

OUR STAFF – THE KEY TO THE FUTURE



This has been a year of stark contrasts. On the one hand we have enjoyed real achievements in terms of the quality of services we have provided and the reaching of key targets; on the other, we have had to battle against tough financial constraints and regrettably, we have had to announce redundancies.

I speak for everyone on the board when I say the decisions we have had to make this year in order to ensure the financial stability of our Trust, have been among the hardest we have ever faced. Although we managed to almost halve the original number of compulsory job losses we predicted, we carefully considered every option available but regrettably there was no other way to make the savings we needed.

What has been an amazingly positive feature of the year has been the superb attitude of staff. Against a backdrop of having to keep costs down and make savings wherever possible, the standard of care and the sheer hard work and dedication of the team here has been outstanding.

We have seen more patients and carried out more procedures yet we have still met most of our key targets, and seen a fall in the number of complaints, which is no mean achievement. What makes this all the more remarkable is that for several months of the year we were fighting a diarrhoea and vomiting (D&V) bug which regularly closed wards to admissions and put even more pressure on an already busy service.

We were also awarded the prestigious British Safety Council Sword of Honour for our health and safety - for the second time and our new Brunel NHS Treatment Centre was officially opened by HRH Princess Anne.

Innovation and hard work have continued to bring benefits to patients and staff alike with bar coded wristbands being introduced to improve patient safety, computerised blood monitoring packages aiding safer prescribing and our volunteer service being the first in the country to be awarded Investors in People in its own right.

The health service is a large and dynamic organisation where the pace of change is extremely rapid. Trusts which do well in the future, especially as we all move towards Foundation Status, will be the ones that adapt to change and embrace it. I believe that with the facilities we have at The Great Western Hospital, the superb environment we offer, the positive partnerships we have with other organisations and most importantly the magnificent staff we have here that we are very well placed to thrive in the coming years and continue to provide ever better services for our patients.

Patsy Newton, Chair

Meeting the Challenges

Looking back over the year we have much to celebrate. The Trust has excellent facilities at The Great Western Hospital, the Brunel Treatment Centre and the Child & Adolescent Unit at Marlborough House. High quality facilities, a clean and modern environment, convenience and choice and low access times are important to patients. More importantly is the quality of the clinical care, provided by friendly, caring and professional staff.

We wanted to make explicit what patients should expect from us and have set out our "Trust Promises" which are to:

- Make the safety of our patients and staff our number one priority
- Listen to our patients and 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

We intend to deliver on the Trust Promises and exceed the national targets, our performance last year made good progress towards delivering on these promises.

We are judged every day by the patients and carers who use our services and come into contact with our staff and their opinions are essential to us. The Trust is also externally assessed across a number of areas by the Healthcare Commission, and we made excellent progress in a number of areas including:

- From December 2005 no patient waited over 13 weeks for a first routine out patient appointment
- From December 2005 no patient waited over 6 months for a routine operation
- Over 98% of cancer patients received their first treatment within 31 days of a decision to treat
- Over 98% of cancer patients received their first treatment within 62 days of their General Practitioners referrals
- 100% of patients were offered choice of dates for an out patient appointment and operation



- All patients who needed a cataract operation had them done within 3 months of being placed on a waiting list

- Over 98% of patients who attended our Emergency Department were admitted, transferred or discharged within 4 hours of arrival in the Department

- We achieved a further reduction in the number of MRSA infections acquired either in

hospital or in the community

- We received above average results in response to the national patient survey, which covered areas such as access, quality of care, information and environment and cleanliness

These are just a few of our achievements, there are many others which have only been achieved by the commitment and determination of our staff and made against a financially volatile and challenging environment.

The communities we serve have, quite rightly, high expectations of their health care. We will continue to work hard to ensure patients choose our services because they know them to be of the highest quality and have confidence and trust in them.

Lyn Hill-Tout, Chief Executive



FACTFILE 2005/2006

- Achieved the national target of a maximum waiting time of six months for inpatient surgery by December 2005
- Achieved the national target of a maximum waiting time of 13 weeks for an outpatient appointment by December 2005
- 100% of inpatients, daycases and outpatients going through the booking process
- Achieved 98.1% of patients admitted, discharged or transferred within four hours of arrival across the local health community. For the Trust alone, achieved 96.2%
- 100% of patients being seen within two weeks of referral to the Rapid Access Chest Pain Clinic
- 93% of cancer referrals seen within two weeks. This has increased to (99% from December 2005)
- 93% of cancer patients receiving treatment within 31 days of diagnosis compared to a target of 98%. This has increased to 98% from December 2005
- 89% of cancer patients receiving treatment within 31 days of diagnosis compared to a target of 95%. This has increased to (95% from January 2006)
- 98% of patients receiving Thrombolysis within 30 minutes of arrival at hospital

Patients treated 05/06

New out-patients 74,929

(17.8% more than in 2004/05)

Follow up appointments 207,439

(16.0% more than in 2004/05)

Day cases 19,120

(11.8% more than in 2004/05)

Emergency in-patients 21,702

(1.3% more than in 2004/05)

Elective in-patients 8,922

(11.3% more than in 2004/05)

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

Objectives for 06/07

- Achieve compliance with the standards outlined in the 7 domains of the Healthcare Commission's Standards for Better Health, which are: Patient Safety, Clinical and Cost Effectiveness, Governance, Patient Focus, Care, Environment and Amenities, Public Health
- Achieve financial balance
- Ensure we provide high quality care and that it represents value for money by improving efficiency
- Ensure our workforce are equipped with the right skills to deliver our objectives
- Achieve/work towards all the key NHS Plan targets
- Be in a position to be able to apply for NHS Foundation Trust status by 2007
- Improve information to patients and the public so when they exercise Choice they will choose this Trust



About our 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 services at Savernake Hospital in Marlborough (outpatients and X-ray), and slow stream rehabilitation in the Montgomery Suite at Badbury Court. We also have staff who work in the community and at the Marshgate Rehabilitation Centre in Swindon.

Swindon and Marlborough NHS Trust was formed in 1994

It employs around 3,300 staff

It serves a population of approximately 300,000

Our annual turnover is £157 million

We have a management of equality and diversity policy which considers the needs of disabled employees and we have a double tick approval from the Department of Employment and Education to show 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. 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, with all enquiries receiving a response within the 20 working day deadline.

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 was tested successfully with a mock emergency exercise. The Trust has also developed a contingency plan for dealing with a pandemic flu outbreak.

Keeping in touch

With so much change in the NHS it is vital we keep our staff informed of what is going on and consult them on issues wherever appropriate.

Our communications internally is a blend of electronic communications through daily e-mail bulletins and an intranet site. We also have monthly bulletins following our board meetings which are cascaded throughout the Trust. Our Chief Executive holds briefings on major issues and there are regular staff surgeries where staff can go along and talk to members of the board on any topic to ask questions or make suggestions and observations. We also have electronic message boards around the Trust and Staff Information Points where everything from our internal newsletter Connection through to copies of the annual report can be obtained.

During the recent redundancies, the Trust worked very closely with unions and staff representatives and regular briefings were given on decisions and progress.

