

Annual Report 2006/2007

Building a firm foundation





Building for the future

Last year was one of our toughest. We had to make good the previous year's deficit and take some very hard decisions.

But against that backdrop, once again our staff and volunteers were absolutely magnificent. As ever, they dug in and showed the grit, determination, professionalism and dedication that never ceases to make me and the rest of the board extremely proud of them all.

There has been much to applaud this year from the national awards won by staff through to our excellent performance in infection control. Their commitment to patient care is worthy of great praise and I can only congratulate them for their enduring effort and thank them all sincerely for being such a credit to themselves and to this Trust.

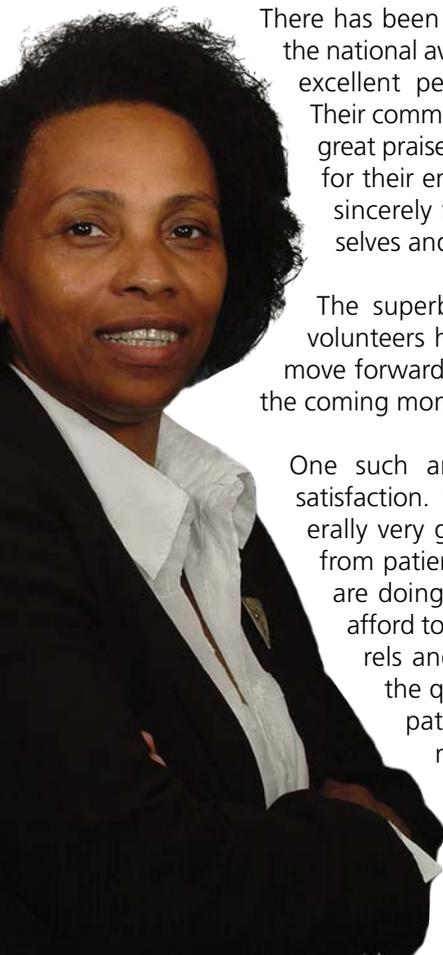
The superb contribution of our staff and volunteers has given us a strong platform to move forward and concentrate on key areas in the coming months and years.

One such area is patient, user and carer satisfaction. Current satisfaction rates are generally very good and our constant feedback from patients shows that in many areas we are doing very well. However, we cannot afford to be complacent or rest on our laurels and we will be looking to improve the quality of our care whilst involving patients and other stakeholders more, listening and acting on their views when we can.

Healthcare has greatly improved over the years but it has also become more complex with far more inter-agency working. That is why, in the future we need to work more closely with our healthcare partners in the ambulance service, community settings, social services, GPs, academic partners and others. Effective communication will be the key here if we are to provide the high levels of seamless care we all aspire to for our patients.

One of our priorities in the next year will be developing our bid to become a Foundation Trust. There are more details on this inside this report but this is something which we intend will improve services to our population. Foundation Trust status will enable us to take a much more local approach to providing and developing services as it will allow us to be guided by local people, patients and stakeholders. It will offer a unique opportunity for the people in and around Swindon to work with us to shape their health service – an opportunity we hope many of you will take.

Patsy Newton
Chair





Embracing change

Every year our Trust aims to deliver better health care, more efficiently and to standards which exceed the public's expectations.

Despite the challenges we faced last year we continued to build on our firm foundations.

We made a number of changes to our clinical services which improved the care we offered to patients.

We provided more care locally and reduced patient travel time, we reduced waiting times in a number of areas and improved our infection prevention and control measures which resulted in fewer hospital acquired infections. We achieved these and many other improvements whilst ensuring we delivered financial balance at the end of the year.

However, we would not have achieved so much without the dedication and professionalism of our staff who were also undergoing changes to their terms and conditions of employment as we implemented "Agenda for Change". Despite the ever greater demands, our staff and volunteers responded magnificently.

Working closely in partnership with them, primary care, the ambulance service and local councils we have made significant progress. We hope that our patients and their carers will experience these improvements should they need to use our services.

Like many others we face enormous change. Our intention is to embrace this change and use its stimulus to improve all aspects of what we do so that we can provide health care which has the confidence and trust of our local population. The fact that we are committed to the "code of practice on openness in the NHS" means we will be keeping patients and the public informed of how we are making those changes work.

We have challenging times ahead but with the continued commitment of our partners and staff, we believe we have clear plans in place to ensure there are tangible improvements in health care and the health of the population we serve.

Mrs Lyn Hill-Tout
Chief Executive,
Swindon & Marlborough
NHS Trust





The Trust provides health services from The Great Western Hospital in Swindon, which is a district general hospital, and Marlborough House, our child and adolescent mental health unit which is in Old Town, Swindon.

Our staff also provide care at Savernake Hospital in Marlborough and at Fairford Hospital. As well as out-patient services from some GP practices.

- Swindon and Marlborough NHS Trust was formed in 1994
- We employ around 3,100 staff
- We serve a population of 340,000
- Our annual turnover is £160million

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

We are committed to an equal opportunities policy aiming for equal opportunity and fair treatment of job applicants, employees and the public, irrespective of gender, ethnicity or disability.

The Trust has published its Disability Equality Scheme and Gender Equality Scheme following consultation with staff and service users. The Trust took part in a joint consultation forum arranged with Wiltshire Police, Swindon Primary Care Trust and Swindon Borough Council, which was hosted by the Trust in our on site Academy. The event was well attended, and enabled our staff, patients and visitors to inform our equality schemes. The Race, Disability and Gender

Equality Schemes and action plans are accessible via the Trust's website www.gwhswindon.org.uk and are available in other formats upon request.

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 and holding an annual general meeting in public. We also publish an annual report, an annual summary of our business plan, audited accounts, a register of board members' private interests and operate a thorough complaints procedure. Since January 2005 we have conformed fully with the Freedom of Information Act. For the period 1st April 2006 to 31st March 2007 we had a total of 270 queries, answering 244 within 20 working days.

The Trust also has a Major Incident Policy which has been reviewed against the requirements of the Civil Contingency Act. The policy is regularly reviewed and updated and during the year it was successfully tested by a mock emergency exercise after which improvements were made such the resiting of media facilities to a more appropriate location. The Trust has also developed a contingency plan for dealing with an outbreak of pandemic flu.

