



Local Care for Local People



Annual Report and Accounts Corporate Social Responsibility 2008-2009

Chairman's Introduction

This has been an exciting and extremely rewarding year for our Trust. A determined focus on safety and quality of care has complemented our continued progress on delivering efficient, sustainable services.

Key to this is our commitment to the Patient Safety First Campaign - with this pledge unanimously endorsed by our Board:

“The Board has joined the Patient Safety First Campaign and confirms to staff that it regards the safety of patients as the highest priority. Whilst it is still important to meet the national targets and to remain in financial balance, this must not be achieved at the expense of the safety of our patients. It is important that staff raise issues with their manager or director if they feel that the safety of patients is being compromised.”

Clear evidence of this commitment to patient safety can be seen in the success of our efforts, led by Director of Nursing Helen Blanchard and Medical Director Dr Charles Ashton, to drive down rates of infections such as MRSA and Cdiff.

During the year, expansion and innovation at the Alexandra, Kidderminster and Worcestershire Royal Hospitals prompted a major recruitment campaign of doctors, nurses and other healthcare professionals.

We strengthened also our senior management team in 2008/09. Finance Director Mike Stevens and Chief Operating Officer Phil Milligan brought with them invaluable experience from their involvement in large Foundation Trusts.

Private sector experience in customer focussed industries comes from our two new Non-Executive Directors, Harry Turner and Jane Rhead. Jane (who took up her post on 1 April 2009) has knowledge of sustainable development which will also be put to good use as we seek to become a 'greener' organisation.

I would like to thank all my Board colleagues, Executive and Non-Executive directors alike for their support and dedication, including Harry and Jane's predecessors Avril Willis and Andrew Newman who stepped down during 2008/09.

The achievements set out in this Annual Report are significant in themselves – but set against a background of worldwide economic turmoil, they stand out even more sharply. Through our membership of the Chamber of Commerce, and as part of our corporate social responsibility agenda, we have a public duty to be aware of the challenges facing the local economy and do what we can to help.

The current economic situation also throws into sharp relief the advantages of working for the NHS, in particular training and development opportunities and family friendly working conditions.

It was particularly heartening during the year that votes from our staff earned us a place on the prestigious 'Healthcare 100' list of the best healthcare organisations to work for.

Recruiting the best staff is a vital part of our ongoing focus on quality of care. It is also key to the future success of our bid for Foundation Trust (FT) status.



I would like to take this opportunity to welcome all our new public FT shadow Members (well over 5,000 of them) and thank them for their input to setting out our priorities and mapping our plans for the future.

And of course, we continued to enjoy the support of our dedicated volunteers, including the Friends groups at each of our three hospitals, who make a huge contribution every day.

Partnership continues to be crucial to tackling many of our challenges – partnership between management and clinical staff within the Trust, partnership with public and patients, colleagues in other NHS and social care organisations and other key stakeholder groups such as the County Council's Health Overview and Scrutiny Committee and the new LINK organisations.

Together we are working to deliver our vision:

Local Care for Local People

A handwritten signature in black ink that reads "Michael O'Riordan". The signature is written in a cursive style and is positioned above a thin, diagonal line that extends from the bottom right towards the center.

Michael O'Riordan
Chairman



From Our Chief Executive

Our Trust is very lucky. We have many outstanding staff, state-of-the-art hospital facilities and a huge amount of goodwill and support from local patients and the public.

We must make sure that we make the most of all these things if we are to consistently deliver the quality of care we would want for ourselves and those dearest to us.

The outstanding theme running through the period covered by this annual report is that 2008/09 was the year we began to move away from fire fighting and crisis management to a new way of working; more forward-looking, more efficient and more focussed on quality.

We have achieved a great deal over the last few years. Much of it has been overcoming immediate challenges – last-minute efforts to hit waiting time targets, difficult decisions to achieve financial stability, short term changes to management structures to tackle problem areas.

This year, we saw increasing evidence that the principles of quality are becoming embedded across our Trust. More and more, excellence is simply 'how we do things around here.'

An outstanding example of this is our performance on infection prevention and control – one of the things our patients, our Foundation Trust shadow Members, the public and the media all take a very close interest in.

In the period covered by this annual report, we did better than halve the rate of MRSA bloodstream infections year-on-year, with just 11 patients acquiring such infections. There were no cases at all in January, February or March 2009 – the first time since monitoring began that the Trust has achieved three consecutive months without a single case of a MRSA bloodstream infection.

Of course, we are delighted for our patients, immensely proud of our staff and determined to work tirelessly to improve even further on this outstanding performance. The key to what we have done is making scrupulous attention to best practice on infection prevention and control an automatic and instinctive part of how everyone goes about their work on a daily basis – it's 'how we do things around here.'

Nationally, the publication of the NHS Constitution has been welcomed by the Trust as a new way of involving and engaging with staff, patients and the public and we are committed to implementing the four key pledges. It will become part of our guiding principle of 'how we do things around here', as mentioned above.

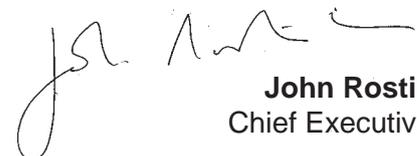
Other developments from 2008/09 may be less obvious to patients, visitors and even most staff.

However, examples such as the introduction of a more robust committee structure have undoubtedly played their part in transforming the way we manage the business side of our Trust.

As we progress with our Foundation Trust application we are becoming more business-like. That doesn't mean putting profit before patients – it means focussing on quality and value for money and finding out what the people who use our services want from us.

We are planning and developing our services in a much more organised and responsive way – asking people what they want us to do, rather than simply telling them what we have done. A good example of this is the series of Clinical Vision Workshops we held with our Public FT shadow Members. These workshops gave members of the public an unprecedented opportunity to influence our future plans for clinical services at a very early stage.

We are not perfect and certainly not complacent. But we are now looking ahead and planning for the future with a much clearer vision. Our determination to deliver is supported by skills, structures and strategy. We will continue to work with our staff, patients and the public, weaving their needs and wishes together with the principles of national NHS policy to develop an acute hospital service of which we can all be proud.



John Rostill
Chief Executive

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 1,033 beds, over 5,500 employees and has an annual income of over £296 million. An analysis and profile of the Trust's staffing is included elsewhere within the Annual Report under the "Our Staff" section on pages 10-11.

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 75's 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 Acute Trusts in surrounding areas which take patients from Worcestershire and which are adjacent to this Trust's current catchment areas include:

- A. The Dudley Group of Hospitals NHS Foundation Trust
- B. Gloucestershire Hospitals NHS Foundation Trust
- C. Hereford Hospitals NHS Trust
- D. South Warwickshire General Hospitals NHS Trust
- E. University Hospitals 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.
- ▶ A contract with Coventry and Warwickshire Audit Services for the provision of Internal Audit and Counter Fraud services.

Performance in 2008/09

The financial year 2008/09 represented the first full year of sustainability following the Trust's financial recovery which delivered financial balance by 31 March 2008. Performance against key operational standards remained generally strong despite an increase in the overall levels of activity. The Trust ended the year with a surplus of income over expenditure of £5.833m against a target of achieving a £5.425m surplus. This financial performance enabled the Trust to make repayment of the second £5m instalment of its £25m cash loan. The delivery of this financial surplus in 2008/09 was crucial in demonstrating the organisation's ability to deliver a sustainable financial position following a period of intensive recovery.

The Trust spent £9.777m on capital investments in 2008/09, which represented an underspend of £2.740m against its financial target of £12.517m. Significant investments were made in IT equipment, fire safety, estates statutory standards, additional bed capacity and new and replacement medical equipment.

The Trust's performance in respect of the Better Payments Practice Code saw 91% of invoices by value (75% by volume) paid within 30 days of receipt of a valid invoice. Details of compliance with the code are given in note 7.1 of the Trust's 2008/09 Accounts.



Pictured are staff and patient from Ward 9 at the Alexandra Hospital where an extra 12 medical beds were opened. At WRH Aspen Ward was opened with an initial 20 new beds.

Operating and Financial Review

The Trust's external auditor is the Audit Commission, to whom a fee of £207,000 has been paid in 2008/09 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 1.13 and 1.14 of the Trust's 2008/09 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 from January 2009.
- The cancer 2 week wait target was under-achieved for the period April – December 2008 only achieving 93.23%. This target has now been superseded with a revised target from January 2009 which has been achieved for the last three months of the year. The other two cancer waiting time targets were achieved.
- Although the Trust is now consistently achieving the Thrombolysis (door to needle time) target it was unable to meet the new call to needle time target during the year only achieving an average performance of 39.73%. 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 2009/10.
- Significant improvements were made in year on urgent care, with 97.54% of patients treated, admitted or discharged within four hours of arrival. Although this fell slightly short of the target of 98%, it marked real progress from our 2007/08 performance when we achieved 96.22%

For other key performance indicators in 2008/09:

- We outperformed against our target for infection prevention and control with an in-year reduction of 60% in MRSA (11 cases reported in year) and a 29% reduction in Cdiff (198 cases reported in year)
- We exceeded our Choose and Book target, achieving slot availability of 84.12%
- Daycase admissions rose by 5.1%
- Elective inpatient admissions decreased by 3%
- Non-elective admissions rose by 5%
- Outpatient attendances increased by 2.8%
- There were no Serious Untoward Incidents recorded involving data loss or confidentiality breaches
- We reduced our sickness absence rate to an average of 4.77% during 2008/09 (down from 4.97% in 2007/08). This was a significant achievement particularly given the high levels of illness across the community during the winter period.

Looking forward to 2009/10 and beyond

Financial Outlook

The major challenge for 2008/09 following a period of financial recovery over the previous three years was to establish the Trust to deliver sustainable financial surpluses going forward, and to ensure its systems and processes were returned to normal operation.

Notwithstanding the significant improvements in the Trust's financial health, 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 2009/10 signalled future increases in the level of Cost Improvement Plans required from 3% to 3.5% and the Annual Budget in April 2009 indicated further increases to come from 2011 to over 4% to help restore the public sector finances following a period of recession.

The Trust has had to respond to significant change for 2009/10 as a result of changes to the Payments By Results (PBR) tariff system following the introduction of Healthcare Resource Groups (HRG) version 4 and the implementation of new International Financial Reporting Standards (IFRS). The former of these made significant changes to the way in which the Trust is reimbursed for the patient care it delivers and whilst this has resulted in significant individual changes to the tariff, the net result of all of these changes has been relatively neutral on the total income received by the Trust. The most significant impact of implementing the new IFRS reporting arrangements has been to include the Trust's major PFI hospital development at Worcestershire Royal Hospital onto its balance sheet. In the short term the impact on income and expenditure will be an additional cost of almost £2m although this sum does decrease in future years and subsequently turns into a surplus by 2012/13. The Trust is fully prepared for the adoption of IFRS reporting from 2009/10.

