



Annual Report 2011-12

Brighton and Sussex **NHS**
University Hospitals

WITH OUR PARTNERS



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The Trust Board

BSUH employs 6000 people each of whom has a different reason for doing the job they do and different skills and experience that they bring to the job. They often work in difficult circumstances, at a relentless pace and their days (and nights) can be unpredictable and driven by challenges that are not within their control. In an organisation of this size everyone does their bit and the contribution each person makes should be recognised and valued.

It is quite right that the expectations of our patients get higher each year. The major challenge for us is to keep getting better so that BSUH develops into an organisation which not only meets, but hopefully exceeds those expectations.

I would like to take this opportunity to thank every individual for working as hard as they do, doing as good a job as they do and for the part each of them plays in the services we provide.

In many respects the last five years have been pretty extraordinary for Brighton and Sussex University Hospitals (BSUH) and 2011-12 has, if anything, been the most extraordinary. Having previously transformed our performance in relation to the national standards including the A&E 4-hour standard, the 18-week referral to treatment standard and our performance in relation to hospital-acquired infections, this year has been characterised by growth, development and making real headway in our strategic, long-term vision.

We became the major trauma and cardiovascular centre for the region; we submitted the full planning application for the 3Ts redevelopment of the Royal Sussex County Hospital to Brighton and Hove City Council and in January 2012, the Council's Planning Committee approved this unanimously; on 1 April 2012 the Sussex Orthopaedic Treatment Centre on the PRH campus transferred from Care UK to BSUH; in January 2012 we opened the first stand-alone children's Emergency Department in the south east in the Royal Alexandra Children's Hospital; and we opened a new service for people with dementia on Hurstpierpoint Ward at the Princess Royal Hospital.

The landscape is more challenging than ever but we are also in better shape than we have ever been and it is testament to our staff that through these difficult times we have continued to develop our services and improve the quality of the care we provide. If we keep setting ourselves high standards and working together to reach them, we really do have so much to look forward to.



Chair
Julian Lee



Acting Chief Executive
Chris Adcock



April: Comfort rounds

Comfort Rounds were introduced on all adult inpatient wards. Aimed at making good bedside care our number one priority, staff visit individual bedsides at set times to check if patients are clean, ready to eat, need a drink, need help repositioning or to go to the bathroom.

What we do

Brighton and Sussex University Hospitals (BSUH) is an acute teaching hospital working across two sites: the Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Brighton campus includes the Royal Alexandra Children's Hospital and the Sussex Eye Hospital, and the Haywards Heath campus includes the Hurstwood Park Regional Centre for Neurosciences.

We provide District General Hospital services to our local populations in and around the City of Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients across Sussex and the south east of England.

Both hospitals provide many of the same acute services for their local populations. In addition, the Princess Royal is our centre for elective surgery and the Royal Sussex County Hospital is our centre for emergency and tertiary care. Our specialised and tertiary services include neurosciences, arterial vascular surgery, neonatal, paediatrics, cardiac, cancer, renal, infectious diseases and

HIV medicine and we are the major trauma centre for Sussex and the South East.

We treat over three quarters of a million patients each year. Working as one hospital across two sites, and playing to the strengths of both, gives us the flexibility to develop services which meet the needs of our patients at different stages of their treatment and care.

We work in close partnership with our local GPs to ensure that we are particularly attentive to the quality of our local District General Hospital services, especially how well we look after our most elderly patients, and that these services are provided and improved in ways which best meet the needs of those patients and their families.

Central to our ambition is our role as an academic centre, a provider of high quality teaching, and a host hospital for cutting edge research and innovation; and on this we work with our main partners, Brighton and Sussex Medical School (BSMS) and the Kent, Surrey and Sussex Postgraduate Deanery, and our local universities.



The BSUH Board

The Board is responsible for the overall performance and direction of the hospital. It includes the Chair and Non-Executive Directors, the Chief Executive and four full-time Executive Directors.

The Board 2011/12

Chair
Julian Lee

Non-Executive Directors
Julie Nerney
Carole Nicholson
Tony Holloway
Richard Hawkins
Michael Farthing
Craig Jones (from 1 July 2011)
Lewis Doyle
(Non-Executive Designate
from 1 July 2011 - 1 April 2012)

Chief Executive
Duncan Selbie

Joint Medical Director
Dr Des Holden / Dr Steve Holmberg

Chief Nurse
Sherree Fagge

Chief Financial Officer
Chris Adcock

Director of Strategy
Dr Jo Andrews

Clinical Leadership 2011/12

Joint Medical Director
Dr Des Holden / Dr Steve Holmberg

Chief Nurse
Sherree Fagge

Chief of Surgery, Women and Children
Mr Peter Larsen-Disney

Chief of Medicine
Dr Owen Boyd

Chief Physician
Professor Tony Frew

Chief of Specialised Services
Dr Lawrence Goldberg


Chief of Trauma
Mr Iain McFadyen





May: Stroke telemedicine

Telemedicine first used by on-call consultants to assess stroke patients remotely via a bedside screen. This enables immediate treatment to be prescribed, saving crucial minutes and brain tissue.



Gynaecology

June: Gynaecology Assessment Unit

The Gynaecological Assessment Unit was established at the County Hospital, seeing patients referred by GPs and A&E, with the majority of women waiting less than 30 minutes to be seen.

Our 'to do' list for 2012-13

Below is an abridged version of 'Our Priorities' which we publish annually to remind everyone of how we fared in relation to the previous year's goals and objectives and what we will be focussing on in the coming year.

BEDSIDE CARE

We will reduce the number of avoidable falls across the Hospital by a further 15%.

We will eliminate avoidable Category 3, and further reduce the incidence of Category 2 pressure damage.

We will establish a dementia unit, extend our RACOP facility and open a Medical Day Unit in Brighton.

We will ensure all patients are treated in single-sex bays or wards unless clinically inappropriate.

STREAMLINING EMERGENCY AND PLANNED CARE

We will work with our clinical commissioners, social, mental health, ambulance and community services to deliver our share of a 15% reduction in unscheduled hospital admissions; including a further reduction in the number of emergency readmissions within 30 days.

We will sustain the national standards for 18 weeks, cancer, stroke and A&E performance.

Working with partners in East Sussex we will take forward plans for a new satellite haemodialysis facility in the Eastbourne area.

We will begin building our third cardiac theatre.

DEVELOPING AS THE MAJOR TRAUMA CENTRE

We will establish a neurotrauma service in Brighton.

We will implement a 24/7 model of care including: resident emergency department consultants; rapid access CT scanning at the front door; new polytrauma and interventional radiology theatres.

We will establish safe clinical pathways for all aspects of care, and all age groups, from the ambulance through to rehabilitation.

BEST AND SAFEST CARE

We will have no more than three hospital-acquired MRSA bloodstream infections and no more than 71 cases of hospital-acquired C.difficile.

We will further reduce the rate of medication omissions on all wards to less than 10%.

We will improve the experience of care for people potentially in the last year of their lives through 'The route to success in end of life care – achieving quality in acute hospitals'.

FINANCIAL SUSTAINABILITY

We will spend no more than we earn and generate a £2.9 million surplus.

We will submit, to NHS South of England and the Department of Health, the Full Business Case (FBC) for the 3Ts redevelopment of the Royal Sussex County Hospital.

We will submit our application, on time, to become a Foundation Trust to the Department of Health in April 2013.

Our people

We are committed to creating an environment where people want to work, where careers are interesting and developed, where staff are encouraged to reach their full potential and where they feel their contribution is recognised and valued.

Brighton and Sussex University Hospitals employs 6095 people, including:

3,043 Nursing and Midwifery

1,058 Medical staff

1,112 Scientific, therapeutic and technical

1,459 Administrative, clerical and estates

233 Other support staff

Below some of our 2011 Hospital Star Award winners tell us what they like about their job:

Healthcare Assistant of the Year, Alex Entwistle:

"I really enjoy working as a Health Care Assistant. I love working with my patients from admission onto the ward, during their stay, and after discharge when I see them in outpatients. I also enjoy working within the wonderful orthopaedic team. The highlight of the year was winning a hospital star award."

Doctor of the Year, Mark Bayliss:

"The best things about my job are the people I work with and spending time with patients. I think that healthcare generally attracts caring and kind people. As well as being stressful and demanding it can be a lot of fun."



July: Hospital Star Awards

Our annual Hospital Star Awards, run in association with The Argus newspaper, was once again an uplifting celebration of everything that is good about BSUH.



August: BSMS rating

Brighton and Sussex Medical School was rated 95% for overall satisfaction in the National Student Survey - the highest score for a single higher education institution in the UK.

Educator/Mentor of the Year, Shailen Soobhug:

"I like the challenges and complexity that come with my job as senior recovery practitioner. The nature of clinical practice is such that it is always in a state of flux; with ever-shifting boundaries that provide enormous challenges for me as a clinician and educator to maintain the highest level of professional standards. It is the continuous pursuit of this ideal that I find satisfying."

The winner of the Chief Executive's Special Award, Mel Ottewill:

"What I like best about my job is the challenge of trying to restore the trust of patients and relatives when they have lost all faith in the system and staff that work within in. And the privilege of being there for both patients and staff in a time of crisis along with the richness of human interaction that this involves."

