

# LOOKING to the future

## 2002/03 annual report

Swindon and Marlborough **NHS**  
NHS Trust

### PERFORMANCE UNDER PRESSURE - An amazing year

Lyn Hill-Tout - Chief  
Executive

2002/2003 has been a year of tremendous change and continued pressure on the Trust and its staff. In December, we transferred all our acute clinical services from the Princess Margaret (PMH) site to The Great Western Hospital. An enormous amount of planning and hard work, together with support from our health and social care partners led to a smooth and safe transfer.

The Great Western Hospital provides a vastly improved environment for patients and the installation of leading edge technology supports staff in delivering clinical care by enabling faster diagnosis and treatment of patients. This huge achievement was acknowledged and celebrated in February when HRH Prince Philip officially opened the The Great Western.

However, the hospital move and the introduction of new technology were not the only significant changes during the year. A number of our staff transferred their employment to the Primary Care Trust and Stroke Services from Savernake Hospital transferred to the Swindon Intermediate Care Centre, which was built next to the new hospital. Working closely with Primary Care we have been able to further develop rehabilitation



The covered walkway to the main entrance at night \*

services. The Trust also started the expansion of the Child & Adolescent Mental Health Services Unit – Marlborough House, which remains next to the PMH site.

Not only did we face enormous physical changes but also changes to our working practices. We did this whilst still achieving our key performance and financial targets. The Trust was awarded, for a second year, a two star rating in the NHS performance indicators – a significant achievement given the hospital move and the other workload pressures that we faced.

The Trust is now planning the next phase of its development. Building work is underway to increase bed capacity, which continues to be a problem. This additional capacity includes a Diagnosis & Treatment Centre, which will have 5 operating theatres and 128 beds and will enable the hospital to separate emergency and planned patient care enabling better planning of patients' operations.

This expansion is to be welcomed. However, providing excellent health care is not just about good buildings and facilities. We need to ensure that we recruit and retain staff, no easy task given the national recruitment difficulties the NHS is currently facing. We are optimistic that our plans to develop a clinical academy at the hospital and closer links with higher education will support us in our efforts to ensure that we maintain and attract high calibre staff.

As the new Chief Executive I am extremely proud to work in this Trust and with its excellent staff. This is an appropriate time to thank our staff for their continuing commitment and hard work. Whilst we have improved services to patients there remains much still to do. I am confident that, with the ongoing support of staff and our partners, we can provide the health care that our local population deserves.



The Duke of Edinburgh officially opened The Great Western in February ♦

### Milestones along the way

- 1993 - Redevelopment first proposed
- July 1997 - Trust took out option on the land at Commonhead
- January 1999 - Planning permission received from Swindon Borough council
- September 1999 - Approval of the Trust's full business case for the new hospital
- October 1999 - Contracts signed with The Hospital Company, the organisation created to design and build The Great Western by Carillion, our private sector partners
- October 1999 - Work commences at Commonhead
- September 2000 - Topping out of the main building
- May 2002 - Topping out of staff accommodation
- June 2002 - Topping out of Swindon Intermediate Care Centre (SwICC)
- Nov 2002 - The Great Western completed and handed over to Trust
- December 2002 - Transfer of patients and services from PMH to The Great Western
- December 2002 - PMH closes
- January 2003 - Trust creche opens
- February 28th 2003 - Official opening of The Great Western by HRH The Duke of Edinburgh
- Summer 2003 - Marlborough House opens new residential facilities
- October 4 2003 - Completion of contract with PFI partners.



A deserted PMH awaits a buyer

## PMH

Princess Margaret Hospital is now completely empty, boarded and secured within a perimeter fence and patrolled by security guards. The site is currently being prepared for sale by the Trust's property advisers. It has outline planning permission for between 400 – 500 homes, and a nursing home and it is expected the Trust will raise the current market value for the site.

Swindon and Marlborough **NHS**  
NHS Trust

## What a year!

### Sue Webber - Trust Chair

A momentous year in the life of Swindon and Marlborough NHS Trust. After years of planning and negotiating, our new hospital, the Great Western Hospital was completed.

Every department had its own detailed plan for the move. Close working with Wiltshire Ambulance Service, the Fire Brigade, the Police and Council Emergency Planning Officers ensured a synchronised and safe move for patients. Staff and patients now have the benefit of a bright and spacious environment.

Everyone deserves recognition for the part that they played and their willingness to give additional time and energy to make it happen. We now feel confident that we have a safe and appropriate space from which to further develop our services.

Contributing to this was our five star award for health and safety management from the British Safety Council which led to us achieving the Wilkinson Sword of Honour for Excellence, a world wide award.

Supporting our work we have an ambitious programme of information technology developments over the next few years, a new patient administration system, X rays sent direct to computers from the radiology and an electronic patient record system will over time put together comprehensive information for individual patient care.

In March 2003 we said goodbye to Sonia Mills as Chief Executive. Over five years Sonia worked tirelessly to achieve our health goals, and bring about improvements to the health care we offer. We have warmly welcomed Lyn Hill-Tout as our new Chief Executive, who was appointed to the position permanently by a recruitment panel which included external assessors. She will be leading the hospital through the next stages of its development.



Wide bright corridors are a feature of the hospital \*

## Exciting new developments

### John Henson - Medical Director

Our move to The Great Western Hospital had been well planned over several years and it was carried out almost faultlessly. Great credit is due to those members of staff involved in the planning and execution of this complex operation.

