



Salisbury NHS Foundation Trust

**Annual Report and Accounts
2012/2013**

Presented to Parliament

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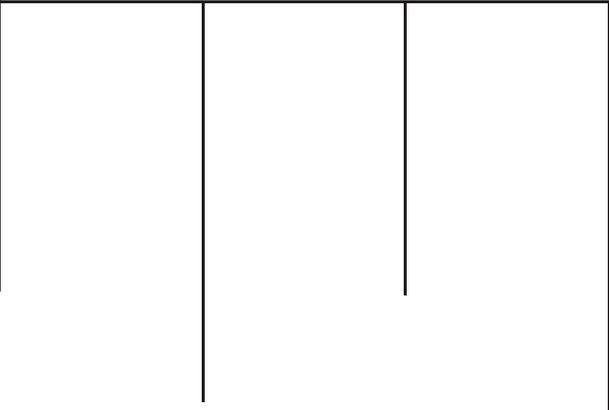
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Director's Report





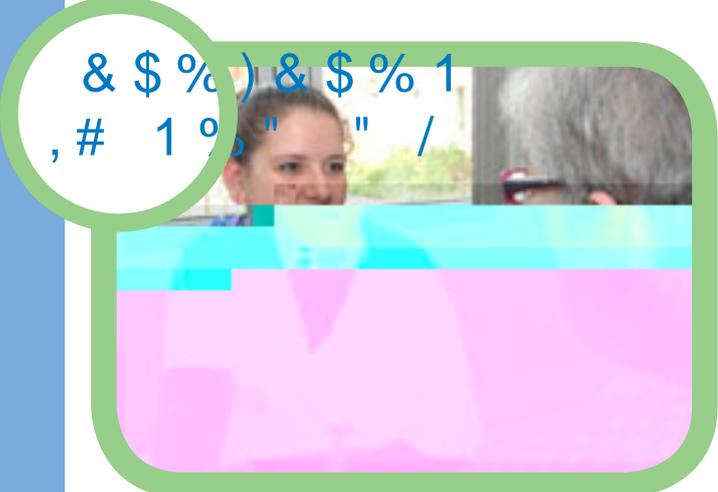
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New Fast Service For Outpatient VTE Assessment And Treatment

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Breast Cancer Patients Benefit From New Lymph Node Technique

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National Dementia Audit 2012

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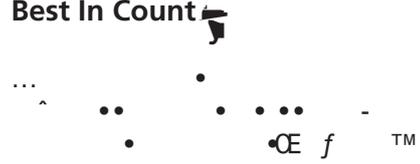
Breastfeeding Support Forum

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Free Talk Forum Hospital Members

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Patients Rate A&E Staff And Services Among Best In County



Positive CQC Inspection

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Excellent Dementia Peer Review

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New Sleep Service for People from South Wiltshire

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New Equipment Keeps Salisbury In Front Of Genetics Diagnosis And Testing

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Trust Partners All Team Win New Contracts

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Innovations Awareness

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New Wireless Equipment To Improve Pioneer Salisbu Walking Aid

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New Electronic Discharge Summaries

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Energy Efficiency Awareness

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Facilities Improve Efficiency Of Working Practices

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New Screening For Women To Identify Antenatal Distress

Staff Rewarded For Services To Patients

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Trust Young Volunteer 2012

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Volunteer Rewarded For Friendliness And Humour

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Staff Nurse Wins Mentoring Award

NHS Heroes

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Salisbury Nurse Supported British Paralympic Team

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Unsung Hero Rewarded

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Endoscopy Unit Wins Customer Care Team Award

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Surgeon Recognised With Customer Care Individual Award

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WORKING WITH OUR STAKEHOLDERS, PARTNERS AND LOCAL COMMUNITY

New Mobile Chemotherapy Hospital Patients

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Unit For Salisbury

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Nurses Celebrate Black History Month

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Hospital Liaison Case Study

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Hospital Consultants Give Trees To Mark Queen's Diamond Jubilee Year

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Alcohol Awareness

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SUPPORTING OUR STAFF TO PROVIDE BEST CARE

Staff And Children Enjoy Opening Of New Garden And Play Area

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NUMBER OF EMPLOYEES IN POST AT 31 MARCH			
Medical and Dental	'	—	“
Administration and Estates	“	~	“
Other Support Staff	¥	'	—
Nursing and Midwife	OE¥	OE¥	OE~
Scientific, Therapeutic & Technical Staff	‘	‘	~“
Total	3,952	3,860	3,917
<i>At 31 March 2013 the Trust employed 3,952 full and part-time staff (Equivalent to 2,666.11 full-time posts)</i>			

REMUNERATION REPORT

REMUNERATION COMMITTEE

Name	Role	Attendance from four meetings
Luke March		,
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Pension Benefits 1 A 2012 31 March 2013

