

Annual Report and Accounts 2008/09

**Royal Cornwall Hospitals NHS Trust
Annual Report and Accounts 2008/09**

Our annual report is once again published as a website to help us reach a wide audience in a geographically dispersed population. It also cut out the environmental impact and cost of a conventional printed document.

Our annual report content has been adapted in response to feedback from readers of our 2007/08 report. The website has improved accessibility features, including a translation facility, so that it may be viewed in different languages.

A text only, hard copy of the report and accounts can be provided on request by writing to:

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or email: contact@cornwall.nhs.uk

Large print and other formats are also available on request.

We welcome your views on our annual report and accounts or any of our other [publications](#) on our website. Please write to us or email us at the contact addresses above.

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Chairman's Report

Although I only took up post on 18 March, at the very end of the financial year, I have followed the fortunes of the Trust closely from outside and indeed since my former role with the Trust as a non-executive director in late 2007 and the early part of 2008.

It was clear to me when I left the Trust that, although the quality of clinical care was good, much more needed to be done to achieve the high standards of governance and financial management essential to a large, complex and publicly accountable organisation. This was borne out by continued poor performance against Healthcare Commission standards, a subsequent intervention, and most latterly an Independent Review.

That Review, as was widely publicised, has raised serious concerns that must be addressed and called for strong and stable leadership. My appointment as chairman was the first step towards that and, as the new financial year begins, work has started in earnest to pursue the other permanent appointments needed at Board level.

Nevertheless, we must not overlook that, in spite of all the difficulties that have been faced, staff across the Trust have remained committed and determined to maintain standards of care and to make progress. That has happened and has not gone unnoticed. The Healthcare Commission follow-up to their intervention, handing further support and monitoring back to local level, as well as the award of unconditional registration with the new Care Quality Commission, are strong pointers that the Trust has good foundations on which to build and move forward.

Within just a few weeks at the Trust, what was clearly evident to me was the passion of staff, together with the support of the wider NHS, to see the Trust succeed and to meet the organisational standards employees, patients and the local community have the right to expect. In attaining that position, our driving force has to be the provision of safe, high quality care. By getting those two elements right we can be confident improved efficiency and financial stability will follow.

I would not under-estimate the great challenge we face. What we must do is move away from a culture of 'quick fixes', put in place the efficiencies that can be made within the organisation and work with our partners in health and social care to ensure our patients receive the right care, in the right place. Clearly a medium to long term strategic plan for the Trust is overdue and work on that has now commenced.

I will be giving the Trust my undivided attention throughout my term of office over the next four years and intend to spend much time on the 'shop floor', listening and learning from colleagues, whatever their role, seeking theirs' and patients' views and supporting them in making change. At this time I would wish to express my sincere thanks to all our dedicated staff for working so hard and remaining focussed on delivering good patient care during a very unsettling time.

The immense amount of support and good will from patients, our volunteers – to whom we are infinitely indebted – and our local community is all the more valuable during unsettling times. The continued high levels of satisfaction recognised in our patient surveys are always a sure measure of how well we are doing, no matter what might be dominating the headlines.

As I write this at the start of the new financial year there are emerging signs of an organisation that is beginning to turn the corner. I have every confidence that by working together as a united team we can deliver the level of improvement needed over the next two years that will take us towards Foundation Trust status.

Martin Watts
Chairman
22 April 2009

A Challenging Year

Meeting Healthcare Commission standards

The performance of the Trust came under close scrutiny by NHS watchdog the Healthcare Commission during 2008/9. This followed poor performance against the Commission's core standards in the 2007 where it received a rating of weak for quality of service and weak for use of resources. Some improvement was noted in the 2008 ratings, moving from weak to fair on use of resources but this was still some way from the Trust's aspirations.

An update visit from the Healthcare Commission at the end of December 2008 recognised that progress had been made and its confidence that this would continue was underlined by its decision to return future monitoring to the South West Strategic Health Authority and the regional team of the new Care Quality Commission.

Independent Review

Financial management and governance arrangements were subjected to close examination after a Review was jointly commissioned by the Boards of the Trust and the South West Strategic Health Authority.

The Review, carried out by four independent experts, found serious concerns, concluding that the Trust had been heading 'towards corporate failure'. Whilst the report noted that progress was being made in a number of areas, most particularly in financial, human resources and nursing leadership, its conclusion and series of recommendations were fully accepted by the Trust Board.

Responding to the Review's call for strong and stable leadership, a new chairman was appointed in March 2009, setting out firm objectives to drive up performance against core standards and to develop clear short and longer-term strategic direction for the Trust.

Specialist cancer services

Proposals to move specialist upper gastro-intestinal cancer surgery to a single centre for patients across Devon and Cornwall were the subject of concern among stakeholders and campaign groups and attracted significant media attention. A review of care at all three centres currently performing surgery praised the multi-professional team providing care at the Royal Cornwall Hospital and concluded that whilst the service was not unsafe, it was not sustainable in the long term.

