

# Annual Report and Summary Financial Statements

St Richard's Hospital - Royal West Sussex NHS Trust





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## Foreword by the Trust Chairman

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# The very best healthcare for our community

I have been Chairman at St Richard's for the last four years and during that time there have been some wonderful highlights for the hospital, but also some very difficult times. The last year has been no exception.

We celebrated achievements and events, such as the Royal opening of the new building for Donald Wilson Neurological Rehabilitation Centre and the official opening of the children's A&E area. The A&E was also rated as one of the top performing departments in the country by the Healthcare Commission (now the Care Quality Commission) and the hospital was again in the top 20% for overall patient care in the National Inpatient Survey.

However, there were also very difficult times, when we heard the outcome of West Sussex Primary Care Trust's 'Fit for the Future' review of health services in the county. The tremendous support that we received from our community throughout this time was overwhelming and we were touched by the sheer number of people who got involved, attended meetings and wrote in support of their local hospital. I know that colleagues in Worthing were equally grateful for all the support they received from their community.

Since last summer, the hospitals have come a long way from the 'Fit for the Future' review and have been working together to address future challenges. Towards the end of 2008 and at the beginning of 2009, the two Trusts decided to take a very positive step forward and agreed to merge to form one organisation. This has resulted in the Royal West Sussex NHS Trust, which managed St Richard's Hospital, joining with Worthing and Southlands Hospitals NHS Trust to become one centrally managed organisation, known as Western Sussex Hospitals NHS Trust on 1st April 2009. The new Trust manages St Richard's Hospital in Chichester, Worthing Hospital and Southlands Hospital in Shoreham-by-Sea.

I am confident that the merger is in the best interests of our patients and the local community. It will also present excellent opportunities for the organisation in the future as it works towards becoming a Foundation Trust. By sharing clinical knowledge and experience, all three hospitals will build on their strengths and over time will create stronger, excellent healthcare services for local people.

In April 2009, I handed over the role of Chairman to Hywel Evans, who became the first Chairman of the new merged organisation, and we also welcomed Marianne Griffiths as Chief Executive. I have every confidence in them both.

After getting to know the team at St Richard's over the last four years, I would like to sincerely thank all the staff for their ongoing dedication. They work so hard to ensure the very best healthcare for our community. It has been an extraordinary experience working at the hospital and I have felt very privileged to be working alongside such a great team.

**Susan Pyper** Chairman (Lord-Lieutenant of West Sussex)





# About Royal West Sussex NHS Trust

The year 2008/9 was the final year of Royal West Sussex NHS Trust before its merger with Worthing and Southlands Hospitals NHS Trust in April 2009.

As a stand alone organisation the Royal West Sussex NHS Trust served around 400 square miles, covering towns along the coastline and many rural communities.

St Richard's Hospital in Chichester was the Trust's central location, where patients access a full range of general acute hospital services including, medicine, surgery, orthopaedics, trauma, paediatrics, obstetrics and accident and emergency (A&E). Many services are also provided from partner organisations such as Bognor War Memorial Hospital, Pulborough Medical Centre and surgeries in Littlehampton.

St Richard's Hospital has 430 beds and 10 operating theatres, including four within its purpose built Chichester Treatment Centre, which offers fast, pre-booked day and short stay surgery and diagnostic procedures.

The Trust employed 2,400 staff and in 2008/9 treated approximately:

- 41,000 inpatients
- 14,000 day cases
- 164,000 outpatients
- 52,000 A & E attendances
- 2,700 births

The Trust's divisional management structure throughout 08/09 consisted of four clinical divisions; Elective, Emergency, Women and Children and Clinical Services.

## 1.1 Our community

The total population served by Royal West Sussex NHS Trust was around 210,000 people. Although, around one in five patients treated at St Richard's Hospital live outside the area, with many accessing the services whilst on holiday or visiting West Sussex.

The Trust primarily served people living in the city of Chichester and the coastal areas of Littlehampton, Bognor, Selsey and Chichester Harbour, together with the South Downs' market towns of Midhurst, Billingshurst, Pulborough, Arundel and Petworth. St Richard's Hospital also has a significant number of patients from East Hampshire.

The area is considered relatively affluent, but has some significant pockets of rural and urban deprivation. It has double the national average of people over the age of 65 and those over 80 years.

## 1.2 Working with other healthcare providers

The Trust worked in partnership with many other healthcare providers and will continue these links as a new merged organisation. It shares some clinical staff and accommodation with West Sussex Primary Care Trust (PCT) and works in partnership with Portsmouth Hospitals NHS Trust to provide cancer services and ENT (ear, nose and throat) and Southampton University Hospitals NHS Trust for cardiac care. There were also established partnerships with Worthing and Southlands NHS Trust for Maxillofacial services and Ophthalmology, which will continue as the organisations join together.

## 1.3 Royal West Sussex NHS Trust's aim

- To be the hospital of choice by providing patients with the highest standards of safety and care.
- Patients have a right to clean and safe treatment wherever and whenever they are treated by the NHS.

The Trust had a set of core values by which it aimed to treat both patients and staff. These follow the concepts laid down by the Nolan Principles code of practice:

Respect  
Integrity  
Good use of resources  
High quality  
Teamwork  
Shared openness



#### 1.4 Our Objectives for 2008/9

##### **Provide the highest standards of safety and care**

- Ensure a patient safety culture
- Roll out corporate assurance framework within divisions
- Comply with the Healthcare standards
- Respect the care record
- Promote patient and public involvement
- Provide high quality patient experience
- Develop Women and Children's services
- Develop stroke care in line with national guidance.

##### **Minimise healthcare associated infections**

- Fulfil the requirements of the Code of Practice for the prevention and control of healthcare associated infections
- Reduce MRSA bacteraemia rate
- Reduce C-difficile rate.

##### **Motivate and develop workforce**

- Ensure an appropriately skilled workforce
- Improve effectiveness of workforce resource
- Develop and implement a recruitment and retention strategy
- Embed equality throughout the organisation
- Develop strong leaders through provision of development opportunities.

##### **Drive efficiency and deliver financial balance**

- Deliver the benefits of IT
- Realise the benefits of the lean thinking programme
- Introduce service line reporting
- Maximise income through patient choice
- Improve the Trust's position against national benchmarks.

##### **Deliver and sustain targets**

- Identify and introduce patient pathways to meet all access targets
- Sustain and develop partnerships to deliver the access targets
- Ensure collaboration with West Sussex Primary Care Trust and primary care services
- Implement West Sussex Primary Care Trust's decision on Fit for the Future
- Prepare the organisation for Foundation Trust status.

#### 1.5 Competitive markets

The Trust always aimed to be the first choice provider of secondary care services in West Sussex and the surrounding area. This was in full support of the national agenda to offer patients a choice of service provider, date and time for an initial outpatients appointment.



"The accident and emergency (A&E) department was rated as **one of the top performing departments** in the country in the Healthcare Commission's Emergency Department national patient survey. "



## The year in focus

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### 2.1 Highlights

- The Trust achieved an overall rating of 'good' for its quality of services for the third consecutive year and our score for use of resources improved to 'fair' in the Healthcare Commission's annual national health check.
- The accident and emergency (A&E) department was rated as one of the top performing departments in the country in the Healthcare Commission's Emergency Department national patient survey.
- The hospital achieved an 'excellent' rating for environment, food and standards of privacy and dignity for patients in the National Patient Safety Agency Patient Environment Action Team assessment.
- We were again rated in the top 20% for 'overall patient care' in the National Inpatient Survey.
- The Trust was again named as one of the Top 40 Hospitals by CHKS, a leading healthcare benchmarking expert. The awards are based on the evaluation of around 20 indicators covering clinical effectiveness, health outcomes, efficiency and patient experience and quality of care.
- Opened a new paediatric A&E, based within the existing department, which has two treatment rooms and a waiting room and is staffed by specialist paediatric nurses.
- The Trust was delighted to welcome HRH Princess Alexandra KG, KCVO who performed the official opening ceremony of the new building for Donald Wilson Neurological Rehabilitation Centre.