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 £40m 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.

Operating and Financial Review

The Key Risks facing the Trust in 2009/10 are as follows:

- ▶ Provision and utilisation of capacity to deliver the agreed activity reflected in Service Level Agreements (SLAs), within agreed budgets.
- ▶ 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.
- ▶ Delivery of the savings programme through robust planning, implementation and accountability arrangements, whilst maintaining safe clinical services and delivering challenging access targets.

The Trust has developed a number of Key Performance Indicators which 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.

Countering Fraud and Corruption

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 work undertaken by the LCFS is monitored by the Chief Executive and the Director of Finance to ensure compliance with the Directions. The Trust's LCFS **Anita Siviter** (pictured right), has undertaken this work for the Trust during 2008-09 in compliance with Directions and has reported directly to the Trust's Audit Committee.



Emergency Planning



Emergency Services set up to respond to Exercise Stirling – a multi-agency exercise to test plans for dealing with contaminated casualties.

The Trust is continuing to develop its already well established major incident response arrangements in line with the Civil Contingencies Act 2004 and in recognition of the increasing range of threats it faces.

The Acute Emergency Planning Committee oversees the work programme to improve our arrangements for maintaining service resilience and major incident response plans.

We have worked closely with other agencies through the West Mercia Local Resilience Forum which includes all emergency services, local authorities and other key agencies such as the Environment Agency to ensure a strong partnership approach to emergency planning. In 2008, a Worcestershire Multi-agency Group was established to focus on emergency preparedness for Worcestershire.

The Trust has tested several of its response and continuity plans during the year which has resulted in changes to improve the plans. This has been supported by general awareness training for all new staff and targeted training for individuals who take on key roles during major incidents.

The willingness of staff to support the hospital in its response in major incidents has never been doubted. However in 2008 for the first time the Trust asked staff if they would be willing to be approached at any time day or night to support a major incident response. The response from staff was extremely positive and the Trust now has a list of individuals who are willing to take on support roles at any time.

Pandemic Flu

Although the declaration of a flu pandemic came outside the period covered by this annual report, it is worth noting that plans for such an eventuality were well advanced with a draft Pandemic Plan in place before the outbreak began. As the number of cases increased locally, the plan was refined to take account of the changing situation.

The Trust has again been able to declare compliance with the Healthcare Commission Standard for Emergency Planning and will continue to strive to improve both our service continuity and response plans to ensure that we can continue to provide essential services.

Our Staff

We are the second biggest employer in Worcestershire, with more than 5,000 staff working at our three hospitals. We offer a range of more than 350 different careers ranging from nurses, midwives, medical staff, healthcare assistants, physiotherapist ...to porters, secretaries, accountants and many more, all playing a critical part in the delivery of high quality care for our patients.

For our staff the challenge and reward of working for the NHS is that every day is different and what they do makes a real difference to people's lives. Of course, they also have lives outside hospital and as members of the local community – citizens, family members and neighbours – and play a vital role in shaping the health of Worcestershire.

We endeavour to support our staff and create a good place to work through flexible working policies and practices, childcare and carer support, guidance for staff approaching key life events maternity and paternity, retirement, support for their health and wellbeing through occupational health and Mind, Body and Soul days.

Our partnership working arrangements with staff representatives is, we believe, key to our delivering the changing demands for healthcare and the consequential issues for our staff.

In terms of diversity and equality of opportunity, we strive to reflect the community we serve. We are committed to working with local community groups and promoting job opportunities to all sections of the community. The Trust's Recruitment and Selection Policy and Procedure states '*An applicant who declares that they have a disability and who meets all the essential criteria is guaranteed an interview.*'

In 2008/09, we appointed **Levi Gabre** to the newly created post of Equality and Diversity Lead. His role is to provide internal equality and diversity training, liaise with community groups, and develop and promote our single equality scheme.

The ethnic profile of our staff compared to Worcestershire is:

| Ethnic Origin | | Trust % | Worcestershire % |
|---------------|--|---------|------------------|
| A | White British | 84.86 | 95.67 |
| B | White Irish | 0.53 | 0.77 |
| C | White Other | 2.63 | 1.27 |
| D | Mixed White/ Black Caribbean | 0.16 | 0.04 |
| E | Mixed White/ Black African | 0.09 | 0.31 |
| F | Mixed White/ Asian | 0.15 | 0.20 |
| G | Mixed Other | 0.16 | 0.14 |
| H | Asian Indian/ British Indian | 4.59 | 0.30 |
| J | Asian Pakistan/ British Pakistan | 0.96 | 0.54 |
| K | Asian Bangladeshi/ British Bangladeshi | 0.12 | 0.18 |
| L | Asian Other | 1.26 | 0.08 |
| M | Black Caribbean | 0.60 | 0.21 |
| N | Black African | 0.65 | 0.06 |
| P | Black Other | 0.11 | 0.03 |
| R | Chinese | 0.31 | 0.20 |
| S | Other Stated Origin | 1.63 | 0.00 |
| Z | Not Stated and Undefined | 1.19 | 0.00 |

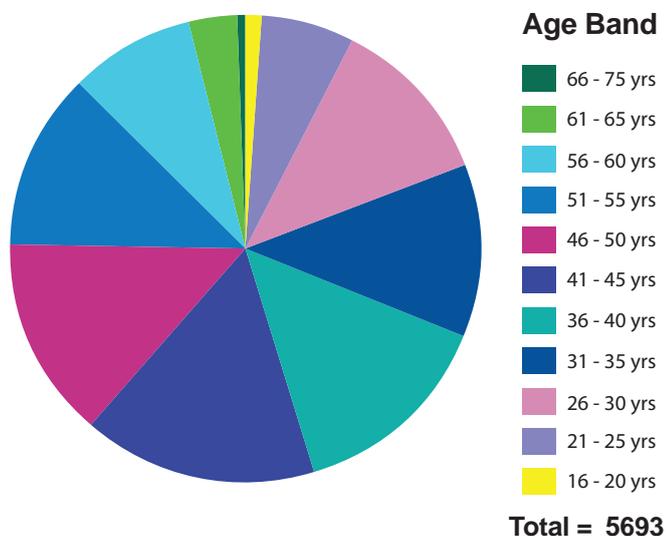
The gender of staff is:

| Gender | Total |
|-------------|-------|
| Female | 4691 |
| Male | 1002 |
| Grand Total | 5693 |

The full time/part time profile of staff is:

| Employee Category | Total |
|-------------------|-------|
| Full Time | 2867 |
| Part Time | 2826 |
| Grand Total | 5693 |

The age profile of staff is:



Our Staff Support Co-ordinator **Ann Hart** has facilitated a further series of Mind, Body and Soul sessions at each of the Trust's hospitals. These days promote health and wellbeing for staff through a range of good practices and included, no smoking advice, diabetes information and stress management support. During 2008 over 830 staff accessed sessions.

Again working in partnership with our PFI partners Catalyst and Wellness Works, we were able to offer staff at all sites a range of health and wellbeing initiatives and advice including hydration, blood pressure body and abdominal fat checks. Personal training plans were also devised especially for individuals as well as weight management advice.

Importantly feedback from all previous sessions show that staff are now taking more exercise (swimming, cycling and walking mainly) as well as reducing unhealthy food and drink intake. Several staff have recorded significant weight loss achievements - in one case up to one and a half stone since having a health check last year. Staff whose tests showed a high body fat percentage were prompted by the results to consider a change in their lifestyle.

Other staff were happy to consider increasing their exercise and fitness levels and a few went away happy with their current exercise regime and gave themselves a pat on the back!



Melanie Harris - Complementary Therapist gives a back massage to a member of staff.

Working in partnership with the Wellness Works programme and Relate, a further programme of health and wellbeing sessions are in place for all sites throughout 2009. This will include, Relaxation and Stress Management, Listening Skills, Taking Charge of Your Life and Skills for (Mental) Health workshops.

Additional opportunities for staff include free health days at Nuffield Fitness and Well-Being with reduced membership costs.

Foundation Trust Communications Officer Amie Carroll takes the 'Step Test' at WRH.



Patient Services

Listening and Learning

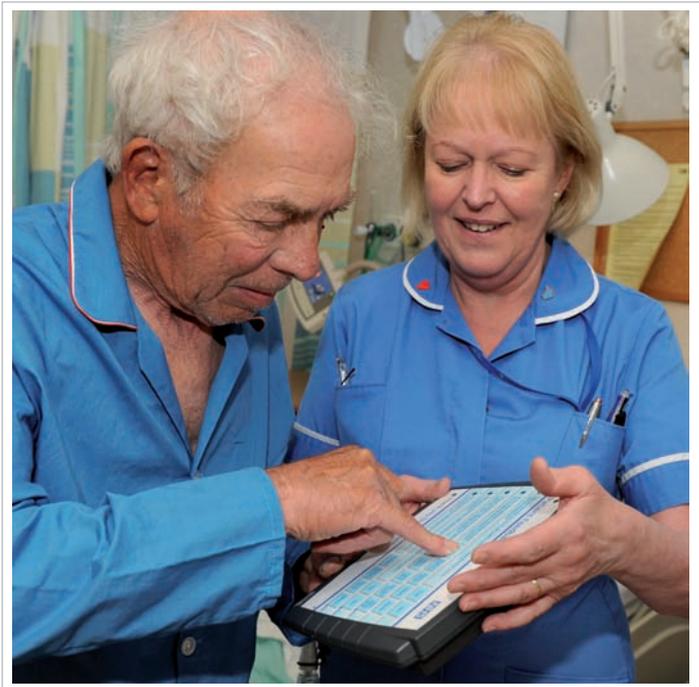
The Trust endeavours to provide all patients with a positive experience. However, there are occasions when the patients' experience does not meet the high standards we strive for. When this happens we use the complaints process to review, change and adapt services to help ensure safe, quality care.

In 2008/2009 the Trust received 480 formal complaints; these were investigated by senior staff within the Trust and responded to in line with the NHS complaints procedure. More people have felt able to raise concerns about services provided by the Trust and we welcome meeting with them to discuss their concerns about their experience. This has shown to be valuable to both parties. These meetings ensure we understand the concerns clearly and fully and enables us to discuss the issues and share the lessons learnt.

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

- ▶ Patient Experience Tracker (PET) has a question specifically relating to infection control, "Did you feel you could ask staff if they had cleaned their hands before treating you?". Comments received generate actions at ward level.
- ▶ Matrons holding "surgeries" running parallel to visiting time in order to speak to worried relatives.
- ▶ Patients informed of entitlement regarding transport when attending outpatient clinics and who to contact.
- ▶ Dedicated meal times for patients (no visiting allowed) - volunteers on some wards to assist with feeding patients who require assistance and red trays to indicate patients who need help or assistance.
- ▶ Increased nurse practitioners in all services and developed training such as prescribing medication that enables faster reaction times for pain and other symptom management.
- ▶ Customer Care training is now included in Mandatory Training for all staff.
- ▶ More information available to patients and

- ▶ public about infection prevention and control.
- ▶ Development of a rest/quiet room for relatives/patients to use as required. 'Kathleen's Room' is now available on Laurel/Avon at WRH in memory of a patient.
- ▶ Visual information on cash machine provided by Bank changed as not appropriate for a hospital setting.



