Wye Valley NHS
NHS Trust

2015-16

Annual Report Summary

For health care today and tomorrow

CONTENTS

1. Performance Report

2. Remuneration and Staff Report

This is a summary of the Annual Report 2015-16. To view the full Annual Report 2015-16, including the Trust's financial accounts, visit www.wyevalley.nhs.uk (news and events, publications).

FOREWORD
from the Chairman and Chief Executive

In our last Annual Report we said 2014-2015 had been the most challenging year yet. This past year, 2015-2016, has proved every bit as challenging.

It has been a year of achievements for the Trust, coupled with deep disappointment that our overall rating remained 'inadequate' following the Care Quality Commission (CQC) re-inspection, and we stay in Special Measures.

There had been just 11 months between going into Special Measures and the re-inspection. The CQC report acknowledges an improving organisation, particularly in our Emergency Department and Acute Medicine and in clinical leadership and patient safety, all areas which had been criticised in 2014.

The care and compassion of our staff was once again highly praised, as were many of our community services. Our Adult Community Services were rated as outstanding for 'caring'.

Since the re-inspection we have continued to make steady progress on quality and safety, for example; our investigating and learning from serious incidents has matured significantly, we have improved management of patient safety on elective waiting lists and we have improved our safeguarding processes.

Our new Quality Improvement Programme sets out a clear pathway for achieving changes to move us out of Special Measures. We have a particular focus for the coming year on recruitment and retention of qualified nursing staff and consultant medical staff, on recording and demonstrating compliance and on bedding in a culture of learning.

We thank University Hospitals Birmingham NHS Foundation Trust for their mentoring and support from October 2014 to February 2016. From February 2016 our new buddy organisation is South Warwickshire NHS Foundation Trust.

The next CQC inspection is due in July 2016 and we are confident Inspectors will see further improvements.

On a very positive note, Phase One of a five-year Estates Strategy was completed during the year. The £5m spend was the highest estate investment by the Trust for well over a decade. It has delivered the first new bed capacity at Hereford County Hospital since it was opened in 2002, a second CT scanner, expansion of the Emergency Department and much more.

Demand for beds remains high, but our A & E performance has improved; we have focussed on improving patient flow and recruited two consultant physicians to lead on acute medicine - an emerging speciality in this Trust.

Like many acute health providers in the NHS, we face continuing financial pressures and deteriorating finances. We run the smallest District General Hospital in the country and therefore have to find innovative solutions to these challenges.

Once again, we extend a huge thank you to our staff, patients, local residents and fundraisers who have shown their support in so many different ways. We also look forward to continuing to work with our partners such as Healthwatch Hereford, the Trust's Stakeholder Group, the Clinical Commissioning Group (CCG) and 2gether NHS Foundation Trust. As an organisation, the number of compliments we receive from users continues to far outweigh the number of complaints and we remain an ambitious organisation.

Museji Ahmed Takolia CBE
Chairman

Richard Beeken
Chief Executive

1 PERFORMANCE REPORT

1. OVERVIEW

1a) Overview of Wye Valley NHS Trust

Wye Valley NHS Trust was established on 1 April 2011. The Trust provides community care and hospital care to a population of just over 180,000 people in Herefordshire and a population of more than 40,000 people in mid-Powys, Wales.

The Trust's catchment area is characterised by its rural nature and remoteness, with more than 80% of its population living more than five miles from Hereford city or a market town.

We are the only secondary care provider for an area where the average age of the population is older than the national average. This demographic is driving health and social care needs that are often more complex than in areas where the average age of patients is lower.

All dates referred to in this report are for the year 1 April 2015 - 31 March 2016, unless otherwise specified.

1b) Strategic Objectives

Our strategic objectives are to:

- improve the quality and safety of care to our patients, their carers and families
- improve the responsiveness of our services for the benefit of our patients and their families
- provide more productive better value care that improves the sustainability of our services
- develop a highly skilled, motivated and engaged workforce
- develop first class facilities and technology to support the care we provide
- transform health and wellbeing through working with our partners
- play our role as an important asset to the people of Herefordshire and the surrounding areas

1c) Developing our CARE Values

More than 200 staff from all levels of the Trust have been involved in helping develop our values. These are now being embedded in our recruitment, appraisal and reward processes.

They are:

Compassion - we will support patients and others, putting individuals at the heart of every decision and ensuring they are cared for with compassion, dignity and respect

Accountability - we will act with integrity, assuming responsibility for our actions and decisions

Respect - we will treat every individual in a non-judgemental manner, ensuring privacy, fairness and confidentiality

Excellence - we will challenge ourselves to do better and strive for excellence

1d) Management Structure

The Trust is clinically and operationally governed through three service units each of which is led by a Service Unit Director, Service Unit Manager and Head of Nursing.

A review of the management structure has been held and a new structure will be implemented from May 2016.

For the year under review, the management structure was as follows:

Integrated Family Health Services

- maternity and gynaecology – delivery suite, maternity, antenatal care, community midwifery, obstetrics and gynaecology, outpatients, women's health
- children's and families' services – Special Care Baby Unit, paediatrics, palliative care
- children's therapies – child development, child health, health visiting, school nursing, looked after children
- sexual health services

Urgent Care Closer to Home

- medical – acute and community settings
- emergency flow – Accident and Emergency (A & E), Clinical Assessment Unit, Minor Injury Units at Ross and Leominster Community Hospitals, Clinical Site Team, Complex Discharge
- neighbourhood teams – virtual wards, hospital at home and district nursing
- therapies – physiotherapy, occupational therapy, orthotics, dietetics, speech and language, podiatry, falls service, diabetics, multiple sclerosis, Parkinson's, continence, community stroke rehabilitation, acquired brain injury
- diagnostic and scientific services – radiology, mortuary, vascular laboratory, haematology, cardiology, respiratory, blood science, histopathology, microbiology

Elective Care

- surgical – pre-op, theatres, critical care, endoscopy, pain management, surgical specialities, cancer services, outpatient and audiology, lymphedema
- elective care – theatres, anaesthetics, critical care, Day Surgery Unit, endoscopy
- pharmacy and medicine management
- dental services
- Patient Access Centre

This structure was led by the Chief Operating Officer and supported by the back office departments, which include Trust headquarters, finance, information and procurement, estates, quality and safety and people and development. Professional accountability, leadership and support was provided through the Director of Nursing and Quality and the Medical Director.

2. PERFORMANCE ANALYSIS

2a) CQC Re-Inspection

Care Quality Commission (CQC) Inspectors made an announced inspection of Hereford County Hospital and of Community Services between 22-24 September and unannounced inspections on 25 September at Leominster Community Hospital and 1 October at Hereford County Hospital.

They held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, allied health professionals, domestic staff and porters. Inspectors also spoke with staff individually.