Behind-the-scenes Support Services Star of the Year, Mark McCowan:

"I love working with a diverse and talented group of people within pharmacy and figuring out how to improve the service we deliver to our Homecare patients whilst developing a structure to move this forward so we have cohesive and standardised systems in place to deliver and maximise the savings for the Trust."

I also love the fact that I now have two other team members for other homecare specialities and enjoy mentoring them and developing their skillset to provide excellence in our team and planning for the future in this rapidly expanding field."

Our operating review

We maintained our unconditional registration with the Care Quality Commission (CQC).

Mandatory Performance indicators	Definition	2011/12 Threshold	2011/12	2010/11
% of admitted patients risk-assessed for VTE		90%	94.8%	
Access to GUM clinics	% patients offered an appointment to be seen within 48hrs	98%	100%	100%
Reperfusion waiting times	Call to balloon time - 150 minutes or less	70%	88%	84%
Delayed transfers of care	Inpatients with delayed transfers of care	<3.5%	3.2%	3.9%
A&E waiting times	% of patients discharged within 4 hours in A&E and MIU	95%	96.3%	97%
Revascularisation waiting times	Patients waiting >3m for revascularisation	0	0	0
RACPC waiting times	Waiting times for Rapid Access Chest Pain Clinic (GP referrals only) <2wks	98%	100%	100%
Cancelled operations	% elective operations cancelled on day of operation % of cancellations not re-admitted within 28 days	<0.8%	0.57%	0.66%
		<5%	1.65%	3.76%
Smoking during pregnancy and breastfeeding initiation rates	Smoking during pregnancy	≤national average	7.24%	7.0%
	Breastfeeding initiative	≥national average	86.05%	85.5%
Participation in heart disease audits	Participation in National Heart Disease Audits with data quality >90%	90%	achieved	achieved
Quality of stroke care	Stroke patients spending >90% of hospital time on a stroke unit	80%	81.6%	84.9% (Q4)
Mixed Sex Accommodation	% of inpatients who experienced mixed-sex overnight accommodation	0%	0.9%	2.2%
MRSA bacteraemias	National Vital Signs - MRSA bacteraemia reduction	≤6	5	7
C Difficile infections	National Vital Signs - Number of C. Difficile hospital acquired infections (age 2+)	≤103	74	135

Mandatory Performance indicators	Definition	2011/12 Threshold	2011/12	2010/11
18 week referral to treatment waiting times	% admissions within 18 weeks in month	90%	91.9%	92.4%
	% non-admissions within 18 weeks in month	95%	97.9%	98.3%
Cancer urgent referral to first OP appointment waiting time (2wks)	Urgent GP referrals for suspected cancer - seen within 2 weeks	93%	94.4%	94.5%
	Max 2-week wait from referral for general breast symptoms	93%	100% offered 94.6% uptake	100% offered 91.6% uptake
Cancer diagnosis to treatment waiting times (1 month)	First cancer treatments started within 1 month of decision to treat	96%	97.5%	97%
	Max 1 month wait for all subsequent treatments for new cases of primary and recurrent cancer where anti-cancer drug regimen is the chosen modality	98%	99.7%	99.3%
	Max 1 month wait for all subsequent treatments for new cases of primary and recurrent cancer where surgery is the chosen modality	94%	96.3%	96.2%
	Max 1 month wait for all subsequent treatments for new cases of primary and recurrent cancer for all other treatment modalities - radiotherapy	94%	95.2%	96.2% (Q4)
Cancer urgent referral to treatment waiting times (2 months)	First cancer treatments started within 2 months of urgent GP referral for suspected cancer	85%	85.5%	86.7%
	Max 2 month wait from referral from a national cancer screening service to first treatment for all cancers	90%	92.8%	90.7%
	Max 2 month wait from a decision to upgrade the urgency of a patient they suspect to have cancer to first treatment for all cancers	90%	98.4%	99.4%

2011/12 CQUIN	VTE assessment	Achieved
	Improving 'Patient Experience'	Achieved
	Improve primary care communication	Achieved
	Improving discharge planning	Achieved
	Reducing medication errors	Achieved
	Reducing in-hospital patient falls	Achieved
	Improving access and quality of Oncology service	Achieved
	Enhancing Quality Programme	Achieved
	Implementation of HIV screening	Achieved
	Improving vascular access for patients on haemodialysis	Achieved

Our patients

This year 765,771 patients came through our doors, including:

- 14,277 elective inpatients (planned operations requiring a stay in hospital)
- 39,075 elective day cases (procedures and operations where patients go home on the same day)
- 46,460 non-elective inpatients (patients who need emergency admission to hospital)
- 512,360 outpatients (patients who have a day appointment for a particular procedure)
- 153,599 A&E attendances

The Care Quality Commission's **Annual Survey of Adult Inpatients** was completed by 433 patients who were admitted to our hospital for at least one night in August 2010. Of the patients surveyed 92% rated their overall care as good, very good or excellent. The full summary of the results are published on the patient information section of our website.

In April 2011 we introduced '**Comfort Rounds**' on every ward, a BSUH first, which is about assuring the essentials of good nursing care. These will take place every two hours, seven days a week. They involve nurses and healthcare assistants visiting every patient's bedside with these essentials in mind - are they clean, ready for/eating their meal, do they need something to drink, to visit the toilet or repositioning in their bed/chair to avoid pressure damage? Put very simply are they as comfortable as they can be? This is about anticipating patients' needs before they have to ring the bell, and doing so with a regularity which minimises the risk of anyone or anything getting missed.

Since mid-May 2011, a new **Gynaecological Assessment Unit (GAU)** on Level 11 of the Thomas Kemp Tower has been greatly improving the treatment and experience of patients needing this service. Women are referred to the GAU from A&E, meaning they spend very little time there; or directly from their GP. The average time women wait to be seen is less than 30 minutes and the majority of patients are discharged within two hours. All of which is a marked improvement on the previous service and a much better patient experience.

From 9 January 2012 children who were previously treated within the adult A&E at the County Hospital moved into our new **Children's Emergency Department** within the Royal Alexandra Children's Hospital. Previously around 50 children came into our A&E each day, since opening the new Children's Emergency Department that number has increased to around 75 children each day.

For patients or visitors who need support, advice or information or want to discuss raising a concern or complaint, our **PALS** Team is often the first point of contact. They received 3632 contacts during 2011/12, some of which were resolved in five minutes, some took several weeks and the majority were somewhere between the two.

We have processes in place to ensure that patients understand how to make a formal complaint; that these **complaints** are then dealt with in a professional, timely and efficient way; and that the lessons learnt from complaints are properly disseminated and implemented. During 2011/12 the Complaints Department received 1386 formal complaints; no variation on the number received in the previous year and 476 plaudits/letters of thanks; a 25% increase on the previous year.



September: Staff Stories

'Staff Stories', a new monthly lunchtime forum for our staff and students to share and discuss complex cases, began with a presentation by our stroke team.



October: 3Ts

As Council planning committee members gave the redevelopment plans the green light, Leader of Brighton & Hove City Council, Councillor Bill Randall, said: "The new hospital will improve and save the lives of many and create hundreds of local jobs. It is the biggest development the city has seen and is too important not to happen."

3Ts and other developments

3Ts Redevelopment - A year of landmarks

In September 2011 we submitted the full planning application for the 3Ts redevelopment to Brighton and Hove City Council. This submission represented the culmination of three years' work which involved more than 30 iterations of the plans being created and discussed with local city planners. The design process brought together the views of staff, patients, statutory bodies and a diverse range of other stakeholders and in January 2012, the Council's Planning Committee approved the plans unanimously.

The Outline Business Case (OBC) for the redevelopment was waiting with NHS South of England for their consideration as soon as planning permission was agreed. In March 2012 they gave their approval and the OBC was passed to the Department of Health. The Department of Health approved the 3Ts OBC on 31 May 2012 and it is now with HM Treasury.

Concurrently we have been progressing plans to decant staff and services out of the redevelopment construction areas. The two main temporary decant buildings, one in the front car park and the other on the Thomas Kemp Tower courtyard, received their own planning permission during the summer of 2011. Construction work on these buildings is scheduled to begin in 2012. Plans for the preparation of the St Mary's Hall site have been drawn up and preparation work on it will also begin this year. The full programme for decant will be finalised in 2012-13.

We also reached an important milestone in the clinical planning process with the sign off of the 1 to 200 plans for the two redevelopment buildings. These agree the layout of clinical rooms and their adjacencies, facilities within the buildings and spaces for use by the public and staff members. The final stage of interior planning, the 1 to 50 designs, which define the equipping and interior layout of individual rooms, will be completed in 2012-13.

The coming year will see the start of construction of both the decant buildings and the Kent, Surrey and Sussex Air Ambulance Helipad on top of the Thomas Kemp Tower and staff and services will begin to move to their decant, and in some cases permanent, accommodation early in 2013.