Staff Nurse Anne Newton with patient Alan Underwood who is using a patient experience tracker to provide feedback on his stay in hospital

The Trust addresses verbal "here and now" concerns via the Patient Services (PALS) department. Appropriate information is given to ensure that complainants are assisted with their concerns, informed appropriately of what actions can be taken and are happy with the outcome. Some of the matters addressed were:

- ▶ Providing travel times for buses
- ▶ Chasing follow-up appointments.
- ▶ Ensuring consultant secretaries make contact with the patient if they need to make an appointment or want to speak to their consultant.
- ▶ Patient Transport Department employing a further member of staff to assist with the increased volume of calls.
- ▶ Improvement of telephony to give callers more accurate information Trust wide.

Patient Experience Trackers

The Trust has been using Patient Experience Trackers for over 18 months. Over 12,000 patients have used these electronic hand held units to read and respond to five key questions regarding their experience as a patient. The confidential responses are used to guide improvements and to ensure that with the help of direct patient experiences we are able to provide the highest standards of care. It also gives us an opportunity to judge the level of patients' confidence in our services.

The initial ten devices were distributed to surgical, medical, women and children's, emergency and outpatient services at the Alexandra and Worcestershire Royal Hospitals and Kidderminster Hospital and Treatment Centre. The questions are set by the hospital working group based on priorities identified by patients and changed every six months.

First set of questions

1. As far as you know, did the member of staff clean their hands before touching you? **- 78% indicated always.**
2. Overall, how would you rate the care and attention you received? **- 70% rated their care as excellent.**
3. Did you find the staff friendly and approachable? **- 81% replied always.**
4. If I had any questions, I received answers that I could understand? **- 71% received answers they understood.**
5. Were any delays explained to you? **- 56% of responses indicated no delays and 36% said delays were explained.**

The questions and responses from the second set of questions on the Patient Experience Trackers from June to October 2008 across the Trust are shown on the right.

The results per ward and directorate are sent directly to our Matrons electronically and action plans are generated to make improvements locally. Importantly posters are displayed to share with patients and visitors so that they can see the performance on each ward.



| Question | Choice of Answer | Trust overall % Score |
|--|--|-----------------------|
| Did you feel you could ask staff if they had cleaned their hands before treating you?* | Yes No | 90% |
| During your visit have you been treated in a courteous and respectful manner? | Always Most of the time Sometimes Seldom | 80% |
| In your opinion how clean was the department or ward you were visiting/staying? | Very clean Fairly clean Not very clean Not clean at all | 80% |
| Did you receive the right amount of information about your condition or treatment? | Yes No | 92% |
| Did you have an opportunity to ask questions you needed to? | Always Most of the time Sometimes Seldom | 75% |

Investment and Development

In view of the value placed on the significant feedback the PET system has provided the Trust has purchased a further ten devices. These will assist other wards and departments to analyse and learn from the experiences recorded by patients.

The use of the PET system also helps the Trust provide assurance for 'Standards for Better Health'^{***} compliance.

* Question set as a direct result of feedback from patients via Patient Services.

**The document establishes the core and developmental standards covering NHS health care provided for NHS patients in England.

Celebrating.....

The Trust has had reason to celebrate this year with success and recognition across the healthcare spectrum.

Top 100

The Trust was listed for the second year running in the poll carried out for the Nursing Times and Health Service Journal by independent pollsters Ipsos MORI. It covered all NHS and private sector healthcare providers and votes from staff earned the Trust a place in the prestigious list of the UK's top 100 healthcare employers as one of the best healthcare organisations to work for in the country.

Top Team

A team of our senior nurses from the Alexandra and Worcestershire Royal Hospitals stepped up to the challenge and won the Nursing Times Nursing Leadership Challenge run in conjunction with NHS Institute for Innovation and Improvement, against stiff competition from 35 other trusts.

Of the six awards the team from Worcestershire Acute Hospitals won the top two - Best Team and the Award for Innovation which were presented to them by Chris Beasley, Chief Nursing Officer for England (pictured centre).



L-r Anne-Marie Lewis Matron T&O, Jane Rutter Matron Medicine, Shelley Goodyear Matron ITU, Michelle Norton Deputy Director of Nursing, Lisa Rowberry Ward Manager Worcestershire Royal Hospital and Joanna Logan Ward Manager Alexandra Hospital, Redditch

Double First

Two of our vascular surgeons Mr Isaac Nyamekye and Mr Nicholas Hickey also received national recognition for their work in new treatments for varicose veins.

In April 2007 SHO Dr Suzanne Grainger presented their paper on using Foam Sclerotherapy to treat calf varicose veins, to the Venous Forum of the Royal Society of Medicine, the national body for varicose veins experts. Suzanne was awarded the Venous Forum prize for the best paper presentation against stiff competition. A very high honour from this prestigious society and the first time it had been won by a Worcestershire Hospital.



L-r Ms Cath Moffat, Mr Isaac Nyamekye and Dr Suzanne Grainger

In April 2008 Miss Cath Moffat, specialist registrar to the vascular surgeons, wrote and presented a second paper with Mr Nyamekye on his current work on Foam Sclerotherapy. This presentation was jointly awarded the Venous Forum prize. It is unprecedented for the same hospital trust to win this coveted award two years running!

Clinical Excellence

This was recognised with the publication by NHS Choices (www.nhs.uk) of hospital survival rates for three of the most common operations. This showed that Worcestershire Royal Hospital is one of the top performing hospitals in the country for one of these procedures – an elective Abdominal Aortic Aneurysm (AAA).

Aortic aneurysm repair is major, complex surgery but can be performed with low risk by hard work and attention to detail. Excellent survival rates are obviously the most important outcome measure, but the vascular team are also proud of their low infection rates, quick recovery times and minimal usage of blood transfusions and intensive care beds.

Wound Care Award

Joint working with Tissue Viability colleagues from the Worcestershire Primary Care Trust and Care Home Sector earned Louise Morris the Trust's Lead for Tissue Viability an award from The British Journal of Nursing Clinical Practice Awards 2008.

The team's entry relating to 'A Strategic Approach to the Implementation of NICE 2005 Pressure Ulcer Guidelines', gained them recognition for their excellent work in wound care.



L-r Jackie Stephen-Haynes – Consultant Nurse/Senior Lecturer for WPCT and the University of Worcester, Louise Morris - Specialist Nurse and Lead for Tissue Viability, WAHT, Rosie Callaghan - Specialist Nurse Tissue Viability for the Care Home Sector.

Midwives Nominated for their Achievements

Midwives from Worcestershire were short listed for two of the eight categories at the Royal College of Midwives Annual Midwifery Awards ceremony.

Student Midwife Elaine Brand, who trained with both the Delivery Suite at WRH and Worcester City Community Midwives, was joint winner of the Student Vision Award which enabled her to attend the Advance Life Support Skills in Obstetrics (ALSO) course.

Consultant Midwife in Normality Tracey Cooper and Kidderminster Midwife Dee Hadley were short listed under 'Promoting Midwifery in Community Settings'. Their presentation celebrated the immense amount of work the Wyre Forest Community Midwives had put into promoting and supporting mums who want a home birth.

Blood, Bile and Leeches

Choice, Worcestershire Royal's hospital radio won a national award from the Hospital Broadcasting Association for their documentary about the Trust's event covering 60 Years of the NHS in Worcestershire. They won Gold in the Special Event category for their documentary entitled 'Blood, Bile, Leeches and the NHS'. During the one hour show, which volunteers Peter Phillips and Ian Raine produced and presented, they featured interviews with representatives from the Nurses League, The Friends of Worcestershire Royal Hospital, the curator of the Charles Hastings Medical Museum, diabetic clinic staff, re-enactors who were presenting a Second World War Army first aid post and members of the Trust's management team. (see page 38)

HSJ Finalists

Consultant Surgeon Mr Stephen Lake and his e-consent team were finalists in the Health Service Journal Awards 2008. The team introduced and have refined a system to streamline the process of obtaining patient consent prior to an operation.

The electronic consent system is used by competency assessed professionals and delivers patient and procedure specific consent forms and approved patient information as required.

I-r Gemma Noon - IT, Pat Knott - Specialist Nurse Colorectal, Mr Stephen Lake - Consultant Surgeon and Emma Duggan - Systems and Standards Manager.



Expanding Research and Development Department

The Trust has a well established Research and Development department undertaking a wide range of research, which is overseen and implemented through the R&D Committee.

There are currently 104 active studies with a further 21 being processed. Four are commercial and bring income into the Trust and 66 are supported by the Comprehensive Local Research Network (CLRN).

Relationships with the region's three cancer networks have seen an increase in involvement with cancer studies offering recruitment opportunities to patients alongside a greater choice of treatments. The department is also collaborating with the West Midlands Stroke Research Network and Medicines for Children Research Network. Nurse support from the CLRN will see an increase in patient recruitment to stroke studies.

Through the CLRN we have also received funding for research nurses in Haematology, Rheumatology and Cardiology. These appointments allow us to move forward with further studies involving patients. Research is ongoing within midwifery, musculoskeletal and renal services and future plans will see Pharmacy and Pathology brought into the R&D programme.

Jewel in the Crown

The Islet Research Laboratory is a founder member of the UK Islet Transplantation Consortium (UKITC) and plays a vital role in research into managing diabetes. With 2.5 million people in the UK affected by diabetes and a further 100,000 additional cases diagnosed each year, devising new treatments which lessen the impact of the disease is of paramount importance.

Islet cell transplantation provides an effective long term means of controlling diabetes, thereby reducing the need for medical intervention. The procedure involves the isolation of insulin secreting cells, within Islets of Langerhans, taken from a donor pancreas and transplanting them into the liver of patients with Type1 diabetes, whose own insulin-producing

cells have been damaged. The cells secrete insulin which provides better control of blood glucose levels, eliminates the need for daily, multiple insulin injections and improves the recipient's quality of life.

Worcester patients' unique role in diabetes research

As part of a national collaboration, Mr Richard Downing, Laboratory Director and his team are seeking to improve the technique of pancreatic islet transplantation. One of their latest initiatives involves a project which aims to develop a safe and effective means of protecting transplanted islets from immune rejection without having to use potentially harmful anti-rejection drugs. Mothers-to-be at Worcestershire Royal Hospital are providing invaluable support to this research.



Mr Khalid Qureshi and Dr Hilary Murray looking at cells which may help to protect transplanted islets from rejection.

