dental Anxiety Management
Special Care Dentistry
Specialist Paediatric (Children)
Dental Care
Geriodontics (Care of elderly patients including domiciliary care)
Dental care to the county's prison population
Oral health promotion in schools

OFFENDER HEALTH SERVICE

Primary care, mental health and substance misuse within prisons:

- HMP Hewell
- HMP Long Lartin
- HMP Oakwood

Integrated Learning Disability

The Integrated Learning Disabilities Service Delivery Unit provides adult and children's respite, out-patient and community contact activity for people with Learning Disabilities and their families, mainly for the population of Worcestershire.

NORTH WORCESTERSHIRE

Wyre Forest Community Learning Disabilities Team
Bromsgrove/Redditch Community Learning Disabilities Team
Churchview
Epilepsy/ Electroencephalography (EEG) Service

SOUTH WORCESTERSHIRE

Wychavon/Malvern Community Learning Disabilities Team
Worcester/Droitwich Community Learning Disabilities Team
Osborne Court



Before the establishment of the Trust, staff from both Worcestershire Primary Care NHS Trust and Worcestershire Mental Health Partnership NHS Trust worked with patients and stakeholders to help define what kind of organisation Worcestershire Health and Care NHS Trust would like to be. This work has continued in the new organisation and is defined through the Trust's vision, values and strategic goals which are set out below.

Our Vision

What we aspire to be

A leading organisation that works effectively in partnership with our stakeholders to deliver high quality, integrated, health and care services.

Our Values

What we believe in and how we will behave

- **Courageous** Displaying integrity, loyalty and the courage to always do what is right
- **Ambitious** Striving to innovate and to improve through effective teamwork
- **Responsive** Focusing on the needs and expectations of people using our services
- **Empowering** Empowering people to take control of their own health and wellbeing
- **Supportive** Enabling our staff to achieve their full potential and take pride in the services that they deliver.

Strategic Goals

What we want our organisation to achieve

- We will always provide an excellent patient experience (page 13)
- Our services will always be safe and effective (page 19)
- We will work in partnership to improve the integration of health and care (page 25)
- Our organisation will be efficient, inclusive and sustainable (page 29).

Corporate objectives

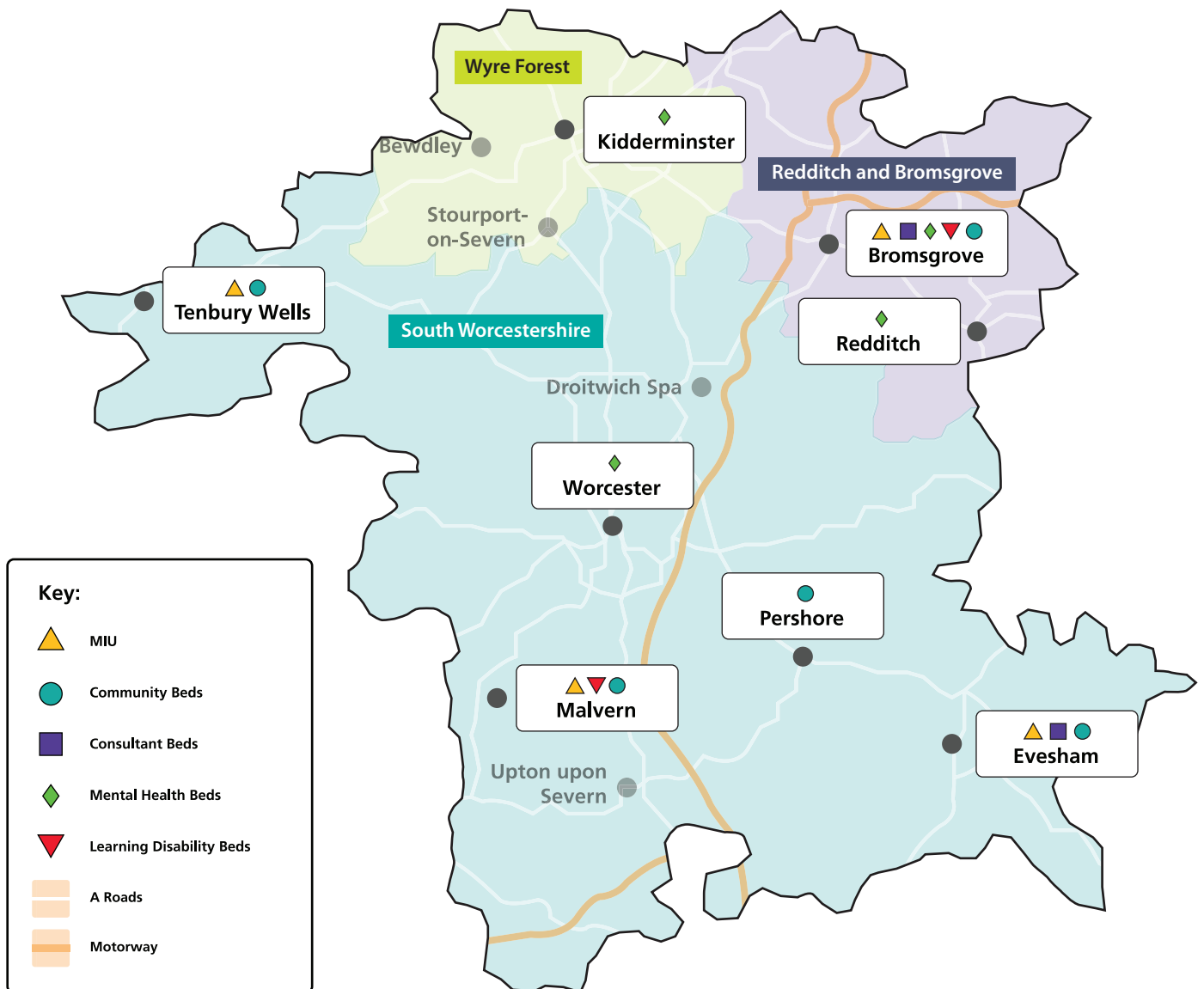
Specific corporate objectives that relate to the strategic goals

- To stimulate a revolution in the way we engage with patients
- To redesign clinical pathways
- To ensure patient safety
- To ensure seamless care through integrating services
- To strengthen leadership within our services
- To develop our workforce
- To improve our use of technology
- To develop business opportunities
- To deliver our efficiency programme
- To make effective use of our estate.

The area we serve

The Trust provides a wide range of community and mental health services across the county. Services are focused on supporting patients to live independently at home, reducing the need for patients to be admitted into hospital. Where admission is appropriate the Trust makes use of Community Treatment Hubs across the county to provide care as close to home as possible.

The diagram below shows the location of services across Worcestershire that are based within relatively large facilities. However, a significant proportion of the Trust's care is delivered through community based services delivered in the patient's home, or local facilities.





Achieving our strategic goals:

‘ We will always provide an excellent patient experience ’

The Big Recovery Pledge

As part of the mental health vision to embrace the philosophy of empowering and self-management, the Trust's Transformation and Innovation Team delivered a project called the Big Recovery.

The aim of the Big Recovery is to ensure recovery-orientated practice becomes embedded in the Trust's everyday work, across all of its services.

Groups of patients, carers and staff have developed a pledge that has been shared with every mental health service to show patients, carers and clients what they should expect so that they can hold the Trust to account for the support and treatment it delivers.

Local Involvement Network (LINK) visits

Over the course of the year Worcestershire Local Involvement Network (LINK) carried out a number of unannounced 'enter and view' visits to review the Trust's services.

Members of LINK visited six mental health wards and all of the community hospitals over the course of a few months, focusing on a number of different areas.

Overall their reports were overwhelmingly positive with many areas of good practice highlighted, and only a small number of recommendations being made.

Community Mental Health Survey 2011

The Community Mental Health Survey is an annual survey sent to a sample of service users aged 16 and over who had been in contact with NHS mental health services in the three month period between July and September 2011, and who were receiving specialist care or treatment for a mental health condition.

The results of the survey will help the Trust to improve its performance. The Care Quality Commission, which is responsible for checking that the Trust meets government standards, will also use the results to inform patients and the public of the quality of the Trust's services, as well as to monitor ongoing compliance against the essential standards of quality and safety.

The latest data available to the Trust suggests that the response rate for Worcestershire is much greater than the national average response rate. Following the publishing of the results in the summer, the Trust will take any necessary steps to further improve local mental health services.



Link Nurseries, Powick

Refurbishment work at Tenbury Community Hospital

Refurbishment work at Tenbury Community Hospital was completed in November 2011 following investment by NHS Worcestershire and a very generous donation by the Friends of Tenbury Community Hospital.



MP Philip Dunne and Hospital Matron, Ginny Snape

The upgraded facilities as part of the £1.4 million project include:

- The addition of a ward extension to increase the bed capacity from 17 to 19 with one extra bed in each ward
- Installation of an air cooling and ventilation system
- Provision of additional bathrooms and en-suite facilities
- Creation of a dining area
- New staff bases within the ward areas allowing nursing and therapy staff to be more visible to patients.

The new development was officially opened in December 2011 by the Chairman of the League of Friends, Reverend Stephen Thomas, and has since been visited by the MP for Ludlow Philip Dunne. Preparation of the site is complete and building work is already underway with the project due to be completed by March 2013.

Brook Haven development

The Trust reached an important milestone in modernising mental health services in 2011 when the Board gave the 'green light' for a major new facility to be built at the Princess of Wales Community Hospital (POWCH) in Bromsgrove.

The proposed £6.9 million development, which is part of the former Worcestershire Mental Health Partnership NHS Trust's Strategic Modernisation Programme, will see Brook Haven at POWCH being substantially extended and refurbished to create a thirty bed specialist in-patient unit for people with both organic (such as dementia) and functional (such as depression) disorders.

Services from Witley Ward in the Robertson Centre at Kidderminster and from Clent Ward at POWCH will transfer to the new facility, which will be able to use the beds flexibly to accommodate changes in demand for mental health services.

Building work is already underway with the project due to be completed by summer 2013.



NHS Staff Survey

Every year the NHS undertakes a survey of staff opinion across all trusts. The response rate for staff at Worcestershire Health and Care NHS Trust was 63%. This is a good response rate, placing the Trust in the highest 20% of similar trusts in England.

The results of the NHS Staff Survey provide the Executive Team with valuable information concerning staff feedback and issues, which in turn help to shape the organisation's actions and priorities for the year.

Some of the areas where the Trust scored well:

- 84% of staff have had an appraisal or review in the last year
- 96% of staff believed the Trust provides equal opportunities for career development or promotion
- The number of staff witnessing potentially harmful errors, near misses or incidents was below the national average
- The number of staff experiencing physical violence from patients, relatives or the public was below the national average
- Overall staff satisfaction was either equal to or above the national average.

Some of the areas where the Trust needs to improve or develop:

- The Trust needs to focus on encouraging staff reporting all errors, near misses or incidents
- The Trust needs to ensure all staff are aware of the support services available through Occupational Health and the Counselling Service
- Whilst the number of staff receiving an appraisal or review is high, the Trust needs to improve the quality and usefulness of these appraisals and reviews
- The Trust needs to encourage clear communication of key messages throughout the organisation including staff being aware of organisational structures, strategic vision and values.

The NHS Staff Survey aims to improve the working lives of staff and ultimately improves patient care. The Trust therefore is committed to ensuring necessary action is undertaken to address the areas where it needs to improve, and a working group, including senior representatives from across the organisation, has been established to carry these actions forward.

Child and Adolescent Mental Health Service (CAMHS)



A lot of work has taken place throughout the year to reduce waiting times for children and young people who require a specialist Child and Adolescent Mental Health Service.

Some transformation work with the CAMHS teams, including a wide range of pathway re-design, helped the Trust to make some significant improvements in waiting times. Now 100% of children and young people are seen within national target time of 18 weeks.

Plans continue to be developed to ensure this performance is sustained on a long-term basis.



Listening to our patients

The Trust aims to conform at all times with the Parliamentary and Health Service Ombudsman's 'Principles for Remedy', which defines good practice in dealing with complaints and patient relation enquiries. Specifically it ensures that the Trust is:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement.

Compliments

The Trust received 1,386 compliments in 2011/12 (including compliments received for Worcestershire Mental Health Partnership NHS Trust and Worcestershire Primary Care NHS Trust's Provider Services between 1 April and 30 June 2011).

These compliments came from patients, carers, and relatives who wished to express their gratitude for services received.

As a responsive public services organisation, improving patients' experiences is integral

to ensuring that the Trust meets its aims and objectives.

Compliments are, therefore, important feedback and are seen as a means of learning how things have gone well.

Compliment examples:

"You made me feel that nothing was too much trouble and that I was not inconveniencing anyone by being under foot."

"The staff are brilliant, all very approachable and willing to listen. They are always on the ward and not deskbound in the office."

"The standard of care provided by the whole of the nursing team and devotion to duty by them is exemplary. The ward was spotlessly clean, the nursing team always had time to answer questions, provide comfort to patients and visitors alike."

Complaints

The Trust received 212 complaints in 2011/12 (including those received for Worcestershire Mental Health Partnership NHS Trust and Worcestershire Primary Care NHS Trust's Provider Services between 1 April and 30 June 2011).

All complaints were acknowledged within the required two working days,

with the majority actually on the day of receipt. Replies are sent in line with Department of Health guidance, with all efforts being made to respond within 25 working days. There were occasions when there had been a delay in responding, but this had been due to the complexity of the case.

Complaints are regarded as a positive opportunity

to get direct feedback on a patient's perception of the quality of a service and, more importantly, as an opportunity for the Trust to learn how services could be improved. Recent improvements have included the way the Trust communicates with patients through signposting booklets, and making changes to policies when dealing with particular caseloads.



Advice and guidance

For those patients or members of the public who don't want to pursue a formal complaint, but would like some help in navigating the NHS system or discussing an issue they have, they can contact the Trust's Patient Relations Team.

The Patient Relations Team provides an informal and confidential service for patients and relatives to help with any questions, queries or concerns they might have about the Trust.

The Patient Relations Team handled 350 enquiries in 2011/12 (including complaints received for Worcestershire Mental Partnership NHS Trust and Worcestershire Primary Care NHS Trust's Provider Services between 1 April and 30 June 2011).



Achieving our strategic goals:

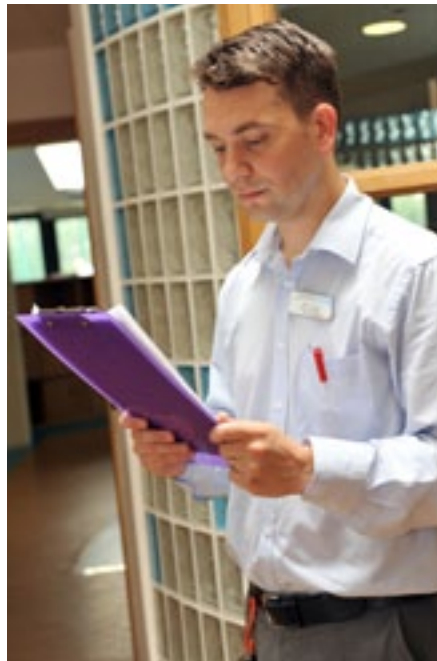
‘ Our services will always
be safe and effective ’

Clinical Strategy

One of the key early priorities for the Trust was to develop the Clinical Strategy which would outline how services could develop and be provided in the future. Significant effort and resources were allocated to giving the Trust's clinical and medical staff a real opportunity to be involved in this work with the aim of making sure that the new Trust's plans were clinically-led right from the outset.

The Clinical Strategy is an integral part of the Trust's work towards becoming a Foundation Trust and will also be used to support decision making around the direction of travel for how estates and facilities are provided and what IT systems will be required.

The Strategy itself describes the high level transformation and redesign of services that is needed to be done to achieve the goals that have been agreed, including a number of very specific initiatives that clinicians have recommended such as the development of tele-healthcare.



Adult mental health pathways

Developing mental health services has emerged as a key priority for the new emerging clinical commissioning groups (CCGs) in Worcestershire. The previous Worcestershire Mental Health Partnership NHS Trust's Strategic Modernisation Programme included plans to redesign community mental health teams (CMHTs) so that their work would focus more on a reduced caseload and a core client group with the greatest need. The Trust has taken forward this work and a three month pilot is now underway in Evesham, which seeks to review the types of additional services needed in primary care, with a view to improving the adult mental health pathway.

West Midlands Quality Review Service

In September the West Midlands Quality Review Service undertook a review of the Trust's mental health services to look at how best clinical practice had been implemented.

The reviews were undertaken by managers and clinicians from across the West Midlands and some of the Trust's staff are trained to participate in reviews in other areas - this quality assurance system is considered to be good practice nationally.

During the review the visiting team assessed documentation, visited services, and spoke to patients, clients and Trust staff. The Trust received some very encouraging feedback from the review.

Reviewers commented that staff were open, honest, thoughtful and reflective, as well as highly committed to providing good care for their service users and carers.

A full report has since been received by the Trust, and the organisation is working on plans to address some minor issues raised in the report to ensure good practice continues to be embedded in the delivery of its services.

Patient safety incidents and serious incidents

The safety of our patients is a key driver in the Trust's quality improvement work. The National Patient Safety Agency defines a patient safety incident as any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

The Trust is committed to developing a strong safety culture by openly investigating the causes of errors, and sharing the learning from them. It has introduced a proactive management system, encouraging and supporting the reporting and analysis of incidents and near misses. It has also undertaken a considerable amount of work in developing reports which give meaningful, clear data to help understand why the incident happened, and what needs to be done to do to

prevent it from happening again.

The Trust has set up a monthly Serious Incident Forum, chaired by the Director of Quality (Executive Nurse) and the Medical Director. The Forum reviews all investigations to ensure there has been a comprehensive analysis of the causes of the incident.

There is already encouraging evidence to show that this scrutiny is helping to improve both the quality of

investigations undertaken, and the implementation of the learning actions arising out of investigations.

Detailed monthly patient safety reports are submitted to the Quality and Safety Committee and Trust Board, are sent out to clinical managers as well as made available on the Trust website. The reports present anonymised data giving trend analysis and compares clinical areas in the Trust.

During 2012/13 the Trust will be bringing in extra measures to enhance cross-organisational communication and learning from incidents. It will also find ways of bench-marking itself against other trusts, for example by introducing the cluster-wide safety thermometer audits.



Looking after your information

Information governance (IG) is concerned with how the NHS handles information about patients and employees, particularly personal and sensitive information. It allows the Trust and staff to ensure that personal information is dealt with legally, securely, efficiently and effectively, in order to deliver the best possible high quality care.

IG helps the Trust to ensure that it fulfills its obligations to maintain secure, complete, accurate and up-to-date records of the care provided to patients. It also helps to inform the Trust of the actual processes and procedures it needs to have in place.



IG Assurance Framework

IG aims to support the delivery of high quality care by promoting the effective and appropriate use of information.

The IG Assurance Framework is formed by those elements of law and policy, from which applicable IG standards are derived, and the activities and roles which individually and collectively ensure that these standards are clearly defined and met. While a key focus of IG is the use of information about patients, it applies to information and information processing in its broadest sense and underpins both clinical and corporate governance.



IG Assurance Framework essentials	Does the Trust meet this requirement?
The Trust must use the NHS IG Toolkit to assess and publish details of performance. The Trust's IG Toolkit return for 2011-12 has been graded as 'satisfactory'	✓
The Trust must ensure that staff undertake appropriate IG training annually	✓
The Trust should make staff continuously aware of the existing IG policies and guidelines, the fact that they must be followed in practice, and that a breach of policy will be regarded as a disciplinary matter	✓
The Trust must publish details of serious incidents involving actual or potential loss of personal data or breach of confidentiality in annual reports and report them in line with Department of Health guidelines	✓
The Trust should ensure that IG is explicitly referenced within its statement of internal controls	✓
The Trust must have an effectively supported Board level Senior Information Risk Owner (SIRO) who should update the Board regularly on information risk issues	✓

Flu vaccinations

The Trust undertook a significant flu vaccination campaign to staff in 2011 to raise awareness of the importance of having the flu vaccine, and how it could help to protect, not only staff, but also their patients. Drop-in sessions were made widely available across the county over a number of weeks to make it as convenient as possible for eligible staff to have the vaccine, with the Executive Management Team setting an example to staff!



West Midlands Deanery Visit

It is a regulatory requirement of the General Medical Council (GMC) that the Trust is reviewed by the Medical Deanery because it supports medical speciality training programmes.

A scheduled review of medical training in the Trust was held in December, when the review team met with senior clinical leaders, trainees, and educational and clinical supervisors throughout the day.

Feedback from the review was overall very positive and it confirmed that the Trust is fit for purpose as a medical trainer.

Patient Safety Walkrounds

The Trust is committed to putting Patient Safety as one of its top priorities and to this end has signed up to the Patient Safety Campaign, which measures improvements in:

- Decreasing the death rates of patients within our hospitals
- Decreasing the rate of adverse events
- Decreasing MRSA and Clostridium Difficile infections
- Reducing pressure ulcers
- Reducing falls.

As part of improving performance against these measures the Trust has introduced Patient Safety Walkrounds, in which executive and non-executive directors meet with frontline staff to hear about what additional improvements can be made. They use the opportunity to promote patient safety as well as obtain and act on information that they gather through informal discussions.

In the short time that the walkrounds have been in place, the Trust received very positive feedback from staff, and improvements have already been introduced such as the installation of better flooring in some clinical areas.



Award for Amanda

One of the Trust's clinical leads was awarded an international nursing award in March for her great work in caring for patients. Amanda Kimpton, Clinical Services Locality Manager for Redditch and Bromsgrove, was awarded first place at the International Journal of Palliative Nursing (IJPN) awards.

The awards were held at the Honourable Artillery Company in London and recognised excellence in palliative care and innovation in service to patients. Other nominations in Amanda's category included nurses from Chile and New Zealand.

