



annual report **2007/08**

A year of great progress

This is my first report as Chair of the Trust as I only took up my post in February 2008. I feel privileged to chair my local Trust.

2007/2008 was a year of substantial progress in financial performance, but more importantly in clinical performance. The majority of our patients say that they would recommend us to their friends but there is more to be done to improve their experience of health care. Our standards of care are well respected both by our patients and peers, but too often patients have to navigate between different hospital departments.

The Trust is delighted to run clinics at Fairford Hospital and the response from the people of Gloucestershire is very positive. We will develop similar outreach services elsewhere by working closely with our primary care trust colleagues and general practice.

You may have seen Gerry Robinson's TV programmes about an NHS hospital in South Yorkshire and their problems of getting doctors, nurses and managers to work constructively together. I am delighted to say problems of this sort are almost non-existent at the Great Western Hospital, thanks to arrangements which involve clinical staff in the management of the hospital. Good working relationships are part of the sound basis upon which we can build to develop clinical services delivered in innovative ways. While there are exciting possibilities of more cardiac and other work being done at the Great Western Hospital rather than going to Bristol or Oxford, we recognise that our main job is to be the local general hospital for Swindon and the M4 corridor. We are fortunate to have a bright new building of the right size for the future and in the right place to serve our community.

None of this would be possible without our workforce who are highly committed and who work extremely hard to achieve our performance, often during periods of staff shortage. We are delighted with the response to our latest Recruitment Fair when over 1,000 people expressed an interest in working for the Trust. We look forward to welcoming new members of staff. In addition to our paid staff, the Great Western is very fortunate to have the dedicated service of over 230 volunteers who work alongside our staff to help improve our quality of care to patients and visitors. They bring a distinctive and



personal atmosphere both to the hospital and to the Trust and all our staff are extremely grateful for their contribution.

As the Trust seeks approval to become a Foundation Trust, we must strengthen our links with the community which we serve. As a Foundation Trust hospital you will have the ability to influence our work and to help us with our vision. I do hope you will become a member of the Trust and perhaps seek to become a governor in the future.



Bruce Laurie
Chair

Our drive towards excellence

During the past year, staff working within Swindon & Marlborough NHS Trust have delivered a number of significant improvements for patients. The Trust has been transformed and has a solid foundation upon which it can pursue its aim to ensure that "excellence is standard".

The improvements which have been delivered are tangible and can be measured. We ended the financial year with a surplus which has been reinvested in clinical services. In addition, those clinical services have become more efficient and this has benefited our patients. For example, new patients wait less time to be seen.

In parallel with the drive for efficiency and the effective use of public money, we delivered national and local targets, some of them earlier than required. For example, we:

- reduced the numbers of patients who acquired a preventable infection such as MRSA or Clostridium Difficile;
- maintained low mortality rates;
- delivered huge reductions in the length of time patients have to wait for a diagnostic test or treatment.

The Trust delivered the 18 week referral-to-treatment target at the end of March 2008, 9 months ahead of the national target of December 2008. Over 90% of our patients waited a maximum of 18 weeks from their referral by their GP to their actual treatment, including having any necessary diagnostic tests. We now aim to reduce waiting times even further. Important targets such as this must not be achieved at the expense of the quality and provision of personal care to our patients. While our patient survey was very positive overall, we know that we can make improvements, particularly around communicating effectively with patients, the numbers of nurses on duty and supporting patients with their meals.

The general health of the population we serve is good, but particular health inequalities remain in our area and we have an important role to play in supporting our health and social care colleagues in delivering general health improvement, increasing life expectancy and improving public services.

As a Trust, our services are scrutinised by a range of external regulators. We welcome this scrutiny and have received a number of positive external reports



about our services. However, we are not complacent. Safety must be our number one priority. The tragic death of Mayra Cabrera raised important issues for this Trust and nationally. Sadly, we cannot change what happened but we have learned valuable lessons that will improve safety. We are judged every day by the people who use our services and we intend to satisfy and indeed deliver care which surpasses their expectations.

We have come a long way since our move into the Great Western Hospital and this incredible transformation would not have been possible without the support and commitment of our staff, volunteers and our health and social care partners.

This year is the 60th Anniversary of the National Health Service. We should celebrate this and look forward with confidence to further improvements to health and the healthcare we provide to our local community.