### 2.2 Estate projects

- The Trust continues to develop and make important improvements to wards and maintain areas of the hospital. Several wards have been extensively refurbished, replacing bathroom facilities, flooring and surfaces, redecorating and installing heating in the ceiling.
- Tangmere (antenatal and postnatal ward) and the neonatal ward have been upgraded to a very high standard which has improved facilities for both patients and staff.
- A new preoperative area has been created adjacent to the main theatres.
- After a very successful fundraising campaign, the Trust has constructed a new Cancer Day Unit, which will be known as the Fernhurst Centre. The unit will bring together the hospital's cancer and haematology facilities under one roof and is due for completion in 2009.
- The café area in the main reception has been completely restyled and refurbished.

## Focus on safe services

On a national level, the control of healthcare associated infections is a very high priority. The Trust has continued to focus on prevention and practices to ensure it has the right processes in place to limit healthcare associated infection.

To understand any cases of healthcare associated infection, the Trust's infection control team led by its Director of Infection, Prevention and Control conduct root cause analysis. The team ensures staff receive regular training and members of the public are reminded about the importance of hand hygiene by high profile signage in clinical areas.

### 3.1 MRSA screening programme

The Trust has reached its target of screening 100% of elective patients and is on target for screening all emergency admissions by 2011.

### 3.2 Reduction in healthcare associated infections

The number of cases of MRSA and Clostridium difficile (C.difficile) has continued to fall and at the end of the year, the Trust reduced the number of cases of clostridium difficile by more than 30%.

### 3.3 Deep cleaning

The Trust reached its national target to deep clean all wards and clinical areas by March 2009. This process involves specialist cleaning using environmental disinfection, such as hydrogen peroxide vapourising to reduce environmental contamination.

### 3.4 Hand hygiene

During the year the Trust held a successful hand hygiene roadshow throughout the hospital. This involved staff and the public and was designed to raise awareness of the importance of safe hand hygiene. This was supported by the National Patient Safety Agency 'Clean your hands' campaign.

### 3.5 Upgrading and refurbishing clinical areas

Over the year, the Trust continued its rolling programme of ward refurbishment to aid cleaning and help prevent the spread of infection.

## Our emergency care

The emergency division cares for patients who come to the hospital either as an urgent or emergency admission via accident and emergency or to the medical assessment unit.

Emergency care includes:

- Accident and Emergency department
- Medical Assessment Unit
- Critical Care Unit (High Dependency Unit and Intensive Care Unit)
- Medical wards
- Trauma ward
- Coronary care
- Specialist nurses for cardiac rehabilitation heart failure, respiratory and Parkinson's disease
- Specialist rehabilitation for the younger disabled
- Support services, including day and night managers and discharge coordinators.



### 4.1 New innovation and development in emergency care

- The hospital achieved the 98% **A&E waiting time target** which requires no patient to wait more than four hours from arrival to admission or discharge. This has been achieved through the efforts of staff across the division and the Trust.
- Our A&E department has been rated as one of the **top performing** departments in the country in the Emergency Department national patient survey published by the Healthcare Commission. St Richard's A&E was in the top 20% of Trusts in questions relating to overall care, cleanliness, privacy when speaking to a receptionist and the amount of time available to speak to a doctor or nurse.
- An ongoing project to substantially improve the overall quality of care for patients with a **fractured neck of femur** and reduce their length of stay continues to be a success. The length of stay for patients has now been almost halved, with similar reductions for rehabilitation in the community at Bognor Regis War Memorial Hospital.
- The Trust officially opened its new **children's' A&E** area in May. It is staffed by paediatric nurses and has two treatment rooms and a waiting room, which have been specifically designed with children in mind. Every year, the hospital's A&E department sees 55,000 patients of which 25% are children. The aim of the new paediatric area is to improve children's overall experience of visiting hospital.
- HRH Princess Alexandra KG, KCVO visited St Richard's Hospital in January to officially open our new **Donald Wilson Neurological Rehabilitation Centre**. The team provide neurological rehabilitation predominantly for people under 65, working with patients who have a neurological illness or injury such as head injury, stroke or spinal cord injury. Some patients stay for a long time so it is important that they have a suitable accommodation and the new building has been purpose built, with the advantage of being on the same site as the hospital's intensive care and trauma facilities.  
Virtually all the materials in the construction of the new building are of a sustainable nature. The building replaces the old Donald Wilson House on the hospital site.
- The A&E, radiology and stroke teams worked together to successfully complete the first **thrombolysis** treatment for an emergency stroke patient at St Richard's. The hospital will soon be among 33 hospitals in the UK to take part in international research run by Edinburgh University to look at using thrombolytic drugs for more elderly stroke patients and up to six hours after the onset of symptoms.

## Our elective care

The elective division provides the facilities and care for adult patients who are referred into the Trust for a booked appointment from another health professional, such as a GP or dentist.

### 5.1 Elective care includes:

- Orthopaedics
- Urology
- Sexual Health
- General surgery
- Gastrointestinal surgery
- Orthodontics
- Haematology
- Diabetes
- Restorative dentistry
- Respiratory services
- Neurology
- Rheumatology
- Dermatology
- Vascular surgery
- Maxillofacial surgery
- Cancer services
- Gastroenterology
- Endocrinology
- Cardiology

### New innovation and development in elective care:

- The vascular team performed successful **pioneering life saving surgery** using human grafts. In vascular surgery synthetic grafts are often used, but in this patient's circumstances, the only option was to use donated human tissue. The tissue was flown from the USA and used in the procedure, which is the first of its kind in the UK.
- St Richard's rheumatology team, based at Bognor War Memorial Hospital was presented with a **Healthcare Champions Award** by the National Rheumatoid Arthritis Society (NRAS) in recognition of the excellent care they have provided to people living with rheumatoid arthritis (RA) in West Sussex. The team are just one of twenty winners across the UK and were nominated by a local patient.
- During the year, St Richard's has successfully introduced a new project, called the '**Productive Ward**'. The initiative was introduced nationally by the NHS Institute of Innovation and is used in other hospitals across the country. The philosophy behind the Productive Ward is to 'release time to care' by eliminating time spent on wasteful processes to increase the time spent on direct patient care.
- The hospital is completing construction of a new **cancer day unit**, which will be known as the Fernhurst Centre. This project was made possible after a very successful fundraising campaign by the St Richard's Hospital Charitable Trust raised more than £3 million. The unit brings together cancer and haematology activity in a single location within the hospital. The new facility will have out-patient and day case consultation / treatment rooms, all linked to the main hospital. It will be completed in summer 2009.
- Surgeons from across the UK and Europe visited St Richard's in May to attend a masterclass in **Transanal Endoscopic Microsurgery (TEMs)**. TEMs is a specially designed 'keyhole' operation, which can remove tumours from the rectum without the need for major open surgery. The Trust is at the forefront of expertise for TEMs and receives referrals from all over the South of England.
- The hospital has produced a new **bedside folder** for patients and relatives. These contain valuable information such as a 'who's who' on the ward, what the different staff uniforms mean, information about infection control and meal times.



## Our women and children's services

The Trust's women and childrens' division provides the hospital's maternity, paediatric and neonatal services. Gynaecology services are managed by the elective division.

### 6.1 New innovation and development in women and children's services:

- The **paediatric A&E** has been a notable success, with a full rota of paediatric nurses working between the children's A&E and the children's ward. The Countess of March and Kinrara officially opened the new A&E area together with children from Central School in Chichester. The 10 year olds had the opportunity to spend time with paediatric and A&E staff to learn about how children are cared for in A&E.
- The newly refurbished Tangmere (**antenatal and postnatal**) ward was officially opened in December. The ward refurbishment was part of a rolling programme which supports our infection control work and includes replacing work surfaces, floor coverings and new bathrooms to make them easier to clean, as well as extensive decorating. It is light and spacious and we now have more single rooms and are the first Trust on the South Coast able to give partners the opportunity to stay overnight thanks to the Friends of Chichester Hospitals who donated 10 reclining chairs.