The review team recommended that in order for patients in Cornwall benefit from the advantages of having surgery in a specialist centre and which are known to offer patients the greatest chance of survival, the small number of patients with these cancers from across the Peninsula, should have surgery in a single centre. All other aspects of the service – diagnosis, radiotherapy and outpatients – would continue to be provided locally.

The recommendation was accepted by the hospital trusts and primary care trusts and proposals were put forward for consideration by overview and scrutiny committees and local communities through a series of engagement activities.

Safe, high quality care

Reducing hospital associated infection

The second half of the year recorded significant progress in reducing the incidence of hospital acquired infection, backed up by a good assessment against Hygiene Code standards, after an unannounced inspection by the Healthcare Commission in January.

By the end of 2008/9 the incidence of clostridium difficile had fallen by almost 40 percent of the numbers seen in the first six months of the year and MRSA bloodstream infections had more than halved over the same period.

A number of new initiatives were introduced including:

- opening of an infection control ward,
- introduction of pre-admission MRSA screening for patients undergoing planned operations and procedures,
- new policies on MRSA management, intravenous line care and antibiotic prescribing
- reinvigoration and updating of hand hygiene procedures for staff, patients and the public,
- strengthening the infection control team,
- appointment of a designated director of infection prevention and control.

The Trust's hotel services team strengthened cleaning services to meet the demanding standards required of the latest, more stringent national cleaning services.

Improvements made during 2008/9 were recognised by the award of 'unconditional registration' with the new Care Quality Commission in April 2009.

The emphasis on reducing hospital associated infection continues to be a top priority for the Trust which has set itself exacting targets, over and above those set for it externally, for 2009/10.

Faster treatment

Once again staff across the Trust rose to the challenge of meeting new waiting time targets, offering patients quicker diagnosis and treatment.

Ahead of national deadlines, by the end of March two thirds of patients were receiving a diagnosis and, where needed, inpatient treatment within 13 weeks of referral by their GP. All specialties continued to meet the nationally set standard of 18 weeks.

Continued reductions in waiting times for diagnostic tests played a significant part in providing faster treatment pathways, with the 15 most common tests down to a maximum 6 week wait and 85 percent of patients seen within 3 weeks and 93 percent within 4 weeks of referral.

Developing our services

Despite the challenging issues facing the Trust, services have continued to develop, offering new techniques and improved local access to diagnostic tests and treatment.

Four examples were:

West Cornwall Hospital saw the long-awaited arrival of a £1 million investment to install a **CT scanner**, offering on the spot diagnosis for inpatients and an outpatient service taking on one third of all outpatient CT scans for the Trust.

An £800,000 replacement of equipment at the Royal Cornwall Hospital enabled the upgrade of the hospital's first **cardiac catheter laboratory**, originally opened in May 2000. Continuing their tradition of keeping at the forefront of clinical advances, the cardiac team was able to introduce rotablation early in 2009, offering patients rapid access to this specialist, life-saving procedure. The Hospital's two cardiac catheter laboratories treat more than 3,500 patients each year and a new service to offer primary angioplasty - the specialist procedure to unblock blood vessels near the heart immediately following a heart attack - is to be introduced later this year.

Maternity facilities at the Royal Cornwall Hospital were given a new lease of life with a £2 million project to upgrade the utilities and general decoration within the Princess Alexandra Wing. Well in excess of 3,000 babies are born at the Wing each year which is also home to day assessment, fertility, fetal medicine and neonatal (special care) services. The success of the programme of works has brought the physical state of the building more in line with the high standards achieved by those providing the clinical services and that will see the building through until its eventual replacement with an integrated women's and children's unit.

An external quality assurance assessment recognised the Trust's **breast screening programme** as being the best in the South West region and among the best in England. The service, provided from the Mermaid Centre and through mobile units that tour the county, screens 60,000 women across Cornwall on a three yearly cycle. Each year around 150 breast cancers are diagnosed together with a further 250 following referral of patients by their GP to the Centre's symptomatic service.

More examples can be found in the Trust's [2009 highlights](#).

Treating patients as individuals

Meeting the broad range of needs of individuals as patients, visitors or of those working for us, are an important aspect of the Trust's corporate responsibility. The involvement of representative voices from the diverse range of groups within our society is a key element of developing our services for the future.

In response to its work with the former Patient's Forum and latterly the Trust's panel of patient ambassadors, a new [Care Charter](#) was launched in the autumn of 2008. Setting out what patients should expect and what the Trust expects of them, the Charter sits alongside the NHS Constitution published in January 2009.

