

A NEW *beginning*

2001/02
annual report

Swindon and Marlborough 
NHS Trust

A new hospital - a new era in healthcare . . .



We are all looking forward to the Great Western Hospital opening in December 2002

During 2001/02 the Trust's staff have been focussed on four tasks; continuing to deliver high quality health services, improving standards and meeting targets that are important to the public, and preparing for the move to our new hospital. So, it's been a tough year but the publication of the Government's star ratings for a second year showed that we were still performing well whilst meeting these challenges.

The star ratings span from 0 to 3 and this year the Trust services (on expanded measures) scored 2 again. We are pleased to receive this recognition but accept that it's not the best, and that is our aim. Good things about the Trust included that people are waiting less and getting to see consultants for outpatient consultations and surgery quicker, and we are excellent at seeing patients referred with suspected cancer within two weeks. We are also very good in our clinical quality assurance processes and avoiding the need for readmission after we have discharged patients.

This year, we undertook a rigorous patient survey for the first time and the responses demonstrated areas where we have to improve: cancelled admissions, communication with patients as individuals and more information about the care patients are receiving. We also had adverse comments about our facilities, but that will soon be rectified with the move to The Great Western Hospital in December.

As part of our planning and preparation there have been changes to our services already. This will help our move as the scale of change will be significant for both staff and our local population and we aim to introduce new practices, where possible, before we go.



Chairman - Nicholas Godden

Examples of this can be seen in ophthalmology where we have improved the processes surrounding cataract surgery; in outpatients, where more and more GPs are referring to us by email and speeding up the booking process for the convenience of patients; and in our cancer services where more streamlined appointment and diagnosis processes are producing faster results and treatment.

Important services support these front-line activities and in order to meet increasing demand throughout the 24 hour period and the 7 day week staff are also responding by agreeing to changes in work practices that will benefit the patient. Our pathology staff are one example where we have recently agreed new patterns of working and have invested in technology to help efficiency.

New beds

All these improvements are instrumental in preparing for our move. A great deal of work has also been necessary to spend wisely the millions of pounds available to us for new equipment for the hospital. Last year also saw us take the opportunity to purchase new beds throughout the hospital and replace much of our theatre instrumentation. Huge expenditures that have immediate impact on the quality of the patient experience.

We are very grateful for the enormous support we are receiving from the community to the Evolution Appeal, designed to augment the funds we have available for equipment. We believe we are well on the way to achieving the £2.5m we are seeking to meet our aspirations.

Major work

Major work has also been necessary to close the contract for modernising our information technology systems. These will start to go in at Princess Margaret Hospital and will really come into their own after we have moved to the new site. The new systems will form a core into which GPs and other community services will eventually be able to link; the NHS will be catching up with communication systems and capabilities now common in other industries.

As a result of this work we are almost ready and staff are enthusiastic about moving to

the new site. Many have had the opportunity to visit their departments during the construction phase and the positive responses to the new facilities and the much improved environment are likely to be shared by the local population when we open.

In addition, the last year saw the commencement of the construction at Commonhead of new on-site accommodation for key staff and a large creche. The additional 62 beds being provided in the Swindon Intermediate Care Centre are also progressing well. This unit will be managed by Swindon PCT when it is finished.

All these new starts are very positive and the Trust has also done well in increasing the number of staff employed, a mark both of the expansion in services and a reduction in vacancy rates. We have needed to recruit overseas for skilled nurses and the diversity of approach has enriched the nursing skills available within the Trust.

However, we still need to develop actively our recruitment, staff development and retention programmes to reach full establishment across all our staff groups. In this way we suffer the same issues as many employers locally but we also have the additional problem of needing skilled staff to make the additional funding available to the NHS a reality in service terms. Progress in recruitment is evident but slower than we would wish, and the new site with better working environment, equipment and staff facilities will be an advantage.

Finally, we have detailed plans in place for the move, scheduled for the beginning of December, and we look forward to realising the long planned improved services in The Great Western Hospital



Chief Executive - Sonia Mills

Milestones along the way to The Great Western

- 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
- Spring 2003 - Official opening of The Great Western
- October 4 2029 - Completion of contract with PFI partners.



How it all started - a green field at Commonhead

KEY DATES:

- November 5th 2002
Completion of The Great Western
- November 2002
SwICC opens
- November 2002
Staff residencies completed
- December 2nd 2002
First patients move in
- December 3rd 2002
7am A&E closes at PMH
- December 3rd 2002
7.01am A&E opens at The Great Western
- December 4th 2002
Maternity unit opens at The Great Western
- December 9th 2002
Last patients leave PMH - PMH effectively closes
- December 12th 2002
Outpatients opens at The Great Western

The role of technology

During the last year staff within the IM&T Directorate have had to continue to meet the increasing demands on them for services. However, much of our attention has focussed on the planning and preparation for the move to the Great Western Hospital. As with so much of the world around us, Information Technology (IT) has much to offer to help improve our daily lives. This is very much the case in healthcare where it is increasingly recognised that IT has a critical role to play in ensuring we can provide high quality healthcare services.

In July 2001 the Trust confirmed the selection of the preferred supplier of its new Integrated Clinical Information System (ICIS) and other IT services. This followed the involvement of a great many staff and colleagues from both within and outside the Trust. Following further work the contract was formally awarded in May 2002.

Implementation of ICIS actually began towards the end of 2001. A new Radiology System (RIS) and the first part (the Case Note Tracking module) of the new Patient Administration System (PAS) have already been installed. The RIS is an essential element to support the provision of radiology services. The Case Note Tracking module supports improvements in the management and provision of patient case notes.

Work is now well underway for the implementation of all the remaining modules of the PAS. These further modules, together with a system we have helped develop to support the referral of patients by their GPs will, as part of other changes within the organisation, help us to improve how we manage the services we provide.

During 2002 we will progress the installation of advanced clinical support information systems. This will build on work already being undertaken in the Radiology and Health Records departments where we have been moving to computer based X-ray and patient case notes. This is the start of a process that, over the next few years, will lead to the development of our Electronic Patient Record (EPR) system. Some examples of what this means at the Great Western Hospital include having X-rays available anywhere in the hospital on computer screens. Likewise, increasingly the information currently held in paper case notes will also be available whenever and wherever required on the same computer screens. It is widely considered that these facilities are not only extremely beneficial but are essential assets if we are to meet the expectations we all have for high quality healthcare services.

Cutting waiting time

During the year, although we had more people on our waiting lists, our patients were generally having to wait less time for their treatment. In 2001/02 the Trust treated 6,973 inpatients and 16,052 daycases which was broadly in line with our contracted activity. This was despite the number of emergency admissions increasing to 19,251. We saw 245,251 outpatients plus 2990 babies were born.