Their Report, published in January, highlights a number of improvements made since the original CQC inspection in June 2014 in acute provision, and praises much of our community service provision. However, the Report gave the Trust an overall rating of 'inadequate'. As a result the Trust remains in Special Measures.

The Care Quality Commission has confirmed it will be re-inspecting the Trust again on 5–7 July 2016. This will take the form of a full re-inspection of district general hospital services at Hereford County Hospital site. Community services will not be re-inspected.

The results from the Comprehensive Report on the Trust are summarised as follows. Full reports are available via the CQC web site ***www.cqc.org.uk*** *and via our own website* ***www.wyevalley.nhs.uk.***

2b) CQC Comprehensive Report for Wye Valley NHS Trust

Overall Rating	Inadequate	
Safe	Inadequate	
Effective	Requires improvement	
Caring	Good	
Responsive	Inadequate	
Well led	Requires improvement	

The Report acknowledges improvements in:

- how we report incidents when things go wrong
- the safety of patients on the urgent care pathway
- engagement and communication with staff

However, it highlighted key areas where we need to do more, including:

- staff training in relation to children and adult safeguarding
- evidence learning when mistakes have been made
- introduce better processes for managing patients on waiting lists
- increase medical staff numbers in the Emergency Department

Inspectors reported: *"There were some areas of improvement from the previous inspection particularly within community services and urgent and emergency service. However, there were areas where significant improvement was required."*

"Overall, we rated Wye Valley NHS Trust as inadequate... All community services were rated as good, with the exception of community inpatient services and community end-of-life care which were rated as requires improvement."

"Overall we have judged the services at the Trust as good for caring. Patients were treated with dignity and respect and were provided with appropriate emotional support. We found caring in community adult services to be outstanding."

2c) Patient Care Improvement Plan (PCIP)

Our Patient Care Improvement Plan (PCIP), approved by the NHS Trust Development Authority (TDA) in November 2014, set out more than 200 actions which we were required to take across every department and specialism.

Progress against the plan throughout the year was positive with a particular focus on hands-on patient care and safety in emergency and acute services.

Monthly briefings led by Chief Executive, Richard Beeken, were held across the Trust in acute and in community services to update staff on progress.

An 'Ask Richard' email account was established for staff to raise concerns about quality and safety directly with the Chief Executive and to receive a response within 10 days.

2d) Quality Improvement Programme (QIP)

In February, the PCIP was replaced by a new Quality Improvement Programme (QIP), approved by the Trust's Board. This clearly spells out 11 themes with clear outcomes against which departments are now reporting monthly to the Quality Committee. Regular staff briefings are also held.

The 11 themes are:

1. improving quality governance
2. reducing harm
3. organisational development
4. estates
5. patient experience
6. safeguarding vulnerable people
7. urgent care
8. stroke
9. clinical effectiveness
10. risk management
11. information governance

2e) Partnerships

University Hospitals Birmingham NHS Foundation Trust was appointed by the NHS Trust Development Authority (TDA) as our buddy/mentor organisation from October 2014 - February 2016. They took part in peer inspections, assisted in a mortality review process and trained all our Medical Secretaries in the management of best practice in referral to treatment times.

In February, South Warwickshire NHS Foundation Trust, which is similar in size and scope of services to Wye Valley NHS Trust, took over the role.

2f) Improvement Director

In December, as part of the Special Measures process, the NHS Trust Development Authority (TDA) appointed a part-time Improvement Director to work alongside our executive team to drive our improvement plan forward.

2g) Patient and Public Involvement

Patient Led Assessment of the Care Environment (PLACE)

Site Name	Site type	Cleanliness	Food and hydration	Privacy, dignity and wellbeing	Condition, A appearance and maintenance	Dementia friendly
Leominster Community Hospital	Community	97.72	92.27	75.51	93.50	77.31
Bromyard Community Hospital	Acute/ Specialist	96.39	94.98	83.33	97.88	72.40
Ross Community Hospital	Acute/ Specialist	99.61	86.24	91.92	96.24	90.09
Hillside Centre for intermediate care	Community	91.61	89.54	75.71	87.63	82.07
County Hospital	Acute/ Specialist	96.03	85.85	80.74	89.09	71.52
	National average	97.57	88.93	86.03	90.11	74.51
	Wye Valley Trust overall score	96.35	87.16	81.21	90.53	74.27

Local people gave Herefordshire's hospitals the thumbs up when they were invited to take part in Patient Led Assessment of the Care Environment (PLACE) inspections.

The unannounced inspections assess how the Trust's environment supports patient's privacy and dignity, dementia awareness, food, cleanliness and general building maintenance. Assessors use a nationally recognised scoring system.

Inspections this year took place at Hereford County Hospital, Bromyard, Ross and Leominster Community Hospitals, and Hillside Centre in Hereford. The results show that the Trust scored 87% for food served to patients in hospital – a 7% improvement on last year's results. A score of 96% was given for cleanliness, 90% for the environment and 80% for patient privacy and dignity.

The Trust also scored 74% for the new dementia assessment, in line with the national average; the scores of 90% for dementia awareness for Ross Community Hospital and 82% for Hillside Centre were both above the national average. It was the first time our hospitals had been assessed on dementia awareness.

Feedback from the PLACE inspections help ensure patients are cared for to the highest possible standards.

Young Ambassadors

Our Young Ambassadors are a group of young people aged 12-16 who have all had some kind of hospital experience.

The scheme, established in 2014 to launch the Voice of the Child in how we run our services, was highlighted as an example of Good Practice in the CQC's report this year on our children's services.

In November, Young Ambassadors participated in the Children's Commissioners Takeover Challenge, shadowing decision makers in the Trust.

They have also been instrumental in:

- introducing Wi-Fi on the children's ward, helping teenagers to stay in touch with friends while they are in hospital
- shaping the way Saturday clinic is run for teenagers
- designing leaflets
- attending presentations and network meetings
- meeting with other local services working with young people in health, such as physiotherapy
- interviewing young inpatients on the ward
- promoting Children's Mental Health Awareness week with display boards and videos

Ten new members joined the group after a recruitment day in December. The current group now consists of 18 young people, a mix of original ambassadors and new recruits. Noticeboards on the children's ward provide Voice of the Child information so any inpatients can contact the group if they want to be included.

Antonia Dixey of Participation People, a specialist participation company, awarded three members of staff, Stacy Edwards, Maggie Orchard and Fiona Blackwell, the Going the Extra Mile Innovation of the Year for starting up the group. She stated it was the best group in healthcare that she had seen in the UK.

Charitable funds

Wye Valley Hospitals Charity supports staff, patients, families and carers at hospitals and within the local community. The focus is on raising money where it is needed most in areas not covered or fully supported by NHS funding.