The Trust also launched a new translation and interpretation policy, reflecting the rising numbers of patients for whom English is not a first language, and also re-launched its Trust [internet site](#) with extensively improved accessibility features, including translation and magnification options.

Support for patients with learning disability was recognised when the role of the specialist nurse for this group of patients, an initiative introduced in partnership with the Cornwall & Isles of Scilly Primary Care Trust, was highlighted nationally as an example of good practice.

A reconfiguration of chaplaincy services, bringing integration across acute and community hospitals throughout Cornwall, has improved continuity of support. Work will continue during 2009/10 to pursue opportunities to extend this further into partnership with hospice care.

Another feature of 2009/10 will be the introduction of voluntary disability monitoring, to capture information from patients about their disability so that the Trust's services can be prepared to meet their specific needs whenever they attend our hospitals.

What patients say

Feedback from [surveys](#) during the year of patients using accident and emergency services and others admitted as inpatients for planned or emergency care continued to show high levels of satisfaction.

Patients rated their overall experience of care in accident and emergency departments at the Royal Cornwall Hospital and West Cornwall Hospital as being among the top 10 in England. 93% of those responding to the inpatient survey rated their overall care as excellent, very good or good.

The surveys, part of the national programme carried out by the Healthcare Commission, continue to provide a valuable source of feedback used in the future development of services. Feedback from the survey was used to support work within the Trust in responding to concerns about mixed sex accommodation and better meeting patient needs in respect of privacy, dignity and equality. Similarly, results from the 2008 surveys will inform service development in the coming year.

Patients are the most important critics of our services and it is their first-hand experience that tells us most about the quality of care. [Compliments and complaints](#), have continued to be used to highlight areas of good practice that can be shared with others, as well as leading to changes in the way we work. In the past year this has included:

- Updating the Health Records procedure for identifying patients with MRSA.
- Establishing an admission pathway for emergency patients with suspected neutropenia.
- Negotiating a new contract with commissioners and introducing additional emergency Appliance clinics in East Cornwall from April 2009.
- Putting in place new procedures for faxing laboratory results to out of county NHS providers.

- Liaising with the national neuroimmunology laboratory to agree a more efficient procedure for processing specialist results.
- Streamlining and improving the handover of patient care from one ward to another.
- Introducing a Patient Inter Healthcare Transfer/Discharge Information form in partnership with the Cornwall & Isles of Scilly Primary Care Trust.
- Reviewing outpatient booking systems.

Compliments and complaints

Acknowledgements of gratitude have continued to outnumber complaints by a ratio of 13 to one. During a period where there were in excess of 650,000 patient appointments, admissions and treatments, the Trust received 341 complaints, 28 of which were subsequently withdrawn. The number of complaints remained similar to that received in 2007/08.

Of the 313 investigated, **170** were replied to within 25 working days and **52** were still open at the end of the financial year.

From July 2008 the Trust took on Early Adopter status for resolution of complaints in preparation for new national regulations. This placed greater emphasis on meetings to resolve complaints and working with complainants to agree timescales where a written response was requested. Of the responses recorded as taking over 25 working days, **23** related to complaints received prior to July 2008 and **27** complaints were those dealt with under Early Adopter. Of the complaints closed, 66% were responded to within 25 working days, with most of these dealt with under the Early Adopter arrangements and therefore resolved in agreement with the complainant.

Focus was placed on resolving concerns in a timescale that took into account their complexity. Several complaints were multifaceted, crossing over several service areas and/or different NHS providers. In these cases the need for thoroughness was considered of greater importance than attempting to resolve matters within a limited timescale.

Healthcare Commission

During 2008/9 7 complaints were accepted by the Healthcare Commission for independent review; the same number as the previous year. These figures include one case the Healthcare Commission re-reviewed from 2005 because the complainant was dissatisfied with the Healthcare Commission's review. **2** complaints were from the same individual and **4** were from the previous financial year.

A further **1** complaint from 2007 was referred by the complainant to the Healthcare Commission for review; however due to the complexity of the complaint and the disbanding of the Healthcare Commission on 31 March 2009 this will now go to the Public Health Service Ombudsman.

Information Technology (IT) – improving front-line care

Investment in the Trust's IT infrastructure is a vital element of improving patient care, reducing repetitive documentation, speeding up the process for requesting diagnostic tests and rapid access to results. All release valuable clinical time to spend more directly on patient care.

Building on the successful implementation of digital imaging for x-rays and other types of clinical imaging scans two years ago, the last 12 months has seen continued upgrade of existing systems and new developments such as the introduction of a computerised system for requesting pathology tests. Eliminating the risk of lost paper requests, the system speeds up the whole process from request to result.

Wireless technology has also been introduced in orthopaedics and is being piloted in haematology/oncology, allowing clinicians to access information and digital images at the bedside where they can be reviewed and discussed directly with the patient. Its success opens great potential for further developments of this kind.