All smiles as Princess opens our Treatment Centre

HRH The Princess Royal, Princess Anne officially opened the Brunel NHS Treatment Centre on February 28th 2006 – three years to the day since her father, the Duke of Edinburgh opened The Great Western Hospital.

The Princess met staff and patients during a tour of the 128 bedded unit before officially opening the Centre by unveiling a commemorative plaque in the reception area.

It was a big day for four year old Melissa Butler, daughter of Endoscopy Unit Staff Nurse Mrs Linda Butler, who took time out from Buffer Bear nursery on the hospital site to present the Princess with a basket of flowers.

The Brunel Treatment Centre admitted its first patient in April 2005 and is designed for elective (planned) surgery eg hip or knee replacements and other non emergency operations.

It has three 36 bedded wards with state of the art technology including power, oxygen and medical gases pumped to each bed head. Every bed also has its own TV, radio and communications panel. A third of the beds are in single rooms with their own en-suite facilities. It has five operating theatres and houses the Shalbourne Suite, the Trust's 20 bedded unit for private patients.

The Princess visited Meldon Ward, where she met staff and orthopaedic and elective surgery patients before visiting the theatre floor where she chatted to staff and met members of the recovery area team.

The tour then moved to the Cherwell Unit, a pre-assessment unit where again she met Trust and Carillion staff before moving into the Shalbourne Suite, to talk to the team there.

The Princess was escorted back to the cafeteria area where she was introduced to staff before performing the official opening ceremony.

She was thanked by Trust Chair Patsy Newton who had accompanied the Princess throughout the tour.

Mrs Newton said: "This is a great day for us and an important milestone in the provision of healthcare for the people of Swindon and surrounding area.



Princess Anne receives a bouquet from 4 year old Melissa Butler with her mum Staff Nurse Linda.



HRH Princess Anne is met by Chair Patsy Newton and Chief Executive Lyn Hill-Tout and dignitaries.

"A great deal of hard work and dedication goes into the planning and delivering of that health care and I am very proud of everyone in the Trust who constantly strives to improve the service that we offer.

"The opening of this magnificent Treatment Centre is the latest chapter in the ongoing development of health services here at The Great Western Hospital and I am sure with the facilities we now have and the excellent staff who work here, we will continue to go from strength to strength."

Trust Chief Executive Mrs Lyn Hill-Tout added: "It is a great honour for our Trust and for the people of Swindon and North Wiltshire to have HRH Princess Anne open our new Brunel NHS Treatment Centre.

This is a very important occasion for our Trust as the Brunel Treatment Centre is a facility of which we are very proud. Its state of the art technology and superb environment mean that we can offer our patients a first class service in first class surroundings – mirroring the high standards we have set in The Great Western.

Our staff were involved in planning the design and layout of the building. This superb environment together with our excellent, dedicated staff, enable us to deliver high quality healthcare to NHS patients who choose to have their treatment in the centre. The Treatment Centre also includes a private patient ward, which generates income to support NHS services. The space vacated in The Great Western Hospital has been used for NHS patients and the hospital now has spare capacity which can be used to treat more patients, from further afield."



The Princess meeting treatment centre staff.

TAKING A LOOK AHEAD

With the NHS going through constant change, the future for our Trust is both challenging and exciting.

Patient Choice, driving down waiting times to just 18 weeks, payment by results (the new system where we are paid for the actual patients we treat) and more community based care will all have an impact on us and all require careful planning.

We want to be the hospital of first choice for our local population and to enable patients from further afield to benefit from the high standard of services and superb environment we can offer.

Some of the key areas we will be concentrating on in the future will be:

- Intermediate and major Accident and Emergency and urgent patients
- Complex planned surgery, especially orthopaedics
- Expanding our catchment area for these services
- Continuing to provide high quality and cost effective day surgery for Swindon residents

- Developing our midwife led maternity unit into a birthing centre
- Cutting patient and diagnostic waiting times ahead of the targets required by 2008
- Supporting community based care by providing specialist advice to primary care practitioners
- Being in the top 10% of health care providers against a range of standards (including day case, length of stay, clinical costs etc)
- Improving the quality and cost effectiveness of our services by participating in national pilots and other assessments
- Continuing to develop the hospital site as a health village, encouraging other parts of the health service to relocate onto our site (eg mental health)
- Continuing to develop as a centre of training and education for health and social care partners
- Increasing our private patient activity.

AGENDA FOR CHANGE

During the year, 3610 staff were moved over to the new Agenda For Change framework for NHS staff pay and conditions.



Our Board

The board of Swindon and Marlborough NHS Trust for 2005/06 in alphabetical order with a list of each member's interests and associations.

NAME	INTERESTS
John Adey, <i>Non-Executive Director</i>	Shareholder – Aldbourne Nursing Home, Chairman of Governors, John O'Gaunt School, Hungerford
Lesley Bennett, <i>Non-Executive Director</i>	Non-Executive Director, Wessex Water Services Director, Malmesbury River Valleys Trust, Director/Trustee, Council for Voluntary Service North Wilts Director/Trustee for Wiltshire Wildlife Trust, Chair of Governors, Luckington Community School, Member of Wiltshire Courts Board
Paul Bentley, <i>Director of Human Resources</i>	None
Rowland Cobbold, <i>Non-Executive Director</i>	Honorary Treasurer, Ogbourne St George Parochial Church Council Chairman of Ecco Tours
David Davies, <i>Director of IM&T</i>	None
Angela Gillibrand, <i>Non-Executive Director</i>	Directorship of Local Farming Company, Possible connection via Horticultural Supplier
John Henson, <i>Medical Director</i>	None
Lyn Hill-Tout, <i>Chief Executive</i>	None
Charlotte Moar, <i>Director of Finance</i>	Trustee, Bristol Zoo
Patsy Newton, <i>Chair</i>	Board Member, Ridgeway Housing Association (Aster Group) Member, Cirencester Housing Society
Trevor Payne, <i>Director of Estates & Facilities</i>	Retained estates & 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.
Sue Rowley, <i>Director of Operations</i>	None
Kevin Small, <i>Non-Executive Director</i>	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 Shareholder, Friends Provident Ltd Member, Transport & General Workers Union Member, World Wildlife Fund Member, RNLI
Francesca Thompson, <i>Director of Nursing</i>	Board Trustee, Age Concern Swindon

See Page 10 for details of directors' salaries and pensions

Thanks for your support

by Natalie Prinsloo, fundraising co-ordinator

Every year our Trust benefits from the generosity of people who make donations to the hospital. They raise money in a wide range of often very imaginative ways. Large or small, their gifts enable us to buy equipment or enhance the care and environment we provide for our patients.

The links between our hospital and the local community grow each year and below is just a small selection of the people and organisations who have kindly donated over the past year.

Taylor Racing

Colleagues and friends at Taylor Racing, Chippenham had an Easter Bunny motorcycle run and street collections in Chippenham and Marlborough on the 19th March and raised £591.73 towards a Sonic Aid for the Maternity Unit.