How are our patients involved?

Women undergoing elective Caesarean Section at Worcester are making this research possible by allowing the Islet Laboratory scientists to study the amniotic membrane taken from their placentas after the safe delivery of their baby. The membrane, which surrounds the developing baby during pregnancy, is composed of cells that have "in-built" immune-suppressing properties. The team believe that combined transplantation of islet and amnion cells would enable the unique properties of the amnion to protect transplanted cells from immune attack.

The Islet Research Team

L-r Mr Richard Downing -
Consultant Vascular Surgeon
and Laboratory Director

Dr Michelle Paget -
Research Associate

Mr Khalid Qureshi -
Surgical Research
and Teaching Fellow

Dr Hilary Murray -
Lead Clinical Scientist



Wendy Griffin is pictured with baby Zoe who was born by Caesarean section and is one of a number of patients supporting the project.



Wendy says:
“Many members of my family have diabetes so I am aware how this illness affects all aspects of daily life. I was very pleased to be part of this research which may lead to advancements in the treatment of diabetes and eventually a possible cure.”

The research team have shown that islet and amnion cells can be grown together under special conditions, while the results of such experiments have been presented at national medical/scientific conferences. Mr Khalid Qureshi, Surgical Teaching Fellow at this Trust is continuing the work as part of his studies for a doctorate degree and was awarded first prize for a recent presentation at the West Midlands Surgical Society.

The team are hopeful that amnion cells may help to make islet transplantation a safer and more widely used treatment for diabetes.

Research Associate, Michelle Paget has just been awarded a Ph.D. for research undertaken at the Islet Research Laboratory. Michelle’s project sought to determine how the survival of transplanted islets may be improved by helping them to rapidly develop a new blood supply. After six years of part-time study, a 40,000 word thesis and an oral examination, Michelle was awarded her degree from The School of Life and Health Sciences, Aston University, Birmingham.

Public Involvement

The Islet Laboratory values the support they receive from diabetes, voluntary and patient groups and members of the community. Open days and evenings enable people to learn more about the detailed research being carried out and how it may with time and further work provide them with treatment options.

The team also offers local sixth form students work experience and short research projects to facilitate their choices of medical or scientific careers.

Releasing Time to Care; *The Productive Ward Programme*

Back in January 2008 the Productive Ward Project Plan was launched to build six Showcase Productive Wards in preparation for the Trust-wide rollout to all wards. The Productive Ward programme was developed by the NHS Institute for Innovation and Improvement to support and empower frontline clinical staff to use their expertise to review and change existing ward based systems and processes in order to spend more time caring for patients.



Maria McNamee (pictured left) is the Trust's Lead Facilitator for the project and says: "All six showcase wards have achieved the three foundation models: Knowing How We are Doing, Well Organised Ward and Patient Status at a Glance. The

Showcase wards; Laurel 2 and 3 at WRH, Wards 16 and 18 at the Alexandra and Cookley and Ward 1 at Kidderminster are now working through the remaining 11 practice development modules."

Whilst the terminology 'lean thinking and methodologies' involved in the programme might seem out of place in a hospital setting it simply means improved and more efficient ways of working for the benefit of patients.

What the programme sets out to achieve is to enhance outcomes for patients and staff by improving on important aspects of care such as patient safety and reliability of care; patient experience and confidence in caring; efficiency of care and also staff wellbeing and their ability to care with confidence.

Whilst the audits of individual ward results varied some interesting information emerged. Direct Care Time increased by up to 18%, patient satisfaction increased by 6% on one ward and staff satisfaction by 11% on another. One ward had an unplanned

absence rate reduced by 50%. Reorganising and de-cluttering stock cupboards showed a reduction in staff motion on one ward from 6.5 to 5 miles and a reduction of £1,000 in stock levels on another. Time has been saved by reducing staff interruptions by up to 56% because the newly introduced patient status boards on the wards provide basic information for clinical colleagues coming onto the ward areas. When the Meals Modules was implemented on Cookley Ward the audit showed a time saving of 15-21 minutes per day, which released time to care for patients' equivalent to 91-121 hours per year or 12-17 healthcare assistant shifts per year.



Members of staff from Ward 16 at the Alexandra.

L-r SN Louise Adams, HCA Ian Little, Physio Helper Jo Caine, Occupational Therapist Janice Wiltshire, Physiotherapist Martha Parsons and Junior Sister Karen McDonnell.

The rollout to a further 40 wards in five groups of eight wards has now begun. A second group of four wards at WRH have now established the three foundation modules and are working on Patient Observations and Shift Handovers modules.

The project now incorporates an additional element – Confidence in Caring; a Framework for best practice which is a Department of Health (2008) Initiative. This will see team observations, staff satisfaction questionnaires and inpatient satisfaction survey questionnaires being developed and used to analyse staff and patient confidence in caring levels. Confidence in caring results and action plans are available to the public on the ward Performance Measures Board.

Service Developments

As part of our commitment to delivering high quality local care for local people, 2008/09 saw a number of new services launched and others expanded and improved.

Cardiac patients requiring angioplasty to relieve angina and ophthalmology patients needing vitreo-retinal surgery to restore their sight were among those who benefited from the launch of new services in Worcestershire which meant they could receive their care closer to home. (See pages 22-23)

Expansion of existing services included sentinel lymph node biopsy being offered for breast cancer patients at Kidderminster as well as Worcester.

Other diagnostic facilities were also improved, with redevelopment of the Endoscopy Unit at Worcestershire Royal Hospital, where a wide range of diagnostic tests are carried out using fibre optic telescopes that can be inserted into a patient's stomach, bowel, lung or bladder.

The creation of an area with dedicated recovery beds helped to further raise standards of privacy and dignity for patients as well as increasing the unit's capacity to support the delivery of a potentially lifesaving screening programme for bowel cancer for people aged 60-69 across the county.



Members of the WRH Endoscopy team I-r Claudia Waterhouse, Lynn Bennett and Charlotte Hicks, Technical Assistants with Staff Nurse colleagues Liz Willetts and Margaret Allies.

THINKGLUCOSE

INPATIENT CARE FOR PEOPLE WITH DIABETES

Appreciating the valuable contribution that many patients can make to planning and delivering their care, the Trust was pleased to be selected as one of four pilot sites in England to test a 'ThinkGlucose Toolkit'. This was designed to help clinical staff improve the care of patients in hospital who have diabetes, but are admitted for another cause.

Research from the NHS Institute for Innovation and Improvement shows one in five inpatients has diabetes, regardless of their reason for admission.

Patients with diabetes also tend to experience longer lengths of stay in hospital compared to those without diabetes.

The ThinkGlucose Kit was developed by the Delivering Quality and Value team within the Institute and comprised eight elements designed to educate nurses and medical staff about diabetes and encourage them to work with patients to manage their condition while on the ward.

One of the elements provided guidance for the development of a self medication policy which the Trust has developed into a Insulin self medication policy, assessment tool, patient information leaflet and consent form. Staff on two wards have piloted these new tools used to assess whether patients were able to continue managing their own medication effectively.

Another important element is the use of patient stories to allow staff to reflect on how well the care they provide matches their needs and expectations.

Audit information assessing the project has been finalised and following positive results the ThinkGlucose Toolkit is now being rolled out across the NHS in England. The Trust is going to be an early implementer for the project and will be undertaking a support programme to facilitate its implementation. This will support the team with rolling ThinkGlucose out to other wards across the Trust enabling more staff to have the appropriate skills and knowledge to deliver high quality patient centred diabetes care.

Infection Prevention and Control

Everyone's Responsibility!

The whole organisation has been successful in delivering reductions in infection rates through all staff taking personal responsibility for their roles in infection prevention and control.

The Trust has a dedicated and highly motivated Infection Prevention and Control Team. They receive excellent support not only from colleagues from all disciplines within the hospitals but partner organisations across the region including Worcestershire Primary Care Trust and importantly patients and the public.



Infection Control Nurse Kimberley Phelan advises a patient about MRSA

Infection prevention and control is at the heart of everything the Trust does. When it is successful, not only are patient outcomes improved but our hospitals function more efficiently.

The team identifies patients with infection and provides clinical advice to nurses and doctors in the management of those patients and prevention of spread of infection to others. Part of the role is monitoring cleanliness and clinical processes through audit. This uses national checking systems to measure standards against past performance. Infection prevention and control team members have strong links with the microbiology laboratory.



Consultant Microbiologist Dr Anne Dyas in the Microbiology Laboratory

These links have been enhanced through developments in IT technology which have improved the daily transfers of information between the laboratory and the wards using the ICNet computer system.

Developing and updating policies working to national standards at a local level and monitoring the Hygiene Code, which is part of the Health Act 2008, are also within the remit of the team.

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 at induction, mandatory updates and at regular specialist and team training sessions.

The team will be instrumental in introducing MRSA screening for all elective and emergency inpatients in 2009/10.



Healthcare Assistant
Anne Talbot prepares to
screen a patient

The Health Care Associated Infection Clinical Implementation (HCAI) Nurses have been influential in the successful implementation of the Department of Health Saving Lives initiative and in developing competencies around fundamental areas such as hand hygiene, cleaning commodes and monitoring the use of antibiotics. They also ensure wider learning occurs following investigations into infections.



HCAI Nurse Saki Makena in a training session on
hand hygiene

PEAT Success

Improving the Patient Environment

The Trust's Patient Environment Action Team carried out the yearly self-assessment inspections across Trust's hospitals during February 2009. The National Patient Safety Agency are notified of the dates, venues and times and may join the Trust's Inspection team unannounced as an observer.

The Inspection Panel is drawn from the leads for nursing and facilities, an infection control nurse, a matron and members of the Trust's Public Patient Involvement Forum are invited to represent the patient's perspective. They use a national scoring process from 0 to 5, which is the top mark, and indicates an 'excellent' score. The Team looks not only at infection control practices but specific cleanliness including bathrooms and toilets and general cleanliness and the environment, access, external areas, food and privacy and dignity.

When any area records a score under level 4 (good) then the issues are dealt with and rectified at the time. This might include dust, litter in the grounds or missing tiles.

Reports are presented to the individual Patient Environment Action Groups on each site updating them on recent self-assessments for the patient environment. The group which has representatives from nursing and facilities management and matrons also looks at a series of regular weekly and monthly audits carried out in all areas. This information is shared with the Cleaning Strategy Group and the Trust Board by the Director of Nursing and Midwifery who is also the Director for Infection Prevention and Control.

This year all our hospitals scored Good for environment, food and privacy and dignity with WRH scoring excellent in the last category.

By working with all staff groups within the hospitals we will continue to maintain and improve the patient experience in line with our determination to fulfil our motto - 'It's got to be right for you!'