	Real increase in pension at age 60 (Bands of 2,500) 000	Real increase in pension lump sum at age 60 (Bands of 2,500) 000	Total accrued pension and related lump sum at age 60 at 31 March 2013 (Bands of 5,000) 000	Lump sum at age 60 related to accrued pension at 31 March 2013 (Bands of 5,000) 000	Cash Equivalent Transfer Value at 31 March 2013 000	Cash Equivalent Transfer Value at 1 April 2012 000	Real increase in Cash Equivalent Transfer Value 000	Employer contribution to Stakeholder Pension To nearest 100
Pete Hill	£	£	£	£	£	£	£	
Christine Blanshara	£	£	£	£	£	£	£	
Malcolm Cassells	£	£	£	£	£	£	£	
Alan Denton	£	£	£	£	£	£	£	
Alison Kingscott	£	£	£	£	£	£	£	
Trace Nuttall	£	£	£	£	£	£	£	
Caspar Ridley *	£	£	£					

* Mr C Ridley is a member of the 2008 pension scheme and therefore the benefits are calculated at age 65 years.

Notes to Remuneration and Pension Tables

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

* Please note that these tables have been subject to audit.

Cash Equivalent Transfer Values

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Real Increase in CETV

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Median Remuneration that Relates to the Workforce

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TRUST BOARD EMPLOYMENT TERMS

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NHS FOUNDATION TRUST CODE OF GOVERNANCE

Disclosure Statement

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

- The Trust Board is responsible for the overall performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.
- The Trust Board is responsible for the overall financial performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.
- The Trust Board is responsible for the overall operational performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.

Board of Directors

- The Board of Directors is responsible for the overall performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.
- The Board of Directors is responsible for the overall financial performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.
- The Board of Directors is responsible for the overall operational performance of the Trust and for ensuring that the Trust is managed in accordance with the Code of Governance.

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The Council of Government

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Elected Governors - Public Constituency

Andrew Faulkner	€			

Elected Governors - Staff Constituency

*Mandy Collins	OE		¥	¥
*Brian Fisk			¥	¥
Shaun Fountain	□			~
Colette Mandale	□ f,		¥	
Linda Weeks	- □ ... ●●,		¥	
Christine White	● TM □		¥	

* In elections held in May 2012, Eric Gould (Volunteers) did not stand and Louise Arnett Clerical, Administrative and Managerial) was not re-elected.

Nominated Governors

Name	Constituency	Appointed or Re-appointed	Term of Office	Attendance from 6 meetings
William Moss	●	●	¥	
Anita Pheasant	● Z ●	●		¥
*Elizabeth Stevens	●●	●	¥	
*Lis Woods	●●	●		~

*Primary Care Trusts were replaced by Clinical Commissioning Groups on 1 April 2013, resulting in new organisations and representatives for Nominated Governors from this date onwards.

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The Board of Directors

Luke March DL Chairman (Independent)

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Trace Nutte Director of Nursing

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***Dame Sarah Mullall DBE Non Executive Director (Independent)**

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Barry Bull Non Executive Director until 31 December 2012

Alan Denton Director of Human Resources until 31 March 2012

Cassandra Ridle - Chief Executive from 1 March 2012 to 5 September 2012

Major General John Stokoe CB CBE Non Executive Director until 31 October 2012

MEMBERSHIP

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QUALITY REPORT

Introduction

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Part 1

Our commitment to quality - the Chief Executive's view

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Domain 1 Preventing people from dying prematurely - we plan to link this to our work in **Point 1**.

Domain 2 Enhancing quality of life for people with long term conditions - we plan to link this to our work in **Point 2**.

Domain 3 Helping people to recover from episodes of ill health or following injury - we plan to link this to our work in **Point 3**.

Domain 4 Ensuring that people have a positive experience of care - we plan to link this to our work in **Point 4**.

Domain 5 Treating and caring for people in a safe environment and protecting them from avoidable harm - we plan to link this to our work in **Point 5**.

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Point 1 Continue to improve the quality of end of life care for patients.

Point 2 Ensure patients' privacy and dignity is maintained during their stay and improve responsiveness to their needs.

Point 3 Ensure that patients receive timely and effective hospital treatment.

Point 4 Ensure patients are able to rate the quality of care they received in hospital as very good or better.

Point 5 Continue to keep patients safe during their stay in hospital.

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Domain 1 Preventing people from dying prematurely

Point 1 Continue to improve the quality of end of life care for patients

Description of the issue and reason for addressing it:

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**What we did last year to support this
 movement is:**

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What will we do in 2013/2014

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Dementia screening, diagnostic assessment and GP referral



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How will we measure progress throughout the year?