Mission statement

- To be the best performing hospital in England, providing the highest quality services to our local population and so be their hospital of first choice





The Trust promise

- Make the safety of our patients and staff our number one priority
- Listen to our patients and the community and aim to exceed their expectations
- Provide prompt, effective treatment and care that meets the needs of each person
- Work collaboratively with other organisations to ensure people have access to the right care, in the right, place, at the right time
- Be an exemplar employer who supports professional and skilled staff
- Be innovative and continuously improve the quality of the treatment and care we provide
- Seek to get the best possible value for every pound we spend

Trust values

- Open and honest
- Professional and friendly
- Continual improvement
- Collaborative
- Innovative and enthusiastic

Summary of Trust objectives for 2007/08

- Achieve the key milestones towards ensuring a maximum wait of 18 weeks from GP referral to start of treatment by end December 2008



- Reduce rates of MRSA and Clostridium Difficile and other healthcare associated infections
- Improve our Healthcare Commission Annual Healthcheck rating from "good" for quality of services to "excellent" and from "weak" for use of resources to "good"
- Achieve financial health and contribute to the NHS surplus
- Ensure we provide high quality care, that represents value for money by improving efficiency (reduce length of stay, reduce pre operative admissions, improve day case rates, improve theatre utilisation to 90%, reduce new to follow up appointments, reduce consultant to consultant referrals, reduce delayed transfers of care, reduce staff sickness levels to below 4%, minimise use of temporary staff, increase staff appraisals/personal development plans)
- Provide useful information to patients and the public so when they exercise choice our services will be chosen
- Obtain authorisation to operate as a Foundation Trust, ensuring we maximise opportunities for patient, public, staff and other key stakeholder involvement

10 year vision

In 10 years, the Trust will:

- Be the healthcare provider of choice to the people of Swindon, North Wiltshire and surrounding areas
- Have a reputation for outstanding clinical and patient friendly care and will be valued by the communities we serve
- Be regarded as an exemplar employer
- Increase its involvement in research, training and education
- Perform in the top 10% of healthcare providers
- Have strong partnerships with a range of organisations



- Achieved the national target of a maximum waiting time of six months for inpatient surgery for year
- Achieved the national target of a maximum waiting time of 11 weeks for a new GP referral outpatient appointment by March 2007
- 100% of inpatients, daycases and outpatients going through the booking process
- Achieved 97% of patients admitted, discharged or transferred within 4 hours of arrival across the local health community. For the Trust alone, achieved 95.2%
- 100% of patients being seen within 2 weeks of referral to the Rapid Access Chest Pain Clinic

- 99.7% of cancer referrals seen within 2 weeks. To a target of 98%
- 98% of cancer patients receiving treatment within 31 days of diagnosis compared to a target of 98%
- 95% of cancer patients receiving treatment within 62 days of diagnosis compared to a target of 95%
- 98% of patients receiving Thrombolysis within 30 minutes of arrival at hospital

Our annual healthcheck rating was “good” for quality of service and “weak” for use of resources. Under the use of resources we failed only one of 11 set targets, but because we ended the year with a planned deficit of £840,000 we were not able to be judged in a higher category. Only four out of 10 trusts have achieved a rating of “good” for quality of service.

	Patients treated 05/06	Patients treated 06/07
New out-patients	74929	82457
Follow up appointments	207439	197618
Emergency in-patients	21702	22209
Elective in-patients	8922	7059
Day cases	19120	20688



Ultrasound guided nerve blocks

Most patients have operations under general anaesthesia. However, some patients have medical conditions that make having a general anaesthetic more risky.

Others prefer to avoid general anaesthesia because it makes them nauseous, are slow to recover or they just don't like it! What options are available for these patients?

If you are having an operation on your arms or legs it is possible to make them numb by placing local anaesthetic around the nerves. The latest evidence

suggests that this is most accurately done using an ultrasound machine to help guide the injection. Patients can then be awake or lightly sedated.

After acquiring a Sonosite Micromaxx machine through Charitable Funds we are now performing these nerve blocks under direct ultrasound guidance. It allows us to see the nerves, guide the needle to them and watch the local anaesthetic spread.

Satisfaction rates from patients who have had their operations done this way are very high with 97% stating that they preferred it to general anaesthesia. It also provides excellent pain relief for 24-72 hours after the operation with 96% of patients saying they would want a nerve block again for pain relief whether they had a general anaesthetic or not.

Hospital at Night

In November 1st 2006 we launched the Government's new Hospital at Night initiative in the Great Western Hospital.

Hospital at Night is a new approach to providing medical cover in hospitals "out of hours". It aims to improve patient care and the working lives of clinical staff.

It involves a multidisciplinary night team with a wide range of competencies and skills and the capacity to call specialist expertise when necessary. Handover takes place at 9pm every night in the



Emergency Department (A&E) social work office where the night nurse practitioners, bed managers and specialist registrars going off and coming on duty to review the job list and sick patient list and generally hand over the care from the day to the night shift.

Most of the Night Nurse Practitioner team will be qualified Advanced Nurse Practitioners, competent in history taking, clinical examination skills and pharmacology.



Cardiology - cutting down waiting

It has been a busy year in our Cardiology Department.

A lot of work has been done to reduce cardiology length of stay, the outpatient new to follow up ratios and the ECHO wait times.

- Echo wait times reduced from 25 weeks to 14 weeks.
- New to follow up ratio reduced from 3.7 to 2.2.
- Further reduction to 1.9 anticipated when actions taken work through the system.
- Weekly in patient angiogram capacity increased by 133%
- Weekly pacing capacity doubled from 1 to 2 sessions, with a dedicated in patient session

- Now performing Cardioversions and Angioplasty (see below)
- In patient angiogram wait time reduced from 12 to 6 days
- Angioplasty wait time reduced from 12 days to 6 days
- Tertiary centre waits reduced from 26 days to max 14 days

What next?

Priority is now centred on length of stay with diagnostic and treatment waits still remaining on the plan.

The actions currently underway focus upon nurse led discharge and timeline pathway management.

...and providing a new service

The team has launched a new service for local heart patients who need planned angioplasties, saving them a 50 mile trip down the M4 to Bristol.

From May 1st, the procedure, which is carried out under local anaesthetic became available to around 100 elective patients (ie those who book in advance). The procedure was already carried out on about 200 emergency patients each year.

The operation involves inserting a small mesh cylinder into an artery in the heart to allow blood to flow properly. The patient stays in hospital for the night and can go home the following day. Sister Jackie Parry from the hospital's Cardiac Centre said: *"This is great news for Swindon people who need this procedure as it saves them having to go all the way to Bristol."*

"We can now do it here because we have managed to secure the necessary funding and staff to handle the extra work."



