



Meeting the Challenges

2003/4 annual report

Swindon and Marlborough **NHS**
NHS Trust

Service as usual in a year of change Chief Executive's Report 2003/04

The Trust's ambition and enthusiasm has been demonstrated in the new hospital, together with the buildings on the Commonhead site and the development at Marlborough House. The scale of change, which has affected us all, has been immense. Despite these changes, there has been a real determination on the part of staff to provide a "service as usual" to our patients. The enthusiasm, commitment, teamworking and speed/degree of change has been breathtaking, as has the improvement in the services we offer to our patients. The improvement has not just been in isolated areas where there is a national focus – for example Accident and Emergency - but throughout all the departments within the Trust.

As we have seen with the A&E targets, no department works in isolation but with others, delivers better care to patients.

However, the true value of the services we provide to patients is not measured by buildings alone but, more importantly, by the quality, professionalism and attitudes of our staff. I believe we should be proud of ourselves and our colleagues – we have an abundance of talented and committed staff who are an asset to our organisation and this community.

There are a number of examples in this annual report of the quality of services we provide. However, these achievements are selectively drawn from a far larger pool of staff successes.



The Great Western Hospital

These achievements are set against a backdrop of settling into a new hospital, treating more patients than ever before and within strict financial limits. This year our response to a major incident has also been tested.

The next phase of our development will focus on:

- Working with other organisations to improve the health of the people we serve and reduce health inequalities
- Providing effective, patient centred care and improve patients' and carers' experience and satisfaction and health outcomes, so we are the hospital of first choice for patients' and as an employer
- Ensuring greater patient and user choice, involvement and influence at both individual and collective levels
- Delivering and developing excellent clinical care and services without delay, throughout the patients' health care journey, quality being integral to the achievement of targets
- Maximising the potential of our staff
- Ensuring better integration of services and planning with our partners
- Ensuring we meet our financial, operational and statutory requirements
- Developing the Academy and building links with higher education institutions

Lyn Hill-Tout
Chief Executive
July 2004



I believe the population we serve can be confident that, with the quality of our staff and the commitment we have to working with our partners, they will continue to see improvement in the healthcare services offered to them.



The Brunel NHS Treatment Centre

Anyone driving past the Great Western Hospital cannot have failed to notice the new building which has appeared at the eastern end of the site.

This is The Brunel NHS Treatment Centre which will open in April 2005 and will have:

- 128 beds
- 108 for elective surgery
- 3 X 36 bedded wards
- 33% single rooms
- Access from all beds to the Patientline entertainment and communications systems and the nurse call system.
- 20 private beds (transferring the private beds from Dove Ward in TGW)
- 5 operating theatres
- Power, oxygen and medical gases piped to each bed-head
- Around 350 staff
- Its own dedicated entrance
- Its own car parking area
- A café
- Vending machines
- Visitors waiting areas on the wards
- Interview rooms for discreet advice, support and counselling
- Therapies rooms close to the wards
- Patient information
- Patient advocacy
- A high standard of environment similar to that in The Great Western
- 500 miles of wiring
- 5000 sq metres of concrete
- 1180 panels
- 680 tonnes of steel

It will provide:

One short stay ward for ear nose and throat, ophthalmology and orthopaedics (3 days stay or less)

One orthopaedic ward for joint replacements (over 3 days stay)

One surgical ward

With the Treatment Centre the Trust will be able to treat an extra 5,500 in patients every year.

Swindon and Marlborough **NHS**
NHS Trust

Patients always come first

Chair's Report By Patsy Newton



Patsy Newton

As I only joined Swindon and Marlborough NHS Trust in February 2004, I am still learning about the organisation. However, from the outset, it was clear that the Trust was in the midst of a period of enormous change, centred on increasing our capacity and improving patient care and that this would continue throughout 2004/05.

During the past financial year we said goodbye to Sue Webber who extended her time with the Trust to be acting chair until my appointment. I would like to thank her on behalf of everyone in the Trust for her invaluable contribution during a very busy time. Her dedication, enthusiasm, and professionalism will be greatly missed.

We have also seen a number of new appointments to our board. Francesca Thompson took over the reins from Elaine Strachan-Hall as Director of Nursing, Trevor Payne became our Director of

Estates and Facilities, Sue Rowley our Operations Director and Charlotte Moar joined us as Finance Director. Kevin Small, Angela Gillibrand and Lesley Bennett have all taken up posts as non-executive directors.

The overriding impression I have received during the months I have been in post is one of commitment. Despite the challenging agenda of meeting targets whilst developing and expanding our services, the positive attitude, industry and sheer energy of our staff is hugely impressive. Whatever developments are going on within the organisation it is clear to me that our team here never loses sight of the fact that patients are always at the centre of everything we do and I would like to thank our staff and recognise their outstanding efforts in providing a high standard of care for the people in our area. I would also like to thank all our partners in the local health community and in social services for their help and continued support.