Staff are now well settled into their new working environment and are very pleased with the improved facilities. The need to manage the increase in demand for hospital beds has meant that office facilities for some staff have been taken to create an additional ward. These staff are having to work in temporary facilities but will be relocated to new accommodation in the Diagnosis & Treatment Centre (DTC) when this opens in early 2005.

Having completed the move to the new hospital, attention is now focused on the next major development within the hospital, the creation of the state-of-the-art Diagnosis & Treatment Centre. This facility will greatly enhance the ability of the Trust to carry out day case and elective surgery without disruption by emergency admissions. Prior to the opening of the DTC, an additional two wards will be opened within the hospital to relieve the acute shortage of beds which has necessitated nursing a small number of additional patients within the wards.

An exciting development has been the opening of the Acute Assessment Unit (AAU) with the appointment of two acute consultant physicians. This development, which has already proved to be a great success, increases the role of consultants in the care of emergency patients particularly in the evening and at weekends.

A further exciting development has been the establishment of the Swindon Intermediate Care Centre (SWICC). Swindon PCT are responsible for managing SwICC's work in close collaboration with ourselves to ensure that patients are transferred from The Great Western Hospital promptly for their rehabilitation. It has 30 beds for stroke patients and 30 rehabilitation beds prior to discharge into the community.

For a time the Pathology Department experienced extreme difficulty in recruiting histopathologists, and specimens needed to be sent elsewhere for reporting. Following much hard work by the department, three new consultant histopathologists have now been appointed and a full in-house histopathology service offered to the Trust.

The Radiology Department now has a fully operational picture archiving and communication (PACS) system and the enormous benefits have been very well received not only by Radiology but by clinicians throughout the hospital. The Department of Gynaecology has established several 'fast-track' clinics to decrease waiting times and enhance patient care. A new Consultant Obstetrician & Gynaecologist has been appointed to develop 'key-hole' surgery and, the Trust's first Nurse Consultant will lead the early pregnancy unit.

The move to the new hospital, our increased medical staffing and enhanced technological facilities allow us to offer improved care to our patients. As we develop and enhance our working practices making use of the opportunities available to us in our new hospital, we look forward to even further enhancing patient care.



Coloured banners outside the main entrance reflect the hospital's earth to sky theme \*

## Technology for tomorrow

### David S. Davies - Director of IM&T

The IM&T Directorate supports the work of the Trust mainly through the management and provision of information technology (IT) and Health Records services. Last year was very busy with much of our attention focused on the planning and preparation for the successful move to the Great Western Hospital in December 2002.

During the year several new or replacement systems were introduced including information systems for Radiology, Patient Administration (including, for example, admitted patient care, waiting list management and the electronic tracking of patient case notes) and the Accident & Emergency department. New telecommunications systems were installed within The Great Western Hospital including a new computer network and a new telephone system. Some 21000 pieces of IT equipment were safely brought from PMH and then re-installed at The Great Western. In addition, several hundred new PCs were installed directly into The Great Western. A key success was the introduction of the system that replaced the need to produce X-ray films within the radiology department. This means that doctors and nurses can now view radiology images, together with pathology results and radiology reports, easily and quickly on computer screens throughout the hospital. This work forms part of the first phase of our Electronic Patient Record (EPR) project that, over the coming years, will transform the availability of clinical information for the benefit of patients and care providers. The health records service remains a critical element in the support of our clinical services. The department maintained its service in a most difficult year and this was recognised when staff received a Team Award as part of the Trust Special Achievement Awards in recognition of their hard work and commitment during and after the move to the new hospital.

The last year has been perhaps the most challenging ever faced by the directorate. The staff within the directorate should be rightly proud of their contributions. For the future, it is increasingly recognised that IT has a critical role to play in ensuring we can provide high quality healthcare services and that will continue to be the focus of our work.

## A tribute to staff

### Elaine Strachan-Hall - professional lead for Nursing Midwifery and Allied Health Professionals)

Clearly the hospital relocation was an event to be proud of. Nurses and midwifery teams and our allied professional colleagues (therapists, scientists and radiographers) pulled out all the stops to get the new hospital operational within a very short time.

With any new building teething problems are inevitable, however I must pay tribute to the commitment and innovation of our professional staff in making things work for the benefit of patients. Their dedication in working through and overcoming initial difficulties was absolutely outstanding. Many worked additional hours to stock up wards and departments in advance of the first patient transfers. Others made sure that every patient who transferred was individually assessed and their transfer planned to the minutest detail. Every patient was tracked throughout their transfer along Swindon's roads meaning that we could be ready to receive each patient on each new ward. Senior staff also worked to clean and decommission their wards and departments and retrieve all the remaining equipment.

The new hospital is more spacious and with better patient facilities in terms of bedside telephones and TV/Radio facilities. Every bay or single room has its own en-suite shower and toilet, and there are more single rooms than the Princess Margaret Hospital. These better patient facilities have meant immense changes for nurses and midwives in the way they work. For example: patients are less visible than nurses may be used to on older more traditional wards and whilst this helps us to manage patients' privacy it means we have to work differently so patients don't feel isolated.

A new hospital has meant lots more opportunities for recruiting more staff. This year we have welcomed the first student nurses from Oxford Brookes University qualifying as staff nurses with their colleagues from The University Of West of England. Three years ago we doubled the numbers of students in nurse training and we continue to work with local schools to encourage our teenagers to consider health care careers. Not all newcomers to health care are school leavers. We are particularly proud of the many people who start their professional training with some life experience, such people have a resilience and maturity that serves patients as well as the enthusiasm of our school leavers.