Over the coming year and beyond the Trust's IT strategy is pursuing a programme of investment in new systems that will bring further benefits to clinical teams, moving toward a comprehensive electronic patient record. For a Trust that stores paper records for well in excess of half a million patients and which delivers services across a large number of geographically dispersed sites, the prospect of a patient record that can be accessed at any time, anywhere within the secure NHS network is a key element in modern, safe, high quality health care.

Working Together

Valuing our staff

Developing skills and achieving potential are essential parts of a fulfilling career. As services modernise and adapt to new ways of delivering care, so our workforce has to respond. This brings with it new opportunities to expand conventional boundaries and tap into the wealth of skill and experience among our staff.

In November 2008 a group of health care assistants at the Trust were the first to graduate to their new roles as assistant practitioners. Essentially bridging the gap between health care assistant and registered nurse, they are able to use their expanded clinical knowledge and skills to carry out a wider range of tasks on the wards, with greater independence and freedom. It is expected the role will ultimately be a stepping stone to a full nursing degree.

What our staff say

Results of the 2008 staff survey, undertaken amid the backdrop of the [Independent Review](#), revealed more positive results than had been seen for the last two years. These now set a baseline on which to take action over the coming year that can lead to a continued trend of improvement.

Two areas of the survey showing particularly positive progress were mandatory training and appraisal where the Trust is now among the top 20% of Trusts in England. Regular feedback on performance encourages a culture where staff can feel valued and empowered to participate in developing services and importantly in taking control of their career development.

Responding to the 2007 survey, the last year has seen continued emphasis on developing a culture of civility and reducing and management stress within the organisation as well as other initiatives focussing on improving working lives.

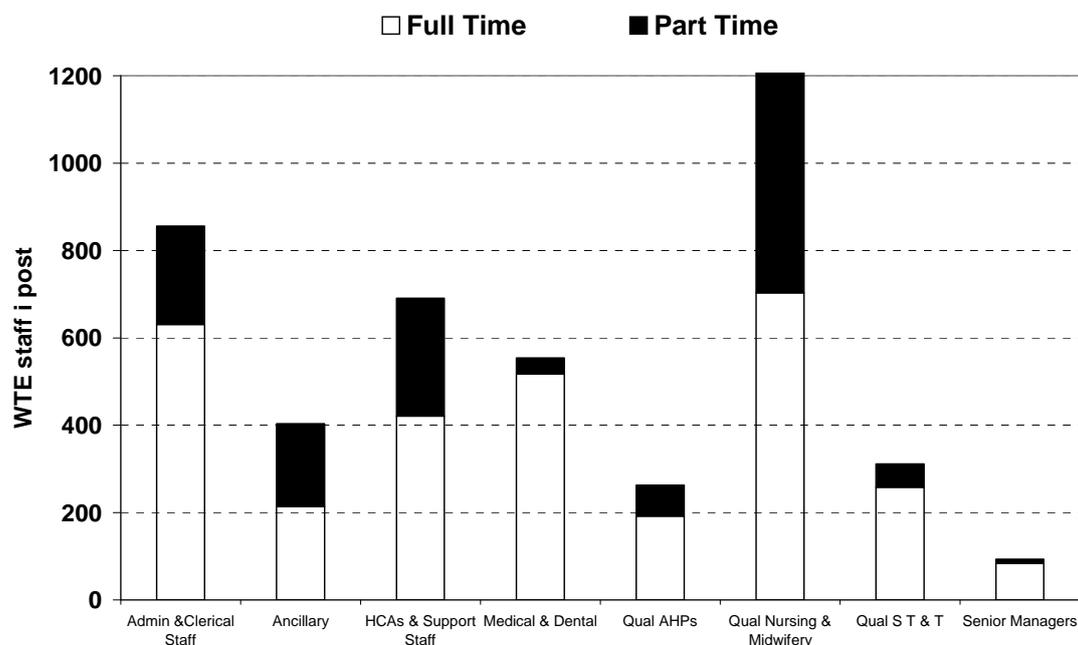
Training the health professionals of the future

A reputation for high quality undergraduate and postgraduate training remains a strong attraction in the Trust's ability to recruit nursing and medical graduates. Last summer, 30 of the doctors graduating from the [Peninsula Medical School](#), in which the Trust is a teaching hospital partner, choose to stay on at the Trust after successful recruitment to their first post-qualification roles at the Trust's hospitals.

Staff Profile

The Trust employs approximately 5,000 staff spread across its three hospital sites and a number of other locations including community hospitals and administrative facilities.

Staff in post – as at 1 November 2008



The Trust's workforce is predominantly comprised of females with a split of 73.6% female and 26.4% male. About 3.3% of employees have described themselves as belonging to a non-white ethnic group, compared to 1.1% of the local population.