It is clear we have an exciting and challenging future ahead of us with much to look forward to. The Brunel NHS Treatment Centre will open in April 2005 with 128 beds, five operating theatres and a wealth of the latest technology. The fact that the new centre will deal only with elective (planned) surgery means that cancelled operations due to high numbers of emergency admissions will virtually become a thing of the past.

We are also looking forward to the establishment of a new academy on The Great Western site which will train the healthcare professionals of tomorrow. Throughout all these developments we have continued to listen and involve our patients, staff and users in our planning.

With a new hospital and more new facilities in the pipeline, expectations of our services are high. I have no doubts that our staff will do all in their power to meet those expectations.



The new Brunel NHS Treatment Centre

Earning recognition

By Trevor Payne, Estates and Facilities Director

The last 12 months have been extremely busy and challenging for the Trust Estates and Facilities Management Department (Trust EfM). Following my appointment as the Trust Director of Estates and Facilities in August last year, the Redevelopment Team was re-structured in order to focus on the operational requirements of the private finance initiative (PFI) contract and to develop longer term strategies relating to the site, the buildings and the services that the Trust operates from.

From an estates development point of view, the last 12 months have seen the sale and demolition of the Princess Margaret Hospital site, construction and

completion of Woodpecker Ward and Clover Ward and the production of a five year site development control plan, complete with an estates strategy and a facilities strategy to guide the future direction of estates and facilities services. Considerable effort was required in order to financially close the Treatment Centre scheme and to manage the on-site construction activities, and this required close liaison with the EfM team and a number of key contacts within Trust wards and departments.

A key piece of work that was completed was the Lessons Learned project which was designed to identify all of the issues relating to The Great Western Hospital building, drawn from defects lists, building snags, help desk information and comments from patients, staff and visitors. The Trust was keen to ensure that it learned lessons from the original building and actively "designed out" the negatives from the new Treatment Centre development whilst retaining the positives. We also shared this evidence base with a wider NHS with respect to new PFI schemes which were currently in planning or under construction.

This year has seen a huge focus on operational service delivery of the PFI contract, with particular attention being paid to cleaning and catering activities within the Trust. Regular monitoring and liaison meetings have now been established and performance standards have improved. As part of the facilities strategy a number of service improvements have been planned relating to catering. Close links have been made with our nursing colleagues with respect to pilot projects for ward catering service and protective meal times.

A number of international and national visits have taken place with teams coming to look at Swindon regarding construction, commissioning and operational experience. Slowly but surely Swindon is being recognised.

The coming year will be both challenging and interesting with a number of developments currently in the planning stage, notably the Clinical Academy and the Swindon Borough Council park and ride scheme. The Trust continues to work well with Carillion in a partnership approach in order to deliver facilities services that fully support our healthcare colleagues.



Demolition work begins on the old PMH site

Building a better service

By John Henson, Medical Director

This has been a year of consolidation within the new hospital. Staff have taken the opportunity provided by the new facilities to enhance the service they provide to patients.

In line with the NHS Plan, there has been a large increase in the number of medical consultants to improve patient care and to reduce the heavy workload of many of the junior doctors.

In October 2003, the Department of Health announced a new contract for consultant medical staff, the first major change in terms and conditions of service since the inception of the NHS in 1948. Thanks to the

co-operation of the senior medical staff and the hard work of clinical managers and HR staff, the contract has been successfully implemented locally with a high take up rate amongst the local consultants. This contract will reward the hard work and long hours put in by consultants in caring for their patients. In turn, the increased flexibility in the new contract will allow more efficient use of consultants' time.

In a year of considerable success and achievement, it is difficult to select those deserving of special mention. However, the incredible efforts made by all staff within the A&E department to cut waiting times, does deserve special recognition. One of the major difficulties faced by the Trust in the last year has been the increased demand for acute medical admissions. The Medical Directorate has worked tirelessly to ensure that there is a bed for all those requiring admission, whilst at the same time facilitating the discharge of those ready to leave hospital. The use of the Discharge Lounge has played a large role in this. The directorate continues to

review and develop the efficiency of its front line service in the Acute Admissions Unit.

A great bonus in moving to the new hospital is the state-of-the-art technology available to support patient care. During the year, this was enhanced by the acquisition by the Radiology Department of a new CT scanner, the newest of its class and amongst the most advanced in the country. This equipment assists in the diagnosis of cancer and other diseases.

We now anticipate eagerly the opening of the new Brunel Treatment Centre in early 2005. This facility will greatly enhance the ability of the Trust to carry out daycase and elective surgery without disruption by emergency admissions. Like the main hospital, this unit will be equipped to a very high standard with the latest technologically advanced equipment. It will further allow us to develop and enhance our working practices to further improve patient care.