We have also been privileged to welcome back nurses, midwives and a radiographer on our Return to Practice course. This course is an effective recruitment strategy helping professionals to gain their confidence again and believe that they are competent to care (a skill they never really lost). One of our recent return-to-practice nurses is now senior ward sister on one of our wards welcoming other returnees back.

We have continued to recruit nurses from overseas believing that they have a much valued contribution to make particularly in reviewing what we do and gaining from different perspectives.

We have also been able to spend some time focusing on some of the fundamentals of care. These are the areas where our patients, their relatives and carers judge our quality and include privacy and dignity, nutrition and hydration, pressure area care, continence, mouth care and hygiene. This is a focus we are continuing into 2003 when we evaluate our quality of

care using nationally agreed benchmarks and asking patients and those close to them for their feedback. We are proud that our first Nurse Consultant, Mrs Chris Pearce took up post in Gynaecology in January. Women have been meeting with Chris in both the gynaecology clinic where she offers specific advice for those who have suffered recurrent miscarriage, in the early pregnancy unit and on the gynaecology ward.

Finally in the nursing, midwifery and allied health professionals report and on a more personal note I would like to pay a special tribute to all those I have worked with over the last five years. It has been a privilege and a pleasure to work with so many people from nursing auxiliary and imaging assistant through to matrons who are resolute in their aim to provide excellence in the care we provide despite our many challenges.

## Staffing Successes

### Paul Bentley - Director of Human Resources

The last year has seen the most significant change in staffing for the Trust since its formation in 1994, with the move of most of our staff from their existing base at Princess Margaret Hospital to the new hospital at Commonhead. The transfer of staff went smoothly and because of the hard work of many people no staff were lost in the transfer and new services were operational from a very short time after the physical relocation.

The new hospital presented many additional opportunities for the Trust and consequently the opening of our own on-site nursery service provided by Buffer Bear, the successful assessment of the Trust for the Improving Working Lives accreditation, the implementation of new working arrangements in Pathology and continued improvements in the levels of compliance in relation to the Junior Doctors New Deal, have all been significant successes.

No sooner had we moved than the planning commenced for the staffing of our new Diagnosis and Treatment Centre. This will show an increase in staffing of over 200 members of staff and with the Centre opening in the Spring of 2005 work is already underway to achieve the changes required.

The past year has seen successes in our volunteering function with the majority of volunteers successfully making the transfer from Princess Margaret Hospital to the Great Western Hospital and the volunteers themselves being an inherent part of this successful move programme.

Preparations are already underway for implementing a new pay system for the majority of staff in the NHS entitled 'Agenda for Change' which will take place from October 2004. Separately, ongoing discussions now appear to be complete in relation to the Consultant Contract which will be implemented later this year.

Communication with our staff is important and this year we have brought in a daily e bulletin which is transmitted Trust wide. This supplements our regular staff newsletter, staff surgeries, team and staff briefings.

The last year has been a testament to the hard work, dedication and professionalism of all our staff and it is an opportunity to reflect and thank the huge contribution of all members of staff in making the Trust a successful one in the last year.

## Alcohol gel fights virus

### Ruth Lockwood - Senior Nurse, Infection Control

An alcohol gel which kills germs was used by staff at The Great Western Hospital to fight the spread of the Narwalk type virus which affected some patients and staff earlier in the year.

The virus was brought into the hospital from the community and around 80 - 100 staff and patients on four wards and a rehabilitation facility outside the hospital were affected. The diarrhoea and vomiting virus is common at that time of year and other hospitals were also affected.

Once we identified the Narwalk-like virus we brought in stringent infection control procedures in line with and beyond national guidelines.

For example we gave staff who move around the hospital portable bottles of alcohol gel called Tottles, which they fasten to their belts. This meant they could keep their hands clean at all times. The alcohol gel was also available outside and on every ward so staff and visitors were able to kill any germs on their hands. (Gel remains in and outside wards still as an ongoing means of infection control).

We also did not admit new patients to infected areas and did not transfer patients who were affected until it was safe to do so.

There was nothing we could do to prevent the virus being brought into the hospital as it is out there in the community and as it has an incubation period of about 24 hours, people can be infected without knowing it, but due to our rigorous infection control we were able to stop it spreading throughout the hospital.



The West Entrance of The Great Western Hospital \*

## Savernake Hospital

The proposed redevelopment of the Savernake site is progressing. The full business case was presented to the Trust board in August and to Avon Gloucester and Wiltshire Strategic Health Authority in September and at the time of going to press it was hoped that work could begin in October.

The plans are to build a new clinical area with 35 intermediate care beds, 12 mental health beds and new day hospital, physiotherapy, out patient, X-ray and minor injuries facilities.

## Marlborough House expands

**Dr John Eastgate - Consultant Psychiatrist**

The Child and Adolescent Mental Health Services remains on the former Princess Margaret Hospital site. We are in the midst of our own redevelopment, and a new 12-bedded inpatient Adolescent Psychiatric Unit has been built. Part use of this building and temporary offices is allowing redevelopment of the former six-bedded inpatient unit plus other buildings to provide an improved education facility for the teenagers attending the Adolescent Service, office space to accommodate new staff, and an education and occupational therapy suite.

Despite teething problems the new building is already a great success with both patients and staff. It provides a colourful and spacious environment, in which young people with severe mental health problems can receive treatment, either as day patients or inpatients.