"I have not achieved this award on my own; it has taken the commitment of the whole team in order to succeed. Without their support it would not have been possible. Ultimately, we all wish to see an improvement in palliative and end of life care."

Amanda Kimpton, the Clinical Services Locality Manager



Norovirus



In February there was an outbreak of Norovirus, the winter vomiting bug, across Worcestershire which caused significant pressures on the healthcare economy. A large number of beds had to be temporarily closed at the Worcestershire Royal Hospital in Worcester and the Alexandra Hospital in Redditch due to

the risk of the illness spreading among patients and staff. This pressure affected the Trust's community hospitals and community services, which helped to manage the increased demand for services as a result of bed closures.

There were only a small number of cases within the Trust's

community hospitals, but these cases themselves were well contained and as a result only a small number of community hospital beds had to be temporarily closed.

Great credit must go to the Trust's staff who worked extremely hard during this time to contain the situation and support the healthcare economy, in particular the Infection Control Team, community hospital and intermediate care staff and on-call managers for their commitment to resolving the situation and maintaining all of the Trust's services during such a busy time.



Achieving our strategic goals:

‘ Working in partnership
to improve integration ’

Accident & Emergency (A&E) four hour wait target



The Trust has continued to assist the health economy's plans to achieve the four

hour maximum wait target for Worcestershire's two A&E departments.

Working in partnership with NHS Worcestershire, Worcestershire Acute Hospitals NHS Trust, West Midlands Ambulance Service and Worcestershire County Council, the Trust has identified ways to support effective and appropriate care in the community such as establishing additional beds in community hospitals during the peak winter period over Christmas and New Year.

Such schemes allowed the economy to temporarily increase capacity across Worcestershire, leading to fewer unnecessary hospital admissions to acute hospitals and quicker patient discharges.

Rehabilitation and stroke services

In 2010 a review of rehabilitation and stroke services across Worcestershire concluded that patient care and outcomes would be improved by changing the way that services were delivered - providing a range of services closer to home that would meet patient needs in a more suitable setting.

In 2011 plans were made to develop a range of high quality services providing health and social care capable of meeting the nursing and rehabilitation needs of patients from Worcester, Droitwich and Ombersley.

A number of new community resources were developed in partnership with NHS Worcestershire, Worcestershire

Acute Hospitals NHS Trust, and Worcestershire County Council.

Among these included Timberdine Nursing and Rehabilitation Unit (a dedicated unit which provides nursing care and rehabilitation for patients who continue to need 24 hour care and rehabilitation), the Hospital at Home Service (which offers patients who previously would

have been admitted to hospital the opportunity to receive nursing care and rehabilitation at home with the support of a carer), increased availability of step down beds (for patients who have completed rehabilitation and who are awaiting a decision about long-term care arrangements) and increased capacity for the Community Stroke Team.





Joint Service Review (JSR)

A review of some of Worcestershire's health services was launched in January following an extraordinary meeting of the Trust's Board with the Board of NHS Worcestershire and Worcestershire Acute Hospitals NHS Trust. The JSR, while focusing mainly on acute hospital services, is looking at the wider health economy, particularly pathways of care

where community and primary care services interact with acute hospitals.

The JSR is led by local clinicians who will propose a number of new options later this year for the delivery of acute services.

The Trust is represented on the main Steering Group by Chief Executive Sarah Dugan and Chairman Chris Burdon,

while the Trust's Director of Quality and Nursing Sandra Brennan and the Trust's Medical Directory Dr Bill Creaney are part of the Clinical Reference Group. Four pathway groups (Emergency Care, Elderly Care, Planned Care and Women and Children) have been established as part of the review, and the Trust also has clinical representatives on each of these.

"We are very supportive of this review being undertaken and recognise the role we can play locally in providing alternatives to people being treated in hospital settings."

Sarah Dugan, Chief Executive

Admission Prevention Team

The Trust has been working closely with all clinical commissioning groups (CCGs) to deliver effective community and mental health care.

An example of integrated work is the Admission

Prevention Team which has been established in the Wyre Forest area following closer working arrangements between Wyre Forest CCG and community healthcare staff. The Admission Prevention Team has significantly helped to

reduce the number of hospital admissions in Wyre Forest since it was introduced by increasing the availability of care in the local community.

“The Admission Prevention Team is an excellent example of how the Trust can deliver improved healthcare services in partnership with other organisations at a time when we need to make financial savings.”

Jan Austin, Clinical Services Locality Manager for Wyre Forest

Adult mental health pathways

The Trust is working collaboratively with Wyre Forest Clinical Commissioning Group to implement a new pathway for adults with mental health problems to improve the experience for all patients.

This includes increasing the availability of talking therapies in primary care and providing a mental health worker for each GP practice, supported by dedicated psychiatrist telephone support.

The voluntary sector and public health colleagues are also developing resources for GPs to provide a wider choice of support for patients who don't necessarily need specialist support from the Trust.

Osborne Court

The Care Quality Commission (CQC), which is responsible for checking that the Trust meets government standards, undertook an unannounced visit to Osborne Court in January to review the standards of care that were being provided. Osborne Court, which is provided in partnership with Worcestershire County Council, provides a respite service for children and adults with moderate to severe learning disabilities. The final CQC

report highlighted the excellent standards being delivered in terms of safe and appropriate care and the systems in place to manage potential risks.

Inspectors particularly praised Osborne Court's individualised care plans and good communication between staff and carers, whilst also noting how relaxed and at ease everyone was with staff within the respite environment.

“We expected the report to be good because we know we have a good service and we have listened to the views of people who use the service.”

Ruth Krivosic, Service Delivery Lead for Learning Disabilities



Achieving our strategic goals:

‘ Our organisation will be efficient, inclusive and sustainable ’

Foundation Trust application

In 2011 the Trust launched its application to become an NHS Foundation Trust, which, if successful, would create new opportunities to improve the way the organisation involves

people in developing and delivering services. Foundation trusts are still NHS trusts, but they are not directed by central government, meaning they can decide for themselves how best

to develop and improve local services, and have a greater freedom in how they spend public money.

The Trust is aiming for authorisation as an NHS Foundation Trust by the summer 2013.



As the organisation approaches the final stages of the Foundation Trust application process, public members will have the opportunity to stand for election as governors in the public constituency. Elected public governors will sit on the Council of Governors - together with elected staff governors and governors appointed by partner organisations - and will work alongside the Board of Directors to ensure local communities have an influence in how services are to be delivered.

Membership recruitment underway

As a Foundation Trust, local people who sign up to become members have a far greater say in how community and mental health services are run, ensuring that services are shaped around local priorities in Worcestershire.

The drive to recruit members was launched in March when the Trust held a number of drop-in sessions across its community and mental health sites. The sessions were an opportunity to raise both staff and patient awareness

of the application to become a Foundation Trust, and to encourage people to sign up and become a member.

Find out how you can sign up by visiting www.hacw.nhs.uk/ft

“We’re committed to achieving NHS Foundation Trust status as we believe it is the right thing for our organisation, our patients, service users, carers and the wider Worcestershire community.”

Sarah Dugan, Chief Executive

Cost Improvement Programme

Work continues to take place across the Trust on delivering the Cost Improvement Programme (CIP), which remains a key priority for the organisation.

A significant amount of work has taken place to ensure that the Trust delivers on all of the schemes that were identified at the beginning of the year, and this work continues as the organisation seeks to

identify further schemes which will contribute to the savings programme over the coming years.

Emergency preparedness

The Trust continues to work with local organisations to ensure that it is able to provide the best possible response to a major incident.

There is a Major Incident Plan in place which has been tested and reviewed this year and a range of other contingency plans to ensure the Trust can continue to deliver our essential services in exceptional circumstances. The Trust's plans are compliant with the requirements placed on

the organisation by the Civil Contingencies Act 2004, as well as other national guidance.

The Trust's preparedness for a potential major incident was tested in August 2011 when a fire evacuation exercise using artificial smoke took place on-site at Worcestershire Royal Hospital.

Two closed wards were used to simulate an older adult mental health ward and an acute ward, with forty volunteers

playing the role of patients and visitors. Staff worked alongside acute hospital colleagues, members of the fire and rescue service and ambulance response teams to evacuate all forty patients.

The exercise was a great success, demonstrating excellent co-operation between all parties. Lessons that were learnt from the event have since been converted into practical actions.



Exemplar employee scheme

The Trust seeks to lead by example, offering employment stepping stones to its service users. The Trust's Exemplar Employer Scheme includes opportunities for unpaid work experience, paid training placements and allocated places within the Trust Apprentice scheme. Some Trust posts have also been adjusted to contain support to work experience and formal job coaching elements. The scheme is supported through a close partnership between HR, Mental Health Vocational Services, and the managers in whose departments the placements occur.



Apprenticeship Scheme

The Trust runs an innovative and sustainable apprenticeship scheme which successfully provides an excellent training and experience program in a wide variety of services and educational frameworks. The scheme provides academic qualifications and 'on-the-job' training plus an opportunity to 'earn while you learn' through frameworks such as Business Administration, Health and Social Care, Childcare and Learning Development and IT.

The Trust recognises that a well thought out, high quality apprenticeship program is vital to delivering a future workforce that allows the organisation to continue to deliver consistently high standards of care, attracting a new generation of staff and providing opportunities for succession planning for the future. To date more than 70% of apprentices completing the scheme have secured roles within the Trust or have gone on to further university study.

"The apprenticeship training has helped boost my confidence and made me realise my goals. This is a stepping stone. I've now secured a university place at Worcester to do a diploma in nursing and I believe being an apprentice helped me an awful lot in getting my place."

Zoe, Healthcare Apprentice

Success for Natalie

In 2011 one of the Trust's many apprentices won a national award for the hard work and dedication she showed to her NHS role.

Natalie Carr, who works as a receptionist and project administrator in Kidderminster, was presented with the JHP Apprentice Achiever Award in December.

Pictured (left to right): Penny West, Workforce Transformation Manager, Natalie Carr and Sue Ratheram, Business Admin Co-ordinator



Innovation and transformation champions

The Trust strives to constantly improve the quality of its services and also to give patients better access to care, improved outcomes and a better experience.

Increasing demands on the Trust's services also means that it has to continually review how it delivers services and generate new ideas about how it could improve its ways of working.

As part of this the Trust has recruited innovation and transformation champions to get involved in helping the organisation to improve its processes and the way it delivers services.

Estates review

When the Trust was established in July 2011 it inherited more than 80 sites across Worcestershire, with a combined rental cost in excess of £2m per year and total operation property costs running into several million pounds. The estates review is concerned with looking at opportunities to make more efficient use of the combined estate and also how it could be more effectively used to support clinical service delivery.



IT strategy

In the autumn the Trust agreed to prioritise the review of its current clinical information systems and to develop an IT strategy for the future.

The strategy has now been developed, alongside a programme of work to replace the Patient Administration System (PAS) which has looked at a number of solutions to make the Trust's IT systems more resilient, more clinically relevant, and more efficient.

In March the Trust agreed to move to a new core system later in the year, with implementation planned for summer 2012.

Offender Health

In November the Trust was awarded three contracts to provide offender healthcare services at HMP Oakwood, a new Category C prison in South Staffordshire. The contract, which has been awarded by the Staffordshire Cluster of Primary Care Trusts, funds a forty-strong team which will include nurses and GP teams.

This is a significant achievement for the Trust and for the Prison Healthcare Team who have worked exceptionally hard to secure all three contracts which include primary care, mental health and substance misuse.

“We are very excited to have been awarded these contracts and the opportunity to develop new and innovative healthcare services in a brand new prison.”

Dr Bernie Gregory, Clinical Director for Prison Health

Looking after our staff

Equality and diversity

The Trust recognises that it has a commitment to ensure equality of opportunity for current and future employees, and in doing so, generates a diverse workforce which represents the local community.

People who work for the Trust are developed to ensure there is a culture of respect, dignity, understanding and fairness.

The Trust applies all policies and makes decisions equitably and fairly, irrespective of age, disability, gender, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or

belief and sexual orientation. The Trust fulfills its duty of care to staff by respecting each individual's human rights and expects all employees to treat each other in the same way as well as the patients and clients using its services.

The Trust takes effective action to deal with discrimination, victimisation or harassment and has a clear process by which staff can raise any concerns without fear.

The Trust is committed to pro-actively assessing the impact that its policies and strategic decisions have on both staff

and the local community. The Trust completes full equality analyses to enable it to identify and address any concerns prior to implementation.

The Trust has in place a Disability Equality Scheme, which provides a specific framework for how it intends to meet the needs of disabled employees.

The Trust has worked with various organisations to secure employment and work experience opportunities for disabled people across the county.



Your Health Matters

The Trust takes the health and wellbeing of all staff very seriously. As part of its focus on improving the wellbeing of staff, it has been working in conjunction with the University of Wolverhampton and the Hereford and Worcester locality board to launch a pilot programme called 'Your Health Matters' on site at the Princess of Wales Community Hospital.

'Your Health Matters' is a health and wellbeing project focusing on early intervention

and support for individuals and teams to improve their own physical and mental wellbeing.

The Trust is working in partnership with the Hereford and Worcestershire Locality Stakeholder Board and Wolverhampton University to deliver and evaluate the programme. The aim of the project is to improve the health and wellbeing of staff and ultimately, to reduce the sickness absence rate.

The pilot provides staff with information and access to services in order for them to maintain their own health and wellbeing.

Some of the services being offered to staff include; health trainer assessments, access to fast track physiotherapy, exercise classes available on-site, mood-master sessions and ensuring that healthy eating options are available in the on-site restaurant.



"It's really good that our staff, who are so dedicated to the care and wellbeing of the patients, actually have an organisation that is committed to looking after them as well."

Maria Wilday, Hospital Matron



Counselling support

Counselling support is available to any staff who need it. Staff have the opportunity to meet with someone from an independent counselling organisation via the Trust's Occupational Health Team if they want to speak in confidence to someone impartial about any concerns they have.



Sickness absence

The Trust is committed to reducing sickness related absences and work is ongoing to ensure that sickness absence is managed effectively. These measures

include the development of a new Absence Management Policy, line management skills coaching and the continued development of the staff health and wellbeing agenda.

Keeping staff informed

The Trust is committed to ensuring that staff continue to be provided with relevant and timely information so that they are aware of what is taking place across the Trust - ranging from the Trust's strategic vision and values, to developments on a day-to-day basis.

One of the outcomes from the NHS Staff Survey indicated that the provision of information to, and engagement with staff, is an area where the Trust could improve. Work is already underway to further develop staff communications. Current communication channels are listed below.

Myth buster

A 'Myth buster' is available to all staff via the Trust's intranet, where staff can anonymously post rumours they have heard and have them either confirmed, explained or dispelled.

Staff are regularly encouraged to use this as a tool for clarifying facts about any particular concerns they might have.

Executive engagement

Members of the Executive Team regularly get the chance to meet frontline staff and to engage them on current issues. Regular service visits take place with both the Chief Executive and other members of the team, giving staff the opportunity to showcase their services and raise any concerns they might have.

Comments and suggestions

As part of transforming and developing services, the Trust values input by staff from across the organisation.

To facilitate this process staff have access to a comments

and suggestions section on the Trust's intranet, which allows them to submit an idea which they believe would benefit the Trust or make things more efficient. All submissions are reviewed by the Chief Executive, and implemented if it is practical to do so.

Staff handbook

A new staff handbook has been produced and is provided to all Trust employees upon their staff induction.

The handbook is pocket-sized and informs staff of useful information and also offers discounts to services such as cycle shops and gyms. The handbook was produced at no cost to the Trust.

Staff Matters

At the end of each month all staff receive 'Staff Matters', an electronic monthly newsletter.

It is used to communicate strategic news and information, but also includes more light-hearted content such as staff reviews and competitions.

Weekly update

Every Friday a weekly update is emailed to all staff across the organisation from the Chief Executive. It is used to highlight any key developments either at local or national level, and to provide an insight into any major decisions the Trust has taken.



Improving our performance

Key to table below
Scores:
 Performing = 3
 Performance under review = 2
 Underperforming = 0

NHS Performance Framework

In developing the NHS Performance Regime the Department of Health set out its intention to implement a new national approach to assessing the performance of NHS providers. In April 2009 the Department of Health

introduced the NHS Performance Framework to provide a dynamic assessment of the performance of NHS providers against minimum standards. This Performance Framework creates a clear definition of success and generates an in-year assessment against the definition.

At the time of writing, the results from the first three

quarters of the 2011/12 year have been published and the Trust has been assessed as 'performing'. The Trust routinely monitors itself internally against the relevant indicators of the NHS Performance Framework which are reviewed monthly by the business unit leads and reported to the Trust Board via the Finance and Performance Committee.

Indicators included in the NHS Performance Framework and the Trust's performance against them to date.

Performance Indicator	Est. Q4 Value	Thresholds		Q3 Score	Est. Q4 Score
		Perform	Under		
Proportion of adults on Care Programme Approach receiving secondary mental health services in settled accommodation	63%	60%	40%	3	3
Proportion of adults on Care Programme Approach receiving secondary mental health services in employment	9.3%	10%	5%	3	2
The proportion of those patients on Care Programme Approach discharged from in-patient care who are followed up within 7 days	98.6%	95%	90%	3	3
The proportion of those on Care Programme Approach who have had a HoNOS assessment the last 12 months	80.2%	90%	75%	2	2
The proportion of those on Care Programme Approach (CPA) for at least 12 months who had a CPA review within the last 12 months	93.7%	95%	90%	3	2
The number of new cases of psychosis served by early intervention teams per year against contract plan	106.1%	95%	90%	3	3
The number of admissions to the Trust's acute wards that were gate kept by the crisis resolution home treatment teams	99%	95%	85%	3	3
The number of admissions to adult facilities of patients who are under 16 years of age	0	0	1	3	3
Delayed transfers of care to be maintained at a minimal level	10.8%	7.5%	10%	0	0
Data quality on ethnic groups	94.1%	85%	75%	3	3
Data completeness of the MHMDS that applies to the following fields for all records in each reporting period: Date of birth Patient's current gender Patient's marital status Postcode of patient's normal residence Organisation code of patient's registered General Medical Practice Organisation code of commissioner	Will be > 97%	97%	95%	3	3



Monitor compliance - targets, indicators and thresholds 2011-2012

Area	Value	Perform	Under	End of March Position
Safety	Clostridium Difficile - meeting the Clostridium Difficile objective	Quarterly	28	9
Safety	MRSA - meeting the MRSA objective	Quarterly	0	0
Patient Experience	Referral to treatment waiting times - non-admitted (in weeks) (95th Percentile)	Quarterly	18 weeks	13
Quality	A&E/MIU - Total time in A&E (in minutes) (95th percentile)	Quarterly	<= 4 hours	101
Quality	A&E/MIU - Time to initial assessment (Ambulance arrival method only - in minutes) (95th percentile)	Quarterly	<= 15 minutes	N/A
Quality	A&E/MIU - Time to treatment decision (minutes - median)	Quarterly	<= 60 minutes	15
Quality	A&E/MIU - Unplanned reattendance rate	Quarterly	<= 5%	5%
Quality	A&E/MIU - Left without being seen	Quarterly	<= 5%	0.8%
Quality	Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge	Quarterly	95%	98.8%
Quality	Care Programme Approach (CPA) patients having formal review within 12 months	Quarterly	95%	95.5%
Quality	Minimising mental health delayed transfers of care	Quarterly	<= 7.5%	6.8%
Quality	Admissions to in-patients services had access to crisis resolution home treatment teams	Quarterly	90%	97.9%
Quality	Meeting commitment to serve new psychosis cases by early intervention teams	Quarterly	95%	70 of 66
Effectiveness	Data completeness: identifiers	Quarterly	99%	99.9%
Effectiveness	Data completeness: outcomes for patients on CPA	Quarterly	50%	57.1%

Our Trust in the natural **environment**

The incentive to reduce the effect that the Trust has on the environment is stronger than ever; doing so not only helps to reduce the impact on climate change, but also saves money and improves efficiency. Staff and patients benefit too: sustainable lifestyles, with more active travel and less energy intensive diets, are healthier lifestyles.

Throughout 2011 and into 2012, the Trust has remained committed to reducing its environmental impact by:

- Increasing the amount of electricity it receives from renewable sources from 50% to 85%
- Reviewing its energy contracts for price fluctuations and identifying £150,000 worth of savings recouped from suppliers
- Convening a new Carbon Management Team to help implement projects better in the future.
- Assessing progress through the NHS Good Corporate Citizen Tool, and noted an improvement from a 22% score in October 2011 to 35% in February 2012
- Implementing the Carbon Management Programme with the Carbon Trust (see case point)
- Appointed a new Board Champion for sustainability, David Priestnall
- Continued to conduct campaigns promoting energy efficiency and sustainable behaviours for staff and visitors.



Estimated greenhouse gas emissions for the financial year 2011/12 are as follows:

Worcestershire Health and Care NHS Trust (WHCT) Sustainability Report for the year ending 31st March 2012

Greenhouse Gas Emissions (tonnes CO ₂ equivalent)	Worcestershire Mental Health Partnership NHS Trust				WHCT
	2007/08	2008/09	2009/10	2010/11	2011/12 Estimate
Total gross emissions	2,309	2,480	3,775	3,924	16,394
Total net emissions	2,309	2,480	3,775	3,924	16,394
Emissions from gas consumption	1,252	1,231	1,276	1,276	3,041
Emissions from oil consumption	0	4	514	524	0
Emissions from imported electricity	972	1,195	1,360	1,344	3,138
Emissions from business travel	85	49	625	780	10,216
Total	6,927	7,439	11,324	11,771	49,182

Related Energy Consumption (MWh)	Worcestershire Mental Health Partnership NHS Trust				WHCT
	2007/08	2008/09	2009/10	2010/11	2011/12 Estimate
Electricity (renewable and non-renewable)	1,807	2,234	2,593	2,561	5,981
Gas	6,213	6,107	6,329	8,504	15,087
Oil	-	14	1,643	1,677	-
Total	14,947	15,793	21,889	24,512	70,249

Waste (tonnes)	Worcestershire Mental Health Partnership NHS Trust				WHCT
	2007/08	2008/09	2009/10	2010/11	2011/12 Estimate
Total waste arising	-	-	422	392	1,086
Waste to landfill	-	-	360	363	730
Waste recycled	-	-	2	85	206
Waste composted	0	0	0	0	0
Incinerated without energy recovery	-	-	60	28	150
Total	0	0	844	868	2,172

Finite resource (water) consumption (m ³)	Worcestershire Mental Health Partnership NHS Trust				WHCT
	2007/08	2008/09	2009/10	2010/11	2011/12 Estimate
Water consumed	41,825	40,329	44,332	33,444	47,668

The size of the Trust's estate is 70,371 m² and operating expenditure is £169.5 million.