Improving the quality of care

By Francesca Thompson, Director of Nursing

Our single most important goal as nurses, midwives and allied health professionals (therapists, scientists and radiographers) is to strive continually to improve the quality of the patient experience. We are clear that this can only be achieved by listening to what patients and carers are telling us, which in the main is the need for them to feel informed, reassured and that they matter. Having the opportunity to provide care in state of the art facilities has this year been extended beyond the Great Western Hospital by the opening of our expanded child and adolescent mental health service, Marlborough House.

During the course of the year, staff have demonstrated an enormous commitment and dedication towards creating a safe and welcoming environment for patients and their families. Working together with estates, porters, cleaners and catering staff has been key in our determination to see important aspects of care improve such as an efficient mealtime service and clean and tidy wards. Through teamwork we have also achieved a significantly improved level of patient and organisational safety which in some areas has placed us amongst the higher performing Trusts in the country.

It has also been rewarding to see that over the course of the year more nurses and midwives have joined the organisation than have left. This has been important in order to support the expansion of our services whilst taking the opportunity to invest and develop new roles where needed. It has been a particular delight to see our first nurse endoscopist spearheading clinical practice and receiving such positive feedback so early on from patients and colleagues alike. Within the nursing



investment there have been many new teams formed and without exception it has been evident how hard staff have worked in order to make a difference to patient care.

On an even keel

By Paul Bentley, Director of Human Resources

The past 12 months have seen a stabilising of a number of initiatives involving staffing following the frantic activity that led to the move to the new hospital in 2002/2003.

The Trust has seen increases in the number of staff who we employ and reductions in the levels in sickness/absence. In some areas, reductions in sickness/absence of over 3% per year have been achieved. This leads to an increased number of staff

available to look after patients.

There has been an increased focus on the protection of our workforce, with emphasis on reducing the incidence of violence and aggression towards staff. The last year has also been encouraging in that greater numbers of staff have taken up childcare places at the new on-site nursery run by our partners, Buffer Bear Nurseries.

It has been pleasing to see increased numbers of staff engaging with the staff side of the Employee Partnership Forum, which plays a significant role in representing the interests of staff within the organisation.

The introduction of a new contract of employment for

medical and dental consultant staff has been a particularly significant event and this year has also seen heightened preparation for the introduction of Agenda for Change, a new NHS wide pay system affecting almost all staff within the Trust, which will be implemented this year.

Following on from the annual staff survey, the results have been incorporated into our action plan to improve the working lives of all our staff.

Finally, I would like to take this opportunity to thank our staff for the massive contribution they make towards patient care and the professional way in which this care is delivered.

“Bedding down” in a busy year

By David Davies, Director of IM&T

Last year was the first full year of occupation of the hospital following its opening, and much of the early part of the year was a period of “bedding down” and consolidation.

For Health Records there was a period of considerable reorganisation within the Health Records library and the department generally. The net effect has been a significantly improved Health Records Service.

The availability of case notes has improved and a number of changes made to enhance the services provided. This focus on service review and improvement will continue in the coming year.

For the IT Service it was another very busy year helping to make sure that we get best value from our

investment in IT. A number of successfully completed projects included such diverse areas as Discharge Planning, Cancer Services, Infection Control and Cardiology. An exciting development has been the use of wireless networking in a number of pilot areas in The Great Western.

For the directorate 2004/2005 will be another busy year with a focus on such areas as our new Treatment Centre, various clinical IT projects, Information Governance, Payment by Results, Agenda for Change and the new National Programme for IT.

FINANCIAL REVIEW AND SUMMARY FINANCIAL STATEMENT

The financial information set out below is a summary of the full accounts for 2003/04. References to notes in the summary financial statements relate to the full set of accounts.

Which are available on request from:

Director of Finance

Swindon and Marlborough NHS Trust, The Great Western Hospital, Marlborough Road, Swindon, Wiltshire SN3 6BB

FINANCIAL PERFORMANCE

The Trust has three key financial duties:

- To breakeven on income and expenditure taking one year with another.
- Not to overspend its Capital Resource Limit nor underspend that limit by more than 5%.
- To achieve its External Financing Limit (a cash limit set by the Department of Health).

The table below sets out the performance of the Trust against these targets in 2003/04 and the previous six years.