Other developments

In December 2011 we signed the lease for the **Sussex Orthopaedic Treatment Centre (SOTC)**, on the PRH campus, transferring this from Care UK to BSUH on 1 April 2012. This is such an important moment which will enable us to rebuild a truly integrated, end-to-end service for our orthopaedic patients. The SOTC opened in April 2007 as part of a national initiative, which was needed at the time, to reduce surgical waiting lists. The downside was a fragmented pathway of care because whilst some orthopaedic patients continued to be diagnosed and treated by BSUH, it meant others were passed between the hospital and the SOTC for different elements of their diagnosis, treatment, care and follow-up. The SOTC could only ever do a limited number of procedures for a limited number of conditions. This transfer will mean that all patients undergoing orthopaedic surgery will receive end-to-end care from BSUH.

Reducing our Carbon Footprint

In 2011/2012 we achieved a 7% reduction in carbon emissions from the previous year. This included reductions of 3% in electricity, 16% for gas and 18% in waste. Our overall target is a 25% reduction in direct carbon emissions by 2014/2015 from a base date of 2008/2009. We have now reached 10% of that target. Further engineering projects and more waste reduction are being planned to help achieve this target.

Our partnerships

BSUH is one teaching hospital on two sites. We work closely with our Primary Care Trusts, local GPs, neighbouring hospitals and the South East Coast Ambulance Service to provide co-ordinated treatment and care for patients across the region. As a teaching hospital, we work with our partner medical school and the Universities of Brighton and Sussex to train the doctors, nurses and health professionals of the future.

Brighton and Sussex Medical School (BSMS) was one of the four new medical schools created as part of the UK government's strategy to increase the number of qualified doctors from the UK working in the NHS. The first intake of students began their five-year medical degree programmes in September 2003 and since then BSMS has become the most popular school in the country.

In partnership with BSUH, BSMS is developing a strong reputation for making a real impact to medical research nationally and internationally with the ultimate aim of improving medical treatment, answering fundamental biomedical and clinical questions and delivering more personalised healthcare to patients. Our research themes include cancer, cell and developmental biology, elderly care and stroke, imaging, infection and immunology, neurosciences, paediatrics, primary care and health services, psychiatry and rheumatology. In March 2012 we heard that our Clinical Investigation and Research Unit (CIRU) had secured further Government funding of £3 million for the next 4.5 years which is a 33% annual uplift.



November: Dementia

A new service for people with dementia opened earlier this year on Hurstpierpoint Ward at the Princess Royal Hospital. Poynings Unit is a specially dedicated area on the ward for patients who are admitted with an acute medical problem but who also have dementia. The physical environment and busyness of a general medical ward often compounds the symptoms of dementia, so this area has been specially adapted.



December: SOTC

In December The Sussex Orthopaedic Treatment Centre became part of Brighton and Sussex University Hospitals NHS Trust. It is situated on the Princess Royal Hospital site in Haywards Heath. Its purpose is to provide high quality orthopaedic specialist care and treatment, while increasing choice and reducing waiting times.

BSUH has a number of **fundraising charities** and groups that work tirelessly to raise money to help us enhance our services, improve our buildings and facilities and make coming into hospital a more comfortable and less anxious experience. These include Rockinghorse, the Sussex Cancer Fund and four very active groups of Hospital Friends.

We heard in July 2011 that our application to become an **Experimental Cancer Medicine Centre (ECMC)**, in collaboration with Barts and Queen Mary's, was successful. An ECMC is a centre of excellence for early clinical and translational research and our joint focus will be on trials to treat breast cancer, ovarian cancer, liver cancer, lung cancer, genitourinary cancers, and malignancies of the blood. We are absolutely honoured to become a member of this prestigious network and this is of enormous credit to the doctors, nurses and scientists working at BSUH and our Medical School. The patients taking part in these early

trials cannot usually be helped by existing treatments, such as conventional radiotherapy and chemotherapy, and may only have a very short time to live. As well as treatment options for patients who previously had none, the trials taking place under the auspices of the ECMC are developing treatments which will help countless patients in the future.

In October 2011 we heard that Brighton and Hove City Council had approved our planning application for the new **Sussex Macmillan Cancer Support and Information Centre** to be built on the Rosaz House site adjacent to the Sussex Cancer Centre car park. This is a joint venture between Macmillan, the Sussex Cancer Fund and BSUH and it will be the first centre of its kind in Sussex to offer all round support for people affected by cancer in a calm, friendly, non-clinical environment; as well as being a base for outreach services for people living with cancer across the county.

Financial review

The report of the Finance Director

Last year I reported that the changes in organisational structures at a local and national level alongside the changing economic circumstances would make 2011/12 a very challenging year and this has proved to be the case. With the help of our staff and working closely with our stakeholders we have been able to deliver a small financial surplus in the context of increasing prices, increasing activity and a need for increased investment in measures to deliver our key priorities of quality and safety.

We have continued to work closely with NHS Sussex, our commissioners and other local health economy partners to deliver financial balance for the whole health economy. Working together in this way has delivered benefits for both BSUH and the wider Brighton health community, as it ensures that resources are placed where they can deliver the optimum benefit across the patient pathway – and effective partnership working has been critical to the improvements in financial performance of recent years. Meeting the future challenges facing the NHS in Sussex will be dependent on the continuation and further development of this way of working and we will continue to build on the relationships we have built with the newly formed Clinical Commissioning Groups (CCGs) to this end.

That there is no ‘choice’ between good financial management and caring for our patients and staff in the right way remains the approach that I, and the Trust Board, take. If we deliver on our commitments in the way that is safest, and at the right quality, then the financial benefits will follow.

In 2012/13 the NHS will continue to face difficult financial and operational challenges and we will continue to deliver on plans for improved efficiency across the organisation –

allowing us to continue to focus on delivering the right services for the people of Sussex and Brighton. In 2011/12 we successfully secured planning permission and SHA approval for the 3Ts development. We will seek final approval in 12/13 alongside our progression towards Foundation Trust status. These, and the many other development projects we are planning are absolutely dependent on our ability to manage the money we are given and everyone has a role to play in this.

BSUH acts as a Trustee for charitable funds of £5.4m. Income from donations, legacies and grants totalled £1.2m. Expenditure of £1.3m was incurred mainly on clinical research, patient and staff welfare and amenities. BSUH is, as always, extremely grateful for the generous financial support to charitable funds that has enabled us to provide valuable extra facilities.



Chris Adcock
Chief Financial Officer
27 April 2012

Statement of Chief Executive's responsibilities as accountable officer of the Trust

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

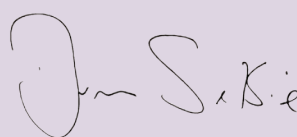
- value for money is achieved from the resources available to the Trust;

- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Duncan Selbie
Chief Executive
27 April 2012

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

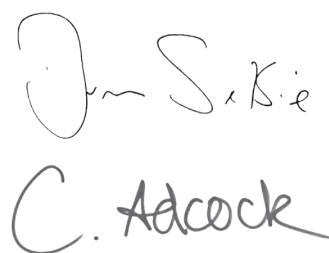
- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose

with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.



By order of the Board
Duncan Selbie, Chief Executive
Chief Adcock, Chief Financial Officer
27 April 2012

Notes to the summary financial statements

The Trusts accounting policies include a change in respect of the accounting for donated asset reserves which was introduced from 1 April 2011 and has been applied retrospectively to prior years. A donated asset reserve is no longer maintained. Donated non-current assets are capitalised at their fair value on receipt, with a matching credit to income. Deferred income is recognised only where conditions attached to the donation preclude immediate recognition of the gain. The accounting policies are those issued by the Department of Health which follow UK generally accepted accounting policies for companies to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

The Trust should achieve a financial return of 3.5% on net assets. This is done by ensuring our prices include overheads, one of which is capital charges. West Sussex PCT, Brighton and Hove City PCT, Surrey PCT and Western Sussex Hospital are the largest purchasers of our services. The amount spent on staff involved in management and administration includes the cost of managing clinical services and services such as finance and personnel. Staff costs are our biggest and most important area of spend. Doctors, nurses and Paramedical staff account for 77% of our staff costs. Fixed Assets represent the value of the land, buildings and equipment used by the Trust.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The Scheme is an unfunded, defined benefits scheme that covers

NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the Trust to identify its share of the underlying scheme assets and liabilities. Therefore the Scheme is accounted for as a defined contribution scheme and the cost of the Scheme is equal to the contributions payable to the Scheme for the accounting period. The latest assessment of the liabilities of the scheme is contained in the Scheme Actuary report, which forms part of the NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the Business Service Authority - Pensions Division website at www.nhspa.gov.uk. Copies can also be obtained from the Stationery Office.

The Trust's External Auditors are the Audit Commission. The District Auditor is Darren Wells. In 2011/12 the cost of audit work performed by the Audit Commission was £249,000. No non-audit services were provided to the Trust.

The Trust has one umbrella charitable fund, Brighton and Sussex University Hospitals NHS Trust Charitable Funds (number 1050864), registered with the Charity Commission to receive gifts and legacies etc. from grateful patients and relatives. These donations are used to fund patient and staff welfare and amenities, research and hospital equipment.

THE FINANCIAL STATEMENTS ARE A SUMMARY OF THE FULL ACCOUNTS AND STATEMENTS OF THE TRUST. A FULL SET OF THESE AND THE HOSPITAL'S CHARITY ACTIVITY CAN BE OBTAINED FROM THE DIRECTOR OF CORPORATE AFFAIRS, THE ROYAL SUSSEX COUNTY HOSPITAL, WESTERN ROAD, BRIGHTON, BN2 5BE. TELEPHONE 01273 664905.

