



Annual Report and Accounts 2009/10

Local Care for Local People

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Section One - About the Trust

With your help

In previous years we have asked staff and stakeholders whether they would wish us to include or expand on any particular items within our Annual Report. This year, in addition, we are in the fortunate position to be able to ask our 6,000 plus shadow Foundation Trust members and Governors for their input.

As a result we have expanded the information available in sections covering patient services and our staff. Caring for patients is what the NHS is about and we have reflected a number of patient stories relating their experiences about the treatment, care and overall experience in our hospitals within the patient perspective section.

2010 is the tenth anniversary of the formation of the Trust so we have taken this opportunity to reflect on developments during the last decade.

We received compliments about the style and balanced content of our previous annual report and we hope that this year's report will also make interesting reading.

Chairman's welcome

I would like to take this opportunity to reflect not only on the last year but the past ten years since the Trust was formed in April 2000.

Successfully merging the Alexandra, Kidderminster and Worcester hospitals was the first test the newly appointed board faced and each year since has seen more challenges met and action taken. Our priority has always been to ensure that our patients receive high quality care in the most appropriate surroundings.

This has been achieved through developing new buildings as well as improving and extending existing services.

The Alexandra Hospital has benefited from an ongoing programme of upgrading and new builds for the MRI unit, orthopaedic and multi-disciplinary education centres. Kidderminster Hospital has seen the transformation of E block into a modern, airy Treatment Centre with its own theatre and outpatient suites. The long awaited new Worcestershire Royal Hospital was completed in March 2002 at the same time as the Charles Hastings Education Centre, both providing state-of-the-art facilities.

The period has not been without its financial difficulties. In 2005/6 we faced a funding gap of around £30 million. This was set against a background of meeting important targets to improve patient care such as reducing waiting times for operations, outpatients and in A&E. Achieving and sustaining financial balance whilst at the same time maintaining patient safety has required using alternative and innovative systems and approaches.

During the decade we have also invested heavily in recruiting highly skilled staff in many roles but particularly nurses and consultants.

The Agenda for Change programme reviewed pay and job specifications ensuring equity across the spectrum of roles. The Improving Working Lives initiative focussed on helping staff achieve a better work/life balance. We have continued to develop this programme and have achieved national recognition for our staff support. We must not forget the increased and excellent training opportunities available to staff to enhance their ability to provide quality services.

More recently we have concentrated a great deal of time and effort on our bid for Foundation Trust (FT) status to give us more freedom to decide which services and developments we would like to take forward. We have sought views from the public through our shadow FT Members. The Board remains committed to becoming a Foundation Trust and the recent decision by Monitor to defer our application whilst we provide more detailed information will be addressed over the coming months.

I would like to thank my Board colleagues, our many committed volunteers, including the highly valued Friends at each of the hospitals, and our partner organisations for their support. My particular thanks go to the staff for their dedication, professionalism and determination without which we could not have succeeded in the past and with whom we can meet the challenges ahead at a difficult economic time for the public sector.

Michael O'Riordan

Michael O'Riordan
Chairman



Chief Executive's welcome

A key value of this Trust is ensuring that patients are at the centre of everything we do.

Patient safety remains our top priority and over the last 12 months, through our pursuit of excellence, we have made a number of significant steps towards further improving the quality of care each of our three hospitals provide.

Our acceptance on the national Leading Improvement in Patient Safety initiative (LIPS) and signing up to the national Patient Safety First programme has provided us with a structure on which to focus our plans, and the appointment of a Medical Director for Patient Safety has enabled us to push through a number of initiatives that are all helping to improve the patient experience.

We have further reason to celebrate having maintained our low infection rates for MRSA bloodstream infections and Clostridium difficile. By working with staff across the Trust, our highly motivated and dedicated infection prevention and control team has ensured that during the last year we achieved our target of no more than 15 cases of MRSA bloodstream infections and no more than 198 cases of Clostridium difficile within a considerable margin.

Encouraging staff to provide high quality care as standard is also a main aim of the NHS Constitution, which has brought together what staff, patients and taxpayers can expect from the NHS. We've recruited a group of enthusiastic volunteer staff as Constitution Champions whose role is to raise awareness of the rights, pledges and responsibilities of staff and patients alike.

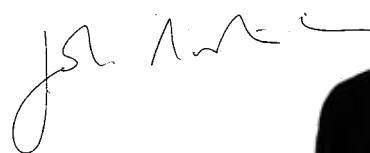
Technological advances are also helping us to improve patient care. During the last 12 months we've signed a multi-million

pound contract with Xerox who will be transforming the way our patient records are managed, stored and retrieved. Once the records are digital, clinicians will be able to get instant access to patient information. This means patients, whether attending for a scheduled appointment or emergency, can be confident their medical history is available.

We recognise the hard work and excellence achieved by our staff, and to show our appreciation we held our biggest ever Hospital Heroes staff achievement awards ceremony, handing out awards in 14 categories. All our staff, whether clinical, non-clinical, front line and supporting, make a vital contribution to the standard of service and quality of care we offer, and the award ceremony gives us a real opportunity to highlight this. We are aiming to make the 2010 event bigger and better than ever before.

We also make a number of pledges to our staff - to provide them with clear roles and responsibilities, to provide effective personal development opportunities, to support them to maintain their health, wellbeing and safety, and to engage them in decisions that affect them.

By continually working to deliver these pledges, our staff will be empowered to deliver better and safer services for the 750,000 patients that they see every year and ensure that the values we hold as a Trust are demonstrated.



John Rostill OBE
Chief Executive





Who we are and what we do

Senior Management Team (at 31 March 2010)



**Michael O'Riordan,
Chairman**

Michael O'Riordan took up the Chair of the Trust in January 2002. He was reappointed for a further four year term in November 2005. His latest reappointment took effect on 1 November 2009 and will see him serve a final term which ends on 31 October 2010.

Interests:

Chairman of the Healthcare Purchasing Consortium.
Member of the Worcestershire Partnership Board.
Member of the Worcestershire Health and Social Care Board.
Trustee of the Charles Hastings Education Centre.
Director of the Worcestershire Healthcare Education Company Ltd.



**John Rostill OBE,
Chief Executive**

Interests:

No interests declared.



**Dr Charles Ashton,
Medical Director**

Interests:

Some private practice undertaken.
Has received sponsorship from pharmaceutical companies to attend educational conferences.



**Helen Blanchard,
Director of Nursing and
Midwifery**

Interests:

No interests declared.



Jeff Crawshaw,
Director of Human Resources

Interests:
Member of NHS Staff Council.



Phil Milligan,
Chief Operating Officer

Interests:
Director PK Healthcare Ltd.
Director Roxton Nursing Home Ltd.

Member of Institute of Healthcare Management.



Mike Stevens,
Director of Finance and Business Development

Interests:
No interests declared.



Rosemary Adams,
Non-Executive Director

Rosemary Adams was originally appointed in April 2005. She was reappointed for a further four year term in April 2009.

Her tenure runs until April 2013.

Interests:
No interests declared.



Jane Rhead,
Non-Executive Director

Her tenure runs until March 2013.

Interests:
Partner is a Non-Executive Director of Wolverhampton City PCT.



Michael Shepherd,
Non-Executive Director

His tenure runs until October 2011.

Interests:
Non-Executive Director of Rubery Owen Holdings Ltd.
Consultant with Martineau Johnson Solicitors, Birmingham and London.



Nichola Trigg,
Non-Executive Director and Vice Chairman (from February 2009)

Her tenure runs until October 2011

Interests:
Director and Company Secretary of Redcliffe Catering Limited.
Director and Company Secretary of Redcliffe Hotels and Catering Limited.
Director and Company Secretary Redcliffe Event Management Ltd.
Director Trigg Administration Services Ltd.
Treasurer - Hagley Community Association (Charity).



Harry Turner,
Non-Executive Director

His tenure runs until September 2012

Interests:
Justice of the Peace South Worcestershire Magistrates Court.
Non-Executive Director Metrovacasa Hotels (Spain).
Non-Executive Director Southwest Charters LDA (Portugal).

Committees as at 31 March 2010

Finance and Performance

Chair: Michael O’Riordan.

Rosemary Adams from July 2009.

Members: Nichola Trigg, John Rostill, Mike Stevens

Audit

Chair: Nichola Trigg

Members: Harry Turner, Jane Rhead

Remuneration

Chair: Michael O’Riordan

Members: Rosemary Adams, Michael Shepherd, Nichola Trigg, Harry Turner, Jane Rhead

Donated Funds

Chair: Michael O’Riordan.

Members: Michael Shepherd, Jeff Crawshaw, Mike Stevens

Integrated Governance

Chair: Michael Shepherd

Members: Rosemary Adams (Vice Chairman), Harry Turner

Sustainability

Chair: Jane Rhead

Members: Harry Turner (Vice Chairman), Peter Male, Peter Behrendt, Gordon Reddish, Dr David Tibbutt

Board development - serving the Trust

Education and Training play a vital part in the success of any organisation.

We provide a programme of ongoing development for our matrons and senior nurses, clinicians and managers, nurses, healthcare assistants and administrative staff to ensure that they are able to fulfil their roles effectively.

The Trust Board, executives and non-executives are also engaged in a rolling programme of development with time set aside when the team can focus on a specific aspect of health care management such as risk management or infection control.

Of particular importance this year has been the need to ensure that the Board is competent in all aspects of financial, governance (both corporate and clinical), strategic planning and clinical matters associated with our efforts to become a Foundation Trust.

Trust board members have taken part in a number of development sessions and mock Board-to-Board practice and actual sessions.

Patient Safety is fundamental to the way the Trust operates. From Board to Ward, patient safety is a top priority. In the autumn of 2009 the Trust launched a long term programme of ‘Patient Safety Walkrounds’ when executive and non-executive board members visit clinical areas to hear first hand from patients and staff how safety standards might be improved.

Additionally the Trust has been accepted on the national ‘Leading Improvement in Patient Safety’ (LIPS) initiative, run by the NHS Institute for Innovation and Improvement which will help make sure that the Trust Board can support the efforts of our clinicians in ensuring patient safety is a priority throughout the organisation.

Vision and values

A commitment to **quality**, focus on **safety** and pursuit of **excellence** are vital in all aspects of what we do for our patients if we are to build on our recent successes. The aims and objectives set out below provide an overview and some guiding principles. More important is how we act and behave – towards each other and towards our patients and their carers. In order to succeed we must continually strive to deliver a quality of care we would wish for ourselves and those dearest to us.

Patient safety

Patient safety is our top priority.
We are wholeheartedly committed to the Patient Safety First Campaign.

Our vision

Local Care for Local People

Our values

- Patients are at the centre of everything we do
- Investing in our staff for the benefit of patients
- To use resources wisely, effectively and efficiently
- Achievement through effective partnerships
- Delivering sustainable services

Strategic objectives

- **Achieve and maintain excellence** as measured by our patients, staff, members, commissioners and regulators
- **Recruit and retain the best staff** to ensure we have the right people with the right skills to deliver the highest quality care
- **Develop our business** to ensure the sustainable delivery of services
- **Deliver planned financial surpluses** to support sustainability and future investment
- **Protect and improve our reputation** so that we are 'first choice' for patients and staff and recognised for our contribution to improving the health of our local population

Our strategic objectives form the basis for the rest of the annual report



Section 2 - Achieving excellence

Patient safety - a top priority

Dr. Stephen Graystone Medical Director for Patient Safety



From Board to ward, patient safety is our top priority, says Dr Steve Graystone Medical Director for Patient Safety.

Signing up to the national Patient Safety First Campaign provided

us with recommendations and a structure on which to focus our plans to improve patient safety. We concentrated on two of the five recommended interventions - leadership and deterioration.

Leadership

Leadership intervention is aimed at board members, encouraging them to lead by example so that members of staff can learn from them and effect change for the better.

Executive and non-executives embarked on a series of Patient Safety Leadership Walkrounds visiting specific clinical areas within the Trust to involve them in the organisation of patient safety improvement. This enabled them to hear first hand the issues that patients and staff wish to see resolved.

The first visit to the Medical Admissions Unit and ward 12 at the Alexandra Hospital Redditch has been followed by a rolling programme across all three sites. Our aim is to ensure that a walkround occurs in all 27 of the Trust's directorates at least once a year. The visits are structured and planned so that an action plan can be agreed on the day to tackle any issues highlighted.

The walkrounds have improved communication and engagement between Board members and front line staff. The non-executives are accessible and available with a better understanding of the concerns and difficulties faced.



The first Patient Safety Walkround on Ward 12 at the Alexandra.

One of the main findings that emerged was the need to reduce the number and severity of injury resulting from falls. Now we monitor where each fall occurs. This has enabled identification of common factors relating to falls such as clusters of incidents around bathroom doors and the role of regional anaesthesia following knee surgery.