Lyn Hill-Tout
Chief Executive

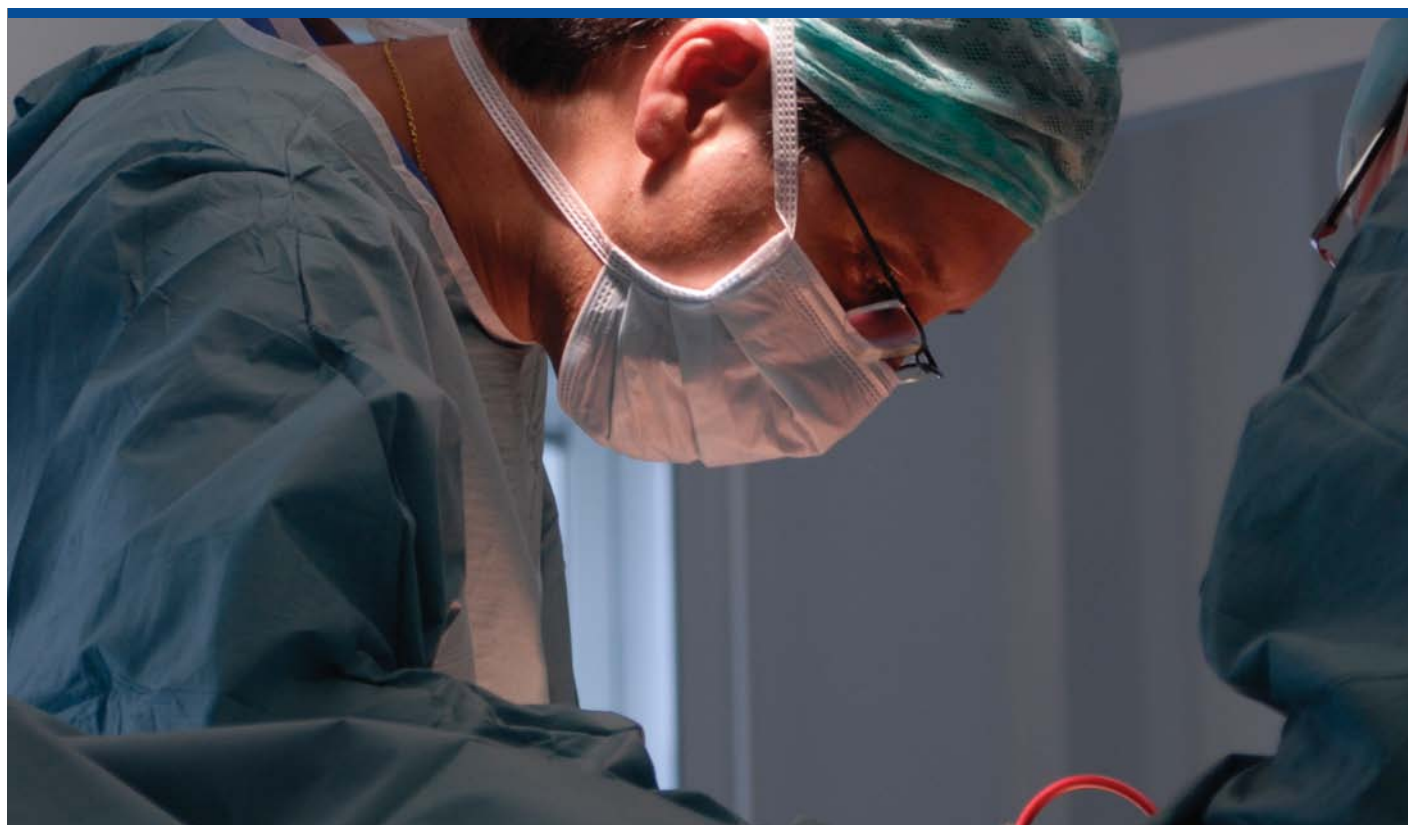
About our Trust

Swindon and Marlborough NHS Trust delivers services to the local populations of Swindon and Wiltshire and to parts of Gloucestershire, Oxfordshire and West Berkshire, primarily from the Great Western, a medium-sized acute district general hospital, which opened in December 2002.

We are developing the hospital site as a health campus. A number of different health organisations have been brought together providing the best possible access and exploiting the clinical links that exist between them. In addition to the main hospital and the adjoining Brunel Treatment Centre the campus comprises:

- A 60 bed Intermediate Care Centre for slow-stream rehabilitation run by Swindon Primary Care Trust.
- An older people's mental health unit run by the Avon Wiltshire Partnership.
- The Swindon and North Wiltshire Health & Social Care Academy - one of seven across the South West providing a multi-professional, multi-disciplinary educational environment.
- The Shalbourne Suite, a 20-bed private patient unit.
- A crèche, run by Buffer Bear Nurseries.
- Staff accommodation operated by Unite.

All patients admitted to the Trust from other hospitals, from nursing homes, all emergency trauma and orthopaedic admissions and all admissions to the Intensive Care Unit and Special Care Baby Unit are screened for MRSA. Plans are in place to screen all elective patients by September 2008. We aim to screen all emergency patients by March 2009.



Vision, objectives and values



Photograph: Deborah J. Coleman

The Trust's vision is to be:

"The provider of choice by delivering high quality specialist services, within the resources available, which delight our patients and commissioners and establish sound, viable business partnerships by forming strategic alliances with our primary care trusts and other key partners".

We have developed 9 business objectives for the next 5 years. Each of these has specific actions and measures for success.

The 9 objectives are to:

- Provide safe healthcare of the highest quality.
- Continually improve patients' experience of our care.
- Provide better access to healthcare services.
- Become the provider of choice for patients and commissioners.
- Maximise the contribution and potential of our staff.
- Improve the cost effectiveness of our services.
- Become a beacon of excellence in leadership, governance and financial management.
- Work in partnership to provide an effective network of care that improves health and reduces health inequalities.
- Play a leading role in our community.

Our vision and objectives are built on widespread discussion with our staff, our patients and our commissioners and have been updated in light of achievements in 2007/2008.

Our values

We will:

- Listen to our patients, local people, commissioners and staff.
- Be a good collaborator and partner.
- Work honestly, openly and with integrity to encourage innovation and take bold decisions, striving to be an exemplary employer.

Our application for foundation trust status

What is a foundation trust?

NHS foundation trusts have grown out of a wider reform programme, offering greater autonomy and freedoms for NHS organisations within a national framework of standards and inspections. NHS foundation trusts are:

- free from central government control and from strategic health authority performance management;
- providers of healthcare according to core NHS principles – free care, based on need and not ability to pay;
- not required to achieve financial breakeven but must be financially viable;
- required to present their annual reports and accounts to Parliament.

Why do we want to become a foundation trust?

- Greater accountability to our local population.
- Improve communication with the people we serve and with whom we work.
- Work effectively with our key stakeholders.
- Have a greater patient focus.
- Have greater financial freedom.
- Have greater flexibility and ability to respond more quickly to change.

Consultation and membership

We are now in the final stages of the authorisation process for foundation trust status and we hope to announce our success towards the end of 2008.

We have been busy in many different ways during the application process. We have:

- consulted with more than 10,000 people in our catchment area about proposals to become a foundation trust via mail shots and attending functions throughout the area;
- recruited members of the public who will tell us their views and help shape our strategic direction when we are authorised (we currently have over 3200 public members and almost 3700 staff members);
- held elections for our first Council of Governors, who will work alongside the Board of Directors;
- prepared the documentation that goes with our application.

To involve people and tell the local community what our plans are, we have also attended community group meetings, given talks to organisations such as the Women's Institute, sent information out to public resources such as libraries and GPs' surgeries, attended local functions as well as distributed information to local press and radio stations and published information on our websites.

If you would like to become a member contact:

Membership Officer

Swindon and Marlborough NHS Trust

Telephone: 01793 604185

Email: foundationtrust@smnhst.nhs.uk



Trust update

Open Day

Our second Open Day, held in September was another great success. Approximately 1,500 people attended and gained an insight into how their local hospital is run and took full advantage of the tours of hospital departments as well as visiting the many stands, stalls and displays. There were head massages, competitions, the Swindon Robins Speedway team and the event included clinical demonstrations. The day gave the public the opportunity to talk to staff about our services and for staff to hear the public's views.