Overall, the Trust treated more patients in 2001/02 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. The activity out turn for 2001/02 over the previous year activity was:

- Emergency inpatients - increased by 5.6%
- Elective Inpatients - decreased by 5.2%
- Daycases - increased by 11.2%
- Outpatients - increased by 4.7% (in part due to improved recording)

Achievement of the target activity levels meant that the Trust was able to reduce the number of patients waiting over 13 weeks for a first outpatient appointment and constrain the number of patients waiting for an operation. The Trust complied with the 18 months maximum waiting time for elective surgery and had reduced this to 15 months by the end of March 2002.

The Trust aims to offer all patients referred with suspected cancer an appointment within 14 days of the GP referral. In 2001/02 the Trust offered 97.5% of patients an appointment within 14 days, when the referral was received from the GP within 24 hours of being written and 76.3% when the referral was not received within 24 hours.

To ensure an achievement of 100% for suspected cancer referrals, the Trust continues to work with local Primary Care Teams.

MEDICAL DIRECTOR'S REPORT

Throughout the last year we have been preparing for the move to the new hospital and very soon this will become a reality. The new environment brings great opportunities for improving our services for the benefit of patients and staff. Although we look forward to this opportunity, a great deal has already been achieved over the last year.

In the A&E Department, there has been the appointment of a new consultant and nurse practitioners are now helping to achieve speedier diagnosis and treatment. A nurse-led thrombolysis service is efficiently treating patients in the early stages of myocardial infarction. Social workers appointed to promote early discharge from the hospital have proven to be a great success, as has the appointment of a mental health nurse.

The Medical Assessment Unit has continued to operate very effectively. This service is being greatly enhanced by the appointment of two new acute consultant physicians. This development will increase the role of consultants in the care of emergency medical patients, particularly during the evening and at weekends.

Particular issues in the Department of Medicine for the Elderly have been the further development of the Community Rehabilitation Team and of the Stroke Team.

In the departments of Surgery and Gynaecology, fast-track treatments have been developed for cancer patients and for those presenting with gynaecological and early pregnancy problems. Booked admission protocols have been set up for surgical and

gynaecological procedures.

Within the Pathology Department, it has been necessary to send out a lot of specimens for reporting by external histopathologists. This unfortunate situation has been necessitated by our inability to recruit consultant histopathologists on account of the national shortage of these specialists. Fortunately, the situation is improving and we are hopeful that two new consultant appointments will be made in the near future.

Using funding for the new hospital equipment, the Radiology Department was able to replace its old MRI scanner with a new state-of-the-art magnet. This is now allowing faster and more accurate diagnosis of cancer patients amongst others and this equipment will be transferred to the new hospital.

In Paediatrics, the Child & Adolescent Unit in Marlborough House is undergoing considerable expansion. This service will remain in Marlborough House after the move to the Commonhead site.

In conclusion, we are all looking forward to working in a new and much improved environment. Due to the hard work and dedication of staff, much has been achieved at the Princess Margaret Hospital site and the improvements in care outlined will be even more effective at the new Great Western Hospital.

John Henson
Medical Director

NURSING AND MIDWIFERY REPORT

Throughout the year nurses and midwives have been involved in a number of initiatives designed to enhance the quality of patient care and experience.

Our main priority has been to encourage all nurses to look closely at the aspects of nursing care that really matter to patients and their families. We have used a national framework entitled 'Essence of Care' which has enabled us to structure our improvements in nutrition, privacy and dignity, hygiene and mouth-care, and monitor some of the progress to date. At the heart of this framework is the need to capture what the patients are saying and learn from their suggestions.

The most notable improvement is in the incidence of pressure sores. Although there is still work to do it is encouraging that the incidence was shown to have reduced on a subsequent audit.

An important principle in improving patient care is the need to value and support our staff. During the year 38 newly qualified nurses have benefited from our 'Bridging the Gap' programme which helps each nurse to manage the transition from being a 3rd year student one day to being a staff nurse the next. In addition, we have been involved in a research study looking at the positive benefits of supporting newly qualified nurses and doctors together in one programme. We have also continued to recruit nurses both locally and overseas, successfully designing an adaptation programme for our overseas recruits which the majority have now completed.

Almost all our ward sisters and charge nurses have attended a three day leadership programme enabling them to explore their

own leadership style in a stimulating and vibrant way. This LEO (Leading Empowered Organisation) programme is part of the national initiative to strengthen leadership and includes the appointment of 'modern matrons'. Since our Trust benefits from the leadership contribution of senior nurse managers it is predominantly these experienced senior nurses who will be taking on the 'matron' role to improve standards of care and cleanliness.

Nurses and midwives have also been involved in the design of the new hospital. Either by giving advice to the planners or looking closely at plans of each department and making sure it will improve the experience for patients. We are particularly pleased that the ward designs include shower and toilet facilities within each four bedded area, and that there are more single rooms, each with en-suite facilities. More of the bathrooms, shower-rooms and single rooms are suitable for disabled patients and there are better facilities to care for those with infectious conditions. Designs also plan for the technological advances of the future with more day case surgery space, more operating theatres and an intensive and high dependency unit with room for expansion. Generally the Great Western Hospital will have a brighter, fresher feel and we will be working hard to ensure that patient experience mirrors the physical improvements in the building.

Elaine Strachan-Hall
Director of Nursing
August 2002

Francesca Thompson
Deputy Director of Nursing

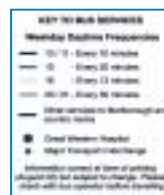
Progress with the Healthy Travel Plan

Over the year the Trust has been developing its 'Healthy Travel Plan' - a programme to reduce single-occupancy car driving to the hospital site. This combines promoting the alternatives to driving, with policies that reduce the demand for parking spaces. The programme has been initiated by local authority regulations including a limit on parking spaces along with increasing encouragement within the NHS to address our environmental impacts both in the local community and further afield.

The development of bus services to Swindon's new hospital has been a central part of the project and The Great Western Hospital will be visited by nearly triple the number of buses per day compared with PMH. This has been achieved through NHS funding of certain services and better integration of the hospital with the existing service network. Whilst still at PMH we have introduced significantly discounted bus passes for hospital staff and started a Bus User Group as a forum for staff to discuss bus travel with the bus operators.

Staff who cycle to work will benefit from investment in the new 'Cycle Centre' with secure cycle storage and changing facilities. Separate facilities for cycle storage will be available to members of the public. The Trust has funded a cycle lane alongside the Marlborough road between the hospital and Coate Water, linking with the Swindon cycle path network. Discount cycle purchase loans and other promotions have also been launched including free 'Dr Bike' cycle repair sessions.

During 2002 we have also implemented more controls for the issue of parking permits to staff. This has been accompanied by introducing charges for permits and the income from this is used to support the Healthy Travel Plan. These measures have led to a significant easing of the parking difficulties at PMH and the Trust is aiming to continue making progress at The Great Western Hospital, which, like PMH, has 1100 parking spaces.