Meeting the needs of disabled employees

Less than 0.5% of Trust staff have declared any form of disability in relation to their work. In response to the staff survey 74% of those answering questions about disability were satisfied that the Trust had made adequate adjustment(s) to enable them to carry out their work.

The Trust has successfully retained the Jobcentre Plus 'two ticks' charter mark for several years. In addition, it has made commitments under the 'Mindful Employer' charter mark that shows that an employer is 'Positive about Mental Health'.

Patient and public involvement

A busy agenda continued in partnership with the Trust's team of patient ambassador's, fulfilling the role of the former Patients' Forum whilst the new Local Involvement Networks become fully established.

A major project during the year has been to jointly launch the Trust's [Care Charter](#), which now compliments and offers a local context on the new NHS Constitution. The Charter was developed through a programme of consultation with patients, staff and members of the public.

Patient ambassadors have taken part in the annual Patient Environment Action Team (PEATs) visits, assessing the Trust's hospitals for standards of cleanliness, quality of the environment and patient meal services.

In 2009/10 the Trust will continue to develop its relationship with the LINKs and to broaden its engagement with local community groups.

Planning for the future

Our priorities for 2009/10

The Trust's [Business Plan](#) sets out its priorities for 2009/10 consolidating and furthering work begun in 2008/09. The primary aims will be:

Further reductions in waiting times for emergency and planned patients, through redesigning the way care is delivered in partnership with primary and social care;

Improving safety through the reduction of health care associated infection, strengthening governance arrangements, achieving core standards and developing robust plans for responding to unexpected emergencies and pandemics;

Strengthening financial control;

Developing a medium term strategy to reflect that of our commissioners and building relationships with health and social care partners;

Continuing to develop the organisation's infrastructure in line with the recommendations from the [Independent Review](#);

Fulfilling our responsibilities for reducing our impact on the environment.

The Trust is set to receive an additional £28 million of investment from NHS Cornwall & Isles of Scilly in 2009/10. The Trust will be expected to meet a range more demanding waiting time targets, carrying out a similar level of activity to that in 2008/09. It has a financial plan in place that paves the way for Foundation Trust application.

Increasing local access to services

Over the last year the Trust has continued to deliver commitments made in the Cornwall & Isles of Scilly Primary Care Trust's strategy, 'A Healthy Future for West Cornwall Hospital', including the commissioning of a [CT scanner](#).

Further developments are set for 2009/10 with plans to be taken forward to provide 24 hour doctor-led accident and emergency cover, full utilisation of theatres, and an increased range of surgery offering more treatment options for local people. The hospital is set to develop as a specialist centre for planned inpatient and day surgery, alongside its established medical, outpatient and diagnostic services.

Developing the estate

A programme of over £20 million of capital projects is underway that will allow services to develop and for the Trust to expand of its role as a teaching hospital.

An £11 million expansion of the Knowledge Spa on the Royal Cornwall Hospital site will be completed in early 2010 when it will become the Cornwall base for the newly established Peninsula Dental School as well as accommodating expanded research and development facilities.

At a time when the incidence of sexually transmitted diseases is on the increase, a £3.5 million development to create a new sexual health centre, acting as a central hub for services reaching out to location across the county, has been warmly welcomed. Replacing the existing cramped and inadequate facilities, the new building will offer purpose designed space, accommodating the high standards of privacy and dignity required of a sensitive and confidential service. Work on site began in the spring of 2009, with the facility due to open in next year.

Underlining the vital role that St Michael's Hospital has to play in the future of the Trust as a specialist centre for orthopaedic and breast surgery, work is underway on the creation of two new theatres. The £6 million project will provide the latest in super-clean 'laminar air flow' theatre environments, an essential component in surgery where there are known to be higher risks of infection. The modular units will be opened by the autumn of 2009 and will be the most advanced of the Trust's theatre portfolio.

Reducing our environmental impact

The Trust procured and is in the process of commissioning a biomass (woodchip) boiler which will reduce its current carbon footprint by around 1200 tonnes of carbon dioxide per year (this equates to around 10% of the RCHT carbon emissions associated with its overall energy consumption). Due to the nature and logistics of wood as a fuel, the project will also divert a significant percentage of its energy spend from a national supplier into the local economy via a tendered supply opportunity.

A number of projects have been started which aim to improve the efficiency of the existing estate, these include the recruitment of voluntary 'Environmental Champions' within the Trust's workforce who will take a lead on establishing environmental issues in their local areas and producing action plans. The estates team has been working with building users to review and adjust heating and cooling times and temperatures to lessen energy requirements.

Together with its NHS partners in Cornwall, the Trust has reassessed the service it requires from its waste disposal contractors, in order that waste reduction can be maximised and quality and cost efficiency benefits can be realised.