The principle function of the charity's team is to ensure that donations are processed, acknowledged and spent in their intended areas.

Overseeing the 35 funds, the Charity received donations and transactions of £269,000 in the last financial year. These donations were in addition to those highlighted below:

- installation of a second CT scanner in December 2015, ensuring patients have rapid and constant access to the CT scanning service. The charity was awarded £250,000 by the Clive and Sylvia Richards Foundation to purchase the machine
- purchase of a £66,000 state-of-the-art ultrasound machine thanks to local grant making trusts ROBOCAP and The Eveson Trust as well as donations from the urology and general purpose charitable funds. It means the Trust's urology team can now offer a one-stop assessment clinic for men with a raised Prostate Specific Antigen (PSA) - a blood test designed to screen patients for prostate cancer
- an £89,000 donation from local firm Special Metals Wiggin to purchase an ultrasound machine to benefit breast patients requiring both symptomatic and screening services; this has huge benefits to patients, allowing patients who may not necessarily have a life-limiting illness to be seen in a timely manner without the need to go into the oncology department. This process will also prevent patients having to travel to Bromsgrove should they need further assessment post mammogram

Plans for 2016-17 include the purchase of a Mobile Retinal Unit thanks to a generous donation from the Geoffrey Lewis Trust Fund.

2h) Estates Strategy

Phase One of a five-year Estates Strategy was completed on time. The £4.998m spend (against a £4.965m initial budget) was the largest investment in the Trust's estates since 2002.

Phase One delivered new bed capacity, improvements to outpatients and A & E, a new CT scanner and added theatre capacity, all detailed on this page.

We continue to rebuild, expand, and invest in more beds and in the latest diagnostic and other facilities.

The Outline Business Case for Phase 2 of the Estates Strategy, was approved by the Trust Board. This has been passed on to the NHS Trust Development Authority (TDA) along with the updated Strategic Outline Plan for approval in 2016.

2i) Service Developments:

• Gilwern Assessment Unit

This £2.776m new 16-bedded ward opened in December 2015 and marked the first real increase in bed capacity at the hospital since it was opened.

It has been built to rapidly assess and care for older, frail people, to support their care and recovery, and to speed their return home or to community care. Specific features include colour-co-ordinated bays to help patients feel secure in their surroundings and find their way back to their beds, furnishings which create a sense of homeliness, and a Memory Lane series of photographs of old Herefordshire to jog memories and create a sense of familiarity.

The unit was previously based on Frome Ward and the creation of the bespoke unit has released inpatient capacity on that ward.

• Emergency Department remodelling

The flow of patients through A & E has improved. A new rapid assessment area for patients arriving in as an emergency means they can be swiftly moved to appropriate wards.

The area went live in early February.

As part of the £383k project, additional patient assessment bays have been created, A & E walk-in waiting facilities have also been improved and a children's area designed using feedback of youngsters from the hospital's children's ward costing £17.5k.

• Arkwright Suite/Fred Bulmer Unit

A £491,000 refurbishment of the Fred Bulmer Unit has increased outpatient capacity.

It has created nine clinic/treatment rooms and support facilities for those undergoing clinical assessments.

The refurbished unit opened in February.

Whilst the refurbishment work was underway a number of outpatient speciality clinics were relocated to a temporary mobile unit, the Arkwright Suite.

• Temporary theatre

A £3.066m staffed Vanguard Temporary Theatre opened on 29 March.

It will be used for General Surgery, orthopaedics, urology and other operations and will increase the Trust's theatre capacity.

2j) INFORM - Electronic Patient Record (EPR)

The £14.8m programme to deliver electronic patient records received approval from the NHS Trust Development Authority, and the INFORM Programme was created to deliver this. In August, software specialist IMS MAXIMS were appointed to implement the EPR system.

Once operational, the EPR will replace existing Patient Administration Systems (PAS) and enable clinical information to be accessed via computers from all buildings from which the Trust operates, rather than clinicians having always to rely on paper records. This will provide further opportunity to enhance patient care.

Development, testing and training on the EPR system will continue throughout 2016 and it is expected to go live in 2017.

2k) Patient safety

Our Quality Account 2015-16, available from Medical Director Dr Susan Gilby, contains comprehensive information on quality and safety.

2l) Research

The Trust continues to undertake and assist in research.

During the year, Hereford County Hospital's stroke team was granted permission to participate in a pioneering stem cell trial to help aid recovery following a stroke - the PISCES Trial 2. This is the second phase of the world's first clinical trial on the use of brain stem cells to treat patients with limited movement of an arm following a stroke. Wye Valley stroke patients were invited to take part by the team.

A report in October by the National Institute for Health Research (NIHR) Clinical Research Network revealed an increase in clinical research activity at several Trusts in the West Midlands, including a 23% increase at Wye Valley NHS Trust on the previous year.

3. PERFORMANCE TABLES

3a) Acute hospital

The number of patients attending the Emergency Department throughout 2015-16 rose by 4.4% compared to 2014-15; emergency admissions to an inpatient bed rose by 1.5% during the same period. The increases in Emergency Department attendances and emergency admission built on a significant rise in 2014-15 of 4.4% and 11% respectively.

Continued pressure on both the Emergency Department and emergency inpatient capacity resulted in a corresponding pressure on elective services and a loss of elective inpatient capacity.

Activity	2014-15	2015-16	Increase/Decrease 2015-16 on 2014-15
Elective spells	3897	3895	-0.1%
Day case spells	16459	16625	1.0%
Emergency spells	21720	22056	1.5%
New outpatient attendances	71650	71415	-0.3%
Follow up outpatient attendances	167376	166233	-0.7%
A & E attendances	51717	53973	4.4%

Community hospitals

Activity	2014-15	2015-16	Increase/Decrease 2015-16 on 2014-15
Day case spells	1035	996	-3.8%
Community bed days	35354	32506	-8.1%
Contacts	262051	242710	-7.4%
New outpatient attendances	15762	15062	-4.4%
Follow up outpatient attendances	53543	49375	-7.8%
Minor Injury Unit attendances	3321	4072	22.6%

The 22.6 % increase in the Minor Injury Unit attendances was due to the Minor Injury Units being open for more days.

3b) Key Targets

Total time in A & E

The Trust did not meet the national target of 95% of patients being seen, admitted or discharged within four hours from time of arrival.

18 week referral to treatment - admitted

Pressure on inpatient capacity restricted the Trust's ability to deliver sufficient activity throughout much of 2015-16 and the Trust did not meet the required national standard.

18 week referral to treatment – non-admitted and incomplete pathways

The Trust was not able to report performance against these national standards due to historic data quality issues with the Trust's electronic systems. The problem has been resolved and reporting will start in the financial year 2016-2017.