There are promising signs that energy is being used efficiently across the estate. Malvern Community Hospital has its own Combined Heat and Power Unit, meaning that the Trust now generates 3% of its own energy and its carbon management plan contains projects solely designed to cut out greenhouse gas emissions.

Financial Indicators

Expenditure (£)	Worcestershire Mental Health Partnership NHS Trust				WHCT
	2007/08	2008/09	2009/10	2010/11	2011/12 Estimate
Energy (electricity and gas)	469,990	457,152	457,660	514,662	1,197,576
Carbon reduction commitment licencing	0	0	0	0	0
Expenditure on accredited offsets	0	0	0	0	0
Water	43,015	63,611	70,066	70,601	173,168
Total waste arising	92,070	79,859	73,761	59,860	235,686
Waste to landfill	40,945	44,926	39,865	14,696	82,068
Waste recycled	184	104	103	14,965	58,922
Waste composted	0	0	0	0	0
Incinerated without energy recovery	50,941	34,933	33,216	31,402	94,697
Business travel	-	-	-	-	1,347,549
Total Expenditure	697,145	680,585	674,671	706,186	3,189,665

Case Point

In May 2011, the Trust began an ongoing programme with the Carbon Trust to create a Carbon Management Plan that has helped it to identify where it can save the most money and have the most positive impact on its environmental performance.

The Trust has a new target of reducing its carbon emissions by 20% from 8,836 tonnes CO² equivalent by 2015.

Quality Account

Our 2011/12 Quality Account priorities revisited

The Health Act 2009 requires all providers of healthcare services in England to provide a Quality Account. The Quality Account is an annual report to the public about the quality of the services provided. It is both a retrospective and forward looking report, explaining where we are doing well and where improvement is needed. We have included our Quality Account in the Annual Report as quality is at the heart of our organisation and is part of everything we do.

A key section of the Quality Account reviews progress with last year's priorities and identifies new ones for the forthcoming year. We engage staff and stakeholders in helping us identify these priorities.

We will monitor performance with our five priorities for 2012/13 throughout the year. A full review of our progress will be reported in the 2012/13 Quality Account.

There are some mandatory statements that must be included in the Quality Account. We have put all the mandatory statements for our Quality Account in the Technical Section.

Both predecessor Trusts worked together with patients and carers, staff, service commissioners and members of the public in the Spring of 2011 to help us ascertain priorities for the year ahead. We were keen to focus on areas that would represent key advantages to patients when the two Trusts joined together. Four areas were eventually identified as priorities for the Quality Account.

The following tables give a summary of the progress we have made on them over the last year.

Nutrition

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Nutrition was a popular choice with everyone during consultation and is one of the Department of Health's High Impact Actions.

What we said we would do	What did we do?	How we will continue
Make sure all patients are weighed when they are admitted to hospital and are weighed at least once a week whilst they are in hospital.	Latest audit shows over 90% of patients were weighed on admission to hospital and weighed weekly thereafter. Exceptions included patients who were too unwell to be weighed.	We will continue to monitor compliance with the standard and take action if compliance falls in any area.
All patients to have a nutrition assessment undertaken when they are admitted to hospital.	March 2012 audit showed 96% of people admitted to the community hospital had a nutritional assessment on admission.	We will continue to monitor compliance with the standard and take action if compliance falls in any area.
Ensure that the Protected Mealtime Policy is implemented in all wards. Promote awareness of policy to staff and visitors Introduce red tray and red jug system on wards, whereby those patients who are most vulnerable are easily identified as needing extra help.	Protected mealtimes audit in January 2012 showed 100% compliance with all but 3 standards in policy. Red tray and jug system now in place on all wards. Notices up in ward areas informing visitors about the protected meal times.	We will continue to monitor compliance with the standard and take action if compliance falls in any area. We will undertake unannounced inspections in all in-patient areas during meal times.
Develop and implement a trust-wide nutrition care plan for those patients who are identified as at risk of malnutrition.	Our High Impact Action Nutrition Champion, who is a Hospital Matron, along with the Nutrition Ambassadors in the Trust have introduced a nutrition care plan. Audit showed that 98% of patients who were identified as at risk had a care plan in place.	We will continue to audit compliance with this standard.
Respond to patient feedback regarding the quality of meals by liaising with the catering department. Involve carers in helping us to ensure that patients have access to food they enjoy.	Very positive Patient Environmental Action Team (PEAT) results for all in-patient wards.	We will use surveys to ask patients and their carers direct questions about their mealtime experiences and the quality of food while they are in hospital.
Patients, clients or service users who would like to lose weight receive support and help to do so.	Unable to obtain evidence from the clinical notes of evidence of support for patients who would like to lose weight.	We will promote the use of healthy lifestyle leaflets and information where appropriate.

Recovery

One of our local approaches to working with people who have mental health illness is called the 'BIG Recovery'. We use simple tools to identify what really matters to the person who has a mental illness - their own hopes and ambitions. This helps us to get people back on track with their lives. The feedback from the teams where it had been used was very positive.

What we said we would do	What did we do?	How we will continue
Roll-out outcome measures such as 'Recovery Star' and the Carers and Users Expectations of Services (CUES) tool.	The Recovery Star has been piloted in the Early Intervention Team and at Redditch CMHT. CUES has been piloted in the Assertive Outreach Team.	We are continuing with the roll-out across services of the Recovery model.
Train appropriate staff to use outcome measures.	All staff involved in the pilot have received training to use the outcome measures tools.	Recovery Star training is being rolled out to other staff teams now.
Complete outcome measures within six months of starting to receive mental health services.	The Recovery Star is used by some teams to record outcome measures for people.	As staff are trained in the Recovery Star they will be using it as one of the tools to review people's recovery.

The BIG Recovery

The BIG Recovery is the name of the project working across services to ensure recovery orientated practice becomes embedded in our everyday work.

Worcestershire Health and Care NHS Trust is committed to ensuring that people who receive our mental health services have good experiences, feel empowered and work in partnership with staff about their treatment, care and support.

To this aim the Trust has developed a programme called the Big Recovery. A vision and pledge has been published and services are reflecting on their current practice in relation to 5 core values.

This document is the Trusts vision and pledge; to people who receive services, their families and friends and our staff. We feel it is important to be held accountable for the services we provide, for the way we provide them and to act on feedback that we receive to improve what we do.

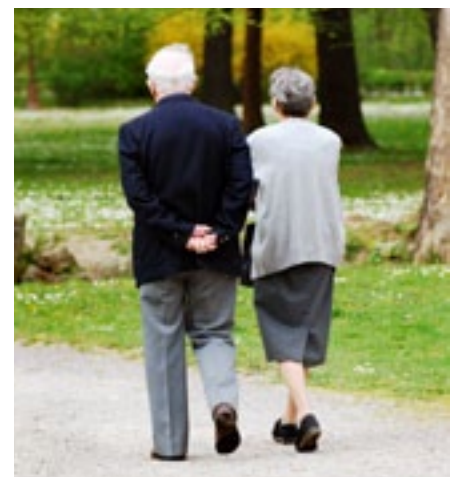
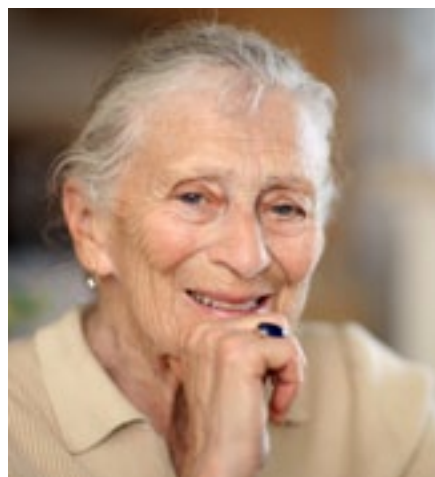
The values and principles behind Recovery are what the Trust will implement. The vision sets out what we want to achieve and the pledge gives you- service users and carers permission to hold us to account.

Dementia

Dementia is one of the biggest challenges we face. The number of people diagnosed with dementia is expected to increase significantly over the coming years.

Our aim in this priority was to achieve a better awareness of dementia so that people who have dementia and use our services experience high quality treatment.

What we said we would do	What did we do?	How we will continue
Build staff skills and confidence in working with service users who have a dementia.	Over 200 members of staff have accessed dementia training. A community hospitals pathway for people with dementia has been piloted in Evesham Hospital. Evaluation showed that the involvement of mental health nurses on general wards has improved outcomes for patients.	More staff will undertake the training during 2012/13. We will look at how we increase the mental health nurse support for patients and staff on the general wards.
Ensure referrals to the Early Intervention in dementia service are appropriate and timely.	Completed an evaluation of the Early Intervention Dementia Service in partnership with University of Worcester. An action plan has been implemented and the early intervention Service are continuing to work with GPs.	Further work will be undertaken with GPs. Dementia continues to be a priority for us in 2012/13. We will be working with GP colleagues to increase appropriate referrals.
Reduce the inappropriate prescribing of antipsychotic medication in service users with dementia as detailed in 'Time for Action, 2009'.	Taken part in National Audit to measure Antipsychotic medication. Results of this not available in time for this report.	Await result of national audit and formulate action plan.



Transition

The transition from adolescent to adult mental health services is needed for young people whose mental health problems are likely to be both severe and enduring. This priority looked at improving the organisational structures and processes that impact upon and influence the transition stage, thereby improving the experiences of young people transferring to adult mental health services.

What we said we would do	What did we do?	How we will continue
Ensure the protocol for transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services becomes embedded.	The process for transition has been under scrutiny. Regular meetings have taken place between services and commissioners to ensure improvements are effective and sustainable.	We are to review the current policy and procedure to ensure all practical changes to the process continue to benefit the people who are part of the service. We will continue with transition group meetings to monitor progress.
Establish a database to record transition arrangements for all 16 year olds in CAMHS.	The database for recording transition arrangements is established and in use. This helps us to ensure plans are kept on track and are working.	We will review the system we have for recording the progress of all young people going through transition. We know the current one is working but we may be able to improve it.
Increase the proportion of young people who are aged 17½ to 18 years, receiving CAMHS support who have a transition care plan for (or exit strategy plan as appropriate) as a result of a transfer meeting	All 17½ to 18 year olds who go through transition now have a care plan in place.	We will continue to monitor numbers of young people who have transit agreed and are supported by a care plan via the transit monitoring group. We will establish a forum for the people who are part of the service to help us understand now we can make further improvements.



Review of 2011/12

Patient safety

Our patient safety quality goals:

We provide care that is free from avoidable infection

We provide harm free care

We provide error free care

Infection prevention

Actively minimising healthcare associated infections is a priority within the Trust. We are committed to ensuring that the risks of infections are kept to an absolute minimum.

During 2011/2012 we maintained an excellent performance on the prevention and control of infection across our services.

Only nine cases of Clostridium Difficile associated diarrhoea were reported against a target limit of 28 cases and there were zero cases of MRSA bacteraemias presented in the year.

Within the Trust, it is widely acknowledged that infection prevention and control is everyone's responsibility; this is in addition to the Infection Prevention and Control Team who provide specific advice and guidance to staff.

The team of nurses and doctors ensure that appropriate guidelines are in place, practices and clinical environments are audited, staff can access training

and that levels of infection in both the community and in-patient settings are monitored and acted on.

Across the Trust there have been a number of ongoing initiatives to reduce infection:

Ongoing promotion of hand hygiene and bare below the elbows. This includes the use of posters and floor stickers, in addition to training to promote effective hand hygiene and use of hygienic hand rub.

Continual promotion of infection prevention and control standards through ongoing education and audit in addition to investigating cases of Clostridium Difficile to understand in detail how the infection was caused and identify any future learning points.

Promotion of cleaning standards across the Trust with

the re-drafting of a cleaning plan for all Trust settings, posters displayed in ward areas detailing cleaning frequencies, and the purchasing of specific equipment which is designed to enable it to be easily cleaned.

Participating in government initiatives to reduce infection including the 'cleanyourhands' campaign and Infection Control Week.

An infection control charter for both patients, service users, visitors and staff has been implemented. This is available in each ward area and provides information on standards as well as what can be done to minimise the risk of infection.

Ensuring that wherever possible, rebuilds are designed to minimise the risks of infection in their physical environment.

Safeguarding

The formation of Worcestershire Health and Care NHS Trust provided opportunities to review the format for the predecessor Trusts' adult and child safeguarding functions. A new Integrated Safeguarding Team was set up within the Quality Directorate. The Director of Quality and Executive Lead Nurse, has executive responsibility for safeguarding adults and children.

The Director of Quality and Executive Lead Nurse, Sandra Brennan and the Deputy Director of Nursing, Vicky Preece, represent the Trust on the Worcestershire Safeguarding Children and Safeguarding Adults Boards respectively.

The Team Manager chairs the safeguarding children

and safeguarding adults working groups which are sub-committees of the Trust's Quality and Safety Committee bringing together operational managers across all services, as well as key corporate representation from training and professional standards. The safeguarding team provides representation on various sub groups of the safeguarding boards and the 'Worcestershire Forum Against Domestic Abuse'.

The Integrated Safeguarding Team champion safeguarding adults and children across the Trust, offering direct training, support and supervision on safeguarding matters. The team also ensures that the correct and necessary policies and procedures are in place for safeguarding.

These groups provide regular reports to both the Quality and Safety Committee and the commissioners to ensure that good practice and risks are highlighted.

Safeguarding training related to both adults and children is mandatory for all staff who work for the Trust; the level required being dependent upon their role.

The Trust maintains its valuable links with partner agencies to ensure that there is a multi-agency approach to safeguarding vulnerable children and adults at risk in Worcestershire.

Never Events

Never Events are defined by the Department of Health as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers'. Fifteen of the list of 25 Never Events are relevant to the Trust. There have been no occurrences of Never Events in the Trust during 2011/12.



Eckington Bridge, Eckington, Worcestershire

Central Alerting System

The Central Alerting System (CAS) is a means of alerting health and social care providers to important safety information from a number of different sources.

The alerts have real potential to save lives and prevent avoidable injuries. The actions required may be minor or can involve significant change and resource requirements.

All alerts are cascaded to managers throughout the Trust within 48 hours of being received. When an alert is relevant to a service, the manager is required to take action to ensure the guidance within the alert is followed. During 2011/12, 111 Alerts were received, all of which were responded to within the required timeframe.

NHS Litigation Authority

The National Health Service Litigation Authority (NHSLA) is a Special Health Authority whose principal task is to administer schemes set up under Section 21 National Health Service and Community Care Act 1990 to enable the Secretary of State to set up schemes to help NHS bodies pool the costs of any 'loss of or damage to property and liabilities to third parties for loss, damage or injury arising out of the carrying out of their functions'.

Trusts pay a yearly premium and can access funding to pay the claims costs. If Trusts meet specific best practice criteria they are awarded reductions in their yearly contributions of either 10, 20 or 30%.

The standards and assessment process are designed to improve the safety of patients, staff and others. They provide a framework within which to focus risk management activities and encourage awareness of, and learning from claims.

2011/2012 assessment

With the formation of the Worcestershire Health and Care NHS Trust in July 2011 the NHSLA assessed its predecessor Trust's level of compliance and gave the new Trust Level 1 which it has to reapply for in two years.

2012 to 2018 project plan

The 2012 to 2018 NHSLA Risk Management Standards Project Plan recommends that a project group be set up, chaired by a director, senior manager or clinician, with a dedicated project manager. The plan recommends achieving NHSLA's three levels by the following dates:

- Level 1 by July 2013
- Level 2 by January 2015
- Level 3 by July 2015

The achievement of level 3 will not only save over £125,000, but will acknowledge the Trust's commitment to patient safety and meet national best practice guidance.

Patient safety incidents and serious incidents

The safety of our patients is a key driver in our quality improvement work. The National Patient Safety Agency defines a patient safety incident as any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving NHS care.

The Trust is committed to developing a strong safety culture by openly investigating the causes of errors, and sharing the learning from them. We have introduced a proactive management system, encouraging and supporting the reporting and analysis of incidents and near misses. We have undertaken a considerable amount of work in developing reports which

give meaningful, clear data to help us understand why the incident happened, and what we need to do to prevent it from happening again.

We have set up a monthly Serious Incident Forum, chaired by the Director of Quality and Executive Lead Nurse and the Medical Director.

The forum reviews all investigations to ensure there has been a comprehensive analysis of the causes of the incident. There is already encouraging evidence to show that this scrutiny is helping to improve both the quality of investigations undertaken, and the implementation of the learning actions arising out of investigations.

Detailed monthly patient safety reports are submitted to the Quality and Safety Committee and Board, are sent out to clinical managers as well as being made available on the Trust website. The reports present anonymised data, giving trend analysis and comparing clinical areas in the Trust.

During 2012/13 we will be bringing in extra measures to enhance cross-organisational communication and learning from incidents. We will also find ways of benchmarking ourselves against other trusts, for example the cluster-wide safety thermometer audits.



Incidents and serious incidents

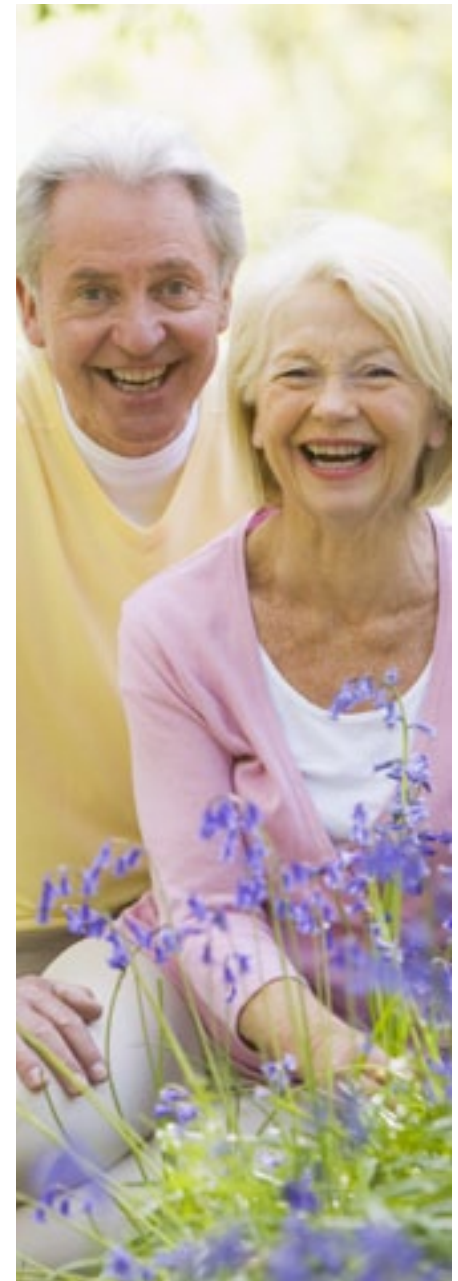
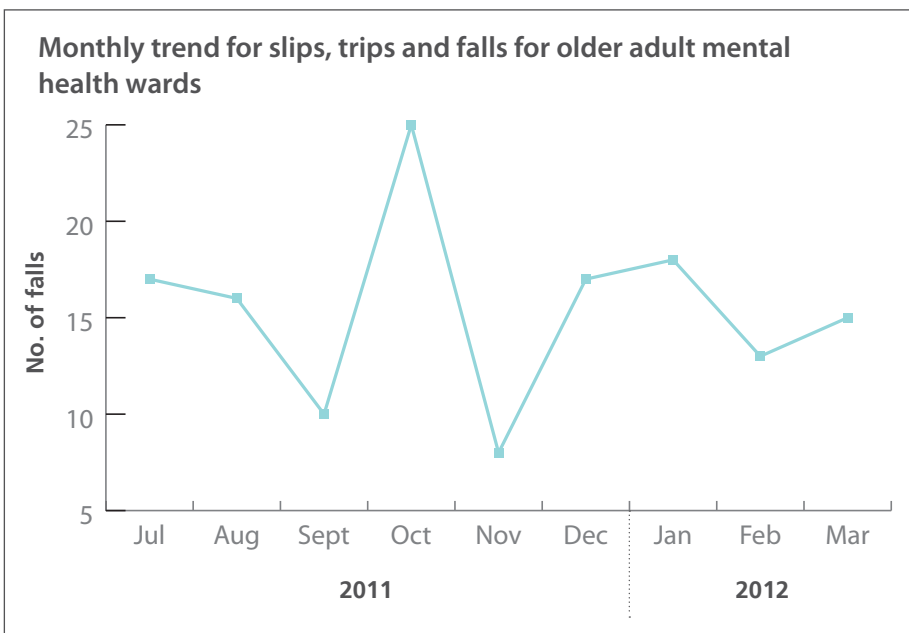
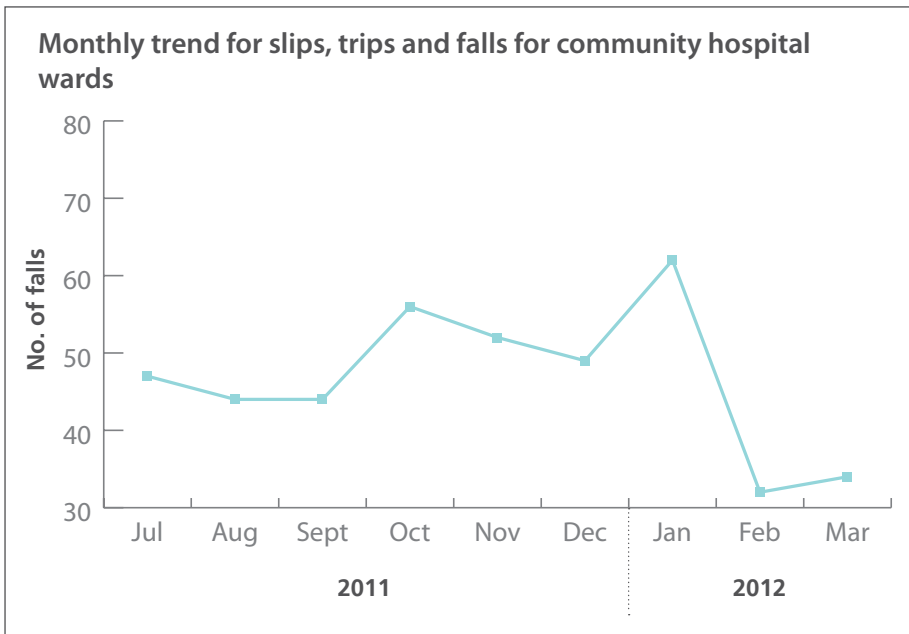
Slips, trips and falls

This is consistently the most frequently occurring incident in the in-patient areas, particularly in community hospitals and the older adult mental health wards. A fall becomes a 'serious' incident if the patient sustains a fractured neck of femur or a serious head injury. We have had 13 serious falls incidents in the last year.