Statement of comprehensive income for the year ended 31 March 2012

	2011/12	2010/11
	£000	£000 Restated
Employee benefits	(275,804)	(272,080)
Other costs	(303,818)	(284,014)
Revenue from patient care activities	403,097	387,174
Other operating revenue	171,121	167,446
Operating deficit	(5,404)	(1,474)
Investment revenue	54	49
Other losses	(144)	(6)
Finance costs	(2,922)	(2,924)
Deficit for the financial year	(8,416)	(4,355)
Public dividend capital dividends payable	(7,829)	(7,734)
Retained deficit for the year	(16,245)	(12,089)
Other comprehensive income		
Impairments and reversals	(1,444)	(2,626)
Gains on revaluations	3,943	5,225
Total comprehensive income for the year	(13,746)	(9,490)



January: Opening of Children's A&E

Children in Brighton & Hove who need emergency hospital treatment now have their own dedicated A&E within the Royal Alexandra Children's Hospital — the first stand-alone children's emergency department in the South East. The unit was officially opened at the end of January by young patients Rosie and Alfie Jones. Comedian and Brighton & Hove resident Steve Coogan gave Rosie and Alfie a helping hand with cutting the ribbon in front of the TV cameras and met the unit's staff and supporters afterwards.

Summary Financial Statements

Cash flow statement for the year ended 31 March 2012

Cash flows from operating activities

	2011/12 £000	2010/11 £000 Restated
Operating deficit	(5,404)	(1,474)
Depreciation and amortisation	18,006	15,116
Impairments and reversals	16,020	15,974
Other losses on foreign exchange	(43)	(6)
Donated assets received credited to revenue but not cash	(409)	(649)
Interest paid	(2,619)	(2,804)
Dividends paid	(7,819)	(8,085)
(Increase) in inventories	(129)	(39)
Decrease/(increase) in trade and other receivables	3,741	(11,641)
Increase/(Decrease) in trade and other payables	11,636	(2,831)
Provisions utilised	(163)	(1,003)
Increase/(Decrease) in provisions	524	(266)
Net cash inflow from operating activities	33,341	2,292

Cash flows from investing activities

Interest received	54	49
Payments for property, plant and equipment	(45,025)	(27,184)
Proceeds of disposal of assets held for sale (PPE)	0	43
Net cash outflow from investing activities	(44,971)	(27,092)
Net cash outflow before financing	(11,630)	(24,800)

Cash flows from financing activities

Public dividend capital received	12,306	40,123
Public dividend capital repaid	(8,000)	0
Loans received from DH-New Capital Investment Loans	0	10,000
Loans received from DH-New Working Capital Loans	15,000	0
Loans repaid to the DH-Capital Investment Loans Repayment of Principal	0	(10,000)
Loans repaid to the DH-Working Capital Loans Repayment of Principal	(1,500)	(7,460)
Capital element of payments in respect of finance leases and On-SoFP PFI	(1,689)	(1,607)
Capital grants and other capital receipts	409	649
Net cash inflow/(outflow) from financing	16,526	31,705

Net Increase in cash and cash equivalents

	4,896	6,905
Cash and cash equivalents at beginning of period	9,979	3,074
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash at the end of the financial year	14,875	9,979



Independent Auditor's Statement

I have examined the summary financial statement for the year ended 31 March 2012 which comprises the statement of comprehensive income, statement of financial position, cashflow statement and related notes set out on pages 22 to 33.

This report is made solely to the Board of Directors of Brighton and Sussex University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements

or material inconsistencies with the summary financial statement.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Brighton and Sussex University Hospitals NHS Trust for the year ended 31 March 2012. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements 8 June 2012 and the date of this statement.

Darren Wells
District Auditor
Audit Commission
1st Floor, Millbank Tower
Millbank, London
SW1P 4HQ

7 September 2012

Better Payment Practice Code - measure of compliance

	2011/12 Number	£000	2010/11 Number	£000
Total Non-NHS trade invoices paid in the year	101,326	227,958	96,656	182,976
Total Non NHS trade invoices paid within target	80,090	143,422	68,958	112,007
Percentage of Non-NHS trade invoices paid within target	79%	63%	71%	61%
Total NHS trade invoices paid in the year	3,910	118,129	2,760	41,330
Total NHS trade invoices paid within target	2,722	100,488	1,576	16,894
Percentage of NHS trade invoices paid within target	70%	85%	57%	41%

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

Sickness Absence

There was an average of 9 working days lost per staff year during 2011/12 (compared to 8 in 2010/11), based upon calendar year January to December. This equates to a sickness absence rate of 3.9%.



February: National Dignity Day

Our Older People Champions worked hard to make National Dignity Day memorable at BSUH in February. Specially embroidered 'dignity blankets' were handed out in the County's A&E, the medical matrons and Balcombe ward put up a wonderful display of dignity hearts designed by children at the nursery in the PRH foyer, and there were numerous tea parties held all over the hospital. Party-goers at RSCH joined in with celebrations on Solomon, Bailey and Chichester wards, where staff and patients enjoyed impressive quantities of homemade baked treats.

Statement of financial position as at 31 March 2012

	31 March 2012 £000	31 March 2011 restated £000
Non-current assets		
Property, plant and equipment	286,077	297,100
Intangible assets	5	27
Trade and other receivables	3,275	2,806
Total non-current assets	289,357	299,933
Current assets		
Inventories	7,254	7,125
Trade and other receivables	32,725	36,945
Cash and cash equivalents	14,875	9,979
	54,854	54,049
Non-current assets held for sale	7,055	0
Total current assets	61,909	54,049
Total assets	351,266	353,982
Current liabilities		
Trade and other payables	(56,033)	(61,784)
Provisions	(681)	(214)
Borrowings	(1,442)	(1,689)
Working capital loan from Department	(3,000)	0
Net current liabilities	(61,156)	(63,687)
Total assets less current liabilities	290,110	290,295
Non-current liabilities		
Borrowings	(37,136)	(38,578)
Provisions	(2,825)	(2,628)
Working capital loan from Department	(10,500)	0
Total non-current liabilities	(50,461)	(41,206)
Total assets employed	239,649	249,089
Financed by taxpayers' equity:		
Public dividend capital	234,730	230,424
Retained earnings	(23,811)	(8,836)
Revaluation reserve	28,730	27,501
Total Taxpayers' Equity	239,649	249,089



Income from activities

Revenue from patient care activities

	2011/12 £000	2010/11 £000 Restated
Strategic health authorities	1,502	1,821
NHS trusts	4,973	3,863
Primary care trusts - tariff	357,002	343,352
Primary care trusts - non tariff	11,793	10,825
Primary care trusts - market forces factor	16,297	15,933
Foundation trusts	1,250	1,357
Local authorities	439	550
Department of Health	337	350
NHS other	347	0
Non-NHS:		
Private patients	4,921	5,311
Overseas patients (non-reciprocal)	156	243
Injury costs recovery	1,478	1,077
Other	2,602	2,492
	<u>403,097</u>	<u>387,174</u>

* Injury cost recovery income is subject to a provision for impairment of receivables of 10.5% to reflect expected rates of collection

Other operating revenue

	2011/12 £000	2010/11 £000 Restated
Education, training and research	162,723	159,384
Charitable and other contributions to expenditure	2	0
Receipt of donations for capital acquisitions	409	649
Income generation	6,609	4,292
Rental revenue from operating leases	440	424
Other revenue	938	2,697
	<u>171,121</u>	<u>167,446</u>
Total operating Revenue	<u>574,218</u>	<u>554,620</u>



Expenditure (excluding employee benefits)

	2011/12 £000	2010/11 £000 Restated
Services from other NHS Trusts	3,054	1,807
Services from PCTs	2,593	1,699
Services from other NHS bodies	1,619	8
Services from Foundation Trusts	1,156	440
Purchase of healthcare from non NHS bodies	5,062	4,952
Trust chair and non executive directors	65	63
Supplies and services - clinical	81,289	76,860
Supplies and services - general	18,589	17,435
Consultancy services	1,575	2,439
Establishment	7,245	4,768
Transport	4,967	4,886
Premises	19,074	16,396
Impairments and Reversals of Receivables	2,026	283
Depreciation	17,984	15,094
Amortisation	22	22
Impairments and reversals of property, plant and equipment	16,020	15,974
Audit fees	249	240
Other auditor's remuneration - Internal audit	206	235
Clinical negligence	8,418	7,453
Education and Training	111,605	110,607
Other	1,000	2,353
	<u>303,818</u>	<u>284,014</u>
Employee Benefits		
Employee Benefits excluding Board members	275,036	271,307
Board members	768	773
Total employee benefits	<u>275,804</u>	<u>272,080</u>
Total Operating Expenses	<u>579,622</u>	<u>556,094</u>



Property plant and equipment

Expenditure on capital was £27m. The main projects undertaken during the year were the works on the third Cardiac Theatre, the purchase of Gamma Cameras and the 3T's development project.