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Domain 3 Helping people recover from episodes of ill health or following injury

Priorit 3 Ensure patients receive timely and effective hospital treatment

Description of the issue and reason for prioritising it:

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National Inpatient Survey Question Overall, how would you rate the quality of care you received?	2010	2011	2012
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What we will do in 2013/2014?

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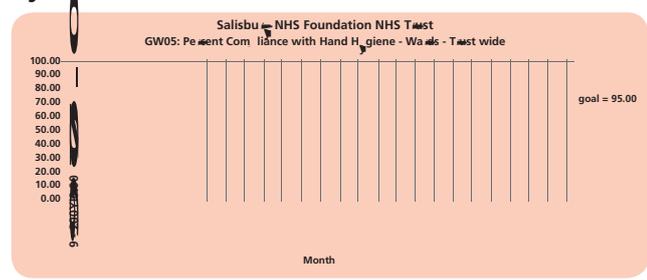
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The table below shows continued good hand hygiene practice



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What will we do in 2013/2014?

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Infection prevention and control

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Women's & Children's Health			
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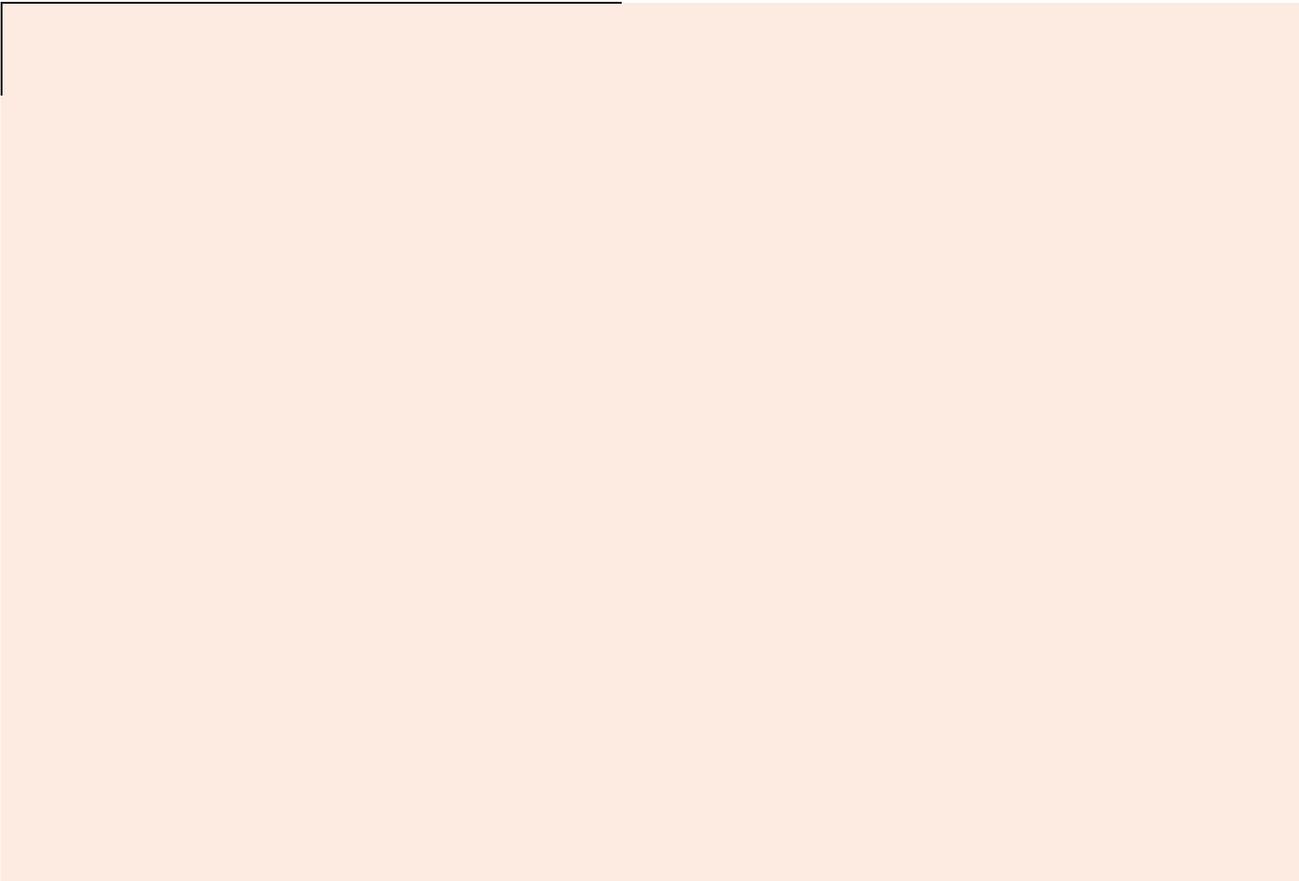