Another feature is a new, separate and spacious two-bedded bay with an en suite bathroom for ladies who arrive in early labour. This provides a calm area, away from the main ward, where mothers-to-be can stretch, walk about or relax in a bath, just as they might at home.

- A new confidential counselling and support service, known as **Birth Afterthoughts** has been developed to address the emotional, psychological and holistic needs of mothers and family members following a traumatic delivery.
- St Richard's has an excellent reputation for helping new mothers to breastfeed. The **Breastfeeding Peer Supporters** group, which

started more than three years ago trains mothers how they can help other new mothers to breastfeed. Women are often keen to help others in their first few weeks of motherhood and this year a successful collaboration between the hospital, the local council and Bognor Regis Nursery School and Children's Centre has enabled a further four courses to be run. The six week course teaches new mothers to increase their knowledge on breastfeeding and then pass it on to their friends and family.

- Infant Feeding Specialist, Clare Meynell received special praise by being named **Best Community Person** in the Chichester Observer's Community Awards. Clare was nominated for the award by the Breastfeeding Peer Supporters group.
- The Women and Children's division welcomed a **new consultant** paediatrician who is taking a lead for neonatology.
- The paediatric department is further developing its specialist nursing services in respiratory and diabetes, with new in posts in practice education, safeguarding, epilepsy and oncology. Many of these posts are joint posts with Worthing Hospital and will enhance the provision of care for the children with often complex health care needs in West Sussex.
- Plans for a new service for children with musculoskeletal pain are underway. St Richard's will be the provider site for West Sussex with outreach clinics in Crawley and Worthing. This exciting development will be the first of its kind in the area and will support children through psychological and therapy intervention. Until now children having to travel to regional centres in Oxford and Bath. It is anticipated that the new service will be accepting referrals in autumn 2009.
- The **refurbishment** programme continues with upgraded neonatal unit and midwifery led birth centre due to open in 2009.



## Our clinical services

The clinical services division provides support to the emergency and elective divisions so ensuring patients receive therapeutic and diagnostic input.

Clinical Services include:

- Operating theatres and
- Pathology
- Anaesthetic department
- Infection control
- Medical imaging
- Pharmacy
- Cardiac investigations
- Physiotherapy
- Occupational therapy
- Dietetics
- Speech and language therapy
- Chichester suite (private patients)
- Sterile supplies department
- Medical records department
- Medical electronics
- Equipment library and medical devices

### 7.1 New innovation and development in clinical services

- Patients attending our medical imaging department now benefit from a fully refurbished **digital x-ray room**. The digital technology means that the x-ray takes less time to process and produces images of excellent quality and resolution which transfer in seconds to the digital archive ready for viewing by the clinicians anywhere in the Trust. The increased speed will enable more patients to be x-rayed and help to reduce waiting times.

The Friends of Chichester Hospitals generously agreed to fund a second state of the art digital x-ray room which will be complete in 2009.

- The care, compassion and dignity shown by specialist staff from the bariatric service earned them a prestigious prize at the NHS South East Coast's Best of Health Awards, in the '**Dignity in Care**' category.
- The **Chichester Suite** has been refurbished and facilities now include an extra four patient rooms with en-suite facilities, a larger more modern kitchen and refurbished corridors. The suite now has 20 en-suite rooms and a four bedded bay.
- In January, St Richard's Charitable Trust launched a new appeal to raise £500,000 for a **new pharmacy** and equipment for the hospital's new Cancer Day Unit, known as the Fernhurst centre. The hospital is aiming to provide patients with a dedicated pharmacy service within the new centre and additional equipment to make patients more comfortable during their visit.

## Our performance

The Trust achieved an overall rating of 'good' for its quality of services in the Healthcare Commission's annual national health check for the third consecutive year. This evaluates the Trust against 24 core standards for acute hospitals.

### 8.1 Progress against national targets

#### Cancer access - Fully met

- All cancers – one month diagnosis (decision to treat) to treatment  
*(To ensure a maximum waiting time of one month from diagnosis to treatment for all cancers).*
- All cancers – two month GP urgent referral to treatment  
*(To achieve a maximum waiting time of two months from urgent referral to treatment for all cancers).*
- All cancers – two week wait  
*(To maintain a two week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals).*

#### Cancelled operations - Fully met

- Cancelled operations – as a percentage of operative activity  
*(Patients whose operation is cancelled on the day of admission or the day of surgery for non-clinical reasons).*
- Percentage of elective cancellations not treated within 28 days  
*(Proportion of patients whose operations are cancelled for non-clinical reasons who are not re-admitted within 28 days).*

#### Convenience and choice - Fully met

- Elective and outpatient booking  
*(Proportion of patients admitted for elective surgery who are offered a choice of date. Proportion of patients given a first consultant outpatient appointment who are offered a choice of date).*

#### Inpatient and outpatient access targets

- The Trust achieved this in all services except the bariatric service. After a review of the bariatric service, which is delivered on behalf of the Trust by an independent provider, it was identified that the hospital has missed both the 13 and 26 week absolute targets. Appropriate action was taken immediately and the service now fully complies with all monitoring and reporting requirements.

#### 18 weeks – referral to treatment (Admitted) - Fully met

- Time taken from referral to start of treatment, including tests and outpatients appointments.  
*(No patient to wait more than 18 weeks from referral to treatment. Admitted patients are those requiring a stay in hospital).*

#### 18 weeks – referral to treatment (Non-admitted) - Fully met

- Time taken from referral to start of treatment, including tests and outpatients appointments.  
*(No patient to wait more than 18 weeks from referral to treatment. Non-admitted patients are those whose treatment is completed without a hospital stay).*

#### Emergency care - Fully met

- Thrombolysis – 60 minute call to needle time  
*(Proportion of patients suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help).*
- Total time in A&E 4 hours or less  
*(Maintain the four hour maximum wait in A&E from arrival to admission, transfer or discharge).*
- Waiting times for rapid access chest pain clinic  
*(Maintain a maximum two week wait standard for Rapid Access Chest Pain Clinics).*

#### Infection control – MRSA target

- The Trust has reduced the incidence of MRSA Bacteraemias from last year. This year the government required the Trust to record no more than 12, which includes the number of cases within the surrounding community, not just at St Richard's Hospital. During the year the Trust recorded eight cases at St Richard's and seven cases from the community. The hospital has robust plans for minimising healthcare associated infection as outlined in the safe services section.

#### Clostridium Difficile - Fully met

- Number of hospital acquired cases of *Clostridium Difficile*  
*(Ongoing year on year reduction of Clostridium Difficile).*





# Listening to our patients

## Patient and public involvement

The Trust is committed to gaining feedback from patients, carers and relatives about their experiences of NHS services locally and to making changes as a result. The Trust's Patient and Public (User) Involvement Strategy outlines the many ways for patients and other users of the Trust to get involved and share their views.

## Patient Advice and Liaison Service (PALS)

The Trust's Patient Advice and Liaison Service (PALS) provides patients and the public with easily accessible information and assistance. It is a free, confidential service, which helps people who need advice or have concerns. The PALS Manager has dealt with more than 2,000 enquiries this year, in person, by telephone, e-mail, comments card or letter.

PALS encourages user involvement, chairs the Trust's Patient Involvement and Experience group (PIE) and is involved in patient focus groups. It also acts as a point of contact for patient satisfaction surveys.

## Patient Involvement and Experience Group (PIE)

This group is patient led and meets on a regular basis to discuss patient experiences, review Trust produced information and look at the results of patient surveys and focus groups.

## Western Sussex Cancer Patients Forum

This group monitors and shapes services relating to cancer treatment and care. It links with the local cancer patient network helping to ensure standards of care and treatment are equal across the health economy.

## Patient Focus Groups

The Trust has held many focus groups for services including, cancer, stroke, dietetic, complex patients, general hospital care, endoscopy patients and diabetic services to allow patients, carers and relatives to share their experiences. As a result the Trust has gained valuable insight into care and treatment from the user perspective. After each focus group an action plan is developed so that the feedback, changes and suggestions can be taken forward.