Key targets - 18 week referral to treatment

Key Target - 18 weeks referral to treatment and A&E four hour wait or less	2012-13	2013-14	2014-15	2015-16
18 week referral to treatment - admitted patients*	97.8%	92.7%	78.3%	62.8%
18 week referral to treatment - non admitted patients**	99.8%	99.7%	97.9%	unavaila-ble
Total time in A&E: four hours or less***	94.8%	92.3%	85.6%	88.7%

** The key target for 18 week referral to treatment for admitted is 90% within 18 weeks*

*** The key target for 18 week referral to treatment for non-admitted is 95% within 18 weeks*

**** The key target for A&E is that 95% of A&E patients are seen, treated and discharged within four hours from arrival*

3c) Cancer performance

The continued rise in cancer referrals in 2015-16, 5.5% compared to 2014-15 and 23.9% in 2014-15 compared to 2013-14, placed significant pressure on cancer services and the Trust was not able to sustainably deliver all cancer targets across the year.

Key performance indicators	Key target 2015-16	2015-16
Cancer two week waits*	93%	94.1%
Two week waits (breast symptomatic)**	93%	83.1%
Cancer 31 days	96%	97.1%
Cancer 31 days subsequent treatments	98%	96.7%
Cancer 62 days	85%	81.3%
Cancer 62 days screening	90%	90.5%
Cancer 62 days upgrades (no national target set)		83.3%
Cancer 31 days rare cancers	85%	64.7%

** Cancer two week wait - GP suspects cancer and patient offered referral within two weeks*

*** Two week waits (breast symptomatic) - GP or other relevant health professional referred patient for breast symptoms but did not suspect cancer*

3d) Mortality reporting and governance

Review

University Hospitals Birmingham NHS Foundation Trust reviewed 60 mortality cases that had occurred between October - December.

The report was presented to the medical workforce alongside a learning workshop on reduction of avoidable mortality and an increased understanding of mortality indicators.

Governance

A comprehensive review of governance around mortality led to the establishment in June of a Hospital Reducing Mortality Group to improve and streamline compliance and learning around mortality. It replaces a number of committees, meets monthly, is chaired by Medical Director Susan Gilby and reports to the Quality Committee.

Members include multidisciplinary representation from each service unit, the leads for diagnostic groups such as sepsis and acute kidney injury and other groups concerned with avoidable mortality, such as fractured neck of femur and chronic obstructive pulmonary disease (COPD).

It commissions, reviews and monitors action plans from each diagnostic group and hears reports from the mortality governance meetings from within each service unit.

External stakeholders like the Clinical Commissioning Group for Hereford and Powys, Public Health and Social Care attend bimonthly and the committee has been observed by the NHS Trust Development Agency and the Care Quality Commission.

A mortality tracker was replaced in July with a multi specialist consultant-led weekly review of all deaths that occurred within the previous week. If there are concerns around any cases, they are subject to an additional review. Themes from these reviews also feed into the Hospital Reducing Mortality Group.

Ongoing work is around best practice in End of Life Care, advanced planning and avoidable admissions from the community, to enable more people to die in settings of their choice. There is also a review of best practice around death certification.

Performance

Hospital mortality rates are measured using the Summary Hospital Mortality Indicator (SHMI). The national benchmark for SHMI is 100.

The SHMI is reported six months in arrears and is for a 12-month rolling figure. The most recent figure of 116 relates to the six months to September.

4. KEY FINANCIAL INFORMATION

4a) Statutory basis

The Trust has fulfilled its responsibilities under the National Health Services Act 2006 for the preparation of the financial statements in accordance with the Manual for Accounts and the International Financial Reporting Standards.

4b) Financial break even

In 2015-16, the Trust delivered a deficit of £19.539m which was in line with the forecast position submitted to the Trust Development Authority. Unlike previous years when the Trust had received additional non-recurrent income funding from NHS England, no non-recurrent funding was received during 2015-16.

The table, right, indicates the overall value of the deficit once factors relating to the change in value of tangible assets and other technical adjustments are accounted for.

4c) Trust break even duty

I&E: retained (deficit)/surplus	2015-16	2014-15
Income and expenditure: retained (deficit)/surplus	(19,540)	(1,786)
IFRIC 12 adjustment	0	734
Impairment of assets	(462)	2,008
Net adjustment for donated asset additions/(depreciation)	(454)	(103)
Absorption accounting adjustment	0	(9)
Adjusted retained surplus	**(20,456)**	**844**

The Trust break even duty is calculated based on the retained surplus/(deficit) for the year adjusted for asset impairments and revaluations, the impact of donated assets and gains/losses from absorption accounting. It also takes account of the impact of IFRIC 12 which requires the Trust to account for PFI assets on the balance sheet.

The Trust has also delivered a Cost Improvement Programme (CIP) of £3.8m in 2015-16. The Trust's future financial position continues to be very challenging. The Trust's financial plan identifies continuing deficits in future years which will require the continuation of cash support from the Department of Health. In addition, the Trust is engaged in significant capital developments in relation to the Estates Strategy and the implementation of the Electronic Patient Record, which also requires significant centrally funded cash investments.

4d) Resources

The Trust generated income of £178.063m during 2015-16. The pie chart below identifies income received from different sources for health-related activity. The majority of income is derived from the Herefordshire Clinical Commissioning Group (CCG).

The second pie chart identifies annual expenditure during the year. Salaries and wages paid to permanent and temporary staff, including those employed through agencies, totalled £123.823m. Expenditure on goods and services amounted to £68.170km and finance costs (interest payable) totalled £5.608m.

Trust staffing costs have risen compared to 2014-15, due in part to an increase in activity but also reflecting high volumes of agency staff engaged which relates to issues the Trust faces in terms of securing permanent staff.

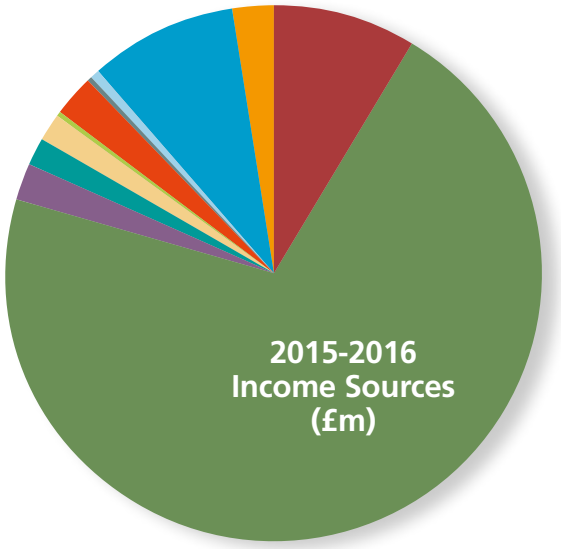

Fig 1. Income Analysis

15.4	NHS England
126.4	Clinical Commissioning Groups
3.6	Foundation Trusts
0.3	NHS other
2.9	Non Recurrent Income
2.7	Local Authorities
0.8	Private patients and cost recovery
4.3	Education, training and research
0.7	Donations for capital acquisitions
0.7	Income generation
16.1	Wales
4	Other