Goals	CQUIN indicators	Domain	Target 12/13	Performance in 12/13
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‘	<p>› • f † f †</p> <p>› š f †</p>	^ Ž ,	<p>› - </p> <p>› - </p>	<p>› </p> <p>› Šœ †</p> <p>› „</p>
-	<p>› f , ' - %o...</p> <p>› f † “</p> <p>› </p> <p>œ</p> <p>› † %o... † Ÿ</p> <p>› f • TM</p> <p>› Ž • ' ”</p> <p>› f • TM</p> <p>› • Ž • ' ”</p>	^ Ž ,	<p>› ^ Ž</p> <p>› •</p> <p>› • “¥”</p> <p>› † %o...</p> <p>› f •</p> <p>› f •</p> <p>› , •</p> <p>› f</p>	<p>› “</p> <p>› „</p> <p>› , ¢</p> <p>› „</p> <p>› ... f •</p> <p>› „</p> <p>› ... f •</p> <p>› „</p>





Goals	CQUIN indicators	Domain	Target 12/13	Performance in 12/13
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CQUIN indicators (Wiltshire, Hampshire, Dorset, Bournemouth Poole, Somerset, Southampton City, Isle of Wight, Portsmouth) 2013 - 2014

Goal name	Description of goal	Target	Quality domain
High Impact Innovations	Gateway to the rest of	50% of each scheme	

Goal name High Impact Innovations	Description of goal Gateway to the rest of	Target 50% of each scheme	Quality domain
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Goal name High Impact Innovations	Description of goal Gateway to the rest of	Target 50% of each scheme	Quality domain
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Information Governance Toolkit Attainment levels

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NHS Outcomes Framework Domain	Indicator	2010/11	2011/12 Provisional	2012/13 Provisional	National average 2012/13	Highest average of other Trusts 2012/13	Lowest average of other Trusts 2012/13
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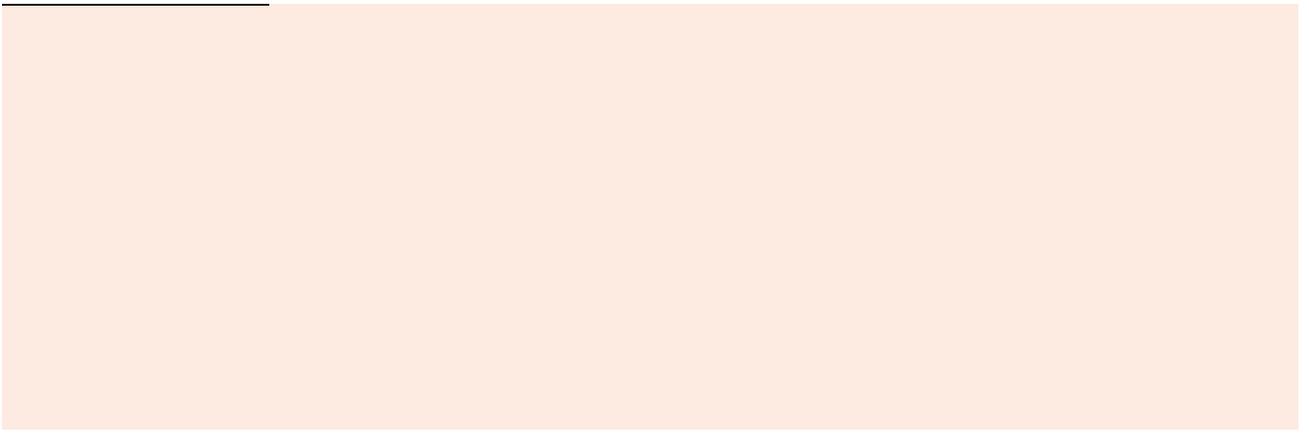
Emergency admissions within 28 days of discharge