Recruitment Fair

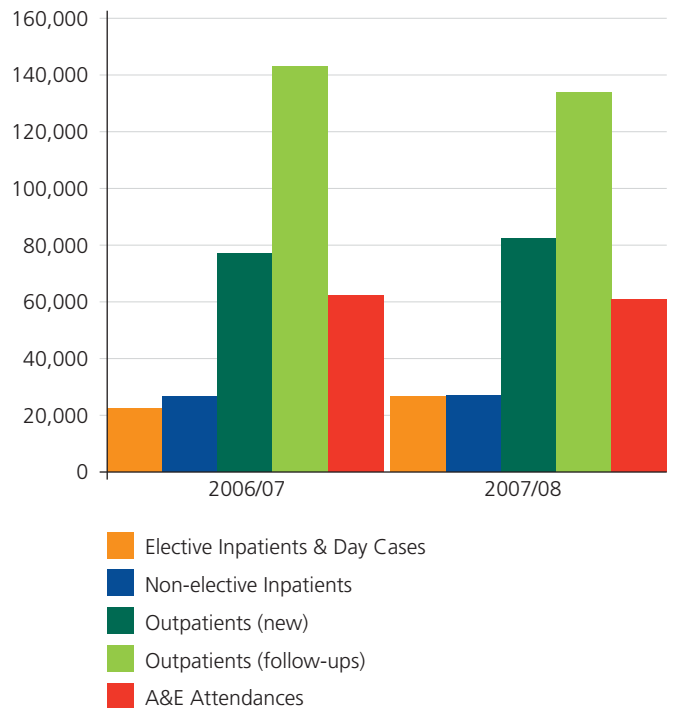
Our first recruitment fair was a resounding success as over 1,000 people poured in through the Academy doors to take a look at life in the NHS. An enormous amount of hard work went into the preparation of the event with wards and departments creating their own stalls and displays. The interest in the event was so great that the doors opened early and the first job offer was made before the fair officially started. By the end of the day we had 40 new recruits and eventually recruited over 78 people who had attended the fair.



Diversity Group

More than 30 people attended the launch of the Trust's Diversity Group, a network designed to promote the participation and contribution of black and other minority ethnic staff. The launch included presentations and workshops. Nunu Moyo, Maxine Buyanga and Rachel Cross organised the event and were pleased with the response. Rachel Cross said: "This was a very encouraging start. The work of this group will prove extremely valuable in helping overseas staff to integrate more easily into the Trust and I believe it will give the organisation an opportunity to learn from the different cultures."

Activity Highlights



- 100% of suspected cancer referrals were seen within 14 days against a national target of 98%
- 99.9% of cancer patients received treatment within 31 days of diagnosis against a national target of 98%
- 97.1% of stroke and heart attack patients received thrombolysis (clot busting drugs) within 30 minutes of arrival at hospital
- 97.7% of patients were admitted, discharged or transferred within four hours of arrival in the Emergency Department across the local health community.
- 100% of patients were seen within 14 days of referral to the Rapid Access Chest Pain clinic.
- Only 0.2% of operations cancelled, all of which were rebooked within 28 days.

Telling us how it is

Feedback is very important to us. Whether it is from our patients, visitors or from official bodies such as the Healthcare Commission, it is an important source of information which is used to improve services.

Our overall ratings in the Healthcare Commission's annual health check were:

- Quality of Service – Fair
- Use of Resources - Good
- The scale is "Weak", "Fair", "Good" and "Excellent".

Maternity Services 2007 - Healthcare Commission results

The Great Western Hospital received an assessment of "better performing" in the Healthcare Commission's report into maternity services which was published in January 2008. We were one of the top five maternity units in the South West.

This year we have delivered over 4,000 babies and almost 20,000 since we moved into the Great Western Hospital. Safety is and always will be our priority and this has been proven through obtaining the highest award possible from the 'Clinical Negligence Scheme for Trusts' which has given our maternity services its gold standard "Level 3" award.

Survey sparks improvements for patients

This year's Picker Institute Patient Survey, undertaken in July 2007 highlighted some areas where we could make improvements. In a number of areas we scored very well and we are building on those successes.

General responses:

- Good/excellent care rating;
- Doctors and nurses work well together;
- Risks and benefits of care clearly explained;
- Confidence in the trust.

Better than other areas:

- Emergency department – waiting time lower than average;
- Planned admissions – good information about condition and treatment;
- Single sex shower and toilets available;
- Personal belongings kept safely.



Need improvement:

- Nutrition – not enough assistance at mealtimes;
- Staffing - perception of short staffing;
- Communication with patients.

Improving services

New approach

In the past year a huge amount of work has been done to make sure we met the 18 week referral-to-treatment target. The orthopaedics team realised that demand on their service was going to make this difficult, especially as they had identified some bottlenecks in the service. They took a close look at the various stages their patients went through (the patient pathway) and found three areas which could be streamlined.

- Pre-operative assessment – repeat attendances for patients and prolonged pathway. One stop pre-assessment clinics were created, including nurse assessment, consultant consent, hip and knee education class, anaesthetic review and same day cardio-pulmonary exercise test. The benefits have been clear. The one stop clinics reduce attendances for patients and enable confirmation that patients are fit for surgery. We have also seen a reduction in patients requiring subsequent referral to medical outpatients or diagnostics.
- Hospital admission – joint replacement patients were admitted the night before surgery impacting on bed availability and increasing the risk of cancellations. A Theatre Admissions Lounge was created to enable patients to be admitted on the same day as their operation for joint replacements and reduce the risk of cancellation. Patient feedback has been positive. We have not cancelled any elective orthopaedic patients since its introduction. The pilot was such a success, funding has been approved to expand this area.

Theatres – utilisation could be improved to increase efficiency. Appointment of anaesthetic practitioners to support anaesthetists and allow additional patients to be booked. We now operate on five joint replacement patients on one all-day operating list.