Cats Solutions

Donated a giant Harrods Easter egg to the Maternity Unit, which raised £616 in a raffle. Monies to benefit the Mother & Baby Courtyard Garden

The Famous Ale House

The manager of the pub Ms Josie McNally had a sponsored haircut and raised £1,200 for the patients on Jupiter Ward.

Women's Institute Upper Stratton

After selling their headquarters in Dores Road in Upper Stratton early 2005 the Upper Stratton Women's Institute donated the proceeds to various local good causes. They donated £25,000 to the hospital towards the purchase of medical equipment

Mr Nathan Barnes

Nathan had a full body wax, raising £217.52 for the special care baby unit (SCBU)

Richard Pope Memorial Shoot

The memorial pigeon clay shoot is an annual event where several shooting clubs get together to raise money for the Day Therapy Centre in the Osprey Unit. 2005's Memorial shoot raised £2,050.

Mr & Mrs T Jefferies

Mr and Mrs Jefferies celebrated their Ruby Wedding Anniversary in October and asked that friends and family donate monies to the hospital instead of gifts. They raised £710, which they donated to the SCBU

RAF Lyneham's Air Traffic Control Centre team

Presented a cheque to the Maternity Unit after having a Charity Auction raising £589.50

Planned Care – making it better for patients

The last 12 months have been extremely challenging for the Planned Care Directorate. However, during difficult times a number of successful initiatives have been introduced to speed up treatment for patients and ensure performance targets are met. These have included testing patients with suspected colorectal cancers straight away, which has reduced waiting times for patients. Pre-operative assessment care for patients has also been reviewed creating one-stop clinics for patients, including same day anaesthetic review. This approach has been successful in orthopaedics and will be rolled out to include general surgery and urology patients in August 2006.

During the last 12 months, waiting times for routine elective

Sam Gillespie

With the help of colleagues, friends and family Sam raised a fantastic £608.50 for the SCBU by participating in the half marathon Great West Run in Exeter on the 2 May 2005.

Rotary Club of Swindon Thamesdown

Donated £3,000 towards the cost of information leaflets for the Cancer Information Point

The Masons

The Masons donated £1,000 to ICU, which was used to purchase an intercom system for the Unit

Miss Moya Dixon

In the last few years Miss Dixon had raised a total amount of £2,760 for the Cardiac Patients fund. The funds raised were mainly from home baked cake sales including organist's fees, which she received for playing at christenings, weddings and funerals.

Dettol Foundation

The Dettol Foundation brightened up the play area in the Swindon & Marlborough Hospital Day Surgery Unit with a stunning mural. Created by artist, David Marlow, the mural covers two entire walls of the play area.

Mr Robert & Mrs Julia Langton

They once again donated a splendid Christmas tree to the hospital.

Mr James & Mrs Sarah Moore

The couple held a charity golf tournament in October which raised £2,850 for SCBU

Andeye Photography

Local photographer Laura Currie has produced a Baby Calendar of babies born in the hospital. 1,000 calendars are on sale at £6 each in the Maternity Unit, WRVS Shop, supermarkets, retailers, play centres and baby stores in Swindon, Devizes and Marlborough. Profits from the sale of calendars will benefit the Mother & Baby Courtyard Garden



Pagoda Palace

Fundraising Chinese banquet followed by an auction and entertainment from the band Venus on the 30th September raised £3,665.94 for the benefit of the Mother & Baby Courtyard Garden. The raffle raised a further £530.38

Tom Stevenette puts on his walking boots

14-Year-old Tom participated in a 100 mile Nijmegen Walk in Holland, raising £2,119 through sponsorship.

EMERGENCY DEPARTMENT – ONE OF THE BEST

by Kash Aujla, Consultant Emergency Department

It has been an incredibly busy and challenging year in the Emergency Department (We are no longer called A&E as it is important for people to understand we are a service for emergencies)



The Nurses Station in the ED.

Our biggest challenge has been to meet the national target of treating, admitting or discharging 98% of patients within four hours, without compromising the quality of care. This is a target we have not always met.

However this must be put into context. We saw an increase in the number of patients through the department (61,671 - 169 patients per day on average, but our busiest days have seen 240 patients per day visiting the department) and at 12,898, admissions were high with many of the people coming to us being very ill and needing in-patient care.

How we prevent and control infection

by Ruth Lockwood, Director/Senior Nurse, Infection Prevention and Control

In a large and busy hospital like The Great Western, the fight against infection is a constant one.

Part of the battle is not only preventing infections within our buildings but also dealing with infections which are brought in from outside by patients, visitors and staff and keeping the effects of any outbreaks to a minimum.

We have a very successful infection control link network where specially trained staff take responsibility for effective communication about infection control within their areas.

Despite an outbreak of diarrhoea and vomiting in the community which lasted for most of the winter, we managed to prevent the bug spreading throughout the hospital by isolating cases where possible, rigorous hand hygiene and by closing wards to new admissions where necessary.

We enjoyed a number of key successes throughout the year which included:

- Local targets to reduce the numbers of new MRSA and GRE bacteraemias (ie when the blood becomes infected) achieved.

Despite the pressures, we are one of the best performing Trusts in the country for giving patients who need them, clot busting drugs within 30 minutes of them arriving. Our figures show that we regularly meet this target 100% of the time.

We also benefited from the arrival of Mr Sugata Nag a new consultant who joined us in November 2005. Having another senior member of staff to help with the supervision of more junior staff is a big boost to the department and has helped to improve the quality of care.

We have also seen a new role emerge in the shape of Emergency Doctors Assistants. These are members of the team with a nursing background who are able to take on some of the duties normally carried out by junior doctors such as taking blood and putting in lines for drugs to be administered. This is a big stride forward as it is helping staff to work to the extent of their experience.

Another boost was the move of the out of hours centre from Shrivenham Road in Swindon to Clover Ward on site here at the Great western. This service is open in the evenings and at weekends, and provides a service for ailments and injuries which do not require emergency treatment and we have been working very closely with the Clover team to make sure that patients get the right treatment from the right people in the right place.



Members of the Emergency Department Team in a treatment bay.

The biggest asset we have in the department is our staff. They have been magnificent and have worked tremendously hard. We have also had terrific support from our colleagues throughout the Trust who have supported throughout the year in trying to meet our targets, not least by ensuring beds become available as soon as possible during very busy periods.

and participation on the 4-year evaluation project to assess the effectiveness of the campaign using alert organism surveillance as the outcome indicators.

However, we are never complacent and we do have some areas where we need to make further improvements and these include:

- To further develop and implement a strategy to reduce MRSA and MRSA bacteraemias and progress towards the DOH target of 12 or fewer by 2007/08.
- To further improve compliance with the DOH Saving Lives Strategy.
- To develop and implement a clear strategy for reducing the emergence of multi-drug resistant organisms including the collection and analysis of antibiotic prescribing.

Also during the year we worked with colleagues in other agencies to prepare an action plan to deal with any outbreak pandemic flu and we also held an awards ceremony where we recognised members of staff from across the Trust for their outstanding contribution to good infection control practice.