There are two Private Finance initiative schemes. The first scheme relates to staff accommodation built by the London & Quadrant Housing Trust, a registered social landlord with expertise in the staff accommodation field. In 2011/12 the charge to operating expenses for this scheme was £105,000.

The second scheme was entered into in June 2004 for the build of a new children's hospital. In 2011/12 the charge to the operating expenses was £972,000.

The net book value of assets held by the Trust was as follows:

	£000
Purchased at 01 April 2011	290,714
Donated at 01 April 2011	6,386
Total at 01 April 2011	297,100
Purchased at 31 March 2012	280,733
Donated at 31 March 2012	5,344
Total at 31 March 2012	286,077

The decrease in asset value of £11m comprises £27m capital expenditure, indexation and revaluation of £5m, reclassifications of assets held for sale of £7M less depreciation and impairments of £36m.



March: HRH visits Sussex Eye Hospital

Her Royal Highness Princess Anne met patients and staff at the Sussex Eye Hospital. She was given a tour of the Accident and Emergency and Outpatients Departments and spoke to patients on Pickford Ward who were either waiting to have surgery or who had already had an operation that day. The Princess also unveiled a plaque to commemorate her visit.

Pension benefits

Name and title	Real increase in pension at age 60 (bands of £2500) £000	Real increase in pension lump sum at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March 2012 (bands of £5000) £000	Lump sum at age 60 related to accrued pension at 31 March 2012 (bands of £5000) £000
Duncan Selbie	0-(2.5)	0	90-95	0
Chris Adcock	0-2.5	5-7.5	20-25	70-75
Jonathan Andrews	0-(2.5)	(5.0)-(7.5)	25-30	80-85
Sheree Fagge	0-2.5	0-2.5	45-50	140-145
Dr Stephen Holmberg	25-27.5	77.5-80	85-87.5	255-260

Name and title	Cash Equivalent Transfer Value at 31 March 2012 £000	Cash Equivalent Transfer Value at 31 March 2011 £000	Real Increase/ (Decrease) in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
Duncan Selbie	1,791	1,682	(37)	
Chris Adcock	323	233	59	
Jonathan Andrews	397	342	31	
Sheree Fagge	933	839	48	
Dr Stephen Holmberg	1,795	1,167	415	

Related party transactions

Brighton and Sussex University Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

Any material transactions undertaken with Brighton and Sussex University Hospitals NHS Trust by organisations in which Brighton and Sussex University Hospitals NHS Trust Board members have registered interests, are as follows:

	Payments to Related Party £	Receipts from Related Party £	Amounts owed to Related Party £	Amounts due from Related Party £
Michael Farthing Vice Chancellor, University of Sussex Trustee, Institute of Development Studies Vice Chair, UK Panel for Health and Biomedical Science Research Integrity, Trustee, Faculty of Conflict and Catastrophe Medicine of the Worshipful Society of Apothecaries of London Trustee, Universities UK, Director, UK Research Integrity Office Ltd Chair, 1994 Group of Universities.	5,096,915	963,679	651,930	201,411
Craig Jones Director of Brighton and Sussex Care (BASC)		269		183

Remuneration

		2011-12			
Name & Title		Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Bonus payments (bands of £5000) £000	Benefits in kind (rounded to the nearest £100)
Non-Executive					
Mr Julian Lee	Chair	20-25			
Miss Julie Nerney **	Non-Executive	5-10			
Carole Nicholson **	Non-Executive	5-10			
Dr Tony Holloway **	Non-Executive	5-10			
Mr Richard Hawkins **	Non-Executive	5-10			
Michael Farthing	Non-Executive	5-10			
Lewis Doyle	Non-Executive (from 1st July)	0-5			
Craig Jones	Non-Executive (from 1st July)	0-5			
Executive					
Mr Duncan Selbie	Chief Executive	180-185		5-10	
Mr Chris Adcock	Chief Financial Officer	125-130			
Mrs Sheree Fagge	Director of Nursing	120-125			
Dr Jo Andrews	Chief of Clinical Operations	55-60	110-115	20-25	
Mr Des Holden	Medical Director (joint until 29 February) left 29 February 2012	25-30	65-70	5-10	
Dr Steve Holmberg	Medical Director (joint until 29 February)	65-70	120-125	50-60	

		2010-11			
Name & Title		Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Bonus payments (bands of £5000) £000	Benefits in kind (rounded to the nearest £100)
Non-Executive					
Mr Julian Lee	Chair	20-25			
Miss Julie Nerney **	Non-Executive	5-10			
Carole Nicholson **	Non-Executive	5-10			
Dr Tony Holloway **	Non-Executive	5-10			
Mr Richard Hawkins **	Non-Executive	5-10			
Michael Farthing	Non-Executive	5-10			
Lewis Doyle	Non-Executive (from 1st July)				
Craig Jones	Non-Executive (from 1st July)				
Executive					
Mr Duncan Selbie	Chief Executive	180-185		5-10	
Mr Chris Adcock	Chief Financial Officer	125-130			
Mrs Sheree Fagge	Director of Nursing	120-125			
Dr Jo Andrews	Chief of Clinical Operations	25-30	135-140	25-30	
Mr Des Holden	Medical Director (joint until 29 February) left 29 February 2012	70-75	130-135	20-25	
Dr Steve Holmberg	Medical Director (joint until 29 February)				

**Audit Committee member

Remuneration Committee 2011/12

The Remuneration Committee is a Committee of the Trust Board and comprises the Chair of the Trust, three Non-Executive Directors, the Chief Executive and the Director of Human Resources.

The Committee is chaired by the Chair of the Trust. The Director Of Corporate Affairs attends meetings in an advisory capacity. No member is involved in any decision as to their own remuneration. The Committee is responsible for making recommendations to the Trust Board on:

The appropriate remuneration and terms of service for the Chief Executive, Executive Directors and other Directors and senior managers to ensure they are fairly rewarded for their individual contribution to the organisation, having proper regard to the organisation's circumstances and overall performance, including on:

- any cost of living increases for the Chief Executive, Executive Directors and other designated Directors and senior managers taking into account the provision of any national agreements for such where appropriate, and
- appropriate contractual arrangements for the Chief Executive, Executive Directors and other designated Directors and senior managers including the proper calculation and scrutiny of termination payments taking account of value for money and relevant national guidance

The remuneration of Directors is that of a base salary only without further enhancements. The annual pay award for such staff rate is at a rate generally commensurate with, and no greater than, that agreed nationally for other groups of staff within the NHS and salary levels are independently reviewed and bench marked against comparable NHS organisations. Basic salary and pay awards are based upon satisfactory performance being achieved and assessed against annual objectives.

The remuneration of the current Chief Executive, who is on secondment to the Trust from the Department of Health, is dealt with under Senior Civil Service pay arrangements, with involvement from the Trust Chair as appropriate.

The Chief Executive agrees and reviews the objectives of the Executive Directors. Directors are required as part of their contracts of employment to abide by the core standards of conduct contained in the "Code of Conduct for NHS Managers" published by the Department of Health in October 2002. The appointment of Executive Directors is to permanent positions with relevant notice periods. Continuation of appointment is subject to satisfactory performance.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid Director in their organisation and median remuneration of the organisation's workforce. The banded remuneration of the highest paid director in Brighton and Sussex University Hospitals in the financial year 2011-12 was £192,500 (2010-11 £192,500). This was seven times (2010-11 7.3) the median remuneration, which was £27,625 (2010-11 £26,483).

In 2011-12, 0 (2010-11) 0 employees received remuneration in excess of the highest paid Director. Remuneration ranged from £6,258 to £142,500 (2010-11 £9,620 to £142,500).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Annual Governance Statement

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Brighton and Sussex University Hospitals NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Brighton and Sussex University Hospitals NHS Trust for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

As Chief Executive, I am accountable for the overall risk management activity within the Trust. In discharging these responsibilities I am assisted by the following Directors:

- ■ **the Chief Financial Officer**, who has delegated responsibility for managing financial risk and assists me in ensuring that the Trust's resources are managed efficiently, economically and effectively;
- ■ **the Medical Director**, who has delegated responsibility for managing the strategic development and implementation of safety and quality governance, for reporting this to the Board, through its Safety & Quality Committee, and for the assessment and reporting of clinical risk. The Medical Director is also responsible for infection control in his capacity as Director of Infection Prevention and Control ("DIPC") and provides a report to each Board meeting in this regard;
- ■ **the Chief Nurse**, who has delegated responsibility for ensuring the safety and quality of the care provided to our patients;
- ■ **the Director of Strategy and Chief Operating Officer**, who have delegated responsibility for managing the strategic development and implementation of organisational risk management and the assurance processes; and
- ■ **the Director of Health Informatics**, who has delegated responsibility for the Trust's Information Governance arrangements.

A range of risk management training is provided to staff and there are policies in place which describe the roles and responsibilities in relation to the identification, management and control of risk. All relevant risk policies are available to staff through the Trust intranet.