Extensive, individualised falls prevention care plans are put in place for any patients considered to be at risk of falls, or who have fallen.

Environmental risk assessments are also undertaken to ascertain whether there are any physical hazards that may be causing people to fall.

There has been a downward trend in the number of reported falls in community hospitals towards the end of the year. This may be attributable to the support from mental health nurses in wards where a number of patients have dementia-like symptoms.



Pressure damage

All pressure ulcers are graded for their severity, grade 1 being the least severe up to grade 4, the most severe. Grade 3 or 4 pressure ulcers are classed as serious incidents. We are fully supporting the Strategic Health Authority's ambition to eliminate avoidable grade 2, 3 and 4 pressure ulcers by December 2012 and are implementing new ways of working as part of our own ambition to sustain high quality care. For example, with patient consent, staff will be able to email a photograph of any skin damage to our Consultant Tissue Viability

Nurse for expert advice on how best to treat it.

We have had 36 incidents of Grade 3 and 4 pressure ulcers reported in total over the last year. Some of these however will have been ulcers that have occurred whilst the patient was receiving care in other services, and was then admitted to our services. Some will also have been unavoidable pressure ulcers, for example if a patient is in the last days of life and is unable to tolerate regular repositioning. All reported pressure ulcer incidents have been investigated to establish

the root cause. Where the ulcer is attributable to another provider, that provider is contacted to alert them that they need to undertake their own investigation. Lessons learned from investigations have resulted in changes in practice, such as introducing a new skin assessment tool to check all patients regularly for any signs of the start of deterioration in skin condition.

There is early evidence of a downward trend with pressure ulcer occurrence towards the end of 2011/12.



Monthly trend for pressure damage



Absent without leave

The Mental Health Act 1983 (amended 2007) is the law in England that allows people with a mental health illness to be admitted to hospital, detained for a period and treated without their consent; either for their own health and safety, or for the protection of other people.

Our Trust provides care and treatment to people who have a mental health illness and who are subject to the Mental Health Act 1983.

Under section 18 of this Act, patients can be considered

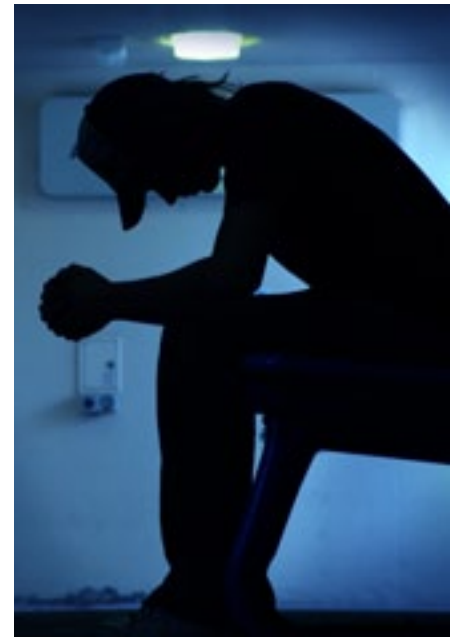
to be absent without leave (AWOL) in a variety of circumstances. Essentially it means that patients who either leave the ward without the knowledge of the staff, or fail to return from leave are considered to be absent without leave.

The serious incident definition of absent without leave is:

'Any patient that meets the Mental Health Act 1983 definition of AWOL and whose assessment of risk leads the care team to conclude that the patients risk to themselves or

others is such that the police are informed and an incident is registered which requires the police to act.'

Over the last year we have had a total of 66 AWOL incidents. Analysis of investigations has helped staff identify high risk areas for AWOLs, such as the lack of a secure outside area for patients. Report analysis has also flagged that individual patients who repeatedly go AWOL increase the overall figures. Individual care plans are in place for patients who are at risk or who have previously gone AWOL.



The Care Quality Commission (CQC) monitors the Trust use of the Mental Health Act 1983 and in 2011/2012, seven Trust wards providing mental health care were visited by a commissioner. These wards provide care for both adults and older adults. In addition to visiting wards which provide care for detained patients, the commissioner has also recently taken the opportunity to meet patients and their relatives in the community.

During these visits - which may be announced or unannounced - the commissioner talks to patients and staff and then provides the Trust with an action plan which the Trust must answer.

Medication errors

All incidents involving medication are reviewed by the Trust's pharmacist to identify root causes and share lessons learned. Incidents are tracked to identify if one member of staff has been involved in more than one incident, as this may indicate either a training or performance issue.

Medication errors have been the most frequently occurring incident in our offender healthcare services. The prison pharmacist has been working with the contracted pharmacy who supply the medication to the prison, and has resolved some issues. As a result there has been a downward trend in reported incidents.

During the year there was one serious incident in

The most common areas which the commissioner felt needed attention by the Trust were recording the levels of patient participation in care planning and consent to treatment. The commissioner also regularly noted that staff treat patients with kindness and respect.

The CQC have set their national priorities for mental health providers in 2012/13. This includes patient participation in care planning, assessing and recording patients' consent to treatment and minimising restrictions on detained patients. The Trust is continually upgrading its policies and processes to ensure that that these standards and best practice continue to be met.

community services involving the incorrect amount of insulin being given to a patient. The patient suffered no long-term ill effects. The resulting investigation brought to light some learning actions which have now been implemented, including changing the way insulin doses are recorded.

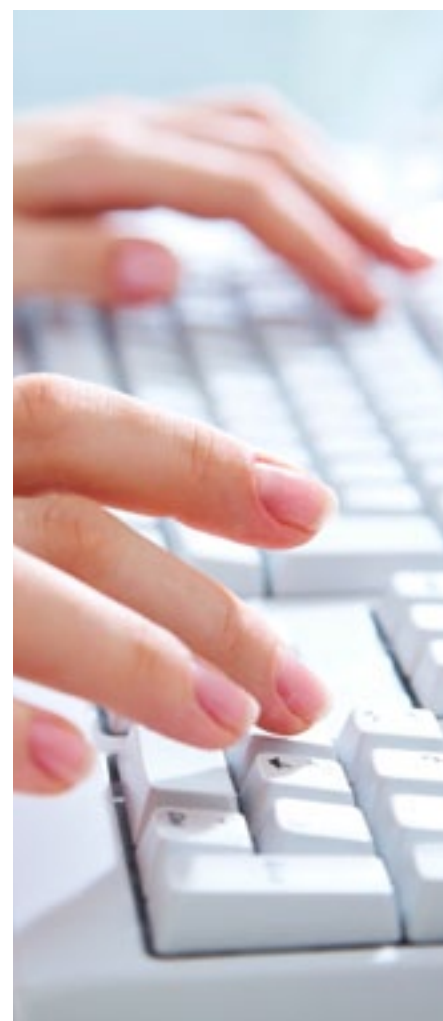


Information governance

The Department of Health checklist for reporting, managing and investigating information governance incidents requires us to inform the Information Commissioners Office as well as the Strategic Health Authority if we have such an incident.

We have had one serious information governance Incident in the last year which involved a box of clinical notes going missing from a corridor in one of our buildings.

An investigation was undertaken to determine what happened, and how this could be prevented from happening again.



Clinical effectiveness

Our clinical effectiveness quality goals:

Our workforce is fit for purpose

Patients receive clinically effective care

Patient receive timely care

West Midlands Quality Review Service (WMQRS)

WMQRS was set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of health services through a number of initiatives, including peer group reviews. Their quality standards are written in a way that helps reviewers to answer the question "If I walk into a service today what should I find?"

The aim is fourfold:

- Better quality, safety and outcomes
- Better patient and carer experience
- Trusts with better information about the quality of clinical services
- Trusts with more confidence and competence in reviewing the quality of clinical services.

2011 Peer Group Review

A Peer Group Review of the Worcestershire health economy was undertaken over four days in September 2011, with the final report published on 18 December 2011.

This review found good working relationships between health organisations and between health and social care. Staff who met the visiting team were open, honest, thoughtful and reflective, as well as highly committed to providing good care for their service users and carers.

Reviewers were impressed by the plans for modernisation of mental health services and for increasing the focus on recovery.

Concern was raised about a number of areas such as IT, and the Trust has since agreed a new IT strategy.

Reviewers were impressed by Worcestershire's services for people with learning disabilities and, in particular, by the service user and carer involvement in these services.

The Early Intervention in Dementia Service was well-organised with many examples of good practice. The dementia pathway in Community Mental Health Teams was less clear, including arrangements for diagnosis, assessment and support for the more severely affected people referred to these teams.



2012 onwards actions

Recommendations are prioritised into three categories:

1. Immediate action
2. Concern
3. For consideration

The Trust received only one immediate action:

Out-of-hours telephone prescribing

Infrequently, verbal authorisation for new medication or changes in dose of existing treatment was being given by medical staff to nurses on the Crisis Resolution and Home Treatment Team over the telephone. A consultant psychiatrist immediately reviewed the practice, identified the risk issues, agreed new practice with clinicians and implemented an improved protocol.

The areas identified as 'concern' or 'for consideration' have been reviewed by the appropriate services, and action plans have been developed which are monitored by the Quality and Safety Committee on a quarterly basis.

High Impact Actions

The High Impact Action (HIA) campaign is a national initiative launched in 2010 by Chris Beasley, the Chief Nursing Officer for England and supported by the NHS Institute for Innovation and Improvement.

The HIA campaign is centred on eight different areas that had been identified by health professionals as being essential in terms of transforming patient care through improving both quality and the patient experience, as well as reducing cost.

Whilst the HIA campaign was a nursing initiative, Worcestershire Health and Care NHS Trust has made the conscious decision to involve all professions in the successful implementation of HIAs has asked all staff to become involved in leading and influencing the care provided and work to realise and measure the benefits to patients.

We have now established HIA Champions who hold workshops and learning events to share good practice.

One example is, the 'Protection from Infection' champion reports that demand for study days around catheter care and the amount of phone calls received by the continence team have tripled since staff have accessed HIA information. They are now more aware of the risks of inappropriate catheterisation.



Above: Vicky Preece, Director of Nursing (left) with Louise Seeney, HIA Champion (right) and National HIA Lead, Michelle Mellow (centre).

Below: A postcard produced to promote the HIA campaign.



Clinical audit

An internal review of our clinical audit processes during 2011/12 was undertaken. As a result, significant assurance was given on the design and operation of our systems that are in place to track clinical audits.

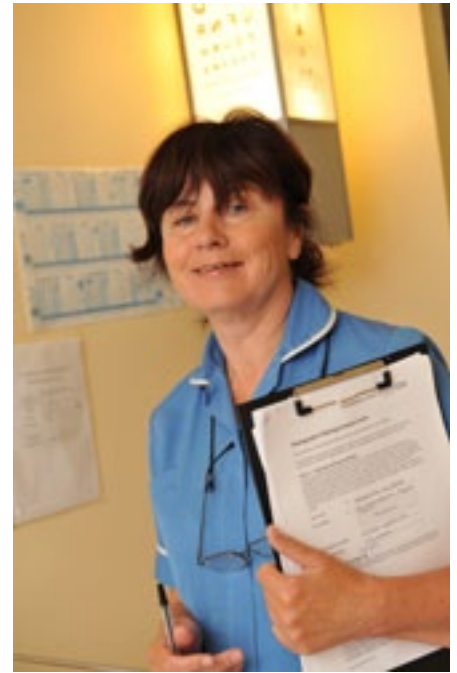
We have worked hard to reconcile the predecessor organisations' clinical audit programmes, and we are confident the combined programme for 2011/12 is complete.

We aim to embed the forward programme at the heart of the

Service Delivery Unit quality and safety business, and we will continue to support and facilitate quality clinical audits within services.

In response to the internal review of the clinical audit function, it was recommended that a three year rolling clinical audit forward programme be developed and implemented. This is now in operation.

Further details regarding our clinical audit activity can be found in the technical section on page 71 of this report.



Commissioning for Quality and Innovation (CQUINS)

The CQUIN scheme requires Trusts to improve quality and innovation by discussing, agreeing and monitoring quality indicators with its commissioners. It is a locally agreed package of quality

improvement goals and indicators which, if achieved, enables the Trust to earn a payment.

The indicators set out in the tables on the next pages were

set for 2011/12 and present our performance. We also undertook a patient experience survey for a CQUIN which is presented in the Patient Experience section of the accounts.



Performance Indicators for 2011/12

Dementia

Dementia training	
Number of staff within defined groups to complete approved dementia awareness training by 31 March 2012	Over 200 staff completed training during year.

Dementia awareness			
Definition - implementation of the Dementia Care Pathway			
	Evesham Community Hospital		
	31 October 2011	During Quarter 3 and Quarter 4	Quarter 4
Review and adapt the Acute Trust Care Pathway for patients with cognitive impairment for use in the community hospitals and plan and develop an associated evaluation tool.	Submit report to commissioner on the work to date.	Pilot implementation of the adapted integrated pathway in Evesham Community Hospital. Complete a review / evaluation of the impact of implementation and consider options for roll out across the other community hospitals.	Submit a report to the commissioner regarding the implementation phase. Submit a report of evaluation and plans for roll-out to the commissioner.
Achieved			

Implementing dementia pathway	
Definition - implementation of dementia care pathway	
Total indicator value: £64,281	
In partnership with University of Worcester complete evaluation of the Early Intervention Dementia Service (EIDS).	Quarter 2
Based on the evaluation of EIDS, develop an action plan to address recommendations.	Quarter 3
Demonstrate engagement processes with GPs. (Visits to practices, reports, information leaflets).	Quarter 4
Analyse and report changes in GP referral patterns.	
Achieved	

Antipsychotics prescribing	
Review and audit of antipsychotics prescribing in patients with dementia and BPSD	
Report on baseline audit to be presented - details of audit to be confirmed.	Quarter 1
Implementation of local guidelines on antipsychotic prescribing.	Quarter 2
Submission of quarterly report on progress.	
Submission of quarterly report on progress.	Quarter 3
Repeat audit and report to demonstrate improvement.	Quarter 4
Achieved	

Brief Intervention

Brief intervention

Definition - improving patient health by signposting to appropriate support services

Number of identified staff completed approved e-learning training in the effective delivery of brief opportunistic healthy lifestyle advice.	Community Matrons. Out-patient Physiotherapists. Mental health adult acute.
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Brief intervention

Definition - assessing patients' smoking and alcohol intake status

Community matrons

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	N/A	N/A	99%	83%	99%	87%	99%	90%
Actual	99%	79%	100%	84%	99%	98%	100%	99%

Brief intervention

Definition - assessing patients' smoking and alcohol intake status

Adult acute in-patient

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	Process and base-lining		72%	57%	81%	74%	90%	90%
Actual	63%	40%	100%	91.5%	100%	97%	100%	100%

Brief intervention

Definition - assessing patients' smoking and alcohol intake status

Community physiotherapy out-patients

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	N/A	N/A	25%	25%	50%	50%	75%	75%
Actual	4%	0%	37%	37%	68%	68%	83%	82%

Brief intervention

Definition - number of patients offered a smoking and alcohol brief intervention

Adult acute in-patient

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	Process and base-lining		78%	78%	84%	84%	90%	90%
Actual	71%	100%*	81.8%	84%	95%	97%	91.5%	93.1%

Brief intervention								
Definition - delivery of brief intervention and provision of appropriate information								
Community matrons								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	N/A	N/A	80%	77%	87%	85%	95%	95%
Actual	73%	69%	100%	100%	100%	100%	100%	100%

Brief Intervention								
Delivery of brief intervention and provision of appropriate information								
Community physiotherapy out-patients								
	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	smoking	alcohol	smoking	alcohol	smoking	alcohol	smoking	alcohol
Target	N/A	N/A	50%	25%	75%	50%	90%	75%
Actual	25%	0%	81%	86%	76%	61%	100%	89%

Estimated Discharge Date (EDD)

Early setting of estimated discharge date (EDD)				
Definition - proportion of community hospital in-patients who have an EDD set and clearly documented within three days of admission				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	67%	78%	90%
Actual	56% (103/182)	78% (226/290)	89% (208/233)	95% (209/220)

Setting of estimated discharge date (EDD)				
Definition - proportion of mental health in-patients who have an EDD set and clearly documented within 3 days of admission				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	Report on current practice and action plan.	Base-lining.	Report on progress.	Demonstrate improvements.
Actual	Submission of above.	Completion of above.	Completion of above.	Completion of above.

Discharge on or before estimated discharge date (EDD)				
Definition - proportion of patients who are discharged on or before their EDD				
Total indicator value: £99,360				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	84%	87%	90%
Actual	82% (41/50)	87% (82/94)	88% (64/73)	93% (50/54)

End of life (VOICES)

End of life	
Definition - use of the VOICES questionnaire to support improvements in care for patients at the end of life	
Quarter 1 and 2	Quarter 3 and 4
Undertake questionnaire, analyse and publish results and produce an action plan.	Report to Board and End of Life Network. Continue to undertake survey and produce final report and associated action plan.
Completed	

Quality web

Development and implementation of safety thermometer in community hospitals
Definition - development and implementation of 'quality web' - showing quality measures for the public in Community Hospital Wards
Completed

Pressure ulcers

Safe care risk assessments: Pressure ulcers				
Definition - all patients on admission should be assessed by a suitably competent and experienced registered nurse for their risk of developing a pressure ulceration using waterlow assessment. The assessment should be completed within the timeframe as set within the Trust policy/guidelines i.e. completed within six hours following admission				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	70% (104/148)	95% (123/129)	95% (118/124)	98% (141/144)

Individualised 'safe care' care plans: Pressure ulcers				
Definition - patients assessed to be at risk of ulceration, or who have an ulcer, will have appropriate preventative / treatment actions documented in their care plan				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	97% (38/39)	97% (90/93)	97% (93/96)	98% (105/107)

Falls

Safe care risk assessments: Falls

Definition - all patients on admission should be assessed by a suitably competent and experienced registered nurse for their risk of falls using an appropriate recognised evidence based tool. The assessment should be completed within the timeframe as set within the Trust policy/guidelines i.e. completed within twelve hours following admission

Total indicator value: £16,560

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	76% (113/148)	96% (131/136)	98% (128/131)	97% (140/144)

Individualised 'safe care' care plans: Falls

Definition - patients assessed to be at risk of falls will have appropriate preventative/treatment actions documented in their care plan

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	97% (77/79)	96% (79/82)	98% (83/85)	97% (85/88)

Quality web - nutrition

Safe care risk assessments: Nutrition

Definition - all patients on admission should be assessed by a suitably competent and experienced registered nurse for their risk of malnutrition using appropriate recognised evidence based tool. The assessment should be completed within the timeframe as set within the Trust policy/guidelines i.e. completed within twelve hours following admission

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	58% (84/143)	96% (120/125)	97% (127/131)	95% (134/141)

Individualised 'safe care' care plans: Nutrition

Definition - patients assessed to be at risk of malnutrition will have appropriate preventative/treatment actions documented in their care plan

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	95%	95%	95%
Actual	86.5% (32/37)	98.2% (56/57)	96% (67/70)	97% (74/76)

Falls

Multi-factorial falls risk assessment (MFRA) by nurse advisors for older people

Definition - patients referred to the nurse advisors for older people will have had a falls assessment initiated, using the multi-factorial falls risk assessment tool, through a face-to-face contact, within ten days of receipt of referral

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	45%	55%	65%	75%
Actual	66% (66/100)	55% (60/109)	70% (60/86)	80% (80/100)

MFRA intervention plans

Definition - patients referred to the nurse advisors for older people will have a written agreed intervention plan within five working days of MFRA being completed.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	N/A	75%	90%
Actual	39% (43/110)	64% (41/64)	81% (48/59)	93% (55/59)

Transition care plans

Transition care plans

Definition - increase in proportion of young people, aged 17 ½ to 18 years, receiving Child and Adolescent Mental Health Services (CAMHS) support who have a transition plan as a result of a transfer agreement

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	N/A	30%	60%	90%
Actual	0% (0/20)	33% (7/21)	63% (12/19)	100%

Action on issues identified through application of the Transition protocol

Definition - written report quarterly to CAMHS Joint Commissioning Group with numbers/types of issues (incorporating the views of service users) with actions to address these and demonstration of implementation/improvement during the year, including the monitoring of the number of service users identified for transition who do not take up adult mental health services

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	Submit report.	Submit report.	Submit report.	Submit report.
Actual	Report submitted.	Report submitted.	Report submitted.	Report submitted.