BABY BOOM KEEPS US BUSY

by Christina Rattigan, Head of Midwifery

Last year was a very busy one for our maternity services as there was an increase of 250 babies born making the total for the year 3,619 births.

We provide an integrated maternity service both in hospital and in the community and the service continues to develop in line with national recommendations and guidance such as the National Service Framework for Maternity Services placing emphasis on improving services for vulnerable clients.



New mum Emmeline Maline with Charlie and Midwife Jennie Hone.

Specialist midwives co-ordinate and help to provide midwifery care for high-risk groups of women such as those with substance abuse problems, the socially excluded and the vulnerable, taking into account their individual needs. Midwives help to plan for the protection of children from abuse. Specialist help with infant feeding is also provided and the Trust holds the UNICEF Certificate of Commitment for the Baby Friendly Accreditation and is currently working towards the Baby Friendly Initiative Award.

New developments include an ECV clinic to attempt to turn babies that are in breech position to one of head down to increase the chances of vaginal delivery, direct booking of low risk women for induction of labour from the community reducing hospital visits and inpatient stay, enhanced emergency skills and drills training for all staff, the provision of dating scans and availability of screening for Down's Syndrome for all women. The Antenatal Screening Coordinator has been appointed and is leading the implementation of the National

Agenda for Ante-natal Screening which includes service development and staff training.

The continued development of the water birth service has seen the number of this type of birth increase. The opportunity for women to gain immediate access to the Maternity Services continues to be supported by the High Risk Maternity Day Assessment Unit at the Great Western Hospital which also enables women to remain at home even when their pregnancies become complicated.

The robust risk management strategy allied to an emphasis on training and development of all staff

has led to the maternity services achieving CNST (Clinical Negligence Scheme for Trusts) Level 2 and the service is currently working towards Level 3 in December of this year. Statutory midwifery supervision continues to underpin safe practice in maternity care.

Future service provision is focusing on enhancing existing midwifery-led care with consideration being given to a separate birthing centre within the Swindon area. This involves working in collaboration with the new children's centres by continuing to provide a high quality service responsive to client needs that is based in their own community setting. Fund raising continues for the mother and baby courtyard outside Hazel Ward which will be a pleasant outdoor area for women and their families to use and enhance the hospital environment.

We were delighted to learn we had been voted in the top five places in the country for mums to give birth in a poll conducted by the Babyworld website which surveyed new mums from all over Britain.

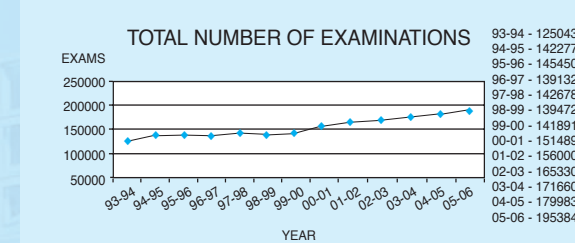
Behind The Scenes

Here members of our team tell us in their own words what kind of a year they have had

Radiology - constantly on the move

by Gail Powell, Chief Radiographer

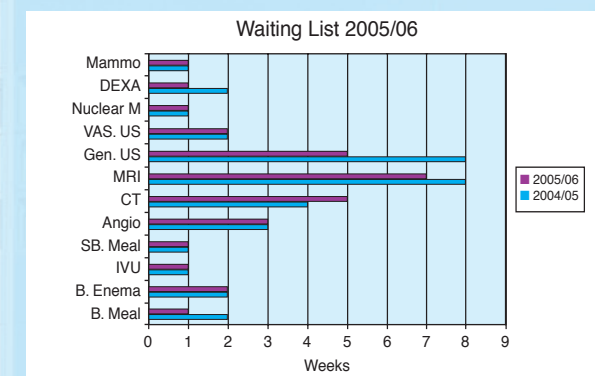
This has been another successful year for Radiology. The range of investigations has increased with new techniques and equipment, in particular the new CT scanner. As a result, the demands on the service have increased which we have managed by continually reviewing working practices and resources. It is a department that never stands still!



There has been a 10% increase in workload, with particular demand for scanning.

Waiting lists

Despite the increase in workload, we have managed to maintain our waiting lists at the same level.



The waiting lists are key to the success of the department. It allows swift access to diagnostic services and has allowed the department to redesign patient pathways in order to meet the 18 week target

Having managed to maintain the low waiting times, the department's focus for last year and this, is to review the point of access to diagnostics in the patient pathway. Examples of this are:

Colorectal Patients: One of the most significant improvements is the new pathway for colorectal patients. Referral letters are triaged and a significant number of patients are referred directly to radiology for a barium enema. If the results are normal, the patient is referred back to the GP.

In this first quarter of introducing the new pathway, 91 out 105 patients were referred back to their GP - 91 saved out patient slots.

Breast patients: A similar pathway is being trialled with breast referrals. This should be complete by June 2006.

Gynae referrals: Fast track patients now have their scan on the same day before the out patient appointment for which the results are available.

Discharge co-ordinator

In response to the perception that patients' discharge is held up by waiting for diagnostics, the department have introduced a discharge co-ordinator. If patients are awaiting an appointment for a scan, ward staff can contact the department via the co-ordinator to expedite the request. This new role is widely advertised and is particular well used at times of bed pressures.

Role extension

Role extension is an important factor in managing workload. The following are the key role extensions in the department:

- There are 16 reporting radiographers in the Emergency Department, breast screening, ultrasound, DEXA (bone density) scanning, OPT's (dental x-rays) and bone age
- Radiographers perform all barium enemas
- 1 radiographer is training in breast localisation for patients requiring breast surgery
- 1 radiographer carries out breast examination
- 1 radiographer performs prostate biopsies
- Imaging assistants carry out the nursing role for minor interventional procedures
- 1 imaging assistant is now a qualified Assistant Practitioner and is able to take plain radiography
- Imaging assistants are extending their role in the MRI unit

The department is one of the most successful departments in the region due to hard work, creative management and a strong sense of teamwork

Our aim for the future is to continue to improve access and standards of service, working with colleagues across the Trust to meet the 18 week target and provide a high quality health care service to the our population.

BAR CODE BRAIN-WAVE BOOSTS PATIENTS' SAFETY

A project to provide printed bar-coded patient wristbands became an award winning idea. Lorna Dixon Assistant IT Project Manager and Sally Caldwell, Blood Transfusion Practitioner explain what it is all about.

Created to improve patient safety and service the special wristbands were piloted in key areas, Emergency Department, Acute Assessment Unit (AAU) and Intensive Care in May 2005.

National guidelines state that all inpatients having a blood sample taken for pre-transfusion compatibility testing, or having a blood component transfusion, must be identified by name, date of birth, and hospital number from their wristband. Incorrectly identified patients, either through the wrong details on their wristband or absent wristbands, could have serious and potentially dangerous consequences. Healthcare Professionals are required to identify patients positively before prescribing medication, transfusing blood or requesting specimens. Details on the wristband therefore must be legible, particularly for patients in a non-communicative or disorientated state. Equally before going to theatre, pre-medication and pre-operative preparation procedures require that healthcare professionals confirm the patient's identity in accordance with the information given on the wristband.