The Cornwall Food Production Unit has continued to enjoy national acclaim as a leader in the NHS on sustainable food procurement. Alongside this, the environmental benefit of reducing 'food miles' – the distance produce and meals travel to reach patients – is now estimated at 100,000 fewer miles each year.

The Trust has been working with Sir Muir Gray's Knowledge Into Action and the NHS Institute in the development and testing of a Climate Change Action Planning Toolkit.

This has involved a range of departments have been involved in including, renal children's wards, pathology laboratories and West Cornwall Hospital.

Preparing for the unexpected

The Trust has continued to develop its plans for responding to unexpected major emergencies and influenza pandemic. A nationally recognised EMERGO 'desk-top' simulation was used to test the Trust's emergency preparedness plan and an evacuation exercise was carried out in conjunction with other emergency services.

A period of sustained low temperatures, ice and snow during the winter, causing severe disruption to transport across the county, presented the need to put the Trust's severe weather plan into place. The period of disruption created new opportunities for working in partnership with other emergency services to aid patients and staff in getting to the Trusts hospitals, which has led to further enhancement of the severe weather plan.

The response of staff played the most significant part in ensuring business continuity and maintaining care for patients. Many went to great personal effort to report for duty, working extended shifts or staying at their place of work to ensure they could be available to replace colleagues.

At the end of 2008 the influenza pandemic plan was reviewed and updated and plans are in place for a multi-agency test of the emergency preparedness plan.

Governance and management

An ongoing programme of organisational development set in place a new clinical leadership structure, the effectiveness of which was recognised by the team carrying out the [Independent Review](#).

The leadership of the Medical Director was instrumental in evolving the divisional structure, with each led by a clinical divisional director, along with divisional nurse and divisional manager. Together with sub-specialty directors, the Trust now has its largest ever clinical participation in the management of the Trust.

The governance functions in individual divisions and across the Trust, which provide assurance of safe practices and processes, have been expanded, including a new trust-wide governance committee structure. In addition, improved systems were introduced for monitoring and implementing external clinical guidance, such as NICE technology appraisals, the mortality review process was revised and re-established, and complaints, litigation, incidents and PALS reporting process were improved.

A new Integrated Governance Strategy will be implemented during 2009/10. It aims to ensure the delivery of high quality patient focussed care from an organisation that is well managed, cost effective and has a well trained and motivated work force.

The strategy sets out a vision towards improved governance, employing a dynamic framework that provides the basis for continual improvement in delivery of clinical care and in the standards of business conduct. The strategy will ultimately support the RCHT application for Foundation Trust status.

The Trust Board

Board membership as at 31 March 2009

Non-executive members

Martin Watts - Chairman

Martin was appointed to a four year term as chairman in March 2009. He is currently Chairman of Elizabeth Finn Homes Ltd, a Trustee of the Elizabeth Finn Care Trust and a Non-executive director of The Royal Air Forces Association. Prior to that he was chief executive of the Orders of St John Care Trust. In his early career he co-founded Olympus Sports and was chief executive of Olympus Sports International with a turnover of £125million and over 150 outlets in the UK & Europe. He has held a number of Chief Executive posts in both public and private companies, together with other non-executive positions.

John Mills CBE - (Acting Chairman – July 2008 to March 2009)

John retired in 2007 after a lengthy career in the UK public service, which included five years in the Hong Kong Government and an extensive spell as a member of the Prime Minister's Policy Unit. From 2003-7 he was Director of Rural Policy at the Department for the Environment, Food and Rural Affairs. Previous roles included Director of Consumer Affairs at the Office of Fair Trading, Chief Executive of Cornwall County Council and Chief Executive for Policy and Resources in Jersey. He is also a Non-Executive Director of the Port of London Authority. John was awarded the CBE in 2008 for his public service. John's appointment as a Board Member at RCHT runs for three years from October 2007.

Harold Chapman

Harold, who lives at Wadebridge, joined the Trust as a non-executive director in February 2002. He was formerly director of finance and administration for North Cornwall District Council. He is chairman of the finance and charitable funds committees and a member of the hospital infection control and security and crime strategy and policy groups. Harold is also the non-executive contact for the Trust's the Whistleblowing policy. His current term of office runs until 30 November 2009.

Rik Evans

Rik is a company director and was previously a non-executive member of Central Cornwall Primary Care Trust with 17 years' experience on health boards in Cornwall. He is currently the independent chairman of Carrick Council Standards Committee. His appointment runs from 8 October 2007 to 31 October 2010.

Roger Gazzard

Roger is a chartered accountant with long experience of the public sector having worked in local authority finance for more than 30 years. A former director and chairman in the waste management industry, he now runs a company providing business advice to small and medium sized enterprises and is part time treasurer to Truro City Council. His term of office runs from 8 October 2007 to 7 October 2010.