Crisis resolution and home treatment response times

Definition - proportion of emergency referrals seen within four hours

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Target	Process and base-lining.	68%	79%	90%
Actual	Completion of above.	77%	87.8%	96%

Looking forward to 2012/13

Our ambition - to sustain high quality care

Sandra Brennan, Director of Quality and Executive Lead Nurse

Our Quality Account is an important part of the Trust's quality improvement agenda. The account sets out the information we have been using to measure our performance and addresses areas where we know we need to make improvements.

The extensive work that has been undertaken over the last year with patients and carers, staff and partner organisations has given us a really good start in shaping our ambition to sustain high quality care. We will be building on this work over the coming year and taking forward innovative approaches to make our ambitions a reality.

We know that the heart of quality is quite simple - it lies in the day-to-day interaction between patients and staff. We want to make sure that patients feel well looked after in our services, to know that our care is safe, and that they trust us to give treatment that is based on latest evidence.

To do this, we will make sure that quality runs throughout the organisation, from daily contact between patients and staff in teams, communication with support services such as finance, human resources and estates through to Board.

We are proud of our successes over the last year; we have

received positive feedback from Care Quality Commission (CQC) inspections, we have strong performance in meeting the Commissioning for Quality and Innovation (CQUINs) framework, we have defined the clinical strategy and maintained stable services through a period of huge change. There is much more we want to do.

The following part of the Account sets out how we arrived at our priorities for improvement during 2012/13 and how we will continuously monitor our progress throughout the year.

Sandra Brennan



How we organise our quality monitoring

The Trust's Quality Governance Strategy underpins the Quality Account. It sets out in full how we will drive forward continuous improvement in the quality of services we provide. Every meeting of the Trust Board scrutinises and challenges detailed quality monitoring reports that directly relate to the care patients experience in our services every day.

Defined routes of communication between the Board, managers, staff and patients, together with safety walkabouts, planned visits, unannounced visits and informal meetings with staff, all go towards ensuring our quality agenda is at the forefront of our services.

Our Trust's Quality Governance Framework



Measuring quality

Over the next year we will bring together all of the quality improvement initiatives under one umbrella so that everyone in the organisation, and our patients, have a shared understanding of how we are performing against our goals and priorities.

Quality improvement is everyone's responsibility; everyone should therefore have quality information freely available to them. During 2011/12 we worked on identifying nine quality goals that measure high level progress across the organisation.

The Trust Board selected the goals following a staff questionnaire and discussions with the Quality Forum. The goals are based around the three quality 'domains' of patient experience, clinical effectiveness and patient safety. They were finally agreed in March 2012.

The quality goals

Our workforce is
fit for purpose

We provide care that is free from avoidable infection
We provide harm-free care
We provide error-free care.

Patients receive clinically
effective care

Our workforce fit for purpose
Patients receive clinically effective care
Patients receive timely care.

Patients receive timely care

Patients are treated with dignity and respect
We listen and learn from complaints
Patients experience a safe and effective discharge.



Quality account priorities for 2012/13

We will be tracking progress against all of the quality goals over the coming year. We asked our patient forums to vote for the three priorities from the nine goals which they thought should be highlighted in the quality accounts. We then decided to add two more priorities which we will report on in detail in the 2012/13 account. We therefore arrived at the following five priorities for 2012/13:

1. We will listen and learn from complaints

We want to listen to patient's experiences, respond and improve our care as a result of any learning. We want to encourage a culture that seeks and then uses people's experiences to make services more effective, personal and safe.

Successive national reports have found that some complaints take too long to resolve and services do not systematically try to learn from the important feedback that complaints offer. In addition, there is evidence that some people do not complain because they either do not know how to or believe doing so will not result in any action.

In our Trust we want to make sure complaints are dealt with efficiently and are properly investigated so that:

- Complainants are treated with respect and courtesy
- Complainants receive a timely and appropriate response
- Complainants are told the outcome of the investigation of their complaint
- Action is taken if necessary in light of the outcome of a complaint.

Measure:

- Percentage of complaints responded to within policy timeframe
- Evidence of monthly thematic analysis of complaints
- Evidence that lessons learned from complaints are shared across the organisation.



2. Our workforce will be fit for purpose

We know that good staff health and wellbeing improves the quality of services for patients. Staff wellbeing is integral to enabling the NHS to meet the quality and productivity challenges it faces, and will do so by focusing on innovation and prevention.

Measure:

- Percentage of staff with completed appraisals over the last 12 months
- Sickness absence rate
- Percentage uptake of mandatory training over the last 12 months.



3. Patients will receive clinically effective care

We want to support our staff in providing the best possible patient care - a clinically effective service. Clinical practice should meet the highest standards and these standards should always have a sound base - where evidence is available it should be used.

Measure:

- Percentage of relevant National Institute for Health and Clinical Excellence (NICE) compliance issues in previous 18 months with completed clinical audit
- Percentage of NICE compliance assessments completed and returned within timescale
- Percentage of clinical audits running to plan.

4. We will continue to improve care for people who have dementia and their carers

In order to meet the varied needs of people with dementia, it is vital that a wide range of services across Worcestershire are engaged in the delivery of care and support. We are committed to fully engaging with Worcestershire's Dementia Strategy which is based on a shared vision amongst all key agencies and a collaborative approach towards delivery of joined up services for people with dementia.

In particular, we want to make sure we improve outcomes for those with dementia and their carers by supporting the individual and their family in achieving the best possible quality of life.

Measure:

- The number of patients aged 75 years old and over admitted to a community hospital who have a Dementia Integrated Care Pathway Assessment completed and documented
- The number of patients aged 75 years old and over with a score of less than 7 on the Dementia Integrated Care Pathway assessment with documented evidence of being managed in line with the Dementia Care Pathway
- Number of patients with dementia or dementia like symptoms in the community hospitals who have an 'About Me' document completed and updated.

5. We will have no incidents of avoidable pressure ulcers

Also referred to as bed sores or pressure sores, a pressure ulcer is damage that occurs on the skin and underlying tissue. The most common places for pressure ulcers to occur are over bones close to the skin like bottom, heel, hip, ankle, shoulder, back and the back of the head. Pressure ulcers can range from grade 1 (for an area of discolouration) to grade 4 (a deep wound that may go down to bone).

Our Trust has introduced a zero tolerance approach to avoidable pressure ulcers. We have introduced a number of measures to ensure that no patients develop avoidable pressure ulcers while in our care.

Measure:

- The number of avoidable pressure ulcers developed whilst patients are in the care of our organisation.

Progress in these priority areas will be monitored through the Trust's established Quality Governance Framework. The quality metrics will be reported through the Quality and Safety Committee every month, and then at Board. Board papers are published on our website and contain the quality reports. Work is underway to ensure these reports are easy to find on the website.

A full update on progress with the priorities will be reported in our 2012/13 Quality Account.

Technical Section

Review of services

During 2011/12 Worcestershire Health and Care NHS Trust provided five NHS services:

Community Care, Adult Mental Health, Children, Young People and Families, Specialist Primary Care, Learning Disabilities

Worcestershire Health and Care NHS Trust has reviewed all the data available to them on the quality of care in five of these NHS services. The income generated by the NHS services reviewed in 2011/12 represents 100% of the total income generated from the provision of NHS services by Worcestershire Health and Care NHS Trust for 2011/12.

Participation in clinical audits

During 2011/12, nine national clinical audits and one national confidential inquiry covered NHS services that Worcestershire Health and Care NHS Trust provides.

During that period Worcestershire Health and Care NHS Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national

confidential inquiries which it was eligible to participate in.

Local Clinical Audit

During 2011/12 the Trust had a local clinical audit plan covering a variety of subjects including NICE guidance compliance, Trust Clinical Policy compliance and clinical record-keeping. Audits are overseen by the Clinical Audit

and Effectiveness committee to ensure audit action plans are implemented and quality improvement is re-audited. An internal review of the clinical audit function recommended that a three year rolling clinical audit forward programme be developed for 2012/2015. The forward programme will cover a variety of audit topics depending on risk and compliance priorities.

National clinical audits 2011/12

	Participation	% Cases submitted
National Audit of Schizophrenia	Yes	83%
National Falls and Bone Health Audit	Yes	100%
National Audit of Psychological Therapies: depression and anxiety	Yes	100%
Prescribing Observatory for Mental Health (POMH-UK)		
Prescribing antipsychotics for people with dementia	Yes	100%
Assessment of the side effects of depot antipsychotics	Yes	100%
Monitoring of patients prescribed lithium	Yes	100%
Use of antipsychotic medicine in CAMHS	Yes	100%
Other national audits		
Audit against the key performance indicators in the BASHH MedFASH STI Management Standards	Yes	100%
Accelerated Stroke Improvement Metrics	Yes	100%
National confidential inquiries		
National confidential inquiry (NCI) into suicide and homicide by people with mental illness (NCI/NCISH)	Yes	100%

The national clinical audits and national confidential enquiry that Worcestershire Health and Care NHS Trust participated in, and for which data collection was completed during 2011/12, are listed above 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.

The reports of one national clinical audit were reviewed by the provider in 2011/12 and

Worcestershire Health and Care NHS Trust intends to take the following actions (see table below) to improve the quality of healthcare provided.

National audit of dementia care in general hospitals

Along with the audits that we are mandated to participate in we also share reports from those that we did not participate in and may have learning. The report from the National Audit of Dementia Care in General Hospitals has been shared with our Service Delivery Units to review as part of their overall quality agenda.

The reports of 18 local clinical audits were reviewed by the provider in 2011/12 and Worcestershire Health and Care NHS Trust intends to take the following actions to improve the quality of healthcare provided:

Subject of audit	Standard where audit identified need for improvement	Actions that have been put in place since audit	Outcome
National Audit of psychological therapies for anxiety and depression.	A person who is assessed as requiring psychological therapy does not wait longer than 13 weeks from the time at which the initial referral is received to the time of assessment.	Pilot introduced which will increase capacity. Counselling posts being recruited to.	People referred for psychological therapies will be seen within 13 weeks.
Audit of Wyre Forest CAMHS Psychiatry Notes.	Accurate caseload and access to case information.	Issues with functionality of database have been resolved, and appropriate processing and storage or files addressed.	Up-to-date information available and accessible to the whole team. Patients seen in a timely manner.
Re-audit of the head injury guidelines: in Minor Injury Units (MIU's) in community hospitals in Worcestershire.	Patients will be triaged and neuro-observations assessed within 15 minutes of arrival.	Recruitment of qualified staff.	Patients now triaged and assessed within 15 minutes of arrival.
Audit of compliance for assessing within the TAG referral waiting times (prisons).	Assess each client within the agreed time scales.	Weekly referral meetings where clients are allocated to appropriate staff, dependant on skill and case load.	Improved service to clients requiring a mental health assessment.
Audit of Osteo-arthritis (OA) NICE guidance.	Provide written information about OA, and information about aerobic exercise.	Team leads have been supplied with appropriate information which they have disseminated to their teams.	Patients have the relevant information about their condition.
Monitoring of patients prescribed lithium.	Documented evidence of weight, BMI or waist circumference measurements having been conducted before lithium was prescribed.	Physical health monitoring form developed.	People prescribed lithium and antipsychotics will have BMI recorded annually as well as three monthly checks of lithium levels and six monthly renal and thyroid function checks.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by Worcestershire Health and Care NHS Trust in 2011/12 that were recruited during that period to participate in research approved by a research ethics

committee was 77.

Participation in clinical research demonstrates Worcestershire Health and Care NHS Trust's commitment to improving the quality of care we offer and to making our contribution to

wider health improvement. Our clinical staff stay abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Goals agreed with commissioners

A proportion of Worcestershire Health and Care NHS Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Worcestershire Health and Care NHS Trust and any

person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation Payment Framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available upon request from our Patient Relations Office on 01905 681517.

Statements for the Care Quality Commission (CQC)

Worcestershire Health and Care NHS Trust is required to and has registered with the CQC.

The Care Quality Commission has not taken enforcement action against Worcestershire Health and Care NHS Trust during 2011/12.

NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Worcestershire Health and Care NHS Trust has no conditions imposed on its registration.

Worcestershire Health and Care

Data quality

Worcestershire Health and Care NHS Trust will be taking the following actions to improve data quality.

In-patient: Primary diagnosis

Action	By whom	By when
Monthly lists of episodes with a missing primary diagnosis to be produced.	Information Dept.	Complete.
Diagnosis code identified and PAS updated.	MH Clinicians / RWP Coders.	Ongoing.
Undertake an analysis of in-patient units to determine whether there are any specific wards where coding completeness is consistently low.	Information Dept.	June 2012.
Share analysis with locality managers.	Information Dept.	June 2012.

Out-patient: Source of referral

Action	By whom	By when
Undertake an analysis of out-patient clinics to determine whether there are any specific areas where source of referral coding is low.	Information Dept.	June 2012.
Share analysis with locality managers.	Information Dept.	June 2012.
Investigate whether the data can be completed from records within data warehouse (i.e. are they missing from the MDS due to a system issue).	Information Dept.	July 2012.
If records cannot be updated from the warehouse, investigate if missing data is due to omissions when initially entered into source system.	Information Dept.	July 2012.
'not specified' records to be amended on NCRS.	Service Delivery Units.	Ongoing.
Ongoing unresolved issues to be escalated to locality managers each month.	Information Dept.	June 2012 onwards.

Out-patient: Consultant code

Action	By whom	By when
Undertake an analysis of out-patient clinics to determine whether there are any specific areas where consultant code is unknown.	Information Dept.	June 2012.
Share analysis with locality managers. Locality managers to identify the consultant responsible for those clinics.	Information Dept.	June 2012.
Out-patient clinics to be amended on the source PAS to reflect the correct consultant.	Information Dept / PAS team.	July 2012.
Records within MDS to be amended and resubmitted to SUS.	Information Dept.	July 2012.
Ongoing unresolved issues to be escalated to locality managers each month.	Information Dept.	June 2012 onwards.

Worcestershire Health and Care NHS Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data:

Which included the patient's valid NHS number was:

- 99.8% for admitted patient care;
- 99.6% for out-patient care; and
- Not applicable for accident and emergency care.

Which included the patient's valid general medical practice code was:

- 99.0% for admitted patient care;
- 99.5% for out-patient care; and
- Not applicable for accident and emergency care.

Information governance toolkit attainment levels

Worcestershire Health and Care NHS Trust's information governance assessment report score overall score for 2011/12 was 68% and was graded satisfactory.

Clinical coding error rate

Worcestershire Health and Care NHS Trust was not subject to the payment by results clinical coding audit during 2011/12 by the audit commission.

Mandated indicators

Care Programme Approach (CPA) follow up contact within seven days of discharge from hospital.

The Care Quality Commission (CQC) state that:

"Reductions in the overall rate of death by suicide will be supported by arrangements for securing provision by Primary Care Trusts of appropriate care for all those with mental ill-

health. This includes action to reduce risk and social exclusion and improve care pathways, it includes action to follow up quickly all those on the care programme approach (CPA) who are discharged from a spell of in-patient care."

The Department of Health monitors the Trust's performance in this area on a quarterly basis via the NHS Performance Framework

indicators. In order to achieve the highest level of compliance in this area ('Performing') the Trust must achieve 95% of in-patients on CPA followed up within seven days of discharge from hospital.

The Trust is pleased to report that we consistently achieved a level of 'Performing' in this area, and has maintained a level of 95% or over in each quarter during 2011/12.

Table 1 - Indicator

The proportion of those patients on care programme approach discharged from in-patient care who are followed up within seven days

Performance Threshold	Quarter 1 2011/12		Quarter 2 2011/12		Quarter 3 2011/12		Quarter 4 2011/12	
	Over	Under	%	%	%	%	%	%
95%	90%	95.2%	96.1%	96.1%	96.1%	98.6%		

Minimising delayed transfers of care

Measuring delayed transfers of care is a mandatory requirement of the CQC, and helps us to assess the impact of community-based care in facilitating timely discharge from hospitals.

People should receive the right care in the right place at the right time and we must ensure that people move on from the hospital environment once they are safe to transfer.

The indicator seeks to encourage organisations to work in partnership to minimise the number of patients remaining in hospital settings who are ready for discharge.

The definition is as follows:

'The number of patients (acute and non-acute, aged 18 and over) whose transfer of care was delayed, expressed as a percentage of the number of consultant and non-consultant led occupied beds.'

In order to achieve the highest level of compliance in this area ('Performing') the Trust must keep delayed transfers of care to <7.5% or below during each quarter.

Table 2 shows the Trust's position for delayed discharge.

We routinely monitor our performance in this area across all services and where performance consistently falls below target we put in place recovery plans which are monitored by the Trust Board. We actively work with our partner agencies to minimise any delays.

Table 2 - Indicator

Delayed transfers of care to be maintained at a minimal level

Performance Threshold		Quarter 1 2011/12	Quarter 2 2011/12	Quarter 3 2011/12	Quarter 4 2011/12
Over	Under	%	%	%	%
<7.5%	10%	7.8%	13.5%*	11.2%*	10.8%*

* On 1st July 2011 Worcestershire Mental Health Partnership NHS Trust and the Provider Services of Worcestershire Primary Care Trust were brought together to form Worcestershire Health and Care NHS Trust. The figures shown therefore reflect the delayed discharges for both Community Hospital and Mental Health beds from this date.

The number of admissions to the Trust's mental health acute wards that were gate kept by the crisis resolution home treatment teams

When service user admissions are assessed ('gate kept') by their local crisis resolution home treatment team, service users have the opportunity to be treated in their own home. Wherever possible we offer service users the choice to be supported in their own homes as an alternative to hospital admission. This is recognised as best practice and monitored by the Department of Health in the NHS Performance Framework.

The method for calculating our performance is as follows:

'The number of admissions

to the trust's acute wards (excluding admissions to psychiatric intensive care units, internal transfers of service users between wards in a trust and transfers from other trusts, patients recalled on community treatment orders, and patients on leave under Section 17 of the Mental Health Act) that were gate kept by the crisis resolution home treatment teams (an admission has been gate kept if the team has assessed the service user before admission and if they were involved in the decision-making process that resulted in admission), expressed as a percentage of the total number of admissions

to the trust's acute wards (see exclusions)'.

In order to achieve the highest level of compliance in this area ('Performing') the Trust must ensure 95% of admissions to the Trust's acute mental health wards were gate kept by the crisis resolution and home treatment teams.

The Trust's performance is presented in the table 3, and we are pleased to report that the trust consistently achieves a level of 'Performing' in this area and has maintained a level of 95% or over in each [month/quarter] during 2011/12.

Table 3 - Indicator

The number of admissions to the Trust's acute wards that were gate kept by the crisis resolution home treatment teams

Performance Threshold		Quarter 1 2011/12	Quarter 2 2011/12	Quarter 3 2011/12	Quarter 4 2011/12
Over	Under	%	%	%	%
95%	90%	99.5%	95.8%	96.8%	99.0%

Worcestershire Local Involvement Network response to the Quality Account

The Trust is to be congratulated on the document and the amount of work it has involved. Our comments are those of critical friends, who make visits to Trust services to hear from patients and carers about the quality of care, and to look for ourselves.

We are pleased to note the emphasis on the importance of nutrition, and that mealtimes are protected. In the community wards we should like to see more emphasis placed on serving meals, with a member of staff to oversee this, and for a system in place to identify patients who have eaten little or nothing so that patients do not become malnourished. We would welcome assurance that measures to be put in place that will ensure developments in nutrition continue, include measurable outcomes to ensure that staff practice and patient experience continue to improve.

Nutrition is an important part of the ongoing project that Worcestershire LINK embarked on last September (2011) to assess nutrition and activities in adult and older adult mental health wards in Worcestershire. Because of our experiences in the first round of visiting all the wards we would be bound to question some of the statements set out in the table displayed on page 44 of the Account. Idealistically, the actions and proposals are 'spot-on' but in some instances they may be premature.

We should like to see carefully defined measurable outcomes included in the future, so that it clear how the outcomes of developments in service will be measured.

We are pleased to see that responding to complaints in a timely manner is to be developed in 2012 to 2013. We hear from patients and carers, that where they have needed to use the complaints system, their complaint is not always answered promptly and in a way that they find helpful. We look forward to seeing evidence of improvement in this area during the coming year.

We welcome the improvements in dementia care and the Trust's involvement with GPs.

However, we have ascertained that GPs will be responsible for the future care of patients with dementia once diagnosis

has been made and would like to see the Trust offering continuing education and support to general practice. Services for patients diagnosed with dementia under the age of 65 are few. We should therefore wish to see a firm commitment by the Trust to develop these services. We also note that 200 staff have received training in dementia care. We ask the Trust to consider how many more staff, both within the hospital setting, and in community work, would benefit from such training, as care for those who have dementia is at last high on the national agenda.

The Trust is to be complimented on performance with infection prevention. We are pleased to see the emphasis on patient safety. Pressure damage is one of the key indicators on the quality of care; the downward trend is encouraging, as are the steps which have been put in place. However we do not accept that pressure ulcers are unavoidable in the last days of life. High quality care should ensure that the patient is comfortable and supported at this time. We commend the Trust for using the VOICES tool and any effort which enables a patient to decide where they want to die, and to facilitate this with the involvement of the whole family and the support services.

We ask the Trust to monitor carefully the medication errors statistics in the coming months to ensure that incidents do reduce. We note with pleasure the improvement in statistics for the early setting of estimated discharge date (EDD), both in terms of setting the date, and for the high percentage of patients who are now discharged on or before this date. From our visits to the community hospitals we have noted how well families and carers are included in the multidisciplinary approach that leads to safe, effective and timely discharge.

We wish the Trust every success in 2012 to 2013.

Worcestershire Local Involvement Network

Worcestershire Health Overview and Scrutiny Committee response to the Quality Account

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Worcestershire Health Overview and Scrutiny Committee (HOSC) considers that the Quality Account provides a fair reflection of the healthcare services provided by Worcestershire Health and Care NHS Trust.