In conjunction with our Productive Ward initiatives we have moved nursing and medical staff back on to the ward floors to increase the amount of time that patients are monitored by staff. Our aim is to reduce the number of patients suffering a fractured neck or femur resulting from a fall in our organisation by at least 40% by the lighting of the Olympic flame in 2012.

Recognising the deteriorating patient

Critical Care Outreach Sister Ruth Mullett has been seconded to the Patient Safety First Campaign. Ruth's role includes early identification, notifying appropriate medical staff and follow up management of a patient whose condition is deteriorating.

The Stamp It and RSVP campaigns, which are tools which nurses can use to escalate when a patient's condition causes concern,



Amy Cerrone, Staff Nurse; and Ruth Mullett, Lead Critical Care Outreach and Patient Safety, check a PARS (Patient at Risk) score on MAU at WRH.

are already in use in conjunction with PARS (Patient at Risk Score).

This is reflected by audit data which shows that set the standard and accuracy of recording patients vital signs (e.g blood pressure, pulse, respirations, oxygen saturation) have reached 90 per cent in most ward areas.

The recently introduced global trigger tool audit, which entails taking 20 sets of notes at a time to see if any patients have been 'harmed' whilst in our care, has been trialled prior to roll out. Initial results show that although patients have frequently been tracked (i.e. their vital signs had been taken and recorded and PARS calculated the trigger to refer to a senior clinician) the patient has not always been followed through satisfactorily.

We have therefore reinforced the importance of the focus of observation and PARS, promoting prompt communication around referral, improving education and training around assessment and physiological action planning, and ensuring audit processes are in place.

Due to the efforts of our staff, our mortality rate is now better than the national average.

Infection prevention and control - everyone's responsibility

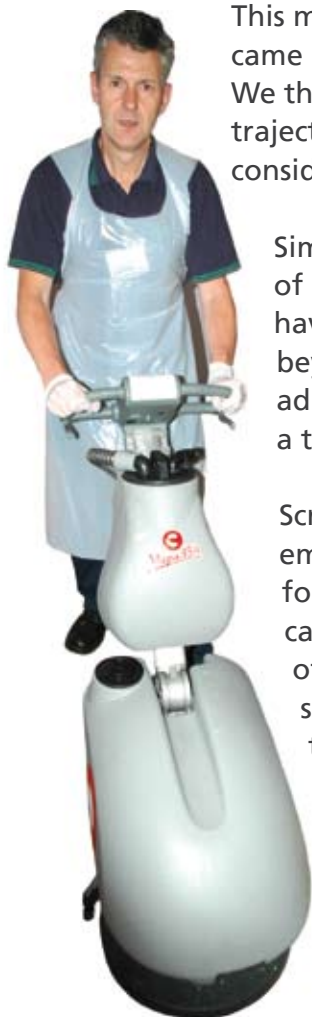
Team work is the key to success. Our highly motivated and dedicated infection prevention and control team is fully supported by colleagues from all disciplines within the hospitals and partner organisations across the region, including NHS Worcestershire (Primary Care Trust). We must also thank our patients and the public who not only follow hand hygiene procedures but keep a watchful eye on what we are doing. This was reflected in the recent Care Quality Commission Inpatient Survey where patients recorded whether doctors and nurses cleansed their hands between patients.

The results speak for themselves – from April 2009 to March 2010 there were just eight cases of MRSA blood stream infections and half of those were detected within 48 hours.

This means that those patients came into hospital with MRSA. We therefore achieved our trajectory of 15 cases within a considerable margin.

Similarly the number of patients recorded as having Clostridium difficile beyond the second day of admission was 125 against a trajectory of 198.

Screening for high risk emergency admissions for MRSA has been carried out for a number of years. However, a significant development this year has been the introduction of screening for *all* emergency patients on admission from September 2009.



This has proved to be a challenge, with end of year figures showing that we were providing MRSA screening tests for 75 per cent of this group of patients – so we still have more to do.



Heather Gentry, Lead Nurse for Infection, Prevention and Control, demonstrates how to maintain hand hygiene.

The incidence of Norovirus in the community has impacted on hospital services over the winter/spring period. Relatives and visitors faced restricted visiting on wards at the Alexandra and Worcestershire Royal Hospitals as part of our strategy to reduce the risk of transferring this highly infectious diarrhoea and vomiting bug to our patients. Daily meetings on both sites saw multi-disciplinary teams including housekeepers, matrons, microbiologists and infection prevention and control nurses working together to protect patients and reduce the risk and control the spread of the infection.

Our Patient Environment Action Team (PEAT) assessments for the period show the three hospitals as 'Good' in all three areas of environment, food, and privacy and dignity with Kidderminster Hospital gaining an excellent rating for the latter.

As part of the infection prevention and control procedures the Trust monitors 'high impact interventions'. These are areas where impeccable hygiene processes must be followed to ensure that infection does not occur. This includes not only practices to prevent the spread of *Clostridium difficile* for example, but standards around urinary insertion of catheters, renal dialysis lines, peripheral vascular devices and when ventilating a patient. Results are consistently in the high nineties and immediate action taken when a shortfall in meeting standards is highlighted.

Training

Education is a strong theme in all infection prevention and control work. The team provides education for all staff - from the Board through to clinical, administrative and support staff and outside contractors. This training is delivered to staff as soon as they join the Trust, at mandatory updates,



Education on the wards

New technologies

In order to continue our successful campaign to implement effective infection control our infection control teams and housekeepers across the Trust have been working together to check out new systems and products.

On trial at both the Alexandra and Worcester hospitals has been a whole room decontamination system which uses ozone and water in the format of a dry vapour to act as a high level disinfectant and destroy airborne and surface pathogens, including viruses, bacteria and spores. The mobile unit is controlled remotely and has a database which stores information on the location and duration of the areas decontaminated. We were chosen to trial this method to see how it could best be integrated into a forward thinking Trust who are keen to be part of cutting edge technology. Results are currently being evaluated but are looking positive.

Also under evaluation is a hand held swabbing system which uses ATP (adenosine triphosphate) to provide an instant physical measure of protein levels on a visually clean surface pre and post cleaning. It has been tested on high contact point surfaces in clinical areas, patient equipment and general environment. Outcomes are encouraging showing how effective cleaning has been in both the environment and on equipment between patients at removing even non-visible contamination.

Still being monitored are air hygiene units which improve the quality of circulating air using hydroxyl free radicals. The idea is to remove circulating organisms by introducing fresh air indoors and then sample the air to check improvements in air quality.

Privacy and dignity

A £446,000 grant from Privacy and Dignity Funds made available via the West Midlands Strategic Health Authority enabled the Trust to improve the provision of same sex accommodation allowing increased privacy and dignity for patients. Major improvements have been made to Cookley Ward at Kidderminster and Aconbury East at Worcester.



Debbie Ganderton on Cookley Ward which has had new partitioning to give patients more privacy.

The refurbishment has meant improved partitioning between bays and enhanced bathroom facilities. Plans are now in hand to extend the project to include nine wards at the Alexandra providing modernised single sex bathrooms.

The transformation of Maple and Aspen Wards at Worcestershire Royal Hospital into single sex wards has enabled us to reassure patients when they are admitted that maintaining their privacy and dignity will not be a problem. Maple is now an all female ward and Aspen cares for male patients. Both wards benefit from new shuttered screening giving patients more privacy. Redecoration and the installation of new sanitary ware have ensured that the bathroom areas are modern and designed for use by less able patients. Not only are the patients and



Refurbished shower room on Aspen

their families pleased but staff find it easier to provide a high standard of care in the improved ward environment.

Dignity champions have also been appointed. Their role is to ensure that all their patients are treated with dignity and respect with their privacy safeguarded.

Karen Titley, pictured right, is one of our Dignity Champions based at the Alexandra.

Karen says: "It is so important that as nurses and clinicians we see the person, not the patient, and look at how we care for them from their perspective."



Our dignity champions took part in the first national Dignity Action Day raising awareness by providing information and advice about the importance of dignity in care. This follows the launch of the Department of Health Dignity in Care Campaign championed by Sir Michael Parkinson.

Sharing good practice and highlighting same sex accommodation achievements was the theme of an event which included representatives from the Trust and NHS Worcestershire. The day focussed on progress to date and future plans to ensure that patients do not share mixed sleeping and bathroom facilities in areas such as medical admission units and day surgery units.



Helen Blanchard, Director of Nursing; Sandra Rote, Lead Nurse for NHS Worcestershire; Denise Sherwood, Operation Support Manager ISS Mediclean; and Sister Rebecca Carter, Ward 17 Alexandra.

Quality Account

The quality of services patients receive from our hospitals are highlighted together for the first time in a new report.

The Trust had a statutory requirement to publish its first Quality Account this year following the Health Act 2009.

Quality Accounts aim to enhance accountability to the public as well as engaging hospital bosses in the quality improvement agenda.

John Rostill, Chief Executive of Worcestershire Acute Hospitals NHS Trust, said: "Our first Quality Account is written specifically for our patients and the public and details what we have been doing over the last 12 months in these three areas. It highlights what we've been doing well, where improvements are required, and how we've involved patients, staff and stakeholders to help us determine our priorities for improvement.

"To demonstrate that the Quality Account is a true and accurate reflection of the last 12 months we are also required to include statements from NHS Worcestershire, the Health Overview and Scrutiny Committee and the Worcestershire Local Involvement Network. We are delighted by the level of support that they have shown us as this further highlights the progress we have made."

The Trust's Quality Account is available to read on the Trust's website at www.worcsacute.nhs.uk as well as on the NHS Choices website at www.nhs.uk



Anniversary album - ten years of improving

March 2002 saw the opening of **Worcestershire Royal Hospital**. Over 300 patients were transferred safely from Ronkswood and Castle Street hospitals in a joint planning operation with the Ambulance Service. This followed refurbishment of Aconbury West to provide a new centre for ophthalmology and therapies. Later that year the Charles Hastings Education Centre and George Marshall Medical Museum were completed. Professor John Temple, President of the Royal College of Surgeons of Edinburgh conferred teaching hospital status on WRH with the arrival of 30 students from Birmingham University.



Moving In - March 2002.

In December 2003 final preparations were being made to welcome patients to the **Kidderminster Treatment Centre**. The £19m development included four theatres, three intervention rooms, 28 short stay beds, outpatients, a minor injuries unit and the latest radiology and diagnostic equipment and facilities. In 2009/10 there were 107,277 outpatient attendances, 16,331 surgical procedures and 23,307 MIU attendances.

Picture shows ophthalmology surgery at Kidderminster.

The **Alexandra Hospital** has benefited from a series of upgrades including a new roof, endoscopy and children's clinic provision plus A&E refurbishment to complete new builds. The purpose built MRI unit saw its first patients in March 2005 and provided Redditch patients with their own advanced scanning facility. Another new build gave the Alexandra a specially designed orthopaedic centre with 12 consulting rooms to house fracture clinics and orthopaedic and rheumatology outpatient clinics as well as its own x-ray facilities and plaster room.



HRH Princess Alexandra revisited the Alex in May 2006 for the official opening of the orthopaedic centre.

patient care 2000-2010

During the decade cardiology moved from a non-invasive service developing permanent pacemaker implantation and cardiac catheterisation to an interventional cardiology service that is shortly to provide primary angioplasty. This means that we are now providing nearly the full range of specialist cardiology services. Heart attack patients will be able to have a procedure to open up the blocked arteries from within and treat the narrowed arteries in one procedure within hours of their heart attack.



Consultant Cardiologist Jasper Trevelyan (centre) with members of the cardiology team involved in providing the new service for heart patients.

In surgery, patients can now benefit from a wide range of laparoscopic procedures including treatments for bowel and kidney cancers. This is much less traumatic for patients and reduces what was a ten day stay in hospital to three days or less.

In women's and children's services we now have a highly respected level 2 neonatal unit which has dramatically reduced the need for premature babies to be treated out of county.



Our state-of-the-art neonatal unit

We now have a paediatric oncology service which enables children to have much more of their anti-cancer drug treatments locally. Great strides have been made in our infertility services and in partnership with the Birmingham Women's Hospital we are achieving some of the very best results in terms of successful pregnancies. Our uro-gynaecology services are now as good as anywhere in the country and were the first unit to be examined with a new specialist peer review.

In vascular surgery we were one of only three Trusts in the country to have a significantly lower mortality rate for abdominal aortic aneurysm repair. We are now treating aortic aneurysm with a stent which again allows frailer patients to be treated and reduces length of stay. By focusing on control of infection and identifying the deteriorating patient early we have seen significant reductions in our 30 day hospital mortality saving approximately 450 lives per year.

In haematology and oncology we are seeing improved survival and fewer side effects with the introduction of biological therapies.



Section 3 - Recruiting and retaining the best quality staff

Our staff

The Trust regards itself as an employer of choice welcoming applications from all sections of the community. Our staff are our greatest asset and the quality and safety of care we provide for our patients is directly linked to our success in recruiting and retaining dedicated and professional staff.