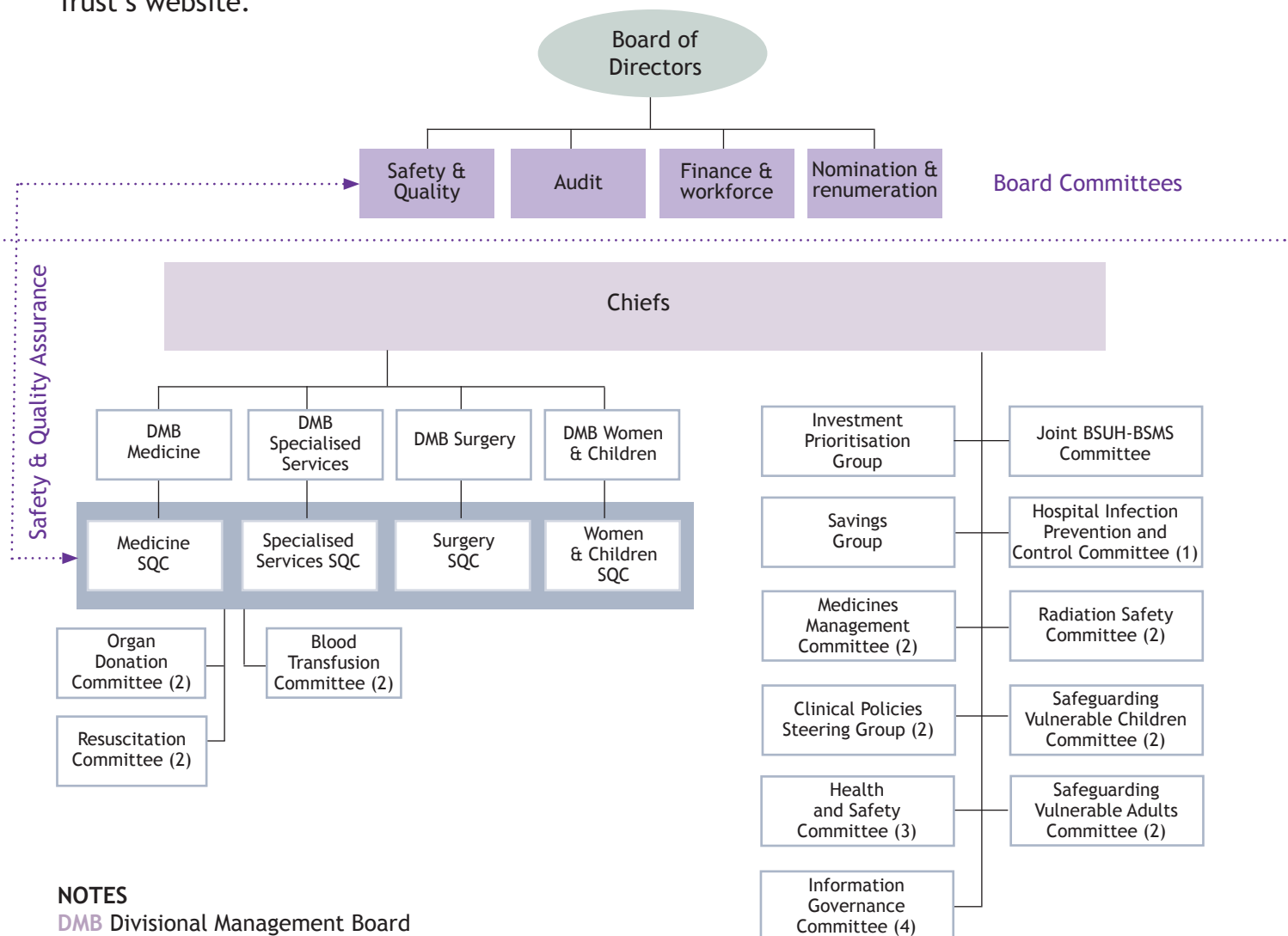
The Trust learns from good practice through a range of mechanisms including clinical supervision, reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit and application of evidence based practice.

The risk and control framework

Over the past eighteen months, the Trust has restructured its governance arrangements to focus more clearly on safety and quality, and also in order to realise our key goal of putting clinicians in top management positions.

The BSUH Board of Directors is responsible for providing effective and proactive leadership within a framework of processes, procedures and controls which enable risk to be assessed and managed. The Board comprises non-executive and executive members. Key clinicians who are on the Board are Steve Holmberg, Medical Director, Jo Andrews, Director of Strategy and Sherree Fagge, Chief Nurse.

The BSUH Rules of Procedure, which were approved in October 2010 and reviewed and updated by the Board in October 2011, set out the corporate governance arrangements for the Trust. The Standing Orders, Schemes of Reservation and Delegation and Standing Financial Instructions were also reviewed and approved by the Board in October 2010 and are also available on the Trust's website.



NOTES

DMB Divisional Management Board

SQC Safety and Quality Committee (divisional)

- ① Quarterly report to Safety & Quality Committee of the Board and by exception
- ② Bi-annual report to Safety & Quality Committee of the Board and by exception
- ③ Bi-annual report to Finance & Workforce Committee of the Board and by exception
- ④ Bi-annual report to Audit Committee of the Board and by exception

Annual Governance Statement

The Trust's corporate governance structure is designed to ensure appropriate oversight and scrutiny and to ensure lessons are learnt and good practice is followed. There are four Committees of the Board of Directors:

■ Audit Committee

In line with the requirements of The NHS Audit Committee Handbook and the NHS Codes of Conduct and NHS Code of Accountability, which are consistent with Monitor's NHS Foundation Trust Code of Governance, the Audit Committee provides the Board of Directors with an independent and objective review of its financial systems, financial information, system of internal control and compliance with laws, guidance and regulations governing the NHS.

The primary role of the Audit Committee, which meets at least quarterly, is to conclude upon the adequacy and effective operation of the Trust's overall internal control system. It is the role of the executive to implement a sound system of internal control agreed by the Board of Directors. The Audit Committee provides independent monitoring and scrutiny of the processes implemented in relation to governance, risk and internal control.

The Audit Committee's work focuses on the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives. The Audit Committee has a crucial function in reviewing the Trust's external reporting disclosures in relation to finance and internal control, including the annual report and accounts, Statement on Internal Control and required declarations.

The Audit Committee's membership is drawn exclusively from independent Non-Executive Directors and is supported by the work programmes of internal and external audit. This ensures independence from executive and operational management. The Chair of the Audit Committee reports key issues to the open session of the Board of Directors after each meeting.

■ Safety and Quality Committee

This Committee, which meets monthly, has delegated authority from the Board to assure the ongoing development and delivery of the hospital's safety and quality strategy. The Committee is authorised by the Board to seek any information it requires from any employee of the hospital in order to perform its duties. It is supported by the work of the Divisional Safety and Quality Committees, which were established in September 2010, and reports from the Trust Safety and Quality team. The Chair of the Safety and Quality Committee, a Non-Executive Director, reports on key issues to the Board of Directors after each meeting and, as a member of the Audit Committee, raises any issues relating to internal control systems with that Committee.

■ Finance and Workforce Committee

The Finance and Workforce Committee, which meets monthly, provides assurance to the Board of Directors in the following areas:

- strategic financial and workforce planning;
- delivery of in-year financial plans and the efficiency plan;

- the Trust's financial and investment policies;
- long-term capital investment, delivery of significant projects and financial sustainability;
- health and safety in relation to the Trust's estate through compliance with industry standards and implementation of effective internal controls around the health and safety of staff.

The Chair of the Finance and Workforce Committee, a Non-Executive Director, reports on key issues to the Board of Directors after each meeting and summarises key issues in a report to the Audit Committee on a quarterly basis. One of the non-executive members of the Committee is also a member of the Audit Committee.

■ ■ **Nomination and Remuneration Committee**

The Nomination and Remuneration Committee's role is to appoint and, if necessary, dismiss the Executive Directors, establish and monitor the level and structure and reward of the Executive Directors, ensuring transparency and fairness and consistency.

■ ■ **Chiefs**

The Chiefs support me, as Chief Executive, to deliver the Hospital's corporate objectives through implementing a sound system of internal control and driving forward an agenda to deliver the objectives.

The Chiefs delegate some of their responsibilities to various committees which are accountable to them. For example, those specifically relevant to the Safety and Quality agenda are the Hospital Infection Prevention and Control Committee, Health and Safety Committee, Drugs and Therapeutics Committee, Safeguarding Vulnerable Adults Committee, Safeguarding Vulnerable Children Committee and the Radiation Safety Committee.

■ ■ **Clinical Divisions**

Whilst there are a significant number of specialties within the hospital (43), each specialty has been grouped within a Clinical Division.

There are four Clinical Divisions within the hospital and these are Medicine, Specialised Services, Surgery, Women and Children. In addition, there are four Corporate Directorates: Nursing and Clinical Operations, Safety and Quality, 3Ts, Estates and Facilities and Human Resources. Each Clinical Division is led by a Clinical Chief, who is a member of the Chiefs.

In October 2010, Divisional Safety and Quality Committees were established for each Clinical Division. These Divisional Safety and Quality Committees report directly to the Safety and Quality Committee of the Board. The Divisional Safety and Quality Committees enable proper communication on all levels within BSUH about safety and quality issues, and for a wide picture of the types of safety and quality concerns that arise within divisions, and the ways to tackle such concerns.