Superb staff

A great effort by the Great Western Hospital's audiology staff has wiped out the waiting list for digital hearing aids. By working long days and weekends without pay, the 26-strong team managed to ensure that almost 2,000 patients were assessed and fitted with digital hearing aids.

There are 15,000 people in the hospital's catchment area who wear hearing aids. Four years ago digital hearing aids became available and a lot of people put their names down for one which led to an increase in the waiting time to up to 4 years.

Once funding was made available, the Trust's

audiology team worked flat out to reduce the waiting list. David Reed, consultant audiologist, who runs the department said: "The staff here have been magnificent. We had cleared the waiting list for Wiltshire and Swindon PCTs. We are now continuing to ensure the wait for a hearing aid assessment is no more than two weeks. The staff worked from 8am to 6pm with only half an hour for lunch and from Christmas last year to Easter they worked free days and weekends without pay. I am very proud of their dedication and amazing hard work. It is thanks to them that anyone needing a digital hearing aid will now only have to wait five weeks which is very important as hearing aids can significantly improve someone's quality of life."

Global attention

Our special clinic offering pioneering high technology treatments for patients with vein problems is attracting interest world-wide.

Doctors have visited the Shalbourne Suite, our private patients' unit, to learn about the leading edge laser and radio frequency treatments on offer.

Around 600 patients each year from all over the country come to the Great Western Hospital for the treatment which has revolutionised vein surgery. Consultant vascular surgeon, Ravi Singh-Ranger who heads the Shalbourne Suite's vein clinic said: "We treat abnormal veins such as varicose veins or thread veins. The new treatments normally take less than an hour, involve a minimally invasive procedure which leaves no scar, has a short and relatively pain free post operative recovery period and is usually performed under local anaesthetic. Basically we shrink the vein and re-route the blood through healthy veins and I know of patients who have been back at work the following day. Previously, we had to use vein-stripping which involved major anaesthetic, scarring and a recovery period of up to six weeks.

"We have become a recognised training centre for these procedures and we train around six doctors a month. As these procedures are done privately, we are generating money for NHS patients at the Great Western Hospital."

Patient Advice and Liaison Service - PALS

Our PALS team saw a 22% increase in activity during the year:

- 248 formal complaints were received;
- the Trust saw 471,894 patients during the year and the 248 formal complaints represent 0.05% of the patients we treated;
- 93% of formal complaints were answered within 25 working days;
- 5,122 people used the PALS service;
- 7% increase in use of interpreting services from the previous year;
- 425 patients (a 26% increase) were referred to PALS as overseas visitors;
- the Trust received 131 formal compliments with many more thanks going straight to wards and staff.

What our patients have to say...

"An amazing team spirit and willingness of all staff to work together. I had no idea that staff training is constant and mutually supportive."

"Thank you so much for the brilliant care I received during my stay. It was the best 'hospital experience' I have received compared to visits to other hospitals."

"I have recommended this hospital to friends and would do so again happily, many thanks for the care I received."

"May I say how impressed I am by all the staff, and facilities at the GWH; nothing has been too much trouble and the treatment was excellent."

"I was delighted with the care and treatment I received. The accommodation was more than I could have expected, the nurses were all kind and efficient. I am so glad I came to the Great Western. My thanks to them all."

"...fond memories of a service which bore no resemblance to the negative reports one is continually hearing about in the media. Keep up the excellent work...."

"I do know I will be in good hands and will sing the praises of the GWH far and wide!"



Photograph: Deborah J. Coleman

"From start to finish the care, service and experience has been a wonderful one, I cannot stress how fabulous all the staff have been, thank you so much."

"I will always look back on this my first ever stay in hospital with fond memories..."

"Good! Making people better all the time. Five star hospital! From ill to perfection! Thank you for making my eye better."

"Many thanks to all the staff at the GWH for their great expertise, skills and caring shown to me, not only over the last five years, but in particular the last few months."

Acting on patient feedback is important. This is a small selection of some of the improvements we have made.

What patients / visitors have said	What the Trust has done as a result
<i>The posters for using the hand gel are not clear or prominent enough.</i>	The third year of the NPSA "cleanyourhands" campaign was launched with posters reminding everyone about the importance of hand hygiene in the prevention of infection. Patient leaflets are available and they advise 'It's OK to ask' if staff have cleaned their hands. We have implemented the "HIT Campaign" to publicise the importance of hand hygiene.
<i>The hand wash (gel) needs to be in a more prominent place at the beginning of the eye clinic and the eye ward in the Treatment Centre.</i>	The Hearing and Sight Impairment group have been asked for their suggestions on how we can improve the prominence of the dispensers.
<i>Please improve the sign on the Atrium Reception Desk saying it is closed as it may be difficult for partially-sighted people to read.</i>	We have made the signs clearer and additional signs are placed on the upper counter on both sides of the reception desk when it is closed.
<i>Patients having to sit on chairs in the waiting area of the Acute Assessment Unit whilst waiting for a bed space.</i>	When there is no bed space immediately available in the Acute Assessment Unit, patients will be relocated to a more comfortable area while they wait. The reception and waiting area is being improved.
<i>What about a children's outside play area?</i>	The Charitable Funds Committee has provided funding and a children's play area has been built at the North Entrance.
<i>I got a letter about my day surgery but it had the wrong instructions on it so I wasn't able to have my surgery as I had eaten breakfast.</i>	Staff have reviewed and improved correspondence and information that is sent to patients.
<i>You need to have hand railings at the North Entrance because when it is windy, there is nothing to hold on to.</i>	Hand railings have been erected.
<i>Deaf visitors cannot hear the intercom when they buzz to enter the wards.</i>	This has been raised at the Disability Equality Group and is being addressed through the Diversity Action Plan.
<i>A peak flow meter was not available when I came in, I suffer with asthma.</i>	More peak flow meters have been ordered.

The environment

Looking after the environment is a major consideration for the Trust. We are involved in waste management and recycling programmes and the Trust has invested significantly in providing bus services to and from the hospital. Our plans for a wind turbine are still being considered and if we are able to proceed, it is expected we would save around £100,000 a year.