Douglas Webb

He is Chief Executive of Cornwall Care, a charity that operates care homes, day and home care, advice, information and carer support services across Cornwall. He previously held two director posts with the national charity, Friends of the Elderly. Mr Webb trained as a nurse and worked in a variety of clinical posts in Cornwall. He is

also a former general manager of BUPA Hospitals. Douglas' has been appointed from October 2007 for a four year term.

Patrick Wilson

Patrick is managing director of a consultancy specialising in the retail financial services sector. He is a chartered accountant and has spent much of his career in the banking sector specialising in leading transformational change. He worked most recently as a director of Zurich Financial Services and previously for a number of institutions including Abbey National Wholesale Bank, Deutsche Bank, Citibank and Natwest. Patrick's period of office is for four years from 8 October 2007.

Executive members

Peter Colclough – acting Chief Executive (from 16 February 2009)

Peter, joined the Trust on secondment from his role as Chief Executive of Torbay Care Trust (integrated health and social care), where he has been in post since April 2002. He has more than 20 years experience holding Chief Executive and senior management positions including General Manager at Torbay District General Hospital and the Chief Executive positions at South and West Devon Health Authority and Gloucestershire Health Authority.

Dr Ray Sinclair – Acting Medical Director (from March 2009)

Ray joined the Trust as a consultant in anaesthesia and intensive care medicine in 1991. He was lead clinician critical care medicine 1999-2005, clinical director anaesthesia 2005-2008 and assistant medical director (surgery) 2008-March 2009. He has a full intensive care clinical commitment include out of hours, and is part of the Peninsula Medical School undergraduate teaching programme as Honorary Fellow.

Dr Paul Upton – Acting Medical Director (from March 2009)

Paul joined the Trust as consultant anaesthetist in 1995. He worked full time on clinical duties until 2001 when he became the clinical sub dean for the Peninsula Medical School. He developed the teaching programmes at RCHT and then led the work on developing the 5 year curriculum for the Peninsula. He remains an Honorary Senior Clinical Lecturer, but became Assistant Medical Director (governance) in April 2008.

Christine Rashleigh - Acting Director of Nursing and Therapies

Christine took on the role of Acting Director of Nursing and Therapies in October 2008. She has been Divisional Nurse for Women and Children's Services and Director of Midwifery at the Trust since 2006.

Jo Perry - Director of Human Resources

Jo has an established career in the NHS, and from her primary care trust background has considerable experience of managing and enabling organisational change. She has a solid reputation for meeting performance targets on key initiatives including, Agenda for Change, Improving Working Lives and the new NHS pay system, ESR (Electronic Staff Record). Jo is a Chartered Fellow member of the Chartered Institute of Personnel and Development.

Valerie Howell - Director of Delivery

Valerie Howell has been Director of Delivery in the Trust since October 2006. Prior to this she spent several months working as Project Director in the Trust. Valerie has spent nearly 20 years as a Senior Manager in the NHS. She has worked both in provider and commissioning organisations, and in both acute and mental health organisations.

Joe Teape - Director of Finance

Joe joined the Trust in January 2008 from South Devon Healthcare NHS Foundation Trust where he was director of finance and had worked since 2003. He has been in the NHS since 2001 and spent his early career in local government where he worked for a number of different local authorities. His expertise has led to extensive contribution to technical and finance development issues in the NHS at both local and national levels.

Ian Burroughs - Director of Marketing

Ian joined the Trust as director of marketing in April 2007. He has held a variety of NHS director level posts across the country over the last 14 years. These have included information services director, contracts director and most latterly marketing director at Bromley Hospitals in South London. Within the Trust Ian takes an executive lead on matters concerning business planning, commissioning links with the Primary Care Trust and performance management. Ian's professional background is information systems development.

David Hastings - Director of Estates

David joined the Board in June 2007 and brings nearly 30 years experience of construction and estates issues, in both public and private sectors. Prior to this post, David was a Planning Manager in the Trust's Capital Planning Team. David has extensive experience in the management of construction projects having progressed from a technical career as a Civil and Structural Engineer working on projects in public health, building, highways, water and other sectors. David is a Chartered Engineer being a Member of both the Institution of Civil Engineers and the Institution of Structural Engineers.

Greg Moulds – Director of Corporate Affairs

Greg joined the Trust in November 2007 from the Leeds Teaching Hospitals NHS Trust. After beginning his career in journalism, Greg has spent the last 11 years working with and for the NHS on major communications and change management projects.

Richard Johnson - Director of Informatics

Joining the Board in August 2008, Richard has worked in the NHS in Cornwall since 1993 following several years of working across Europe as an Information Management consultant in private industry. His roles and responsibilities within the NHS have ranged from telecommunications and delivery of computer systems through to the delivery of information at strategic and operational levels. Richard has worked in primary and secondary care settings.