## Patient Surveys

Regular surveys are held by the Trust. Feedback from the surveys is fed into the relevant groups.

## National Inpatient Survey

The results of the latest annual National Inpatient Survey indicated that St Richard's was again rated among the top 20% of NHS Trusts in England for its overall patient care.

The national survey was led by the Healthcare Commission (now the Care Quality Commission) and requires every NHS Trust in England to ask patients to rate the care and treatment they receive. Across the country, just under 76,000 adult inpatients who had spent at least one night in hospital took part in the survey.

Patients were asked questions about various aspects of their experience including: admission, the quality of care, pain control, communication with medical staff, information, medicines, hospital food, cleanliness and discharge arrangements.

## Comments cards

The Trust runs a comments card system. The cards have been designed by the patients on the PIE group and they are available in all wards and departments. All cards are treated confidentially and are followed up where possible and a quarterly analysis of comments cards is reported to the Trust Board.

## Clinical Governance

The Trust recognises the need to have patient representation on the clinical governance agenda and will ensure that this is continued.

## PEAT (Patient Environment Action Team)

This group looks at cleanliness and the environment around the hospital and makes recommendations. There are two patient representatives on the team who attend the monthly meetings and who take part in the weekly inspections of the wards and clinical areas.

## Maternity Services Liaison Committee

The Maternity Service Liaison Committee is a multi-disciplinary forum, which brings together users of the service with the different professionals involved in maternity care. The purpose is to take account of the views of users and make any improvements.

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### Meeting patients

The Trust has also arranged face-to-face patient interviews about food quality, sensory impairment, disabled inpatients, patient views on refurbished wards and uniforms.

### Complaints

Patient complaints received during the year were managed through the complaints procedure which follows the 'Principles of Remedy' as laid down by the in October 2007 by the Parliamentary and Health Service Ombudsman. Complaints are dealt with carefully by following up all the issues raised. The Trust acknowledged 100% of complaints within 48 hours and the majority receive a full response within 25 working days. Four complaints were referred to the Healthcare Commission (now the Care Quality Commission) during the past year.

During the past year the Trust's Consumer Relations department received 262 formal complaints. The Trust values all feedback from patients and their relatives and uses this as a way of monitoring the services we provide and to encourage positive change.



## Valuing our staff

### Royal West Sussex NHS Trust employed around 2,400 staff

- 40% are nurses and midwives
- 29% are administration, estates and facilities staff
- 12% are doctors or dentists
- 8% are healthcare scientists and technicians (including pharmacists)
- 6% are managers
- 5% are allied health professionals

28% of our staff have worked for more than 10 years in the NHS.

Staff sickness absence rate is 3.2%

#### 10.1 National staff survey

This year was the sixth annual national survey of NHS staff undertaken by the Healthcare Commission (now the Care Quality Commission). Almost 290,000 NHS staff nationally were asked for their views on working in the NHS.

This year, the Trust was again listed above the national average for the number of staff who returned their questionnaires. The survey is a valuable way for the Trust to hear views and opinions and to compare these with staff in other NHS Trusts. It provides information that can be used to make changes to improve the working conditions and experiences.

There was some encouraging feedback from staff, with many staff indicating that they felt that their jobs were interesting, that their work life balance was good and that they had support from their manager. They also felt that there were opportunities to develop however, the Trust did receive a lower than the national average score against carrying out appraisals and staff feeling that their role was making a difference.

Detailed analysis of the staff survey is being undertaken and this will be used to develop an action plan to make further improvements for staff.

#### 10.2 Training and development

The Trust supports pre-registration students in a variety of professional groups and includes approximately 60 nursing students from the University of Surrey as well as allied health professional students from a variety of Universities across the country. We have been particularly successful this year supporting biomedical science students from both Brighton and Portsmouth.

The Trust has a successful partnership with Chichester College, which delivers NVQ's (National Vocational Qualifications) in care, administration, cleaning, housekeeping and other support services. This year an increased number staff were successful in their National Vocational Qualifications (NVQ).

The Trust's Learning and Development Unit runs courses to support and encourage service improvement and delivery to ensure the highest standards of patient care. A wide range of clinically based multi-professional courses are available which are accredited by the University of Winchester as well as stand alone non-accredited study days.

#### 10.3 Post Graduate Training

St Richard's is consistently amongst the most popular training establishments among trainees in Kent, Surrey and Sussex Deanery for post graduate placements.

This year the Chichester Medical Education Centre installed a state-of-the-art clinical skills training facility which includes live video links to theatres and an additional simulation training suite. Training courses are aimed at hospital doctors, medical students, GPs, dentists, and other allied health professionals.

#### 10.4 Health and Safety

The number of accidents reported to the Health & Safety Executive (HSE) has dropped again this year. This is the fourth successive year the Trust has seen a decrease.

The Health and Safety team has worked closely with the HSE to reduce the amount of latex used within the Trust. All latex examination gloves have now been replaced with safer alternatives to avoid any allergic reactions.

A new manager's training course called 'risk essentials' has been launched and very well received by managers and safety representatives.

#### 10.5 Equality and Diversity

The Trust is fully committed to providing services and a working environment that complies with equalities legislation, best practice and celebrates the different needs of the diverse population we serve.

During the last 12 months, the Trust has developed and agreed a Single Equality Scheme which incorporates the six main equality strands of race, gender, disability, age, faith and belief and sexual orientation and sets out our actions of how we intend to meet our statutory duties. The Diversity Matters group oversees the effective implementation of our Equality and Diversity Policy and the Single Equality Scheme.

We are working hard to engage local communities in planning our services. An example of this is the active involvement of the Disability Forum, which has membership from the local community, in the design of the signage for Donald Wilson Neurological Rehabilitation Centre.



## Our volunteers and friends

St Richard's Hospital is very fortunate to have the support of many volunteers who assist in the hospital and who fundraise in the community. There are around 400 dedicated volunteers who freely give their time and talent to help patients and staff in many areas of the hospital. This undoubtedly contributes to the hospital's friendly welcoming atmosphere and our ability to provide patients with personal, high quality care.

The WRVS, Chichester Hospital Radio, our chaplaincy volunteers and The Friends of Chichester Hospitals remain stalwart supporters and we welcomed the new Clinical Volunteers who transferred from the British Red Cross, including Therapeutic Care volunteers, who joined the hospital's team.

### 11.2 St Richard's Hospital Charitable Trust

The Charitable Trust was set up to manage the many donations that are given to the hospital for the benefit of patients and staff. It also led the recent £3 million fundraising campaign for the hospital's new Cancer Day Unit.

This year, St Richard's Charitable Trust launched its new branding to help raise the profile of the hospital charity. The new logo, which is a friendly red figure with a heart, shows how the Charitable Trust is at the very heart of the hospital and the new strapline is 'Love your Hospital'.

One of the Charitable Trust's regular fundraising initiatives is the weekly lottery, which is open to staff and members of the public. There are also many regular events such as the annual sailing regatta, sponsored walks, skydives, recycling mobile phones and general fundraising.

### 11.3 Friends of Chichester Hospitals

The Friends of Chichester Hospitals support St Richard's Hospital and local mental health services. The charity has been in existence since 1948 and is run by an independent committee of trustees who co-ordinate activities, manage funds and approve specific donations. Membership in the wider community stands at around 900 supporters. The Friends are all volunteers who raise funds to provide additional equipment for the hospitals.

This year the Friends have been involved in a number of projects. At the beginning of 2009 the trustees approved £367,000 for various new equipment, including £289,225 for a new digital x-ray room, which is the largest single project to be funded so far. Other projects also included:



- Donald Wilson Neurological Rehabilitation Centre benefited from various equipment to the value of £45,000
- State of the art Transanal Endoscopic Microsurgery (TEMS) equipment costing £26,000 was purchased and enables surgeons to undertake less invasive surgery for the treatment of bowel disease
- All patients in hospital at Christmas received a small gift of toiletries which were wrapped and delivered by Friends' volunteers

### 11.4 CHR (Chichester Hospital Radio)

Chichester Hospital Radio broadcasts all day, every day on channel 11 of the bedside entertainment system and on 1431AM across St Richard's Hospital. It provides a range of informative and entertaining programmes, including a nightly patient request programme.