Over the forthcoming six months we will be engaged in an active recruitment campaign, particularly recruiting nursing staff at all grades from B to G, with the aim of fully occupying the new inpatient unit and moving towards admission of 12 patients from mid-November 2003.

At the same time the community side of the Child and Adolescent Mental Health Service is working closely with the PCTs and Social Service Departments as we make a united response to the proposals coming from the National Service Framework for Children to improve services across the board for children and teenagers with mental health problems. This is both an exciting and a changeable time for Child and Adolescent Mental Health, and there are likely to be major changes to report in the next Annual Review.



Looking up from the Atrium \*

## Busy time for A&E

**Dr Ian Kendall - Consultant A&E**

A&E is one of our busiest departments, but despite the pressures, we have had some real achievements. Maintaining excellent thrombolysis times (quickly administering drugs for heart patients) two consecutive months at 100% within 30 mins of arrival.

Also, over 90% of patients with minor injuries were seen and discharged within 4 hours. This was made possible by using enhanced roles of A&E reception staff nurse practitioners, physiotherapists, more senior doctor involvement, and X ray requesting by staff other than doctors. There were continuing improvements in X ray to give quicker X rays and reports.

There was further success in Emergency Nurse Practitioner (ENP) training with two more Emergency Nurse Practitioners being able to practice very soon. The success of our Matron in BSc Nurse Practitioner has the potential to develop the ENP role into other areas of the Emergency Department.

Successful new recruitment into mental health and social work roles has continued. This valued service for older people and those with mental health problems, and reception staff are training to input computer diagnostic coding and which will improve communication by computer generated letter with GPs.

We are now starting work with the Emergency Services Collaborative to aim to achieve 100% patients turnaround within four hours by 2005, and also working closer with our Acute Admissions Unit and other specialty teams to ensure quicker turnaround for patients.

## New improved ICU

**Dr A J Pickworth - Clinical Lead, Critical Care Services**

The past year has been dominated by the relocation to The Great Western Hospital. This was an extremely successful exercise. The Intensive Care Unit was the first clinical area to move on Monday 2nd December 2002. The move was completed in just two hours (six hours ahead of schedule). Four patients moved with us and happily the condition of all four improved and ultimately they were all able to be discharged home from hospital.

The new unit offers improved facilities for patients and their families. Each patient is cared for in a single room, with modern equipment. There is a large room for relatives with kitchen facilities, and there are two rooms where members of families may stay overnight if they wish. We hope to have all 12 beds open within two years in order to be able to offer support to more patients.

The work has continued to increase and this year we have seen an increase in numbers of patients by about 10%.

The performance of The Intensive Care Unit is under continuing review by the Intensive Care National Audit and Research Council (ICNARC) case mix programme. This shows we are performing well. At the same time the unit runs very efficiently and the National Cost Block Programme report for the last three years has shown that our costs per patient are about half of the average.



The Duke of Edinburgh visits the wards ♦

## Staff turn in star performance

Having only just moved into our new home, our performance came under the microscope this year – and thanks to a superb effort from our staff we emerged as one of the top 10% Trusts in the country for our CHI report.

We not only retained our two star status as a Trust, we also received a positive report from the Commission for Health Improvement (CHI)

Firstly, after months of working closely with the CHI, we welcomed their report which showed the Trust was generally performing well, by scoring six two's and one three (out of a possible four) in each of the seven categories they assessed.

CHI's review of our services and procedures highlighted some areas for improvement and identified areas of good practice. CHI's findings also add weight to work already underway or completed to improve services and care to patients. For example on the issue of trolley beds being used during very busy periods. Later this year, we will be opening 59 additional beds at The Great Western followed by a brand new 128 bedded Diagnosis and Treatment Centre, which should make patients being cared for on additional beds a rarity.

CHI recognised some of the good work we do here. For example the excellent training and development opportunities we have were highlighted as was our commitment to involving patients and bodies like the Community Health Council in some of our decision making.

CHI held an open day for members of the public and then visited the hospital during May and spent a week interviewing staff and looking around the hospital. An action planning day has been held to address issues raised in the report which included a wide range of staff, users and stakeholders.

The star ratings covered the period 2002/2003 when the Trust planned and carried out the relocation from Princess Margaret Hospital to The Great Western.

Keeping our Two Stars (out of a possible three) for our performance in a year when there were so many other demands on our time was described by Chief Executive Lyn Hill-Tout as a 'remarkable achievement'. She added: "To deliver high levels of patient care when everyone in the organisation was heavily involved in the relocation speaks volumes for the calibre and dedication of our staff. Not only did

they do themselves and the Trust proud, most importantly they did their patients proud and I cannot commend their efforts highly enough. Also the transfer could not have been carried out so smoothly without the help and support of our partner organisations.

"These ratings are very encouraging because, with a relatively small number of exceptions, they show that we are performing well and at the end of the day, providing a good service for our patients is why we are all here."

## How did we do?

In 2002/03 the Trust treated 7,035 inpatients and 15,424 daycases which was broadly in line with our contracted activity. The number of emergency admissions increased to 19964. We also saw 250,174 outpatients plus 3058 babies were born.

Overall, the Trust treated more patients in 2002/03 than in the previous year. However, the increased emergency activity reduced our ability to treat elective inpatients. Despite this the number of patients waiting more than 12 months for an operation was reduced by 40%.