There are links between the objectives of the Health and Care Trust, Acute Hospital Trust and Ambulance Trust. In reviewing the Quality Account, evidence was found of inter-trust cooperation (e.g. between the Health and Care and Ambulance Trusts on trips and falls).

Objective setting

The Quality Account refers specifically to liaison with other trusts which is useful.

HOSC recognises the value of the Trust's intention to bring together all the quality improvement initiatives under one umbrella over the next year. This will provide clarity.

Evidence is provided of public engagement in deciding on quality goals, including through questionnaires and patient forums.

HOSC applauds the commitment to make quality measures easy to find on the Trust's website and to providing a full update on progress with the priorities which will be reported in the 2013/14 Quality Account.

2012/13 Objectives

- We listen and learn from complaints
- Our workforce is fit for purpose
- Patients receive clinically effective care
- We will have no incidents of avoidable pressure ulcers
- Dementia.

Whilst the draft Quality Account did not include any targets or measures for the 2012/13 priorities, HOSC was advised the Trust considered that quality was central to the organisation and had decided that it would include its Quality Account within the Trust's annual report and

together, the documents provided a full picture.

Review of priorities set for 2011/12

There was difficulty in identifying the Quality Account quality goals from 2011/12. This confusion may have arisen from the goals of the two former trusts being consolidated.

The goals used as evidence by HOSC were 2011/12 Quality Account priorities under the headings:

- Nutrition
- Recovery
- Dementia
- Transition.

The reports on the additional 'patient safety' and 'clinical effectiveness' quality goals were taken as useful additional information about the organisation.

HOSC received assurances that mental health matters had not taken a backseat at the Trust following the merger of mental health services and community services with the formation of the new Trust in July 2011.

Staff coming together from separate organisations into one had seen the pooling of skills and resources. Members welcomed the improving care for patients with dementia and were advised that different types of training were provided for different staff groups.

Worcestershire Health Overview and Scrutiny Committee

NHS Worcestershire response to the Quality Account

As the lead commissioner for Worcestershire Health and Care NHS Trust, NHS Worcestershire (NHSW) has taken reasonable steps to ensure the accuracy of data provided in this Quality Account. NHSW believes that the Quality Account provides an accurate reflection of the quality of services provided by the Trust.

On behalf of the three clinical commissioning groups in Worcestershire, NHS Worcestershire is fully supportive of the Trust's quality improvement priorities that are identified for 2012/13. NHSW is keen to highlight indicators of performance and areas for improvement in 2012/13.

NHS Worcestershire commends a number of indicators of performance at the Trust, including:

- Improvements in patient safety. This is evidenced from a number of sources. There is a continued reduction in the frequency and severity of pressure ulcers and patient falls. Staff reported in the NHS Staff Survey that they witnessed less potentially harmful clinical errors, near misses and patient safety incidents than their colleagues in most other health and care NHS trusts across England. There were no 'serious, largely preventable patient safety 'never events' in 2011/12.
- Reducing infection - NHSW notes that Clostridium Difficile infections were reduced to one third of the Trust's trajectory in 2011/12 and that there were no MRSA infections.
- Significantly improving consultant-led referral to treatment waiting times, reducing them to five weeks below the 18 week target.
- Ten CQUINs were achieved in dementia awareness, brief intervention, active management of discharge, antipsychotic prescribing, community adolescent mental health, multifactorial falls risk assessment and end of life care.
- Improvements in the safety of healthcare workers - staff reported that they experienced less physical violence from patients, relatives and the public than their colleagues in most other health and care NHS trusts across England.

- While the Trust was formed in July 2011, NHSW recognises the progress already achieved in aligning teams and databases with the Trust vision for quality and safety.

NHS Worcestershire notes that the trend in feedback from patient experience surveys needs further attention. NHSW looks to the Trust to provide assurance that consistent quality patient experience is achieved and sustained across all services.

NHSW noted during quality assurance visits that there were opportunities for improved discharge planning. NHS Worcestershire looks forward to seeing evidence of enhanced discharge planning, during quality assurance visits and reports to clinical quality review meetings in the forthcoming year.

NHS Worcestershire sees the Quality Account as the Trust's annual report to the public about the quality of services that are delivered. However, while the Trust's Quality Account provides lots of helpful information, further detail would be welcome on the graphs, diagrams and what they mean. This Quality Account is generally presented from the points-of-view of the Trust's internal process (patient safety, clinical effectiveness, patient experience etc.) rather than from the perspectives of the services provided to mental health in-patients, mental health out-patients, and community patients.

Therefore, NHS Worcestershire believes that the Quality Account could be much more relevant to the reader when the various quality indicators are grouped together by service and patient pathways. This would help readers to more easily find the information that they are interested in.

NHS Worcestershire is satisfied that the Quality Account 2011/12 is a balanced report of the quality of healthcare services provided by the Trust.

NHS Worcestershire

Amendments to the Quality Account following the commentaries received

Worcestershire Health and Care NHS Trust thanks LINK, HOSC and NHS Worcestershire for their comments. As a result of the commentaries, amendments were made adding in more detail around the priorities for 2012/13 and how progress with these will be measured.

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

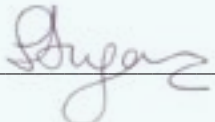
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Accounts presents a balanced picture of the Trust's performance over the period covered;
- The performance information reported in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

1 June 2012 Date  Chair

1 June 2012 Date  Chief Executive

Statements

INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT TO THE DIRECTORS OF WORCESTERSHIRE HEALTH & CARE NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

I am required by the Audit Commission to perform an independent assurance engagement in respect of Worcestershire Health & Care NHS Trust's Quality Account for the year ended 31 March 2012 ("the Quality Account") as part of my work under section 5(1)(e) of the Audit Commission Act 1998 (the Act). NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010 and the National Health Service (Quality Account) Amendment Regulations 2011 ("the Regulations"). I am required to consider whether the Quality Account includes the matters to be reported on as set out in the Regulations.

Respective responsibilities of Directors and auditors

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

My responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to my attention that causes me to believe that the Quality Account is not consistent with the requirements set out in the Regulations.

I read the Quality Account and conclude whether it is consistent with the requirements of the Regulation and to consider the implications for my report if I become aware of any inconsistencies.

This report is made solely to the Board of Directors of Worcestershire Health & Care NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Assurance work performed

I conducted this limited assurance engagement under the terms of the Audit Commission Act 1998 and in accordance with the NHS Quality Accounts Auditor Guidance 2011/12 issued by the Audit Commission on 16 April 2012. My limited assurance procedures included:

- making enquiries of management;
- comparing the content of the Quality Account to the requirements of the Regulations.

A limited assurance engagement is narrower 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

The scope of my assurance work did not include consideration of the accuracy of the reported indicators, the content of the quality account or the underlying data from which it is derived.

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. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

Conclusion

Based on the results of my procedures, nothing has come to my attention that causes me to believe that the Quality Account for the year ended 31 March 2012 is not consistent with the requirements set out in the Regulations.



Elizabeth Cave
District Auditor

Audit Commission, Room 24,
West Mercia Police HQ,
Hindlip Hall
PO Box 55
Worcester
WR3 8SP

28 June 2012

Financial Accounts

The financial statements shown on the following pages are a summary of the information set out in the Trust's statutory accounts for the year ended 31 March 2012.

Summary financial statements

The annual report and complete annual accounts document is available on request from the Director of Finance at Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW (Tel. 01905 733491).

I am pleased to report that the Trust is well placed to deliver its healthcare responsibilities over the longer term with the Trust Board having approved a robust five year long-term financial plan and integrated business plan.

It is pleasing to report that in the first year of its existence, the Trust has achieved each of its statutory financial duties by delivering overall financial balance, operating within its external financing limit and managing capital expenditure within its capital resource limit.

The operating revenue surplus of £1.5 million was delivered on a turnover of £171 million;

and the cash and capital out-turns were both managed to within a few thousand pounds of the agreed limits. The 2012/13 budgets have been approved by the Trust Board and managers can look forward to operating and managing services in the knowledge that their budgets have been adequately funded for inflation and that the Trust has a contingency reserve of 1%.

These plans have been critically appraised and tested to ensure that there will be no diminution in the quality of our services.

The Trust is proud of the achievements delivered over the last year and looks forward with confidence to 2012/13 and beyond.



Broadway Tower, Worcestershire

Summary financial statements

Statement of comprehensive income for year ended 31 March 2012

	2011/12 £000	2010/11 £000 (restated)
Employee benefits	(120,659)	(49,990)
Other costs	(50,059)	(24,573)
Revenue from patient care activities	154,102	58,876
Other Operating revenue	16,981	13,898
Operating surplus/(deficit)	365	(1,789)
Investment revenue	16	8
Other gains and (losses)	0	83
Finance costs	(201)	(160)
Surplus/(deficit) for the financial year	180	(1,858)
Public dividend capital dividends payable	(1,051)	(1,055)
Retained surplus/(deficit) for the year	(871)	(2,913)

Other comprehensive income

Impairments and reversals	0	(530)
Net gain/(loss) on revaluation of property, plant & equipment	1,632	429
Net gain/(loss) on revaluation of intangibles	0	0
Net gain/(loss) on revaluation of financial assets	0	0
Net gain/(loss) on other reserves	0	0
Net gain/(loss) on available for sale financial assets	0	83
Net actuarial gain/(loss) on pension schemes	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Total comprehensive income for the year	761	(2,931)

Financial performance for the year

Retained surplus/(deficit) for the year	(871)
Prior period adjustment to correct errors	0
IFRIC 12 adjustment	0
Impairments	2,353
Adjustments iro donated asset/gov't grant reserve elimination	18
Adjusted retained surplus/(deficit)	1,500

A Trust's reported NHS financial performance position is derived from its retained surplus/(deficit), but adjusted for the following: a) Impairments to fixed assets 2011/12 which were based upon the district valuer's report on the Trust's land and buildings. b) Depreciation on donated assets, which has been confirmed as an adjustment item following a national change in accounting policy.

Statement of financial position as at 31 March 2012

	31 March 2012 £000	1 April 2011 (restated) £000	Merger adjust- ments £000	31 March 2011 (restated) £000	31 March 2010 (restated) £000
Non-current assets					
Property, plant and equipment	38,114	39,075	5,159	33,916	35,720
Intangible assets	58	84	0	84	110
Investment property	0	0	0	0	0
Other financial assets	0	0	0	0	0
Trade and other receivables	0	0	0	0	0
Total non-current assets	38,172	39,159	5,159	34,000	35,830
Current assets					
Inventories	422	444	309	135	91
Trade and other receivables	11,732	7,907	3,424	4,483	5,428
Other financial assets	0	0	0	0	0
Other current assets	0	0	0	0	0
Cash and cash equivalents	1,168	1,153	6	1,147	1,035
Total current assets	13,322	9,504	3,739	5,765	6,554
Non-current assets classified 'Held for Sale':	1,150	1,400	0	1,400	736
Total current assets	14,472	10,904	3,739	7,165	7,290
Total assets	52,644	50,063	8,898	41,165	43,120
Current liabilities					
Trade and other payables	(14,377)	(12,067)	(6,288)	(5,779)	(6,676)
Other liabilities	0	0	0	0	0
Provisions	(590)	(1,020)	(863)	(157)	(131)
Borrowings	(76)	(76)	0	(76)	(21)
Other financial liabilities	0	0	0	0	0
Working capital loan from department	0	0	0	0	0
Capital loan from department	(164)	(164)	0	(164)	(78)
Total current liabilities	(15,207)	(13,327)	(7,151)	(6,176)	(6,906)
Non-current assets plus/less net current assets/ liabilities	37,437	36,736	1,747	34,989	36,214

	31 March 2012 £000	1 April 2011 (restated) £000	Merger adjust- ments £000	31 March 2011 (restated) £000	31 March 2010 (restated) £000
Non-current liabilities					
Trade and other payables	0	0	0	0	0
Other liabilities	0	0	0	0	0
Provisions	(1,690)	(1,510)	(499)	(1,011)	(1,038)
Borrowings	(114)	(190)	0	(190)	(149)
Other financial liabilities	0	0	0	0	0
Working capital loan from department	0	0	0	0	0
Capital loan from department	(3,581)	(3,745)	0	(3,745)	(1,820)
Total non-current liabilities	(5,385)	(5,445)	(499)	(4,946)	(3,007)
Total assets employed	32,052	31,291	1,248	30,043	33,207

Financed by: Taxpayers equity

Public dividend capital	32,412	32,869	0	32,869	33,019
Retained earnings	(2,038)	(10,031)	1,216	(11,247)	(9,309)
Revaluation reserve	1,652	8,427	32	8,395	9,471
Other reserves	26	26	0	26	26
Total taxpayers' equity:	32,052	31,291	1,248	30,043	33,207

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2012

	Public Dividend capital £000	Retained earnings £000	Revalu- ation reserve £000	Other reserves £000	Total reserves £000
Balance at 1 April 2011	32,869	(11,247)	8,395	26	30,043
Opening balance adjustments	0	0	0	0	0
Adjustments for Transforming Community Services transactions	0	1,216	32	0	1,248
Restated balance at 1 April 2011	32,869	(10,031)	8,427	26	31,291

Changes in taxpayers' equity for 2011-12

Retained surplus/(deficit) for the year	0	(871)	0	0	(871)
Net gain/(loss) on revaluation of property, plant, equipment	0	0	1,632	0	1,632
Net gain/(loss) on revaluation of intangible assets	0	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0	0	0
Impairments and reversals	0	0	0	0	0
Movements in other reserves	0	0	0	0	0
Transfers between reserves	0	12	(12)	0	0
Release of reserves to SOCI	0	0	0	0	0
Transfers to/(from) other bodies within the resource account boundary	0	0	0	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0	0
Reserves eliminated on dissolution	(32,869)	8,852	(8,395)	0	(32,412)
Originating capital for Trust established in year	32,412	0	0	0	32,412
New PDC received	0	0	0	0	0
PDC repaid in year	0	0	0	0	0
PDC written off	0	0	0	0	0
Transferred to NHS Foundation Trust	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0
Net actuarial gain/(loss) on pension	0	0	0	0	0
Net recognised revenue/(expense) for the year	(457)	7,993	(6,775)	0	761
Balance at 31 March 2012	32,412	(2,038)	1,652	26	32,052

Included above:

Transfer from revaluation reserve to retained earnings in respect of impairments	0	0	0	0	0
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Changes in taxpayers' equity for 2010 to 2011

	Public Dividend capital £000	Retained earnings £000	Revalu- ation reserve £000	Other reserves £000	Total reserves £000
Balance at 1 April 2010	33,019	(9,309)	9,471	26	33,207
Retained surplus/(deficit) for the year	0	(2,913)	0	0	(2,913)
Net gain/(loss) on revaluation of property, plant, equipment	0	0	429	0	429
Net gain/(loss) on revaluation of intangible assets	0	0	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0	0	0
Impairments and reversals	0	0	(530)	0	(530)
Movements in other reserves	0	0	0	0	0
Transfers between reserves	0	975	(975)	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0
Originating capital for Trust established in year	0	0	0	0	0
New PDC received	0	0	0	0	0
PDC repaid in year	(150)	0	0	0	(150)
PDC written off	0	0	0	0	0
Transferred to NHS Foundation Trust	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0
Net actuarial gain/(loss) on pension	0	0	0	0	0
Net recognised revenue/(expense) for the year	(150)	(1,938)	(1,076)	0	(3,164)
Balance at 31 March 2011	32,869	(11,247)	8,395	26	30,043
Included above:					
Transfer from revaluation reserve to retained earnings in respect of impairments	0	0	0	0	0

Statement of cash flows for the year ended 31 March 2012

	2011/12 £000	2010/11 £000
Cashflow from operating activities		
Operating surplus/deficit	365	(1,789)
Depreciation and amortisation	2,270	984
Impairments and reversals	2,353	3,599
Other gains / (losses) on foreign exchange	0	0
Donated assets received credited to revenue but non-cash	0	0
Government granted assets received credited to revenue but non-cash	0	0
Interest paid	(160)	(100)
Dividend paid	(1,024)	(890)
Release of PFI/deferred credit	0	0
(Increase)/decrease in inventories	22	(44)
(Increase)/decrease in trade and other receivables	(3,825)	784
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	2,711	(841)
(Increase)/decrease in other current liabilities	0	0
Provisions utilised	(875)	(111)
Increase/(decrease) in provisions	550	52
Net cash outflow from operating activities	2,387	1,644

Cash flows from investing activities

Interest received	16	8
(Payments) for property, plant and equipment	(2,148)	(3,832)
(Payments) for intangible assets	0	0
(Payments) for investments with DH	0	0
(Payments) for other financial Assets	0	0
(Payments) for financial assets (LIFT)	0	0
Proceeds of disposal of assets held for sale (PPE)	0	335
Proceeds of disposal of assets held for sale (Intangible)	0	0
Proceeds from disposal of investment with DH	0	0
Proceeds from disposal of other financial assets	0	0
Proceeds from the disposal of financial assets (LIFT)	0	0
Loans made in respect of LIFT	0	0
Loans repaid in respect of LIFT	0	0
Rental revenue	0	0
Net cash inflow/(outflow) from investing activities	(2,132)	(3,489)
Net cash inflow/(outflow) before financing	255	(1,845)

	2011/12 £000	2010/11 £000
Cash flows from financing activities		
Public dividend capital received	0	0
Public dividend capital repaid	0	(150)
Loans received from DH - new capital investment loans	0	2,132
Loans received from DH - new working capital loans	0	0
Other loans received	0	134
Loans repaid to DH - capital investment loans repayment of principal	(164)	(121)
Loans repaid to DH - working capital loans repayment of principal	0	0
Other loans repaid	(76)	(38)
Cash transferred to NHS Foundation Trusts	0	0
Capital element of payments in respect of finance leases and on-SoFP PFI and LIFT	0	0
Capital grants and other capital receipts	0	0
Net cash inflow/(outflow) from financing activities	(240)	1,957
Net increase/(decrease) in cash and cash equivalents	15	112
Cash and cash equivalents (and bank overdraft) at beginning of the period	1,147	1,035
Opening balance adjustment - TCS transactions	6	0
Restated cash and cash equivalents (and bank overdraft) at beginning of the period	1,153	1,035
Effect of exchange rate changes in the balance of cash held in foreign currencies	0	0
Cash and cash equivalents (and bank overdraft) at year end	1,168	1,147

Pension liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales.

The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

At the year end, the Trust's payables balance included £1,628,000 pension costs (£612,000 at 31 March 2011).

The remuneration report on page 105 of the Annual Report provides the details of the pension entitlements of senior managers.

Better payment practice code - measure of compliance

	2011/12 number	2011/12 £000	2010/11 number	2010/11 £000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	29,855	23,869	20,247	18,582
Total non-NHS trade invoices paid within target	27,289	23,148	19,654	17,817
Percentage of non-NHS trade invoices paid within target	91%	97%	97%	96%

NHS payables

Total NHS trade invoices paid in the year	974	23,870	676	7,123
Total NHS trade invoices paid within target	808	20,020	593	4,656
Percentage of NHS trade invoices paid within target	83%	84%	88%	65%

The better payment practice code requires the Trust to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Prompt payments code

The Trust has applied (pending references) to join the prompt payment code in accordance with David Nicholson's letter of 18 May 2009 that referred to the ten day payment commitment which has been set for government departments.

Related party transactions

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with Worcestershire Health and Care NHS Trust. Details of related party transactions with individuals are as follows:

	Payments to related party £	Receipts from related party £	Amount owed to related party £	Amounts due from related party £
Mrs Jill Gramann - Non-Executive Director Director and Trustee for British Institute of Learning Disability (until October 2011)	420	0	0	0

Worcestershire Health and Care NHS Trust is a corporate trustee of Worcestershire Health and Care NHS Trust Charitable Funds (Charity No. 1060335). The Trust has received revenue payments from this charity, which are summarised below. The unaudited summary financial statements of the charity are included in the Trust's annual report.

	Payments to related party £	Receipts from related party £	Amount owed to related party £	Amounts due from related party £
The transactions between the Trust and the charity are: Administration fee	0	11,908	0	0

The Trust has not made any provisions for doubtful debts.

The Department of Health is regarded as a related party. During the year, Worcestershire Health and Care NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. The entities were these transactions were at least £500,000 in value for the year are:

Related party	Purpose of Transaction
Birmingham East and North Primary Care Trust	Purchase of healthcare
Dudley Primary Care Trust	Purchase of healthcare
Herefordshire Primary Care Trust	Purchase of healthcare
South Birmingham Primary Care Trust	Purchase of healthcare
West Midlands Strategic Health Authority	Funding for Training - MADEL
Worcestershire Acute Hospitals NHS Trust	Purchase of healthcare
Worcestershire Primary Care Trust	Purchase of healthcare

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with:

Related Party	Purpose of Transaction
Birmingham City Council	Payment of rates
Bromsgrove District Council	Payment of rates
HM Revenue & Customs	Payment of Income Tax etc.
Malvern Hills District Council	Payment of rates
NHS Pensions Agency	Payment of superannuation
Redditch Borough Council	Payment of rates
Shropshire County Council	Payment of rates
Worcestershire City Council	Payment of rates
Worcestershire County Council	Payment of rates
Wychavon District Council	Payment of rates
Wyre Forest Council	Payment of rates

NHS Trust Charitable Funds

The unaudited summary financial statements for Worcestershire Health and Care NHS Trust Charitable Funds (Charity No. 1060335) are shown below:

Unaudited Statement of financial activities for year ended 31 March 12

Recommended categories by activity	Unrestricted funds £000	Restricted funds £000	Endowment funds £000	Total 2011/12 £000	Total 2010/11 £000
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Incoming resources

Incoming resources from generated funds

Voluntary income	94	107	0	201	557
Activities for generating funds	0	0	0	0	0
Investment income	5	19	0	24	20
Total incoming resources	99	126	0	225	577

Resources expanded

Costs of generating funds	0	0	0	0	0
Investment management costs	2	5	0	7	4
Charitable activities	75	307	0	382	148
Governance costs	4	18	0	22	25
Other resources expended	0	23	0	23	0
Total resources expended	81	353	0	434	177
Net incoming/(outgoing) resources before transfers	18	-227	0	-209	400
Gains/(losses) on reval and disposal of inv'st asset	0	-7	0	-7	15
Net movement in funds	18	-234	0	-216	415
Total fund brought forward at 1 April 2011	222	754	0	976	561
Total fund carried forward at 31 March 2012	240	520	0	760	976

NHS Trust charitable funds

Unaudited balance sheet as at 31 March 2012

Recommended categories by activity	Unre- stricted funds £000	Restricted funds £000	Endow- ment funds £000	Total 2011/12 £000	Total 2010/11 £000
Total fixed assets	231	502	0	733	577
Current assets					
Stocks	0	0	0	0	0
Debtors	0	0	0	0	0
Cash at bank and in-hand	15	24	0	39	424
Total current assets	15	24	0	39	424
Creditors: amounts falling due within one year	6	6	0	12	25
Net current assets	9	18	0	27	399
Total net assets	240	520	0	760	976
Funds of the charity					
Restricted funds	0	520	0	520	222
Unrestricted funds	240	0	0	240	754
Total funds	240	520	0	760	976

Statements

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF WORCESTERSHIRE HEALTH & CARE NHS TRUST

I have examined the summary financial statement for the year ended 31 March 2012 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Cash Flows, and the Statement of Changes in Taxpayers' Equity.