Photo Gallery 2008 - 2009

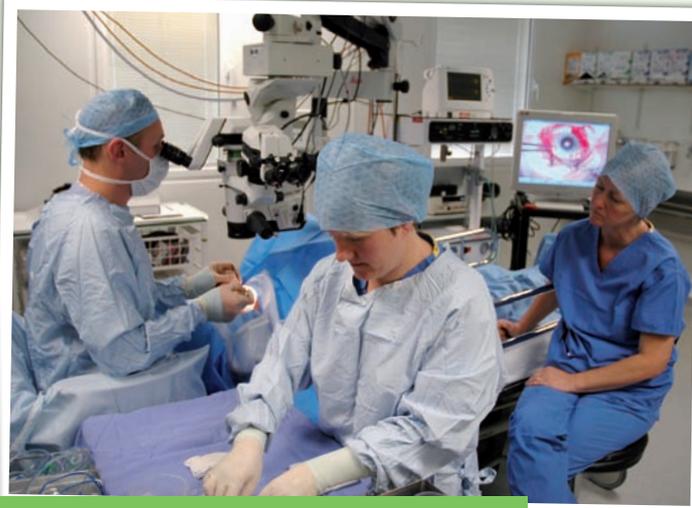


Royal Visitor for CHEC

His Royal Highness the Duke of Kent visited the Charles Hastings Education Centre at Worcestershire Royal Hospital in June 2008.

During his tour the Duke met undergraduate and postgraduate doctors and nurses during clinical skills and practical training sessions. He also talked with the staff who provide the training and visited the George Marshall Medical Museum and the library.

The Duke is pictured talking with Manual Handling Trainer Jane Walker and nurses.



Vitreo-Rectinal Surgery

Over the past year we have seen big developments in Eye Surgery County services. The new vitreo-retinal (VR) service at Kidderminster Treatment Centre is now fully operational and means 90% of patients with VR problems can now be treated on a day case ambulatory basis, rather than travelling to a regional centre. The same applies to our new Wet Age Related Macular Degeneration Service that uses the day case theatre in Kidderminster for the sight saving new treatments. Over 100 procedures have been performed and this service is rapidly expanding. In Worcester we have new corneal transplant that can be done on a local anaesthetic day case basis with micro-incision suture-less techniques.

Celebrating Caring and Carers



The Bishop of Worcester with Chaplain Judith Thompson (far left), Readers Rosemary Davies and Abigail Penfold, chaplaincy volunteers and staff.

The Rt Revd Dr John Inge, Bishop of Worcester spoke with patients and staff when he visited WRH in June. The Bishop then conducted a service celebrating 'Caring and Carers - 60 Years of the NHS' supported by WRH Chaplain Judith Thompson. The Service included the re-launch of the Chaplaincy as the Department of Spiritual and Pastoral Care, the licensing of Readers and re-commissioning of the Chaplaincy Volunteers. Retired Microbiology Manager Phil Oliver, Nurse Practitioner Dot Millward, Healthcare Assistant Pat Hunt and Consultant Dr Phil Sanmuganathan also shared their experiences of a life time of caring.



Tackling Winter Pressures

An extra 40 beds, more staff, and a determined effort with support from partner organisations enabled the Trust to achieve its best urgent care performance for several years. 135,561 patients sought urgent care and 19 out of every 20 people were seen, treated, admitted or discharged within four hours of arrival. Emergency admissions through A&E rose from 26,818 to 30,531 (an increase of more than 13%) between 2007/08 and 2008/09 as many more patients were so ill or badly injured that they needed to be admitted for inpatient care.

Mr Richard Morrell – A&E Consultant with members of the A&E team at the Alexandra Hospital.

Long Service Awards

The 2008 Long Service Awards ceremony had a particular significance as it was held on 7 July as part of the Trust's celebrations of 60 Years of the NHS and gave us an opportunity to reflect on the care and caring that has been the cornerstone of the NHS during this period.

Some of those receiving awards shared their stories about their life and careers within Worcestershire NHS and why they had committed their working lives to caring for others.

Some of the Kidderminster staff who received their Long Service Awards



Interventional Cardiology

A new interventional cardiology treatment angioplasty, which improves the blood supply to the heart and relieves the symptoms for patients with angina, was introduced at WRH.

Narrow tubes (catheters) are inserted through the groin or wrist to the heart. But rather than just taking X-ray pictures thin wires are passed down the arteries so the narrowed area can be dilated with a balloon and held open with a metal mesh (stent).

Consultant Cardiologist Jasper Trevelyan (centre) with members of the cardiology team

Charitable Giving whereby patients donate money to the hospitals with a specific caveat for its use has enabled the Cardiology Department at WRH to undertake further research and development.

A generous legacy to the department has led to the appointment of a research nurse following which we have started enrolling patients in three international cardiology clinical trials.

Foundation Trust Update

Our vision is Local Care for Local people, and we know that becoming a Foundation Trust will give us the best opportunity to work with local people, staff and our partners to deliver the highest quality hospital care.

We launched our Foundation Trust application in July 2008. Since then the FT team have worked hard to raise awareness across the county, from talking to public and patients in our hospitals, to building links with various organisations in the area.

At the end of March 2009, our membership total had reached 5,496, which exceeded our initial target – months ahead of schedule!

Public Consultation 5 July to 26 September 2008

The Trust ran a 12 week public consultation during summer 2008. A series of meetings were held across the county to raise awareness of our application to become a Foundation Trust. Posters and leaflets were printed to publicise the meetings, as well as advertisements in the local newspapers, updates on the Trust's website and awareness-raising by the FT team. Local people living in Worcestershire were all welcome to attend.

Staff Engagement

During the consultation period we launched 'FT 500' to encourage staff to help boost our recruitment drive. There was a first prize of £500 for the winning individual or team. The prize went to Kathleen Breese, a housekeeper at Kidderminster Hospital, who handed in 55 completed membership forms. She is pictured below with Chief Executive, John Rostill, who congratulated her and presented her with her prize.



Other winners were Ophthalmology at Worcestershire Royal Hospital, Amanda Moore – Matron at the Kidderminster Treatment Centre and Physiotherapy at Kidderminster Hospital.

Consultation Feedback

During the consultation we gave members of the public the chance to comment on our plans for the future. We received 564 responses altogether and as a result made some changes to our proposals, such as having more medical representation on the Council of Governors.

Members Meetings

The first Foundation Trust shadow Members meetings which were held in Redditch, Kidderminster and Worcester were very successful. The Trust Board was extremely pleased with the attendance at these meetings and the enthusiasm that was shown by the shadow Members.

The purpose of the meetings was to give the shadow Members an opportunity to hear feedback from the public consultation and to make comments on any plans that the Trust has for the future.

Clinical Vision Workshops



Mike Stevens, Director of Finance and Information with Members at the Worcester workshop

A series of shadow Members' strategy workshops saw around 70 shadow Members share with us their views on a range of topics including which services the Trust should provide in future, where they should be providing them and where quality standards need to be improved.

At each of these events, shadow Members were asked to complete a questionnaire giving their views on the priority they would give to a range of potential improvements within the Trust. The outcome of the exercise highlighted five specific priorities for the Trust to concentrate on; these being waiting times

Local Care for Local People

| | | |
|---|---|---|
| <p>Kidderminster Hospital & Treatment Centre</p> <p>Choose Us for high quality hospital care <i>“Cleanliness and efficiency of the highest standard”</i></p> <p><i>Local Care for Local People</i></p> |  | <p>Worcestershire Acute Hospitals NHS Trust</p> <p>Join Us and sign up for FREE membership Support our Foundation Trust application.</p> <p>www.worcsacute.nhs.uk 0800 7830 335</p> <p>Worcestershire NHS Acute Hospitals NHS Trust</p> |
|---|---|---|

Bus Advertising Campaign

An advertising campaign (pictured above) ran on the side of buses across Worcestershire throughout the Christmas and New Year period. Featuring Matrons from each of our three sites, the advertisements encouraged people to ‘Choose Us’ for their treatment and ‘Join Us’ as FT Members.

for appointments, infection control, ensuring our hospitals are clean and tidy, the attitudes of staff and food/nutrition.

Member Communications

The Trust is continuing to actively engage with shadow Members on a regular basis. We keep all of our shadow Members informed with a quarterly newsletter, ‘Trust in Worcestershire’. We have also consulted with our shadow Members on a series of different topics, ranging from our Clinical Vision Strategy for the future, to what they would like to read about in this year’s Annual Report.

Looking to the Future

A series of advance sessions about ‘Becoming a Governor’ took place in May and June ahead of the elections for the Council of Governors. The Governors will represent the interests of the public membership and put forward their views on important issues such as the Trust’s plans for future developments of services and facilities.

The final phase in the FT application process is an assessment by Monitor. Monitor is the independent regulator of FTs and has the final say on our application. We hope to become a Foundation Trust in October 2009.

A special ‘thank you’ is due to all those shadow Members who responded to our request for their views on what they would like to see included in this Annual Report. We have tried to incorporate as many of these suggestions as possible.



Examples of the Shadow Members' newsletter 'Trust in Worcestershire'



Picture shows Jean and David Stokes from Hagley signing up to become shadow Members, with Amie Carroll and Elaine Warner from the FT Membership Team.

Accounts and Summary Financial Statements

Foreword to the Accounts

These accounts for the year ended 31st March 2009 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 30 to 32.

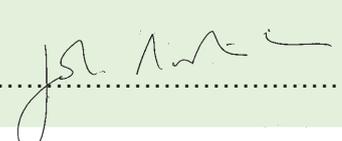
The Summary Financial Statements do not replace the Trust's Annual Accounts, they are simply extracts from the accounts. In order to ascertain a full understanding of the Trust's financial position and performance, a review of the Trust's Annual Accounts would be required.