Our strategic facilities management partner, Carillion Health, provides the building environment so that the Trust can concentrate on providing excellent healthcare services. Working continuously 365 days a year, they provide a full service which includes cleaning the building to a high standard, heating and lighting the hospital, providing a comfortable and safe environment and delivering a full patient food service which caters for the wide and varied needs of our patients.

During the past 12 months both the Trust and Carillion Health have developed new ways of working and introduced technology to reduce our energy spend and carbon footprint. We have been accredited by the Energy Efficiency Accreditation Scheme (EEAS) in recognition of our efforts to reduce energy usage and emissions.

For the year ending 31st March 2008, the total CO₂ emissions for the Great Western Hospital were 8,940 tonnes. The carbon footprint for the site is 0.145 tonnes of CO₂ per m². This compares favourably to 2006 when the equivalent figures were 12,718 tonnes of CO₂ and 0.206 tonnes of CO₂ per m². This means we have achieved a 42% reduction in emissions in two years.



Cardiology

Cardiac CT

A CT scan or CAT scan as it is sometimes called, stands for Computerised (Axial) Tomography scan. The Trust has been performing Cardiac CT where we use the CT scanner to image cardiac anatomy and in particular the coronary arteries. We do this by injecting a safe contrasting dye into a vein and at the same time, using an echocardiogram trace connected to the scanner, we effectively freeze the heart motion. What this means is that in a significant proportion of cardiology patients we can get information on their coronary arteries without the patient having to undergo a coronary angiogram (which involves inserting a catheter in a blood artery). It is less expensive, safer and better-tolerated by patients. It is not suitable for every patient but we hope to undertake over 100 procedures in the coming year.

Heartstart

We have joined forces with the British Heart Foundation to run the Heartstart UK schools programme in Swindon. Currently we have 12 schools in Swindon affiliated to the programme. Last year the Great Western Hospital organised an event to train school teachers in emergency life support. These skills will be passed on to children. For example, they would learn how to dial 999 and how to deal with:

- the conscious casualty;
- the unconscious casualty;
- serious bleeding;
- choking (adult and child);
- cardiac arrest;
- heart attack.

Our Senior Resuscitation Training Officer Jon Taylor said: "This is a fantastic scheme which will teach children invaluable skills that could enable them to save a life one day. The teachers and the children have been really enthusiastic and it is great to see them all so keen to learn these skills".



Photograph: Deborah J. Coleman

Infection control

Deep clean

Infection control is paramount and we work constantly to minimise and prevent infections within the hospital. Although our MRSA rates are comparatively low (18 bacteraemia were reported last year – 12 of which were hospital acquired) we believe that one is one too many. Our aim is to eventually have none. We have also fought hard against Clostridium Difficile and last year we reported 343 cases, fewer than projected. Early in 2008, we also undertook the hospital “deep clean”, which was carried out nationwide.

During the year we also monitored knee replacement surgery for three months as part of our ongoing surveillance. Throughout that time not one single infection was reported. There were external inspections by the Department of Health and the Patient Environment Action Team (PEAT). Their feedback was welcomed together with their suggestions, encouragement and advice in making further improvements. We scored “excellent” in our PEAT 2008 rating - the highest rating which can be awarded.

Patients thanked

An appeal to local people to stay away from the Great Western Hospital if they were unwell in a bid to keep infections from spreading was successful. During the winter period, 294 patients and 97 staff fell foul of the bug which at its height, resulted in five wards being closed to admissions.

When all the wards were re-opened to admissions in February, Director of Nursing Sue Rowley said: “We appealed for visitors to stay away if they were unwell and they responded superbly, which is why we are now able to re-open wards and have more beds available. Our community has worked with us to combat the spread of the virus”.



Photograph: Deborah J. Coleman

Trust Board Members' Interests

Name	Interests
Lesley Bennett, Non-Executive Director (until 1 July 2007)	Non-Executive Director, Wessex Water Services Director, Malmesbury River Valleys Trust Director/Trustee, Council for Voluntary Service North Wiltshire Director/Trustee for Wiltshire Wildlife Trust Chair of Governors, Luckington Community School Member of Wiltshire Courts Board
Rowland Cobbold, Non-Executive Director	Chairman of Ecco Tours Honorary Treasurer, Ogbourne St George Parochial Church Council
Oonagh Fitzgerald, Director of Workforce & Education (from 11 February 2008)	None
Angela Gillibrand, Non-Executive Director	Directorship of Lotmead Company
Roger Hill, Non-Executive Director (from 1 April 2008)	Governor, Newbury College
Lyn Hill-Tout, Chief Executive	Trustee, Age Concern, Swindon
Tim Jackson, Non-Executive Director (until 2 June 2008)	Director of Westlea Housing Association (to 31 March 2008) Director of GreenSquare Group Ltd (since 1 April 2008) Director of Okus Wiltshire Ltd Governor, Kemble Primary School
Bruce Laurie, Chair (from 1 February 2008)	MD, Changology Ltd (Management Consultancy) Trustee & NED, Connexions, Berkshire Fellow of the Institute of IT, Thames Valley University Trustee, Charity of William Chowles Church Warden, Lambourn Parish Church Member, Lambourn Parish Council (Burial & Open Spaces Committee)
Charlotte Moar, Director of Finance (until 26 September 2008)	Trustee, Bristol Zoo
Patsy Newton, Chair (until 31 January 2008)	Board Member, Ridgeway Housing Association (Aster Group) Member, Cirencester Housing Society
Christine Osman, Acting Director of Workforce (until 8 February 2008)	Trustee, Swindon Carers' Centre
Sue Rowley, Director of Nursing	None
Kevin Small, Non-Executive Director	Director, New Swindon Company Councillor, Swindon Borough Council Member, Even Swindon Working Men's Club Member, Swindon & District Referees Association Shareholder/Member, Mid Counties Co-operative Society Member, Transport & General Workers Union
Alf Troughton, Medical Director	None

The Trust Auditors

The Trust's auditors are:
Audit Commission
Westward House
Lime Kiln Close
Stoke Gifford
Bristol
BS4 8SR

The Auditors were paid £147,000 in 2007/08 for audit services of a statutory nature, e.g. reports to the Department of Health including the audit of the annual accounts. They were also paid £19,000 in 2007/08 for further assurance services.