A leaflet showing bus routes to the new hospital will soon be available



SwICC aims to ease hospital congestion

A new 62 bedded Intermediate Care Unit will open alongside The Great Western Hospital at Commonhead with the aim of making sure patients are cared for in the most appropriate setting and to end delays to discharge.

The SwICC (centre of plan) aims to ease "congestion" in the main building



The leading edge Swindon Intermediate Care Centre (SwICC), built by the Bristol office of Leadbitter Construction, will be for patients who have completed the acute phase of their illness but who need nursing and rehabilitation care before they can go home. In due course the unit may also cater for patients who will benefit from rehabilitation services and are not well enough to stay at home. The aim of the unit is to free up beds in the main hospital and to enable patients to receive their care in the most appropriate environment.

Although it is on the site of The Great Western it will be run by Swindon Primary Care Trust who will be responsible for providing everything from nursing care through to a range of therapies for the patients. The services are provided on two floors, one for stroke patients and the other for general rehabilitation. There will be a great emphasis on physiotherapy and occupational therapy and the facility will include a gym and a special kitchen to enable people to practice household skills before they go home. There is also accommodation for spouses to enable them to get used to any disability or limitations their partners may have developed as a result of a stroke for example.

Evolution equipping our new hospital for the future

Evolution, a campaign aiming to raise £2.5million for equipment for the new Great Western Hospital was launched last September.

The appeal has already raised almost £1.4million through a range of major donations and fund raising events and more events are planned leading up to the opening of The Great Western.

Evolution's purpose is to make sure that when the Great Western opens its doors, it has the high calibre, modern equipment that a purpose built, specially designed modern hospital deserves.

The Government has already allocated £8 million for new equipment, more than other PFI schemes. However, as some of the equipment we would transfer from Princess Margaret Hospital is nearing the end of its useful life, the Trust is keen to use the opportunity to replace and wherever possible upgrade, so that when The Great Western opens it has the latest, most effective resources available.

The appeal got off to a resounding start with local companies such as Nationwide and GWR Community Fund pledging their support.

"A lot of people have invested a great deal of time and effort into this campaign and we are very grateful for their expertise, their commitment and their enthusiasm. The Evolution Campaign Advisory Board includes senior people from a range of local businesses and organisations and they have worked hard to get the campaign up and running.

"This really is a very exciting project and we know that local people are really behind the campaign and are helping us to augment the first class hospital with first class equipment."

INVESTING IN OUR PEOPLE

Our employees continually work to deliver higher quality patient care! The year represents another significant year of achievements by our staff for our patients.

Some of these achievements are detailed below, however, the contribution of all our staff is absolutely key to the continued success of our Trust.

Staff remain high on the NHS agenda both nationally and here at the Swindon and Marlborough NHS Trust, and this year a new Human Resource Strategy has been developed and approved by our Trust Board to ensure the Trust achieves that 'Employer of Choice' status that every organisation strives for.

Over the last 12 months there have been a number of achievements which have benefited the Trust and helped its employees to have greater job satisfaction and a greater work/life balance.

These developments include:-

Improving Working Lives

In April 2001 the Trust achieved 'Pledge Status' a national award acknowledging that the Trust is committed to the development of employment practices that support employees to gain a greater balance between their job and home lives and the introduction of more flexible ways of working.

By April 2003, the Trust will have been audited and evaluated to assess whether the principles which drive Improving Working Lives have become embedded in the organisation.

Successful new initiatives include the introduction of:

- Childcare Vouchers
- Discounts for holiday and after school clubs
- Purpose built creche for 68 child places, to open in January 2003
- Development of a new Flexible Retirement Scheme

Employing more staff

The employment of more staff has been a major priority over the last year and will continue to be so in the next 12 months. Recent successes include the recruitment of 52 nurses from an international campaign undertaken in United Arab Emirates and a further 20 Theatre Nurses from the Philippines.

Developments have also included introducing a new recruitment advertising style to improve our visibility.

'Becoming the employer of choice'

NVO - Good progress has been made with Care NVO's since the appointment of the 2 new care co-ordinators in Nov 2001. Training availability has increased and many nursing auxiliaries have now achieved or are working towards the Care qualification.

Nursing auxiliaries have been able to use the qualification as part of their pre-entry requirement for nurse training. Some of these staff have also been successful in gaining places on the Trust's Widening Access scheme to financially support them whilst they are student nurses.

We are eagerly awaiting the return of our first intake of widening access students who join us again in March 2003 as Registered Nurses.

Staff Handbook - This year has also seen the launch of a new staff handbook aimed at providing employees with a range of information they may require during employment with the Trust.

Safety first

This year saw seven trust staff become qualified as Personal Safety Trainers. These Suzy Lamplugh Trust trainers are now working to raise staff awareness of personal safety issues and promote the NHS's Zero Tolerance campaign.

Managing diversity

In June this year we launched our new diversity policy 'Respecting Individual Differences, The Management of Equality and Diversity'. This policy aims to improve the way in which the organisation can meet the needs of all its employees and how we ensure their personal differences are acknowledged, supported and adapted to. It acknowledges that only by doing so can we provide an improved service to our patients and their families.

Occupational Health services

Development of a wider range of service aimed at improving the health of the workforce through greater access to the services and provision of a range of new services such as Physiotherapy and advice to employees on holiday travel.

With the relocation of service to The Great Western Hospital, the Occupational Health Department will now be closer for the majority of employees facilitating easier access.

Developing our staff

Our staff surveys have constantly highlighted that staff want to develop their skills, so we have increased the size of our training function. Developing our workforce is a major priority and initiatives have included:-

- Return to Practice
- Widening Access
- Alert Training
- Stress Management

In conjunction with Avon, Gloucestershire and Wiltshire Workforce Development Confederation and our Higher Education providers we are preparing to submit plans for development of an Academy providing high quality educational opportunities for our staff and students and developing their skills to become the health care professionals of the future.

Managing the change

The last 12 months has seen some of the greatest change for our staff, and a process has been completed to ensure the smooth and efficient relocation of services to the new hospital and that caused minimum disruption to our staff, patients and their families.

This has also included the transfer of some staff to neighbouring healthcare organisations. For example our Physiotherapists and Occupational Therapists transferred to the two neighbouring Primary Care Trusts and in December 2004 a number of our staff will transfer to the Swindon Intermediate Care Unit, run by the Primary Care Trust.

This year has been very challenging for all our staff. They have responded with commitment and hard work which has helped the Trust achieve its 2 star rating (see page 4).

To ensure the Trust supports its employees and new recruits the Human Resources Directorate will continue to review and update the employment package and seek ways of improving it wherever possible.