The 2008/09 Annual Accounts will be available upon request from the Director of Finance. The contact address details are; Director of Finance, Worcestershire Acute Hospitals NHS Trust, Worcestershire Royal Hospital, Finance Department, Aconbury East, Charles Hastings Way, Worcester WR5 1DD.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2009

| | Note | 2008/09 £000 | 2007/08 £000 |
|---|------|-----------------|-----------------|
| Income from activities | 3 | 275,017 | 273,031 |
| Other operating income | 4 | 24,584 | 20,828 |
| Operating expenses | 5-7 | (286,540) | (281,651) |
| OPERATING SURPLUS/(DEFICIT) | | 13,061 | 12,208 |
| Cost of fundamental reorganisation/reconstruction | | 0 | 0 |
| Profit/(loss) on disposal of fixed assets | 8 | (215) | (812) |
| SURPLUS/(DEFICIT) BEFORE INTEREST | | 12,846 | 11,396 |
| Interest receivable | | 771 | 1,007 |
| Interest payable | 9 | (1,022) | (1,269) |
| Other finance costs - unwinding of discount | 16 | (55) | (58) |
| SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR | | 12,540 | 11,076 |
| Public dividend capital dividends payable | | (6,707) | (5,883) |
| RETAINED SURPLUS/(DEFICIT) FOR THE YEAR | | 5,833 | 5,193 |

BALANCE SHEET AS AT 31 MARCH 2009

| | Note | 31 March 2009 £000 | 31 March 2008 £000 |
|---|------|--------------------------|--------------------------|
| FIXED ASSETS | | | |
| Intangible assets | 10 | 549 | 674 |
| Tangible assets | 11 | 159,352 | 176,316 |
| Financial assets | 14 | 0 | - |
| TOTAL FIXED ASSETS | | 159,901 | 176,990 |
| CURRENT ASSETS | | | |
| Stocks and work in progress | 12 | 4,256 | 3,726 |
| Debtors | 13 | 33,925 | 35,778 |
| Investments | | - | 0 |
| Other financial assets | 14 | 0 | - |
| Cash at bank and in hand | 19.3 | 10,145 | 5,602 |
| TOTAL CURRENT ASSETS | | 48,326 | 45,106 |
| CREDITORS: Amounts falling due within one year | 15.1 | (40,732) | (31,033) |
| Financial liabilities | 16 | 0 | - |
| NET CURRENT ASSETS/(LIABILITIES) | | 7,594 | 14,073 |
| TOTAL ASSETS LESS CURRENT LIABILITIES | | 167,495 | 191,063 |
| CREDITORS: Amounts falling due after more than one year | 15.2 | (10,000) | (15,000) |
| Financial liabilities | 16 | 0 | - |
| PROVISIONS FOR LIABILITIES AND CHARGES | 17 | (2,880) | (3,842) |
| TOTAL ASSETS EMPLOYED | | 154,615 | 172,221 |
| FINANCED BY: | | | |
| TAXPAYERS' EQUITY | | | |
| Public dividend capital | 23 | 139,729 | 145,860 |
| Revaluation reserve | 18 | 44,097 | 43,218 |
| Donated asset reserve | 18 | 1,143 | 1,281 |
| Government grant reserve | 18 | 274 | 335 |
| Other reserves | 18 | (861) | (861) |
| Income and expenditure reserve | 18 | (29,767) | (17,612) |
| TOTAL TAXPAYERS' EQUITY | | 154,615 | 172,221 |
| Signed:  (Chief Executive) | | Date: 09/06/09 | |

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2009

| | 2008/09 £000 | 2007/08 £000 |
|--|-----------------|-----------------|
| Surplus/(deficit) for the financial year before dividend payments | 12,540 | 11,076 |
| Fixed asset impairment losses | 0 | 0 |
| Unrealised surplus/(deficit) on fixed asset revaluations/indexation | (17,135) | 12,079 |
| Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets | 67 | 186 |
| Defined benefit scheme actuarial gains/(losses) | | |
| Additions/(reductions) in 'other reserves' | 0 | 0 |
| Total recognised gains and losses for the financial year | (4,528) | 23,341 |
| Prior period adjustment | 0 | (1,059) |
| Total gains and losses recognised in the financial year | (4,528) | 22,282 |

2008/09 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:

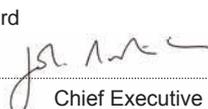
- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and 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: 09/06/09


Chief Executive


Finance Director

2008/09 Annual Accounts of Worcestershire Acute Hospitals NHS Trust

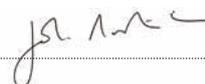
STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

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: 09/06/09



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 2009 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.

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2009

| | Note | 2008/2009 £000 | 2007/2008 £000 |
|---|------|-------------------|-------------------|
| OPERATING ACTIVITIES | | | |
| Net cash inflow/(outflow) from operating activities | 19.1 | 32,307 | 26,080 |
| RETURNS ON INVESTMENTS AND SERVICING OF FINANCE: | | | |
| Interest received | | 771 | 1,007 |
| Interest paid | | (1,022) | (1,269) |
| Interest element of finance leases | | 0 | 0 |
| Net cash inflow/(outflow) from returns on investments and servicing of finance | | (251) | (262) |
| CAPITAL EXPENDITURE | | | |
| (Payments) to acquire tangible fixed assets | | (9,675) | (9,341) |
| Receipts from sale of tangible fixed assets | | 0 | 0 |
| (Payments) to acquire intangible assets | | 0 | (133) |
| Receipts from sale of intangible assets | | 0 | 0 |
| (Payments to acquire)/receipts from sale of fixed asset investments | | - | 0 |
| (Payments to acquire)/receipts from sale of financial instruments | | 0 | - |
| Net cash inflow/(outflow) from capital expenditure | | (9,675) | (9,474) |
| DIVIDENDS PAID | | | |
| | | (6,707) | (5,883) |
| Net cash inflow/(outflow) before management of liquid resources and financing | | 15,674 | 10,461 |
| MANAGEMENT OF LIQUID RESOURCES | | | |
| (Purchase) of financial assets with the Department of Health | | 0 | 0 |
| (Purchase) of other current asset investments | | 0 | 0 |
| Sale of financial assets with the Department of Health | | 0 | 0 |
| Sale of other current financial assets | | 0 | 0 |
| Net cash inflow/(outflow) from management of liquid resources | | 0 | 0 |
| Net cash inflow/(outflow) before financing | | 15,674 | 10,461 |
| FINANCING | | | |
| Public dividend capital received | | 0 | 0 |
| Public dividend capital repaid | | (6,131) | 0 |
| Loans received from the Department of Health | | 0 | 0 |
| Other loans received | | 0 | 0 |
| Loans repaid to the Department of Health | | (5,000) | (5,000) |
| Other loans repaid | | 0 | 0 |
| Other capital receipts | | 0 | 0 |
| Capital element of finance lease rental payments | | 0 | 0 |
| Net cash inflow/(outflow) from financing | | (11,131) | (5,000) |
| Increase/(decrease) in cash | | 4,543 | 5,461 |

STAFF COSTS AND NUMBERS

| | 2008/09 | | | 2007/08 |
|--|----------------|-------------------------|--------|---------|
| | Total | Permanently Employed | Other | |
| | £000 | £000 | £000 | £000 |
| Staff Costs | | | | |
| Salaries and wages | 152,044 | 139,320 | 12,724 | 137,940 |
| Social Security costs | 9,364 | 9,364 | 0 | 10,116 |
| Employer contributions to NHS BSA Pensions Division | 16,580 | 16,580 | 0 | 15,440 |
| Other pension costs | 0 | 0 | 0 | 0 |
| | 177,988 | 165,264 | 12,724 | 163,496 |

| | 2008/09 | | | 2007/08 |
|---|--------------|-------------------------|--------|---------|
| | Total | Permanently Employed | Other | |
| | Number | Number | Number | Number |
| Average number of persons employed (expressed as whole time equivalents) | | | | |
| Medical and dental | 607 | 580 | 27 | 562 |
| Ambulance staff | 0 | 0 | 0 | 0 |
| Administration and estates | 967 | 924 | 43 | 919 |
| Healthcare assistants and other support staff | 734 | 734 | 0 | 668 |
| Nursing, midwifery and health visiting staff | 1,632 | 1,513 | 119 | 1,561 |
| Nursing, midwifery and health visiting learners | 0 | 0 | 0 | 0 |
| Scientific, therapeutic and technical staff | 666 | 666 | 0 | 683 |
| Social care staff | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 |
| Total | 4,606 | 4,417 | 189 | 4,393 |

Employee Benefits

There were no Employee Benefits for the year 2008/09.

| | 2008/09 | 2007/08 |
|-------------------------|----------------|---------|
| | £000 | £000 |
| Management costs | | |
| Management costs | 8,133 | 8,060 |
| Income | 299,602 | 292,530 |

Retirements due to ill-health

During 2008/09 there were 5 (2007/08, 9) 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 £628,104 (2007/08: £643,246). The cost of these ill-health retirements will be borne by the NHS Business Services Authority-Pensions Division.

BETTER PAYMENT PRACTICE CODE

| | 2008/09 | |
|---|---------------|----------------|
| | Number | £000 |
| Better Payment Practice Code - measure of compliance | | |
| Total Non-NHS trade invoices paid in the year | 78,871 | 108,054 |
| Total Non-NHS trade invoices paid within target | 67,218 | 97,296 |
| Percentage of Non-NHS trade invoices paid within target | 85% | 90% |
| Total NHS trade invoices paid in the year | 3,202 | 30,754 |
| Total NHS trade invoices paid within target | 2,415 | 28,006 |
| Percentage of NHS trade invoices paid within target | 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

| | 2008/09 £000 | 2007/08 £000 |
|---|-----------------|-----------------|
| Amounts included within Interest Payable (Note 9) arising from claims made under this legislation | 0 | 0 |
| Compensation paid to cover debt recovery costs under this legislation | 0 | 0 |
| TOTAL | 0 | 0 |

PROFIT/(LOSS) ON DISPOSAL OF FIXED ASSETS

| | 2008/09 £000 | 2007/08 £000 |
|---|-----------------|-----------------|
| Profit/(loss) on the disposal of fixed assets is made up as follows: | | |
| Profit on disposal of fixed asset investments | 0 | 0 |
| (Loss) on disposal of fixed asset investments | 0 | 0 |
| Profit on disposal of intangible fixed assets | 0 | 0 |
| (Loss) on disposal of intangible fixed assets | 0 | 0 |
| Profit on disposal of land and buildings | 0 | 0 |
| (Loss) on disposal of land and buildings | 0 | 0 |
| Profits on disposal of plant and equipment | 0 | 0 |
| (Loss) on disposal of plant and equipment | (215) | (812) |
| | (215) | (812) |

DIRECTORS' REMUNERATION

Salaries and Allowances for Senior Managers

| Name and Title | 2008/09 | | | 2007/8 | | |
|--|--------------------------------|---|--|--------------------------------|---|---|
| | 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 | 500 | 20-25 | 0 | 400 |
| J Rostill - Chief Executive | 160-165 | 0 | 500 | 145-150 | 0 | 200 |
| P Milligan - Chief Operating Officer | 40-45 | 0 | 0 | 0 | 0 | 0 |
| C Walsh – Interim Director of Operations | 50-55 | 0 | 300 | 80-85 | 0 | 600 |
| G Bennett - Interim Director of Finance | 35-40 | 0 | 0 | 165-170 | 0 | 0 |
| M Stevens - Director of Finance | 95-100 | 0 | 300 | 0 | 0 | 0 |
| J Crawshaw - Director of Human Resources | 85-90 | 0 | 4100 | 85-90 | 0 | 5000 |
| R Overfield - Director of Nursing and Midwifery | 0 | 0 | 0 | 30-35 | 0 | 200 |
| H Blanchard – Director of Nursing and Midwifery | 85-90 | 0 | 500 | 45-50 | 0-5 | 100 |
| C Ashton - Medical Director | 45-50 | 140-145 | 300 | 40-45 | 135-140 | 100 |
| C Phillips – Associate Medical Director | 20-25 | 170-175 | 0 | 20-25 | 135-140 | 300 |
| S Graystone – Associate Medical Director | 10-15 | 135-140 | 0 | 10-15 | 115-120 | 0 |
| M Shepherd – Non Executive Director | 5-10 | 0 | 100 | 0-5 | 0 | 0 |
| N Trigg – Non Executive Director | 5-10 | 0 | 100 | 0-5 | 0 | 0 |
| C Beardwood – Non Executive Director | 0 | 0 | 0 | 0-5 | 0 | 100 |
| R Adams – Non Executive Director | 5-10 | 0 | 300 | 5-10 | 0 | 100 |
| J Darby – Non Executive Director | 0 | 0 | 0 | 0-5 | 0 | 0 |
| A Willis - Non Executive Director | 5-10 | 0 | 100 | 5-10 | 0 | 100 |
| A Newman - Non Executive Director | 0-5 | 0 | 100 | 5-10 | 0 | 100 |
| H Turner - Non Executive Director | 0-5 | 0 | 100 | 0 | 0 | 0 |

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 2008/09 Executive Directors were awarded 2.75% cost of living increase effective from April 2008.