We offer a wide range of careers from medical staff, nurses, midwives, health care assistants, therapists and healthcare scientists, to clerical staff, porters, secretaries and catering staff, who all play a critical part in the delivery of high quality care to our patients.

Everyone is expected to have an annual Personal Development Review (PDR) enabling them to discuss with their line manager their individual development needs, and agree an action plan. All staff have access to training to meet their professional and personal development needs.

We offer a supportive place to work by creating an environment where staff can request flexible working, childcare and carer support, as well as support for their health and wellbeing. Our new Working Well Centre gives staff access to traditional occupational health services as well as family care support, and strategies or interventions for managing their health and wellbeing.

We have received a number of national awards (indicating our approach to our workforce and also promoting innovation) which give us useful feedback on our performance as an employer.

Development is offered for all levels of staff within the organisation through structured accredited and bespoke programmes designed for specific staff groups or roles.

Employee development activities and strategies focus on delivering the safest, highest quality care possible for our patients, ensuring the most effective use of public resources, and securing our position as an employer of choice.

We provide a comprehensive range of mandatory and discretionary training opportunities for staff at all levels, from the structured corporate induction they receive when they join us, throughout their time with the Trust. Much of this is delivered at our three on-site multi-disciplinary training and development centres.

Our pledges to our staff

We embrace the NHS Constitution and in line with this we pledge to provide:

- Clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Personal development, access to appropriate training for their jobs and line management support to succeed.
- Support and opportunities to maintain health, wellbeing and safety.
- And engage staff in decisions that affect them and the services they provide. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

We value our excellent partnership working with staff representatives and are exploring further means of engaging staff in decisions relating to their work.

We are committed to offering equal opportunities to all applicants and employees. We offer a guaranteed interview scheme to people with a disability who meet the essential criteria, and are committed to working with local community groups and JobCentrePlus to promote opportunities to all sections of the community.

Staff Group	Gender	Headcount
Add Prof Scientific and Technic	Female	99
	Male	40
Additional Clinical Services	Female	842
	Male	114
Administrative and Clerical	Female	967
	Male	139
Allied Health Professionals	Female	258
	Male	27
Estates and Ancillary	Female	333
	Male	135
Healthcare Scientists	Female	123
	Male	45
Medical and Dental	Female	231
	Male	373
Nursing and Midwifery Registered	Female	1821
	Male	92
Students	Female	18
	Male	1
Grand Total		5658

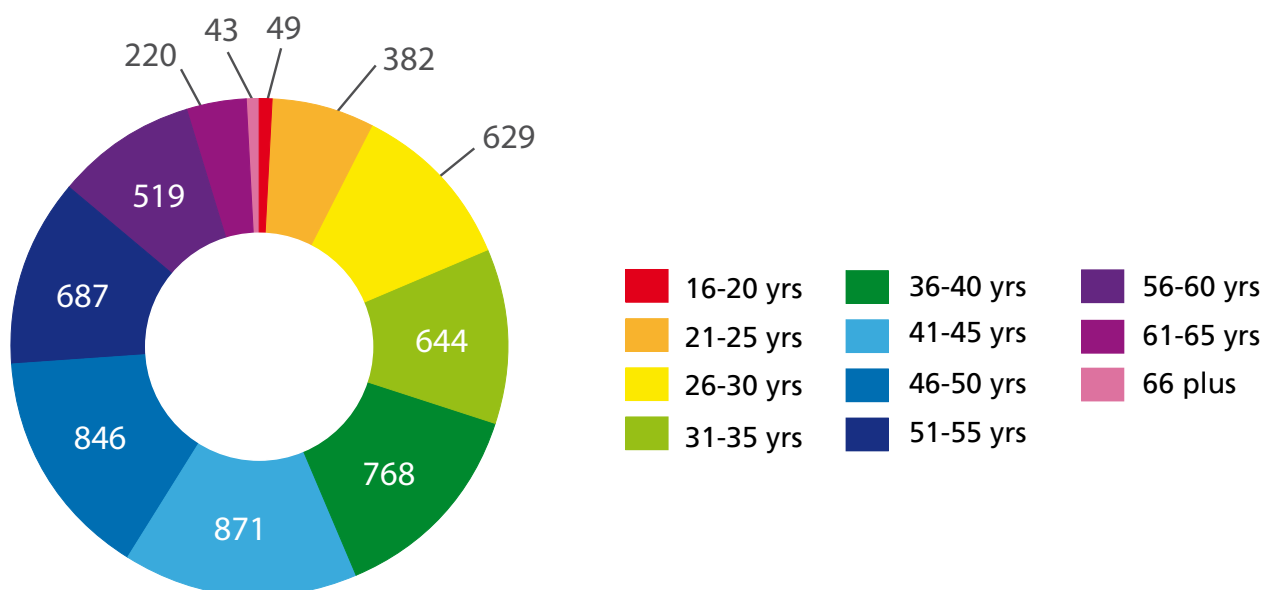
The gender of our staff is made up as follows:

Gender	Total
Female	4692
Male	966
Grand Total	5658

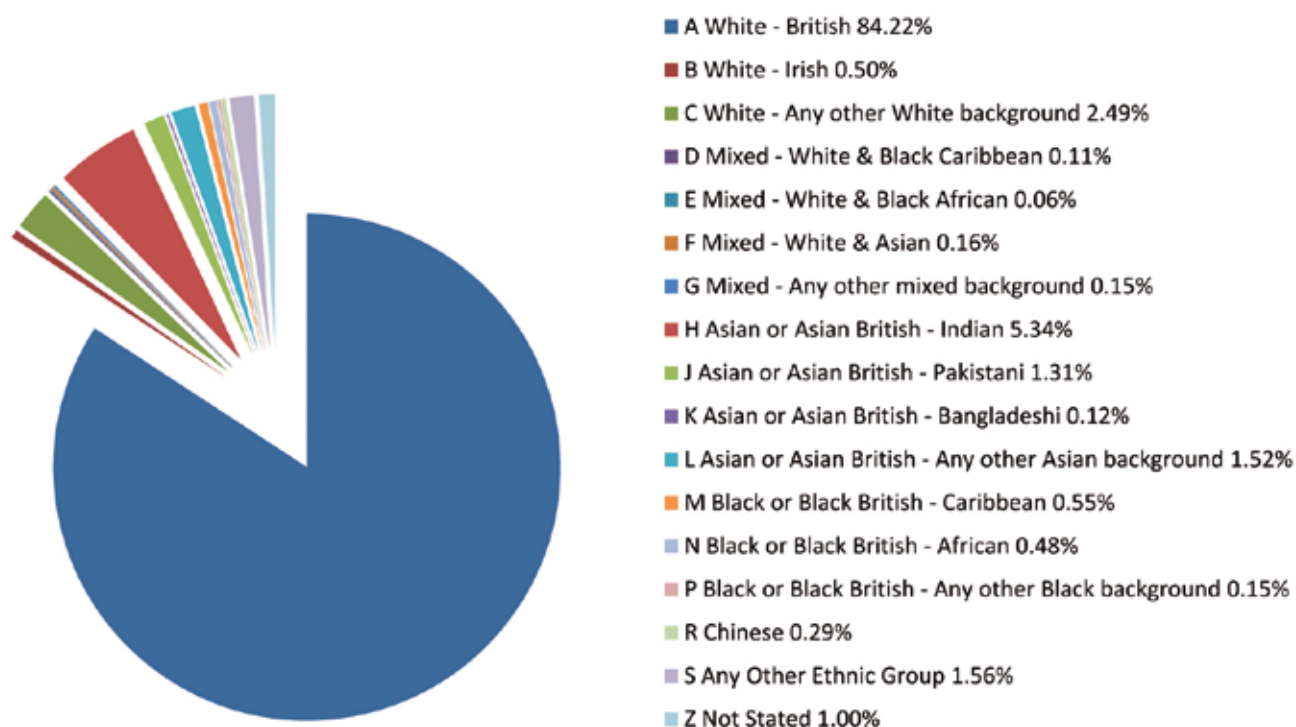
The full time/part time profile of staff is:

Employee Category	Total
Full Time	2946
Part Time	2712
Grand Total	5658

Age Profile - Headcount



Ethnic Profile - Trust %



Education and training

Our training and development department offers many and varied courses, some mandatory - such as manual handling - and a number on-going professional development courses for matrons, sisters and healthcare assistants.

We have a dedicated preceptorship programme for newly qualified staff and we are a pilot site for an on line learning programme for newly qualified practitioners called NHS Flying Start England. We also recently commissioned a piece of research from the University of Worcester to identify precisely the needs of our newly qualified staff.

'You're hired' – apprentices join the Trust

Successful applicants took up their places on a new apprenticeship scheme at Worcestershire Royal Hospital and the Alexandra which offered them valuable experience and a formal qualification. Fifteen young people at Worcester and 11 at Redditch, aged between 16 and 25, joined the Trust's first apprenticeship scheme as business administration apprentices. During their 12 month stay with the Trust their typical working week was divided between four days in the workplace and one day per week at college.

Whilst on the course the apprentices earn £95 per week and as well gaining invaluable work experience. On successful completion of the course they will receive a Level 2 or 3 NVQ qualification.

The scheme was made possible by funding from the Learning and Skills Council and West Midlands Strategic Health Authority.



Business administrative apprentices based at the Alexandra with (far left) Sandra Berry, Head of Training and Development and (far right) Joanna Chant, Development Co-ordinator.

ILM success

The training and development team as an accredited Institute of Leadership and Management (ILM) Centre presented certificates to 24 staff who had successfully completed either the ILM Level 3 Award in First Line Management or the ILM Level 5 Award in Management.

Both programmes offer opportunities for first line and middle managers to gain experience in management techniques, solving problems and making decisions, self development, leading innovation and change and financial management. The courses require attendance at monthly tutor-led sessions and the completion of written assessments and presentations as part of their assessment.

Attendees are offered lots of support and encouragement to overcome their initial concerns, gain confidence in their own ability and reach their full potential. The end result for most is a visible change in their confidence and ability. Excellent feedback from managers at the end of the programme reinforces the benefits not only for the person, department and colleagues, but also for patients and the public.

See picture of awardees on page 18.

Staff standpoint

The Trust has been committed to investing in staff and their wellbeing for a number of years, beginning with the introduction of the Improving Working Lives Project in 2004. The appointment of a Staff Support Co-ordinator enabled further developments and, in conjunction with initiatives from our HR and OH colleagues, we have received recognition locally and nationally for our achievements. This culminated in the Top Employer for Working Families award in 2009 when we were highlighted as a exemplar employer for the NHS. See page 24.

For staff who are parents

A wide range of support is offered to prospective parents and those with school age children through maternity/paternity information sessions, on and off site crèche places, childcare vouchers and holiday camps plus a quarterly childcare newsletter.



Urology specialist nurse **Helen Worth**, pictured left, has taken advantage of the on-site crèche (Smileys) at Worcester since the birth of her two boys. Helen says: "It is always difficult to hand over the daily care of your children but the staff are very

welcoming and caring. It is comforting to know that they are only a matter of minutes away should there be a problem with either of them. The provision of a crèche has allowed me to continue in a job that I find very fulfilling, knowing that my children are well looked after."



For staff who are carers

The Trust provides carer/eldercare support in partnership with Worcestershire County Council Carers Unit and Worcestershire Association of Carers. Sessions are available covering practical matters such as moving and handling, managing your own health and wellbeing including avoiding stress, specialist events helping to understand illnesses such as dementia, and help with legal and financial issues.

For everyone

Our brand new Working Well Centre offers occupational health support to enable staff to keep working or return to work as soon as possible. This includes counselling. The launch of on-line Wellbeing Club offers a wide range of activities including taster sessions for Salsa, Tai Chi and Yoga.

Quit smoking one to one sessions

Caroline Hanson, pictured right, works in Biochemistry and was a 20-a-day smoker for many years. She said: "I had tried to quit before without success. Having skilled helpers providing support through Occupational Health really made a difference and I have now been without a cigarette for more than 13 weeks!"



Awards and achievements

Staff Achievement Awards



Finalists from across the Trust were invited to the third and biggest Staff Achievement Awards Ceremony held at the Gainsborough Hotel in Kidderminster in November 2009. All had been nominated by colleagues who felt that their particular contribution, whether as an individual or as a team, was worthy of recognition.

There were 14 categories covering clinical and non clinical, front line and supporting roles - all of which make a vital contribution to the high standard of service and quality of care we offer to our patients. Not surprisingly the judging panel had a very difficult job in choosing one nominee or group over another as the standard was so high.

This year we were fortunate to receive the support of ten sponsors from our partner organisations or local companies whose generosity made it possible to facilitate the event.



Chairman's Special Award went to Dot Hart, Healthcare Assistant, Kidderminster.



Chief Executive's Special Award went to the Head and Neck Team



Clinical Team of the Year – Ward 5, the Alexandra Hospital; and Medical Nurse Practitioner Team at WRH. Sponsored by Xerox



Long service celebrated

Long serving members of staff at the Alexandra Hospital were invited to attend a Long Service Award Ceremony held in the Education Centre at the Hospital in Redditch in July 2009.