	Total Income £K	Surplus (deficit) in the year £K	Cumulative Surplus (Deficit) since 1997/98 £K	External Financing Limit	Capital Resource Limit
1997/98	71,588	(3,564)	(3,564)	Target Achieved	N/A
1998/99	80,348	813	(2,751)	Target Achieved	N/A
1999/00	103,180	1,268	(1,483)	Target Achieved	N/A
2000/01	91,032	1,496	13	Target Achieved	N/A
2001/02	100,314	16	29	Target Achieved	Target Achieved
2002/03	121,695	13	42	Target Achieved	Target Achieved
2003/04	126,978	11	53	Target Achieved	Target Achieved

COMMENTARY ON THE YEAR

AVON, GLOUCESTERSHIRE AND WILTSHIRE (AGW) HEALTH ECONOMY

In 2003/04, AGW received funding from the NHS bank totalling £70 million. £10 million was used to repay brokerage with £60 million being allocated to Primary Care Trusts and NHS Trusts. Swindon and Marlborough NHS Trust did not receive any such financial support.

The overall reported financial position for AGW at the end of 2003/04 is subject to audit. The reported position at the 31 March 2004 is a deficit of £3.661 million.

The accumulated deficits including that for previous years deferred by the Department of Health would therefore amount to £93.643 million at the 31 March 2004.

THE TRUST

The Trust delivered its financial targets in year, which was a good achievement.

However in-year there were significant pressures, primarily around use of temporary nursing and medical staff. This meant that Directorates overspent and non-recurring funding was used to support this overspend.

FINANCIAL POSITION FOR 2004/05

Although a balanced budget has been agreed for 2004/05, after delivering a saving programme of £3.2 million, the financial position remains challenging with continuing risks around use of temporary staff, the implementation of Choice and the lead-up to the opening of the Treatment Centre in April 2005.

The Trust is developing further plans to manage outstanding risks. By 1 September 2004 the Trust will confirm with local partners and the Strategic Health Authority (AGW) how remaining risks will be managed.

BALANCE SHEET COMMENTARY FOR 2003/04

The major balance sheet event in year was the sale of the Princess Margaret Hospital site.

Although the EFL target was achieved because of the uncertain timing of the sale the cash position was difficult all year and a key priority for the Trust is to improve its performance on the PSPP for 2004/05 as set out below.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED - 31 March 2004

	NOTE	2003/04 £000	2002/03 £000
Income from activities: Continuing operations	3	111,424	99,359
Other operating income: Continuing operations	4	15,554	22,336
Operating expenses: Continuing operations	5-7	(126,228)	(120,524)
OPERATING SURPLUS (DEFICIT)			
Continuing operations		750	1,171
Cost of fundamental reorganisation/restructuring*		0	0
Profit (loss) on disposal of fixed assets	8	(61)	0
SURPLUS (DEFICIT) BEFORE INTEREST		1,171	1,521
Interest receivable		151	153
Interest payable	9	(7)	0
Other finance costs - unwinding of discount		(44)	(79)
Other finance costs - change in discount rate on provisions		0	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR		789	1,245
Public Dividend Capital dividends payable		(778)	(1,232)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR		11	13
Note to the Income & Expenditure Account for the year ended 31 March 2004		£000s	
Retained Surplus/(Deficit) for the year		11	
Financial Support included in Retained Surplus/(Deficit) for the year		0	
Retained Surplus/(Deficit) for the year excluding financial support		11	

BALANCE SHEET AS AT 31 March 2003

	NOTE	31 March 2004 £000	31 March 2003 £000
FIXED ASSETS			
Intangible assets	10	0	0
Tangible assets	11	25,949	32,445
Investments	14.1	0	32,445
		25,949	32,445
DEBTORS : Amounts due after more than one year.	13	11,612	12,040
CURRENT ASSETS			
Stocks and work in progress	12	1,577	1,238
Debtors	13	14,733	6,445
Investments	14.2	0	0
Cash at bank and in hand	18.3	22	22
		16,332	7,705
CREDITORS : Amounts falling due within one year	15	(10,172)	(13,661)
NET CURRENT ASSETS (LIABILITIES)		6,160	(5,956)

BALANCE SHEET AS AT 31 March 2003 cont.

	NOTE	31 March 2004 £000	31 March 2003 £000
TOTAL ASSETS LESS CURRENT LIABILITIES		43,721	38,529
CREDITORS: Amounts falling due after more than one year	15	(3,040)	(3,257)
PROVISIONS FOR LIABILITIES AND CHARGES	16	(3,326)	(2,026)
TOTAL ASSETS EMPLOYED		37,355	33,246
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		20,637	21,687
Revaluation reserve	17	6,564	9,855
Donated Asset reserve	17	2,010	1,663
Government grant reserve	17	0	0
Other reserves	17	0	0
Income and expenditure reserve	17	8,144	41
TOTAL TAXPAYERS' EQUITY		37,355	33,246

Signed: *L. W. R. P. J. P. J.* (Chief Executive)

Date: *16/7/04*

MANAGEMENT AND ADMINISTRATION COSTS

Management and administration costs rose from 3.79% of income in 2002/03 to 3.95% of income in 2003/04 (See note 6.4).