Following on from the pilot ALL wards in The Great Western Hospital and the Brunel Treatment Centre were provided with the facility to produce

THE CARILLION CONNECTION

Our Private Sector partners Carillion Health have had a busy year. Here their manager Neil Sutherland provides a snapshot of the work they do behind the scenes.

The Carillion estates department manages all the mechanical and electrical systems in the 65,000 m2 of healthcare buildings. With over 250 pre-planned monthly servicing activities on such things as medical gas supplies, electrical and electronic systems, alarms and fire warning detectors, heating and ventilation plant, the estates team are constantly busy. Our electrical team was recently awarded the coveted 'Carillion Values' award for their work to complete the High Voltage maintenance with minimum disruption to the hospital.

A recent addition to the Carillion team is the role of Energy Manager whose role is to help the Trust to achieve substantial savings on its utility bills.



Sally Caldwell receiving her award from Aiden Halligan.

bar-coded printed wristbands for all inpatients as were Theatres, Day Surgery, The Day Therapy Unit, Children's Day Unit and the Renal Unit. The wristbands are produced from the Trust's IT Systems (Medway PAS/EPR and Crescendo) providing consistent and accurate information. The bar coded wristbands can then be scanned, using handheld scanners, to enable the production of labels for Pathology samples

The Trust is also in the process of expanding the scheme to include full blood tracking/auditing. This will allow tracking of blood products from the specialised issue fridges to the patient, a process known as vein to vein. Built in security checks and alarms ensure the patient receives the correct blood at the right time.

The general feedback from staff and patients has been positive. The time taken to produce the wristbands and the completion of the pathology request forms/sample bottle labels has been reduced and from the initial review there has been a reduction in the number of samples being rejected by Pathology. A full wristband audit is planned to further assess the benefits delivered by this project.

The Trust has been presented with a certificate for its achievement in the field of Auto ID - awarded by AIM (an Auto ID trade association) at their Leeds conference focussing on healthcare.

Sally Caldwell also received the Trust's first Donaldson award for her work in this field from Deputy Chief Medical Officer of the NHS, Aiden Halligan at a special presentation last year.

In Housekeeping, a major investment by Carillion has been the use of 'Steam-vacs' to improve cleaning standards in high-risk areas. The hospital is one of the first to use this new system.

After a successful trial, we will also be introducing microfibre mops which will further improve cleanliness throughout the hospital as well as reducing the time to clean surfaces. This will also support the Matron's Charter Action Plan, which Carillion is supporting fully. A visit to the kitchens and wards by the Patient's Forum in October resulted in an excellent report and we have now introduced Fairtrade tea, coffee and hot chocolate across patient, visitor and staff catering, making the Great Western Hospital the first UK hospital to do this in all areas.

We were very pleased that three Carillion departments were recognised at the Trust Special Achievement Awards, the Housekeeping ICU Team, the Security Team and the Catering Team.



POLL SHOWS WE ARE THE NURSES’ CHOICE

Swindon and Marlborough NHS Trust was ranked 33rd 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 issues such as flexible working, term time working, development and training, appraisals, whether staff felt valued , whether they understood the Trust’s values and many more.

Acting Director of Workforce Chris Osman said:” We are delighted to have come so highly up the list. It is a real boost and shows that all the hard work that has gone into making staff feel a part of our organisation has paid off. We have always

believed this is a great place for nurses to work but we have now had that confirmed by the nurses themselves.

“We feel this is a real achievement and we are pleased that staff have responded to the survey in such a positive way.”

The survey was run by the Nursing Times as part of its centenary celebrations. The idea was to find the best places to work as a nurse in the UK. The nationwide survey began in May. Every employer which registered was asked questions covering a range of themes from staff development, equal opportunities, healthiness of workplace, facilities, level of staff involvement and more. The judges examined employer and employee responses before making their decision.

In awarding Swindon and Marlborough NHS Trust its top 100 status, the Nursing Times said, “There is a keen sense of pride in recruitment and retention at this Trust which has a waiting list for junior posts, a high rate of returners and low rates of staff turnover. Respondents describe a friendly, supportive working environment with an open culture and opportunities for flexible working. One nurse said she felt able to work to the best of her ability.”

Chris and her colleague, senior nurse Joanne Smith, attended a special presentation ceremony organised by the Nursing times in London where they received their NT Top 100 certificate. The Trust can now use the NT Top 100 logo in its recruitment advertising which shows it is a good place to work.

A busy year for PALS

Our Patient Advice and Liaison Service (PALS) had a very successful year. There was a fall in the number of complaints, an improvement in response rates and a significant rise in the use of the interpreting service during the year.

Key points for the year include:

- 81% response rate to formal complaints (100% response rate since July 2005)
- 197 formal complaints (12% reduction on the previous year)
- The Trust saw 389,483 patients during the year, 0.05% of those made a complaint
- PALS saw 3,429 people during the year
- £23,546.11 (29% rise) was spent on interpreting services during the year with 193 requests for interpreters during the financial year.
- 0 requests were made for translation
- 111 (184% increase) patients were referred to PALS as overseas visitors
- £70,831 was identified as money the Trust was able to recoup from overseas visitors
- The Trust formally recorded 867 compliments

There are far more complimentary comments made about our Trust than complaints and here are just a few of the kind things people have said in the past 12 months.

- “We should be truly proud of the Great Western’s achievements and grateful that we are within its catchment area.”
- “Fantastic feedback of commentary whilst performing an extremely thorough scan . . . answered every question and gave a great explanation on each scan section . . . Excellent services, great member of staff and we are extremely happy!!”
- “The flexibility with my two appointments per week has significantly contributed towards me being able to continue the development of my business, for which I am most grateful.”
- I have had treatment in hospitals all round the world but none better than here. I think the staff are tremendous”
- This was my first time in hospital. My doctor suggested The Great Western Hospital, and I was nervous, but everything was wonderful, thank you.
- “. . . my family have been so impressed with the hospital they have sent a copy of the information booklet to their local hospital to illustrate how a hospital should be run.”

However, we recognise that not everyone person is happy with the service they have received so we always listen to what patients, carers, families and visitors have to say about the service and make changes to improve. The list highlights some of the actions taken during the year.