Going green

The Trust has applied for planning permission to generate its own electricity using a wind turbine.

As there is now a nationwide move towards sustainability and reducing carbon emissions there have been discussions about having a wind turbine electrical generator serving the Great Western Hospital and the Brunel NHS Treatment Centre. It would reduce electricity costs and produce zero carbon emissions for electricity consumption reducing the hospitals CO₂ and carbon emissions by 23%

If approved, the 80 metre tall turbine would save the Trust around £100,000 a year through energy efficiency.

The Trust and Carillion have also jointly appointed an energy manager producing excellent results. In 2006/7 energy saving measures produced a 10-15% reduction in fossil fuel consumption at the hospital. A further 10% reduction is forecast for 2007/8.

We are also involved in waste management and recycling programmes and The Trust has invested significant amounts of money towards providing excellent bus services from the hospital to surrounding areas.



New look web site launched

This year saw the relaunch of the Trust's Web site after it had been given a much needed facelift.

The old site had become untidy and difficult to use so a new, more stylish and cleaner looking design was created.

The new site was also designed to be simpler to use and although some pages are still being

updated, the response to the new look has been entirely positive.

www.swindon-marlborough.nhs.uk



Text technology proves a winner

With 8,000 new sexual health patients every year, our Genito Urinary Medicine department has a major task when it comes to giving people their results.

However by bringing in a new system, where patients with positive results receive a text asking them to call a particular number, calls into the department have halved to 4,000.

The system is discreet, confidential and popular with patients. The GUM team are now looking at setting up a special 24 hour a day, 365 day a year phone service where patients can access their results by giving a unique code and their date of birth.

Dr Guy Rooney, head of the GUM department said: *"The benefit of the texting approach is that it saves a great deal of*

time and is very cost effective. The annual cost for texting is only around £500 whereas it would be far more if we had to write letters or make phone calls"

"99% of our patients have mobiles so this has proven to be an excellent way of passing on results."

The department has also developed a unique way of ensuring patient confidentiality by generating a unique number for each patient for the sole use of the GUM department.

This means that no one else could ever know a patient had been treated or tested for a sexually transmitted infection as the number never leaves the department. For example if a patient was admitted to another ward or visited the emergency department it would not be apparent the patient had ever visited the GUM clinic.

Dr Rooney said: *"We want to encourage people to come for treatment or advice if they need it. They can even give a false name if they wish under this system, they can be assured of total anonymity."*

Keeping GPs up to date

Keeping in touch with our local GPs is important so in 2007 we launched a newsletter, specifically for the local doctors on our "patch".

GP news is sent out electronically every quarter and aims to provide GPs with information on the many services provided at the Great Western Hospital as well as giving them key contacts and the opportunity to feed back and suggest topics for future issues.



Your award winning Trust

In the past year, the Trust won a number of awards with teams and individuals picking up prizes for everything from catering to health and safety. Here are just some of our successes:



Surgical team of the year

Doctor David Williamson and his Trauma and Orthopaedic Team scooped the Hospital Doctor Surgical Team of the Year Award.

They picked up their winner's trophy from presenter Eammon Holmes at a ceremony held in London on Thursday 23rd November.

There were over 40 applications for the Surgical Team of the Year with The Orthopaedic team short-listed to the final three. They made presentations to an external assessor, of the developments and innovations they have introduced over the last few years.

The judges said: *"The orthopaedic team produce an extremely efficient service to a population of over 300,000. The integration of the team has considerably improved efficiency and improved morale. The nurses, therapists, physicians and surgeons who are involved provide an extremely high quality service."*



Carillion's sweet taste of success

Our private sector partners Carillion certainly found the recipe for success as they won first prize for their services to hospital catering at The Great Western Hospital as part of the National Building Better Healthcare Awards 2006.

The Building Better Healthcare Awards is a prestigious event which attracts entries from across England, Wales, Northern Ireland and Scotland, and the Carillion entry had to beat off very strong competition from other Trusts.

The Award was presented to **Brian Pearson**, the Catering Manager at the Hospital, by **Professor Heinz Wolff** at a ceremony at the Hilton Metropole in London in November.

In the summer the Trust achieved an excellent rating for its catering and cleaning which put the Trust in the top 20% of all hospitals in the country in these fields. **Andy Bowman**, Head of Estates and Facilities said: *"We have always been aware that Brian Pearson and his catering team provide interesting, innovative and high quality food to staff and patients at the hospital, and to achieve first prize in this national competition is a fantastic achievement."*

Class act

The schoolroom within the children's unit received the highest award from Ofsted.

Megan Brown the Hospital & Home Education Manager and **Lys Kirby** the hospital teacher were absolutely delighted with the news especially as this was their 3rd Ofsted and to quote the Ofsted inspector *"This is outstanding - you can't get better than this"*.

The inspector was also particularly impressed with the excellent links that the school has with nursing/medical and hospital staff.





Health and Safety hat trick

We did it again - The Trust won the prestigious five star award for health and safety for the third time in five years.

In the Health and Safety Management audit by the British Safety Council the Trust received the prestigious top award of five stars with a rating of 98.9% higher than last year's five star score of 97.8%.

The audit covered all aspects of health and safety in a rigorous six day examination which included documentation and interviews with staff and management.

It covered areas as diverse as hospital cleanliness and fire safety through to the maintenance of high tech medical equipment and staff training.

John O' Donnell, Health and Safety Adviser said: *"We are absolutely delighted to receive this award. It is recognition of a huge amount of hard work by everyone in the Trust which includes not just our own staff but the teams from our private sector partners The Hospital Company and Carillion Health with whom we have worked very closely to make the hospital a safe place for patients, staff and visitors. It has been a superb effort in a difficult year and everyone's clear commitment to health and safety is a real asset to our organisation."*

He added *"The audit looked at how safe we are as an organisation in everything we do and I am very proud that we have exceeded last year's high score by increasing our compliance to health and safety standards to almost 99%. This means we are one of the safest Trusts in the country."*

Maternity - delivering quality

Our maternity department (see page 18) have been awarded the Clinical Negligence Scheme for Trusts level 3. This is a considerable achievement as we are the 13th out of 158 maternity hospitals in England to attain this level.

This award comes less than a year after gaining Level 2 and was achieved following a stringent audit of our clinical standards and compliance with both national and local guidelines.