NHS bodies	0.9
Other	3
Staff	123.8
Supplies and Services	22.6
Establishment	2.2
Transport	1.6
PFI Service Costs	9.5
Premises	6
Depreciation	3.5
Insurance	2.3
Education and Training	0.4
Drugs	16.3
Interest payable	5.6

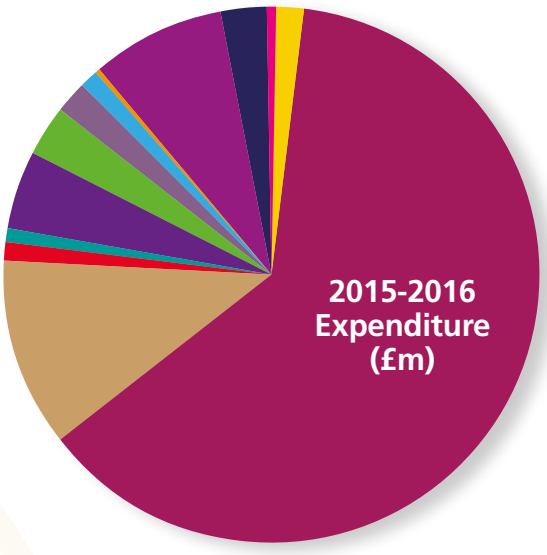

Fig 2. Analysis of Expenditure

4e) Cost Improvement Programme delivery and capital development

The Trust's Cost Improvement Programme (CIP) delivered savings of £3.8m during the year. The CIP comprised a number of separate projects relating to income generation, procurement savings, increased productivity and pay efficiencies.

The Trust has undertaken a £10m programme of capital investment in 2015-16. The table below provides a summary of expenditure on capital items. The schemes include the purchase of a second CT Scanner and other medical equipment. The programme also included the development of the new Gilwern Unit providing essential additional bed capacity. Finally, significant resources have been invested in the development of the Electronic Patient Record.

2015-16 capital expenditure

Expenditure type	Purchased	Charitable funding	Total £000s
Medical equipment	659	620	1,279
IT development	284		284
Construction schemes	1,018	47	1,065
Estates Strategy	4,947		4,947
Electronic Patient Record	2,480		2,480
Total	**9,388**	**667**	**10,055**

4f) Pension liabilities

Within the annual accounts, ongoing employer pension contribution costs are included within employee costs (see Note 10 of the full accounts for more detail).

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.aspx***

4g) Going concern

International Accounting Standard 1 requires management to assess, as part of the accounts preparation process, the Trust's ability to continue as a going concern. In the context of non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future is normally sufficient evidence of going concern. The financial statements should be prepared on a going concern basis unless there are plans for, or no realistic alternative other than, the dissolution of the Trust without the transfer of its services to another entity.

The Directors consider the contracts it has agreed with commissioning bodies and a letter of support from the Trust Development Authority is sufficient evidence that the Trust will continue as a going concern for the foreseeable future. For this reason, the going concern basis has been adopted for preparing the accounts.

Further details on going concern can be found within the disclosure within the financial statements note 1.5.

4h) Better Payment Practice Code

Non-NHS Payables

Better Payment Practice Code	2015/16 (Number)	2015/16 (£000's)	2014/15 (Number)	2014/15 (£000's)
Total non NHS trade invoices paid in the year	50,732	95,257	53,995	78,886
Total non NHS trade invoices paid within target	27,588	67,557	41,124	65,573
Percentage of bills paid within target	54.4	70.9	76.2	83.1

NHS Payables

Better Payment Practice Code	2015/16 (Number)	2015/16 (£000's)	2014/15 (Number)	2014/15 (£000's)
Total NHS trade invoices paid in the year	1,081	5,553	1,279	6,382
Total NHS trade invoices paid within target	650	3,745	852	4,813
Percentage of bills paid within target	60.1	67.4	66.6	75.4

The Better Payment Practice Code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later. The Trust is a signatory of the Government's Prompt Payment Code.

4i) Principles for Remedy

The Trust has adopted the Parliamentary and Health Service Ombudsman Principles for Remedy in full and they form part of the Trust's Management of Complaints, Concerns, Comments and Complements Policy.

4j) Fraud

We have a Fraud and Corruption Policy and investigate all allegations of staff fraud. There was one fraud referral during the year relating to charitable funds with no fraud proven.

5. SUSTAINABLE DEVELOPMENT

A Sustainability Development Plan for 2016-20 has been developed in line with the NHS Sustainability Strategy.

We:

- continued the 'Wye Go Green' sustainability awareness campaign
- included sustainability with the approved Estates Strategy
- increased efficiency/utilisation
- are developing flexible solutions to cope with changes over time
- are committed to reducing carbon, increasing sustainability
- investing to reduce energy and overheads
- using BREEAM assessments

The Trust is setting up a Sustainability Strategy Group to oversee the delivery of this plan. A copy of the plan can be obtained from Howard Oddy, Director of Finance and Information.

Accountable Officer: Mr Richard Beeken, Chief Executive

Organisation: Wye Valley NHS Trust

Signature: 

Date: 27 May 2016

6. STATEMENT OF DISCLOSURE TO AUDITORS

As far as the Directors are aware there is no relevant audit information of which the Trust's auditor is unaware. All steps have been taken by Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

2 REMUNERATION AND STAFF REPORT

1. REMUNERATION REPORT

1a) Workforce and Development Committee

The Remuneration and Terms of Service Committee changed its title to Workforce and Development Committee to reflect a broader remit.

It is a committee of Non-Executive Directors and it has two key purposes:

- to ensure Executive and Senior Management development and continuity within the Trust, including determining the policy and reward structure
- to take a strategic overview of human resource and workforce issues throughout the Trust

The Committee's membership during the year was as follows:

Richard Humphries	Committee Chairman
Museji Takolia CBE	Chairman of the Board
Simone Pennie	until June 2015
Christobel Hargraves	from July 2015
Mark Waller	from August 2015

The work covered by the committee is summarised in the Annual Governance Report on page 28.

1b) Statement on policy on remuneration

The policy of the Workforce and Development Committee has continued to be guided by five principles:

- ensuring the alignment of individual objectives with organisation objectives
- reward will attract and retain high quality people
- the rationale for setting salary/performance pay levels must be clear to all
- competitive levels of remuneration will be determined by reference to similar posts within comparable NHS Trusts
- rewards will reflect the market but not drive it

Executive Directors receive a fixed base salary. Benefits include pension provision. Directors are not paid a car allowance, nor are they provided with a Trust funded vehicle and they do not receive any private healthcare provision.