The activity out turn for 2002/03 over the previous year activity was:

- Emergency inpatients - increased by 4%
- Elective Inpatients - decreased by 1.1%
- Daycases decreased by 3.2%
- Outpatients - increased by 2.2%

The Trust complied with the 26 week maximum waiting time throughout the year and 21 week maximum by March 2003 for outpatient appointments.

The Trust endeavours to offer all patients referred with suspected cancer an appointment within 14 days of the GP referral. In 2002/03 the Trust offered 99% of patients an appointment within 14 days, when the referral was received from the GP within 24 hours of being written and 93% when the referred was not received within 24 hours.



Reception at The Great Western Hospital \*

## Preparing staff for the move

**Diane Walsh - Education, Training & Development Manager**

During the period April to December, the Training and Development Department played a major role in preparing staff for the move to the Great Western Hospital. Approximately 4,000 people attended orientation sessions, a training video was produced, fact sheets to support information were developed and distributed and these events were later followed by some site visits to demonstrate equipment. Post move the department was involved in ensuring staff had training on systems such as nurse call and the pneumatic tube.

The move itself brought about a large change, when the Training & Development Department merged with the Postgraduate Centre to become the Education, Training & Development Department. The Department now jointly provides a service for all staff within the Trust and wherever possible events are multidisciplinary. In addition the centre opens its doors to colleagues from the wider health community, in particular our neighbouring Primary Care Trust.

Since January, the department has re-instated its full training provision, which caters for both clinical and non-clinical educational needs via a range of professional and personal opportunities. Already some new courses and programmes have been established to meet the changing needs of the service.

Closer working links have formed with colleagues across the directorate and the Trust and the whole team looks forward to meeting the new and very different challenges of the coming year.

## Listening to patients

**Carl Beech - PALS Manager**

The Patient Advice & Liaison Service (PALS) provides the Trust with three core functions

- To provide on the spot help and support for patients and visitors
- To act as a focal point for user involvement and patient feedback
- To manage and facilitate the formal complaints for the Trust

During the past year, there have been lots of changes within the department, Carol Wilkes, PALS Manager left the Trust in September 2002. Kate McKay and Pippa Cottrell continued to focus primarily on formal complaints until the new PALS Manager was appointed in January 2003.

### PALS

Carol Wilkes, established the PALS service as one of the pathfinder sites. During the past year, the Trust's user involvement strategy was written, the PALS profile was raised within the Trust and the local community, and user groups were established.

Since the appointment of the new PALS manager in January 2003, the PALS web site has been developed to provide another way for people to access the service, an upgraded computerised reporting system was introduced and we relocated to the ground floor to make our service more accessible.

New initiatives include the introduction of comment boxes, new PALS leaflets, joint ventures with other NHS organisations in particular the Wiltshire Ambulance Service NHS Trust.

## Formal Complaints

There were 273 formal complaints during the year, compared with 234 during the previous year. This is an overall increase of 18% compared with 2001 to 2002. However, the Trust undertook a total of 361,332 patient episodes in 2002 to 2003. 0.08% of all patients treated subsequently made a formal complaint. This equates to one complaint for every 1,324 patients treated.

103 (38%) complaints were answered within twenty working days. 101 (59%) of the 170 complainants who did not receive their response on time were informed of the delay in holding contact on or before the date their response was due.

The Trust had five (2%) requests for an Independent Review Panel (IRP) during the year.

Two Review Panels were held, two were refused and 1 was referred back to the Trust for further local resolution.

1545 compliments were recorded for the year. The Trust received one compliment for every 234 patient episodes.

Where possible complaints are used to make service improvements for example our Nursing Quality Review Plan is addressing six of the most common nursing issues raised; documentation, nutrition and hydration, hygiene, privacy and dignity, continence and pressure area care.



Illuminated staircases make an impressive sight \*

## Trust Volunteers

**Su Maddocks - Volunteer Manager**

Hospital Volunteers provide an extremely valuable service by assisting staff to enhance the patient experience and that of their relatives and visitors to the hospital. Most volunteers, 98.6% moved with us to the Great Western Hospital and since then the numbers have steadily risen month on month. The age range of current volunteers is 17 to 80 and between them they give an average of 800 voluntary hours per month. The range of services they provide has also expanded including the establishment of a team of fully trained volunteers who help patients with their meals.

Volunteers also provide the Trust with valuable feedback on its services and the environment and help forge links between the local health community and its hospital.

If you are interested in becoming a volunteer call Su Maddocks on 01793 605248

### FINANCIAL REVIEW AND SUMMARY FINANCIAL STATEMENT

The financial information set out below is a summary of the full accounts for 2002/2003. 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 break-even on income and expenditure taking one year with another;
- Not to overspend its capital resource limit nor under spend it 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 2002/2003 and the previous five 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	(3,789)	(3,789)	Target Achieved	N/A
1998/99	80,348	1,038	(2,751)	Target Achieved	N/A
1999/00	97,713	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

#### COMMENTARY ON THE YEAR

The Trust has continued to maintain financial balance and in 2002/03 achieved a small surplus of £13,000. This has been achieved through good management of the Trust's resources and the staff deserve great credit for this achievement.

#### INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED - 31 March 2003

	NOTE	2002/03 £000	2001/02 £000
<b>Income from activities:</b> Continuing operations	3	100,882	89,767
<b>Other operating income:</b> Continuing operations	4	20,813	10,547
<b>Operating expenses:</b> Continuing operations	5-7	(120,524)	(98,809)
<b>OPERATING SURPLUS (DEFICIT)</b>			
Continuing operations		1,171	1,505
Exceptional gain: on write-out of clinical negligence provisions	1.9	0	6,547
Exceptional loss: on write-out of clinical negligence debtors	1.9	0	(6,531)
Cost of fundamental reorganisation/restructuring		0	0
Profit (loss) on disposal of fixed assets	8	0	0
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>		1,171	1,521
Interest receivable		153	120
Interest payable	9	0	0
Other finance costs - unwinding of discount		(79)	(47)
<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>		1,245	1,594
Public Dividend Capital dividends payable		(1,232)	(1,578)
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>		13	16

Note to the Income & Expenditure Account	£000s
Retained Surplus/(Deficit) for the Year	13
Financial Support included in Retained Surplus/(Deficit) for the year	0
Retained Surplus/(Deficit) for the year excluding financial support	13

#### BALANCE SHEET AS AT 31 March 2003

	NOTE	31 March 2003 £000	31 March 2002 £000
<b>FIXED ASSETS</b>			
Intangible assets	10	0	
Tangible assets	11	32,445	25,334
		32,445	25,334
<b>DEBTORS</b> : Amounts due after more than one year.	13	12,040	11,839
<b>CURRENT ASSETS</b>			
Stocks and work in progress	12	1,238	1,114
Debtors	13	6,445	5,175
Investments	14	0	0
Cash at bank and in hand	18	22	19
		7,705	6,308
<b>CREDITORS</b> : Amounts falling due within one year	15	(13,661)	(8,424)
<b>NET CURRENT ASSETS (LIABILITIES)</b>		(5,956)	(2,116)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		38,529	35,057
<b>CREDITORS</b> : Amounts falling due after more than one year	15	(3,257)	(3,458)
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	16	(2,026)	(1,453)
<b>TOTAL ASSETS EMPLOYED</b>		33,246	30,146
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public dividend capital		21,687	23,413
Revaluation reserve	17	9,855	5,627
Donated Asset reserve	17	1,663	457
Government grant reserve	17	0	0
Other reserves	17	0	0
Income and expenditure reserve	17	41	649
<b>TOTAL TAXPAYERS EQUITY</b>		33,246	30,146

Signed: *Wm Ruffell* (Chief Executive)  
Date: 1/8/2003

### MANAGEMENT AND ADMINISTRATION COSTS

Management and administration costs fell from 4.00% of income in 2001/02 to 3.79% of income in 2002/03 (see note 6.5)

#### SENIOR MANAGERS PAY

The Trust has fully complied with the national guidance that pay-rises for senior managers should not exceed 3.6% in 2002/03.

#### 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 the receipt of the goods or a valid invoice (whichever is the later) unless other payment terms have been agreed.

Note 7.1. shows that the Trust paid 74.85% by number and 70.83% by value within 30 days compared with 72.19% by number and 73.57% by value in 2001/02

#### OTHER FINANCIAL MATTERS

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

#### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2003

	NOTE	£000	2002/03 £000	2001/02 £000
<b>OPERATING ACTIVITIES</b>				
<b>Net cash inflow(outflow) from operating activities</b>	18.1		6,457	26,895
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>				
Interest received		151		115
Interest paid		0		0
Interest element of finance leases		0		0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>			151	115
<b>CAPITAL EXPENDITURE</b>				
Payments to acquire tangible fixed assets		(9,587)		(5,231)
Receipts from sale of tangible fixed assets		5,940		0
(Payments to acquire)/receipts from sale of intangible assets		0		0
<b>Net cash inflow (outflow) from capital expenditure</b>			(3,647)	(5,231)
<b>DIVIDENDS PAID</b>			(1,232)	(1,578)
<b>Net cash inflow/(outflow) before management of liquid resources and financing</b>			1,729	20,201
<b>MANAGEMENT OF LIQUID RESOURCES</b>				
Purchase of investments		0		0
Sale of investments		0		0
<b>Net cash inflow (outflow) from management of liquid resources</b>			0	0
<b>Net cash inflow (outflow) before financing</b>			1,729	20,201
<b>FINANCING</b>				
Public dividend capital received		1,601		6,024
Public dividend capital repaid (not previously accrued)		(3,327)		(3,000)
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
<b>Net cash inflow (outflow) from financing</b>			(1,726)	(20,201)
<b>Increase (decrease) in cash</b>			3	0

#### 5.4 Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello/compensation for loss of office	Benefits in kind in	Real increase pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 2003 (bands of £5000)
		£000	£000	£000	£000	£000	£000
Nicholas Godden Chairman	15-20	0	0	0	0	0	0
Zandria Paunceloff (Vice to 30.06.02)	5-10	0	0	0	0	0	0
Harivadan Patel Non Executive Director to 31.10.02	0-5	0	0	0	0	0	0
David Venables Non Executive Director	5-10	0	0	0	0	0	0
Sue Webber Non Executive Director (Vice chair from 01.07.02)	5-10	0	0	0	0	0	0
Rowland Cobbold Non Executive Director from 01.01.03	0-5	0	0	0	0	0	0
John Adey Non Executive Director from 06.06.02	0-5	0	0	0	0	0	0
Sonia Mills Chief Executive (to 18.03.03)	95-100	0	0	0	0	0.25	30-35
Lyn Hill-Tout Chief Executive (from 17.02.03)	10-15	0	0	0	0	0.25	15-20
Steve Webster Director of Finance	70-75	0	0	0	0	0.25	15-20
John Henson Medical Director	115-120	0	0	0	0	7.5-10.0	40-45
Elaine Strachan-Hall Director of Nursing	60-65	0	0	0	0	0.25	15-20
Lyn Hill-Tout Director of Operations	60-65	0	0	0	0	0	0
Suzie McRitchie-Pratt Acting Director of Operations (from 17.02.03)	5-10	0	0	0	0	0	0.5
David Davies Director of IM&T	55-60	0	0	0	0	0.25	5-10
Paul Bentley Director of Human Resources	60-65	0	0	0	0	0.25	10-15
Nigel Hodson Programme Director	60-65	0	0	0	0	0	0

Director's have decided not to disclose their ages  
Nigel Hodson has no pension entitlement as he has less than five years NHS pensionable service.