Chief Executive Lyn Hill-Tout said: *"This is absolutely fantastic news. I am delighted that all the hard work that has gone into gaining this award has paid off and it is a testament to the commitment of our maternity staff to providing a high quality service."*



Nurses give Trust thumbs up

Nursing staff at the Great Western Hospital have voted us into the top 40 healthcare employers nation wide.

We were ranked 34th in the country in a Nursing Times poll of healthcare providers from the public, voluntary and independent sectors.

Nursing staff from the hospital who took part, filled in questionnaires asking what the Trust was like as an employer, looking at a wide range of issues such as flexible working, term time working, development and training, whether staff felt valued, whether they understood the Trust's values and many more.

Acting Director of Nursing Sue Rowley said: "I am very happy we have ranked so highly and very proud that our staff have given this vote of confidence to the Trust in what has been a difficult year."

"We have a terrific team here. Our nurses are dedicated, hard working and have a range of skills, experience and a positive attitude that would be the envy of any organisation."

"A real barometer of what it is like to work here is the number of people who leave only to return. We get a significant number of staff coming back to us after trying elsewhere and we are delighted that so many nurses responded to the survey in such a positive way."

Megan leads our host of angels

Megan Brown, Manager for the school room in the Children's Unit came third in the Swindon Community Angels Award.

Trust colleagues Jane Skinner, Chaplain, Steve Henderson, Chaplain, and Tony McCluskey Ward Manager for Saturn were also honoured.

The Community Angels awards were part of the Brunel Shopping Centre and The Bible Society's "Flight with the Angels" Christmas festival. Over 45 nominations were put forward. Those who reached the final were awarded a certificate. Prizes were also awarded to the top three with Megan Brown taking the "bronze".





Best ever year for PALS

Our award winning Patient Advice and Liaison service enjoyed its most successful year ever - helping more people and achieving a 100% response rate.

Highlights of the year included:

- There were 120 formal complaints - a 39% reduction since the previous year
- Just 0.03% of those patients we see made a formal complaint
- 100% response rate for formal complaints - first time ever
- PALS see and help more patients and relatives - 4186 over the year.
- Interpreting services increases with more patients accessing the service
- Registrar service now available at the hospital so that relatives can register their relative's death without having to make a separate trip to Swindon
- 95% (averaged out over the year from the continuous patient satisfaction surveys) of patients said they rated their care at this hospital as "Good, very good or excellent"
- 95% (averaged out over the year from the continuous patient satisfaction surveys) of patients said they would recommend this hospital to others
- £144,000 income obtained through overseas visitors
- PALS continues to be asked to present at key national conferences on our work and successes.

Complaints are continually dwarfed by the positive comments we get from patients. Here is a small selection:

"The ward had exactly the right atmosphere to help you through the after-effects of the operation"

"The easy-going but very professional attitude of the staff made me feel happier and safe"

"Thank you for the truly special care that you gave to our mother ... you were all so kind, so responsive and your sense of anticipation was remarkable"

"Excellent service by all staff – from near-death to putting me back on the road to a speedy recovery"

"If I ever have another (baby) I can't think of a better team to receive care from"

"To say that the nursing staff were wonderful is to understate the unstinting dedication that they displayed throughout all his time in hospital"

"Such a loving and tender environment"

Pipped at the post

Our PALS team were unlucky to miss out on the top spot in the national HSJ awards having made it into the top five in the clinical service redesign category. The awards attracted a total of 920 entries and our team did superbly well to get so close to the top spot.

You said We did

We do actively seek people's comments and opinions because it is by getting feedback we can make improvements to our care and services. Here is a selection of comments and the action we took as a result:

It can be difficult to read waiting times written on the white boards in clinics, the colours used can be difficult to read and the size of writing not always large enough.

Waiting times are now written in larger print using black ink and nurses are now verbally informing patients of waiting times

How can you improve communication for people with visual and hearing impairment when they are waiting for their appointments?

Wren unit will be verbally telling visually impaired people about their appointment and writing on the board for people with hearing difficulties.

There were no hand gel dispensers visible in the outpatient clinic at Savernake Hospital.

Hand gel dispenser has now been put in place

Please extend the opening times for the Audiology clinic.

Opening times have now been extended to 8am to 6pm four days a week.

Extend the opening hours of the booking Centre.

Extended, now open from 8.30am to 5.30pm.

A patient group asked to raise awareness of patients with hearing and sight impairment problems.

Several wards have taken part in a trial in which stickers are attached to the patients bed with their permission to indicate they need additional help.

Smoking on site - the burning question

With the nationwide ban on smoking in public places coming into force, we debated whether the entire Trust site should be smoke free.

As this was such a big and emotive issue, we sought the views of as many people as possible who use our hospital so their response could shape the final outcome. Questionnaires were available in various locations around the Trust for staff, patients and visitors and the local media were happy to support the survey by encouraging

their readers and listeners to make their voices heard. The options were:

1. Do nothing
2. Provide some on site facility for smoker
3. Make the entire site smoke free.

The results will be released in Autumn.



How we are battling the bugs

The ongoing fight against infection is a vital part of our work within the Trust. It is one of the objectives for the coming year (see page 5) to reduce MRSA, Clostridium Difficile (CDiff) and other infections.

Our Infection Prevention and Control team have worked hard with colleagues across the Trust and have enjoyed some key successes which include:

- Very low number of hospital acquired MRSA bacteraemias (where the infection gets into the bloodstream) reported. 7th best in England (ie lowest numbers) when compared to Trusts of similar size
- Have maintained a low incidence of post operative wound infection following orthopaedic implant surgery
- Improvements in environmental hygiene and equipment cleanliness
- New strategies brought in to manage and contain outbreaks more effectively
Actions have included Infection Prevention and Control daily contact with the site management team; more stringent and earlier patient transfer restrictions and ward mapping on the Trust intranet so everyone knows which wards have bay closures. This has seen the number of lost bed days due to outbreaks of infections reduce from 731 during 2005/06 to 135 during 2006/07, reduction of 596 lost bed days. This also shows considerable cost savings of £203,000 which can be ploughed back into patient safety initiatives. Public, patient and media support has also been instrumental in

helping to prevent infections being brought into hospital especially those that cause D&V.

Despite these key areas of success we still have improvements to make in all aspects of care especially around reducing C diff infection. Last year was the first year that national data was collected on this infection and we now know that our numbers are quite high when compared to other Trusts. Our key priorities 2007/08 are therefore to:

- Develop stronger monitoring and auditing systems associated with antibiotic prescribing as there are key links between antibiotics and the subsequent development of C diff infection
- Monitor and improve practices related to invasive devices and MRSA management as this will further reduce the number of MRSA infections. We aim to be the best in the country by reporting the lowest number of MRSA infections acquired in hospital.