CHR was founded in 1972 and is a registered charity. It is staffed entirely by volunteers, who visit the patients, collect requests, maintain the equipment, and manage the sound library, run the organisation and present programmes on-air.

Earlier this year, one of CHR's longest serving members, Paul Morris, was recognised at Chichester City Council's annual Civic and Young Citizens' Award Ceremony. Paul was presented with an engraved medal 'For service to the City of Chichester' by the Mayor of Chichester.

To learn more about Chichester Hospital Radio see the new website at [www.chr1431.org.uk](http://www.chr1431.org.uk)

## Our environment

### 12.1 Cleanliness

This year the Trust has continued its focus on environmental issues to improve patient experience and reduce the risk of healthcare associated infection. The Trust has increased its cleaning resources further and this has increased standards throughout the hospital. The domestic service was recognised as an area of good practice following a Healthcare Commission visit.

### 12.2 Patient Environment Action Team programme (PEAT)

The National Patient Safety Agency (NPSA) confirmed that the Trust successfully achieved 'excellent' ratings for all three elements of its PEAT assessment programme. The PEAT programme requires every inpatient healthcare facility in England with more than ten beds to assess its environment, food and standards of privacy and dignity for patients. Trusts are given a rating of excellent, good, acceptable, poor or unacceptable. To receive an excellent rating in all three areas is a very good achievement for the Trust and demonstrates the hard work of all the teams involved.

### 12.3 Saving Energy

The Trust reduced its energy bill by 4% as a direct result of initiatives to save energy and to switch off electrical appliances when not in use. Further work has developed additional money saving initiatives including movement sensors to turn lights on and off automatically in some of the public areas.

The new Donald Wilson Neurological Rehabilitation Centre has been built with energy conservation ideas such as a Sedum roof and part of its heating coming from Solar energy.

### 12.4 Emergency planning

A team from St Richard's took part in a pan-Sussex pandemic flu exercise organised by South East Coast Strategic Health Authority. The event was designed to test the robustness of each Trust's plans and how they integrated with other Trust's and services. The exercise was valuable and the Trust is using the experience to revise, update and improve its Pandemic Flu emergency plans.

## Using technology

### 13.1 Choose and Book

The Department of Health's Choose and Book initiative requires all Trusts to enable patients to directly book an outpatient appointment following a referral by their GP.

In September 2008 the implementation of directly bookable services was realised with Dermatology, Rheumatology and Respiratory Medicine becoming available. A roll out programme for other services is continuing.

### 13.2 Electronic Discharge Summaries

West Sussex Primary Care Trust will require discharge summaries to reach GP surgeries within 72 hours by 2010 and 24 hours by 2011. A successful pilot project has been running since December in cardiology, which produces discharge summaries from the Patient Administration System with the ability to be emailed to surgeries across West Sussex. The plan is for this to be rolled out gradually across the Trust.

### 13.3 Phoenix

The Trust's Information Manager was honoured as Sussex winner in the Innovative Information and Communications Technology category at the Best of Health Awards in 2008. This was for developing Phoenix, the Trust's innovative in-house software programme which monitors our progress against the new 18 weeks waiting time target.

## Becoming Western Sussex Hospitals NHS Trust

In December 2008, the Boards of Royal West Sussex NHS Trust and Worthing and Southlands Hospitals NHS Trust both agreed that a single, strong centrally managed NHS Trust was the best way to secure sustainable healthcare for the people of West Sussex.

### 14.1 Explaining our proposal to merge

Prior to the Trust Board's decision, both organisations ran a joint communications programme in October and November 2008 to publicise their proposal to merge.

The local media published many articles and broadcast stories about the merger and the Trusts distributed hundreds of information documents to a wide range of organisations and interested individuals. We also invited our key partners in the community to attend information meetings and set up public information stands at the three hospitals, Bognor Town Hall and Littlehampton Civic Centre. The Chief Executives, Chairmen and Medical Directors also met with many representatives from local authorities and healthcare partner organisations.

The feedback received was largely supportive towards the merger, but also reflected the concerns that people raised during West Sussex Primary Care Trust's 'Fit for the Future' review of health services in the county which took place over the last two years.

The Trust also received formal letters of support from local organisations and individuals including local MPs, local authorities and healthcare partners. The feedback received from our staff showed that the majority have a balanced view, believing that the merger is a positive way forward for the organisation and its patients.

### 14.2 The timeline

- The communications programme ended on 28 November 2008 and feedback was given to the Trust Boards for consideration along with the full business case, financial and legal information.
- On 15 December both Boards held separate meetings and agreed to a merger.
- In February Board Trusts held Extraordinary Board meetings to discuss revised financial projections following the new national healthcare tariff, which was published before Christmas. Both Boards reaffirmed their commitment towards the merger.
- On 25 February, NHS South East Coast – the Strategic Health Authority ratified the Trusts' decision to merge and passed the decision to the Secretary of State for Health.
- 1 April – Western Sussex Hospitals NHS Trust is launched.

### 14.3 The new merged Trust

On 1st April 2009, the new merged organisation came into being and is known as Western Sussex Hospitals NHS Trust. It has three sites - St Richard's Hospital in Chichester, Worthing Hospital and Southlands Hospital in Shoreham-by-sea.

### 14.4 What are the benefits for patients?

By combining the current catchment areas, the new merged NHS Trust serves around 450,000 local people along the south coast, from East Hampshire across to Shoreham and north to Midhurst, Billingshurst and Storrington. This creates a stronger organisation and helps to ensure that hospital services remain sustainable in the future to meet patients' changing needs. It also enables our staff to develop stronger clinical networks and create a wider range of sub specialities for patients.

In addition, it provides us with the best opportunity to become a Foundation Trust in the future. Across the country, many hospitals are becoming Foundation Trusts, giving them greater control over finances and planning of services. Foundation Trusts are also more accountable to the communities they serve through their membership and Boards of Governors, who are drawn from local people. Western Sussex Hospitals NHS Trust is aiming to apply for Foundation Trust status in 2010.

## Our plans for the future

The Trust's priority for the coming year is to ensure successful implementation of the merger process and to continue to provide and improve on the high quality care that is currently given. The corporate objectives set out by the new Trust are as follows:

- **High quality care for patients and the public**

Patient safety is a priority for the Trust and the organisation is committed to continually reviewing ways of working to improve the quality of care, reduce infection rates and understand patients' views with regard to the outcome of their treatment and their experience.

- **Improving patient experience**

It is important for the Trust to understand the drivers behind patient satisfaction in order to get the patients' journey right first time. We need to ensure that patients and the public are treated with kindness, dignity and respect. Patients should also be empowered to make decisions regarding their own health and care as well as ensuring that when things don't go quite right a suitable explanation is given.

- **High quality work in the NHS**

Western Sussex Hospitals NHS Trust will aim to give the highest quality care to patients by ensuring that staff are supported to provide high quality care by the provision of education and training to provide clarity of roles and empower staff. The Trust will develop high quality leadership throughout the organisation in order to ensure that ethos of high quality care is cascaded to all.

- **Deliver efficient, effective services and deliver financial balance**

The Trust will use national benchmarks to interpret and understand where services can be changed and improved to provide a high quality efficient and effective service. The Trust will also explore ways of maximising income through understanding how patients choose where they go for treatment and ensuring cost effective services.

- **Deliver sustain and improve achievements against standards and targets**

The Trust will review and implement systems to improve and sustain its performance against national and local targets.

- **Ensure a successful merger by delivering the implementation plan**

The Trust will focus on bringing together the two organisations by further developing a 3 – 5 year clinical vision that will sustain acute services in West Sussex in line with local and national policy. The Trust will align its systems and processes with Foundation Trust status to ensure that they are embedded throughout the organisation prior to developing an application for Foundation Trust status.