ArtAlive

There is much evidence that art can have a therapeutic value in hospitals. If carefully chosen, the shapes, colours and atmosphere created by paintings, murals, sculptures and installations can have a beneficial effect on patients, being stimulating, soothing or by creating an appropriate "feel" for an area.

The Great Western will benefit from works of art which will not only create a more pleasant environment but also help people to locate themselves by giving them "landmarks" within the hospital.

ArtAlive is the name we have given to the project which funds and commissions art for the Great Western.

Money will come from direct donations and from a special section of the Evolution Appeal which is the fund set up to raise money for equipment for The Great Western. The money will NOT come from the tax payer and the art will not be financed at the expense of patient care.

The money that will be allocated for the ArtAlive project will be money specifically allocated for art in the new hospital, either by people who wish to donate art to the new hospital or through the Evolution Appeal, where supporters can specify where they want their money to go. Therefore, the money we get will be going where the people donating it have asked for it to be invested.

The project to provide art for The Great Western hospital is being co-ordinated by the Hospital Arts Committee with the support of the Artpoint Trust, a professional arts management agency which has considerable experience in art in public places.

ROUND UP OF THE YEAR

New employer for support services

As part of the contract with Carillion, our private sector partners, they will be responsible for providing a range of non medical services.

Therefore, in September 2001, 262 staff from our catering, security, housekeeping, estates, portering and switchboard services, transferred to Carillion.

They have continued to provide the Trust with vital support services and will relocate with the rest of the team to Commonhead in December.

Keeping staff informed

Staff have been very much involved in the development of the new hospital. From the outset their input and ideas have been sought and welcomed. Staff from all parts of the Trust have been included on many of the groups and committees responsible for planning the new building and have played an active role in everything from preparing for the move to commissioning art for The Great Western.

All staff have been kept up to date via newsletters, the Trust's intranet, special displays and demonstrations run by the Redevelopment Team who are co-ordinating the whole project.

There has also been an ongoing programme of site visits to The Great Western so staff have been able to see how the building has progressed and latterly where they will be working. To give everyone an idea of what the new hospital would look like, in 2001 a special mock up of several ward areas was built in an industrial unit. This provided a valuable opportunity for designers to work with staff who were able to say what they liked and disliked about the design and to give staff a feel for the environment they would be working in.

Staff have also been kept up to date with a series of videos which have highlighted different aspects of the development during the last six months leading up to the move.

CAMHS Unit to stay

Our award winning Child and Adolescent Mental Health Service will be the only unit remaining on our current site.

In fact the unit has been given the go ahead for an expansion from six in patient beds to 12, more space for staff and upgraded day care facilities.

The expansion is to meet an ever growing demand for the unit's services which serves a catchment area from Tewkesbury to Salisbury.

Marlborough House provides both in patient and day care for young people suffering from a range of problems from eating disorders to attention deficit disorder.

Last year it was awarded Beacon Status by the Government for its under eight's service for children with behavioural problems.

Award winning leaders in safety

There were celebrations in the Trust this year after we won the prestigious Five Star Award from the British Safety Council, one of the world's leading independent workplace safety bodies.

Following a comprehensive health and safety management audit, organisations were awarded between one and five stars depending on the effectiveness of their health and safety systems. Every aspect of the workplace was examined from fire control systems and manual handling to waste management and hygiene.

Sonia Mills, Trust Chief Executive said: "This five star award underlines our commitment to the highest possible quality standards in every area related to the delivery of healthcare to our community. Gaining a 5 Star Award from an independent organisation, such as the British Safety Council, should give patients staff and visitors alike confidence that the Trust aims for the highest possible standards in the way it manages the hospital".

Every year organisations waste a staggering ten per cent of annual profits by neglecting health and safety in the workplace. In total, British industry loses up to £18 billion and 25 million working days annually through accidents and ill health.

Savernake re-development progressing well

Detailed plans for the redevelopment of the Savernake Hospital site in Marlborough have been approved by the Department of Health's Regional Office and the hunt is now on for a private sector partner.

The plans are to create a new facility which will provide:

- 35 intermediate care beds
- 12 beds for elderly patients with mental health problems
- a minor injuries unit
- an outpatients unit
- a day hospital
- accommodation for voluntary organisations
- a complementary medicine suite.

The re-development will take place at the top of the existing Savernake site and the lower part will be sold for housing (outline planning permission has been granted for around 35 homes) to offset the cost of the scheme



Savernake Hospital – looking forward to a major redevelopment

Princess Margaret

Princess Margaret, who opened our hospital in 1957 sadly died in February.

Tributes were placed in the reception areas of both outpatients and the main ward block and also in the chapel.

Flowers were sent from the Trust to the Royal Family.

Chief Executive Sonia Mills said that the Princess would be remembered by many in Swindon as a beautiful, vibrant young princess who visited the town to open its new hospital.

Government indicators

The beginning of 2002 saw us scoring a number of successes in the Government's High Level Performance Indicators.

The indicators are designed to measure the clinical and management performance of Trusts throughout the country and compare similar sized Trusts. This year's tables showed that overall Swindon and Marlborough performed within acceptable levels in most categories.

Improvements in the six month inpatient waiting lists were among the best in the country. The numbers of patients seen within two weeks for suspected cancer were 99.6%, our cancelled operations were just 0.5% and at 5.6% our missed outpatient appointment figures were the best in the country for our type of Trust.

There are areas where the Trust appeared to have performed less well but there has been further work and investment to encourage developments

Chief Executive Sonia Mills said: "The indicators are a useful tool for us to measure our performance and progress. "The year's figures show that with just a few exceptions, we have continued to perform to a good level. In most cases, by the time they are published we are already improving the areas where we are performing less well, eg a concerted effort in getting people home more quickly, and real investment in stroke services."

"The Trust has made real progress, particularly in those areas which worry people most, eg waits to get an outpatient appointment and reduced waits to see a consultant if cancer is suspected."

PMH controls virus

Sound infection control methods confined an outbreak of Viral Gastroenteritis or Winter Vomiting Disease to just one ward area at Princess Margaret Hospital earlier this year.

The virus, which was brought into the hospital from the local community was found in the hospital in January and affected more than 30 patients and 30 members of staff.

Ruth Lockwood, Senior Nurse, Infection Control said: "As soon as we discovered clusters of the virus on one of our ward areas we acted immediately to contain it. We have developed a number of infection control policies and recommendations within the Trust, based on national guidance and by following them we were able to stop the virus spreading to other areas.

"These include rigorous hygiene and hand washing regimes and not admitting or transferring patients to or from infected areas.

GP referrals - in the blink of an eye

It can now take less than a second for a GP to refer a patient to our hospital.

Our Electronic Referral System is a Web-based facility, enabling a GP or practice staff to put patient details from their computerised clinical records into a pro-forma style referral. This can then be submitted to the hospital. Once processed by medical records staff, the referral can be viewed in the relevant outpatient department or by the consultants' secretaries.