Birthing centre to boost choice

Our Maternity Service has seen a further increase in the number of babies born at GWH - 3,785 (Jan to Dec 2006), an increase of 166 from the previous year. Here **Christina Rattigan**, Head of Midwifery outlines some exciting changes in store for the service.

As a unit, we are in the final throes of writing our Maternity Strategy, which will set out the direction of Maternity Services for the next 5 years. A particular focus has been around the offer of choice of place of birth for mothers in Swindon. As part of our strategy, we plan to develop a birthing centre within the Maternity Unit which will be totally separate from the main delivery suite. This development will enable women with uncomplicated pregnancies to give birth within a homely environment, cared for by the midwifery teams. The maternity unit has celebrated achievement of CNST Level 3 in December 2006, being just the 13th Unit to achieve this level nationally (see page 13).

In recent months we have focused on training programmes for midwives in preparation for the roll out of newborn screening for Cystic Fibrosis and selective ante-natal screening of pregnant women for Sickle Cell and Thalassaemia traits, based on national screening recommendations.

The National Institute for Health and Clinical Excellence have produced guidelines relating to 'Routine Post-natal Care of Women and their Babies' (July 2006) and more recently, guidelines on 'Ante-natal and Post-natal Mental Health' (February 2007). To implement these guidelines, which are key to

the development of a quality service, a multi-professional working group has been set up to undertake this work.

As children's centres develop in Swindon, midwives are involved in multi-agency working with a focus on delivering care locally for women and their families.

Close working with the PCTs Social Services continues so that the provision of maternity care across hospital and community settings continues to develop and remain a seamless service.





Improving our performance

The Brunel NHS Treatment Centre, officially opened by **HRH Princess Anne** in February 2006 is a state of the art addition to the Great Western Hospital site dedicated to providing elective services. It includes:

- A new theatre suite
- MRSA protected 36 bedded elective orthopaedic ward
- 36 bedded elective surgical and head and neck ward
- Private Patient facilities (see page 20)
- A specialist urology ward and associated diagnostic facilities
- A medical day unit
- Dedicated pre-operative assessment unit.

The centre is the focus for helping the Trust achieve and maintain challenging performance targets including the need to reduce the wait for elective patients from referral to treatment, to just 18 weeks by December 2008.

We are exploring ways to reduce length of stay and increase theatre use. We have previously undertaken waiting list initiative work for neighbouring trusts and have received excellent feedback from patients in relation to the services provided.

We also run one-stop pre-operative assessment where patients can see an anaesthetist on the same day for review rather than requiring repeat visits. We also operate pre-operative education classes for patients to support them throughout the elective admission process and prepare them for surgery.



Tackling targets



Private healthcare supporting the NHS

The Shalbourne Suite, our private healthcare facility-based in the Brunel NHS Treatment Centre, celebrated its second anniversary this year, having generated over £2.6m to support NHS services at the Great Western Hospital. This represents 10.43% growth on last year.

The Suite has 20 beds all in single rooms with en suite facilities and all the advantages of private healthcare with the added confidence of being within a modern well-equipped hospital. Supported by all on-site services, including a full range of diagnostic testing, emergency & intensive care services, the service is able to offer a complete range of investigations through to complex surgery.

We offer competitive prices and welcome patients who are self-paying, offering fixed price surgery, as well as patients covered by private medical insurance. We also work closely with many local businesses helping employees return to full health.



Becoming a Foundation Trust

Swindon and Marlborough NHS Trust has begun the process to achieve Foundation Trust status. Here we answer some of the key questions about our plans and why we want to become a foundation Trust.

“When will the Trust become a Foundation Trust?”

“The Trust was entered into the application process from June 2007. This means, if all goes to plan, we can expect to become a Foundation Trust in 2008.”

“Do we have to become a Foundation Trust?”

“Yes. Every Hospital Trust in England is expected to become a Foundation Trust. Currently there are about 70 Foundation Trusts. However, although achieving Foundation Trust status is something we must do – there are some tangible benefits for us.”

“So – what is a Foundation Trust, and what are the benefits?”

Foundation Trusts are still a major part of the NHS but have earned a greater degree of autonomy, controlled locally not nationally, with greater freedom to run their own affairs. The Trust will have a greater level of accountability to the communities it serves as well as to our staff.

Foundation Trusts are sometimes called “public benefit corporations”. That’s because they are “membership based” organisations. Local people and staff will be able to sign up as members of the Trust. Our members will elect at least half of the new Council of Governors. The Trust will be accountable to the Council of Governors and therefore the local communities and staff that the governors are there to represent.

So one of the key benefits of Foundation Trust status is that the Trust will have an even stronger

connection to our local communities. There are also some financial freedoms that Foundation Trusts can take advantage of.

“What does the application process involve?”

The application process is very rigorous – a number of applicant Trusts have failed in their initial applications. The Trust will need to develop a very detailed 5 year business plan about where the organisation is going over that time – how our services will develop and how the trust will ensure a strong financial position.

We’ll also need to go out to public consultation – not on whether or not we become a Foundation Trust – but on our business plan and our “constitution” - which, for example, will describe the make up of our Council of Governors.

Once we have been “authorised” as a Foundation Trust we will be regulated by an independent body known as “Monitor”.

If you would like to become a member of the Foundation Trust please contact our membership officer Claire Giles on 01793 604185 or email at claire.giles@smnhst.nhs.uk