Membership of the Audit Committee

The Audit Committee exists to support the Trust Board in its duty to ensure the Trust has the systems to effectively manage its affairs. The members of the committee during 2007/08 were:

- Chair Angela Gillibrand
- Non-Executive Director Rowland Cobbold
- Non-Executive Director Tim Jackson.

Financial Review and Summary Financial Statement

The financial information set out below is a summary of the full accounts for 2007/08. The full set of accounts and the Trust's Statement on Internal Control 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 all of which were achieved in 2007/08:

- To breakeven on income and expenditure taking one year with another.
- Not to overspend its Capital Resource Limit.
- 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 2007/08 and the previous ten years.

	Total Income £000's	Surplus (Deficit) in the year £000's	Cumulative Surplus (Deficit) since 1997/8 £000's	External Financing Limit	Capital Resource Limit
1997/98	71,583	(3,564)	(3,564)	Achieved	N/A
1998/99	80,348	813	(2,751)	Achieved	N/A
1999/00	103,180	1,268	(1,483)	Achieved	N/A
2000/01	91,032	1,496	13	Achieved	N/A
2001/02	100,314	16	29	Achieved	Achieved
2002/03	121,695	13	42	Achieved	Achieved
2003/04	126,978	11	53	Achieved	Achieved
2004/05	138,249	4	57	Achieved	Achieved
2005/06	157,556	(835)	(778)	Achieved	Achieved
2006/07	160,740	837	59	Achieved	Achieved
2007/08	178,623	835	894	Achieved	Achieved

Commentary on the Year

The Trust's financial position for 2007/08

- The Trust made a surplus of £835,000 in the year.
- The Trust successfully delivered its saving programme of £7,000,000, whilst managing all of its other risks.
- The Trust did not receive any financial support from the NHS Bank or South West SHA during 2007/08.

The Trust's Financial Position for 2008/09

- The Trust is planning to achieve a surplus of £1,912,000 in 2008/09. No financial support from the NHS Bank or South West SHA is planned.
- In order to achieve a surplus in 2008/09, the Trust must achieve the following:
 - i) Deliver a savings programme of £5,300,000.
 - ii) Manage known risks such as Primary Care Trust Commissioning activity changes.
 - iii) Deliver additional activity to achieve the 18 weeks from referral-to-treatment target within funding received.
- The risks associated with the plan have been identified and are being managed by the Trust.

Income and Expenditure Account for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
Income from activities	166,014	147,490
Other operating income	12,609	13,250
Operating expenses	(176,390)	(158,156)
OPERATING SURPLUS/(DEFICIT) BEFORE INTEREST	2,233	2,584
Interest receivable	585	330
Other finance costs - unwinding of discount	(45)	(85)
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	2,773	2,829
Public Dividend Capital dividends payable	(1,938)	(1,992)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR.	835	837

All income and expenditure is derived from continuing operations

The Trust achieved the surplus shown above in 2007/08, without receiving any special assistance from the NHS Bank, or financial support from South West Strategic Health Authority.

Balance Sheet as at 31 March 2008

	31 March 2008 £000	31 March 2007 £000
FIXED ASSETS		
Tangible assets	71,730	66,189
	<u>71,730</u>	66,189
CURRENT ASSETS		
Stocks and work in progress	2,658	2,432
Debtors	22,331	22,280
Cash at bank and in hand	2,058	22
	<u>27,047</u>	24,734
CREDITORS: Amounts falling due within one year	(14,811)	(17,326)
NET CURRENT ASSETS/(LIABILITIES)	12,236	7,408
TOTAL ASSETS LESS CURRENT LIABILITIES	83,966	73,597
CREDITORS: Amounts falling due after more than one year	(593)	(1,014)
PROVISIONS FOR LIABILITIES AND CHARGES	(5,362)	(1,858)
TOTAL ASSETS EMPLOYED	78,011	70,725
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	27,111	27,203
Revaluation reserve	40,615	34,067
Donated asset reserve	1,300	1,305
Income and expenditure reserve	8,985	8,150
TOTAL TAXPAYERS' EQUITY	78,011	70,725

Statement of Total Recognised Gains and Losses for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
Surplus/(deficit) for the financial year before dividend payments	2,773	2,829
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	6,621	4,089
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	134	134
Total gains and losses recognised in the financial year	9,528	7,052

Cash Flow Statement for the year ended 31 March 2008

	2007/08 £000	2006/07 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	7,227	490
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	585	330
Net cash inflow/(outflow) from returns on investments and servicing of finance	585	330
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(3,746)	(4,441)
Net cash inflow/(outflow) from capital expenditure	(3,746)	(4,441)
DIVIDENDS PAID	(1,938)	(1,992)
Net cash inflow/(outflow) before financing	2,128	(5,613)
FINANCING		
Public dividend capital received	3,780	5,613
Public dividend capital repaid (not previously accrued)	(3,872)	0
Net cash inflow/(outflow) from financing	(92)	5,613
Increase/(decrease) in cash	2,036	0

Management and Administration Costs

Management and administration costs decreased slightly to 3.50% of income in 2007/08 compared with 3.80% of income in 2006/07, this is a decrease of 0.30%. The Trust's target for these costs was 4.00%, for 2007/08.

	2007/08 £000	2006/07 £000
Management costs	6,099	5,899
Income	173,319	155,092
Percentage	3.50%	3.80%

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en

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.

The table below shows the Trust paid 88% of invoices by number and 88% by value within 30 days for Trade Creditors and 77% by number and 89% by value for Inter NHS Creditors. This shows a significant improvement from the 2006/07 figures as predicted.

Better Payment Practice Code**Better Payment Practice Code - measure of compliance**

	2007/08		2006/07	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	35,181	43,861	32,463	54,053
Total Non-NHS trade invoices paid within target	30,917	38,713	18,534	41,933
Percentage of Non-NHS trade invoices paid within target	88%	88%	57%	78%
Total NHS trade invoices paid in the year	1,791	47,307	2,013	45,475
Total NHS trade invoices paid within target	1,386	42,085	657	37,172
Percentage of NHS trade invoices paid within target	77%	89%	33%	82%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. These numbers include all invoices, some of which related to charges from NHS Bodies that were agreed late in the financial year.