## 6.5 Management costs

	2002/03 £000	2001/02 £000
Management costs	4,092	3,811
Income	108,000	95,260
Percentage	3.79	4.00

Management costs are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

## 6.6 Retirements due to ill-health

During 2002/03 (prior year 2001/02) there were 11 (6) early retirements from the trust agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £711,000 (£112,000 in 2001/02).

The cost of these ill-health retirements will be borne by the NHS Pensions Agency.

## 7. Public Sector Payment Policy

### 7.1 Better Payment Practice Code - measure of compliance

	2002/03		2001/02	
	Number	£000	Number	£000
Total bills paid in the year	40,271	52,993	43,293	50,211
Total bills paid within target	30,143	37,534	31,255	36,941
Percentage of bills paid within target	74.85%	70.83%	72.19%	73.57%

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

### 7.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2002/03 £000	2001/02 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

## DIRECTORS' STATEMENTS

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, 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.

1/8/2003 Date:  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 confirm they have complied with the above requirements in preparing 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.

By order of the Board

1/8/2003 Date:  Chief Executive

1/8/2003 Date:  Finance Director

## STATEMENT OF DIRECTORS' RESPONSIBILITY 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. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control 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 and 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 organisational risk.

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

- Complete the development of a comprehensive trust wide 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  Chief Executive Officer

Date 1/8/2003 (on behalf of the board)

## INDEPENDENT AUDITORS' REPORT TO DIRECTORS OF THE BOARD OF SWINDON AND MARLBOROUGH NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

I have examined the summary financial statements set out on pages 6 to 7

### 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. 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 audit 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 statutory financial statements of the Trust for the year ended 31 March 2003 on which I have issued an unqualified opinion.

Signature:  Date: 4 August 2003

Name: Kevin Henderson (Audit Manager)

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

## MEMBERSHIP OF THE AUDIT AND CONTROLS ASSURANCE COMMITTEE

The audit and Controls 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 2002/03 was:

Trust Deputy Chair (Until 30.06.02)	Zandria Pauncefort (Chair of the Committee until 30.06.02) Continued as Non Executive Director from then on.
Non Executive Director	John Adey (Chair of the Committee from 01.07.02)
Non Executive Director	David Venables
Trust Deputy Chair (From 01.07.02)	Sue Webber
Non Executive Director	John Patel (Until 31.10.02)
Non Executive Director	Rowland Cobbold (From 01.01.03)

## 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 2002/03 was:

Trust Chairman	Nicholas Godden
Trust Deputy Chair (Until 30.06.02)	Zandria Pauncefort (Chair of the Committee until 30.06.02) Continued as Non Executive Director from then on.
Non Executive Director	John Adey (Chair of the Committee from 01.07.02)
Non Executive Director	David Venables
Trust Deputy Chair (From 01.07.02)	Sue Webber
Non Executive Director	John Patel (Until 31.10.02)
Non Executive Director	Rowland Cobbold (From 01.01.03)

## CHARITABLE FUNDS

The Swindon and Marlborough NHS Trust Charitable Fund received income of £1,177,000 in 2002/03 compared with £838,000 in 2001/02

The majority of the increase was due to the continued fundraising on behalf of the Great Western Hospital fundraising appeal (Evolution Appeal) whose purpose is to raise funds for:

- i) Additional medical equipment
- ii) Artwork to enhance the environment of the hospital
- iii) Enhanced clinical information systems that support clinical staff.

The main sources of Income were as follows:

	2003/03 £	2001/02 £
Donations	824,000	662,000
Legacies	101,000	110,000
Investment Income	85,000	59,000
Grants from other NHS Charities*	166,000	0
Activities to further charitable objectives	1,000	7,000
<b>TOTAL</b>	<b>1,177,000</b>	<b>838,000</b>

	2003/03 £	2001/02 £
<b>EXPENDITURE IS AS FOLLOWS</b>		
Cost of generating funds	223,000	142,000
Grants made to the Trusts**	1,558,000	178,000
Management & Admin Costs	54,000	42,000
	1,835,000	362,000
(Gain)/Loss on revaluation of investments	56,000	16,000
Total expenditure	1,891,000	378,000
Increase (Decrease) in funds	(714,000)	460,000
<b>TOTAL HELD</b>	<b>886,000</b>	<b>1,600,000</b>

\* Funds transferred from Wiltshire and Swindon Healthcare Trust Charitable Fund on it ceasing to exist. These funds are held for the benefit of:

- Swindon Primary Care Trust Charities
  - Kennet and North Wiltshire Primary Care Charities
  - West Wiltshire Primary Care Charities
- \*\* Grants to the following:
- Swindon & Marlborough NHS Trust 1,486
  - Kennet & North Wiltshire Primary Care Trust 20
  - Swindon Primary Care Trust 31
  - West Wilts Primary Care Trust 21
- 1,558**

Copies of the full accounts from Tony Carroll at North Swindon District Centre, P.O. Box 80, Thamesdown Drive, Swindon, SN25 48N.