### 15.1 Clinical vision

Over the last few months, clinical teams from St Richard's, Worthing and Southlands hospitals have been working together to develop a joint plan to further improve our services in the county. So far, they have identified a number of service areas where improvements can be made and over the next year, proposals will be developed and progressed. By working together, clinical teams can build on the strengths of the merged organisation and share knowledge and experience to benefit patients. Some of the clinical visions include:

**Cardiology** - The cardiologists' vision is to develop an interventional cardiology service across two sites, using established expertise in Worthing. This will provide patients with services closer to home and offer greater choice.

**Colorectal surgery** - Developing this service will enable more complex procedures and surgical treatment to be carried out closer to home.

**Gynaecology** - The range of services offered to women could be expanded to cover endometriosis surgery, infertility treatment and minimal access surgery.

**Maternity** - A larger pool of senior clinical staff allows the roll-out of particular strengths from one site to another, giving improved equity of access to patients.

**Ophthalmology** – Eye services could be carried out at St Richard's Hospital as well as at Worthing, giving greater access to the local community and reducing patient travel.

**Stroke** - A combined service will improve early diagnosis and onward surgical or medical treatment. Shared expertise will further develop rehabilitation services.

**Urology** - Clinicians and other urology specialists are working together to develop a range of agreed cancer treatments and additional laparoscopic surgical procedures within West Sussex.





**“High quality care for patients and the public.**

Patient safety is a priority for the Trust and the organisation is committed to continually reviewing ways of working to improve the quality of care, reduce infection rates and understand patients' views with regard to the outcome of their treatment and their experience.”

## Integrated governance

The Trust has a strong system of governance, bringing together clinical and corporate governance into a framework so that risk issues are fully addressed within the organisation. The Board and its key sub-committees set the framework for the Trust's approach to Risk Management. The Board receives regular reports from the Board Committees: the Trust Executive Committee, Audit, Finance, Clinical Governance (CGC), Complaints, Charities, Integrated Governance and Information Governance.

The divisional Management structure has enhanced the management of risk, ensuring that proactive work takes place within local teams as well as at corporate level. Each Division provides a quarterly Clinical Governance report to the CGC detailing the work that has taken place in the division to support the Standards for Better Health and 'Hygiene Code' agenda for Control of Infection. The template for the Divisional reports is cross referenced with each standard.

To implement and maintain processes and structures for good governance, an Integrated Governance Committee (IGC) replaced the Risk Management Committee in 2008/09. The Committee is chaired by a Non-Executive Director and the membership includes the Divisional Directors to ensure clinical engagement with the Governance agenda. The Terms of Reference of the IGC set out the purpose as being "to implement, scrutinise and maintain the processes and structures for good governance at Royal West Sussex NHS Trust, to assess the effectiveness of those processes and structures and to seek their continuous improvement".

The post of Head of Governance was further developed during 2008/09 and this role continued to focus on the development and assessment of evidence for external inspections.

The ethos of the Trust of continuous improvement, based on sound systems, eg incident reporting and 'fair blame', has been facilitated during 2008/09 by the roll-out to all Divisions of web-based incident reporting, allowing real time management of risk within Divisions. The Board reviews the Assurance Framework and top level risk register. At operational level action plans are prepared to address concerns, implement practice changes and mitigate risk, alongside the use of root cause analysis.

### 16.1 Information governance

All NHS Trusts are required to undertake annual information governance (IG) self-assessment using the NHS information governance toolkit. This followed concerns about public sector data protection. The Trust's Information Governance toolkit submission included 62 applicable requirements for acute Trusts. The new ones included:

- Identify a Senior Information Risk Officer (SIRO) at Board level
- Access to Information Governance Subject matter experts (IGSME)
- A mandatory requirement for encryption of mobile devices and protection of vulnerable devices and data exchanges

A response was returned and the Trust achieved the target.

The Trust can also confirm that it did not report any Serious Untoward Incidents involving data loss or breaches of confidentiality.

## Trust Board membership

### **Mrs Susan Pyper (Chairman)**

Commenced on 12th September 2005  
Chair of Finance Committee and Remuneration Committee  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mrs Marianne Griffiths (Chief Executive)**

Commenced on 1st January 2009  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Richard Hathaway (Director of Finance)**

Commenced on 1st October 2006  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Dr Rob Haigh (Medical Director)**

Commenced on 1st May 2008  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Nick Fox (Director of Planning)**

In post since formation of Trust in April 1994  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mrs Ruth Williams (Interim Director of Nursing)**

Commenced on 1st November 2008  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Chris Pile (Non-Executive Director)**

Commenced on 1st December 2002 (to end on 31.03.09)  
Chair of Charities Committee  
Member of Audit Committee, Clinical Governance Committee, Complaints Committee, Finance Committee and Remuneration Committee  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Jim Sewell (Non-Executive Director)**

Commenced on 1st December 2003 (to end on 31.03.09)  
Chair of Audit Committee  
Member of Charities Committee, Complaints Committee, Finance Committee, Remuneration Committee and Security Action Team  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Anthony Clark (Non-Executive Director)**

Commenced on 1st August 2006 (to end on 31.03.09)  
Chair of Complaints Committee  
Member of Audit Committee, Finance Committee, Information Governance Steering Group, Remuneration Committee, Research & Development Board, Risk Management Committee and the Sussex HIS Board  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Mr Michael Carter (Non-Executive Director)**

Commenced on 1st March 2007 (to end on 31.03.09)  
Member of Audit Committee, Finance Committee, NPfIT Steering Group, Private Patients Operating Group and Remuneration Committee  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Ms Carolyne Haynes (Non-Executive Director)**

Commenced on 1st March 2007 (to end on 31.03.09)  
Member of Complaints Committee, Finance Committee and Remuneration Committee  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **In attendance at the Board**

#### **Mrs Denise Farmer (Director of Human Resources and Organisational Development)**

Commenced on 25th February 2008  
(Finished on 31st March 2009 when RWS Trust disestablished)

#### **Ms Jane Farrell (Deputy Chief Executive and Director of Operations)**

Commenced on 21st July 2008  
(Finished on 31st March 2009 when RWS Trust disestablished)

### **Changes during 2008/09**

#### **Mr Philip Britton (Medical Director)**

Commenced on 1st February 2005  
(appointment ended on 30th April 2008)

#### **Mrs Lyn Robertshaw (Director of Operations & Nursing and Deputy Chief Executive)**

In post since formation of Trust in April 1994  
(Left the Trust on 31st October 2008)

#### **Mr Andrew Liles (Chief Executive)**

Commenced on 1st March 2006  
(Left the Trust on 15th December 2008)

# Remuneration report

## Part 1

### **Membership of the Remuneration and Terms of Services Committee**

The committee is chaired by the Chairman of the Trust and members include all non-executive directors.

### **Policy Statement on the remuneration of senior managers for current and future financial years**

In coming to any decision on remuneration, the Committee must take into account the circumstances of the organisation, the size and difficulty of the job (benchmarked against other NHS organisations), the performance of the individual and national guidance as appropriate.

### **Methods used to assess whether performance conditions were met and why those methods were chosen**

All Directors performance is subject to an annual appraisal and, additionally, a report submitted to the Committee from the Chief Executive Officer prior to any decision on remuneration. For the Chief Executive Officer appraisal is undertaken by the Chief Executive Officer of the Strategic Health Authority and a report is submitted to the committee by the Chairman of the board.

### **Duration of contracts, and notice periods and termination payments**

As Royal West Sussex NHS Trust has now merged with Worthing and Southlands NHS Trust to become Western Sussex Hospitals NHS Trust, no Executive or Non-executive Director holds contracts with Royal West Sussex NHS Trust anymore. Therefore there are no notice periods to be disclosed in this report.