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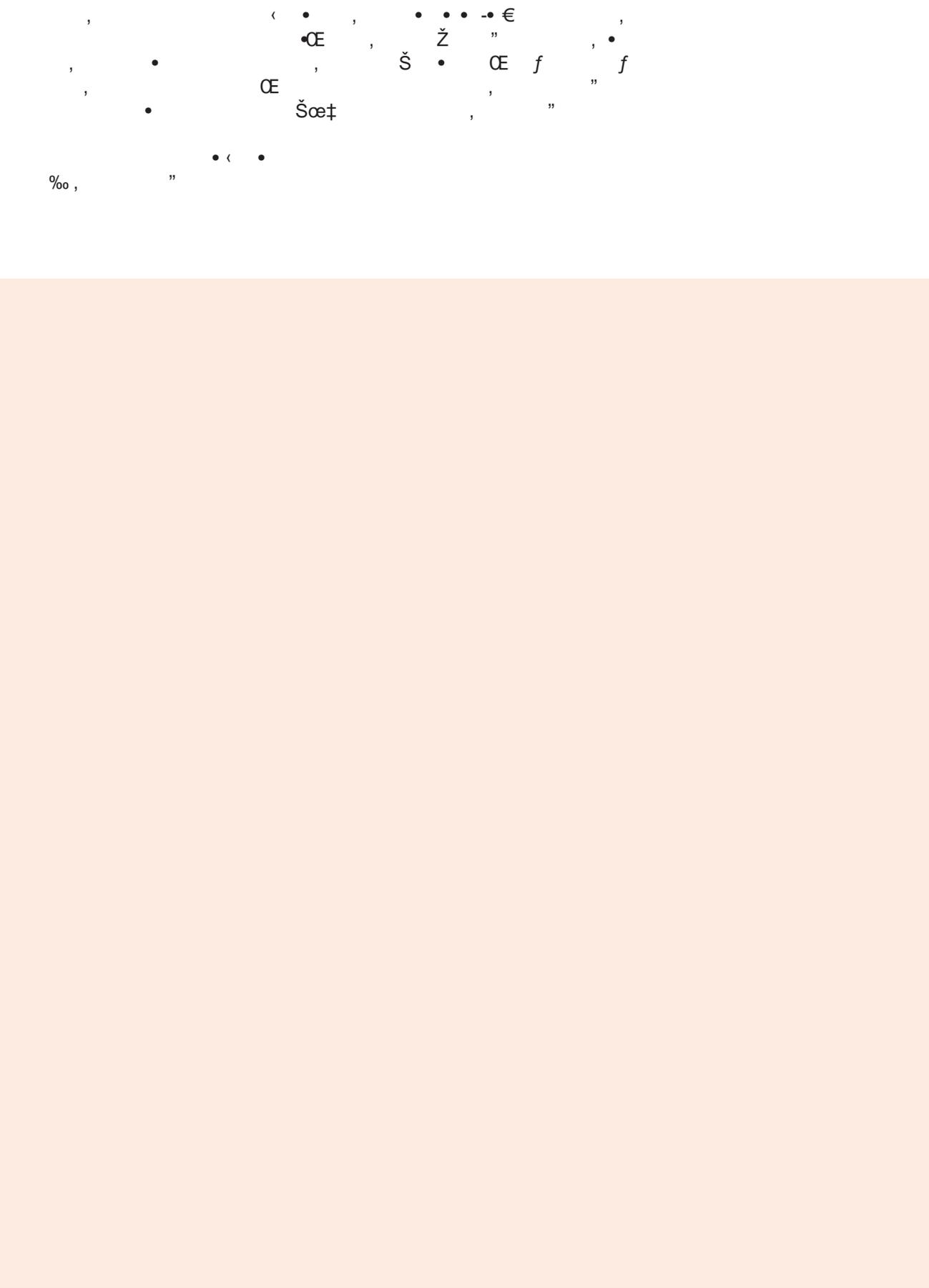
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NHS Outcomes Framework Domain	Indicator	2010/11	2011/12	2012/13	National average 2012/13	Highest average of other Trusts	Lowest average of other Trusts
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Review of Quality Performance



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Patient Safety Indicator	2008/09	2009/10	2010/11	2011/12	2012/13	National average	What does this mean?	Source of Measure
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* In previous annual reports the HSMR was reported as 101 in 2009/10 and 97 in 2010/11. However, in 2011/12 HSMR was rebased and our figures were rebased to 100 in 2009/10 and 95 in 2010/11.

** In previous annual reports the Trust quoted Trust and non-Trust apportioned MRSA notifications as a total figure. This will have included community hospital and GP patients. The total figure is quoted in brackets in the table.

*** The Global Trigger/adverse events rate was published as 33 up to 31 Jan 2011 in the 2010/11 quality report. The total figure for the full year in 2010/11 was 31.

**** Never events are adverse events that should never happen to a patient in hospital. An example is an operation that takes place on the wrong part of the body. The never events list increased from 8 to 25 on 1 April 2011.

***** In 2010/2011 Quality Account the Trust quoted 80% of patients having surgery within 36 hours of admission with a fracture neck of femur (hip). The National Hip Fracture report 2011 indicated the Trust achieved this with 74% of patients based on full year figures.

In the national inpatient survey in 2012 the way patients were asked to answer the question was changed. To enable a year on year comparison the average score has been substituted for the percentage of patients asked the question.

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Independent Auditor's Report to the Council of Governors of Salisbury NHS Foundation Trust on the Quality Report

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Scope and subject matter

The Quality Report is a document that is prepared by the Trust's Quality Improvement Department. It is a document that is prepared by the Trust's Quality Improvement Department. It is a document that is prepared by the Trust's Quality Improvement Department.