The increase in Management Costs from 3.79% in 2002/03 to 3.95% in 2003/04 is due to staff being charged to the PFI project in 2002/03, prior to the new hospital opening in December 2002, who have now returned to their normal duties in 2003/04.

PUBLIC SECTOR PAYMENT POLICY - BETTER PAYMENTS PRACTICE CODE

In accordance with the CBI prompt payment code and Government accounting rules, the Trust's payment policy is to pay non NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

Note 7.1 shows the Trust paid 74.06% by number and 79.69% by value within 30 days compared with 74.85% by number and 70.83% by value in 2002/03.

OTHER FINANCIAL MATTERS

No Directors of the Trust hold company directorships where those companies are likely to do business with the NHS.

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED - 31 March 2004

	2003/04 £000	2002/03 £000
Surplus (deficit) for the financial year before dividend payments	789	1,245
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	5,411	4,243
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	11	1,319
Reductions in the donated asset government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(247)	(128)
Additions/(reductions) in "other reserves"	0	0
TOTAL RECOGNISED GAINS AND LOSSES FOR THE FINANCIAL YEAR	5,937	6,679
Prior period adjustment		
- Pre-95 early retirement		(621)
- Other	0	0
TOTAL GAINS AND LOSSES RECOGNISED IN THE FINANCIAL YEAR	5,937	6,058

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2003

	NOTE	2003/04 £000	2002/03 £000
OPERATING ACTIVITIES			
Net cash inflow(outflow) from operating activities	18.1	(324)	6,457
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		154	151
Interest paid		(7)	0
Interest element of finance leases		0	0
Net cash inflow(outflow) from returns on investments and servicing of finance		151	115
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets		(7,252)	(9,587)
Receipts from sale of tangible fixed assets		9,257	5,940
(Payments to acquire)/receipts from sale of intangible assets		0	0
(Payments to acquire)/receipts from sale of fixed assets investments		0	0
Net cash inflow (outflow) from capital expenditure		2,005	(3,647)
DIVIDENDS PAID		(778)	(1,232)
Net cash inflow(outflow) before management of liquid resources and financing		1,050	1,729
MANAGEMENT OF LIQUID RESOURCES			
Purchase of investments		0	0
Sale of investments		0	0
Net cash inflow (outflow) from management of liquid resources		0	0
Net cash inflow (outflow) before financing		1,050	1,729
FINANCING			
Public dividend capital received		0	1,601
Public dividend capital repaid (not previously accrued)		(1,050)	(3,327)
Public dividend capital repaid (accrued in prior period)		0	(23,225)
Loans received		0	0
Loans repaid		0	0
Other capital receipts		0	0
Capital element of finance lease rental payments		0	0
Cash transferred from/to other NHS bodies		0	0
Net cash inflow (outflow) from financing		(1,050)	(1,726)
Increase (decrease) in cash		0	3

5.3 Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compen sation for loss of office	Real increase pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 2003 (bands of £5000)	Benefits in kind rounded to the £
		£000	£000	£000	£000	£000	£
N Godden (Chair 01/04/03 to 31/05/2003)		"0-5	0	0	0	0	0
S Webber (Non Executive Director 01/04/03 to 31/05/03)		"0-5	0	0	0	0	0
S Webber (Chair 01/06/03 to 31/01/04)		"10-5	0	0	0	0	0
P Newton (Chair from 01/02/04)		"0-5	0	0	0	0	0
Z Pauncefort (Non Executive Director 01/04/03 to 31/10/03)		"0-5	0	0	0	0	0
D Venables (Non Executive Director 01/04/03 to 31/10/03)		"0-5	0	0	0	0	0
K Small (Non Executive Director from 01/11/03)		"0-5	0	0	0	0	0
J Adey (Non Executive Director to 31/05/03 then Vice Chair)		"5-10	0	0	0	0	0
R Cobbold (Non Executive Director)		"5-10	0	0	0	0	0
L Hill-Tout (Chief Executive)		"95-100	0	0	"7.5-10	"20-25	0
P Bentley (Acting Chief Executive 03/11/03 to 05/01/04)		"15-20	0	0	0	0	0
P Bentley (Director of Human Resources)		"40-45	0	0	"2.5-5	"15-20	0
S Tewkesbury (Acting Dir of Human Resources 03/11/03 to 05/01/04)		"5-10	0	0	0	0	0
S McRitchie-Pratt (Acting Director of Operations 01/04/03 to 29/08/03)		"20-25	0	0	0	0	0
S Rowley (Director of Operations from 25/08/03)		"30-35	0	0	0	"0-5	0
T Payne (Director of Estates and Facilities from 04/08/03)		"40-45	0	0	0	"0-5	0
E Strachan-Hall (Director of Nursing 01/04/03 to 21/09/03)		"25-30	0	0	0	0	0
F Thompson (Director of Nursing from 08/09/03)		"35-40	0	0	0	"5-10	0
S Webster (Director of Finance 01/04/03 to 15/06/03)		"10-15	0	0	0	0	0
S Haynes (Acting Director of Finance 09/06/03 to 09/11/03)		"0-5	0	0	0	0	0
M Moore (Acting Director of Finance 06/11/03 to 15/12/03)		"5-10	0	0	0	0	0
C Moar (Director of Finance from 15/12/03)		"20-25	0	0	0	"5-10	0
J Henson (Medical Director)		"115-120	0	0	"2.5-5	"45-50	0
David Davies (Director of IM&T)		"60-65	0	0	"0-2.5	"10-15	0