Contracts of Directors include a six-month notice period; senior managers have three months' notice.

During the year, the Trust engaged third parties for the services of Interim Director of Nursing. The contract for the Interim Director of Nursing commenced on 11 January 2016 and will end on 30 June 2016.

1c) Methods used to assess performance of Executive Directors

Executive Directors all have objectives set for the financial year by the Chief Executive with the Chief Executive's objectives being set by the Chairman in conjunction with the Chair of the Workforce and Development Committee. A review of achievement of objectives is undertaken mid-way through the year and at the end of the year.

2. REMUNERATION

2 Remuneration of Chairman and Non-Executive Directors

The Secretary of State for Health sets and reviews the level of remuneration payable to the Chairman and Non-Executive Directors (excluding NHS Foundation Trusts who set their own rates). In 2015-16 there was not an increase to the remuneration of these roles. The rates were £6,096 for Non-Executive Directors and £18,437 for the Chairman of the Trust. The Chairman and the Non-Executive Directors do not receive a pension provision.

2a) Service contracts compensation

Executive Director	From	Contract	Notice period (months)	WVT liability in case of early termination
Chief Executive, **Richard Beeken**	1 June 2014	Substantive	6	
Director of Finance & Information, **Howard Oddy**	2 July 2007	Substantive	6	
Chief Operating Officer, **Jon Barnes**	31 March 2015	Substantive	6	
Medical Director, **Susan Gilby**	23 March 2015	Substantive	6	
Director of Nursing & Quality, **Michelle Clarke**	1 August 2011 - 16 December 2015	Substantive	6	
Interim Director of Nursing, **Denise Price**	18 January 2016	Fixed Term	1	
Director of People & Development, **Maureen Bignell**	20 January 2014	Substantive	3	

2b) Salaries and allowances (audited)

			2015-16					2014-15				
Name	Title	Duration £000	Salary *(bands of £5,000)* £000	Expense payments *(taxable) (nearest £100)* £000	Long term performance related bonus *(bands of £5,000)* £000	All pension related benefits *(bands of £2,500)* £000	Total *(bands of £5,000)* £000	Salary *(bands of £5,000)* £000	Expense payments (taxable) (nearest £100) £000	Long term performance related bonus *(bands of £5,000)* £000	All pension related benefits *(bands of £2,500)* £000	Total *(bands of £5,000)* £000
D Smith	Interim Chief Executive	Left May 14						35 - 40	25			35 - 40
N Doverty	Chief Operating Officer	Left Oct 14						60-65				60-65
M Bignell	Director of People and Development		95-100			17.5-20	115-120	95-100			50-52.5	145-150
H Oddy	Director of Finance		110-115			2.5-5	120-125	110-115			50-52.5	160-165
M Clarke	Director of Nursing	Left Dec 15	70-75			15-17.5	85-90	95-100			22.5-25	115-120
P Wilson	Medical Director	Left May 14						25-30			20-22.5	50-55
R Beeken	Chief Executive	From Jun 14	155-160			55-57.5	220-225	160-165			170 - 172.5	330-335
S Stucke	Interim Medical Director	Jun 14-Mar 15						140-145		0-5	22.5-25	170-175
L Hunt	Interim Chief Operating Officer	Oct 14-Mar 15						120-125				120-125
S Gilby	Medical Director	From Apr 15	190-195			105-107.5	305-310					
D Price	Interim Director of Nursing	From Jan 16	25-30				25-30					
J Barnes	Chief Operating Officer	From Apr 15	95-100			135-137.5	240-245					
M Curtis	Chairman	Left May 14						0-5				0-5
M Takolia CBE	Chairman	From Jun 14	15-20				15-20	15-20				15-20
S Pennie	Non Executive Director	Left May 15	0-5				0-5	5-10				5-10
F Myers MBE	Non Executive Director		5-10				5-10	5-10				5-10
M Waller	Non Executive Director		5-10				5-10	5-10				5-10
C MacLean	Non Executive Director	Left Jun 14						0-5				0-5
S Coleman	Non Executive Director	Left Jul 14						0-5				0-5
R Humphries	Non Executive Director	From Dec 14	5-10				5-10	0-5				0-5
A Cottom	Non Executive Director	From Dec 14	5-10				5-10	0-5				0-5
C Hargraves	Non Executive Director	From Dec 14	5-10				5-10	0-5				0-5

*See notes on salaries and allowances on the following page

2c) Fair Pay disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. For 2015-16 the median salary based on annualised full time equivalent hours was £24,063 pa (2014-15, £24,799 pa). The highest paid director at Wye Valley NHS Trust in 2015-16 was £190,000 (2014-15, £196,000). This was 7.9 times (2014-15, 7.9) the median salary of the workforce.

In 2015-16, five employees received remuneration in excess of the highest paid director. Remuneration was between £206,000 and £320,000. 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.

2d) Pension benefits 2015-16 (audited)

Name	Title	Real increase in pension at 60 *(£2,500 bands)* £000	Real increase in lump sum at 60 *(£2,500 bands)* £000	Accrued pension at 60 as at 31-03-16. *(£5,000 bands)* £000	Accrued lump sum as at 31-03-16. *(£5,000 bands)* £000	Cash equivalent transfer value as at 01-04-15 £000	Real increase in cash equivalent transfer value £000	Cash equivalent transfer value as at 31-03-16 £000	Employer's contribution to stakeholder pension £000	Notes
R Beeken	Chief Executive	2.5-5	2.5-5	40-45	115-120	562	42	568	-	
M Bignell	Director of People and Development	1.25-1.5	2.5-5	20-25	65-70	505	0	0	-	1
H Oddy	Director of Finance	0-2.5	2.5-5	40-45	130-135	822	22	854	-	
M Clarke	Director of Nursing	0-2.5	0-2.5	30-35	95-100	524	16	545	-	2
S Gilby	Medical Director	5-7.5	17.5-20	40-45	130-135	712	132	853		
J Barnes	Chief Operating Officer	5-7.5	15-17.5	35-40	105-110	511	124	641		
D Price	Interim Director of Nursing									3

Notes

1. Board member is over the normal retirement age within the existing pension scheme and therefore a cash equivalent transfer value as at 31 March 2016 is not applicable.
2. Board member left on 31 December 2015 and the values quoted reflect the pension benefits as at the leaving date and not 31 March 2016.
3. Board member was engaged on a contract basis and did not accrue superannuation benefits during this period.