The Great Western Hospital by night \*

## Clinical Governance 2002 – 2003

Keith Todd - Clinical Governance Co-ordinator

It has been a very busy year for the Trust. Clinical governance is one area that has seen a large number of developments. In late April the Trust appointed a new Clinical Governance Facilitator and with it came many changes in the management of clinical governance. Dr Sean O'Kelly was appointed as the new Deputy Medical Director in December responsible for clinical governance.

The Commission for Health Improvement (CHI) commenced its clinical governance review on the Trust towards the end of the year. The review was successful in terms of both the final report on clinical governance arrangement in the Trust & the organisation of the review process.

Changes to the committee structure were brought about in November to improve the numbers attending and to encourage a more multidisciplinary membership. Progress on the Trust's Clinical Governance Development Plan is discussed monthly. A short teaching element is presented monthly and sharing of good practice encouraged. All of this work fosters communication, the sharing of good practice and ultimately safer working.

The eight Trust committees that link into clinical governance forward their actions directly through Clinical Governance Committee each month to the Clinical Executive and Trust Board. This ensures that the Trust's executive team and non-executive directors are informed on committee actions and take a more active role in decision making.

An initiative to update expired Trust documentation such as policies and guidelines and develop new ones started in July. All new and updated documents now have a standard front cover and are accessible through the Trust's intranet. Current and accessible Trust documents allow all Trust staff to undertake their work effectively and safely. This ongoing initiative has greatly increased the quality, number and accessibility of new documents.

Across the Trust there are more links between clinical risk, health and safety and the clinical audit department. Together, through the incident reporting procedure we are highlighting risk and safety areas that require investigation and auditing.

## A word from our partners

Barbara Smith - Chief Executive Kennet & North Wiltshire PCT

Kennet and North Wilts Primary Care Trust, as the 'other main' commissioner for this Trust have worked closely with both Swindon PCT and Swindon and Marlborough NHS Trust to share a common understanding of the pressure facing the 'whole system' in attempt to focus our collective attention on finding solutions to achieve good quality healthcare for the population of Kennet and North Wilts and Swindon. In order to create the additional capacity that we require, we have also taken part in the discussions about the development of the Diagnosis and Treatment Centre.

A lot of our collective energy has gone into ensuring that we meet the NHS waiting targets. In addition, our clinicians have worked closely with the Trust clinicians to develop clinical work programmes that focus on modernising the delivery of health care and new care pathways.

At the year end, the responsibility for the Saverlake Community Hospital was handed over to our PCT. We have worked closely to ensure that the transfer of staff and services was seamless. We have also worked closely together over the year to design a new community hospital. The hospital staff have been highly influential in the design work and modelling that is now in the full business case.

However, the most significant development that took place in 2002/2003 was the hospital move. The Trust must be commended for their successful and smooth transition to the new hospital site.

## About our Trust

The Trust provides health services from three main sites - The Great Western Hospital in Swindon, which is a district general hospital and Saverlake Hospital in Marlborough. We also have a child and adolescent mental health unit (CAMHS) Marlborough House next to the old PMH site.

Our staff also provide care at Pinetrees Nursing Home, Langton House, Wick House and the Cheriton Nursing Home in Old Town, Swindon, and a number of staff who work primarily in the community and at the Marshgate Rehabilitation Centre in Swindon.

- Swindon & Marlborough NHS Trust was formed in 1994
- The Trust employs around 3,300 staff
- We serve a population of about 300,000 people
- Our annual turnover is £121,695 million

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, audited accounts, a register of board members private interests and operate a thorough complaints procedure. We have a management of equality and diversity policy which considers the needs of disabled employees and we have a double tick approval from 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.

## Fundraising

The Trust's Evolution Campaign ran for more than a year to raise money for various pieces of equipment for the hospital. The fundraising effort continues with a range of initiatives such as the successful "Leaf Your Mark Campaign" where engraved leaves are placed on a special wall on the ground floor of the Great Western.

If anyone would like to make a donation or get involved in fundraising for the Great Western, please call 01793 605636.

## The Board

- Acting Chair – Sue Webber
- Chief Executive – Lyn Hill-Tout
- Acting Director of Finance – Stephen Haynes
- Medical Director - John Henson
- Acting Director of Nursing – Francesca Thompson
- Director of Operations – Sue Rowley
- Director of IM&T – David Davies
- Director of HR – Paul Bentley
- Estates and Facilities Management Director – Trevor Payne
- Zandria Pauncefort – non executive director
- David Venables – non executive director
- John Adey (vice chair) – non executive director
- Rowland Cobbold – non executive director

During 2002/03 the following also served on The Board

- Sonia Mills - Chief Executive
- Stephen Webster - Financial Director
- Nigel Hodson - Project Director
- Nicholas Godden - Chairman
- Tim Boucher - non executive director

\* Pics by David Barbour  
♦ Pics Evening Advertiser

## More information?

If you would like more information about The Great Western Hospital you could visit our web site

[www.swindon-marlborough.nhs.uk](http://www.swindon-marlborough.nhs.uk)

or call Chris Birdsall, Communications Manager on 01793 604431 or 604418