Members of the Trust Board were present to thank 47 members of staff who have completed 25 years of service or more with the Trust or its predecessor organisations. In some cases staff had more than 34 years of service within the NHS locally.

Chairman, Michael O’Riordan, said: “We are proud to be part of the award ceremonies which recognise the loyalty and dedication of our longest serving members of staff who have played important roles in healthcare at the Alexandra Hospital. Everyone plays a part whether as a nurse, porter, clinic receptionist, medical records clerk or housekeeper. We wanted to thank them for their commitment and show our appreciation for their contribution to patient care.”

Awardees were presented with a gift of their choice; either a clock, vase or decanter, a certificate, and a badge in recognition of their contribution to the Alexandra Hospital. Staff and their guests then enjoyed ‘high tea’ and a chance to catch up with colleagues.



Long service awardees with their certificates.

Celebrating the best of the best



The Trust has been chosen as the exemplar employer for Working Families 2009 and was highlighted as an exemplar to represent the NHS nationally.

The Trust achieved this prestigious award for its “flair and innovation” in implementing family friendly working practices such as flexible working, flexible retirement, and support for staff who are responsible for caring for children and other relatives.

The judges selected the Trust as being the ‘Best of the Best’ for its leadership in the following areas: flexible working, flexible retirement, childcare provision, maternity and paternity information sessions, eldercare support and the mind, body and soul health days.

National Patient Safety Challenge

The Trust’s Patient Safety Team took part in the National Patient Safety Challenge in Coventry. Dr Steve Graystone, Medical

Director for Patient Safety, was joined by colleagues Dr Jonathan Eaton, Ruth Mullett, Julie Kite and Barbra McLoed. They had the opportunity to test their skills against the best in the country and learn the very latest techniques in ensuring patient safety. There were two competitions and our team won the Most Innovative Idea Involving Patients award for our Patient Safety Hotline.



Maternity Team achieves CNST Level 2

Maternity teams from across the Trust celebrated their considerable success following the assessment by the Clinical Negligence Scheme for Trusts (CNST), which is the national scheme that sets very stringent safety standards for acute hospitals and maternity services. They gained Level 2, achieving one of the highest scores ever awarded by CNST assessors.

The award reflects the hard work and dedication of the team over the past year ensuring our policies and procedures for the care of mums-to-be and new mums and their babies are robust and that we consistently follow best practice. The external assessors were extremely impressed by the high standard of work, the calibre of our staff, their professionalism and commitment to providing the best possible care for mums and babies. It means that mums across the county can be assured that they will receive top quality maternity care.



Members of the successful maternity team on hearing that they had gained CNST Level 2.

Royal College of Midwives (RCM) Annual Awards



l-r Alison Poole, HR Director Bounty; HRH Princess Anne; Claire Allan, Midwife University Hospitals Coventry and Warwickshire; Alison Talbot, Midwife; and Cathy Warwick, President Royal College of Midwifery.

Midwifery Matron Alison Talbot, along with colleague Claire Allan from University Hospitals Coventry and Warwickshire NHS Trust won one of the UK's top midwifery prizes at the Royal College of Midwives (RCM) Annual Awards. Both had been seconded to NHS West Midlands and worked with the support of their Workforce Specialist Sue Hatton and Local Supervising Authority Midwife Toni Martin in the development and implementation of a project focussing on promoting normal birth. The Bounty Award was given for their work Back to Basics which developed a skills-based training package and an interactive DVD promoting normal and natural childbirth.

Alison explains: "We conducted a survey throughout the region which highlighted that Midwives realised they needed to increase their confidence and competence in clinical skills relating to normality. This practical skills training programme and accompanying DVD addresses that need. Champions were identified at all midwifery units in the region who are using the package to train their fellow midwives

to further cascade the training to other colleagues. These Champions are now part of a 'Normality Network' where best practice and enthusiasm for the training is shared."

The project has also attracted interest nationally, in Ireland and America.

Mentoring Awards

The University of Worcester Mentor Award evening saw success for four members of staff. Staff Nurse, Katy Walwyn and Sister Jane Gascoigne won Outstanding Mentor Awards – Nursing, and Carolyn Hands won the Outstanding Mentor Award - Midwifery. Sister Gascoigne's Ward 14 at the Alex also won the Outstanding Placement Award in Worcestershire. Mentoring plays an important role in the support and guidance offered to student nurses on ward placements.



Jane Gascoigne mentors student nurse Paul Lawrence as he is filmed caring for a patient.

Britain's Best Boss



Debbie Hinton, County Audiology Services Manager, received the Britain's Best Boss Award organised by Working Families and

sponsored by BT. Members of the Audiology team across the county nominated her for her flexible and supportive style, which allows people to choose their working hours where possible. Her team appreciated her encouragement, urging them to be the best they can, so that patients get the best and friendliest service possible. Ideas and initiatives which improve the service are welcomed.

Establishing the importance of the correct balance between work and home life has promoted a culture where staff feel comfortable requesting a change to their hours and working patterns. For instance, changes in working patterns have allowed staff to take and collect their children from nursery and school, care for elderly relatives or participate in specific past-times or sports.

Debbie said: "This has been a 'win-win' strategy for everyone. Some staff want to start work at 7.30am while others prefer evening or Saturday shifts, which means we have been able to offer alternative clinics to our patients. Staff retention, timekeeping, productivity and general levels of motivation are excellent. "



Debbie celebrating her award.



Members of the Board welcomed our new Governors to the Trust when they met for the first time.

Section 4 - Developing our business

Foundation Trust update

Our Foundation Trust (FT) application took a huge step forward at the end of the last financial year when we held elections to our new Council of Governors.

We also entered the final stage of our application – scrutiny by Monitor, the independent regulator of Foundation Trusts. On 23 March 2010, members of our Board travelled to London for a face to face meeting with, and rigorous questioning by Monitor’s Board. Our target date for authorisation was 1 May 2010.

Elections

The end of the year saw some very closely fought and well supported elections for our new Council of Governors. The election process was independently and impartially managed by Electoral Reform Services (ERS).

The full Council is made up of elected Public Governors and Staff Governors along

with Appointed Governors from our key stakeholder and partner groups.

The Governors will be responsible for representing the views of the Foundation Trust membership and their individual skills and knowledge of the local community will be invaluable to the Trust and our hospitals.

They met collectively for the first time in March at Kidderminster Hospital, and members of the Board were deeply impressed by their commitment, enthusiasm and obvious determination to play an active role in shaping the future of our hospitals.

Following their shadow inaugural meeting, our Governors took part in a series of intensive training and induction events to help them settle in to their new role. A variety of topics were covered during the process such as the structure of the NHS, the NHS Constitution and the Governors’ Code of Conduct.

A special thank you is due to all those who took the time to vote in the elections.

Membership recruitment

At the end of March 2010, our public membership total had risen to 6,514 – we recruited 1,018 new shadow Members in one year!

During 2009/10, the FT team built links with groups and societies across the county and attended some very successful recruitment events.



The FT team manning their stall at Bromsgrove Carnival in June 2009. 113 new members signed up on the day – our most successful recruitment event to date!



Annabel Cooper became the Trust's 6,000th Member at a 'Showcase of Services for Older People' event in Kidderminster. The FT team presented her with a hamper of fruit to mark the occasion.



The FT team built strong links with the Carers Groups across the county. Elaine Warner is pictured here with members of the Malvern Carers group.



Membership Manager Amie Carroll with Fred Holland from Diabetes UK at a Diabetes Awareness Day at Worcestershire Royal Hospital in October 2009.

The FT team already have plans in place to attend more Diabetes events in 2010.

Membership engagement

Throughout the year we continued to actively engage with all our shadow Members by sending out our quarterly newsletter, 'Trust in Worcestershire'. Through the newsletter, shadow Members can find out about the different opportunities which are available to them.

The Board of Directors approved the Terms of Reference for a Sustainability Committee in November 2009. The committee, established to take forward our 'green' agenda, includes three FT shadow Members who expressed an interest in participating.

We have also offered our shadow Members the opportunity to take part in the Patient Environmental Action Group meetings and learn about how the Trust monitors the patient environment and cleaning standards in each of our hospitals.

In addition to this, shadow Members have been invited to sit on a Stakeholders Panel to help to interview Consultants. All of these opportunities demonstrate our efforts to incorporate the patient's perspective into the way the Trust is run on a daily basis.

Members' events

Governor awareness sessions – Prior to the elections, we held a series of awareness sessions about 'Becoming a Governor'. The purpose of the sessions was to provide a better insight into the responsibility involved and the commitment needed to fulfil the role of Governor. We held sessions for public and staff Members on each of our hospital sites.

Coffee and mince pies – We invited all our shadow Members to join us for coffee and mince pies at Christmas. There was one event held at each hospital site which included an update on the Trust, along with a variety of information stands on issues such as Patient Safety and ThinkGlucose.

Looking to the future

With our Governors now in post, we have the opportunity to really move forward with our

plans to involve local people more in the development of the hospitals. We have plans to consult with our Members about how they would like to communicate with their individual Governors.

Whether it is individual constituency meetings or a Governors' newsletter, we want our Members to have the opportunity to regularly communicate with their Governors so that we can actively seek the views of local people.



Deferment

We are disappointed by the recent decision by Monitor to defer our application for up to twelve months. However, we must remember it is a deferment, not a rejection, and we will now be taking some time to reflect on how and when we 'reactivate' our application. We can do this at any point in the next twelve months.

In the meantime, we are determined to maintain the momentum, particularly with our new governors and members, and we are actively going out into the community to recruit more members. We want more people to sign up and get involved in our exciting plans for the future.

It's crucial to our future success as an FT that we have a thriving public membership which is truly representative of all parts of our local community. We would like to see our membership going from strength to strength as we prepare to reactivate our FT application.

Emergency planning

During 2009 the Trust reviewed its plans on how best to cope if there was a major emergency or an influenza pandemic. Work in these areas had started in 2007 and plans were refreshed and tested. Coincidentally, a global pandemic was declared following an outbreak of H1N1 influenza ('swine flu') in Mexico, which quickly spread to other countries.

To ensure that the Trust was well prepared an audit of the plans was undertaken which showed a good state of readiness. This was important given that the West Midlands suffered the largest number of swine flu cases in the UK. A review of the management of the pandemic has been undertaken, to ensure that we continue to improve how we manage such events. The review concluded that the Trust's plans and systems were good.

However, influenza is only one of many possible demands on the health service and the Trust has been working with each department to develop business continuity plans. These will ensure that departmental managers have mechanisms in place to deal with unexpected problems that might affect their ability to continue to provide services. Such plans include the Trust's Major Emergency Plan, which deals with how the Trust would manage with a sudden large volume of casualties (for example, following a train crash). This has also been reviewed and will be subject to test exercises to make sure that our staff are well trained and ready. One exercise held in 2009 was the 'decontamination' exercise, where we tested our responses to people exposed to dangerous chemicals. The Trust plan worked well.



A&E Consultant James France receiving his H1N1 vaccination.

Overall, our approach to managing emergencies and extreme pressure is well advanced and regularly tested.



Dealing with emergencies



Working Well Centre, Newtown Road, Worcester

Working Well in Worcestershire

An exciting initiative has been the development, build and opening of our new Working Well Centre.

The recently opened centre provides a new base for the occupational health and wellbeing services we provide for Trust staff and the rest of the NHS in Worcestershire, as well as other public and private sector clients. Facilities include an audiology booth for hearing tests and a counselling room and call centre.

It was built with £1.74 million funding from NHS Plus and was opened by Dame Carol Black, National Director for Health and Work.



At the opening ceremony of the Working Well Centre are (from left): Dr Ursula Ferriday, Consultant in Occupational Health for the Trust; Dr Kit Harling, Programme Director for NHS Plus; Nichola Trigg, Vice-Chairman of the Trust and Professor Dame Carol Black, National Director for Health and Work.

In addition the Trust has launched a Wellbeing Club to boost efforts to help our staff to enjoy good health and a positive work/life balance.

There has been a great response from staff following the launch of the new on-line facility.

The idea of the Wellbeing Club is to help ALL our staff enjoy healthier and happier lives - at work and at home - by providing easy access to a wide range of information, advice and support.

We are initially focussing on four key areas where people can make small changes which could make a big difference. These are:

- Healthy eating
- Exercise and activity
- Quit smoking
- Stress management



The team have also been recognised nationally for their innovative work, including the pioneering Self Care Course which helps staff overcome issues which can cause frequent short-term sickness.

Recently Liz Preece (senior occupational health advisor) and Kath Ackah (HR officer) were invited to give a presentation on the award winning course to more than 500 delegates at the national Health and Wellbeing @ Work event.

Maternity and children's services

Joint working between NHS Worcestershire (PCT) and the Trust culminated in the signing off of a strategy to improve maternity and children's services 18 months ago.