The Late Payment of Commercial Debts (Interest) Act 1998

	2007/08 £000	2006/07 £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

Other Financial Matters

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

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.

Signed by: Lyn Hill-Tout (Chief Executive)

Date: 13 June 2008

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The Directors are required under the National Health Services Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure 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 requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

Signed by: Lyn Hill-Tout (Chief Executive)

Date: 13 June 2008

Signed by: Charlotte Moar (Finance Director)

Date: 13 June 2008

Independent auditor's statement to the Board of Directors of Swindon and Marlborough NHS Trust

I have examined the summary financial statement set out on pages 16 to 18.

This report is made solely to the Board of Directors of Swindon and Marlborough NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

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

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any mis-statements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2008.

Richard Lott
Engagement Lead
Audit Commission
Westward House
Lime Kiln Close
Stoke Gifford
Bristol
BS34 8SR

19 June 2008

Remuneration Report

Membership of the Remuneration Committee

- Chair of the Trust
- All Non-Executive Directors in post at the time of the meeting

The membership of the committee during 2007/08 was:

Trust Chair	Patsy Newton
Non-Executive Director	Rowland Cobbold
Non-Executive Director	Kevin Small
Non-Executive Director	Lesley Bennett (until 1 July 2007)
Non-Executive Director	Angela Gillibrand
Non-Executive Director	Tim Jackson

The members may request the attendance of the Chief Executive and/or any other Directors as required for information and advice.

Terms of Reference

Duties

- Determine the appropriate remuneration, terms of service and contracts of employment for the Chief Executive and other Directors including, but not limited to:
 - All aspects of salary, including any performance related elements and bonuses
 - The provision of other benefits, including pensions and cars where relevant
 - The arrangements for the termination of employment.
- Ensure there is effective evaluation and monitoring of the performance of the Chief Executive by the Chair and of other Directors by the Chief Executive.
- Determine the terms of any severance agreement between the Trust and the Chief Executive or between the Trust and any other Executive Director, including the calculation of any payment that may be contractually due, and/or any ex-gratia payment which the Committee may believe to be appropriate.
- Set, for new appointments, a salary range for each post prior to recruitment on the understanding that in the event that the Chief Executive advises that to secure the best candidate it may be necessary to offer a higher salary than originally agreed, he/she may seek the agreement of the Chair who in his/her sole discretion may act on this advice or refer it to the Committee for further consideration.
- The responsibility of these actions rests with the Remuneration Committee, the accountability of the actions of the Committee remains with the full Board.

Policy and Guidance

In exercising its duties, the Committee:

- Shall have regard for each individual's own performance and contribution to the Trust, the performance of the Trust itself and the provisions of any national arrangements for such staff that may be applicable.
- Shall take into account any applicable guidance that may from time to time be issued by the Department of Health, the Chief Executive of the NHS or any other relevant person or body.
- Shall seek professional advice from the Chief Executive, Human Resources Director, Finance Director, and any other Director or other appropriate employee of the Trust.
- May seek external advice from suitably qualified organisations, individuals or professional firms except that any expenditure on such advice must have the prior approval of the Chief Executive which will not be unreasonably withheld.

Meetings

- The Committee will meet at least twice a year but may be required to meet more frequently.
- A quorum will consist of the Chair, plus any two Non-Executive Directors.
- The Trust Board Secretary will service the Committee.
- The Chief Executive or any other Director in attendance may be asked to leave at any time and cannot be present whilst their own salary and conditions are being discussed.

Reporting and Documentation

- The Committee will ensure full minutes are maintained/retained and make available to the Trust's internal and external auditors any such papers and documents which may be required for the proper scrutiny of their duties.
- Following each meeting, the Committee will submit to the Board a written report summarising its decisions.

Statement of the policy on the remuneration of senior managers for current and future financial years

Benchmarking data is drawn from the NHS Boardroom Pay Report 2005 published by IDS (Income Data Services). This survey has been undertaken in each of the last 12 years and benchmarking data is drawn from the annual reports of Trusts in England, Scotland, Wales and Northern Ireland.

The NHS benchmark for pay increase is 1.9%. This is the headline pay increase, which the NHS used for 2007/08 AFC increases.

Information is presented to the Remuneration Committee based on the above, for each Executive Director post. A decision is then made by the Committee regarding remuneration.

Explanation of methods used to assess whether performance conditions were met and why those methods were chosen

- Annual appraisal for all Executive Directors against objectives.
- A summary of the appraisal is fed back to the Remuneration Committee.
- Comparison is made with outside organisations.

Explanation of relative importance of the relevant proportions of remuneration which are, and which are not subject to performance conditions

- None subject to performance.

Summary and explanation of policy on duration of contracts, and notice periods and termination payments

- All Executive Directors are permanent staff.
- Notice periods are 6 months.
- Termination payments would be in line with NHS guidance with any payments being approved by the Remuneration Committee.

Provision for compensation for early termination

- Not applicable

Other details sufficient to determine the entity's liability in the event of early termination

- Not applicable

Explanation of any significant awards made to past senior managers

- None.

Senior Managers' Remuneration

Name	Title	Start Date	Leaving Date	2007/08			2006/07		
				Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind Rounded to the Nearest £100	Salary (Bands of £5000)	Other Remuneration (Bands of £5000)	Benefits in Kind Rounded to the Nearest £100
P Newton	Chair	1/2/2004	31/1/2008	15-20	0	0	20-25	0	0
B Laurie	Chair	1/2/2008	-	0-5	0	0	0	0	0
K Small	Non-Executive Director	1/11/2003	-	5-10	0	0	5-10	0	0
T Jackson	Non-Executive Director	1/11/2006	2/6/2008	5-10	0	0	0-5	0	0
L Bennett	Non-Executive Director	1/7/2004	1/7/2007	0-5	0	0	5-10	0	0
R Cobbold	Non-Executive Director	1/1/2003	-	5-10	0	0	5-10	0	0
A Gillibrand	Non-Executive Director	1/7/2004	-	5-10	0	0	5-10	0	0
L. Hill-Tout	Chief Executive	17/2/2003	-	115-120	0	0	105-110	0	0
C. Osman	Acting Director of Workforce and Education	1/7/2006	Ended acting position 8/2/2008	55-60	0	0	45-50	0	0
O. Fitzgerald	Director of Workforce and Education	11/2/2008	-	5-10	0	0	0	0	0
C. Moar	Director of Finance	15/12/2003	26/9/2008	90-95	0	0	85-90	0	0
A. Troughton	Medical Director	1/9/2006	-	90-95	75-80	0	50-55	110-115	0
S Rowley	Director of Nursing	1/1/2007	-	70-80	0	0	70-75	0	0