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 six 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. Consequently the issue of compensation for the early termination of senior manager service

contracts did not arise during 2008/09.

Notes

R Overfield - left the Trust on 19/8/07
 P Milligan - commenced with the Trust on 24/11/08
 M Stevens - commenced with the Trust on 30/06/08
 J Darby - left the Trust on 30/04/07
 C Beardwood - left the Trust on 31/10/07
 C Walsh - left the Trust 31/10/08
 H Turner - commenced with the Trust 01/10/08

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.

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

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 2009 (bands of £5,000) | Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) | Cash Equivalent Transfer Value at 31 March 2009 | Cash Equivalent Transfer Value at 31 March 2008 | 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 | 2.5-5.0 | 12.5-15.0 | 80-85 | 245-250 | 0 | 0 | 0 | 0 |
| P Milligan – Chief Operating Officer | 2.5-5.0 | 7.5-10.0 | 40-45 | 120-125 | 807 | 571 | 155 | 0 |
| H Blanchard – Director of Nursing and Midwifery | 2.5-5.0 | 7.5-10.0 | 20-25 | 65-70 | 370 | 254 | 77 | 0 |
| M Stevens – Director of Finance | 0 | 0 | 55-60 | 165-170 | 1221 | 925 | 191 | 0 |
| J Crawshaw - Director of Human Resources | 0 | 0 | 30-35 | 100-105 | 665 | 505 | 103 | 0 |
| C Ashton - Medical Director | 2.5-5.0 | 7.5-10.0 | 40-45 | 130-135 | 843 | 603 | 157 | 0 |
| C Phillips - Associate Medical Director | 0.0-2.5 | 5.0-7.5 | 20-25 | 65-70 | 463 | 325 | 90 | 0 |
| S Graystone - Associate Medical Director | 2.5-5.0 | 12.0-12.5 | 25-30 | 85-90 | 487 | 322 | 110 | 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.

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

I have examined the summary financial statement which comprises the Income and Expenditure Account for the year ended 31 March 2009, the Balance Sheet as at 31 March 2009, the Statement of Total Recognised Gains and Losses for the year ended 31 March 2009, the Cash Flow Statement for the year ended 31 March 2009 and notes on staff costs and numbers, employee benefits, management costs, retirements due to ill health, Better Payment Practice Code and the Late Payment of Commercial Debts (Interest) Act 1998 set out on pages 26 to 33.

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 36 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.

Basis of Opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements 11 June 2009 and the date of this statement.



Date: 26 June 2009

Delyth Morris
 Officer of the Audit Commission

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

Senior Management Team (at 31 March 2009)



Members of the Trust Board in Action

Michael O’Riordan, Chairman

His tenure runs until November 2009

Interests:

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



Clive Walsh, Director of Operations

(until October 2008)

Interests:

Spouse works for Heart of Birmingham Teaching PCT.

Phil Milligan, Chief Operating Officer

(From November 2008)

Interests:

Director PK Healthcare Ltd. Director Roxton Nursing Home Ltd. Member of Healthcare Management. Chairman of IHM until November 2007.



John Rostill, Chief Executive

Interests:

Chairman of NHS Employers Policy Board (until December 2008).



Jeff Crawshaw, Director of Human Resources

Interests:

Member NHS Staff Council.



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.



Graham Bennett, Interim Director of Finance

(until June 2008)

Interests:

Company Director, Graham Bennett Associates Ltd.

Mike Stevens, Director of Finance and Business Development (from June 2008)

Interests:

No interests declared.



Dr Chris Phillips, Associate Medical Director, Alexandra Hospital (until January 2009)

Interests:

Some private practice undertaken. Minority shareholder, Worcestershire Imaging Centre. Family interest in company providing ultrasound services.

**Dr Steve Graystone, Associate Medical Director,
Worcestershire Royal Hospital (until January 2009)**

Interests:

Some private practice undertaken.

**Rosemary Adams,
Non Executive Director**

Her tenure runs until April 2013

Interests:

No interests declared.



**Andrew Newman, Non Executive Director
(until June 2008)**

Interests:

Owner and Director of Sterling Consulting Group Limited.
Non Executive Director B E Wedge Holdings Limited.

**Avril Willis, Vice Chairman from November 2007
and Non Executive Director (until January 2009)**

Interests:

Chairman of Furness Building Society. Non Executive
Director, Furness Mortgage Services Limited.

**Michael Shepherd,
Non Executive Director**

His tenure runs until October 2011

Interests:

Non-Executive Director and Charity Trustee of
Sunfield Children's Homes Ltd (a Registered
Charity). 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
Ltd. Director and Company Secretary Redcliffe Event
Management Ltd. Director Trigg Administration Services
Ltd. Chairman (Independent lay member) of Bromsgrove
District Council Standards Committee. 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:

Finance & Performance

Chair: Michael O'Riordan

Members: 2008

John Rostill, Graham Bennett (until June 2008)
Mike Stevens (from June 2008), Nichola Trigg, Dr
Charles Ashton, Clive Walsh (until October 2008),
Jeff Crawshaw, Helen Blanchard, Rosemary Adams,
Andrew Newman (until June 2008)
2009: Avril Willis (until January 2009), Michael
Shepherd

Remuneration

Chair: Michael O'Riordan,

Members: Rosemary Adams, Andrew Newman
(until June 2008), Avril Willis (until January 2009),
Michael Shepherd, Nichola Trigg, Harry Turner (from
November 2009)

Audit

2009:

Nichola Trigg, Committee Chairman
Harry Turner, Non Executive Director
Rosemary Adams, Non Executive Director

2008:

Chair: Avril Willis (until January 09), Nichola Trigg
Members: Michael Shepherd (until December 08)

Donated Funds

2008:

Chair: Avril Willis

Members: Graham Bennett (until June 2008),
Mike Stevens (from June 2008), Jeff Crawshaw,
Chair: Avril Willis (until January 2009), Michael
O'Riordan (from February 2009)

Corporate & Organisational Assurance*

2008:

Chair: Nichola Trigg

Members: Jeff Crawshaw, Tosca Fairchild,
Avril Willis

Clinical Assurance*

2008:

Chair: Rosemary Adams

Members: Dr Charles Ashton, Helen Blanchard,
Dr Chris Phillips, Dr Steve Graystone. Michael
Shepherd, Harry Turner.

*Changed to

Integrated Governance Committee

(from January 2009)

Chair: Michael Shepherd

Members: Rosemary Adams (Vice Chairman),
Harry Turner

Foundation Trust Steering Group

Chair: John Rostill

Members: Graham Bennett, (until June 2008), Clive
Walsh (until October 2008), Dr Steve Graystone,
Michael Shepherd

Board Development - *Serving the Trust*

The Board recognises that delivering high quality care in an increasingly competitive environment brings new challenges and opportunities.

Our Board development programme is helping to ensure that we have the necessary leadership and approach to support continuous improvement in services, staff and facilities. Areas for specific focus during the year included:

- ▶ Ensuring more time is spent by the Board on early strategic discussion.
- ▶ Ensuring the Board is engaged in problem resolution and debate of challenging issues.
- ▶ Ensuring the Executive Team members increasingly contribute to Board proceedings outside their professional roles.

The development programme has already enabled us to strengthen skills within the following areas:

- ▶ Patient Safety and Risk Management
- ▶ Leadership and change management
- ▶ Developing strategy
- ▶ New regime for financial stewardship
- ▶ Working with a wider range of stakeholders
- ▶ Analysis of executive information systems, critical thinking and challenge
- ▶ Performance management
- ▶ Customer focus

During the year Board members have attended Board Seminar days which have covered topics such as:

- ▶ Foundation Trust Strategy and Development
- ▶ Integrated Governance and Board Procedures
- ▶ Review of the Conduct of Board Business
- ▶ Clinical and Business Strategy Workshop
- ▶ Risk Management Training
- ▶ Standards of measurement for cleanliness and hygiene

In January 2009 the West Midlands Strategic Health Authority confirmed that we had been successful in our application to participate in a programme of work, developed by the King's Fund and the Burdett Trust for Nursing, to support Executive Nurses and their Trust Boards in their pursuit of taking patient care and the patient experience from the bedside to the Board Room.

Members of the Trust Board go 'walkabout' after each monthly Board Meeting. This enables Executives and Non-Executives to pair up and visit different areas of the hospital sites to speak to staff and patients and 'listen and learn' and to provide feedback to their colleagues and the Board for action by the Executive Team.



Non-Executive Director Michael Shepherd with Matron Jane Rutter and Sister Claire Jones discussing improvements in MAU at the Alexandra Hospital

All this work supports the delivery of our Trust's strategic objectives:

Achieve and maintain 'excellence' – deliver excellence as measured by the Healthcare Commission, commissioners, patients, staff and members.

Recruit and retain staff – recruit and retain the best quality staff to ensure that the right staff, equipped with the appropriate skills, available when and where required to ensure the delivery of the highest quality of care.

Develop the business – continue to develop to business to ensure the sustainable delivery of services.

Deliver financial surplus – continue to deliver planned financial surpluses to ensure the long term financial sustainability of the Trust and future investment in quality.

Sustain and improve our reputation – sustain and improve the reputation of the Trust through the delivery of high quality, effective and efficient services to ensure the Trust is the first 'choice' of both patients and staff and is seen as an effective partner in the improvement of health of the local population.

Corporate Social Responsibility



As I mentioned in my introduction to this annual report, partnership is crucial to tackling many of our challenges. We are a public body and only by working together with the public and involving them,

whether they are large organisations or individuals, will we succeed in providing the services and meeting the needs of those we serve.