The ambitions of the strategy are to have healthier mums-to-be, babies and children, more choice for pregnant women in how and where they give birth, more local services for local people, more staff and improved facilities.

During this period we have made progress towards achieving these aims.

Children's services

We now have a fully established paediatric team at the Alexandra Hospital. We can offer local children access to specialists in allergy, respiratory medicine, nephrology and neurology. Three more paediatric nurses have been recruited to our children's hospital at home service. This team help support children at home by helping prevent admission and enabling early discharge.

Neonatal services

We can now care for babies who are born at 34 weeks at the Alexandra. In addition very young babies can now go home sooner with the support of our county-wide neonatal outreach nursing service.

Maternity services

Sixteen additional midwives have been recruited. This means we achieve nationally set standards for the numbers of midwives who to look after our mums-to-be. We have created European Working Time Directive compliant rotas for all our staff.



We have been successful in our efforts to reduce the number of babies born by Caesarean section across the Trust. At the same time we support mums who want a home birth and at present 2 per cent of mums give birth at home. The importance of breastfeeding has been a priority for the team and 73 per cent of mums start to breastfeed their babies when they give birth.

Much excellent work has been undertaken to develop the plans and philosophy for a midwifery led unit at WRH. Currently the scheme has had to be delayed following a review of funding. However, both NHS Worcestershire and the Trust remain committed to the strategy.

The future

Looking to the future we want to continue to reduce Caesarean section rates, support mums with breastfeeding, and help mums book their antenatal care early. At the same time we want to increase the number of mums giving birth at the Alexandra Hospital. We plan to appoint specialist children's nurses in both respiratory medicine and epilepsy to work across the county and extend the neonatal services on offer in the north of the county.

Going paperless – going into partnership with Xerox

The move to digital technology is set to improve patient care by transforming the way our patient records are managed, stored and retrieved. During the year the Trust signed a multi-million contract with global document management experts Xerox.

With the support of Unison, staff working within clinic preparation and the library staff at central file transferred over to work for Xerox. The first step was for an implementation team to observe current processes and look for immediate improvements to provide the service more effectively and efficiently.

Records held in paper files were previously stored according to hospital site and the patient's hospital number. The new 'documentation warehouse solution' means that over time all records will be bar coded. When a record is requested an electronic hand held device will show exactly where a record can be found and the best route for retrieving it.

Trust clinicians are involved in the development working with Xerox on the design of the new digitised record system. The ultimate aim is to enable instant access to patient information with a system which will include links to radiology, pathology etc to provide a complete patient record on screen.

For patients attending for a scheduled appointment or as an emergency the key benefit is that their record will always be available to doctors and other clinical staff, whilst still maintaining patient confidentiality and security.



Chief Executive John Rostill with John Hopwood, Director and General Manager of Xerox Global Services UK, at the signing of the contract.

Trust and Xerox managers are liaising with key staff involved with patient records to keep them informed about progress and to ensure appropriate training is provided so that everyone is ready when the system comes on line in winter 2011.



Out with the old records!



Section 5 - Delivering financial surplus

Operating and Financial Review

Business profile

Worcestershire Acute Hospitals NHS Trust was formed on 1 April 2000 following the merger of Worcester Royal Infirmary NHS Trust, Kidderminster Healthcare NHS Trust, and Alexandra Healthcare NHS Trust. Facilities are distributed across the three sites. The Trust has 1,022 beds, over 5,500 employees and has an annual income of over £313 million. An analysis and profile of the Trust's staffing is included elsewhere within the Annual Report under the 'Our staff' section on page 18.

The Trust predominantly serves the population of the county of Worcestershire with a current population of almost 550,000, providing a comprehensive range of surgical, medical and rehabilitation services. This figure is expected to rise to 590,000 by 2026; taken as a whole, the Trust's catchment population is both growing and ageing. Life expectancy continues to rise above the national average and contributes towards the forecast growth in activity due to the

increase in over 75s in the local population. The Trust's catchment population extends beyond Worcestershire itself, as patients are also attracted from neighbouring areas including South Birmingham, Warwickshire, Shropshire, Herefordshire, Gloucestershire and South Staffordshire. This results in a catchment population which varies between 420,000 and 800,000 depending on the service type. Referrals from GP practices outside of Worcestershire currently represent some 15% of the Trust's market share. However, currently less than 75% of Worcestershire residents receive their treatment at their local hospital run by this Trust. Other NHS competitors include Trusts in surrounding areas which are adjacent to this Trust's current catchment areas and include:

- A. The Dudley Group of Hospitals NHS Foundation Trust
- B. Gloucestershire Hospitals Foundation Trust
- C. Hereford Hospitals NHS Trust
- D. South Warwickshire General Hospitals NHS Foundation Trust
- E. University of Birmingham NHS Foundation Trust

- F. Heart of England NHS Foundation Trust
- G. Sandwell and West Birmingham NHS Trust
- H. University Hospitals Coventry and Warwickshire NHS Trust
- I. Birmingham Children's Hospital NHS Foundation Trust
- J. Birmingham Women's NHS Foundation Trust



The Trust has in place a number of contracts with external organisations which are essential to the day-to-day operations of the Trust. These include the contract for the provision and operation of the PFI Hospital with Catalyst Healthcare (Worcester) PLC; two contracts with Steria Ltd (through a joint venture with the Department of Health) for the provision of financial systems and accounting services, and payroll and pensions services on behalf of the Trust; a contract with the Healthcare Purchasing Consortium for the provision of Procurement and Supplies systems and services for the Trust; a contract with Interhealth Care Services (UK) Ltd for the provision of services in the Independent Sector Treatment Centre at Kidderminster Hospital (which terminated in January 2010); and a contract with Coventry and Warwickshire Audit Services for the provision of Internal Audit and Counter Fraud services.

Performance in 2009/10

The financial year 2009/10 represented a significant challenge in spite of which the Trust managed to deliver an I&E surplus (before any impairments or technical IFRS adjustments). Performance against key operational standards remained generally strong despite a significant increase in the overall levels of activity. The Trust ended the year with an overall deficit of income over expenditure of £2.1m compared to a surplus of £3.1m prior to impairments and IFRS adjustments against a target of achieving a £4m surplus. This financial performance enabled the Trust to make repayment of the third £5m instalment of its £25m cash loan. The delivery of this financial surplus in 2009/10 was crucial in demonstrating the organisation's ability to deliver a sustainable financial position following a period of intensive financial recovery.

The Trust spent £8.4m on capital investments in 2009/10, which represented an underspend of £0.7m against its financial target of £9.1m. Significant investments were made in IT equipment, fire safety, estates statutory standards, new and replacement medical equipment, a new CT scanner, improvements in privacy and dignity for patients and a new Occupational Health Building.

The Trust's performance in respect of the Better Payments Practice Code saw a significant fall in performance to 73% of invoices by value (60% by volume) paid within 30 days of receipt of a valid invoice. Details of compliance with the code are given in note 13.1 of the Trust's 2008/09 Accounts. The Trust's external auditor is the Audit Commission, to whom a fee of £168,000 has been paid in 2009/10 for the statutory audit of the Trust. No further work has been requested from the Audit Commission by the Trust in respect of further assurance services or other services. The Trust's Directors have

confirmed that they are not aware of any relevant audit information which has not been brought to the attention of the Trust's auditors.

Confirmation as to how pension liabilities have been treated by the Trust are contained within notes 1.16 of the Trust's 2009/10 Accounts. This accounting treatment also applies to the figures reported with the Directors' Remuneration statement detailed later within the Annual Report. The Trust's performance against key operational targets was as follows:

- For the 18 week Referral to Treatment Pathway, the Trust achieved the target of 90% for admitted patients and 95% for non-admitted patients consistently throughout the year.
- The Trust achieved all of the cancer targets for the year.
- The Trust failed to achieve the Thrombolysis (call to needle time) target only achieving performance of 50% in the final quarter of the year. Further work is being undertaken with Worcestershire PCT and West Midlands Ambulance Service NHS Trust to ensure this health economy wide target can be achieved in 2010/11.
- Significant improvements were made in year with the A&E waiting time target and the Trust ended the year achieving the target with a performance of 98.05 a significant improvement over 2008/09 when the health economy only managed to achieve an overall performance of 97.54.
- The Trust achieved the cancelled operations target only having a single breach of the 28 day re-admission target all year
- The Trust improved yet again on its target for both MRSA and C-difficile by reducing the number of cases in year from 11 in the previous year down to 8 in the case of

MRSA and from 198 down to 125 in respect of C-Difficile, a reduction on the previous year of 27% and 37% respectively

- Daycase admissions rose by 3.9% compared with 2008/09.
- Elective inpatient admissions decreased by 3.4% in comparison with 2007/08.
- Non elective admissions fell by 0.7% compared with 2008/09.
- There was one Serious Untoward Incidents involving data loss in 2009/10 although this was classified as a 'minor' case as all data was encrypted.
- The Trust's sickness absence rate fell by a further 5% in year to an average level of 4.5%

Looking forward to 2010/11 and beyond

Financial Outlook

The next 3-5 years will be a major challenge for the Trust as it will be for the entire NHS in the wake of the severe economic downturn. Following period of significant annual growth of between 5% and 7% per annum, the next few years will bring either zero real terms growth or even a reduction as the government struggles to reduce public sector spending to repay the massive levels of government debt now on its books.

In spite of the fact that the government has honoured the levels of funding increase agreed for 2010/11 in the last comprehensive spending review of 5.5%, a considerable proportion of this sum is being topsliced by Strategic Health Authorities to support the costs of change that will be required to prepare the NHS for what is ahead. The following two years will see zero levels of growth and with the incessant increase in demand from an ever ageing population

and ever higher public expectations, commissioners and providers will have to work together to find new ways of delivering care in a more cost effective way and in many cases will be required to reduce the volume of care available. Over the next 4 years NHS Worcestershire have indicated that it is planning to reduce the number of patients referred to acute hospitals by 14% by investing in alternative forms of care largely in a primary care or community setting.

Notwithstanding the significant improvements in the Trust's financial health over recent years, the ongoing delivery of substantial cost reduction programmes to meet new savings targets will be a feature for many years to come. The Department of Health's Operating Framework for 2010/11 signalled future increases in the level of Cost Improvement Plans required from 3.5% and probably to 4% in 2011/12 onwards.

Further changes have been made to the structure of PBR to ensure that payment systems are more aligned to the delivery of national strategic objectives including:

- The introduction of initially 4 'best practice tariffs' which reward providers for delivering the most effective care pathways.
- An increase in the funding available to meet quality improvements through CQUIN schemes from 0.5% to 1.5%. For WAHT this equated to a total of £3.5m of income that is dependant upon achieving these quality improvements. For 2010/11 the number of CQUIN schemes has been increased from 5 to 14.
- A reduction of 70% in the tariff payment for any emergency admissions above a threshold based on the 2008/09 outturn level.

The Trust's response to these external factors has been to develop a strategy of sustained efficiency improvement based on a sound management and financial structure which will ensure a combination of service and financial well-being into the future and will deliver over £55m of efficiency savings over the next five years.

The financial plan for the next five years has been produced as part of the Integrated Business Plan for the Foundation Trust Application. This plan includes several key elements to achieve the following objectives:

- To ensure that the Trust has sound treasury management processes which deliver significant improvements in its cash position.
- To maintain and develop strong financial management and control within the Trust to ensure it is fit for purpose both now and in the future as a Foundation Trust.
- To identify and manage business risks to ensure that the Trust's objectives progress unhindered.
- To ensure that the Trust's assets are optimised, protected and managed appropriately to sustain and improve the ongoing delivery of services
- To ensure that there is a sound performance management framework in place to enable the Trust to monitor progress against its financial, operational and contractual targets, and to take early corrective action as necessary.

The key risks facing the Trust in 2011/12 are as follows:

- Ensuring there is sufficient capacity to meet demand in the right place and at the right time.
- Ensuring that the Trust can 'downsize' and remove costs equivalent to any reduction in income resulting from the PCTs demand management measures.

- Potential for new providers to enter the market and take activity and income from the Trust.
- Potential for our commissioners to change their commissioning plans which will impact on the services that we currently provide and through the provision of alternative services, reduce demands upon the Trust.
- Inflationary costs which are significantly out of line with the Trust's expectations and plans.
- Potential for failure to deliver sustained reductions in hospital acquired infections resulting in the potential for significant financial penalties.
- Ensuring the delivery of all key targets including A&E in a quarterly basis throughout the year as expected of an NHS Foundation Trust
- Delivery of the savings programme through robust planning, implementation and accountability arrangements, whilst maintaining safe clinical services and delivering challenging access targets.