**Part 2 – Salary and pension entitlements of senior managers**

**A) Remuneration**

	2008-2009			2007-2008		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
Name and Title	(bands of 5000) £000	(bands of 5000) £000	Rounded to the nearest £00	(bands of 5000) £000	(bands of 5000) £000	Rounded to the nearest £100
<b>Mr A Liles</b> Chief Executive	100 - 105* (Note 1)	0	0	121 - 125	6 - 10	0
<b>Mrs M Griffiths</b> Interim Chief Executive	40 - 45* (Note 1)	0	0	0	0	0
<b>Mr R Hathaway</b> Director of Finance	90 - 95	0	0	91 - 95	0	0
<b>Mr N Fox</b> Director of Planning	85 - 90	0	0	86 - 90	0	0
<b>Mrs L Robertshaw</b> Director of Operations & Nursing (Note 2)	55 - 60	0	0	91 - 95	0	0
<b>Ms J Farrell</b> Director of Operations (Note 2)	65 - 70	0	0	0	0	0
<b>Mrs R Williams</b> Interim Director of Nursing (Note 2)	30 - 35	0	0	0	0	0
<b>Mrs D Farmer</b> Director of Organisational Development & HR	85 - 90	0	0	5 - 10	0	0
<b>Dr R Haigh</b> Medical Director (Note 3)	15 - 20	Not disclosed (Note 4)	0	0	0	0
<b>Mr P Britton</b> Medical Director (Note 3)	5 - 10	not disclosed (Note4)	0	86 - 90	70 - 75* (Note4)	0
<b>Mrs S Pyper</b> Chairman	15 - 20	0	0	15 - 20	0	0
<b>Mr C Pile</b> Non-Executive Director	5 - 10	0	0	5 - 10	0	0
<b>Mr A Clark</b> Non-Executive Director	5 - 10	0	0	5 - 10	0	0
<b>Mrs C Haynes</b> Non-Executive Director	5 - 10	0	0	5 - 10	0	0
<b>Mr J Sewell</b> Non-Executive Director	5 - 10	0	0	5 - 10	0	0
<b>Mr M Carter</b> Non-Executive Director	5 - 10	0	0	5 - 10	0	0

**Note 1**

Mr Andrew Liles left the Trust on 1st January 2009. Mrs Marianne Griffiths commenced with the Trust on 1st January 2009 on Secondment from South East Coast SHA. Amounts for Mrs Marianne Griffiths are recharges from the SHA

**Note 2**

Mrs Lyn Robertshaw left the Trust on 31st October 2008, Ms Jane Farrell commenced with the Trust on 14th July 2008, Mrs Ruth Williams took up post as Interim Director of Nursing on 1st November 2008

**Note 3**

Dr Robert Haigh took up post of Medical Director on 1st May 2008, replacing Mr Philip Britton. A two month handover was completed on 30th June 2008

**Note 4**

Other remuneration for Dr Robert Haigh and Mr Philip Britton relates to clinical duties. The totals have not been disclosed as Dr Haigh states that disclosure prejudices his right to retain confidentiality on income not connected to serving on the Board. Mr Britton's other remuneration has not been disclosed for consistency.



Remuneration report *continued*Part 2 – Salary and pension entitlements of senior managers *continued*

## B) Pension Entitlements

Name	2008-2009				
	Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 March 2009	Lump sum at age 60 related to accrued pension at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2009
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)	£000
Mr Andrew Liles	0 - 2.5	2.5 - 5	20 - 25	65 - 70	327
Mr Richard Hathaway	0 - 2.5	2.5 - 5	20 - 25	60 - 65	321
Mr Nick Fox	0 - 2.5	2.5 - 5	40 - 45	120 - 125	992
Mrs Lyn Robertshaw	2.5 - 5	7.5 - 10	50 - 55	155 - 160	0*
Ms Jane Farrell	5 - 7.5	20 - 22.5	30 - 35	100 - 105	630
Mrs Ruth Williams	0 - 2.5	2.5 - 5	15 - 20	55 - 60	319
Mr Philip Britton	0 - 2.5	0 - 2.5	45 - 50	145 - 150	1008
Dr Robert Haigh	2.5 - 5	12.5 - 15	45 - 50	135 - 140	900
Mrs Denise Farmer	0 - 2.5	2.5 - 5	25 - 30	85 - 90	591
Mrs Marianne Griffiths	0 - 2.5	0 - 2.5	10 - 15	30 - 35	182

\* Figures are £0 because Mrs Lyn Robertshaw is in receipt of her pension

Cash Equivalent Transfer Value at 31 March 2008	Real increase in Cash Equivalent Transfer Value	Employer's contribution to Stakeholder Pension
£000	£000	£000
231	90	48
236	79	55
691	284	199
0*	0*	0*
336	286	143
211	103	30
732	258	45
603	282	181
428	153	107
118	62	11

### Notes to Salary and Pension entitlements of senior managers – Pension Benefits

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies.

The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

In some cases there is a significant difference when you compare this years values with last years for the real increase in the CETVs. This difference is due to a change in the factors used to calculate CETV's, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) regulations. These placed responsibility for the calculation method for CETV's (following actuarial advice) on Scheme Managers or Trustees. Further regulations from the Department for Work and Pensions to determine cash equivalent transfer values (CETV) from Public Sector Pension Schemes came into force on 13 October 2008.

## Our finances

### 2008/9 Performance

The Trust reported another successful financial performance in 2008/9, achieving a surplus of £1.758m which was slightly higher than the annual plan.

The Trust consolidated its good performance by reducing the accumulated deficit to £873,000 and meeting the loan repayment terms agreed with the Department of Health as part of last year's Financially Challenged Trust review.

The other statutory duties were met ie

- The External Financing Limit was not exceeded
- There was an underspend against the Capital Resource Limit
- The Capital Cost Absorption Rate was 3.5%, achieving the national target

Separately, the Better Payments Practice Code figures for promptness of payment were markedly better than last year, although the target of 95% was not achieved. All NHS and non-NHS trade creditors have to be paid within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

### Income

The Trust undertook significantly more activity than was originally commissioned in the year and therefore generated around £4m more income than planned, principally from its main commissioner West Sussex PCT.

Falling interest rates led to a significant reduction in interest receivable for the year.

### Expenditure

The Trust experienced some unplanned cost pressures during the year. The global rise in energy costs had a significant impact and additional activity caused higher staff costs through increased use of bank and agency staff. However the Trust was able to contain these costs within the additional income generated.

### Activity

Activity for the year was higher than planned with particular pressures experienced in emergency services, in line with many local hospitals. The Elective activity was closer to plan and the Trust achieved the 18 week waiting time targets.

### International Financial Reporting Standards

The Trust has taken the steps necessary to ensure its preparedness for the adoption of reporting under International Financial Reporting Standards (IFRS). Key staff have received training and the Trust has been able to report positively to the Strategic Health Authority who are monitoring readiness on a quarterly basis.

# Summary financial statements

The summary financial statement does not contain sufficient information to allow as full an understanding of the results of the Trust and state of affairs of the Trust and of its policies and arrangements concerning directors' remuneration as would be provided by the full annual accounts and reports. Where more detailed information is required a copy of the Trust's last full accounts and reports are obtainable free of charge.

## INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED for the year ended 31 March 2009

	2008/09 £000	2007/08 £000
<b>Income from activities</b>	<b>120,857</b>	<b>115,482</b>
<b>Other operating income</b>	<b>15,975</b>	<b>15,380</b>
<b>Operating expenses</b>	<b>-130,241</b>	<b>-115,654</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>6,591</b>	<b>15,208</b>
Profit on disposal of fixed assets	-132	0
<b>SURPLUS/(DEFICIT) BEFORE INTEREST</b>	<b>6,459</b>	<b>15,208</b>
Interest receivable	182	599
Interest payable	-495	-1,175
Other finance costs - unwinding of discount	-22	-19
<b>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>6,124</b>	<b>14,613</b>
Public Dividend Capital dividends payable	-4,366	-4,147
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>1,758</b>	<b>10,466</b>

## Summary financial statements continued

**BALANCE SHEET**

as at 31 March 2009

	31 March 2009 £000	31 March 2008 £000
<b>FIXED ASSETS</b>		
Intangible assets	669	6
Tangible assets	139,738	152,302
	140,407	152,308
<b>CURRENT ASSETS</b>		
Stocks and work in progress	1,458	1,573
Debtors	8,364	6,321
Cash at bank and in hand	1,092	865
	10,914	8,759
<b>CREDITORS: Amounts falling due within one year</b>	-14,707	-10,272
<b>NET CURRENT ASSETS/(LIABILITIES)</b>	-3,793	-1,513
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	136,614	150,795
<b>CREDITORS: Amounts falling due after more than one year</b>	-4,930	-9,156
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	-1,865	-1,429
<b>TOTAL ASSETS EMPLOYED</b>	129,819	140,210
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	87,472	87,472
Revaluation reserve	52,633	68,223
Donated asset reserve	11,635	8,295
Other reserves	1,116	1,116
Income and expenditure reserve	-23,037	-24,896
<b>TOTAL TAXPAYERS' EQUITY</b>	129,819	140,210


**Mrs Marianne Griffiths**

Chief Executive

11th June 2009



**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED for the year ended 31 March 2009**

	2008/09 £000	2007/08 £000
Surplus/(deficit) for the financial year before dividend payments	6,124	14,613
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	-15,598	10,647
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	4,178	375
<b>Total gains and losses recognised in the financial year</b>	<b>-5,296</b>	<b>25,635</b>

**CASH FLOW STATEMENT for the year ended 31 March 2009**

	2008/09 £000	2007/08 £000
<b>OPERATING ACTIVITIES</b>		
<b>Net cash inflow/(outflow) from operating activities</b>	<b>17,001</b>	<b>26,721</b>
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	182	599
Interest paid	-463	-1,175
Interest element of finance leases	-18	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>	<b>-299</b>	<b>-576</b>
<b>CAPITAL EXPENDITURE</b>		
(Payments) to acquire tangible fixed assets	-8,765	-6,388
Receipts from sale of tangible fixed assets	0	0
<b>Net cash inflow/(outflow) from capital expenditure</b>	<b>-8,765</b>	<b>-6,388</b>
<b>DIVIDENDS PAID</b>	<b>-4,366</b>	<b>-4,147</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>3,571</b>	<b>15,610</b>
<b>FINANCING</b>		
Public dividend capital repaid (not previously accrued)	0	-1,416
Loans repaid to the Department of Health	-3,324	-13,642
Capital element of finance lease rental payments	-20	-22
<b>Net cash inflow/(outflow) from financing</b>	<b>-3,344</b>	<b>-15,080</b>
<b>Increase/(decrease) in cash</b>	<b>227</b>	<b>530</b>

**Better payment practice code  
- measure of compliance**

	2008-2009		2007-2008	
	Number	£000	Number	£000
Total non-NHS trade invoices paid in the year	35,735	41,338	27,727	28,554
Total non-NHS trade invoices paid within target	32,620	37,685	24,370	25,325
Percentage of non-NHS trade invoices paid within target	91%	91%	88%	89%
Total NHS trade invoices paid in the year	1,975	9,557	1,660	9,335
Total NHS trade invoices paid within target	1,146	4,645	926	6,458
Percentage of NHS trade invoices paid within target	58%	49%	56%	69%

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# Independent auditor's statement to the Board of Directors of Royal West Sussex NHS Trust

I have examined the summary financial statement which comprises of the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the Better Payment Practice Code disclosure set out on pages 29 to 33 of the Annual Report.

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

## **Respective responsibilities of directors and auditor**

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statements 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.

## **Darren Wells**

Officer of the Audit Commission  
16 South Park  
Sevenoaks  
Kent  
TN13 1AN  
11th June 2009

### 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.

As disclosed in note 24.1 of the accounts, the Trust has a cumulative deficit and has therefore not met its statutory break-even duty. Except for this matter, 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.



**Mrs Marianne Griffiths**

Chief Executive

11th June 2009

### 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 of the Trust for that period. In preparing those accounts, the 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



**Mrs Marianne Griffiths**

Chief Executive

11th June 2009



**Mr R Hathaway**

Finance Director

11th June 2009

# Summary financial statements *continued*

## Management costs

	2008/09 £000	2007/08 £000
Management costs	7,704	7,147
Income	136,832	130,862

Management costs are defined as those on the management costs website at

[www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMangementCosts/fs/en](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMangementCosts/fs/en)

## Related Party Transactions

The Royal West Sussex NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with the Royal West Sussex NHS Trust.

The Department of Health is regarded as a related party. During the year the Royal West Sussex NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

South East Coast Strategic Health Authority  
West Sussex PCT  
Hampshire PCT  
West Kent PCT  
NHS Litigation Authority

Further information is within Note 25 of the full Annual Report and Accounts, available on request.

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with HM Revenue & Customs, West Sussex County Council and Chichester District Council.

The Royal West Sussex NHS Trust is sole corporate trustee of St Richard's Hospital Charitable Trust, from whom the Trust has received revenue and capital payments.

## Statement on Internal Control

The annual accounts contain a statement detailing the directors' responsibility in respect of:

- Scope of responsibility
- The purpose of the system of internal control
- Capacity to handle risk
- The risk and control framework
- Review of effectiveness
- Significant internal control issues

## Full Accounts

A copy of the full Annual Report and Accounts, including the complete Statement of Internal Control, is available from:

The Company Secretary  
Worthing Hospital  
Lyndhurst Road  
Worthing  
West Sussex  
BN11 2DH

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# Glossary of NHS Financial Terms

## Capital and Depreciation

Recorded on the balance sheet under fixed assets, capital expenditure is that in excess of £5,000 applied to the estate (other than maintenance) and equipment purchases. It is written off over its useful life to the income and expenditure account and this is termed depreciation.

## Charitable Funds

This relates to donations by patients, relatives, fundraisers, charities and the public. These are accounted for separately and do not form part of these accounts.

## Capital Resource Limit (CRL)

The limit set by the Department of Health for capital investments.

## External Financing Limit (EFL)

A cash limit set by the Department of Health that cannot be exceeded and that takes into account borrowings and repayments.

## Payment by Results (PbR)

The principle funding mechanism for the treatment of patients, providing a national tariff framework.

## Public Dividend Capital (PDC)

Total government monies to establish the Trust and subsequently amended for capital and borrowing requirements. Each year a PDC dividend is paid as a return on net assets.

## We hope you found the Trust's Annual Report and Accounts for 2008-2009 informative.

- Is there something you found particularly interesting?
- Is there something else you would like to have been included?
- Is there anything you would have preferred not to have been included?

Please send your comments to:

Sue Hines  
Head of Communications  
St Richard's Hospital  
Spitalfield Lane  
Chichester  
West Sussex  
PO19 6SE

Email: [sue.hines@wsht.nhs.uk](mailto:sue.hines@wsht.nhs.uk)

For more information please visit  
our website: [www.westernsussexhospitals.nhs.uk](http://www.westernsussexhospitals.nhs.uk)



#### Contact details

##### Royal West Sussex NHS Trust

St Richard's Hospital  
Spitalfield Lane  
Chichester  
West Sussex  
PO19 6SE

Main switchboard telephone **01243 788122**

Main fax **01243 531269**

Website **[www.westernsussexhospitals.nhs.uk](http://www.westernsussexhospitals.nhs.uk)**

##### Patient Advice and Liaison Service (PALS) Aims to:

- Advise and support patients, their families and carers
- Provide information on NHS services
- Listen to your concerns, suggestions or queries
- Help resolve any problems quickly on your behalf

##### Contacting PALS

By telephone on **01243 831822**

Email: **[delia.reed@wsht.nhs.uk](mailto:delia.reed@wsht.nhs.uk)**

##### Minicom

The minicom service is a telephone typewriter device for communication between deaf, hard of hearing, speech-impaired and/or hearing persons.

**01243 784036** 9am - 5pm, Monday to Friday

This publication is available in another language or different format if required. Please contact our Patient Advice and Liaison Service on 01243 831822 for more information.