2002/03

N Godden (Chair)		"15-20	0	0	0	0	0
Z Pauncefort (Vice Chair to 30/06/02, then a Non Executive Director)		"5-10	0	0	0	0	0
S Webber (Non Executive Director to 30/06/02 then Vice Chair)		"5-10	0	0	0	0	0
H Patel (Non Executive Director to 31/10/02)		"0-5	0	0	0	0	0
D Venables (Non Executive Director)		"5-10	0	0	0	0	0
J Adey (Non Executive Director from 06/06/02)		"0-5	0	0	0	0	0
R Cobbold (Non Executive Director from 01/01/03)		"0-5	0	0	0	0	0
S Mills (Chief Executive to 18/03/03)		"95-100	0	0	0-2.5	"30-35	0
L Hill-Tout (Chief Executive from 17/02/03)		"10-15	0	0	0-2.5	"15-20	0
S Webster (Director of Finance)		"70-75	0	0	0-2.5	"15-20	0
J Henson (Medical Director)		"115-120	0	0	7.5-10	"40-45	0
E Strachan-Hall (Director of Nursing)		"60-65	0	0	0-2.5	"15-20	0
L Hill-Tout (Director of Operations to 17/02/03)		"60-65	0	0	0	0	0
S McRitchie-Pratt (Acting Director of Operations from (17/02/03)		"5-10	0	0	0	0-5	0
P Bentley (Director of Human Resources)		"60-65	0	0	0-2.5	"10-15	0
David Davies (Director of IM&T)		"55-60	0	0	0-2.5	"5-10	0
N Hodson (Programme Director to 31/03/03)		"60-65	0	0	0	0	0

The Trust Board have decided not to disclose their ages
N Hodson has no pension shown, as he has less than five years pensionable service
P Bentley salary reduced by £16k recharged to Wiltshire Ambulance Service



6.4 MANAGEMENT COSTS

	2003/04	2002/03
	£000	£000
Management costs	4,489	4,092
Income	113,651	108,000
Percentage	3.95	3.79

Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

6.5 RETIREMENTS DUE TO ILL-HEALTH

During 2003/04 (prior year 2002/03) there were 3 (11) early retirements from the trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £147,000 (£711,000 for 2002/03). The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

7.1 BETTER PRACTICE CODE

	2003/04		2002/03	
- measure of compliance	Number	£000	Number	£000
Total bills paid in the year	47,898	62,433	40,271	52,993
Total bills paid within target	35,474	49,753	30,143	37,534
Percentage of bills paid within target	74.06%	79.69%	74.85%	70.83%

7.2 THE LATE PAYMENT OF COMMERCIAL DEBTS (INTEREST) ACT 1998

	2003/04	2002/03
	£000	£000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	7	0
Compensation paid to cover debt recovery costs under this legislation	0	0

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

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

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.

16/7/04 Date: *L Hill-Tout* Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirement 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

16/7/04 Date: *L Hill-Tout* Chief Executive

16/7/04 Date: *Cue Heese* Finance Director

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF INTERNAL CONTROL

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for reviewing its effectiveness. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

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

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

The system of internal control has been in place in Swindon and Marlborough NHS Trust for the year ended 31st March 2004 and up to date of approval of the annual report and accounts is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core Controls Assurance standards:

- Governance
- Financial Management
- Risk Management

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.

The assurance framework is still being finalised and will be fully embedded during 2003/04 to provide the necessary evidence of an effective system of internal control.

The actions taken so far include:

- The Trust has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed which will be implemented to meet any gaps.
- The Trust has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisation risk.

In addition to the actions outlined above, in the coming year it is planned to:

- Complete the development of a comprehensive trust wide risk register - Quarter 3 - 2003/04
- Complete the development of risk and performance indicators - Quarter 4 - 2003/04
- The implementation and monitoring of actions in response to the assessments made by CNST, RPST and CHI - Quarter 2/3 - 2003/04

Signed: *L Hill-Tout* Chief Executive Officer

Date: 16/7/04 (on behalf of the board)

THE TRUST AUDITORS

The Trust's auditors are:

Audit Commission, Westward House, Lime Kiln Close, Stoke Gifford, Bristol BS4 8SR

The Auditors were paid £180.8k in 2003/04 for audit services of a statutory nature, eg: reports to the Department of Health including the audit of the annual accounts.