Effective systems to ensure that performance targets are achieved. Assessment and implementation of effective performance management arrangements;

Key performance indicators are reported on a monthly basis to the Trust Board and quarterly to the Finance and Performance Committee. The Finance and Performance Committee meets on a quarterly basis to ensure that there is a specific corporate focus on all aspects of financial and operational performance. The remit of the meeting includes the identification of key performance risks and understanding of early or preventative action the organisation will take to manage these and to ensure that the internal performance management processes of the Trust's operating divisions are robust.

Fraud and Corruption Statement

In December 1999 Secretary of State Directions were issued to NHS Trusts (revised November 2004). These directions set out the roles and the responsibilities of each Health Body in countering Fraud and Corruption.

A key requirement is for each NHS body to nominate and appoint a Local Counter Fraud Specialist (LCFS) suitably trained and accredited to carry out operational responsibilities with the investigation of cases of fraud involving the Trust.

The Trust's LCFS Anita Siviter, has undertaken this work for the Trust during 2009-10 in compliance with Directions and to support this work the Trust has revised its Fraud and Corruption Policy.

This policy provides direction and help to employees who may identify suspected fraud and provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation.

The LCFS has reported directly to the Trust's Audit Committee and the work undertaken by the LCFS is monitored by the Chief Executive and the Director of Finance to ensure compliance with the Directions

Accounts and Summary Financial Statements

These accounts for the year ended 31st March 2010 have been prepared by Worcestershire Acute Hospitals NHS Trust under Section 98(2) of the National Health Services Act 1977 (as amended by Section 24(2), Schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The financial performance of the Trust is shown below in the Summary Financial Statements. In accordance with the Codes of Conduct and Accountability, details of directors' remuneration, management and administration costs and compliance with the Better Payment Practice Code are given on pages 44 to 47.

The Summary Financial Statements do not replace the Trust's Annual Accounts. The full 2009/10 Annual Accounts are available upon request from the Director of Finance, Worcestershire Acute Hospitals NHS Trust, Worcestershire Royal Hospital, Charles Hastings Way, Worcester WR5 1DD.

Statement of comprehensive income for the year ended 31 March 2010

	Note	2009/2010 £000	2008/2009 £000
Revenue			
Revenue from patient care activities	5	287,216	274,455
Other operating revenue	6	25,673	25,146
Operating expenses	8	(300,211)	(282,966)
Operating surplus (deficit)		12,678	16,635
Finance costs:			
Investment revenue	14	27	771
Other gains and (losses)	15	(22)	(215)
Finance costs	16	(9,616)	(10,021)
Surplus/(deficit) for the financial year		3,067	7,170
Public dividend capital dividends payable		(5,246)	(6,707)
Retained surplus/(deficit) for the year		(2,179)	463
Other comprehensive income			
Impairments and reversals		(32,177)	(20,137)
Gains on revaluations		11,346	530
Receipt of donated/government granted assets		0	67
Net gain /(loss) on other reserves (e.g. defined benefit pension scheme)		0	0
Net gains/(losses) on available for sale financial assets		0	0
Reclassification adjustments:			
- Transfers from donated and government grant reserves		(212)	(240)
- On disposal of available for sale financial assets		0	0
Total comprehensive income for the year		(23,222)	(19,317)

Statement of financial positions as at 31 March 2010

	Note	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-current assets				
Property, plant and equipment	17	228,900	259,222	285,090
Intangible assets	18	345	549	674
Investment property		0	0	0
Other financial assets	23	0	0	0
Trade and other receivables	22	1,930	2,071	1,756
Total non-current assets		231,175	261,842	287,520
Current assets				
Inventories	21	4,246	4,256	3,726
Trade and other receivables	22	15,149	18,095	20,548
Other financial assets	23	0	0	0
Other current assets	24	0	0	0
Cash and cash equivalents	25	11,918	10,145	5,602
		31,313	32,496	29,876
Non-current assets held for sale	26	350	350	350
Total current assets		31,663	32,846	30,226
Total assets		262,838	294,688	317,746
Current liabilities				
Trade and other payables	27	(33,936)	(35,722)	(26,026)
Other liabilities	29	0	(10)	(7)
DH Working capital loan		(5,000)	(5,000)	(5,000)
DH Capital loan		0	0	0
Borrowings	28	(1,699)	(1,599)	(1,347)
Other financial liabilities	34	0	0	0
Provisions	35	(342)	(330)	0
Net current assets/liabilities		(9,314)	(9,815)	(2,154)
Total assets less current liabilities		221,861	252,027	285,366
Non-current liabilities				
Borrowings	28	(83,974)	(85,672)	(87,271)
DH Working capital loan		(5,000)	(10,000)	(15,000)
DH Capital loan		0	0	0
Trade and other payables	27	0	0	0
Other financial liabilities	34	0	0	0
Provisions	35	(2,304)	(2,550)	(3,842)
Other liabilities	29	0	0	0
Total assets employed		130,583	153,805	£179,253

Financed by taxpayers' equity:

Public dividend capital	139,729	139,729	145,860
Retained earnings	(57,968)	(59,418)	(61,749)
Revaluation reserve	48,780	72,938	94,387
Donated asset reserve	698	1,143	1,281
Government grant reserve	205	274	335
Other reserves	(861)	(861)	(861)
Total taxpayers' equity	130,583	153,805	179,253

Signed: 

Date: 9/6/10

Statement of changes in taxpayers' equity

	Public dividend capital (PDC)	Retained earnings	Revaluation reserve	Donated asset reserve	Gov't grant reserve	Other reserves	Total
	£000	£000	£000	£000	£000	£000	£000
Changes in taxpayers' equity from 2009/10							
Balance at 1 April 2009	139,729	(59,418)	72,938	1,143	274	(861)	153,805
Total Comprehensive Income for the year							
Retained surplus/(deficit) for the year	0	(2,179)	0	0	0	0	(2,179)
Transfers between reserves **	0	3,629	(3,629)	0	0	0	0
Impairment and reversals	0	0	(31,668)	(509)	0	0	(32,177)
Net gain on revaluation of property, plant, equipment	0	0	11,139	207	0	0	11,346
Net gain on revaluation of intangible assets	0	0	0	0	0	0	0
Net gain on revaluation of financial assets	0	0	0	0	0	0	0
Net gain on revaluation of non current assets held for sale	0	0	0	0	0	0	0
Receipt of donated/government granted assets	0	0	0	0	0	0	0
Net gain/loss on other reserves (e.g. defined benefit pensions scheme)	0	0	0	0	0	0	0
Movements in other reserves	0	0	0	0	0	0	0
Reclassifications adjustments:							
transfers from donated asset/government grant reserve	0	0	0	(143)	(69)	0	(212)
on disposal of available for sale financial assets	0	0	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0	0	0
Originating capital for Trust establishment in year	0	0	0	0	0	0	0
New PDC received	0	0	0	0	0	0	0
PDC repaid in year	0	0	0	0	0	0	0
PDC written off	0	0	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0	0	0
Balance at 31 March 2010	139,729	(57,968)	48,780	698	205	(861)	130,583

** The movement between the Revaluation Reserve and Income and Expenditure Reserve is represented by :-

1) £3,629,568 for excess depreciation from 1.4.09 to 31.3.10. In accordance with IAS16:-

IFRS is clear that all the depreciation chargeable on revalued assets must pass through the profit and loss account. This means that the extra depreciation incurred because an asset has been indexed or revalued upwards is included in the depreciation charge for the year.

Bodies should, however, release an amount from the Revaluation reserve to the Retained Earnings in respect of this excess depreciation over historic cost. This transfer avoids the anomaly of the revaluation reserve remaining in perpetuity after an asset has become fully depreciated. It is also justified as it recognises a 'realised profit' in Companies Act terms.

Statement of cash flows for the year ended 31 March 2010

	Note	2009/10 £000	2008/09 £000
Cash flows from operating activities			
Operating surplus/(deficit)		12,678	16,635
Depreciation and amortisation		15,090	14,315
Impairments and reversals		3,020	2,122
Net foreign exchange gains/(losses)		0	0
Transfer from donated asset reserve		(143)	(171)
Transfer from government grant reserve		(69)	(69)
Interest paid		(9,558)	(9,966)
Dividends paid		(5,246)	(6,707)
(Increase)/decrease in inventories		10	(530)
(Increase)/decrease in trade and other receivables		3,087	2,138
(Increase)/decrease in other current assets		0	0
Increase/(decrease) in trade and other payables		(2,091)	9,574
Increase/(decrease) in other current liabilities		(10)	(1,541)
Increase/(decrease) in provisions	35	(292)	(1,017)
Net cash inflow/(outflow) from operating activities		16,476	24,783
Cash flows from investing activities			
Interest received		27	771
(Payments) for property, plant and equipment	17	(9,730)	(9,880)
Proceeds from disposal of plant, property and equipment		0	0
(Payments) for intangible assets	18	0	0
Proceeds from disposal of intangible assets		0	0
(Payments) from investments with DH		0	0
(Payments) for other investments		0	0
Proceeds from disposal of investments with DH		0	0
Proceeds from disposal of other financial assets		0	0
Revenue rental income		0	0
Net cash inflow/(outflow) from investing activities		(9,703)	(9,109)
Net cash inflow/(outflow) before financing		6,773	15,674
Cash flows from financing activities			
Public dividend capital received		0	0
Public dividend capital repaid		0	(6,131)
Loans received from the DH		0	0
Other loans received		0	0
Loans repaid to the DH		(5,000)	(5,000)
Other loans received		0	0
Other capital receipts		0	0

Capital element of finance leases and PFI		0	0
Cash transferred to NHS Foundation Trusts		0	0
Net cash inflow/(outflow) from financing		(5,000)	(11,131)
Net increase/(decrease) in cash and cash equivalents		1,773	4,543
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year		10,145	5,602
Effect of exchange rate changes on the balance of cash held in foreign currencies		0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	25	11,918	10,145

Employee costs and numbers

Employee costs

	Total £000	2009/10 Permanently Employed £000	Other £000	Total £000	2008/09 Permanently Employed £000	Other £000
Salaries and wages	156,819	142,881	13,938	152,004	139,320	12,724
Social Security Costs	10,193	10,193	0	9,364	9,364	0
Employer contributions to NHS Pension scheme	17,889	17,889	0	16,580	16,580	0
Other pension costs	0	0	0	0	0	0
Other post-employment benefits	0	0	0	0	0	0
Other employment benefits	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0
Employee benefits expense	184,901	170,963	13,938	177,988	165,264	12,724
Of the total above:	169			0		
Charged to capital	184,732			177,988		
Employee benefits charged to revenue	184,901			177,988		

Average number of people employed

	Total	2009/10 Permanently Employed	Other	Total	2008/09 Permanently Employed	Other
	£000	£000	£000	£000	£000	£000
Medical and dental	629	601	28	607	580	27
Ambulance staff	0	0	0	0	0	0
Administration and estates	973	948	25	967	924	43
Healthcare assistants and other support staff	831	831	0	734	734	0
Nursing, midwifery and healthcare visiting staff	1,659	1,595	64	1,632	1,513	119
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	652	646	6	666	666	0
Social care staff	0	0	0	0	0	0
Other	0	0	0	0	0	0
Total	4,744	4,620	124	4,606	4,417	189
Of the above:						
Number of staff (WTE) engaged on capital projects	6			0		

The increase in the number of staff employed over the year reflects the Trust commitments to patient safety and the filling of clinical posts as quickly as possible, thereby reducing the vacancy rate, meeting national requirements such as the working time regulations and the development of new services.

Staff sickness absence

	2009/10 Number
Days lost (long term)	27,014
Days lost (short term)	18,914
Total days lost	45,928
Total staff years	4,489
Average working days lost	10.23
Total staff employed in period (headcount)	5,658
Total staff employed in period with no absence (headcount)	1,599
Percentage staff with no sick leave	28.3%

Management costs

	2009/10 £000	2008/09 £000
Management costs	9,104	8,133
Income	312,889	299,602

The increase in Management Costs reflects additional non-recurrent costs in support of the Trust's Foundation Trust application, and the cost of implementing a new management structure.