Trust History

The Royal Cornwall Hospitals NHS Trust was established on 1 April 1992. It comprises the Royal Cornwall Hospital, Truro, St Michael's Hospital, Hayle and West Cornwall Hospital, Penzance.

The Trust serves a resident population of approximately 420,000 people, a figure that can be more than doubled by visitors to the county during the busiest holiday periods.

It provides a comprehensive range of acute hospital services for emergency and planned patients with its main accident and emergency department on the Truro site and a casualty department on its Penzance site.

Facts and Figures

During 2008/09 the Trust provided care for:

445,017	Outpatient attendances
15,031	Elective inpatients:
46,696	Day Surgery:
51,824	Emergency admissions:
69,014	A&E/casualty attendances
14,718	Regular day patients
642300	Total patient contacts

Over the last 5 years the number of outpatient attendances has increased by 15% and the number of day surgery procedures has increased by 17%. In contrast, and reflecting the availability of modern, less invasive techniques that allow many more procedures to be carried out as day surgery, the number of elective inpatients has reduced by 8%.

What patients say:

93% rate their overall care as excellent, very good or good

93% said doctors and nurses worked well together

94% said there was nothing they would wish to complain about

The Trust was rated in the top 20% of hospitals in England in the following areas:

Quality of food

Help given to eat

Facilities to store personal belongings

Nurses answering questions clearly

Nurses seen to be washing their hands

Staff having time to address patients' worries or fears

Staff providing clear explanation of procedures

Clear explanation of anaesthesia and pain control

Fewer delays on discharge

The national [NHS Choices](#) website now offers an opportunity for patients to provide feedback on their care and whilst numbers using it are still small they are expected to grow. Supported by a national Department of Health awareness raising campaign, during 2009/10 this is expected to become an increasingly useful source of gaining patient views.

2009 highlights

The following provides a month by month look at some of the highlights during 2008/09. These focus on achievements and progress that should be recognised despite the challenging environment in which the Trust has operated.

April 08

International recognition for cell salvage

A reputation for innovation sees the Trust's cell salvage team invited to present nationally and internationally on its successful programme and research in the reuse of patient's own blood in the field of obstetrics and gynaecology.

May 08

'Thumbs up' from patients

Taking part in the Healthcare Commission's annual survey, 93 percent of inpatients rate their overall experience of care in the Trust as excellent, very good or good.

June 08

West Cornwall opens £1 million scanner

A CT scanner is put into operation at West Cornwall Hospital offering on-the-spot diagnostic services for inpatients and better access for outpatients in the west of the county. The scanner now carries out one third of the Trust's outpatient CT scans each year.

July 08

Best in the south west

Cornwall's Breast Screening Programme is assessed as being the best in the south west and among the best in the UK. More than 60,000 women are invited to take part in the three-yearly screening cycle. The screening programme diagnoses around 150 breast cancers each year; a further 250 cancers are diagnosed following referrals from GPs.

August 08

Medical graduates stay in Cornwall

Being a teaching hospital as part of the Peninsula Medical School continues to reap rewards as high calibre medical graduates choose to continue their careers with the Trust.

September 08

Foundations laid for dental school

Part of the first new dental school to be established in England for 40 years, work begins on an £11 million expansion of the Knowledge Spa. It will provide a training ground for dental students, as well as research facilities

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October 08

'Greener' heat comes to RCH

Work gets underway on a biomass boiler at the Royal Cornwall Hospital which is set to cut carbon emissions by 1200 tonnes per year. It will generate enough power to be self-sufficient in providing the all hospital's hot water needs during the summertime

November 08

New role creates new opportunities

After two years on-the-job training and personal study, the first group of assistant practitioners graduate. The new role, bridging the gap between healthcare assistant and qualified nurse, increases clinical support for patients on the wards and offers a new, rewarding career pathway for staff.

December 08

New life begins at 40

A £2 million refit project is completed at the Princess Alexandra Wing as it celebrates its 40th anniversary. Meanwhile plans continue to be progressed for its ultimate replacement with the development of an integrated women's and children's unit.

January 09

Go ahead for £6 million theatre build

Commitment to the future of St Michael's as a centre of excellence for orthopaedic and breast surgery is underlined as the go ahead is given for a £6 million project to build two new theatres at the hospital.

Meanwhile, accident emergency services get at national 10 ten rating in the Healthcare Commission's patient survey.

February 09

New heart procedure

Taking advantage of a new £800,000 cardiac catheter laboratory, cardiology consultants introduce a highly specialised technique that avoids patients travelling out of county for their treatment.

March 09

Fighting infection

Reflecting the good progress recognised during their unannounced 'spot-check' by health watchdog, the Healthcare Commission, the incidence of Clostridium difficile falls to its lowest level for more than two years and MRSA cases continue a steady decline.