Patients are given a telephone number by their GP and they then telephone the hospital to negotiate their own appointment date from a range offered.

This work has been pioneered by our Booked Admissions Team and since October 2001 we have engaged 16 local practices and more than 3,500 referrals have been made electronically.

New bereavement service launched

A new bereavement service, based in a specially adapted office on Lambourn Ward has been launched.

Hazel Furze and Helen Pepler will be the bereavement facilitator/counselors who will staff the service during certain periods from Sunday through to Thursday.

The service will offer practical and emotional support to families who have suffered a loss.

It is also designed to provide support and training in bereavement care for staff.

Two star turn

We were delighted to be recognised as deserving two star status in the Government's ratings maintaining the standard we set last year.

We achieved the two stars despite a tough year in 2001/2, and maintained a high level of performance in many of the areas measured by the star rating system.

Sonia Mills, our Chief Executive said: "We are pleased to have retained our two stars. It has been a very difficult year for us with a rise in emergency admissions, delayed discharges and a huge amount of time and effort has had to go into planning for our move to the new hospital. Despite all that, we have met most of our targets and continued to provide a service which has earned us two out of a maximum of three stars from the Government. This has been achieved through the superb efforts, dedication and sheer hard work of our staff - they are the real stars." We are not complacent though, there are areas where we can improve and we will be looking closely at how we can do those things better. However, many of the areas where we did not score as highly such as the condition of the building and staff with access to e mail will be rectified soon when we move to The Great Western.

The star rating system is one of the ways the Government measures the effectiveness of Trusts throughout the country by looking at a range of areas from waiting times to how well we care for our patients.

Just the job?

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.

What's great about The Great Western

The Great Western Hospital has been designed to meet the needs of a growing local population.

It has many features which will be a big improvement on our existing facilities at Princess Margaret Hospital.

These include:

- The Great Western is 10% bigger than PMH
- There is 19% more clinical space
- It has a larger High Dependency Unit
- It has more operating theatres
- It will perform almost twice as much day surgery as PMH
- All the wards have en suite toilets and showers
- At 30%, The Great Western has one of the highest proportions of single rooms in the country
- It has a Cardiac Catheter laboratory
- A pneumatic tube system will speed up laboratory tests
- There is an acute assessment unit
- A&E has twice as many resuscitation bays at PMH
- There is a Patient Line bedside TV and and phone system for each patient
- The radiology department has all new equipment
- The helipad has been designed to the latest Civil Aviation Authority standards

About our Trust

Swindon and Marlborough NHS Trust was formed in 1994

The Trust employs around 3,250 staff

We serve a population of approaching 300,000 people

Our annual turnover is £99.7 million

We provide health services from two main sites – Princess Margaret Hospital in Swindon and Savernake Hospital in Marlborough. We also have staff who provide care at Pine Trees Nursing Home, Langton House, Wick House, Whitbourne House and the Cheriton Nursing Home in Old Town, Swindon and a number of staff who work primarily in the community and at the Marsh Gate rehabilitation centre in Swindon.

We also have premises at Unit 8, Okus Road Trading Estate where our finance and supplies are based and our occupational health services in premises in The Mall, Swindon.

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 have a "double tick" approval from the Department of Employment and Education to show we meet their criteria for the employment of people with disabilities.

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.

Our services

Our clinical services are organised into 11 directorates which are led by consultant staff with part of their time allocated to management and supported by managers and senior nursing managers:

1. Head & Neck Surgery
2. Trauma & Orthopaedic Surgery
3. Acute Medicine and Accident & Emergency,
4. Department of Medicine for the Elderly
5. Non-Acute Medicine
6. Radiology
7. Women's Services
8. General Anaesthetic Services
9. Surgical Service
10. Pathology
11. Children's Services

The function of the Trust is to meet the population's health care

needs through these clinical services and they need good support from a wide range of other clinical services and corporate functions.

The hospital also is linked to units at Oxford and Bristol for more specialist care but through recent appointments we are able to offer more care locally in more specialties e.g. lung cancer.

We maintained close links with the Primary Care Groups which have become Primary Care Trusts. These bodies are new to the NHS and have the responsibility for commissioning and developing care in conjunction with the providers of services, e.g. this Trust, and also developing primary and community based services with GPs, nursing and social services.

This is proving to be a very productive way of working where specific issues have been dealt with, giving more opportunity for clinical staff to be engaged in the process. Through this means the links between community, primary care and the hospital are strengthened and we are working better together. All this to the final benefit of the patients who move between our respective services.

Handling complaints

- There were 234 formal complaints received during the year, compared to 247 during the previous year. This is an overall decrease of 5.3% compared to 2000 - 2001.
- 99% of all complainants were sent an acknowledgement within two working days as specified in the NHS complaints guidance and Trust policy
- 125 (55%) of all complaints were answered within twenty working days. This represents a steady improvement in our response time to complainants.
- 90% of the 109 complainants who did not receive their response on time received holding contact.
- 24% of all complainants made secondary contact.
- The Trust received 6 requests for an Independent Review Panel (IRP) during the year. 3 were refused and 3 were referred back to further local resolution. IRP requests are falling steadily reflecting our high quality complaint resolution.
- Medical care, waiting, communication and nursing care remain the major complaint themes with little change in the numbers from the previous year.
- 243 informal complaints were received between April 2001 and March 2002.
- In September 2001 a PALS Administration Officer was appointed. Manual logging of all informal complaints and concerns began in October 2001.
- The total number of formal and informal complaints and concerns answered during the year was 477.
- Responsibility for complaint management at board level now lies with Francesca Thompson, Deputy Director of Nursing.

The board

Chairman – **Nicholas Godden**
Chief Executive – **Sonia Mills**
Director of Finance – **Stephen Webster**
Medical Director – **John Henson**
Director of Nursing – **Elaine Strachan-Hall**
Director of Operations – **Lyn Hill-Tout**
Director of HR – **Paul Bentley**
Projects Director – **Nigel Hodson**
Director of IM&T – **David Davies**

Deputy Chairman – **Zandria Pauncefort**
Non Executive Director – **David Venables**
Non Executive Director – **John Patel**
Non Executive Director – **John Adey**
Non Executive Director – **Sue Webber**
Non Executive Director – **Tim Boucher** (part of year)

Making the move

The transfer of patients, staff and services from Princess Margaret Hospital four miles down the road to The Great Western at Commonhead has been meticulously planned.

Nothing has been left to chance and a special commissioning team including representatives from our Trust, Carillion (our private sector partners) and The Hospital Company (the company specially created to design and build The Great Western) have been preparing for the move for more than two years.