Membership of the Trust Board

Name	Interests
Patsy Newton, Chair	Board Member, Aster Group Ridgeway Housing Association, Member, Cirencester Housing Society
Lyn Hill-Tout, Chief Executive	Board Trustee Age Concern Swindon
Lesley Bennett, Non-Executive Director	Trustee, Malmesbury River Valleys Trust Trustee, North Wilts Council for Voluntary Service Trustee for Wiltshire Wildlife Trust
Rowland Cobbold, Non-Executive Director	Honourary Treasurer, Ogbourne St George Parochial Church Council, Chairman of Ecco Tours
Angela Gillibrand, Non-Executive Director	Shareholder in Lotmead Company
Tim Jackson, Non-Executive Director From November 2006	Member, Wiltshire County Council Pension Fund Committee, Executive Director of Finance & Resources, Westlea Housing Association Director, Oakus Wiltshire Ltd, Director, FLW Ltd
Kevin Small, Non-Executive Director Vice-Chair	Director, New Swindon Company Councillor, Swindon Borough Council Member, Even Swindon Working Mens' Club Member, Swindon & District Referees Association Shareholder/Member, Mid Counties Co-operative Society Member, Transport & General Workers Union
Charlotte Moar, Director of Finance	Trustee, Bristol Zoo
Christine Osman, Acting Director of Workforce & Education	Trustee, Swindon Carers Centre (term of office ends October 2006)
Sue Rowley, Acting Director of Nursing & Performance	None
Dr Alf Troughton, Medical Director	None
Others who served on the board during the year included:	
Paul Bentley, Director of Human Resources (to June 2006)	None
David Davies, Director of IM&T (to July 2006)	None
John Henson, Medical Director (to March 2006)	
Trevor Payne, Director of Estates and Facilities (to July 2006)	Retained estates and facilities consultant for Biocote Wolverhampton. Provision of ad hoc consultancy in own time consisting of technical advice on FM issues, writing papers and presenting at conferences.
John Adey, non executive director (to June 2006)	Shareholder – Aldbourne Nursing Home Chairman of Governors, John O'Gaunt School, Hungerford
Francesca Thompson, Director of Nursing (to September 2006)	Board Trustee, Age Concern Swindon

(As at 31.03.07)

Swindon and Marlborough NHS Trust

Annual Accounts

Finance Section for Annual Report 2006/07

Financial Review and Summary Financial Statement

The financial information set out below is a summary of the full accounts for 2006/07. References to notes in the summary financial statements relate to the full set of accounts which are available on request from:

Director of Finance
Swindon and Marlborough NHS Trust
The Great Western Hospital
Marlborough Road
Swindon
Wiltshire
SN3 6BB

Financial Performance

The Trust has three key financial duties all of which were achieved in 2006/07:

- 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 2006/07 and the previous nine 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

Commentary on the Year

The Trust's financial position for 2006/07

The Trust made a surplus of £837,000 in the year, this surplus has been generated to pay off the deficit in 2005/06. The Trust successfully delivered its saving programme of £7,216,000, whilst managing all of its other risks. The Trust did not receive any financial support from the NHS Bank or South West SHA during 2006/07. The Trust's financial position should be viewed in the context of the overall South West SHA position detailed below.

The Trust's Financial Position for 2007/08

The Trust is planning to achieve a surplus of £835,000 in 2007/08. No financial support from the NHS Bank or South West SHA is planned.

In order to achieve a surplus in 2007/08, the Trust must achieve the following:

- i) Deliver a savings programme of £7m
- 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 2007

	2006/07 £000	2005/06 £000
Income from activities	147,490	147,740
Other operating income	13,250	9,816
Operating expenses	-158,156	-156,410
OPERATING SURPLUS/(DEFICIT)	2,584	1,146
Cost of fundamental reorganisation/restructuring	0	0
Profit/(loss) on disposal of fixed assets	0	0
SURPLUS/(DEFICIT) BEFORE INTEREST	2,584	1,146
Interest receivable	330	178
Interest payable	0	0
Other finance costs - unwinding of discount	-85	-42
Other finance costs - change in discount rate on provisions	0	-210
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	2,829	1,072
Public Dividend Capital dividends payable	-1,992	-1,907
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	837	-835

All income and expenditure is derived from continuing operations.

The Trust achieved the surplus shown above in 2006/07, without receiving any special assistance from the NHS Bank, or financial support from South West Strategic Health Authority. The Trust has generated a surplus in 2006/07 to pay off the 2005/06 deficit. No RAB repayment has been included in the financial position following the change of the DOH rules.

Other Important Statements

Balance Sheet as at 31 March 2007

	31-Mar-07 £000	31-Mar-06 £000
FIXED ASSETS		
Intangible assets	0	0
Tangible assets	66,189	57,379
Investments	0	0
	66,189	57,379
CURRENT ASSETS		
Stocks and work in progress	2,432	2,353
Debtors	22,280	17,405
Investments	0	0
Cash at bank and in hand	22	22
	24,734	19,780
CREDITORS: Amounts falling due within one year	-17,326	-12,649
NET CURRENT ASSETS/(LIABILITIES)	7,408	7,131
TOTAL ASSETS LESS CURRENT LIABILITIES	73,597	64,510
CREDITORS: Amounts falling due after more than one year	-1,014	-1,232
PROVISIONS FOR LIABILITIES AND CHARGES	-1,858	-3,037
TOTAL ASSETS EMPLOYED	70,725	60,241
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	27,203	21,590
Revaluation reserve	34,067	29,992
Donated asset reserve	1,305	1,346
Government grant reserve	0	0
Other reserves*	0	0
Income and expenditure reserve	8,150	7,313
TOTAL TAXPAYERS' EQUITY	70,725	60,241

Signed: *W. H. H. J. Far* (Chief Executive)

Date: *14/6/07*

Statement of Total Recognised Gains and Losses for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus/(deficit) for the financial year before dividend payments	2,829	1,072
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	4,089	2,485
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	134	152
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	7,052	3,709
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	7,052	3,709

Cash Flow Statement for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	490	5,075
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	330	175
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	330	175
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	-4,441	-4,229
Receipts from sale of tangible fixed assets	0	0
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	-4,441	-4,229
DIVIDENDS PAID		
Net cash inflow/(outflow) before management of liquid resources and financing	-5,613	-886
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of investments with DH	0	0
(Purchase) of other current asset investments	0	0
Sale of investments with DH	0	0
Sale of other current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	-5,613	-886
FINANCING		
Public dividend capital received	5,613	1,350
Public dividend capital repaid (not previously accrued)	0	-464
Public dividend capital repaid (accrued in prior period)	0	0
Loans received from DH	0	0
Other loans received	0	0
Loans repaid to DH	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies*	0	0
Net cash inflow/(outflow) from financing	5,613	886
Increase/(decrease) in cash	0	0

Membership of the Remuneration Committee

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

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

Terms of Reference (revised April 2004)

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 Director 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 all/any of 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 maybe 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 3.225%. This is the headline pay increase, which the NHS uses for the three years 2002-2005, it is an extrapolation from Agenda for Change.

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.