I was particularly pleased to see the formation this year of LINK, the Local Involvement Network



and welcome the opportunity to work with them and include a short report from Worcester's Chairman Ann Montague-Smith.

"Our first year of the Local Involvement Network for Worcester's (LINK) has been busy with the processes of setting up the organisation and linking into the health and social care establishments across the county.

"Some of the Worcester's LINK participants are also members of the Acute Trust's Patient Forum, so that the LINK is aware of the strong patient and public participation which the Acute Trust encourages. The Acute Trust involves patients as participants on many of its committees, including: Clinical Governance, Patient Safety, Signage around the hospital sites, Infection Control and Patient Views. The patients are encouraged to put forward their views. Patients also took an active part in the work around the recent Patient Environment Action Team (PEAT) inspections."

Pat Fisher from the Patients' Forum adds:

"The Patients' Forum for the Acute Hospital Trust has continued "in house" for the last twelve months following the Government's decision to disband all PPIH Forums' in March 2008. During this time we

have been members of a working party reviewing signage across all three sites with a view to making the signs much clearer for the patient. In addition to this the Forum has been looking at nutrition and meal times across the three hospitals to ensure that patients have good quality food and that help is always at hand when it is needed for meal times. Our role is ongoing with the aim of working with the Trust to ensure the best care and treatment for all patients across Worcester's."



July 2008 saw the celebrations for the 60th anniversary of the founding of the NHS. We celebrated this in several ways linking this to a special award ceremony for our Long Service Awardees in Kidderminster and a service conducted by the Bishop of Worcester, the Right Revd Dr John Inge, entitled 'Celebrating Caring and Carers' at WRH. Both events gave staff the opportunity to share their own unique experiences of working and caring within the NHS. (see pages 22/23)

We held our AGM on Saturday 5 July 2008 (the 60th anniversary date) at the Alexandra Hospital. We also took this opportunity to launch our Foundation Trust Consultation and joined the Alexandra Hospital League of Friends Annual Summer Fair where we were able to share our future plans with local residents.

The Family Open Day in the Charles Hastings Education Centre at WRH enabled us to showcase the past and feature the future and share this with members of the public. Staff provided displays and manned stands spanning the period. These included medical and clinical developments for cataract, hip/knee and laparoscopic (keyhole) surgery, radiology and treatments for diabetes.

Visitors also enjoyed the wide range of exhibits in the George Marshall Medical Museum and the opportunity to learn more about e-learning facilities in the Rowlands Library. Special recognition is due to the Worcester Royal Infirmary Nurses' League who showed us how nursing was taught and practiced in the 1950s. Para-Medic, a World War Two re-enactor group gave us an insight into life inside an army

field hospital tent. Also on hand were the Friends of Worcestershire Royal Hospital reflecting their loyal support over the years. And to capture it all WRH Choice broadcast interviews with staff and visitors. This broadcast later won a national award. (See page 15)



'Sister' Margaret Fenn WRI Nurses' League in 1950s uniform

Running, Walking, Climbing!

Many of our staff take part in national and local fund raising events such as the London and other marathons where money is raised for different charities and activities such as the Race for Life where money is donated to a specific charity. We can only mention a few here.

Members of the Trust's respiratory team successfully completed the Three Peaks Challenge. This involved climbing the highest mountains in England, Scotland and Wales over the course of three days. Their aim (besides surviving) was to raise awareness among patients with chronic lung disease of the need to keep fit and to raise money to fund training.

Staff from the Outpatients department at WRH stepped out on a nine mile walk across the Malvern Hills to raise money for Cancer Research UK. Sister Alison Davis said: "We are aware of the impact cancer has on families and many of us have someone close to us who has been affected. We

all work together but we never have time to spend together socially so we decided to attempt the walk and benefit a good cause at the same time."



Tr Rosa Pass, Julie Purser, Suzanne Hammond and Alison Day in training!!

Work Experience Opportunities

The Trust now has a Development Co-ordinator Joanna Chance who ensures that wherever possible we try to facilitate work experience requests from local schools and organisations.

In 2008 the Trust offered 76 individuals between the ages of 14 and 18 work experience placements which gave them valuable experience in clinical and non-clinical areas. This helped them to understand what it is like to work in the NHS and understand the skills required to follow the careers of their choice.

In addition the Trust held a Work Experience Project Week in July 2008 for over 30 students where they were able to familiarise themselves with some of the practical skills required for nurses, doctors and therapists and also spend some time in clinical areas. The aim of the project week was to give young people some ideas of the types of careers available in the NHS so that they can make informed choices.

This year for the first time we have utilised the skills and enthusiasm of students studying at the Digital Arts Centre at the University of Worcester. The brief was to design a campaign to promote the Trust's Foundation Trust bid to the public.

The students presented their artwork and ideas which gave us a valuable additional insight into how our own efforts to promote our Foundation Trust were perceived and could be improved and them an opportunity to work within a commercial environment!

Palliative Care

Working Together

Our Palliative Care services are provided in partnership with the three Hospices across the county. We work closely with the KEMP Hospice in Kidderminster and the Primrose Hospice in Bromsgrove.

In Worcester, St Richard's Hospice is celebrating its silver anniversary in 2009. This marks 25 years of offering excellent specialist care, comfort and compassion to patients and their families living with cancer and other life-threatening illness.

The Worcestershire hospice is an independent charity with 150 staff and over 800 volunteers, many trained to help care for patients.

Hospice staff liaise closely with their colleagues in the Acute Trust, particularly in referrals to St Richard's services which include an In-patient Unit, home care from specialist nurses, visits to Day Hospice, support from the Family Support Team, physiotherapist, occupational therapist, Citizens Advice Bureau advisor and complementary therapists. More than 1,800 patients and their families are supported each year.

St Richard's Medical Director and Consultant in Palliative Medicine Dr Michael Harper works closely with Dr Nicky Wilderspin, Macmillan Consultant in Palliative Medicine at the Worcestershire Royal Hospital and the specialist nurses of the hospital's Macmillan Palliative Care Team. The hospital palliative care team provides specialist palliative care assessment, symptom control and support to patients on the wards and those attending outpatient services. The team also facilitates the rapid discharge of patients who choose to be cared for at home in their dying phase. Dr Wilderspin holds out-patient clinics at St Richard's in Wildwood Drive, Worcester, often seeing patients not previously known to the hospice. These patients are introduced to the wide variety of specialist services that St Richard's has to offer, giving them wider choice in their preferred place of care.

Dr Wilderspin says:

"Our close relationship with St Richard's enables us to provide continuity of care to patients who often



*Palliative Team members at a multi-disciplinary meeting
-r Macmillan Specialist Nurses - Trish Wheal, Karen Eriker,
Sally Oxley, Michelle Judge, Macmillan Consultant in
Palliative Medicine - Dr Nicky Wilderspin, Team Secretary -
Mary Fowler and Revd David Southall
Not pictured Occupational Therapist Dawn Sinclair Marson*

need to access both hospital and hospice services in order to maximise their quality of life."

The hospice is also working on developing more outpatient clinics such as for blood transfusions and other non-cancer illnesses.

St Richard's now works with SystmOne, an IT network which provides an electronic patient record that can be shared with other specialist palliative care providers in Worcestershire that may also be caring for the patient, including the Acute Trust and Community Hospitals.

The Clinical Nurse Specialists at St Richard's work closely with departments in the Acute Trust hospitals for example liaising with the breast cancer patients who might benefit from joining the Snowdrop Group for young women with cancer. They are also liaising over the creation of men's support groups.

Similarly close relationships exist between the Acute Trust and specialist palliative care services in other parts of the county. The Consultants in Palliative Medicine are provided through Worcestershire PCT Provider Services. Dr Claire Curtis leads the service in Wyre Forest and Tenbury Wells and works closely with KEMP Hospice. Dr Ian Douglas, Clinical Director of Specialist Palliative Care Services, leads the Redditch and Bromsgrove Team, the 'Primrose at the Princess' specialist palliative care unit at the Princess of Wales Community Hospital, and works closely with Primrose Hospice.

For more information about St Richard's Hospice visit www.strichards.org.uk or phone 01905 763963.

Greener Organisation

Again as mentioned in my Annual Report introduction we are aware of our responsibility for sustainable development and the need to become a 'greener' organisation. We continue to take positive steps on environmental matters.

Video conferencing facilities have been installed on all three sites to cut down on the amount of travel between sites for meetings. Staff are encouraged to car share which reduces the amount of traffic on sites and has the advantage for those participating in this scheme that they do not pay charges for parking.

Waste paper recycling boxes are now in most departments to encourage the recycling of all waste paper. Shredders have been bought so that confidential waste paper can be shredded and included with normal waste paper recycling avoiding the extra cost involved in disposing of confidential waste.

Domestic (black bag) waste is collected and taken to a front end filter materials recovery station. This machine pulls out timber, cardboard, plastics and metals. These materials are all recycled. This means that up to 30 - 40% of waste is recycled.

We are in the process of installing plumbed in water coolers in departments. This is an important move as it not only reduces the need to manufacture large plastic water bottles but also their distribution across the sites.

Our efforts to improve our recycling continue. Toner cartridges and mobile phones are routinely recycled and an outside company is used to recycle batteries, light bulbs and light tubes. Additionally at the Alexandra Hospital catering cooking oils are recycled.

Our practice is for old medical kit that is unable to be repaired to be collected by a local company and where possible reused. However, this year we were pleased to be able to send specialist medical equipment which was no longer in current use in this country to Sierra Leone. This followed an upgrade to a more flexible system for treating difficult fractures which meant that there was a surplus of older instrumentation and implants. Former Orthopaedic Consultant, Mr Laurence Read has spent time working in Sierra Leone rebuilding and improving services for local people. With the support of specialist medical equipment supplier Stryker UK,

who covered the costs of transportation, orthopaedic patients in Sierra Leone are now feeling the benefit.



Former Consultant Mr Laurence Read, Mr Karl Bell, Consultant Orthopaedic Surgeon and Mr Ian Johnson from Stryker with some of the equipment for Sierra Leone.

As part of the process of applying to become a Foundation Trust we have engaged with and looked to improve our communications with the public. We have learnt a lot from their involvement and their support and commitment as shadow Foundation Trust Members.

The NHS as a whole sees the patient as the guiding force in improving services to meet their needs and the public now has the choice on where they wish to receive their treatment. The Trust has, therefore, to take its corporate social responsibility seriously and we shall continue to do so as an important part of meeting the challenges we face.

A handwritten signature in black ink that reads 'Michael O'Riordan'.

Michael O'Riordan
Chairman

Front cover images:

Bottom left: Patient Valerie Price and her husband receive advice from Specialist Nurse Anne Farebrother
Top left: Staff Nurse Lissy Thomas cares for patient Verena Smith
Right: Sister Shirley Grove and Physiotherapist Sonya Ginty help patient Jenny Webb

Local Care for Local People



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