INDEPENDENT AUDITORS' REPORT TO SWINDON AND MARLBOROUGH NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out above.

This report is made solely to the Board of Swindon and Marlborough NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

RESPECTIVE RESPONSIBILITIES OF DIRECTORS AND AUDITORS

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

BASIS OF OPINION

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

OPINION

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which I have issued an unqualified opinion.

Signature: *Alex Walling* Date: 28/7/04

Name: Alex Walling, Audit Manager

Address: Audit Commission, Westward House, Lime Kiln Close, Stoke Gifford, Bradley Stoke, Bristol, BS34 8SR

MEMBERSHIP OF THE AUDIT AND CONTROLS ASSURANCE COMMITTEE

The Audit and Controls Assurance Committee exists to support the Trust Board in its duty to ensure that the Trust has the systems to effectively manage its affairs. The members of the Committee during 2003/04 were:

Non Executive Director to 31/05.03 + Deputy Chair from 01.06.03	John Adey (Chair of the Committee)
Non Executive Director	Rowland Cobbold
Non Executive Director	Zandria Pauncefort (until 31/10/03)
Non Executive Director	David Venables (until 31.10.03)
Non Executive Director	Kevin Small (from 01.11.03)

MEMBERSHIP OF THE REMUNERATION AND TERMS OF SERVICE COMMITTEE

The committee exists to determine the pay and remuneration of the Chief Executive, Executive Directors and other senior managers of the Trust. The membership of the committee during 2003/04 was:

Trust Chairman	Nicholas Godden (until 31.05.03)
Trust Chairman	Sue Webber (01.06.03 to 31.01.04)
Trust Chairman	Patsy Newton (from 01.02.04)
Non Executive Director	John Adey (Chair of Committee)
Non Executive Director	Rowland Cobbold
Non Executive Director	David Venables (until 31.10.03)
Non Executive Director	Zandria Pauncefort (until 31.10.03)
Non Executive Director	Kevin Small (from 01.11.03)

CHARITABLE FUNDS

The Swindon and Marlborough NHS Trust Charitable Fund received income of £312,000 in 2003/04 compared with £1,177,000 in 2002/03.

The decrease in income was due to fundraising activity being reduced with the opening of the Great Western Hospital. The Swindon and Marlborough NHS Trust Great Western Hospital Charity Fundraising Appeal (The Evolution Appeal) was removed from the register of Charities on 1 March 2004.

Donations	2003/04	2002/03
Legacies	224,000	824,000
Investment Income	18,000	101,000
Grants from Other NHS Charities *	50,000	85,000
Activities to further Charitable objectives	9,000	166,000
	11,000	1,000
	312,000	1,177,000

Expenditure is as follows:

Cost of generating funds	2003/04	2002/03
Grants Made to the Trusts **	3,000	223,000
Management & Admin Costs	246,000	1,558,000
	33,000	54,000
	282,000	1,835,000
(Gains) Losses on investments	(44,000)	56,000
	238,000	1,891,000
	74,000	(714,000)

Increase (Decrease) in funds		
Total Funds held	960,000	886,000

* Funds transferred were as follows:

From Bath & North East Somerset Primary Care Trust	5,000
From Salisbury Healthcare NHS Trust	4,000

** Grants were made as follows:

From Bath & North East Somerset Primary Care Trust	151,000
Swindon Primary Care Trust	13,000
Kennet & North Wiltshire Primary Care Trust	42,000
West Wiltshire Primary Care Trust	40,000
	246,000

Copies of the full accounts are available from:

Tony Carroll, Financial Controller, North Swindon District Centre, PO Box 80, Thamesdown Drive, Swindon, SN25 4AN



Delight at two star rating

We have again been awarded two stars in the national performance ratings.

Our Chief Executive Lyn Hill Tout said: "I am delighted we have maintained our two star status as we have had to work even harder to gain the rating this year as there are even tougher targets to meet."

Maintaining our two star status during such a busy year is a remarkable achievement and a testimony to the superb efforts of our staff who have not only worked extremely hard throughout the year but have shown great dedication and professionalism.

"Although we are delighted with our rating we are not complacent. We have done well but we know there are areas where we need to improve."

The ratings, published by the Healthcare Commission take into account Commission reviews, performance against nine key indicators which range from waiting times to financial management and performance in areas of clinical focus, patient focus and capacity and capability.

Lyn said in terms of key targets we achieved eight of the nine targets set:

1. All cancers: 2 week wait
2. Financial management

3. Hospital cleanliness
4. Improving Working Lives
5. Outpatient and elective (inpatient and day case) booking
6. Outpatients waiting longer than the standard
7. Patients waiting longer than the standard for elective (planned) admission
8. Total time in A&E, 4 hours or less

We did underachieve in the category of 12 hour waits for emergency admission via A&E post decision to admit but we narrowly missed this target, possibly by as little as half a percent.