What patients/visitors have said	What the Trust has done as a result
Hospital signage	<i>Signage has been improved to include signs above main corridor doors on the third floor, x-ray and PALS.</i>
Install more hand gel dispensers on all departments not just ward areas	<i>Programme of work being undertaken to increase number of hand gel dispensers around the site.</i>
Care of the Elderly Clinic located in Betjeman Centre, appointment letter said clinic located on ground floor, but it omitted to mention how far it was from the main entrance and that it was next to an alternative entrance	<i>All clinic letters have been amended so they give details of where the Centre is located.</i>
Poor discharge	<i>Nursing documentation changed to include a multidisciplinary communication sheet where information concerning discharge can be documented</i>
Incorrect leaflet given prior to your surgery	<i>Printing error identified. Leaflets replaced</i>
Patient not offered help at meal times	<i>Protected meal times to be piloted to prevent unnecessary activity on the ward which in turn will enable staff to offer assistance to patients where needed</i>
Call bells not answered promptly	<i>Work is ongoing to look at response times by the Director of Nursing</i>

Some of the key developments during the year included:

- Following the action plan to improve response rates to complaints in July 2005, the Trust has achieved a 100% response rate. This means our end of year position has risen from 41% to 81%. A fantastic achievement from all the directorate investigating managers
- Discussions are taking place with Picker Europe (the national patient survey team) to pilot new continuous patient survey techniques such as touch screen laptops and telephone surveys. Picker have also reviewed our own in-house survey and commended it.
- The Patient Information Group is to be revamped. The previous group was disbanded and the Head of PALS is currently contacting individuals to re-form the Patient Information Group. It is anticipated that this group will reconvene in June 2006.
- The Trust participated in the National Inpatient survey in August 2005, the preliminary results were published in March 2006 and presented to the Trust Board on the 31st March 2006. An action plan will follow once the full and final results have been received.

Financial Review and Summary Financial Statement

The financial information set out below is a summary of the full accounts for 2005/06. References to notes in the summary financial statements relate to the full set of accounts. Which are available on request from:

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

Financial Performance

The Trust has three key financial duties:

- To breakeven on income and expenditure taking one year with another.
- Not to overspend its Capital Resource Limit.
- 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 2005/06 and the previous eight years.

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

Commentary on the Year

The Trust’s financial position for 2005/06

The Trust made a deficit of £835,000 in the year, which relates to a shortfall of income due to spare capacity in the Treatment Centre.

The Trust however successfully delivered its saving programme of £6,700,000, whilst managing all of its other risks. The Trust did not receive any financial support from the NHS Bank or AGW during 2005/06.

The Trust’s financial position should be viewed in the context of the overall AGW position detailed below.

Avon, Gloucestershire and Wiltshire (AGW) Health Economy for 2005/06

The overall reported financial position for AGW at the end of 2005/06 is subject to Audit.

The reported position at Month 12 is a deficit of £41,500,000. The accumulated deficits, including the £90,000,000 deferred deficit by the Department of Health, amounts to £131,500,000 at the 31st March 2006. (Please note 2003/04, 2004/05 and 2005/06 deficits have been or are due to be repaid). The repayment of the deferred deficit has been taken up by the Strategic Health Authority Chief Executive with the Department of Health: regrettably a reply has not been received. Therefore this matter is still under consideration.

In 2005/06 AGW received funding from the NHS Bank totalling £20,000,000. This was allocated to Primary Care and NHS Trust’s in Avon and Wiltshire to support the financial position in 2005/06.

The Trust’s Financial Position for 2006/07

The Trust is planning to achieve financial balance in 2006/07. The Strategic Health Authority has confirmed that a non-recurrent support of £NIL will be made from the NHS Bank special assistance funding.

In order to breakeven in 2006/07, the Trust must achieve the following:

- Deliver a savings programme of £7,400,000
- Manage known risks such as payment by results and Primary Care Trust Commissioning activity changes.
- Repay the deficit of £835,000 incurred in 2005/06 in 2006/07.

The risks associated with the plan have been and are being managed by the Trust.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED – 31 March 2006

	NOTE	2005/06 £000	2004/05 £000
Income from activities	3	147,740	130,017
Other operating income	4	9,816	8,232
Operating expenses	5-7	(156,410)	(137,520)
OPERATING SURPLUS (DEFICIT)		1,146	729
Cost of fundamental reorganisation/restructuring		0	0
Profit (loss) on disposal of fixed assets	8	0	0
SURPLUS (DEFICIT) BEFORE INTEREST		1,146	729
Interest receivable		178	145
Interest payable	9	0	0
Other finance costs - unwinding of discount	16	(42)	(41)
Other finance costs - change in discount rate on provisions	16	(210)	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR		1,072	833
Public Dividend Capital dividends payable		(1,907)	(829)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR		(835)	4

The notes on pages 1 to 40 form part of these accounts.
All income and expenditure is derived from continuing operations.

	31 March 2006 £000	31 March 2005 £000
Retained surplus/(deficit) for the year	(835)	4
Financial support included in retained surplus/(deficit) for the year - NHS Bank	0	0
Financial support included in retained surplus/(deficit) for the year - Internally Generated	0	0
Retained surplus/(deficit) for the year excluding financial support	(835)	4

The Trust achieved the deficit shown above in 2005/06, without receiving any planned special assistance from the NHS Bank, or financial support from Avon, Gloucestershire and Wiltshire Strategic Health Authority.

Other Important Statements

BALANCE SHEET AS AT 31 March 2006

	NOTE	31 March 2006 £000	31 March 2005 £000
FIXED ASSETS			
Intangible assets	10	0	0
Tangible assets	11	57,379	53,013
Investments	14.1	0	0
		57,379	53,013
Debtors: Amount due after more than one year	13	10,156	10,912

CURRENT ASSETS			
Stocks and work in progress	12	2,353	1,792
Debtors	13	7,249	6,437
Investments	14.2	0	0
Cash at bank and in hand	18.3	22	22
		9,624	8,251
CREDITORS: Amounts falling due within one year	15	(12,649)	(10,132)
NET CURRENT ASSETS (LIABILITIES)		(3,025)	(1,881)
TOTAL ASSETS LESS CURRENT LIABILITIES		64,510	62,044
CREDITORS: Amounts falling due after more than one year	15	(1,232)	(1,449)
PROVISIONS FOR LIABILITIES AND CHARGES	16	(3,037)	(2,859)
TOTAL ASSETS EMPLOYED		60,241	57,736
FINANCED BY:			
TAXPAYERS’ EQUITY			
Public dividend capital	22	21,590	20,704
Revaluation reserve	17	29,992	27,535
Donated asset reserve	17	1,346	1,349
Government grant reserve	17	0	0
Other reserves*	17	0	0
Income and expenditure reserve	17	7,313	8,148
TOTAL TAXPAYERS EQUITY		60,241	57,736

The financial statements on pages 1 to 40 were approved on behalf of the Board on 5 July 2006 and signed by: The Chair
Signed: *W. R. P. Law* (Chief Executive) Date: *5/7/06.*

	2005/06 £000	2004/05 £000
Surplus (deficit) for the financial year before dividend payments	1,072	833
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	2,485	20,507
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	152	60
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in “other reserves”	0	0
Total recognised gains and losses for the financial year	3,709	21,400
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	3,709	21,400

The format of this statement has been changed in 2005/06, it no longer includes the reduction in the donated asset and Government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets.
The figures for 2004/05 have been amended to reflect this change, so that a comparison can be made between the two years.