2e) Off Payroll engagements

For all off-payroll engagements as of 31 March 2016, for more than £220 per day and that last longer than six months:

Table 1	Number
Number of existing engagements as of 31 March 2016	12
Of which, the number that have existed:	
for less than one year at the time of reporting	3
for between one and two years at the time of reporting	2
for between 2 and 3 years at the time of reporting	1
for between 3 and 4 years at the time of reporting	2
for 4 or more years at the time of reporting	4

Existing off-payroll engagements have been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax. Assurance has been sought from engagements with regard to this.

For all new off-payroll engagements between 1 April 2015 and 31 March 2016, for more than £220 per day and last longer than six months:

Table 2	Number
Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations	3
Number for whom assurance has been requested	3
Of which:	
assurance has been received	2
assurance has not been received	1
engagements terminated as a result of assurance not being received	0

An assurance was requested from all existing off-payroll engagements with regard to the payment of tax on earnings relating to the Trust. Confirmations were received from all engagements with the exception of one for which confirmation remains outstanding. However, this is being actively followed up to ensure confirmation will be received.

2f) Consultancy Expenditure

The Trust engaged external consultants on three separate projects during 2015-16 incurring total expenditure of £74,000.

Analysis of Consultancy Services Expenditure (+)	Expenditure		Forecast Outturn		
	Type	Supplier	Plan £000s	Forecast £000s	Variance £000s
PFI Project	Prop and Construction	Acorn to Oak Consultancy		18	
Special Measures	Org and Change Mgt	W H Marko		35	
Improving Theatres Scheduling	Org and Change Mgt	Alturos Limited		21	

2g) Exit Packages

The Trust reported two exit packages in 2015-16 for the values of £8,267 and £24,121 respectively. These have been detailed within the annual accounts.

2h) Compensation for Loss of Office

There has been no payment or compensation paid for early retirement or loss of office.

3. STAFF

3a) Staff survey

The annual NHS staff survey offers us the opportunity to understand the views of our staff and their experiences throughout their employment with us.

In the past we have been benchmarked against Acute Trusts, but, for the first time, the 2015 survey includes a benchmark group which includes combined Acute and Community Trusts.

The results of the survey are summarised below and show our results as a whole Trust, benchmarked against our group, and how our results have changed from last year.

This year, as in previous years, a random sample of 800 staff was surveyed. 48% of staff surveyed responded, a total of 381 individuals. This is average compared to the benchmark group and was an improvement from last year's response which was 43% and which was below average compared to the benchmarked acute trusts.

Overall we have some positive messages arising out of the staff survey.

	Wye Valley NHS Trust in 2014	Average (median) for combined Acute and Community Trusts	Wye Valley NHS Trust in 2015
"Care of patients / service users is my organisation's top priority."	64%	73%	76%
"My organisation acts on concerns raised by patients /service users."	65%	72%	73%
"I would recommend my organisation as a place to work."	55%	58%	60%
"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation."	55%	67%	65%
Staff recommendation of the organisation as a place to work or receive treatment.	3.53	3.71	3.74

Some areas we need to improve

- the proportion of staff saying their immediate manager asks their opinion before making decisions has fallen from 54% last year to 49%
- the percentage of staff saying that they have experienced harassment, bullying and abuse (HBA) from service users has improved from 35% to 30%, but remains above average levels for the benchmark group
- coverage of statutory and mandatory training is above average, however the effectiveness of the training scores are lower
- uptake of appraisals is up from 74% last year to 82% although effectiveness of appraisal scores are mixed

Actions to secure improvements

A draft action plan to address issues across the Trust was discussed in partnership with staff side at the Partnership Forum in February.

The corporate action plan will be monitored quarterly at Partnership Forums and the Workforce and Development Committee; progress on divisional action plans will be monitored at performance unit meetings.

Engagement events with staff led by Executive Directors and facilitated in partnership with the staff side will help inform local/occupational group actions plans.

3b) Recruitment and Retention (R & R) Strategy

A Recruitment and Retention Strategy Working Group was set up in July 2015 and meets every six weeks. Members include the Deputy Director of Nursing, heads of Nursing and Human Resources, including Workforce Planning and Recruitment, Education, Communications and Finance. It is focussed on:

- short, medium and long term recruitment plans
- how to retain staff
- creating a new recruitment and retention strategy

3c) Nurse recruitment and retention

The Trust's overall vacancy rate was 8.49% (241 whole time equivalents) at the end of March 2016. Nursing and midwifery was the highest staff group, with vacancies of 173 full-time equivalent posts.

3d) Registered nurses: UK recruitment

The Golden Hello

A campaign aimed at existing Band 5 nurses was launched in September featuring a 'Golden Hello' Pathway. The scheme, which incorporates a £1000 incentive, received wide publicity.

Successful applicants receive £500 in their first salary and the remaining £500 after they have successfully completed their probationary period – with the proviso they stay within the Trust for a period of two years. By 31 March we had seen 17 nurses successfully recruited via the pathway and the scheme remains open.

Return to practice

We have been working to encourage those who have left nursing to take a career break, or for other reasons, to return. We have linked up with Worcester University to provide training for those returning to practice to enable them to meet specific competencies to re-register.

We have used Open Days, local media and local radio to publicise the scheme and as of 31 March, 10 return to practice nurses have been employed.

A further Open Day is planned for April 2016 targeting local nursing workforce, bordering counties and regional areas.

Non UK nurses already based in the local community

In February, we launched an Assisted Practitioner programme to encourage those who have already arrived in the UK and are working in care-related fields locally to consider working at the Trust.

The programme recognises that a number of people arrive in the UK to take up jobs they expect to lead towards registration, but which do not live up to that promise.

Our in-house Launch Programme for those moving to the Trust is a 12-week scheme which assesses abilities and identifies skills gaps, introduces generic training and develops personalised development plans. This enables nurses to achieve Band 4 and then work towards registration and Band 5 within a year. Feedback from those who have been on the programme has been positive.

While on the launch programme and working towards Band 4, nurses are helping relieve pressure on staffing on the wards.

3e) Worcester University nurse training

We are targeting third-year students as an employer of choice to come and work at the Trust when they qualify in September 2016.

We forged a partnership with Worcester University to offer third-year students training (practice hours) with the promise of permanent work and a Golden Hello when they qualify. As part of our package we have developed a unique additional training programme for student nurses which will allow them to gain additional skills and confidence, such as in cannulation and IV drug administration, while on their last student placement with the Trust.

We are also developing the partnership to include a cohort of specifically Herefordshire-based nurses in the programme during the coming year.

3f) Registered nurses: Overseas recruitment

Philippines: Recruitment was hampered by changes to Nursing and Midwifery Council (NMC) English qualification requirements (up to Degree level, reading, written and oral) and by immigration restrictions. Following the UK Government's recognition of nursing as a shortage occupation in November, we hope more will now follow in 2016.