Respective responsibilities of the Directors and auditors

The Directors are responsible for the preparation and the fair presentation of the Quality Report in accordance with the applicable financial reporting framework. The auditors are responsible for auditing the Quality Report in accordance with the applicable auditing standards.

The auditors have audited the Quality Report in accordance with the applicable auditing standards. The auditors have audited the Quality Report in accordance with the applicable auditing standards.

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Assurance work performed

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In 2011 the Government implemented the Carbon Reduction Commitment Scheme (CRC). This is the UK's mandatory climate change and energy saving scheme for large energy users. The hospital is part of this scheme and has reported to the Environment Agency the amount of CO2 that it produced during the last two years. This figure is used to measure the performance of the hospital against itself year on year and against other organisations in the national CRC scheme. The Trust will continue to use this information as one of the key external indicators of environmental performance and has achieved year on year carbon reduction.

The Trust will continue to use the GCC together with CRC information as the basis for its own internal priority areas for the future. This will be monitored through the Environmental Management Committee, and Facilities management reports together with a reporting process that includes the Operational Management and Trust Board. The priority areas and targets are summarised below:

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The Trust set itself an objective to reduce the carbon that it is responsible for from the vehicle fleet it has. In

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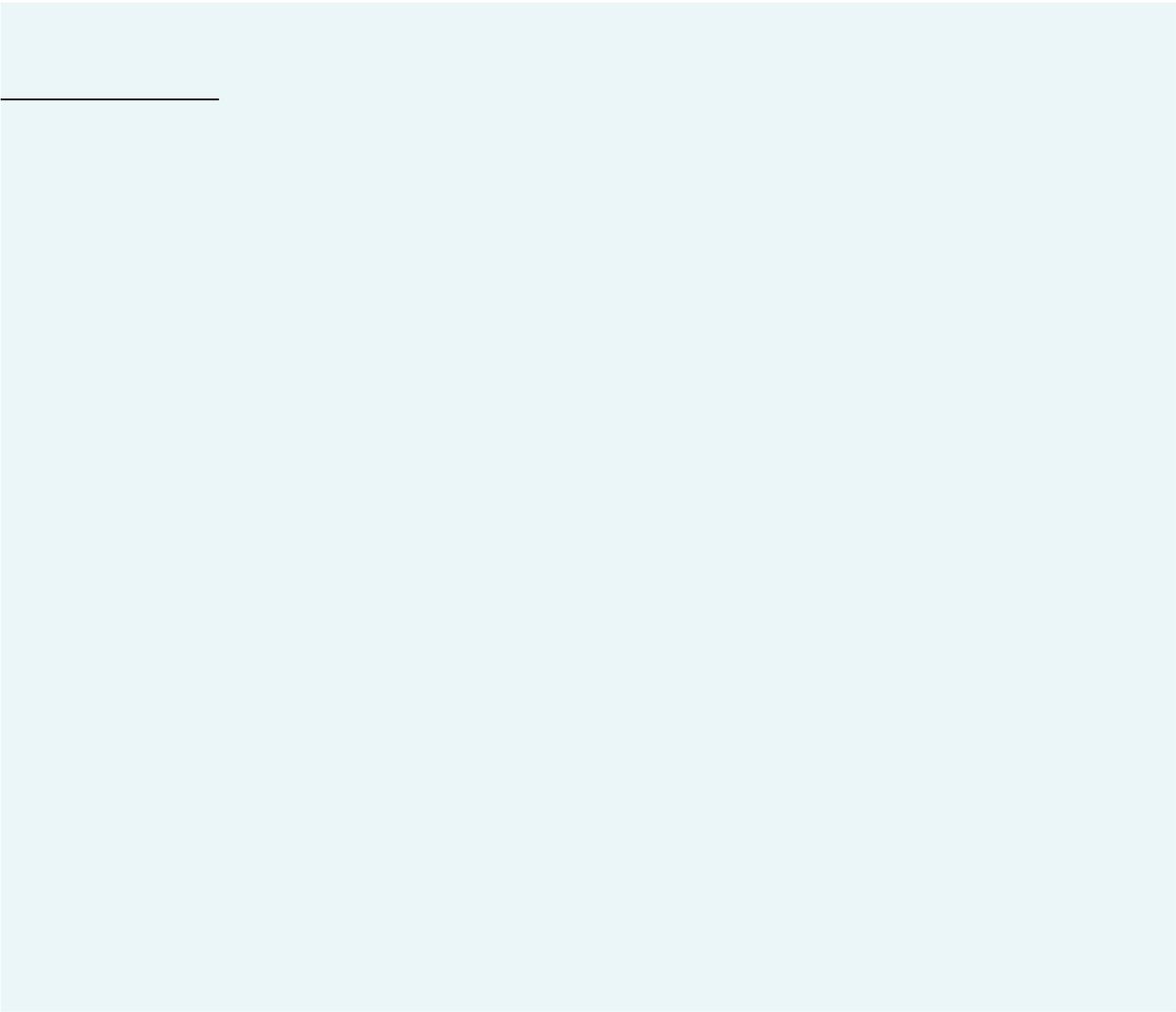
The Trust has made use of specific funding set aside internally and government-backed loans to invest in energy efficient equipment. These schemes include the replacement of an older Combined Heat and Power unit (CHP), with a modern unit which is twice the size. This generates half of the power for the site. Low energy lighting LED, high efficiency condensing boilers and the site building management system controlling energy use on site has been upgraded. Applications for additional funding for further efficiency schemes utilising renewable energy has been made in 2013.