Senior Managers' Pension

		2007/08						
Name	Title	Real Increase in pension at age 60 (bands of £2500)	Real Increase in related lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 (bands of £5000)	Total accrued related lump sum at age 60 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2007	Cash Equivalent Transfer Value at 31 March 2006	Real Increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000	£000
L. Hill-Tout	Chief Executive	2.5-5	12.5-15	35-40	110-115	603	497	94
C. Osman	Acting Director of Workforce and Education	0-2.5	0-2.5	10-15	30-35	191	170	17
O. Fitzgerald	Director of Workforce and Education	7.5-10	27.5-30	5-10	25-30	99	0	99
C. Moar	Director of Finance	0-2.5	2.5-5.0	10-15	40-45	175	153	17
A. Troughton	Medical Director	0-2.5	5-7.5	35-40	115-120	661	604	42
S Rowley	Director of Nursing and Performance	2.5-5.0	0-2.5	25-30	75-80	365	353	3

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in the former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004/05 the other details, include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension in the scheme at their own costs. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

2008/09

Key objectives for the Trust in 2008/09 have been set out in its business plan. It shows a continuing increase in patients using the hospital, both because of the growing population of Swindon and also that an increasing number of patients from Wiltshire, Oxfordshire, West Berkshire and Gloucestershire are choosing to come to Great Western Hospital. This trend is supported by our commitment to providing services from sites which are more local to patients, e.g. Savernake Hospital, Fairford Hospital and other Wiltshire community hospitals.

By the end of 2008/09 we will have:

- Stabilised the position of the Trust in relation to core targets including Finance achieving an Excellent rating for Quality of Services and Use of Resources in the Health Commission measure.
- Embedded a culture of safety for patients and staff, including delivering 100% screening of patients for MRSA, a significant reduction in patients who fall in hospital and in the community and maintaining our current lower-than-average levels of patient mortality.
- Reduced hospital bed occupancy to 85% for emergency beds and 90% for elective beds so that we always have the right bed at the right time for patients.
- Strengthened performance management systems to support devolved decision making to ensure consistent delivery of quality and targets.
- Strengthened PCT relationships particularly clinical relationships between primary and secondary care to improve patient care pathways.
- Achieved Foundation Trust status.
- Stabilised workforce, reducing vacancies to 2%, reducing turnover significantly and minimising use of agency staffing.
- Progressed major capital projects including refurbishment of endoscopy, expanding cardiology capacity and improving theatres facilities.
- Invested in service improvement including cardiology strategy, endoscopy strategy, maternity strategy and infection control.
- Provided more services at evenings and weekends and in peripheral hospitals/more local sites to where our patients live.

GLOSSARY OF TERMS

Term	Definition
AFC	Agenda for Change
Benchmarking	The process of comparing performance against similar organisations with a view to identifying areas of potential improvement
Capital	Money spent on buying land, constructing, adapting or modernising buildings and buying major items of equipment
Capital Resource Limit	An expenditure limit determined by the DoH for each NHS organisation limiting the amount that may be expended on capital purchases
Cash Releasing Savings	A genuine reduction in unit cost, for which there is an identified budget.
CNST	Clinical Negligence Schemes for Trusts
Commissioning	Buying and ensuring the maintenance of care tailored to local needs.
Cost Improvement Plan (CIP)	Cost Improvement Plan
Current assets	Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months
Day case or Day Surgery	A surgical procedure that does not involve an overnight stay in hospital
DH or DoH	Department of Health
Diagnostic and Treatment Centre (DTC)	Diagnostic and Treatment Centre
Donated asset reserve	Assets purchased through Charitable Funds
EBITDA	Earnings before interest, tax, depreciation and amortisation
Elective care	Care that is planned in advance. It may be as a day case or inpatient
External Financing Limit	A cash limit set by DoH determining how much more or less cash than is generated from its operations that a Trust can spend in a year
Fixed assets	Long-lived property owned by a Trust that is used by that Trust in the production of its income
Intangible assets	Goodwill, brand value or some other right, which although invisible is likely to derive financial benefit (income) for its owner in future
Intermediate care	A bridge between hospital and home care for non-urgent cases
Primary care	GP-led services provided by family doctors and those who work with them including district nurses, therapists, local dentists, pharmacists, opticians and other community health professionals
Primary Care Trust (PCT)	An NHS trust that provides all local GP, community and primary care services and commissions hospital services from other NHS trusts. They are managed by a Board elected from local GPs, community nurses, lay members, the Health Authority and Social Services
Private Finance Initiative (PFI)	Private Finance Initiative is a mandatory government programme enabling the public and private sector to co-operate in providing facilities that will be run by the NHS
Public Dividend Capital	At the formation of the NHS trusts, the purchase of trust assets from the Secretary of State was half funded by public dividend. It is similar to company share capital, with the dividend being the payable return on the Secretary of State's investment
Revenue	Ongoing or recurring costs or funding for the provision of services
Strategic Health Authority (SHA)	Strategic Health Authority. A statutory NHS body providing strategic leadership and ensuring the delivery of improvements in health, well being and health services locally
Tangible assets	An asset whose value depends on particular physical properties. These include reproducible assets such as buildings or machinery and non-reproducible assets such as land, a mine, or a work of art. Also called real assets
WTE	Whole Time Equivalent

Statement of Serious Untoward Incidents involving Data Loss or Confidentiality Breach

During 2007/08 there were no serious untoward incidents involving data loss or confidentiality breach classified at a severity rating of 3-5. Accordingly, no incidents required reporting to the Information Commissioner. Three incidents of severity rating 1-2 are aggregated and reported below in the specified format:

SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2007/08

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	1
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	1
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	1
V	Other	0

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Bengali

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Punjabi

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Tigrinyan

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Turkish

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