Retirements due ill-health

During 2009/10 there were 5 (2008/09, 5) early retirements from the NHS Trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £254,536 (2008/09):

Better Payment Practice Code

Better Payment Practice Code - measure of compliance

	2009/10		2008/09	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	79,435	117,555	78,871	108,054
Total Non-NHS trade invoices paid within target	47,975	86,073	67,218	97,296
Percentage of Non-NHS trade invoices paid within target	60%	73%	85%	90%
Total NHS trade invoices paid in the year	1,985	23,132	3,202	30,754
Total NHS trade invoices paid within target	1,063	9,793	2,415	28,006
Percentage of NHS trade invoices paid with target	54%	42%	75%	91%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The Late Payment of Commercial Debts (Interest) Act 1998

	2009/10 £000	2008/09 £000
Amounts included in finance costs from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0
Total	0	0

Directors' remuneration

Salaries and allowances for Senior Managers

Name and Title	2009/10			2008/9		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £100)
	£000	£000	£	£000	£000	£
M O'Riordan - Chairman	20-25	0	600	20-25	0	500
J Rostill - Chief Executive	165-170	0	900	160-165	0	500
P Milligan - Chief Operating Officer	125-130	0	400	40-45	0	0
M Stevens - Director of Finance	125-130	0	400	95-100	0	300
J Crawshaw - Director of Human Resources	95-100	0	0	85-90	0	4100
H Blanchard - Director of Nursing and Midwifery	95-100	0	300	85-90	0	500
C Ashton - Medical Director	55-60	135-140	300	45-50	140-145	300
C Phillips - Associate Medical Director	0-5	35-40	100	20-25	170-175	0
S Graystone - Associate Medical Director	10-15	145-150	0	10-15	135-140	0
C Walsh - Director of Operations	0	0	0	50-55	0	300
G Bennett - Interim Director of Finance	0	0	0	35-40	0	0
M Shepherd – Non Executive Director	5-10	0	100	5-10	0	100
N Trigg – Non Executive Director	5-10	0	200	5-10	0	100
R Adams – Non Executive Director	5-10	0	200	5-10	0	300
J Rhead – Non Executive Director	5-10	0	200	0	0	0
H Turner - Non Executive Director	5-10	0	200	0-5	0	100
A Willis - Non Executive Director	0-5	0	0	5-10	0	100
A Newman - Non Executive Director	0	0	0	0-5	0	100

The remuneration of Executive Directors is determined by the Remuneration Committee, in accordance with NHS guidance and with regard to their roles and the complexity of their duties, and approved by the Trust Board.

The Remuneration Committee, which is made up of the Chairman and all non Executive Directors is responsible for determining the pay and conditions of employment for Executive Directors and receives and ratifies recommendations from other committees

such as the Consultant's Clinical Excellence Award Committee.

In determining the pay of Executive Directors the Committee agrees and twice a year reviews the annual objectives of the Directors. The Committee also compares each year Executive Directors pay against comparative salaries in the NHS. Cost of living awards are made in line with Department of Health guidance. For 2009/10 Executive Directors were awarded 2.4% cost of living increase effective from April 2009.

Non-Executive Director appointments are selected through the Appointments Commission, and appointed by the SHA/ Trust on a fixed term basis, with a maximum duration of four years. A notice period of three months is normally applicable to these contracts.

Executive Directors are appointed by the Trust on permanent contracts, which have a required notice period of 6 months. Should termination payments be considered necessary at any time, the Trust is fully conversant with the guidance and requirements of both the Department of Health and HM Treasury on this matter.

During the period April 2008 to June 2008, a Service Contract was in place for Mr Graham Bennett, Interim Director of Finance. The contract expired on 27 June 2008, following a 3 month period of notice in line with the contract terms.

Notes

C Phillips – ceased role as Associate Medical Director on 30/5/09, the figures quoted represent payments made for the period 1/4/09 to 30/5/09

P. Milligan - commenced with the Trust on 24/11/08

M. Stevens - commenced with the Trust on 30/06/08

C.Walsh - left the Trust 31/10/08

G.Bennett - Interim Director Finance left the Trust 27/06/08. The figure quoted under Salary represents the payment of fees to Graham Bennett Associates Ltd and there are no additional costs for National Insurance or Superannuation.

H. Turner - commenced with the Trust 01/10/08

A.Newman - left the Trust 26/06/08. The figure quoted under Salary represents payments to Sterling Consulting Group Ltd.

J. Rhead - commenced with the Trust 1/4/09

Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Real increase in Lump sum at aged 60 (bands of £2,500)	Total accrued pension at age 60 at 31 March 2010 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2010	Cash Equivalent Transfer Value at 31 March 2009	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
J Rostill - Chief Executive	0-2.5	7.5-10.0	85-90	260-265	0	0	0	0
P Milligan – Chief Operating Officer	2.5-5.0	7.5-10.0	45-50	135-140	948	807	71	0
H Blanchard – Director of Nursing and Midwifery	0	0	20-25	65-70	401	370	9	0
M Stevens – Director of Finance	0	0	55-60	165-170	0	1221	0	0
J Crawshaw - Director of Human Resources	0-2.5	5.0-7.5	35-40	115-120	783	665	60	0
C Ashton - Medical Director	0	0	45-50	135-140	928	843	30	0
C Phillips - Associate Medical Director	0-2.5	5.0-7.5	25-30	75-80	544	463	41	0
S Graystone - Associate Medical Director	2.0-2.5	5.0-7.5	30-35	95-100	578	487	46	0

Remuneration for Non Executive Directors is in accordance with statutory limits. As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members.

There has been a change in the factors used to calculate Cash Equivalent Transfer Values (CETV's), which came into force on 1st October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. As a result there may be significant differences when comparing the CETV's for each year end.

No Cash Equivalent Transfer Value is listed if the individual is over the age of 60.

The following parts of the report have been audited:

- the table of salaries and allowances of senior managers [and related narrative notes] on page 46 and
- the table of pension benefits of senior managers [and related narrative notes] on page 47

2009/10 Annual Accounts of Worcestershire Acute Hospitals NHS Trust

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

Date: 09/06/10

 Chief Executive


Finance Director

2009/10 Annual Accounts of Worcestershire Acute Hospitals NHS Trust

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Secretary of State has directed 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.

Date: 09/06/10

 Chief Executive

2009/10 Annual Accounts of
Worcestershire Acute Hospitals NHS Trust

Year ended 31 March 2010

**SUMMARISATION SCHEDULES (TRUs) FOR THE
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

Summarisation schedules numbered TRU01 to TRU99 plus
freetext are attached.

Director of Finance Certificate

I certify that the attached summarisation schedules have
been compiled from and are in accordance with the financial
records maintained by the trust and with the accounting
standards and policies for the NHS approved by the Secretary
of State.

Date:  Director of Finance

Chief Executive Certificate

I acknowledge the attached summarisation schedules, which
have been prepared and certified by Director of Finance, as
the summarisation schedules which the trust is required to
submit to the Secretary of State.

Date:  Chief Executive

STATEMENT ON INTERNAL CONTROL

The purpose of the system of internal control:

The system of internal control is designed to manage
risk to a reasonable level rather than to eliminate
all risk of failure to achieve policies, aims and
objectives; it can therefore only provide reasonable
and not absolute assurance of effectiveness. The
system of internal control is based on an ongoing
process designed to:

- identify and prioritise the risks to the
achievement of the organisation's policies,
aims and objectives;
- evaluate the likelihood of those risks
being realised and the impact should they
be realised, and to manage them efficiently,
effectively and economically.

The system of internal control has been in place in
Worcestershire Acute Hospitals NHS Trust for the
year ended 31 March 2010 and up to the date of
approval of the annual report and accounts.

**For a full copy of the Statement of Internal Control,
please contact Director of Finance, Worcestershire
Acute Hospitals NHS Trust, Worcestershire Royal
Hospital, Charles Hastings Way, Worcester, WR5
1DD. Telephone 01905 760393.**

**INDEPENDENT AUDITOR'S STATEMENT TO
THE BOARD OF DIRECTORS OF WORCESTERSHIRE
ACUTE HOSPITALS NHS TRUST**

Independent auditor's report to the Board of Directors of
Worcestershire Acute Hospitals NHS Trust

I have examined the summary financial statement for the
year ended 31 March 2010 which comprises the statement of
comprehensive income, the statement of financial position,
the statement of changes in taxpayers' equity, the statement
of cash flows, the employee costs and numbers note, the
retirements due to ill-health note and the Better Payment
Practice note set out on pages 39 to 45.

This report is made solely to the Board of Directors of
Worcestershire Acute Hospitals NHS Trust in accordance with
Part II of the Audit Commission Act 1998 and for no other
purpose, as set out in paragraph 49 of the Statement of
Responsibilities of Auditors and of Audited Bodies prepared
by the Audit Commission.

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. The other information
comprises only the Foreword, the unaudited part of the
Remuneration Report, the Chairman's Statement and Section
5 – Delivering financial surplus.

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
Acute Hospitals NHS Trust for the year ended 31 March 2010.
I have not considered the effects of any events between the
date on which I signed my report on the statutory financial
statements 10th June 2010 and the date of this statement.



Date: 18th June 2010

Delyth Morris
Officer of the Audit Commission

The Audit Commission, Opus House, Priestley Court,
Stafford Technology Park, Beaconside,
Stafford ST18 0LQ



Section 6 - Protecting and improving our reputation

Championing the Constitution



Over 100 staff have signed up to be Constitution Champions and spread the messages contained in the NHS Constitution. Published in January 2009, the Constitution was developed in

consultation with patients, public and staff. It sets out a series of rights, pledges and responsibilities for each group guided by the principles and values of the NHS.

We like to think that we would always treat the public and patients with respect and dignity, are committed to quality of care and are compassionate, but everyone needs to be reminded on occasion when under pressure. We work in partnership with the public and patients who also have not only rights but responsibilities such as keeping appointments. The Trust takes seriously the pledges to staff (see page 19) and added an

additional pledge to engage and empower staff to deliver better services for patients and their families.

Several events were held during the year led by the Chief Executive to gauge the knowledge and understanding of the Constitution. Wide-ranging discussions took place looking at how we measured up now and what we needed to do to meet the aspirations laid out in the document. At December's meeting 100 staff came forward to undertake the role of Constitution Champions leading on promoting and embedding all aspects of the Constitution.



Head Orthoptist Alison Stanley

explains why she wants to be an NHS Constitution Champion: "The Constitution clearly states what patients and the public have the right to expect from the NHS.

It also emphasises what responsibilities patients and the public have in helping NHS staff do their jobs effectively."



Heather Webb, Healthcare Standards Lead explains: "It's important because it sets out the rights and responsibilities of NHS employees, patients and the public. In whichever capacity we find ourselves, knowing our own rights,

the rights of others and the role we play in the process helps us manage expectations and work together towards the same goal more effectively. This helps the NHS make the most of its limited resources."

Making the vision a reality will take time but instilling the principles of the Constitution in our daily working practice will ensure that these high standards of professional and moral behaviour will improve our working lives and the lives of our patients.

For more information on the NHS Constitution visit: http://www.eoe.nhs.uk/nhs_constitution/handbook_downloads.php

Engaging the community



LINK

Ann Montague-Smith is the Chairman of Worcestershire Local Involvement Network (LINK).

"One of the issues which Worcestershire LINK has

worked on during the past year is head and neck cancer services, and the threat to move the existing service for major head and neck cancers to Gloucester. LINK has worked closely with the patients group for head and neck cancers and also with staff at the trust to see what could be done. We have written many letters, especially those to the 3 Counties

Cancer Network (3CCN) which placed services in Worcestershire under threat, met with the LINKs for Gloucestershire and Herefordshire to discuss how they felt about the threat, and, just recently, met with the chair of 3CCN and some of her staff. Whilst discussions are still on-going, we do believe that there should be a good outcome from this work for Worcestershire patients, families and friends.

We look forward to the next year for LINK where we intend to investigate discharge procedures within the acute hospitals.

Members of LINK still sit on key committees of the acute trust, and we believe that our involvement allows the views of patients to be heard, and acted upon."



Patients' Forum

Pat Fisher chairs the Patient Forum and is also the patient representative on the Trust Board.

"The Patients' Forum has continued to work with patients and the Trust for the best for patients. The main focus this year has been the patient environment. We have made many visits to wards on all three hospital sites and looked at the areas visited with a view to safety and cleanliness, care and privacy and dignity. We have chatted to patients and reported our findings to the Trust who have acted on our recommendations.

We hope to continue our work for the patients' of Worcestershire next year and with this in mind one of the areas we will be looking at is same sex accommodation."

Listening and learning

The Trust endeavours to provide all patients with a positive experience. However, there are occasions when a patient's experience does not meet the high standards we strive for. When this happens we use the complaints process to review, change and adapt services to help ensure safe, quality care.

On 2009/ 2010 the Trust received 614 formal complaints; these were investigated by senior staff within the Trust and responded to in line with NHS Complaints Regulations.

The Trust welcomes comments and complaints about the service people have received, and ensures that people know how to make complaints.

There are leaflets and posters available which give contact details for the Patient Services Department and the PALS (Patient Advice and Liaison Service), as well as the address to write to, to make a formal complaint.

More people have felt able to raise concerns about the service they have received, and we welcome meeting with them to discuss their concerns about their experience. This can be valuable to both parties, and these meetings ensure that we understand the concerns clearly and fully, and enable us to discuss the issues and share the lessons learned.