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The trust objective is to provide incentives and facilities to promote active low carbon travel, healthy and sustainable food choices and regular exercise. The Trust has an on-site fully equipped leisure facility which promotes fitness programmes and healthy activities. This is being upgraded during 2013 to increase the number of staff who can benefit from this. Catering staff are building on existing links with local suppliers to increase use of fresh, locally sourced food and in%rs

- ' publishing a Quarterly Equality and Diversity newsletter for internal and external organisations



percentage of staff receiving job relevant training or development in last 12 months	-	-	79%	81%	No comparison with previous years available
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National staff survey scores measure how the Trust performs in relation to other acute Trusts and in terms of staff perceptions. Scores are not absolute scales or targets of good or bad performance. However, following publication of the staff survey, the Trust has an action plan that focuses on seven key areas for improvement, which are listed below. These will be monitored by the Trust Board, reported upon in Trust Board meetings held in public and measured through the 2013 staff survey.

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Our results showed we had broadly sustained the significant improvements in our performance since

2010, reflecting the targeted work in this area. Whilst our scores had improved more than the average acute Trust we are now below the national average and average acute Trust. When the 2013 scores were published we were 1% above the national average and 1% below the average acute Trust.

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It is difficult to see if our results have changed over recent years because the wording of the questions have changed and are not therefore directly comparable. Both are worse than average for an acute Trust and this is an area the Trust wishes to improve, in keeping with our Trust value of Respect. The Target for 2012/13 is to reduce the number of instances of violence.

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Ensuring everyone, whatever their role, can see that they have an impact on patient care is important in making sure we achieve an outstanding experience for every patient.

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The Trust then submits Quarterly reports on which it is assessed by the Monitor against the agreed plan. The Annual plan forecast ratings and the Quarterly



FOREWORD TO THE ACCOUNTS

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Öæc^!ã!24th May 2013!ã

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• To ensure that Risk Management Policies are implemented ensuring that:

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• To develop an Annual Risk Management Plan, which is agreed, reviewed and monitored by the Trust Board.

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Executive Managers within the organisation who have responsibility for the development and maintenance of the system of internal control have provided me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. Other sources of assurance on which reliance has been placed include the external audit opinion (KPMG), the assurance committees (including the Audit Committee), the self assessment process against the CQC essential standards of quality and safety (unannounced visit March 2013), NHSLA Risk Management assessments (revalidation of Level 2 achieved in April 2011 for a further 3 years), South Coast Audit and the Internal Clinical Audit Team who have provided me with information and comments.

Overall there is in place a dynamic process for the management of internal control which is reviewed and updated regularly by the Executive Team and various Board Committees that are in place in the Trust to help me meet my responsibilities as Accounting Officer. I conclude that no significant internal control issues have been identified for the year ended 31st March 2013.

Signed:



Peter Hill
Chief Executive

Date: 24th May 2013

2011/12

2011

		31 March 2012 £000	31 March 2012 £000
Intangible assets	16	284	284
Property, plant and equipment	17	130,061	130,041
Investments in subsidiaries	32	-	-
		<u>130,345</u>	<u>130,325</u>
Inventories	18	2,517	2,457
Trade and other receivables	19	7,567	7,523
Cash and cash equivalents	20	21,058	20,880
		<u>31,142</u>	<u>30,860</u>
		<u>161,487</u>	<u>161,185</u>
Trade and other payables	21	(19,789)	(19,693)
Borrowings	22	(2,263)	(2,263)
Provisions	23	(1,065)	(1,065)
		<u>(23,117)</u>	<u>(23,021)</u>
		<u>138,370</u>	<u>138,164</u>
Borrowings	22	(23,595)	(23,595)
Provisions	23	(307)	(307)
		<u>(23,902)</u>	<u>(23,902)</u>
		<u>114,468</u>	<u>114,262</u>
Minority Interest		67	-
Public dividend capital		51,229	51,229
Revaluation reserve		52,260	52,260
Income and expenditure reserve		10,912	10,773
		<u>114,468</u>	<u>114,262</u>

The notes on pages 5 to 35 form part of these financial statements.