The process of transferring to The Great Western is known as commissioning, and every one of the Trust's 80+ departments has had to produce their own commissioning plan to show how they will make the move. This includes everything from staffing levels and what equipment will be going with them through to the physical relocation itself. There has also been a close liaison between departments which work together to make sure that they will be able to provide necessary support during the move, eg Patient Records have had to ensure they can continue to provide a service to both sites while the move is underway.

We will receive the keys to The Great Western on November 5th. From then until December 2nd when the first patients move in there will be a period of what is called technical commissioning. This is where we ensure that the building is safe and functioning properly as a hospital. All the clinical support services will be in place before the first patients, those in our Intensive Care Unit, make the four mile trip down the road. The following day, December 3rd, A&E will open in the new hospital and then each department will follow a carefully prepared schedule and transfer until the last department, outpatients, has successfully relocated.

This process will be completed by late December 2002.

The Trust's major incident plan has also been re-planned to take into account how we would handle eg a major motorway pile up during the transfer period and there will be a command centre monitoring the progress of the move every step of the way.



Financial Review and Summary Financial Statement

The financial information set out below is a summary of the full accounts for 2001/2002. 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
Princess Margaret Hospital
Swindon, Wiltshire SN1 4JU

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% (new for 2001/02).
- To achieve its External Financing Limit (a cash limit set by the NHS Executive).

The table below sets out the performance of the Trust against these targets in 2001/02 and the previous four financial years.

| | Total Income £M | Surplus (Deficit) in the year £M | Cumulative Surplus (Deficit) since 1997/8 £M | 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 | 0.013 | Target Achieved | N/A |
| 2001/02 | 100,314 | 26 | 0.029 | Target Achieved | Target Achieved |

Over the three years 1999-2001, the Trust fully recovered the £3.8m deficit it made in 1997/98. Having brought its finances under control during this period, it has maintained financial balance in 2001/02 by achieving a small surplus of £16,000. The staff of the Trust deserve great credit for this achievement.

INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED – 31 March 2002

| | NOTE | 2001/02 £000 | 2000/01 £000 |
|-------------------------------------------------------------------------|------|-----------------|-----------------|
| Income from activities: | | | |
| Continuing operations | 3 | 89,767 | 81,856 |
| Other operating income | 4 | 10,547 | 9,176 |
| Operating expenses: | | | |
| Continuing operations | 5-7 | (98,809) | (87,137) |
| OPERATING SURPLUS (DEFICIT) | | | |
| Continuing operations | | 1,505 | 3,895 |
| Exceptional gain: on write-out of clinical negligence provisions | 1.9 | 6,547 | 0 |
| Exceptional loss: on write-out of clinical negligence debtors | 1.9 | (6,531) | 0 |
| Cost of fundamental reorganisation/restructuring | | 0 | 0 |
| Profit (loss) on disposal of fixed assets | 8 | 0 | 0 |
| SURPLUS (DEFICIT) BEFORE INTEREST | | 1,521 | 3,895 |
| Interest receivable | | 120 | 206 |
| Interest payable | 9 | 0 | (8) |
| Other finance costs | | (47) | (51) |
| SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR | | 1,594 | 4,042 |
| Public Dividend Capital dividends payable | | (1,578) | (2,546) |
| RETAINED SURPLUS (DEFICIT) FOR THE YEAR | | 16 | 1,496 |

Previously the unwinding of discounts on provisions was included in interest payable. With effect from 2001/02 it is now included in other finance costs, with the 2000/01 figures being amended to aid comparison.

BALANCE SHEET AS AT 31 March 2002

| | NOTE | 31 Mar 02 £000 | 31 Mar 01 £000 |
|----------------------------------------------------------------|------|-------------------|-------------------|
| FIXED ASSETS | | | |
| Intangible assets | 10 | 0 | 0 |
| Tangible assets | 11 | 25,334 | 22,111 |
| | | 25,334 | 22,111 |
| CURRENT ASSETS | | | |
| Stocks and work in progress | 12 | 1,114 | 1,121 |
| Debtors | 13 | 17,014 | 42,368 |
| Investments | 14 | 0 | 0 |
| Cash at bank and in hand | 18 | 19 | 19 |
| | | 18,147 | 43,508 |
| | | 18,147 | 43,508 |
| CREDITORS: Amounts falling due within one year | 15 | (8,424) | (31,470) |
| NET CURRENT ASSETS (LIABILITIES) | | 9,723 | 12,038 |
| TOTAL ASSETS LESS CURRENT LIABILITIES | | 35,057 | 34,149 |
| CREDITORS: Amounts falling due after more than one year | 15 | (3,458) | (1,142) |
| PROVISIONS FOR LIABILITIES AND CHARGES | 16 | (1,453) | (7,854) |
| TOTAL ASSETS EMPLOYED | | 30,146 | 25,153 |

| NOTE | 31 Mar 02 £000 | 31 Mar 01 £000 |
|-----------------------------------|-------------------|-------------------|
| FINANCED BY: | | |
| CAPITAL AND RESERVES | | |
| Public dividend capital | 23,413 | 20,389 |
| Revaluation reserve | 17 | 5,627 |
| Donated Asset reserve | 17 | 457 |
| Government grant reserve | 17 | 0 |
| Other reserves | 17 | 0 |
| Income and expenditure reserve | 17 | 649 |
| TOTAL CAPITAL AND RESERVES | 30,146 | 25,153 |

Monies held on behalf of patients are no longer included in these accounts with effect from 2001/02.

The debtors and creditors figures for 2000/01 have both been amended by £1,000 to reflect this and aid comparison.

Date 2.8.02 Chief Executive..... S. Sharma

Date 19/3/2002 Director of Finance..... S. Webb

Management and administration Costs

Management and administration costs fell from 4.14% of income in 2000/01 to 4.00% of income in 2001/02 (See note 6.5).

Senior Managers Pay

The Trust has fully complied with national guidance that payrises for Senior Managers should not exceed 3.7% overall in 2001/02. The overall increase averaged 3.3%.

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 that the Trust paid 72.19% by number and 73.57% by value within 30 days compared with 73.51% by number and 80.63% by value in 2000/01.