	NOTE	2005/06 £000	2004/05 £000
OPERATING ACTIVITIES			
Net cash inflow/(outflow) from operating activities	18.1	5,075	(166)
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Interest received		175	141
Interest paid		0	0
Interest element of finance leases		0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance		175	141
CAPITAL EXPENDITURE			
(Payments) to acquire tangible fixed assets		(4,229)	787
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		(4,229)	787
DIVIDENDS PAID		(1,907)	(829)
Net cash inflow/(outflow) before management of liquid resources and financing		(886)	(67)
MANAGEMENT OF LIQUID RESOURCES			
(Purchase) of current asset investments		0	0
Sale of current asset investments		0	0
Net cash inflow/(outflow) from management of liquid resources		0	0
Net cash inflow/(outflow) before financing		(886)	(67)
FINANCING			
Public dividend capital received		1,350	7,500
Public dividend capital repaid (not previously accrued)		(464)	(7,433)
Public dividend capital repaid (accrued in prior period)		0	0
Loans received		0	0
Loans repaid		0	0
Other capital receipts		0	0
Capital element of finance lease rental payments		0	0
Cash transferred (to)/from other NHS bodies*		0	0
Net cash inflow/(outflow) from financing		886	67
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 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 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 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 have been in post for the full year and are 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.

Remuneration

Name and Title	Salary (band of £5000)	2005-06 Other Remuneration (bands of £5000)	Benefits of Kind Rounded to the nearest £100	Salary (band of £5000)	2004-05 Other Remuneration (bands of £5000)	Benefits in Kind Rounded to the nearest £100
P Newton (Chair)	15-20	0	0	15-20	0	0
J Adey (Vice Chair)	5-10	0	0	5-10	0	0
K Small (Non Executive Director)	5-10	0	0	5-10	0	0
R Cobbold (Non Executive Director)	5-10	0	0	5-10	0	0
A Gillibrand (Non Executive Director)	5-10	0	0	0-5	0	0
L Bennett (Non Executive Director)	5-10	0	0	0-5	0	0
L Hill-Tout (Chief Executive)	105-110	0	0	100-105	0	0
P Bentley (Director of Human Resources)	70-75	0	0	75-80	0	0
S Rowley (Director of Operations)	65-70	0	0	65-70	0	0
T Payne (Director of Estates and Facilities)	65-70	0	0	60-65	0	0
F Thompson (Director of Nursing)	70-75	0	0	65-70	0	0
C Moar (Director of Finance)	80-85	0	0	80-85	0	0
J Henson (Medical Director)	155-160	0	0	150-155	0	0
D Davies (Director of IM & T)	60-65	0	0	60-65	0	0

Pension Benefits Name and Title	Real Increase in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 (bands of £2500) £000	Cash Equivalent Transfer Value at 31 March 2006 £000	Cash Equivalent Transfer Value at 31 March 2005 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension £000
L Hill-Tout (Chief Executive)	50-75	90-95	461	413	26	0
Paul Bentley (Director of Human Resources)	0	50-55	205	196	3	0
S Rowley (Director of Operations)	25-50	60-65	281	253	15	0
T Payne (Director of Estates & Facilities)	25-50	40-45	163	144	11	0
F Thompson (Director of Nursing)	100-125	35-40	196	146	32	0
C Moar (Director of Finance)	50-75	30-35	117	95	14	0
J Henson (Medical Director)	0	0	0	0	0	0
D Davies (Director of IM & T)	25-50	35-40	167	147	12	0

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

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 reduced to 3.72% of income in 2005/06 compared with 4.00% of income in 2004/05, this is a decrease of 28%. The Trust's target for these costs was 4.00% for 2005/06

	2005/06 £000	2004/05 £000
Management costs	5,716	5,376
Income	153,641	134,403
Percentage	3.72	4.00

Management costs are defined as those on the management costs website at

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMManagementCosts/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 60% by number and 76% by value within 30 days for Trade Creditors and 54% by number and 83% by value for Inter NHS Creditors.

The Better Payments Practice Code percentage was adversely affected by the lack of cash within the AGW Health Economy.

7.1 Better Payment Practice Code - measure of compliance

	2005/06 Number	2005/06 £000
Total Non-NHS trade invoices paid in the year	36,995	61,674
Total Non NHS trade invoices paid within target	22,285	47,017
Percentage of Non-NHS trade invoices paid within target	60%	76%
Total NHS trade invoices paid in the year	1,268	31,665
Total NHS trade invoices paid within target	689	26,204
Percentage of NHS trade invoices paid within target	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:

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

	2005/06 £000	2004/05 £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

2005-06 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.

5/7/06. Wm Rutt-PawDate.....Chief Executive

2005-06 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 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure of the trust for that period. In preparing those accounts, the directors are required to:

■ Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury.

■ Make judgements and estimates, which are reasonable and prudent.

■ State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

5/7/06. Wm Rutt-PawDate.....Chief Executive

5/7/06. C. M. B.Date.....Finance Director

SWINDON AND MARLBOROUGH NHS TRUST - ANNUAL ACCOUNTS 2005-06

Statement of Directors' responsibilities in respect of internal control

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
- Executive Risk Management 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 Risk Management 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 Avon, Gloucestershire and Wiltshire Strategic Health Authority (AGW SHA) and Primary Care Trusts, particularly Swindon and Kennet & North Wilts Primary Care Trusts. We report our financial position each month to AGW SHA, 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 AGW 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. 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 and effectively.

The system of internal control has been in place in Swindon and Marlborough Trust for the year ended 31 March 2006 and up to the date of approval of the annual report and accounts.

The system of internal control is 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 Executive Risk Management Group (ERMG), which is chaired by the Chief Executive and has Non Executive and Executive Director membership. The Corporate Risk Group supports the ERMG and regularly reviews/updates the Trusts risk register, which is used to inform priorities. Risks are also identified at Directorate level and each Directorate inputs to the risk register. The Quality Support Services and Health & Safety Department support staff in the identification and management of risk.

The Trust shares with patients and families outcomes and lessons from our investigations and complaints. We actively encourage participation in reducing risks - recent examples are the "Saving Lives" initiative and the introduction of positive patient identification project. These examples will be improved through the sharing and implementation of Standards for Better Health with our partner organisations including Overview and Scrutiny and the PPI Forum.

Key risks highlighted through the Board Action Plans include:

- Restructuring
- Infection Control
- Implementation of NICE

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 systems 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:

- Clinical audit and governance reports
- Performance, finance and workforce reports
- External and Internal Audit Reports
- CNST Assessment and Report
- Health and Safety Executive Reports
- SHA opinion on the Assurance Framework
- 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 Executive 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 these can be further improved. Part of the improvement is 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 were approved, by the April Trust Board, and are currently being implemented. Internal Audit will review the effectiveness of these arrangements 9 months after implementation.

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

- Review and strengthen the Trust's Contract and SLA 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
- Complete implementation of Agenda for Change and Electronic Staff Record within the Trust
- Review and strengthen the Trust emergency and continuity planning arrangements
- Integrate quality, performance and finance reporting, monitoring and forecasting
- Identify and implement an appropriate document management system
- Effectively monitor the delivery of the savings programme to address the underlying financial deficit which includes pay back of the £835,000 deficit in 2006/07.
- Continuing to strengthen the role of patients, carers and the public in informing our service and financial decision making

The above key actions are drawn from our Self Assessment of Assurance Frameworks 05/06 and Standards for Better Health Declaration.