The financial statements on pages 1 to 35 were approved by the Board on 24th May 2013 and signed on its behalf by:

Signed:

Peter Hill - Chief Executive

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Subsidiary pension scheme

7KH VXEVLGLDU\ FRPSDQ\ 2GVWRFN 0HGLFDO /LPLWHG RSHUDWHV
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DUH UHFRJQLVHG LQ FDOFXODWLQJ WKH WUXVW¶V VXUSOXV GHILF

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&RQWLQJHQW UHQWDOV DUH UHFRJQLVHG DV DQ H[SHQVH LQ WKH

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\$ FRQWLQJHQW DVVHW LV D SRVVLEOH DVVHW WKDW DULVHV IURP SE
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\$FFRXQWLQJ VWDQGDUGV WKDW KDYH EHHQ LVVXHG EXW KDYH QRW
7KH IROORZLQJ DFFRXQWLQJ VWDQGDUGV DPHQGPHQWV DQG LQW
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At 1 April 2012	4,938	91,573	5,715	1,995	53,132	696	14,240	1,645	173,934
Additions - purchased	-	-	-	4,885	875	-	-	-	5,760
Additions - donated	-	-	-	1,041	-	-	-	-	1,041
Impairments	-	-	-	-	-	-	-	-	-
Reclassifications	-	2,687	-	(5,312)	1,089	14	1,302	220	-
Revaluation	(15)	(7,058)	-	-	(1)	-	-	-	(7,073)
Disposals	-	-	-	-	(1)	(12)	(5)	-	(18)

	£000	£000	£000
At 1 April 2012	616	20,112	20,728
Additions - Purchased	-	-	-
Revaluations	-	(1,063)	(1,063)
Disposals	-	-	-
At 31 March 2013	616	19,049	19,665
At 1 April 2012	309	-	309
Provided during the period	62	523	585
Revaluation	-	(523)	(523)
Disposals	-	-	-
	371	-	371
- Purchased	245	19,049	19,294
- Donated	-	-	-
	245	19,049	19,294
At 1 April 2011	616	21,937	22,553
Impairments	-	-	-
Revaluation	-	(1,825)	(1,825)
Disposals	-	-	-
At 1 April 2011	247	-	247
Provided during the period	62	586	648
Impairments	-	-	-
Revaluation	-	(586)	(586)
Disposals	-	-	-
- Purchased	307	20,112	20,419
- Donated	-	-	-

	31 March 2012 £000	31 March 2012 £000
By up to three months	698	698
By three to six months	-	-
By more than six months	446	446
	<u>1,144</u>	<u>1,144</u>

	31 March 2012 £000	31 March 2012 £000
By up to three months	352	352
By three to six months	64	64
By more than six months	2,906	2,906
	<u>3,322</u>	<u>3,322</u>

The sums included in receivables past due date by more than six months, but not impaired, relate to the amount due from the NHS Injury Scheme. The Department of Health issued guidance to provide for debts on the amount owed at 12.6% (2012: 10.5%). These debts relate to insurance claims and hence the date of receipt of monies is not known and so the debts are disclosed as due after one year.

	31 March 2012 £000	31 March 2012 £000
Balance at beginning of year	10,040	9,915
Net change in year	11,018	10,965
Balance at end of year	<u>21,058</u>	<u>20,880</u>
Cash with Government Banking Service	20,651	20,651
Cash at commercial banks and in hand	407	229
	<u>21,058</u>	<u>20,880</u>
Bank overdrafts	-	-
	<u>21,058</u>	<u>20,880</u>

	31 March 2012 £000	31 March 2012 £000
Pensions relating to other staff	28	108
Legal claims	920	-
Other	117	199
	1,065	307

	Pensions relating to other staff	Legal claims	Other	
	£000	£000	£000	
At 1 April 2012	136	920	316	1,372
Change in the discount rate	-	-	7	7
Arising during the year	4	247	169	420
Utilised during the year	(29)	(180)	(55)	(264)
Reversed unused	-	(552)	(79)	(631)
Unwinding of discount	4	-	9	13
Within 1 year	23	435	78	536
1 - 5 years	70	-	78	148
5-10 years	22	-	211	233

Pension provisions arise from earlyfvf

Other provisions include the following:

£32.0m is included in the provisions of the NHS Litigation Authority at 31 March 2013 in respect of clinical negligence liabilities of the Trust (2012: £27.83m).

Trade and other receivables excluding non financial assets	-	-	-	-
Other financial assets	-	-	-	-
Trade and other receivables excluding non financial assets	-	3,740	-	3,740
Other financial assets	-	21,058	-	21,058
		24,798		24,798

Private Finance Initiative
Finance lease obligations
Trade and other payables
Provisions under contract

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