This report is made solely to the Board of Directors of Worcestershire Health & Care NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Worcestershire Health & Care NHS Trust for the year ended 31 March 2012. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements 8th June 2012 and the date of this statement.



Elizabeth Cave
District Auditor

Audit Commission, Room 24,
West Mercia Police HQ,
Hindlip Hall
PO Box 55
Worcester, WR3 8SP

28 June 2012

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

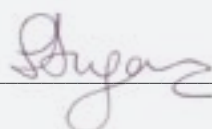
The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the Trust;
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

1 June 2012

Date



Chief Executive

Statement of Directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- Make judgements and estimates which are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

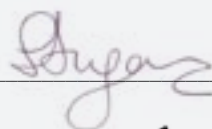
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board.

1 June 2012

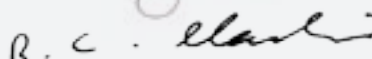
Date



Chief Executive

1 June 2012

Date



Director of Finance

Operating and Financial Review (OFR)

1. Nature, objectives and strategies of the business. This provides an understanding of the NHS body, including a description of:	
<p>The location and type of facilities provided and the structure of the business including its main services and users.</p>	<p>The Trust is one of two local National Health Service organisations that provide healthcare services commissioned by the Worcestershire Primary Care NHS Trust and other neighbouring commissioners, including Worcestershire County Council. The Trust’s main responsibilities cover:</p> <ol style="list-style-type: none"> 1. Working to deliver the best possible healthcare to the Trust’s patients in hospital, in the community and at home. For example the Trust provides these services from sites across Worcestershire, including the community hospitals in Bromsgrove, Evesham, Pershore, Malvern and Tenbury along with various health centres and clinics. 2. Safeguarding the organisation’s assets and public funds. 3. Maintaining a sound system of internal control that supports the achievement of the organisation’s objectives. 4. Reporting upon its performance across the targets and performance indicators required by the Strategic Health Authority and Department of Health. 5. Delivering healthcare that is good value for money. <p>The Trust is governed by a Board, which is supported by the following formal committees who meet on a regular basis throughout the year to review and assess and regulate the activities and responsibilities of the Trust:</p> <ul style="list-style-type: none"> • Finance and performance • Quality and safety • Audit • Remuneration • Foundation Trust Programme • Charitable funds. <p>The Trust also works within a regulatory framework, which includes all the relevant national standards, which are set by the Care Quality Commission.</p>
<p>The external environment in which it operates.</p>	<p>The Trust provides health services for over half-a-million people who live in Worcestershire. The county has a diverse population with complex needs ranging from pockets of urban deprivation to relatively affluent neighbourhoods. In its rural areas the Trust provides for an increasingly ageing population, whereas in Worcester City there is a significant student population.</p>

<p>A brief history of the NHS body and its statutory background.</p>	<p>The Worcestershire Mental Health Partnership NHS Trust demised on 30 June 2011 and a new Trust was established on 1 July 2011 called the Worcestershire Health and Care NHS Trust. This Trust brought together the services that were operated by the demised Trust with those of the Worcestershire Primary Care Trust provider arm. There were no significant debt write-offs required following the creation of the new Trust. The benefits expected to accrue from the merger are as follows:</p> <ul style="list-style-type: none"> • Improve pathways of care for patients • A synergy of services in the community including the provision of mental health and learning disability services • Allows GPs and the emerging clinical commissioning groups to work with the new organisation and influence new models of care • A significant reduction in corporate overheads and support service costs.
<p>The objectives of the Trust over the long term, the time scale used being dependent on the type of objective. Objectives will be defined in terms of non-financial and financial performance.</p>	<p>This is included on Page 10 of this document under the heading 'Our vision'.</p>
<p>The directors' strategies for achieving the objectives of the NHS body and the effect of past and current actions undertaken. This includes the Key Performance Indicators, both financial and non-financial, used by the directors to assess progress against their stated objectives.</p>	<p>In the period leading up to its establishment and in each of the subsequent months the Board has set time aside to determine the Trust's strategic vision. The Trust's aims and objectives are to establish mechanisms for monitoring and reviewing management performance and to ensure the Trust's objectives are met, to oversee the delivery of planned services, to develop and maintain an annual business plan and to ensure that national policies and strategies are effectively addressed and implemented within the Trust. In addition the Board has undertaken induction to, and familiarisation with the Trust and the range of services that it provides. Key matters include the quality and safety of services provided, identifying risks to strategic goals, identifying and delivering cost improvement programmes and progress with the Foundation Trust application.</p> <p>The executive directors have all agreed personal objectives with the Chief Executive which delivers their contribution to the Trust's strategies and key objectives. The directors cascade their objectives to the associate directors, who in turn discuss and agree the objectives that they will lead on. The associate directors then follow the same annual process with the Service Delivery Unit leads and other heads of services.</p> <p>The formal committees to the Board e.g. Audit Committee meet on a regular basis throughout the year to review and assess progress with the delivery of the Trust's strategies and objectives. The committees are supported in their work by the capital and development sub-committee and other key stakeholders meetings such as the contract management board, which is chaired by the local Primary Care Trust.</p> <p>The Chairman of each committee presents a report to the Board on the important matters considered by their respective Committees.</p> <p>The Trust Board also receives performance reports at every meeting.</p> <p>The Trust's performance against the 2011/12 key national targets are reported upon elsewhere within this report, but the headlines are that:</p> <ul style="list-style-type: none"> • The 18 week maximum waiting times standard for both admitted care (in-patients and day cases) and non-admitted care (out-patients) was achieved throughout the year. The Trust was however only responsible for admitted care for the first three months of the financial year, prior to these services being transferred to the local acute trust • The requirement for 95% of people to be treated and admitted or discharged within four hours in Accident & Emergency was achieved throughout the year. All four minor injury units within the Trust at Bromsgrove, Evesham, Malvern and Tenbury are monitored to ensure that they remain above this expected level.

2. Development and performance of the business for the period under review and in the future.	
<p>The significant features of the development and performance of the NHS body in the year.</p>	<p>The Trust delivered a significant number of service developments during the course of 2011/12. These achievements included:</p> <p>The main mental health developments/funding additions that have been agreed by commissioners during last year amounted to £1,278,000 and were as follows. The funding quoted is the value in the signed contract variation:</p> <ul style="list-style-type: none"> • Intermediate care for mental health patients • Mental health placements • Early intervention dementia services • Asperger's • Place of safety services <p>The main other healthcare developments that have been agreed by commissioners during last year amounted to £2,984,000 and were as follows. The funding quoted is the recurrent value added to the 2012/13 contract:</p> <ul style="list-style-type: none"> • The adult services team within the joint commissioning unit agreed funding for Rapid response nurses in Wyre forest, intermediate care team locums, the Timberdine resource team and services at the Howbury Unit • The children's services team within the joint commissioning unit agreed funding for a locum consultant in Child and Adolescent Mental Health and an out-of-hours service; together with funding for children's end of life palliative care • In the Redditch and Bromsgrove locality, commissioners have agreed funding for nurse advisers for the elderly, an intermediate care team leader and four care managers • In South Worcester the additional funding secured from commissioners is in respect of intermediate care, community stroke services, additional physiotherapy hours, an intermediate care night service, adult therapy management and other cluster initiatives • In the Wyre Forest locality developments to services include intermediate care and additional funding for the district nursing service.
<p>Analysis of the main trends and factors that directors consider likely to impact on the future, including the development of new services or the benefits expected from capital investment.</p>	<p>The main trends and factors that Directors consider likely to impact on the future include the requirement for delivering the Trust's cost improvement programme, in a recurrent manner, including the £1.7 million delivered non-recurrently; the development of service line reporting and the due diligence work leading up to the planned achievement of Trust Foundation status on 1 July 2013.</p> <p>The main capital developments planned for 2012/13 concern the Brook Haven older adult mental health in-patient unit with an expected total investment of around £6 million. The enabling works are already underway.</p> <p>From 1 April 2013 the three new clinical commissioning groups representing Wyre Forest, Redditch and Bromsgrove and South Worcestershire will formally take on the responsibilities currently held by the Worcestershire Primary Care Trust, although it is not anticipated that this will adversely affect the services provided by the Trust.</p>

<p>The current level of investment expenditure; and planned future expenditure and how this will assist the NHS body to achieve its objectives.</p>	<p>In 2011/12 the Trust used internally generated funds from depreciation and brought forward revenue surpluses to cover a capital investment programme of £1,454,000. The funding was supplemented by £300,000 provided by the Strategic Health Authority to develop a Business case for the Brook Haven Mental Health older adult mental health in-patient unit.</p> <p>The Trust's two main strategic schemes this year were the alterations to Rowan House £630,000 and the enabling works for the Brook Haven scheme, which cost £793,000. The Trust also spent £222,000 on the refurbishment of premises to improve conformity to the regulations covering the privacy and dignity of patients; including work required by the patient environment action teams.</p> <p>The Trust has also made investments in medical equipment of £16,000 and £9,000 for information technology. Health and safety expenditure was £9,000. The only other area of substantial expenditure was backlog maintenance of £46,000 and other minor improvement works of £29,000.</p> <p>Overall there was an £67,000 under spend against the Trust's capital resource limit. A break-even position would have been reported, however the Trust was given £67,000 additional resources during the year by the Strategic Health Authority, with whom it was agreed this would be unspent at the year end.</p>
<p>3. The resources, principal risks and uncertainties and relationships that may affect the entity's long term value.</p>	
<p>A description of the resources available to the NHS body and how they are managed.</p>	<p>For 2011/12, the total operating revenue resources for the Trust (mainly received via healthcare contracts with the Worcestershire Primary Care Trust and other NHS Commissioners) was £171 million. Budgets are set throughout the Trust up to this limit and it is the responsibility of the budget holders to ensure that the Service Delivery Units are managed within the allocated budget. Progress during the year on this important area of responsibility is reported at Trust Board Meetings and in detail at the Finance and Performance Committee. The business of the Trust is governed by the Trust's standing orders and standing financial instructions; and spending decisions regulated through an approved scheme of delegation.</p> <p>The reported NHS financial performance for the year is an end of year deficit of £871,000. This is adjusted for two technical items:</p> <ul style="list-style-type: none"> • Impairments of the Trust's assets (due to falling land and building valuations) £2,353,000; and • Depreciation on the Trust's donated assets £18,000. <p>The adjusted retained surplus is therefore £1.5 million, which is in accordance with the plan and target surplus agreed with the Strategic Health Authority.</p>
<p>The key strengths and resources, tangible and intangible, which assist it in the pursuit of its objectives and, in particular, those items that are not reflected in the balance sheet.</p>	<p>A major strength of the Trust is its strong and positive partnerships with others which help it to achieve its objectives. Our key partnerships include:</p> <ul style="list-style-type: none"> • Worcestershire Primary Care Trust for the provision of healthcare • Worcestershire County Council for the pooled budget arrangements covered by section 75 of the NHS Health Act • Worcestershire Acute Hospitals NHS Trust, in the sharing of support services such as Information Technology and Procurement services • Worcestershire Local Involvement Network (LINK) • Trade Unions.

<p>Disclosure of strategic, commercial, operational and financial risks where these may significantly affect the NHS body's strategies and development.</p>	<p>The Board assurance framework is a document in which the Trust Board sets out what it considers to be the most significant risks it sees in meeting its 2011/12 objectives. The principal risks identified in 2011/12 are set out below under the relevant strategic headings:</p> <p>We will always provide an excellent patient experience:</p> <ul style="list-style-type: none"> • Following the identification of shortcomings in the mental health in-patient survey 2011 and mental health community services user survey 2011, the Trust developed an action plan to address the identified shortcomings. The Trust now needs to clarify which patients should be provided with an out of hours number. • In the Care Quality Commission's unannounced visit to Osborne Court it was found that entries on, and the format of, diet recording sheets was not as required. Concerns were also raised about adherence to medication transcribing policy and the lack of evidence of updates on care profiles. An action plan has been completed identifying what changes need to happen, how they will be implemented and the timescale. • In a similar way the Worcestershire Local Involvement Network's (LINKs) unannounced visits resulted in a number of recommendations being made on the patient and visitor experience. An action plan has been drawn up by the matron of each hospital to address the recommendations made. • Internal audit found that there had been a failure to ensure that routine administrative obligations are complied with, leading to a lack of compliance with the requirements of the Mental Health Act 1983 and associated Code of Practice. The Trust's Medical Director is addressing the shortcomings and a further independent review is to be undertaken in March 2012. <p>Our organisation will be efficient, inclusive and sustainable:</p> <ul style="list-style-type: none"> • Internal audit also found that management information systems are not sufficiently robust to provide accurate and timely performance information to manage carbon emissions and sustainability, and identify opportunities for improvement. The action required included a site by site valuation to identify opportunities for reducing environmental impact. The Trust Board also observed that the estate review/strategy and six facet survey will help to reduce the Trust's carbon footprint. • An August review of the Trust's Cost Improvement Programme by Internal Audit considered that an appropriate framework had not been established for performance managing the implementation and delivery of the Cost Improvement Programme (CIP). A subsequent review later in the year confirmed that a robust process has now been established and significant assurance can be placed upon the Trust's key controls in this area. <p>The Trust has identified the following future risks:</p> <ul style="list-style-type: none"> • Achieving a reduction in the number of inherited patient administration systems (PAS). The Board has agreed to transfer as many clinical services as possible to one of the existing PAS. Implementation will take place over the next two years. • Over the next five years the potential impact of CIPs on quality of services may be detrimental. During 2011/12 there has been no adverse impact on the quality of clinical services as a result of the Trust's CIP impact assessments continue to be undertaken on CIPs relating to the delivery of clinical services.
<p>The directors' policy for managing principal risks is to be disclosed.</p>	<p>The Risk Management Strategy of the Trust sets out a policy approved by the Board for managing risk, which identifies accountability arrangements, the processes to be used, and contains guidance on what may be regarded as an acceptable level of risk (organisational, clinical, financial and strategic) within the organisation.</p> <p>The Trust has, in common with the requirement upon all NHS organisations, put in place a major incident plan that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance.</p>

<p>Information about significant relationships with stakeholders, which are likely, directly or indirectly, to influence the performance of the Trust.</p>	<p>The Trust has good working relationships with a wide range of partners ranging from the local Primary Care Trust, suppliers, Trade Unions and employees to the Worcestershire County Council for the delivery of healthcare through the Section 75 pooled budgets.</p> <p>These strong and positive partnerships are a major strength helping the Trust to achieve its objectives.</p>
<p>4. Position of the business, including a description of the capital structure, treasury policies and objectives and liquidity of the entity both in the period under review and in the future.</p>	
<p>The events that have impacted on the financial position of the NHS body during the year, and factors that are likely to affect the financial position going forward.</p>	<p>The Trust commenced the financial year with a robust set of budgets and a £1 million contingency reserve, which was created in order to help the Trust manage risks and cost pressures and unexpected service demands arising during the course of the year. The following major issues were covered non-recurrently from this reserve in 2011/12:</p> <ul style="list-style-type: none"> • £640,000 mental health placements • £240,000 mental health medical staffing • The balance was effectively used supporting the over-spending on the continence service. <p>This is the Trust's first annual report and this year's surplus of £1.5 million has been recorded on a turnover of £171 million, which means that this represents a modest level of unspent resources amounting to 0.8%.</p> <p>Looking forward the medium term financial position has a robust base with the Trust being able to confidently forecast a £2,048,000 or 1.3% surplus position for 2012/13, having established a Contingency Reserve (1%) for non-recurrent purposes.</p>
<p>Accounting policies focusing on those which have required the particular exercise of judgement and which have changed during the year.</p>	<p>Standard NHS accounting policies have been adopted. The Trust has prepared its 2011/12 Draft Final Accounts in a form that complies with the International Financial Reporting Standards (IFRS) and submitted them to the Department of Health and Audit Commission by the required date of 23 April 2012.</p>
<p>Cash flow issues which supplement information provided in the annual accounts.</p>	<p>There are no material cash flow issues to report upon as the Trust drew down cash to within £30,000 of its approved external financing limit.</p>
<p>Carrying value versus market value of land</p>	<p>The carrying value of the Trust's land is £8,025,000, which is based upon the District Valuation Office's valuation as at 31 March 2012.</p>

5. Policies adopted and the extent to which they have been successfully implemented regarding environmental, social and community issues	
Sustainability report.	This is included on Page 40.
Emergency preparedness.	This is included on Page 30.
Complaints handling procedure and principles for remedy.	This is included on Page 17.
Better Payments Practice Code.	The Trust's measure of compliance on the Better Payments Practice Code is shown on page 92. The Trust has achieved full compliance on all four measures from 1 January 2012.
Prompt Payments Code.	The Trust has applied to become a signatory to the Prompt Payments Code, and authorisation is awaited, pending receipt of references.
The action taken to maintain or develop the provision of information to and consultation with the Trust's employees.	The Trust Board have agreed 20 Corporate policies, 20 that relate to Health and Safety and Security and four Human Resource policies, which are all shown on the Trust's website. The significant contributions made by the Trust's staff at all levels across clinical and non-clinical activities continues to be a key factor in the Trust's success and the Trust acknowledges that much of the work done is over and above that contracted for.
Policy in relation to disabled employees and on equal opportunities.	This is included on Page 36.
Sickness absence data.	The total days lost in 2011/12 was 30,646, which is 3,094 staff years with the average working days lost being ten.
External audit disclosure.	The Trust's auditor is the Audit Commission and the agreed statutory audit fees for 2011/12 were £145,200 (including VAT). In addition to these fees the Trust paid £15,000 (including VAT) for a review of the Trust's Quality Account.
Serious untoward incidents.	This is included on Page 51.
Progress against agreed non-financial target.	This is included on Page 38.
Social and community issues.	<p>The Trust has developed an Engagement and Involvement Framework. A key part of this Framework is effective relationships and an active dialogue with groups such as the:</p> <ul style="list-style-type: none"> • Service user forum • Members Forum, which advises the Trust of the views, issues and concerns of members and the communities they relate to. • Carers forum • Worcestershire Local Involvement Network (LINK).
Persons with whom the entity has contractual or other arrangements which are essential to the business of the entity.	<p>The Trust works with a wide range of partners, from contracted and trade suppliers, to those who jointly deliver services with us e.g. Worcestershire County Council (for pooled budget arrangements).</p> <p>The Trust takes the Prompt Payments Code to trade suppliers seriously and has applied to become a signatory to the Code.</p>

Remuneration Report

<p>Details of the membership of the Remuneration Committee.</p>	<p>The Remuneration Committee of the Trust is a sub-committee of the Trust Board, which determines the remunerations, allowances and terms of service of the Chief Executive and those Executive Directors reporting directly to the Chief Executive. The membership of the committee will comprise of the Chairman of the Trust and two Non-Executive Directors. The Committee shall undertake the following duties:</p> <p>a) To agree appropriate remuneration and terms of service for the Chief Executive and other executive directors including:</p> <ul style="list-style-type: none"> • All aspects of salary (including any performance-related elements/bonuses) • Provisions for other benefits, including pensions • Arrangements for terminations of employment and other contractual terms for all Trust employees. <p>b) To monitor and evaluate the performance of individual executive directors</p> <p>c) To advise on, and oversee, appropriate contractual arrangements for executive directors, including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.</p> <p>For 2011/12 the pay of the directors and senior managers was not increased in April 2011, and no performance bonuses were paid to the Chief Executive or the other Directors.</p> <p>The remuneration and pension entitlements of senior managers are included in the table on page 107 of this report.</p>
<p>Pay multiples.</p>	<p>Reporting bodies, including the Trust are required to disclose the relationship between the remuneration of the highest paid director in the Trust and the median remuneration of the organisation's workforce.</p> <p>The banded remuneration of the highest paid director in the trust in 2011/12 was £141,284. This was 6.5 times the median remuneration of the workforce which was £21,798. In 2011/12 no employees received remuneration in excess of the highest paid director.</p> <p>Total remuneration includes salary, non-consolidated performance related pay, benefits in kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.</p>
<p>The policy on the remuneration of senior managers for current and future financial years.</p>	<p>This is decided by the Remuneration Committee and for 2011/12 the agreement was in line with the national guidance.</p>
<p>The methods used to assess whether performance conditions were met and why those methods were chosen. If relevant, why the methods involved comparison with outside organisations.</p>	<p>The objectives of the Directors are set in line with the Trust's statement of overall objectives.</p> <p>The overall corporate objectives are monitored and disclosed to the Board on a regular basis as well as there being an individual assessment by the Chief Executive with each Director. This is in line with NHS practice.</p>
<p>The relative importance of the relevant proportions of remuneration which are, and which are not, subject to performance conditions.</p>	<p>The Remuneration Committee uses baseline Director salaries, which are then bench-marked against similar NHS Trusts across the West Midlands.</p>