The Trust has a challenging savings programme which includes an underlying deficit of £5.7m. A breakeven plan has been submitted for 2006/07. There are risks associated with this plan which include refinancing and service reconfiguration. The Trust has produced a 3 year financial recovery plan in line with DOH guidance and is currently undertaking the Foundation Trust diagnostic programme which includes developing an Integrated Business Plan with long term activity and finance modelling. This will also help to inform the Trust's strategic approach to service delivery, financial and risk management.

5/7/06. Wm Rutt-PawDate.....Chief Executive Officer

5/7/06.Date.....(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 £128,000 in 2005/06 for audit services of a statutory nature, eg: reports to the Department of Health including the audit of the annual accounts.

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

I have examined the summary financial statements set out below/on pages x to y.

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

Respective responsibilities of directors and auditors

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

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.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Date: 7 July 2007

Richard Lott, District Auditor, Audit Commission, Westward House, Lime Kiln Close, Stoke Gifford, Bristol, BS34 8SR

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 2005/06 were:

Chair - John Adey, Non Executive Director - Rowland Cobbold, Non Executive Director - Angela Gillibrand

Membership of the Remuneration and Terms of Service Committee

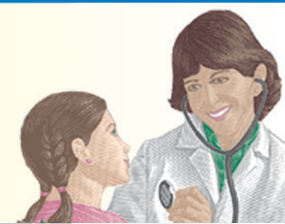
The committee exists to determine the pay and remuneration of the Chief Executive, Executive Directors and other senior managers of the Trust. The membership of the committee during 2005/06 was:

Trust Chairman - Patsy Newton, Non Executive Director - John Adey, Non Executive Director - Rowland Cobbold
Non Executive Director - Kevin Small, Non Executive Director - Lesley Bennett
Non Executive Director - Angela Gillibrand

Charitable Funds

The Swindon and Marlborough NHS Trust Charitable Fund received income of £568,000 in 2005/06 compared with £388,000 in 2004/05. These figures are subject to Audit.

	2005/06	2004/05
Donations	150,000	212,000
Legacies	339,000	98,000
Investment Income	56,000	52,000
Grants from Other NHS Charities *	0.00	0.00
Activities to further Charitable objectives	23,000	26,000
	568,000	388,000
Expenditure is as follows:		
Cost of generating funds	7,000	9,000
Grants made to other NHS Bodies *	0.00	21,000
Grants Made to the Trusts **	342,000	254,000
Management & Admin Costs	47,000	40,000
	324,000	324,000
(Gains) Losses on investments	125,000	(37,000)
	287,000	287,000
Increase (Decrease) in funds	298,000	101,000
Total Funds held	1,359,000	1,061,000
* Transfer of learning disability services to Oxford		
** Grants were made as follows:		
To Swindon & Marlborough NHS Trust	2005/06	2004/05
Swindon Primary Care Trust	328,000	232,000
Kennet & North Wiltshire Primary Care Trust	11,000	10,000



SWORD AWARD SHOWS WE ARE AT THE CUTTING EDGE OF SAFETY



The Sword of Honour for Health and Safety is awarded to us for the second time.

When it comes to health and safety we are officially among the best in the world.

The Great Western Hospital was awarded a prestigious British Safety Council Sword of Honour - for the second time.

Sir Frank Davies and David Ballard from the British Safety Council came to the Great Western on 18 January 2006 to present the Sword of Honour to Chief Executive Lyn Hill-Tout.

The award is in recognition of the way in which it has "implemented fully integrated, best practice safety systems across its operations."

Swindon & Marlborough NHS Trust, is one of only 40 organisations worldwide to be awarded the accolade which is independently adjudicated to the very highest standards. Only organisations that achieve the maximum rating of five stars in the British Safety Council's Health and Safety Management Audit are eligible to apply.

A message of congratulations was received by Prime Minister, Tony Blair, who said, "These awards recognise the success of these organisations and their employees in the pursuit of excellence in the management of health, safety and environmental matters."

STOP PRESS The Trust has just won the British Safety Council's 5 star award for the second year running with a compliance level of 98.9%. this means the Trust can now apply to win its 3rd Sword of Honour.

We have also been ranked in the top five comparable Trusts nationally for low MRSA figures.

DIETITIANS HELP HOSPITAL STAFF TO 'WAIST AWAY'

With increasing numbers of patients being admitted to our hospital with obesity and diet related conditions we decided to set an example to the general public so last summer the hospital dietitians launched a service for staff. Inspired by the British Dietetic Association's national W8wise@work campaign we created our Waist-Away Campaign for June 2005 recruiting participants to collectively "lose a person".

Throughout the month our 30 participants weighed in weekly and joined us in following a healthy balanced diet and increasing their daily step count to promote weight loss. A total of 50kg was lost with an additional 136.5cm being lost from waist circumference showing a reduction in cardiovascular risk factors as well as the desired reduced dress size!

Waist-Away offered two different initiatives open to all hospital staff to join at any time:



Weight loss challenge winner Adriano Gentilcore being presented with his certificate.

Waist-Away Walking - regular 30 minute walks around the Liden area. This helps achieve the recommended 10000 steps per day to maintain a healthy heart and burn calories.

Waist-Away Weigh-ins - held once a month, dietitians weighed participants and gave the individual tips, advice and motivation needed to achieve a 10% weight loss goal.

The value of the sessions recognised by the Trust and Charitable Funds awarded the dietitians funding to continue the campaign over the following year.

First steps towards Foundation

The Trust has begun exploring the possibility of becoming a Foundation Trust. If all goes well, Swindon and Marlborough NHS Trust could be eligible to apply in 2007. The Government wants every hospital to be a Foundation Trust by 2008 but much of the work we will be doing over the coming year in preparation for this is work we would be carrying out anyway in order to improve efficiency and patient care and to develop our services.

The first stage of our application was to complete a diagnostic process, supported by the Strategic Health Authority.

NHS Foundation Trusts (often referred to as "Foundation Hospitals") are a Government initiative committed to the decentralisation of public services and the creation of a patient-led NHS. Foundation Trusts are a new type of NHS Trust in England and have been created to devolve decision-making from Central Government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.

However, NHS Foundation Trusts are different from existing NHS trusts in the following ways:

- They are independent legal entities - public benefit corporations.
- They have unique governance arrangements and are accountable to local people, who can become members and governors. Each NHS foundation trust has a duty to consult and involve a board of governors (comprising patients, staff, members of the public and partner organisations) in the strategic planning of the organisation.
- They are set free from central government control and are no longer performance managed by health authorities. As self-standing, self-governing organisations, NHS foundation trusts are free to determine their own future.
- They have new financial freedoms and can raise capital from both the public and private sectors within borrowing limits. They can retain financial surpluses to invest in the delivery of new NHS services.
- They are overseen by Monitor, a national body accountable to parliament which assesses applications to become a Foundation Trust and ensures its terms of authorisation are met.

For general information about Foundation Trusts visit the DoH Website and type in A Short Guide to NHS Foundation Trusts.

For further information about our Trust or if you wish to make any comments on this report, please contact Chris Birdsall, Communications Manager on 01793 604431 or e-mail: chris.birdsall@smnhst.swest.nhs.uk