Details of service contract for each senior manager and who has served during the year

- Date of contract, the unexpired term, details of notice period
 - Chief Executive
 - Director of Operations
 - Director of Finance
 - Director of Nursing
 - Director of Human Resources
 - Medical Director
 - Director of Estates & Facilities
 - Director of Information Management & Technology

All Directors were in post on permanent contracts.

- 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		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		20-25	0	0	15-20	0	0
J Adey	Vice Chair	Leaver 6th June 2006	0-5	0	0	5-Oct	0	0
K Small	Non Executive Director		5-Oct	0	0	5-Oct	0	0
T Jackson	Non Executive Director	Commenced November 2006	0-5	0	0			
L Bennett	Non Executive Director		5-Oct	0	0	5-Oct	0	0
R Cobbold	Non Executive Director		5-Oct	0	0	5-Oct	0	0
A Gillibrand	Non Executive Director		5-Oct	0	0	5-Oct	0	0
L Hill-Tout	Chief Executive		105-110	0	0	105-110	0	0
P Bentley	Director of Human Resources	Leaver 30th June 2006	15-20	0	0	70-75	0	0
C. Osman	Acting Director of Human Resources	Commenced 1st July 2006	45-50	0	0			
T. Payne	Director of Estates and Facilities	Leaver 31st July 2006	20-25	0	0	65-70	0	0
F.Thompson	Director of Nursing	Leaver 30th September 2006	35-40	0	0	70-75	0	0
C. Moar	Director of Finance		85-90	0	0	80-85	0	0
A. Troughton	Medical Director	Commenced 1st April 2006	70-75	0	0	0	0	0
D. Davies	Director of IT	Post ceased 1st July 2006	15-20	0	0	60-65	0	0
S Rowley	Director of Operations/ Acting Director of Nursing		70-75	0	0	65-70	0	0

S Rowley left the post of Director of Operations to take up the post of Director of Nursing during the financial year.

Senior Managers Pension 2006/07

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
L. Hill-Tout	Chief Executive	0-2.5	0-2.5	30-35	95-100	497	461	17
C. Osman	Acting Director of Workforce and Education	0-2.5	2.5-5.0	Oct-15	30-35	170	115	27
C. Moar	Director of Finance	2.5-5.0	7.5-10.0	Oct-15	40-45	153	117	23
A. Troughton	Medical Director	0-2.5	10.0-12.5	35-40	105-110	604	568	15
D. Davies	Director of IT	0-2.5	0-2.5	Oct-15	40-45	186	167	11
S Rowley	Director of Nursing and Performance	3.5-4.0	10.0-12.5	20-25	70-75	353	281	46
P. Bentley	Director of Human Resources	0-2.5	0-2.5	15-20	50-55	242	205	6
T. Payne	Director of Estates and Facilities	0-2.5	0-2.5	Oct-15	40-45	172	163	1
F.Thompson	Director of Nursing	0-2.5	0-2.5	Oct-15	40-45	208	196	2

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.

Management and Administration Costs

Management and administration costs increased slightly to 3.80% of income in 2006/07 compared with 3.72% of income in 2005/06, this is an increase of 0.08%. The Trust's target for these costs was 4.00%, for 2006/07

	2006/07	2005/06
	£000	£000
Management costs	5,899	5,716
Income	155,092	153,641
Percentage	3.80%	3.72%

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.

Note 7.1 shows the Trust paid 57% of invoices by number and 77% by value within 30 days for Trade Creditors and 33% by number and 82% by value for Inter NHS Creditors.

The Trust had a difficult cash position in 2006/07 because of a differential phasing of revenue commitments to income. This has been resolved for 2007/8 and the PSPP position will therefore significantly improve.

7. Better Payment Practice Code

7.1 Better Payment Practice Code - measure of compliance

	2006/07		2005/06	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	32,463	54,053	36,995	61,674
Total Non NHS trade invoices paid within target	18,534	41,933	22,285	47,017
Percentage of Non-NHS trade invoices paid within target	57%	78%	60%	76%
Total NHS trade invoices paid in the year	2,013	45,475	1,268	31,665
Total NHS trade invoices paid within target	657	37,172	689	26,204
Percentage of NHS trade invoices paid within target	33%	82%	54%	83%

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.

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

	2006/07	2005/06
	£000	£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.

Statements

2006-07 Annual Accounts of Swindon and Marlborough NHS Trust

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.

14/6/07 Date W. H. H. P. A. S. Chief Executive

2006-07 ANNUAL ACCOUNTS OF SWINDON AND MARLBOROUGH NHS TRUST

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

14/6/07 Date W. H. H. P. A. S. Chief Executive
14/6/07 Date C. H. H. E. L. L. E. Finance Director

Statement of Internal Control 2006/07**1. Scope of Responsibility**

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

The Board delegates authority, on its behalf to the following sub committees:

- **Audit Committee**
- **Corporate Governance and Risk Committee**
- **Clinical Governance Committee**
- **Remuneration Committee**
- **Charitable Funds Committee**
- **Mental Health Act Committee**

Scrutiny by the Non Executive Directors within the Audit, Clinical Governance and Corporate Governance and Risk Committees provides assurance of internal control, including probity, in the application of public funds and in the conduct of the organisation's responsibilities. The Board reviews the minutes/reports of these groups to ensure that an integrated approach is taken to governance and risk management. Both internal and external audit are represented on the Audit Committee.

As an organisation we work closely with Southwest SHA and Primary Care Trusts, particularly Swindon and Wiltshire (formerly Wiltshire and Kennett & North Wiltshire) Primary Care Trusts. We report our financial position each month to NHS Southwest, including the year to date actual and year end forecast. We formally agree Local Delivery Plans (which include finance, activity and workforce targets and quality standards) with our Commissioners on a 3 year rolling basis. We are required to submit to Southwest SHA a balanced financial plan each year, with a detailed financial recovery plan and a cost improvement savings programme. The Local Delivery Plan (LDP) and financial recovery plan were both approved by our Board. Monthly financial reports are submitted to Part I of our Board together with progress on savings and also remedial actions, when required.

There are a number of regular forums between ourselves and our lead commissioner where the LDP is monitored.

2. The Purpose of the System of Internal Control

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

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

The system of internal control has been in place in Swindon and Marlborough NHS Trust for the year ended 31 March 2007 and up to the date of approval of the annual report and accounts.

The system of internal control continues to be underpinned by management systems based on best practice from the (now defunct) Core Controls Assurance standards for:

- **Governance**
- **Financial Management**
- **Risk Management**

It is inextricably linked to compliance with the Standards for Better Health.