A further recruitment trip in February to the Philippines resulted in job offers to 140 high quality nurses who, subject to meeting NMC English and visa requirements, will arrive from May-September 2016.

Europe: Since September we have been working in partnership with Health Education West Midlands to recruit EU nurses to the Trust. An induction programme includes a medical English course and a buddying system. As at 31 March, we had successfully recruited an additional 30 nurses from European countries, mainly Spain and Italy.

3g) Value Based recruitment

Retention is seen as one or the major challenges facing the Trust. As at 31 March our nurse turnover rate was 16%, which was higher than the national average.

Nurses leave the profession for a number of reasons. We have reviewed and updated our exit interviews so we can better understand reasons for leaving. We are also improving Team Leadership skills and are reviewing communications to better engage our nursing staff so they feel valued.

We aim to become a local Employer of Choice and have been researching what the county of Herefordshire has to provide and working with local businesses. We have created a new recruitment handbook promoting Trust values and are also developing the Trust webpage.

Value Based Recruitment (VBR) was piloted during the year and will be rolled out across the Trust during 2016, based around:

- employer of choice – cost of living, lifestyle
- benefits
- award scheme/service awards

3h) Leadership and development opportunities

There are now more than 60 supervisors and managers taking our in-house People Leaders programme as they improve their management skills.

The course includes mandatory training on managing staff sickness.

The programme is being rolled out. Four cohorts having now completed the course.

3i) Staff sickness

Staff sickness rates rose slightly in comparison with the previous year. The reasons given for this increase are mainly stress and anxiety.

Staff Sickness absence and ill health retirements

	2015-16	2014-15
Total days lost	25,251	22,869
Total staff years	2,502	2,396
Average working days lost per person	10.09	9.54
Number of persons retired early on ill health grounds	3	5

	£000s	£000s
Total additional pensions liabilities accrued in the year	72	304

3j) Workforce by ethnicity as at 31 March 2016

Ethnic origin	Headcount	%
White - British	2760	86.96
White - Irish	16	0.50
White - any other White background	62	1.95
White unspecified	1	0.03
White English	4	0.13
White Scottish	1	0.03
White Welsh	4	0.13
White Greek	1	0.03
White Italian	7	0.22
White Polish	6	0.19
White mixed	1	0.03
White other European	4	0.13
White & Black Caribbean	2	0.06
White & Black African	3	0.09
Mixed - White & Asian	5	0.16
Mixed - any other mixed background	4	0.13
Asian or Asian British - Indian	94	2.96
Asian or Asian British - Pakistani	14	0.44
Asian or Asian British - Bangladeshi	7	0.22
Asian or Asian British - any other Asian background	32	1.01
Asian Mixed	2	0.06
Asian Sri Lankan	1	0.03
Asian unspecified	1	0.03
Black or Black British - Caribbean	4	0.13
Black or Black British - African	19	0.60
Chinese	8	0.25
Any other ethnic group	27	0.85
Filipino	2	0.06
Other specified	2	0.06
Not stated	80	2.52
Grand total	3174	100.00

Gender split for general staff

Female	2696
Male	478
Grand total	3174

Gender split for Trust Board

Female	4
Male	8
Grand total	12

3k) Health and wellbeing

A targeted campaign saw the numbers of staff taking up flu vaccines rise to over 65.5%.

We also held an annual Health and Wellbeing Day with two resilience workshops to support those dealing with stress at work.

Average Staff Numbers (audited)	2015-16		2014-15	
	Total	Permanently employed	Other	Total
Medical and dental	270	151	119	260
Ambulance staff	0	0	0	0
Administration and estates	559	526	33	512
Healthcare assistants and other support staff	579	556	23	525
Nursing, midwifery and health visiting staff	800	781	19	805
Nursing, midwifery and health visiting learners	3	1	2	9
Scientific, therapeutic and technical staff	327	319	8	317
Social Care Staff	0	0	0	0
Healthcare Science Staff	0	0	0	0
Other	0	0	0	0
Total	2,538	2,334	204	2,427
Of the above - staff engaged on capital projects	0	0	0	0

3l) Recognising staff

Throughout the year our staff have continued to do some exceptional work.

A haematology/oncology nurse specialist was recognised by national cancer charity Myeloma UK for her dedication to a local support group for patients living with myeloma. The nurse has been organising the Hereford Myeloma UK Support Group for two years and it has gone from strength to strength.

In addition, staff were awarded Going the Extra Mile awards after being nominated by patients, service users and other members of staff for going over and above the call of duty.

Staff Policies

Equality and Diversity

The Trust ensures compliance with the Disability Discrimination in Employment Policy by adopting procedures that do not allow discrimination against future or current employees in all aspects of the recruitment process or their employment.

The Trust takes all reasonable steps to make adjustments and remove barriers that put disabled workers at a disadvantage, including ensuring that training, career development, and promotion opportunities are equally available to the Trust's disabled employees.

The Trust has an Equal Opportunities Policy that has been formally agreed.

The Trust has a key responsibility to ensure that promoting equality and valuing diversity is central to all Trust policy making, service delivery, employment practices and community involvement. All levels of staff are required to undertake training in Equality and Diversity, and thus understand the principles of this. Staff receive training on Equality and Diversity every three years.

Health and Safety

The Trust is supported by a Health and Safety Officer and a Fire Officer who provide professional advice, guidance and training to managers with the aim of ensuring that safe working practices are adopted and legal obligations met.

The main focus of this work is the development of practical risk assessments, policies and working procedures that ensure and maintain high standards.

Health and Safety performance is monitored by the Trust's Health and Safety Committee, which reports to the Quality Committee, a committee of the Board.

Health at Work

The Trust provides Occupational Health Services for all staff with an on-site Health at Work Department.

The Health at Work Department is concerned with all aspects of health related to work and the working environment and therefore undertakes assessments of how the work employees undertake affects their health as well as how their health may impact on their ability to work.

The Trust recognises its legal responsibilities to safeguard employees' health and safety at work; the Health at Work Department helps the Trust achieve this.

Counter Fraud and Corruption

The Trust has in place effective arrangements to ensure a strong counter fraud and corruption culture exists across the organisation and to enable any concerns to be raised and appropriately investigated. These arrangements are underpinned by a dedicated Local Counter Fraud Specialist and a programme of counter fraud education and promotion. The fitness for purpose of these arrangements is overseen by the Audit Committee which has confirmed them as being effective and proportionate to the assessed risk of fraud.

Wye Valley NHS
NHS Trust

This document is available in large print, braille or a language of your choice.

Wye Valley NHS Trust
Trust Headquarters
The County Hospital
Union Walk
Hereford
HR1 2ER

01432 364000
www.wyevalley.nhs.uk