We have introduced a number of service improvements as a result of complaints received, including:

- Same Sex Accommodation Policy - the Trust is committed to eliminating mixed sex accommodation except in those areas where clinically needed
- Ward based training in communication and customer service



Steve Hyams from patient services issues helpful advice

- Bluespier Electronic Discharge Summary to improve the quality of information given on discharge
- Relatives of patient in hospital for longer than a week to be offered an appointment to see the medical team where appropriate
- Ward based training on anti-coagulation medication
- Review of the policy for the care of Patient's Property
- Identification of key relatives for communication when a ward is shut for infection control measures
- Pressure ulcer awareness training and a four weekly training programme delivered by the Tissue Viability Nurse
- A new form in the bereavement office to ensure that relatives wishes about disposal of the deceased belongings are recorded
- Involvement of Social Services and the disability team in reviewing ward documentation
- Increase in the number of car parking spaces at the Alexandra Hospital and changes to parking arrangements at the Worcestershire Royal Hospital
- Review of the bed model to ensure that there are sufficient beds to reduce the number of cancelled operations

The Trust addresses 'here and now' concerns through the PALS. Callers are given information, signposted to other departments, or informed how to make a complaint; PALS will also advise callers about the independent complaints advocacy service (ICAS). Some of the matters addressed were:

- Chasing follow-up appointments
- Speaking to consultant secretaries and asking them to contact patients
- Speaking to Matrons and asking them to contact patients or relatives

- Assisting to find lost property
- Liaison with transport services regarding patient's special needs
- Chasing results of tests and expediting communication to patients
- Assisting in-patients with their concerns
- Sign posting, or assisting to make contact with other Trusts
- Arranging interpreters
- Passing on concerns to other services, for example, to Social Services.

Complaints Trends 2007-2010



Praise from patients

It's impossible to know just how many compliments our staff receive.

It may be a spoken 'thank you' from a patient during their stay in hospital or as they leave. It could be in the form of a box of chocolates or biscuits. Often wards receive cards from patients and relatives which are pinned up in staff rooms. People often write to the Chairman or Chief Executive expressing their gratitude for the clinical treatment or excellent patient care they received.

One tangible way of finding out just how much our staff are valued is when the public nominate them for awards. The following are just some of the compliments we have received.

Paediatric nurse Karen Hayley received praise for, "going out of her way while not on duty to help our sick child, knowing that the ward was already busy and for her excellent and professional caring manner."

Staff nurse Lisa Smith was described as "a ray of sunshine, always wanting to help with a friendly, professional manner - a great nurse."

The clinical team at the **Alexandra Hospital day surgery unit** were nominated because of their kindness and attention to their patients.



Providing high quality care

Jayne Brown – a sister of Avon 2 was commended for "putting patient care first and foremost and never giving up whatever the problems".

An expectant mum-to-be of twins said she could not thank **Consultant Rabia Imtiaz** enough for her support through a difficult pregnancy and birth.

Colorectal nurse specialist Joyce Summers impressed with her care and helpfulness with patients saying that "nothing was too much trouble whether they were being treated at hospital or at home."

A patient recovering from two operations for skin cancer was grateful for the professional and caring way **staff nurse Donna Gilbert** cared for her and made sure that she received follow up visits from the District Nurse.

Laura Walton is a staff nurse at the Alex and was complimented for her high level of practical nursing ability and her compassion in dealing with the sad loss of a relative.

Patient perspective



Beryl Hall suffered a fall with the result that she dislocated her neck and was admitted to the Alexandra Hospital. Beryl received her treatment and then had an extended stay on Ward 2. She had nothing but praise for

her care from the nurses, physiotherapists and occupational therapists who work as part of the multi-disciplinary team on the ward. Their support enabled Beryl to regain her ability to wash and dress herself and rebuild the everyday skills required for independent living. Following discharge, Beryl was looking forward to joining in the celebrations for her friend's 90th birthday party.



Malcolm Southall had an appointment in outpatients at Kidderminster in February following an increase in pain in his hip at Christmas time. A decision was taken to have the pre-operative assessment and therefore the hip

replacement operation at Kidderminster Treatment Centre where there is no emergency list as this would guarantee that his operation would take place as scheduled.

Malcolm had his operation on a Saturday morning. Physiotherapists were on hand on the Sunday to encourage him to be up and about and learning to walk with his new hip. Malcolm said he was really pleased with the whole process. He had expected to be more uncomfortable following his operation but he had experienced minimal pain. The nurses were great on all the shifts.



John Steedman had visited Kidderminster outpatient department before but had never been an inpatient. He was amazed at the theatre and ward facilities available within the Treatment Centre and feels that

the facilities should be promoted more so that people from Kidderminster and further afield are aware and might therefore choose to come to Kidderminster. This was his second knee operation and he had nothing but praise for the care, friendly nurses and superior facilities. He thinks that the amenities should be better utilised and this is in line with Trust plans for the future of the centre.



Sue Petrucci has faced many illnesses and operations so it was with some trepidation that she went along for the results of a series of tests. However, Sue was reassured from the moment that she met her respiratory consultant

and specialist nurse that they were there to help her through at every stage. Her diagnosis of lung cancer was approached with understanding and in a positive manner enabling Sue to remain optimistic and confident of recovery. The clinicians also introduced Sue to the Worcester Lung Cancer Support Group whose friendship and guidance was much appreciated.

Putting patients first

Ensuring that patients are at the centre of everything we do is at the heart of a new training programme being delivered to staff across the Trust.

The marketing workshop aims to highlight the importance of taking a patient-focussed approach to service design and delivery in order to ensure our patients have the best possible experience when attending any of our three hospitals.



Julie Briggs, Business Development Manager at the Trust, pictured left, said: "One of our key values as a Trust is that patients are at the centre of everything we do, and ensuring that we do what we can to create and deliver the best possible service for them is vital.

"What the marketing workshop aims to do is encourage staff to think about all aspects of their service from a patient point of view right through from the planning to the delivery stage, and then evaluate it on an ongoing basis to cater for changing needs.

"This includes thinking about who their service is aimed at and the needs and wants of those patients, the environment where the service is delivered and the professionalism of all the people delivering it, as well as all the processes involved in ensuring a smooth patient experience."

Rebecca Bourne, Head of Communications at the Trust, said: "There's sometimes a perception that marketing is all about glossy brochures and advertising. But the truth is that if we can get the whole patient

experience right from beginning to end and can leave them, as well as their carers, families and friends, with a positive view of the Trust, this will do more to sustain and improve our reputation than any other method."

The workshop forms part of the Institute for the Leadership and Management Level 5 course and is being rolled out further in the coming months.

First impressions count

Receptionists and Wayfinders are the welcoming face of the Trust. Patients and visitors to our hospitals are often facing uncertainty about their own or relatives health so a friendly face is much appreciated. It may be seeking help in finding their way to outpatient clinics, departments and wards or identifying on which ward a relative is being cared for. They also locate wheelchairs and add the personal touch by taking patients to their appointments. Our receptionists and Wayfinders have a wealth of knowledge including public transport information and contact details of associated healthcare organisations.



Our friendly Wayfinders welcome patients and visitors to the hospital



Section 7 - Corporate Social Responsibility



The Trust together with our 5,500 plus staff has considerable spending power, buying goods and supporting services from local suppliers. This makes us a significant contributor to the local economy

and a major consumer of resources. We are an organisation which in one way or another probably touches the lives of everyone in Worcestershire, and that is what drives our Corporate Social Responsibility agenda.

However, we are also increasingly taking an active role in other aspects of life in Worcestershire and most importantly we are engaging more with our patients, the public and our staff, as well as encouraging local people to get more involved in how our hospitals grow and develop.

The election of our 15 Foundation Trust public Governors, seven appointed Governors representing local organisations and our five staff Governors has enabled us to connect more directly with the communities we serve. Their insight will help shape our future plans for the development of our services.

Our membership of the Herefordshire and Worcestershire Chamber of Commerce provides us with an opportunity to engage more effectively with local businesses and fulfil our desire to play a greater role in the affairs of our public and business communities.

Helping young people realise their full potential

Our Trust has joined up with the Worcestershire Education Business Partnership (EBP) to help local young people aged 14 to 19 realise their full potential and develop skills for their chosen careers. A key area of focus for the EBP is enabling and encouraging young people to join the professions including the healthcare professions.

As a Trust we already had a programme providing placements for individual and groups in support of Work Experience Week with our local schools and colleges.

Sonya Murray is our Lead Nurse for Workforce Transformation/Recruitment and Retention, and is visiting schools to talk about the whole range of careers in the NHS, attending careers events to promote careers in the NHS and job opportunities

within the Trust. She is also providing Workshops for career teachers to update their knowledge about the NHS, and working with young people's organisations such as Connexions to raise awareness of employment opportunities in the Trust and the NHS.



Sonya Murray preparing for a careers event

Bringing history to life

We are fortunate to have the George Marshall Medical Museum based on our Worcester site which houses a wide collection of medical artefacts. It offers opportunities for school children and adult groups from across the county to learn about the history of healthcare by providing specially arranged visits and workshops.

The museum has hosted two special themed open days this year. The first event offered families an insight into what Tudor medicine, in the form of a barber-surgeon and wise woman, had to offer to the unfortunate patients. Other attractions included Tudor music played on authentic period instruments.

The second focussed on 'the mind' throughout history. Glo Pringle (also known as Mrs History) is pictured below dressed as a mental health nurse circa 1900. In her hand are gold and lapis lazuli which were thought to cure melancholy and a stone age 'trepanning' tool which was used to release pressure in the head or remove bad spirits. Violet leaves were seen as cool and moist to correct overheating in the brain and lemon balm was used to keep cheerful and maintain spirits.



Artefacts from the museum were selected from hundreds of possible objects from museums across the West Midlands to appear on the BBC A History of the World website as well as on Midlands Today in a feature article, BBC Hereford and Worcester and BBC Radio 4 programme Today.

The death masks, pictured overleaf, are reputedly of hanged Worcestershire prisoners of the early 19th Century. Convicted prisoners were hanged in the Gaol and their bodies taken through an underground tunnel running to the Worcester Royal Infirmary to be anatomised by staff and students.



The aim was to attempt to make connections between the physical features of the head and the nature of the crimes committed in order to be able to predict future criminal behaviours in others.

Nursing Lives

Former employees of Worcester Royal Infirmary who are now active members of the WRI Nurses' League worked with students from the University of Worcester and local theatre company Vamos gathering real life stories and incidents as well as searching through archives and artefacts. The resulting masked production has been a huge success and is now on tour throughout the region. The play managed to capture the emotional mood of the time, the difficulties in being both a trainee nurse and nursing in war time.



Above and beyond

Our staff are enthusiastic supporters of various causes and take part in all manner of sponsored events for charities. Five colleagues decided that abseiling was the way to go and embarked on a successful abseil raising over £750 for Diabetes UK.

Paula Mcleod-Moore is pictured on the way down! Fellow diabetes specialist nurses Lisa Smith and Sue Rogers along with medical nurse practitioner Jane Burns and podiatrist Nichola George followed.

Paula said it was a brilliant experience and all the team would be happy to do it again!



Picture courtesy of P J Kennard

Environmental action

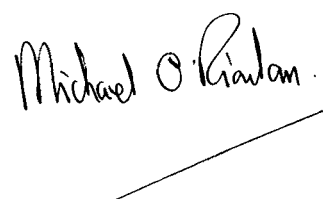
In January 2009, the NHS Carbon Reduction Strategy Saving Carbon, Improving Health was published by the NHS Sustainable Development Unit. The target set for the NHS is to reduce emissions by 10 per cent by 2015 (based on 2007 baseline data). This is a reduction from 21 to 19 million tons per annum of CO₂ equivalent. To achieve this, efficiencies and practices need to be reviewed and managed in areas including energy, food, procurement, travel, water, waste, building design and workforce among others.

The Trust has formed a Sustainable Development Committee (which is a sub-committee of the Board) to address these issues, take stock of the current position and formulate a strategy for the way forward. The Trust over recent years has already embarked on a number of initiatives such as waste streaming to facilitate recycling and various energy savings schemes. The new Working Well Centre (Occupational Health) which opened in Spring 2010 was constructed to a high BREEAM (Building Research Establishment Environmental Assessment Method) rating. The Trust procures its various goods and supplies via the Healthcare Purchasing Consortium (HPC) which operates

a robust policy in relation to sustainability and procurement (noting that 60 per cent of the total carbon footprint of the NHS is related to procurement).

The Trust will be looking to build on these foundations to ensure that in operating its business and providing its services it does so in an environmentally sound manner taking on board its responsibility in relation to helping deliver the NHS target on carbon reduction.

The Corporate Social Responsibility agenda fits neatly with our strategic objectives in achieving excellence, recruiting and retaining the best quality staff, developing our business, delivering financial surplus and protecting and improving our reputation. We need to take advantage of these developing links to utilise the good will gained and realise our aim of delivering high quality patient care.



Michael O'Riordan
Chairman

If you need any of the information in this report in another language or format please call 01905 733448 or email communications@worcsacute.nhs.uk

Switchboard Numbers:

Alexandra Hospital, Redditch - 01527 503030

Kidderminster Treatment Centre and Hospital - 01562 823424

Worcestershire Royal Hospital - 01905 763333

Visit our website at www.worcsacute.nhs.uk



Local Care for Local People