Other Financial Matters

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

CASH FLOW STATEMENT FOR THE YEAR ENDED – 31st March 2002

| | NOTE | 2001/02 £000 | 2000/01 £000 |
|---------------------------------------------------------------------------------------|------|-----------------|-----------------|
| OPERATING ACTIVITIES | | | |
| Net cash inflow from operating activities | 18.1 | 26,895 | (2,508) |
| RETURNS ON INVESTMENTS AND SERVICING OF FINANCE: | | | |
| Interest received | | 115 | 206 |
| Interest paid | | 0 | (8) |
| Interest element of finance leases | | 0 | 0 |
| Net cash inflow/(outflow) from returns on investments and servicing of finance | | 115 | 198 |
| CAPITAL EXPENDITURE | | | |
| Payments to acquire tangible fixed assets | | (5,231) | (1,211) |
| Receipts from sale of tangible fixed assets | | 0 | 0 |
| (Payments to acquire)/receipts from sale of intangible assets | | 0 | 0 |
| Net cash inflow (outflow) from capital expenditure | | (5,231) | (1,211) |
| DIVIDENDS PAID | | (1,578) | (2,546) |
| Net cash inflow/(outflow) before management of liquid resources and financing | | 20,201 | (6,067) |
| 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 | | 20,201 | (6,067) |
| FINANCING | | | |
| Public dividend capital received | | 6,024 | 8,993 |
| Public dividend capital repaid (not previously accrued) | | (3,000) | (2,926) |
| Public dividend capital repaid (accrued in prior period) | | (23,225) | 0 |
| 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 | | (20,201) | 6,067 |
| Increase (decrease) in cash | | 0 | 0 |

Financial Review and Summary Financial Statement

5.4 Salary & Pension entitlements of senior managers

| Name and Title | Salary (bands of £5000) | Other Remuneration (bands of £5000) | Golden hello/compensation for loss of office | Benefits in kind | Real increase in pension (at age 60 (range of £2500)) | Total accrued pension at age 60 at 31/03/02 (bands of £5000) |
|-------------------------------------------------------------|-------------------------|-------------------------------------|----------------------------------------------|------------------|-------------------------------------------------------|--------------------------------------------------------------|
| | £000 | £000 | £000 | £000 | £000 | £000 |
| Nicholas Godden Chairman * | E15-E20 | 0 | 0 | 0 | 0 | 0 |
| Zandria Pauncefort Vice Chairman * | E5-E10 | 0 | 0 | 0 | 0 | 0 |
| Tim Boucher Non Executive Director * | E0-E5 | 0 | 0 | 0 | 0 | 0 |
| Harivadan Patel Non Executive Director * | E5-E10 | 0 | 0 | 0 | 0 | 0 |
| David Venables Non Executive Director * | E5-E10 | 0 | 0 | 0 | 0 | 0 |
| Sue Webber Non Executive Director * | E5-E10 | 0 | 0 | 0 | 0 | 0 |
| Sonia Mills Chief Executive * | E90-E95 | 0 | 0 | 0 | E0-E2.5 | E30-E35 |
| Steve Webster Director of Finance * | E70-E75 | 0 | 0 | 0 | E0-E2.5 | E15-E20 |
| Ian Lowdon Medical Director to 30.06.01 * | E20-E25 | 0 | 0 | 0 | E2.5-E5.0 | E25-E30 |
| John Henson Medical Director from 01.08.01 * | E70-E75 | 0 | 0 | 0 | E7.5-E10.0 | E30-E35 |
| Elaine Strachan-Hall Director of Nursing * | E50-E55 | 0 | 0 | 0 | E0-E2.5 | E10-E15 |
| Francesca Thompson Acting Director of Service Development * | E15-E20 | 0 | 0 | 0 | E0-E2.5 | E5-E10 |
| Paul Vandendaele Director of Service Development * | E60-E65 | 0 | 0 | 0 | E0-E2.5 | E25-E30 |
| Lyn Hill-Tout Director of Operations * | E60-E65 | 0 | 0 | 0 | E0-E2.5 | E10-E15 |
| David Davies Director of IM&T * | E55-E60 | 0 | 0 | 0 | E0-E2.5 | E5-E10 |
| Paul Bentley Director of Human Resources * | E55-E60 | 0 | 0 | 0 | E0-E2.5 | E10-E15 |
| Nigel Hodson Programme Director** | E55-E60 | 0 | 0 | 0 | 0 | 0 |

* The Trust Board at its meeting in June 2002 decided not to disclose the age of its directors.
** Nigel Hodson has no pension entitlement as he has less than five years NHS pensionable service.

6.4 The following number of employees received remuneration (excluding pension contributions) falling within the following ranges:

| | 2001/02 Number | 2000/01 Number |
|-----------------------------|-------------------|-------------------|
| Medical | | |
| £40,001 - £45,000 | 12 | 8 |
| £45,001 - £50,000 | 11 | 7 |
| £50,001 - £55,000 | 9 | 3 |
| £55,001 - £60,000 | 15 | 16 |
| £60,001 - £65,000 | 14 | 19 |
| £65,001 - £70,000 | 17 | 22 |
| £70,001 - £75,000 | 13 | 13 |
| £75,001 - £80,000 | 19 | 10 |
| £80,001 - £85,000 | 12 | 5 |
| £85,001 - £90,000 | 3 | 4 |
| £90,001 - £95,000 | 2 | 1 |
| £95,001 - £100,000 | 4 | 2 |
| More than £100,000 | 4 | 2 |
| | 135 | 112 |
| Administration | | |
| £40,001 - £45,000 | 3 | 1 |
| £45,001 - £50,000 | 4 | 2 |
| £50,001 - £55,000 | 0 | 0 |
| £55,001 - £60,000 | 1 | 3 |
| £60,001 - £65,000 | 3 | 6 |
| | 11 | 12 |
| Other | | |
| £40,001 - £45,000 | 8 | 5 |
| £45,001 - £50,000 | 1 | 1 |
| £50,001 - £55,000 | 0 | 1 |
| £55,001 - £60,000 | 0 | 0 |
| | 9 | 7 |
| 6.5 Management costs | | |
| Management costs | 3,811 | 3,687 |
| Income | 95,260 | 89,962 |
| Percentage | 4.00 | 4.10 |

6.6 Retirements due to ill-health

During 2001/02 there were 6 (8 in 2000/01) early retirements from the trust agreed on the grounds of ill-health. The estimated additional pension costs of these ill-health retirements will be £112,000 (£125,000 in 2000/01), which will be borne by the NHS Pension Scheme

7. Public Sector Payment Policy

7.1 Better Payment Practice Code - measure of compliance

| | Number | 2001/02 £000 | Number | 2000/01 £000 |
|----------------------------------------|--------|-----------------|--------|-----------------|
| Total bills paid in the year | 43,293 | 50,211 | 48,820 | 54,943 |
| Total bills paid within target | 31,255 | 36,941 | 35,888 | 44,298 |
| Percentage of bills paid within target | 72.19% | 73.57% | 73.51% | 80.63% |

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

| | 2001/02 Number | 2000/01 Number |
|-----------------------------------------------------------------------------------------------------------------|-------------------|-------------------|
| Amounts included within Interest Payable (Note 9) arising from claims made by businesses under this legislation | 0 | 8 |

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.

Date 2.8.02 Chief Executive S. Mills

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

Date 2.8.02 Chief Executive S. Mills

Date 19/7/2002 Director of Finance S. Webber

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/had responsibility for maintaining a sound system of internal control that supports/supports the achievement of the organisation's objectives, and for reviewing its effectiveness. The system of internal control is/was designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only/was able therefore only to provide reasonable and not absolute assurance of effectiveness.