"These ratings are very encouraging because, with a relatively small number of exceptions, they show that we are performing well. We know there are areas where we must do better, but overall these ratings show that we are providing a good service for our patients. The exciting thing is there are so many positive developments on the horizon. Next year we will be opening our 128 bedded Brunel NHS Treatment Centre which will significantly increase the number of people we treat and should help us in our drive to achieve the targets we need to become a three star Trust."

For further details on our Star Rating visit our web site www.swindon-marlborough.nhs.uk

Controls Assurance statement 2003/04

The Trust has a robust Major Incident Plan in place. Our plan conforms to Department of Health guidance "Handling Major Incidents: An Operational Doctrine". In support of the plan, tests have been undertaken during October 2003 and June 2004 and a further test planned for November 2004. The Trust experienced an actual major incident during February 2004. Following all these incidents debriefing took place and action plans to update and improve the plan carried out. A future timetable to test monthly parts of the plan has been

devised by the lead for major incident.

With support from our local healthcare partners the Trust is prepared to respond to a major incident that delivers optimal care and assistance to victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning.

Through planning, testing, then fine-tuning our Major Incident Plan the Trust is prepared for a major incident.

Signed  Chief Executive

Making things better

Clinical Governance provides a framework through which quality of patient care can be demonstrated and improved upon. During the year Clinical Governance in the Trust was strengthened following a review and a restructuring of the team. This review culminated in the appointment of David Thomas in July, to a new post, Associate Director of Clinical Quality. The year also involved a lot of work being undertaken to implement the recommendations of the CHI (Commission for Health Improvement) review which was carried out in 2003.

Some of the actions stemming from the review included a revised incident reporting policy to make sure staff get feedback after reporting an incident; making sure we complied with mandatory health and safety training (we achieved 100% fire training) and involving patients and partners in prioritising, designing and implementing audit programmes by involving our Patient Advice and Liaison Service

(PALS) in decision making and by use of patient questionnaires.

Also as a direct result of the CHI review, there is now a Trust-wide clinical audit programme which all directorates feed into and as a result of these audits a range of positive changes have occurred eg A&E medical staff have received training in the management of specific eye conditions; protocols for the management of chest pain have been produced and there is now mandatory training in post operative pain management in children for the Children's Unit and anaesthetic trainees.

The Clinical Governance Committee meets every month to review clinical quality issues and the committee now monitors the corporate clinical governance plan to ensure it is being carried through. The work of this committee is reported back to the clinical executive and the Trust board by Francesca Thompson, Director of Nursing.

About our Trust

The Trust provides health services from three main sites: The Great Western Hospital in Swindon, which is a district general hospital, Savernake Hospital in Marlborough and Marlborough House, our child and adolescent mental health unit which is in Old Town, Swindon. Our staff also provide care at the Swindon Intermediate Care Centre (SwICC), Pinetrees Nursing Home, Langton House, Wick House and the Cheriton Nursing Home. We also have staff who work in the community and at the Marshgate Rehabilitation Centre in Swindon.

Swindon and Marlborough NHS Trust was formed in 1994. It employs around 3,300 staff. It serves a population of approximately 300,000. Our annual turnover is around 27 million.

We have a management of equality and diversity policy which considers the needs of disabled employees and we have a double tick approval from the Department of Employment and Education to show we meet their criteria for employment of people with disabilities. The policy also covers issues of race and gender.

We are committed to an equal opportunities policy aiming for equal opportunity and fair treatment to job applicants, employees and the public, irrespective of gender, ethnicity or disability. We are committed to the "Code of Practice on Openness in the NHS" and make ourselves accountable to the public by holding all our board meetings in public. We also publish our annual report, an annual summary of our business plan, audited accounts, a register of board members private interests and operate a thorough complaints procedure.

The Board

Chair - Patsy Newton

Chief Executive - Lyn Hill-Tout

Director of Finance - Charlotte Moar

Medical Director - John Henson

Director of Nursing - Francesca Thompson

Director of Operations - Sue Rowley

Director of IM&T - David Davies

Director of HR - Paul Bentley

Estates and Facilities Director - Trevor Payne

John Adey (vice chair) - non-executive director

Rowland Cobbold - non-executive director

Kevin Small - non-executive director

Angela Gillibrand - non-executive director

Lesley Bennett - non-executive director

Also served on the board during 2003/04

For information on other Board members who served during the year please see Page 7

Want to join us?

There are opportunities to join the team at The Great Western and become a part of this exciting new chapter in healthcare.

Vacancies are regularly published in the local press and on our web page which can be reached at www.swindon-marlborough.nhs.uk.