Annual Governance Statement

Each divisional Safety and Quality Committee has a Deputy Chief of Safety, most of whom are practising clinicians, and who chair the Divisional Safety and Quality Committees. The Deputy Chiefs of Safety are required to be the first point of contact for any concerns raised about the safety of clinical services and to coordinate a response or an investigation, which would be undertaken by our Patient Safety Team. A key aspect of the role is to promote a culture of openness by encouraging staff to be open with patients involved in serious clinical incidents and their families and to ensure that lessons are learnt from incidents, and that these lessons are disseminated on the front line to staff members. Each Divisional Safety and Quality Committee is required to hold a "Patient Safety and Quality Action" log to track progress against identified actions that are to be adopted by each Committee.

The next step is to support the above Committees with Clinical Services Safety and Quality Committees, targeting therefore each specific service under each Division. This will focus even closer attention on specific trends and problems within specific specialised services.

In addition to the Divisional Safety & Quality Committees, the Deputy Chiefs of Safety across all of the divisions convene Patient Safety Incident Review Meetings on a monthly basis. In this meeting, each of the incidents that have arisen during the month is discussed and the action taken to address the incident is reported.

The Safety and Quality Directorate holds a weekly patient safety review meeting, which is chaired by Professor Halligan. The Deputy Chiefs of Safety attend this meeting. The purpose of this review is to undertake a qualitative review of all patient safety incidents within the Hospital. The review is aimed at identifying any trends or issues that need follow up. At the meeting, those incidents that need further exploration or an investigation will be assigned to a member of the patient safety team.

Information relating to the outcome of any incidents followed up is recorded on BSUH's computerised incident reporting system and discussed at the appropriate Divisional Safety and Quality Committee for learning to be identified and appropriate action taken.

Risk management, Board Assurance Framework and key risks

Risk management is taken into account in the organisation in a variety of ways. All staff are responsible for responding to incidents, hazards, complaints and near misses in accordance with the appropriate policies. Local management teams are responsible for developing and maintaining local risk registers and overseeing the management of adverse incidents. Divisional Management Teams are responsible for reviewing risk action plans and ensuring they are implemented through business planning and other established routes. Risk processes are monitored and reviewed by the Chiefs, Safety and Quality Committee and Audit Committee.

2011/12 was the first year in which our Board reporting shadowed the Governance Rating in Monitor's Compliance Framework for NHS Foundation Trusts. Risks to the achievement of national standards (e.g. 18 weeks, cancer, A&E access) have been identified and mitigated through the weekly Chiefs' meeting, as well as daily escalation/review policies, weekly hospital Operations Team meetings, speciality reviews to agree priorities and clinical practice, clinical escalation processes and arrangements to work with partners in primary and secondary care. All national standards were delivered in 2011/12, save for the 31 day wait for second or subsequent treatment comprising radiotherapy in the final quarter of the year.

This is well understood by our commissioners to be the result of the limited LINACS capacity we currently have. In partnership with them, we need to rebalance the amount of radiotherapy we handle locally and to outsource activity as appropriate. We expect to have a position that returns radiotherapy to the standard required in Q1 of the 2012/13 financial year.

At its February 2012 meeting, the Board of Directors was advised that a backlog of referrals had been identified in neurology and neurosurgery. This was a serious clinical problem that was addressed with extreme urgency. A comprehensive set of actions were developed to ensure that patients who had been waiting were seen as quickly as possible. At the same time, the Trust delivered the 18 week standard for admitted and non-admitted patients in the final quarter of the 2011/12 financial year. The systems and processes that led to the backlog were examined in-depth by way of an After Action Review on 24 May 2012, the findings of which will be used to make appropriate systemic improvements, progress against which will be monitored by the Board of Directors on a quarterly basis.

Until such time that the Order Communications and Electronic Patient Record system become operational, the system for requesting, undertaking, reporting and acting on plain film images is more vulnerable to potential error. During the year, the Safety and Quality Committee of the Board sought assurance on the systems and processes in place to ensure that the plain film backlog identified in March 2011 was cleared and that the risks of a recurrence were minimised. Assurance has been provided to both the Chiefs and the Safety and Quality Committee of the Board that there was no adverse impact on patient care. The Medical Director instigated a further review of plain film reporting in May 2012 in order to assess whether there were further opportunities to strengthen the system in advance of Order Communications and EPR becoming available, the outcome of which will be reported to the Safety and Quality Committee of the Board.

As part of our ongoing preparations for NHS Foundation Trust status, work has continued on the development of the Trust's risk management strategy as part of ensuring that it is aligned to our vision and strategic goals. A new Board Assurance Framework (BAF) and supporting processes have been implemented, with the BAF being submitted to the Board on a quarterly basis.

Information Governance

The 2010/11 Statement on Internal Control disclosed one incident involving data that required disclosure further to the Department of Health's information governance assurance requirements. This concerned the sale of redundant BSUH hard drives on eBay, which contained personal data. These drives were sold by an individual whose company had been engaged by the Sussex Health Informatics Service to destroy them. All of the drives were recovered or otherwise accounted for and BSUH remains confident that no patient identifiable data entered the public domain. BSUH's membership of the Sussex HIS concluded at the end of the 2011/12 financial year.

This incident was reported in a pro-active and timely way to the Information Commissioner's Office (ICO). In December 2011, the ICO subsequently issued a Notice of Intent to fine the Trust for breaching the Data Protection Act 1998. The Trust made extensive written and oral representations on the Notice of Intent. The ICO issued a Monetary Penalty Notice on 28 May. The Trust paid a reduced fine of £260,000 in June 2012.

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As part of bringing ownership of IT services back in-house, which took place on 1 April 2012, BSUH has taken appropriate steps to strengthen the processes relating to the disposal of redundant hard drives, including a stringent due diligence process for the engagement of contractors in the wiping and disposal of redundant hard drives. Through the internal auditors, the Audit Committee will be ensuring that the Trust's Information Governance arrangements are subject to a rigorous process of continuous improvement and that appropriate training continues to be provided to staff in addition to that which is given during the induction process.

Involving patients, the public and stakeholders

The Trust provides information and assurance to the public on the Trust's performance against its principal risks and objectives in a number of different ways, including:

- actively seeking the views of patients through the Patient Voice survey, the BSUH Patient Experience Panel, nationally mandated surveys and patient involvement in the Patient Environment Action Team (PEAT) audit;
- stakeholder engagement events as part of the development of the Trust's 3Ts programme;
- quarterly stakeholder briefings to inform and receive feedback on key topics, which are circulated to staff, stakeholders, and our public members. This is achieved through the "Talkback" publication, which is widely distributed;
- bi-monthly briefings to our General Practitioners through the "GPLINK" publication;
- the weekly "Friday Message" from the Chief Executive, which is circulated to staff and stakeholders;
- public meetings of the Board of Directors, the papers for which are published in advance on the Trust's website;
- publication of the Trust's operational and financial performance in the papers considered at open Board meetings;
- the Trust's registration status with the Care Quality Commission is published on the Trust's website;
- reports to the Department of Health (DH) on incidents and accidents including all aspects of risk; and
- statutory estate returns to DH (Estate Return Information Certificate) on backlog maintenance, health, safety and fire.

Care Quality Commission Registration

The Trust has seven locations and seven regulated activities registered with the Care Quality Commission under the Health and Social Care Act 2008. A framework is in place to provide assurance on the Registration requirements and the 28 Essential Standards of Quality and Safety which underpins this. During 2011/12, the Trust had had three unannounced compliance visits to registered locations from the Care Quality Commission. The first was at the Royal Sussex County Hospital on 5 July 2011 to review the following seven outcomes:

- Respecting and involving people who use services
- Consent to care and treatment
- Care and welfare of people who use services
- Meeting nutritional needs
- Cleanliness and infection control
- Management of medicines
- Safety and suitability of premises

The CQC found the Trust to be compliant with these outcomes and recommended minor improvement actions on five of them. The full report is available on the CQC website. An action plan was developed, delivery of which has been monitored by the Safety and Quality Committee and the Board, and is available on the Trust's website.

The second was by a CQC IRMER (Ionising Radiation Medical Exposure Regulations) Inspector in November 2011 to follow-up an incident where a patient received a greater than prescribed, but not harmful, dose of radiation during the course of their radiotherapy treatment. A CQC Improvement Notice was subsequently issued. The hospital's Radiation Safety Committee developed an action plan in response to the Improvement Notice, and we have since had confirmation that the requirements therein have been complied with. All relevant policies and protocols have been amended and actions completed.

The third was an unannounced inspection of the Trust's termination of pregnancy service in March 2012. This was part of a national initiative requested of the CQC by the Secretary of State for Health. The CQC found the Trust to be compliant with the relevant regulations.

The Trust has also informed the CQC of a Serious Incident in which legionella was found to be present in one of the oldest wards in the Hospital. The Trust took immediate action to ensure that its premises are safe and has complied with the improvement notice subsequently issued by the Health and Safety Executive and is co-operating with them in their ongoing investigation.