3. Capacity To Handle Risk

Leadership is given to the risk management process by ensuring clarity within each Executive Director job description and annual appraisals with personal development plans. Staff training on risk management is commensurate with their roles. All new employees receive induction, which includes risk management and incident reporting, together with health and safety, manual handling and infection control training appropriate to their duties. Learning from incidents and good practice is encouraged within departments and directorates by means of specific incident reports and trend analysis and these are shared widely. External and internal good practice is shared throughout the organisation and we have mechanisms in place to promote a culture of no blame, encouraging staff to come forward with concerns.

4. The Risk and Control Framework

To ensure that risk is identified, evaluated and controlled there are formal structures within the Trust. Whilst the Board has overall responsibility, it delegates the work to the Corporate Governance & Risk Committee, which is chaired by a Non Executive Director and has additional Non-Executive and Executive Director membership. The Clinical Quality and Risk Committee supports the Corporate Governance & Risk Committee and regularly reviews/updates the Trust's risk register, which is used to inform priorities. Risks are also identified at directorate level and each directorate inputs to the corporate risk register. The Clinical Quality Team and the Health & Safety Department support staff in the identification and management of risk.

The Trust's Risk Management Strategy describes the Trust's approach to risk management and outlines the formal structures in place to support this approach. The Strategy has been reviewed and updated during 2006/07, and the updated strategy approved in April 2007.

The Trust's Assurance Framework is built around the Standards for Better Health and covers all of the organisation's main activities it identifies;

- The Trust strategic objectives;
- The strategic risks
- The controls in place;
- The assurances in place and; records the actions to be taken to strengthen both controls and assurances.

The Trust shares with patients and families outcomes and lessons from our investigations and complaints. This work will be strengthened as we progress against the Standards for Better Health Developmental standards and through consultation with our partner organisations including Overview and Scrutiny and the PPI Forum.

Key risks highlighted through the Board action plans include:

- Continued progress in Infection Prevention & Control particularly with Clostridium difficile
- Progressing the Trust's Foundation Trust Application
- Reviewing the implementation of the Trust's restructured governance framework
- Financial balance

Where appropriate, plans are in place to address these risks.

5. Review Of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive Directors within the organisation, (who have clear responsibilities) have responsibility for the development and maintenance of the system of internal control, provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Performance, finance and workforce reports
- External and internal audit reports
- CNST assessment and report
- SHA opinion on the Assurance Framework
- Clinical audit and governance reports
- Health and Safety Executive reports
- Ongoing self-assessment against the Standards for Better Health with the development/monitoring of the action plans to address identified gaps
- Ongoing development of the risk register linking it into the assurance framework whilst maintaining the operations process
- Feedback from staff during regular open sessions and weekly walkabouts
- On the 3 key risks identified in paragraph 4, progress has been made through management actions and the risks are either resolved or being managed

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Audit, Clinical Governance and Corporate Governance & Risk Committees. Plans to address weaknesses and ensure continuous improvement of systems are in place and are regularly monitored by these groups. The Trust has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including Standards for Better Health covering areas of potentially significant organisation risk. The report from the Head of Internal Audit on the effectiveness of the system of internal control stated that "the Board has significant assurance that there is a generally sound system of control designed to meet the organisation's objectives".

Whilst I am confident that controls are in place, I acknowledge that these can be further improved. Part of the improvement will be informed by our preparation for Foundation Trust Status. We have also reviewed our governance and committee structures to ensure integrated governance, overview and greater scrutiny and ensure compliance with the new Audit Committee Handbook and Integrated Governance framework. These proposals, approved by the Trust Board at the start of the year, have been implemented successfully. As part of the Audit Plan, Internal Audit will review the effectiveness of these arrangements.

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

- Achieve compliance at Level 2 of the NHS Litigation Authority Risk Management Standards
- Review our incident reporting and management systems
- Identify changes in order to manage fluctuations in demand through changed referral patterns and patient choice
- Become the Trust of choice for patients by accurately and actively promoting our services
- Continue to monitor the management of equipment within the Trust, particularly with regard to planned preventative maintenance and staff training.
- Integrate quality, performance and finance reporting, monitoring and forecasting
- Identify and implement an appropriate document management system
- Continued progress with the Diversity Steering Group work streams.
- Improved uptake and monitoring of appraisals under KSF.
- Monitor and support joint working with Local Improvement Networks (LINKs) once implemented, including review of Trust PPI Strategy in line with pending anticipated changes.

The above key actions are drawn from our Self Assessment of the Standards for Better Health Declaration and Assurance Framework for 2006/07.

Signed W. Hillier Chief Executive

Date 14/6/07 (On behalf of the Board)

The Trust Auditors

The Trust's auditors are:

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

The Auditors were paid £235,000 in 2006/07 for audit services of a statutory nature, eg: reports to the Department of Health including the audit of the annual accounts.

Independent Auditor' Report to Directors of the Board of Swindon and Marlborough NHS Trust on the Summary Financial Statements

Membership of the Audit Committee

The Audit Committee exists to support the Trust Board in its duty to ensure that the Trust has the systems to effectively manage its affairs. The members of the Committee during 2006/07 were:

Chair	Angela Gillibrand
Non Executive Director	Rowland Cobbold
Non Executive Director	Tim Jackson
Director of Finance	Charlotte Moar
Chief Executive	Lyn Hill-Tout
Associate Director for Corporate & Business Development	Nathan Hall
Audit Commission	Graham West
Audit Commission	Richard Lott
Bentley Jennison	Claire McGeachy
Bentley Jennison	Karen Williams
Bentley Jennison	Richard Plumb

Membership of the Remuneration and Terms of Service Committee

The committee exists to determine the pay and remuneration of the Chief Executive and Executive Directors. The membership of the committee during 2006/07 was:

Trust Chairman	Patsy Newton
Non Executive Director	Rowland Cobbold
Non Executive Director	Kevin Small
Non Executive Director	Lesley Bennett
Non Executive Director	Angela Gillibrand
Non Executive Director	Tim Jackson

Copies of the full accounts are available from:

Susan Hall, Financial Controller, Commonhead Offices, The Great Western Hospital, Swindon, Wilts SN3 6BB
Susan.hall@smnhst.nhs.uk



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

www.swindon-marlborough.nhs.uk

Telephone: (01793) 60 40 20

Fax: (01793) 60 40 21

If you would like a copy of this document in large print or in another language
please contact Chris Birdsall, Communications Manager on
01793 604431