<p>A summary and explanation of policy on duration of contracts, and notice periods and termination payments.</p>	<p>The policy on contracts is that they are all substantive and the contract follows the national template. All contracts include three month's notice period from the individual and six months from the Trust. Any termination payments are contractual, in line with national guidance and the SHA process. No deviations are agreed.</p>
<p>Details of the service contract for each senior manager who has served during the year:</p> <ul style="list-style-type: none"> • date of the contract, the unexpired term, and details of the notice period; • provision for compensation for early termination; and • other details sufficient to determine the entity's liability in the event of early termination. 	<p>In 2011/12 nine staff left the Trust under the NHS Redundancy Scheme. The payments involved the sum of £749,000. The staff leaving during the year included one Director and three senior managers at level 8A and above.</p>
<p>Pension Scheme and liabilities of the Trust.</p>	<p>NHS Creditors include £1,628,000 pension costs at 31 March 2012 (£612,000 at 31 March 2011 for the demised Trust). The accounting policy for pensions and outline of the scheme is set out on page 24 of the Trust's Annual Accounts.</p>
<p>Explanation of any significant awards made to past senior managers.</p>	<p>Refer to the Remuneration Tables.</p>

Board of Directors salaries and allowances for the annual report and accounts 2011/12

			2011/12				2010/11			
			Salary (bands of £5000)	Other remuneration (bands of £5000)	Bonus Payments (bands of £5000)	Benefits in kind (rounded to nearest £'00)	Salary (bands of £5000)	Other remuneration (bands of £5000)	Bonus Payments (bands of £5000)	Benefits in kind (rounded to nearest £'00)
Name and title	Date started	Date left	£000	£000	£000	£00	£000	£000	£000	£00
Chris Burdon, Chairman	Jul 11		15 - 20	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jill Gramann, Non-executive Director	Jul 11		0 - 5	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Martin Connor, Non-executive Director	Jul 11		0 - 5	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Peter Lachecki, Non-executive Director	Jul 11		0 - 5	Nil	Nil	Nil	Nil	Nil	Nil	Nil
David Priestnal, Non-executive Director	Sep 11		0 - 5	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Colin Phillips, Non-executive Director			5 - 10	Nil	Nil	Nil	5 - 10	Nil	Nil	Nil
Sarah Dugan, Chief Executive	May 11		120 - 125	Nil	Nil	15	Nil	Nil	Nil	Nil
Dr William Creaney, Medical Director			100 - 105	40 - 45	Nil	Nil	25 - 30	105 - 110	Nil	Nil
Robert Mackie, Director of Finance	Jul 11		75 - 80	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Janet Ditheridge, Director of Service Delivery			90 - 95	Nil	Nil	Nil	85 - 90	Nil	Nil	Nil
Sandra Brennan, Director of Quality	Jul 11		65 - 70	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Trickett, Director of Strategy and Business Development	Jul 11	Mar 12	55 - 60	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Robert Hipwell, Board Secretary			80 - 85	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Neil Lockwood, Chairman		Jun 11	0 - 5	Nil	Nil	Nil	15 - 20	Nil	Nil	Nil
Yvonne Milne, Non-executive Director		Jun 11	0 - 5	Nil	Nil	Nil	5 - 10	Nil	Nil	Nil
Bridget Nisbet, Non-executive Director		Jun 11	0 - 5	Nil	Nil	Nil	5 - 10	Nil	Nil	Nil
Jonathon Parsons, Non-executive Director		Jun 11	0 - 5	Nil	Nil	Nil	5 - 10	Nil	Nil	Nil
Robin Richmond, Non-executive Director		Jun 11	0 - 5	Nil	Nil	Nil	5 - 10	Nil	Nil	Nil
Dr Rosemary Keeton, Chief Executive		May 11	15 - 20	Nil	Nil	Nil	115 - 120	Nil	Nil	Nil
Rupert Davies, Director of Resource		May 11	15 - 20	Nil	Nil	Nil	90 - 95	Nil	Nil	Nil
Susan Fairlie, Director of Service Development and Executive Nursing		Jun 11	15 - 20	Nil	Nil	Nil	70 - 75	Nil	Nil	Nil

Pension benefits

Name and title	Date started	Date left	Real increase in pension at age 60 (bands of £2,500)	Real increase in pension lump sum at age 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2012 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5,000)	Cash equivalent transfer value at 31 March 2012	Cash equivalent transfer value at 31 March 2011	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension
			£000	£000	£000	£000	£000	£000	£000	£000
Sarah Dugan, Chief Executive	May 11		0 - 2.5	2.5 - 5	40 - 45	120 - 125	674	548	96	0
Dr William Creaney, Medical Director			0 - 2.5	5 - 7.5	5 - 10	25 - 30	176	126	46	0
Robert Mackie, Director of Finance	Jul 11		0 - 2.5	2.5 - 5	15 - 20	55 - 60	277	207	48	0
Janet Ditheridge, Chief Operating Officer			0 - 2.5	5 - 7.5	25 - 30	80 - 85	504	413	78	0
Sandra Brennan, Director of Quality	Jul 11		0 - 2.5	0 - 2.5	30 - 35	95 - 100	581	511	40	0
Simon Trickett, Director of Strategy and Business Development	Jul 11	Mar 12	0 - 2.5	N/A	15 - 20	N/A	172	101	51	0
Robert Hipwell, Board Secretary			0 - 2.5	0 - 2.5	35 - 40	115 - 120	847	775	48	0
Dr Rosemary Keeton, Chief Executive		May 11	0 - 2.5	0 - 2.5	50 - 55	150 - 155	996	889	10	0
Rupert Davies, Director of Resources		May 11	0 - 2.5	0 - 2.5	35 - 40	105 - 110	757	665	12	0
Susan Fairlie, Director of Services Development and Executive Nurse		Jun 11	0 - 2.5	0 - 2.5	15 - 20	50 - 55	316	271	9	0

Reporting of other compensation schemes - exit packages

Exit package cost band (including any special payment element)	* Number of compulsory redundancies	* Number of other departures	Total number of exit packages by cost band (total cost £000s)	Number of departures included in (b) & (c) where special payments have been made (special payment element totalled)
< £10,001	*		15	
£10,001 - £25,000	*		18	
£25,001 - £50,000				
£50,001 - £100,000				
£100,001 - £150,000	10		622	
£150,001 - £200,000				
>£200,000	*		264	
Total number of exit packages by type (total cost)	10		919	

[Numbers are rounded to the nearest ten, and numbers less than five are represented by]

The total number of compulsory redundancies provided for in the Trust's 2011/12 accounts was nine.

Audit Committee Annual Report 2011/12

Martin Connor - Chair of Audit Committee

1. Introduction

The Audit Committee is established under Board delegation with approved terms of reference that are aligned with the Audit Committee Handbook 2005, published by the HFMA and Department of Health. The Committee consists of three Non-Executive directors and has met on four occasions throughout the financial year. It has discharged its responsibilities for scrutinizing the risks and controls which affect all aspects of the organisation's business.

2. Principal review areas

This annual report is divided into six sections reflecting the six key duties of the Committee as set out of the terms of reference.

2.1 Governance, risk management and internal control

The Committee has reviewed relevant disclosure statements, in particular the Governance Statement (formerly known as the Statement on Internal Control, or SIC) together with the Head of Internal Audit Opinion, external audit opinion and other appropriate independent assurances and considers that the Governance Statement is consistent with the Committee's view on

the Trust's system of internal control. Accordingly the Committee supports the Board's approval of the Governance Statement.

The Committee has reviewed the Assurance Framework. It believes that the Framework used during the year was fit for purpose and has reviewed evidence to support this. The Framework is in line with Department of Health expectations and has been reviewed by internal audit and external audit to give additional assurance that this opinion is well founded.

The Committee has reviewed the completeness of the risk management system and the extent to which it is embedded in the organisation. The Committee believes that while adequate systems for risk management are in place, more work is required to ensure that these are embedded throughout the whole organisation. The Committee's opinion is that this issue requires continuing executive management focus and sponsorship.

2.2 Internal audit

Throughout the year the Committee has worked effectively with internal audit to strengthen the Trust's internal control processes. The committee has also in year:

Received and considered the external audit review of the

effectiveness of internal audit and considers the provision of the internal audit service sufficient in supporting the Committee in fulfilling its role.

Reviewed and approved the internal audit strategy, operational plan and more detailed programme of work at its February meeting.

Considered the major findings of internal audit and are assured that management have responded in an appropriate manner and that the Head of Internal Audit Opinion and Governance Statement reflect any major control weaknesses.

Discussed and agreed the actions required in 21 audit reports, 19 of which confirmed a significant assurance could be placed upon the Trust's controls. The only exceptions concerned the Trust's Cost Improvement Programme, where controls were subsequently revisited later in the year and were found to be operating effectively; and the Mental Health Act-Consent Review for which a moderate assurance was given by Audit. The Committee has asked for this area to be re-examined in 2012/13.

2.3 External Audit

The Committee reviewed and agreed external audit's annual plan.

The Committee reviews and comments on all the

reports prepared by external audit; including the Annual Governance letter.

2.4 Management

The Committee has continually challenged the assurance process when appropriate and has requested and received assurance reports from Trust management and various other sources; both internally, and externally throughout the year.

This process has also included calling managers to account when considered necessary to obtain relevant assurance. The Committee also works closely with the Trust's Contracting, Information and Performance Manager to ensure that the assurance mechanism within the Trust is fully effective and that a robust process is in place to ensure that actions falling out of external reviews are implemented and monitored by the Committee.

2.5 Financial Reporting

The Committee has reviewed the annual financial statements before submission to the Board and considers them to be accurate.

On 10 May 2012 the Committee received a detailed briefing on the Trust's final accounts for 2011/12, which covered all the significant accounting issues for the year, including the Trust's accounting policies.

2.6 Counter Fraud Service

The Committee has reviewed and approved the annual Counter Fraud plan, terms

of reference and its progress reports. A separate annual report is produced to cover the work of the Local Counter Fraud Service.

3. Other matters worthy of note

The Committee has reviewed the process and controls the Trust have put in place to achieve its financial obligations throughout the year. It further notes that the Trust has achieved these financial obligations.

The Committee recognises the hard work that delivered the financial outcome for the year ending 31 March 2012. Both the financial surplus and proximity of the actual outcome to forecast are a reflection of sound management.

4. Review of the effectiveness and impact of the Audit Committee

The Committee has been active during the year in carrying out its duty in providing the Board with assurance that effective internal control arrangements are in place. Specifically the Committee has:

Reviewed the Assurance Framework and Risk Register and has influenced the drafting and ongoing development of these tools.

Reviewed its compliance with the Audit Committee Handbook and has a plan to

undertake a self-assessment. Actions arising from this self-assessment will be included in the Audit Committee action plan.

Secured the delivery of a 91% implementation rate on internal audit recommendations with 101 actions being implemented promptly against a plan of 111.

Ensured that satisfactory progress is made with the implementation of external Audit recommendations, which by their nature are more strategic.

5. Conclusion

The Committee is of the opinion that this first annual report is consistent with the draft Governance Statement, Head of Internal Audit Opinion and the external audit review and there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Details of Directors

The Board of Worcestershire Health and Care NHS Trust comprises of the Non-Executive Chairman, five non-executive directors (NEDs) and five executive directors. Both non-executive and executive directors are required to provide scrutiny and challenge at Board meetings to ensure effective decision making.

Two of the Non-executive Directors have terms of office running until 30 June 2014. The terms of office of the remaining non-executive directors, including the Chairman, end between 30 June and 31 July 2015.

The Director of Strategy and Business Development attends Board meetings but does not have voting rights.

Public meetings of the Trust Board are held six times each year and members of the public are welcome to attend.



Chris Burdon
Chairman

Chris took up his appointment on 1 July 2011 having been Chairman designate since February 2011. He is the Chair of the Remuneration Committee and a member of the Finance and Performance Committee. Chris was appointed as Non-executive Director with NHS Worcestershire in December 2008 and chaired their provider

services Board. Chris held a series of senior executive positions in the metal processing sector.

His last post was with Bradken, an Australian PLC, where he had responsibility for worldwide activity in the power generation and cement production markets and the management of three sites in the UK.



Sarah Dugan
Chief Executive

Sarah took up post on 1 July 2011 having been Chief Executive designate since March 2011. She is a member of the Quality and Safety, Finance and Performance, Community Engagement and Remuneration Committees.

Sarah previously worked for NHS Dudley, initially as Director of Clinical Services/Deputy Chief Executive from October 2008, then as Chief Executive from February 2010. Sarah is a trained Nurse. She has held a wide range of senior positions

with community and mental health service providers and in commissioning organisations.



Martin Connor
Non-executive Director

Martin has been a Non-executive Director with the Trust since 1 July 2011. He is the Chair of the Audit and Charitable Funds Committees and a member of the Quality and Safety Committee.

He is also a Non-executive Director for the RAC Pension Scheme and Chair of their Audit and Governance Committee as well as Treasurer of both DIAL, a disability charity as well as Sampad, a South Asian Arts organisation.

Martin previously worked for the Department of Work and Pensions and spent 20 years working for the RAC in a variety of senior management roles.



Jill Gramann

Non-executive Director

Jill has been a Non-executive Director with the Trust since 1 July 2011. She is the Chair of the Quality & Safety Committee. She was previously appointed by Worcestershire Mental Health Partnership NHS Trust to hear appeals by patients on section under the Mental Health Act. Jill is a former Director and Trustee of disability charity SCOPE, and currently fulfils the same roles with the British Institute of Learning Disability. Jill is a Magistrate and is currently the Chairman of the Kidderminster Bench. She ran her own marketing research company for over 30 years.



Peter Lachecki

Non-executive Director

Peter has been a Non-executive Director with the Trust since 1 July 2011. He is the Chair of the Finance and Performance Committee and a member of the Charitable Funds Committee. He has his own marketing and management consultancy and has held previous senior marketing and general management roles at

Kraft Foods, both in the UK and Internationally. Peter is also a Non-executive Director for Gloucester Cathedral Enterprises and is a member of the governing body of King's School in Gloucester.



Colin Phillips

Non-executive Director

Colin has been a Non-executive Director with the Trust since 1 July 2011. He is Chair of the Community Engagement Committee and a member of the Audit Committee. He was previously a Non-executive Director with Worcestershire Mental Health Partnership NHS Trust from November 2007. He is a former City Councillor, Director of Worcestershire YMCA and School Governor. Colin qualified and worked as a Chancery/Commercial Barrister. He has project managed several merger and acquisition deals for accountancy firms and has advised them in relation to due diligence and forensic accounting exercises.



David Priestnall

Non-executive Director

David has been a Non-executive Director with the Trust since 1

August 2011. He is a member of the Audit Committee and chairs the Foundation Trust Programme Board. He is also Vice Chairman and Senior Independent Director. David was previously a Non-executive Director and Vice Chairman of NHS Worcestershire. Prior to this he was Chairman of Wyre Forest Primary Care Trust and Assistant Director of Housing for Birmingham City Council.



Sandra Brennan

Director of Quality and Executive Lead Nurse

Sandra took up post with the Trust in July 2011 as Director of Quality (Executive Nurse). She is a member of the Quality and Safety Committee. She previously worked for NHS Worcestershire from December 2006 as Director of Clinical Development and Lead Executive Nurse. Prior to this she was Director of Community Services and Nursing at North Birmingham Primary Care Trust. Sandra has a background in nursing management.



Dr Bill Creaney

Medical Director

Bill took up post with the Trust

in July 2011 as Medical Director. He is a member of the Quality and Safety Committee. Previously he worked for Worcestershire Mental Health Partnership NHS Trust as Director of Medical Development from October 2009 and, prior to this, as Consultant Old Age Psychiatrist from October 2006. Bill's main responsibilities include Clinical Governance, engagement of medical staff with Trust's strategic goals and the Mental Health Act. Bill's previous experience includes working as a Consultant Old Age Psychiatrist and Associate Medical Director at NHS Ayrshire and Arran.



Robert Mackie

Director of Finance

Robert joined the NHS with the Trust on 1 July 2011 as Director of Finance. He is a Member of the Finance & Performance Committee. He previously worked for NHS Walsall, initially as Director of Resources from October 2008 and then from October 2010 as Deputy Chief Executive. On 1 April 2011 he became Managing Director. Robert joined the NHS with the 1998 cohort of the national financial management training scheme, having previously worked in general management within the private sector.

He has previous experience within senior communications, customer services and business development roles across other parts of the public sector including local authorities.



Robert Hipwell

Company Secretary

Robert was previously the Company Secretary with Worcestershire Mental Health Partnership NHS Trust. His responsibilities include Board support, Corporate Governance / Assurance, Risk Management, Health and Safety, and Claims Handling.

Robert has over 30 years general management experience in the NHS. He has held director appointments in community & mental health NHS trusts between 1993 and 2001. From 2001 to 2005 he set up and led a Support Services Agency which provided a broad range of services to five NHS organisations.



Jan Ditheridge

Director of Service

Delivery

Jan took up post with the Trust on 1 July 2011. She has operational management responsibility for 4 clinical service delivery units. She is a member of the Quality and Safety and Finance and Performance Committees. She previously worked for Worcestershire Mental Health Partnership NHS Trust, initially as Director of Service Development & Exec Nurse from 2004 then as Chief Operating Officer from 2009. Jan is an experienced, board level strategic leader with a background in health, social care and the private sector. She also has expertise in organisational development and turnaround, governance, and effective performance management.



Simon Trickett

Director of Strategy and Business Development (until 14 March 2012)

Simon was formerly the Director of Communications and Corporate Development with NHS Worcestershire. During his time at the Trust he was also the Transforming Community Services Project Director for Worcestershire during 2010/11.

Glossary of terms used in Annual Report

A&E (Accident & Emergency)

The emergency departments of hospitals that deal with people who need emergency treatment because of sudden illness or injury. Sometimes these services are referred to as casualty departments, or minor injury units.

Acute services

Medical and surgical interventions usually provided in hospital. The Trust only provided these services up to 30th June 2011, after which date these services were transferred to the local acute Trust.

Capital

Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment and vehicles, etc. In the NHS, expenditure on items of the above nature are classified as capital if in excess of £5,000.

Capital charges

Capital charges are a way of recognising the costs of ownership and use of capital assets and comprise depreciation and interest/target return on capital. Capital charges are funded through a circular flow of money between HM Treasury, the Department of Health, primary care trusts and NHS trusts.

Care Quality Commission

The Care Quality Commission use expert assessors to determine annual ratings for NHS Bodies on the quality of the services they operate.

Corporate Governance

The system and rules of delegation by which organisations are directed and controlled.

In-patient

A person admitted on to a hospital ward for treatment.

International Financial Reporting Standard (IFRS)

Issued by the International Accounting Standards Board, financial reporting standards govern the accounting treatment and accounting policies adopted by organisations. Generally these standards apply to NHS organisations.

Major Incident plan

The Trust is required to put in place a major incident plan that is fully compliant with the requirements of the NHS Emergency Planning Guidance 2005 and all associated guidance.

NHS Foundation Trusts

NHS hospitals that are run as independent, public benefit corporations, which are both controlled and run locally.

NHS Trusts

NHS trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as represented by primary care trusts and GPs.

Out-patient

A person treated in a hospital but not admitted on to a ward.

Payment by Results (PbR)

Transparent rules based system that sets fixed prices (a tariff) for clinical procedures and activity in the NHS, enabling all trusts to be paid the same for equivalent work.

PEAT

The PEAT (Patient Environment Action Team) carries out inspections every year and comprise a team of health professionals along with an independent patient representative. The team assess each hospital they visit in terms of cleanliness, hygiene, privacy, dignity, patient information, food quality and service.

Performance indicator

Measures of achievement in particular areas used to assess the performance of an organisation.

Primary Care Trust (PCT)

Primary care trusts are responsible for identifying

from within their available resources the healthcare needs of their relevant population, and for securing through their contracts with providers a package of hospital and community health services to reflect those needs. PCTs have a responsibility to ensure satisfactory collaboration and joint planning with local authorities and other agencies.

Provisions

Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required, e.g. estimates for clinical negligence liabilities. An estimate of the likely expense is charged to the Trust's Operating Cost Statement as soon as the issue comes to light, although actual cash payment may not be made for many years, or in some cases never. The expense is matched by a balance sheet provision entry showing the potential liability of the organisation.

QIPP

Quality, Innovation, Productivity and Prevention schemes which include medicines use and

procurement, staff productivity, clinical support rationalisation and the better planning of patient care and management of long term conditions.

Reference costs

Reference costs are the average cost to the NHS of providing a defined service in a given financial year. Reference cost data allows NHS trusts to compare their costs to the NHS average and therefore benchmark their relative efficiency.

Revenue

Revenue is expenditure other than capital, for example, staff salaries and drug budgets. Also known as current expenditure.

Secondary care

Specialised medical services and commonplace hospital care, including out-patient and in-patient services. Access is often via referral from primary care services.

Strategic Health Authority (SHA)

The regional headquarters of the NHS, responsible for ensuring that national priorities are integrated

into local plans, and that primary care trusts (PCTs) are performing well. There are ten in England, largely coterminous with Government Offices of the Regions.

Virement

The agreed transfer of money from one budget head, income or expenditure, to another, within a financial year. Virement is a measure of flexibility that allows budget-holding managers to receive either increases or decreases in their budgets in response to budget variances which cannot be managed within the year. For example activity levels are higher than those anticipated when the budget was originally set.