The Trust continues to have an unconditional registration with the Care Quality Commission.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality Diversity and Human Rights

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Climate Change

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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Review of economy, efficiency and effectiveness of the use of resources

The Board receives a monthly report from the Chief Financial Officer on financial performance, the format of which has been amended to reflect the requirements of NHS Foundation Trust status, and the steps taken to mitigate risks to delivery of the year-end financial control total. Financial performance is reviewed at the weekly Chiefs' meeting and reviewed by the Finance and Workforce Committee of the Board, which in turn provides assurance to the Board by way of monthly reports from the Chairman of the Committee.

The Trust delivered financial break-even in 2011/12, a target agreed with NHS South of England and NHS Sussex. NHS South of England are fully aware of the issues faced by the Trust in delivery of its year-end position and are satisfied that this represents strong financial performance.

In addition to routine internal audits, the Audit Committee commissions assurance reviews from internal audit on issues which the Trust has identified as requiring strengthening and performance improvement or where new arrangements have been implemented.

The table opposite shows the internal audits reviews for 2011/12.

The Audit Committee has requested follow-up audits for those areas where limited assurance has been provided in 2011/12 in order to be satisfied that appropriate management action has been taken to implement the corresponding recommendations. This has proved to be an effective mechanism; by way of example, the follow-up consultant job planning audit requested by the Audit Committee which took place in 2011/12 provided significant assurance in an area where only limited assurance had been provided the year before.

The Audit Committee also receives regular assurance reports from the Chairs of the Safety and Quality Committee and Finance and Workforce Committee as part of its wider role in providing the Accountable Officer and the Board of Directors with assurance on the system of internal control at the Trust.

In the early part of the 2011/12 financial year, the Trust identified a potential breach of the Public Contract Regulations 2006. This related to the procurement of professional planning advice on the 3Ts programme, the major capital programme to modernise the Royal Sussex County Hospital in Brighton, expand the services provided to its most seriously ill and injured patients and strengthen its role as the regional teaching hospital. Having identified the breach of legislation, the Trust sought and acted on independent professional advice and strengthened its governance arrangements to prevent a re-occurrence of this matter in future.

The Trust also asked its NHS Local Counter Fraud Service to consider and determine whether there was a risk of corruption and/or fraud associated with this matter. They concluded that there was no such risk. A full disclosure was made in-year to the Trust's external auditors, the Audit Commission, who subsequently referred the matter to the Secretary of State for Health under section 19 of the Audit Commission Act 1998. The external auditors concluded that it was not necessary to issue a public interest report under section 8 of the Act on the basis of the action taken by the Trust as described above. In addition, the Audit Committee requested that Internal Audit carry out a review of the Trust's procurement governance arrangements, as listed above.

Audit	Assurance Level Provided
Use of Temporary Health Records	Significant
Governance Review	Significant
CFA - Pay	Significant
CFA Financial Accounting	Significant
Follow Up of Past Agreed Actions	Significant
Treasury Management	Significant
CQC	Significant
Assurance Framework Risk Management	Significant
Patient Experience	Significant
Losses and Comps	Significant
Car Park Permits	Significant
Transition of KSS Deanery	Significant
EPR Business Case & Project Management	Significant
CFA - Part 2	Significant
Follow Up Consultant Job Planning	Significant
Ward Round Checklist	Significant
Governance Arrangement OBC and FBC	Significant
Follow Up Limited Assurance	Significant
Annual Policy review	Significant
WHO Surgery Checklist	Significant
Private Patient Income - Eye Hospital	Limited
Cancelled Operations	Limited
Procurement Governance Arrangements	Significant

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Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. The Department of Health has issued guidance to NHS Trust boards on the form and content of annual Quality Reports.

In February 2010, we published our first Safety and Quality Strategy. For 2011/12, we chose, with our clinicians and commissioners, a number of safety and quality goals which will hopefully put us in the top quartile of hospitals for clinical outcomes, patient experience, staff morale, teaching and research. We prioritised these goals into three themes:

- 1. Safety:** Can we demonstrate that we are doing all we can to minimise the risk of hospital acquired infections, avoidable accidents or harm and to learn from mistakes when they happen?
- 2. Effectiveness:** Can we demonstrate that our clinical services are organised, managed and provided in a way that drives efficiency and achieves the best possible outcomes for our patients?
- 3. Experience:** Can we demonstrate that we treat our patients with the kindness and compassion we would want for our own loved ones, that we are doing all we can to minimise their stress and anxiety and ensure they have a positive experience whilst in our care?

We recognise that safety and quality cannot of course rely on paper processes alone and that good governance will not in itself make services safe. We therefore created a framework to assure the implementation of our priorities and goals, encourage people to work together, share expertise and to monitor effectively so problems can be quickly identified and acted upon, which is described above.

Progress has been be overseen by the Safety and Quality Directorate and the Chiefs and reported to the Trust Safety and Quality Committee on a regular basis.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the Annual Quality Report attached to this Annual Report and other performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee, the Safety and Quality committee, and the Finance and Workforce Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit Opinion is that significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.

My review is also informed by executive managers within the Trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors and the Audit Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board of Directors and its committees meet regularly and, as part of their consideration, keep arrangements for internal control under review through discussion and approval of policies and practice. The Audit Committee has provided the Board of Directors with an independent and objective review of financial and corporate governance, and internal financial control within the Trust. During the course of 2011/12, the Committee has sought further assurance on the actions being taken in response to internal audit reports on clinical coding, consultant job planning, HR policies in respect of bank and agency staffing and whistle-blowing facilities available to staff. The Committee has assured the Board that the Trust has acted on the recommendations with consequent improvement in the services the Trust is able to offer patients and will seek follow-up audit testing to provide further assurance that the recommendations are fully embedded in the Trust's internal processes.

The Audit Committee has received reports from external and internal audit including reports relating to the Trust's counter fraud arrangements. The Trust's Executive Directors and managers, and the Chairman of the Safety and Quality Committee of the Board, have provided the Board of Directors with reports on risk management, performance management and safety and quality governance.

Significant work has been undertaken in 2011/12 to develop the Board Assurance Framework and ensure that it is aligned to our vision and strategic goals. In 2010/11, the Assurance Framework could not provide in its own right reasonable assurance that there was a sufficiently effective system of internal control in place. The work undertaken since that time means that it is now better able to provide this. I expect that it will provide reasonable assurance in its own right early in the 2012/13 financial year, by which time the further work identified by the Board and Audit Committee to thoroughly embed internal controls and risk management all the way through the organisation will have been delivered.

My review has also been informed by presentations made to the Board by external audit in respect of the annual audit letter and other relevant reports. I have also been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, Audit Committee and the Chiefs. These groups each receive regular reports and updated action plans to manage or monitor progress on major risks, as defined in their respective terms of reference. A plan to address weaknesses and ensure continuous improvement of the system is in place.

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A number of external agencies and other assessors measure and report on the Trust's performance against statutory requirements or best practice. These groups examine many potentially high risk areas. The results of their work are considered and acted on where necessary by the relevant executive director. All significant external scrutiny reports are also reported to the appropriate Committee for monitoring.

Conclusion

The Trust has made real and sustainable improvements to its governance arrangements in 2011/12 as it progresses on its journey to NHS Foundation Trust status. I am satisfied that the significant internal control issues described above have been or are being addressed.



Duncan Selbie
Chief Executive
Date: 6 June 2012

Glossary of Terms

The following is a brief glossary of some of the terms used in this report.

Access Targets

Government requirements set to improve waiting times for patients needing secondary healthcare e.g. maximum waiting time from a GP referral to an initial hospital appointment.

Capital

IN the NHS, the term capital refers to estate costs and equipment purchases of £5000 or more. All capital expenditure is shown in the Balance Sheet as a fixed asset, and then depreciated over the life of the asset with depreciation shown as a charge to the Income and Expenditure Account.

Charitable Funds

Money donated by patients, relatives, fundraisers and other charities for specific purposes.

Capital Resource Limit (CRL)

Annual budget for capital investments for year authorised by the Department of Health.

External Financing Limit

Cash budget set by the Department of Health primarily to fund capital investments. This is calculated taking account of the CRL and depreciation costs incurred but may also include cash borrowings and repayment of borrowings.

Foundation Trust (FT)

NHS Trust approved by the Government to be able to have additional freedom to act, particularly in relation to expanding or contracting certain services, and taking out loans to finance capital developments.

Public Dividend Capital (PDC)

The total government monies used to establish the organisation, as adjusted subsequently through EFLs to fund capital purchase and temporary cash loan needs.

Primary Care Trust (PCT)

The NHS organisation responsible for identifying the healthcare needs of their geographic populations and commissioning (buying) in-patient, out-patient, day surgery and specialist care and providing primary care through GP surgeries.

Primary Healthcare

Health Services to patients provided at the patient's first point of contact with the NHS - the General Practitioner (GP)

Revenue

This is the routine income received and expenditure incurred relating to the provision of services.

Secondary Healthcare

Health services to patients which are not available from a GP surgery.

Specialty

A specific category of healthcare usually provided from hospitals. All hospital Consultants are identifiable by their clinical specialty.

Strategic Health Authority (SHA)

NHS organisation responsible for developing plans to improve the health of the local population, supporting the development of quality NHS services provided by PCTs and NHS Trusts, and monitoring the healthcare and financial performance of those organisations.

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Our vision is to be locally and nationally renowned for delivering safe, high quality and compassionate care and to be the regional centre of clinical and academic excellence

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