The system of internal control is/was 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 (Risk Management System standard for 2001/2002)

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The organisation 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 organisation 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.
- A Trust wide incident reporting system has been introduced

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

- Roll out the results of internal/external assessments including external benchmarking;
- Complete directorate risk assessments, and report their findings on a quarterly basis;
- Complete the Trust's risk matrix and registers;
- Include risk management in job descriptions.

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.

Date 28.7.02 Chief Executive S. Mills
(on behalf of the board)

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 membership of the Committee during 2001/02 was:

| | |
|------------------------|---------------------------------------------|
| Trust Deputy Chair | Zandria Pauncefort (Chair of the Committee) |
| Non Executive Director | David Venables |
| Non Executive Director | Sue Webber |
| Non Executive Director | John Patel |
| Non Executive Director | Tim Boucher (until 31/12/01) |

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 2001/02 was:

| | |
|------------------------|------------------------------|
| Trust Chairman | Nicholas Godden |
| Trust Deputy Chair | Zandria Pauncefort |
| Non Executive Director | David Venables |
| Non Executive Director | Sue Webber |
| Non Executive Director | John Patel |
| Non Executive Director | Tim Boucher (until 31/12/01) |

Charitable Funds

The Swindon and Marlborough NHS Trust Charitable Fund received income of £838,000 in 2001/02 compared with £337,000 in 2000/01.

The majority of the increase in income was due to the launch of the Great Western Hospital Charity Fundraising Appeal (The Evolution Appeal) whose purpose is to raise funds for:

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

The main sources of income were as follows:

| | 2001/02 £ | 2000/01 £ |
|---------------------------------------------|----------------|----------------|
| Donations | 662,000 | 205,000 |
| Legacies | 110,000 | 35,000 |
| Investment Income | 59,000 | 82,000 |
| Grants from other NHS Charities | 0 | 3,000 |
| Activities to further Charitable objectives | 7,000 | 12,000 |
| TOTAL | 838,000 | 337,000 |

Expenditure is as follows:

| | 2001/02 £ | 2000/01 £ |
|-------------------------------------------------|------------------|------------------|
| Cost of generating funds | 142,000 | 65,000 |
| Grants made to the Trust * | 178,000 | 297,000 |
| Management and Administration Costs | 42,000 | 49,000 |
| Total Expenditure before revaluations | 362,000 | 411,000 |
| (Gain)/Loss on revaluation of investment assets | 16,000 | (6,000) |
| TOTAL EXPENDITURE | 378,000 | 405,000 |
| INCREASE (DECREASE) IN FUNDS | 460,000 | (68,000) |
| TOTAL FUNDS HELD | 1,600,000 | 1,140,000 |

The increase in funds held is due to the Evolution Appeal funds being retained, these will be spent in the 2002/03 financial year when the Great Western Hospital is due to open.

*Grants payable to the Trust include funding for medical equipment, education, research, entertainment and furnishings.

The Trust is extremely grateful for the continuing support of staff, organisations and the general public.

A copy of the annual report and accounts for charitable funds may be obtained from **The Charitable Funds section, PO Box 80, Princess Margaret Hospital, Swindon SN1 4JR**

Clinical governance

Directorates have shown great commitment to improving the quality of care for patients by achieving most of the Development Plan objectives. (92 out of 102 were either achieved or agreed as ongoing).

It has been the responsibility of the Patient Advice and Liaison Service (PALS) to facilitate public involvement in developing new services and improving existing services. PALS have been involved in 11 projects in the clinical areas developing Public Involvement during the year.

The Clinical Indicators were published in February 2002. These indicators show the Trust to be within the average band among NHS Trusts. There are, however, 2 Indicators that are seen as "significantly" worse and 1 that is "significantly better than the national average. The Acute NHS Trust Performance Indicators were also published in February and we were slightly higher in performance than average compared to other Acute NHS Trusts.

The Patient Advice and Liaison Service have in place a dedicated Patient Information Co-ordinator for 2 days per week whose responsibility it is to work with clinical directorates to produce quality patient information.

The 'all incident' reporting form was launched across the Trust and the level of clinical incident reporting has increased tenfold since the same period last year. The Trust has been participating in an incident reporting pilot to the National Patient Safety Agency (NPSA). We achieved level one against the CNST risk management standards in March 2002.

During 2001/2002, the Trust's induction policy has been developed. Working in conjunction with managers, Training and Development have co-ordinated start dates to coincide with induction dates, which run twice a month. This has ensured that new staff receive training regarding their health and safety as well as gaining other key information.

The Clinical Governance structure remains consistent with previous years. Leadership remains at a high level with the Chief Executive holding overall accountability. The Trust Chairman is the Chairman of the Clinical Governance Committee and takes an active role in quality.

The Director of Nursing is responsible for the reporting of clinical governance activity to the Trust Clinical Executive and Trust Board. This post holder is also responsible for the implementation of national, regional and local quality standards.

At clinical level, directorates have developed their own clinical governance groups/meetings and own leads.

Farewell to the PMH

Princess Margaret Hospital was officially opened in 1959 with new buildings such as the main ward block, A&E and maternity being added at regular intervals over the following years.

When it was built, PMH served a population which is a fraction of the 300,000 we now serve and as the number of people in our catchment area grew, the hospital had to grow too to meet their needs.

Swindon's success as one of the fastest growing towns in Europe meant a major re think about providing hospital care for its residents. Not only had the fabric of the buildings fallen into disrepair, providing a less than ideal environment for staff, patients and visitors, but also, we had simply outgrown the site. We had used all the available space and because the hospital had been developed a piece at a time, the layout and location of the facilities was far from perfect. Therefore the decision to move was made, a larger site at Commonhead was selected and the complex process of finding a Private Finance Partner and building

a brand new, state of the art hospital began.

In December this year, the last door on the last remaining ward at PMH will close forever following the relocation of all the services, patients and staff to The Great Western. The building will be locked and barred. A fence will be built around the entire site, barriers will be erected at the entrances and a 24 security operation will begin.

An auction will have been held to enable people to buy moveable assets which will not be making the trip to Commonhead then the remainder of the site will become the property of whichever developer buys the land.

Planning permission for the 25 acre site has been granted for a housing development of between 400 and 500 homes and the developer will demolish all the hospital buildings removing from the landscape a feature which has been prominent from the M4 for the last 40 years.



Swindon and Marlborough **NHS**
NHS Trust

More information?

If you would like more information about The Great Western Hospital you could visit the new hospital page on our web site www.swindon-marlborough.nhs.uk or contact Chris Birdsall, Communications Manager on 01793 425296 or 425294.