Sherwood Forest Hospitals NHS
NHS Trust

Annual Report 2004/5

Future of Healthcare at King's Mill Hospital

Artist's impression of King's Mill Hospital entrance

This picture shows how we hope to turn King's Mill Hospital into one of the most state-of-the-art hospitals in the country.

The artist's impression comes from the Skanska Innisfree Consortium, which has been chosen as the preferred bidder to revolutionise healthcare at King's Mill and Mansfield Community Hospitals.

Skanska's proposals won the support of the health community, including the Trust Boards of Sherwood Forest Hospitals NHS Trust and Mansfield Primary Care Trust.

Final negotiations are now underway and the contract should be signed in mid 2005/06.

As well as providing new buildings at both hospitals, the scheme will change the way healthcare is provided, modernising acute services for patients across central Nottinghamshire.

Official opening ceremony for Newark's CT scanner

The end of November 2004 saw the first patients using the new CT scanner at Newark Hospital.

It means people local to Newark no longer have to travel to King's Mill for a CT scan.

The scanner is used to detect all kinds of health conditions, from tumours and strokes to fractures, which may not be picked up by an x-ray.

The cost of the scanner was met by the Trust, with the help of a £102,000 donation from the Newark League of Friends and many other donations from public and patients.

On April 11 2005 the official opening ceremony took place, with the unveiling of a picture of a very special person local to Newark – the late Sir Godfrey Hounsfield, the man who invented CT scanning.

We were fortunate to have special guests Linda Lamyman and Andrew Hounsfield, Sir Godfrey's niece and nephew.

The Chairman and Chief Executive with Hounsfield family members and June Howsam, Chair of Newark League of Hospital Friends together with Christine Clarke, Mayoress of Newark and Patrick Mercer, MP.

Sherwood Forest Hospitals NHS
NHS Trust

A statement of the Trust's Values

"A hospitals Trust committed to providing the best possible patient care for the people of our local communities"

Our values are to:

Provide the best possible patient care, based on evidence and in a culture that encourages continuous improvement

Listen and understand what patients have to say, and encourage their involvement in decisions about their care

Provide a clean, healthy and welcoming hospital environment for patients, visitors and staff

Improve the patient's experience of care at the hospitals, respecting their privacy and preserving their dignity

Have open and honest communications between staff and with patients

Recognise the contribution of staff by developing and supporting them to do their jobs better, and involving them in decision-making

Provide high quality services through working in partnership

King's Mill Hospital, Newark Hospital, Mansfield and Ashfield Community Hospitals

Sherwood Forest Hospitals NHS
NHS Trust

Annual Report 2004/5

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Chairma

We have seen a year of real sustained progress, culminating in our achievement of Three Star Status for a second year.

The Chief Executive's Operational Review sets out in some detail our success in treating more patients, reducing waiting times, and providing better patient focussed services, together with our extensive investment in new equipment.

Progress on the Modernising Acute Services (MAS) project continued well and having won the right to apply for NHS Foundation Trust status, work on our application moved forward at a pace. It is therefore not surprising that most of our Directors and staff are currently feeling the strain! However, we have great teams working throughout our hospitals and with so many exciting developments on the horizon I am confident we will achieve our stated Trust value of 'providing the best possible patient care for the people of our local communities'.

There is no doubt that living up to this value will mean concentrating on three main objectives over the coming months:-

- Making a success of "Patients' Choice", "Choose and Book" and "Payment by Results"
- Completing the deal that will allow us to modernise acute services at King's Mill for the next thirty years.
- Obtaining NHS Foundation Trust status for Sherwood Forest Hospitals NHS Trust and develop a relationship with you, our potential membership.

Members of our staff have been working very hard to deal with the issues involved in the concept of Choose and Book - which will allow a patient to see his or her GP and make a fixed hospital appointment at the time of this visit. The system is complex and will rely very heavily on the electronic transmission of data. I am confident that we are making good progress, and hope to minimise the number of inevitable problems as the systems come on stream.

I also need to give a mention to the Health Informatics team working frenetically across the whole of the North Nottinghamshire Health Community getting equipment and software installed. This is an enormous national project and has inevitably received some negative national media coverage. The project is much more than just putting existing systems on computers and requires us all to adopt new ways to get the maximum benefit.

In future, for NHS hospitals the essential rule will be that money will follow the patient. We need to make sure that patients continue to come to our hospitals out of choice, in order to secure the income we need to pay for the developments that we are planning. We recognise that one of the most important factors in attracting people to use our services is the environment that we can provide. People do have genuine concerns about the cleanliness of facilities and that is why we have invested much time and resources during the year to make sure we keep on top of these important issues. The Trust Board now receives regular reports on cleanliness standards across the Trust and both Executive and Non-Executive Directors participate in cleanliness inspections.

"In future, for NHS hospitals the essential rule will be that money will follow the patient. We need to make sure that patients continue to come to our hospitals out of choice, in order to secure the income we need to pay for the developments that we are planning."

Work in advance of the scheme to rebuild King's Mill Hospital started during the year. This work is 'preparing the ground' for the major rebuild, and will ensure that we can continue to provide high quality services while the construction work takes place.

The MAS scheme is focussed on providing the best possible patient accommodation in new 'state of the art' 24 bedded wards, each with 12 single rooms and 3 four bedded bays, a new diagnostic and treatment facilities and a new Women and Children's centre. We are confident that it will be the hospital of choice for our local communities.

With regard to our current facilities, I was particularly pleased to open the CT scanner suite at Newark Hospital and the new Accident and Emergency (A&E) waiting room at King's Mill Hospital this year.

The A&E project was partly funded by the King's Fund in recognition of the department's tremendous performance - the A&E staff treated more patients than ever before during the year, met their targets and still found time to design their new waiting area. I am pleased that the improvements that we have made will be retained following the rebuilding of the Hospital, and that the design experience gained will be used by involving the A&E team in the wider MAS project.

n's Report

There have been a number of milestones in the development of the MAS project. Recently our project team has spent many hours in hard negotiations with our partners who will build and run many of the services in our new Hospital. I expect that by the time this report is published they will have emerged from the darkened rooms with a final deal, and with contracts signed. The project has already received many accolades, but like all of you, I now want to see the buildings begin to appear on site and make our dream a reality.

I am very proud to be the Design Champion for the MAS project, which will have a profound effect on our local community. It will provide many extra jobs both during construction and in the new extended facilities. We have asked that as many contracts as possible be placed with local businesses during the construction phase. There will be many opportunities for people to obtain skills whilst working for the contractors involved and the final result will be a facility that the whole community can take pride in.

NHS and we are currently explaining the advantages of this new way of working. We are planning to hold a formal Public Consultation process in September 2005, to get as many views as possible on our application and our development plans, and to explain to everyone why you should sign up to be a member of the Trust.

One of the roles of the Board of Governors will be to act as the eyes and ears of the local membership and to work with the Board of Directors to agree what services we should provide at the Trust. The role of the Board of Directors will therefore change. Freedom from direct Department of Health control, but reporting to a national, independent scrutiny organisation called "Monitor" and being responsible to local members, all mean that the Directors will have to have a very sharp business focus whilst relying on the Board of Governors to give advice on what the membership and local community wants.

With all the other projects that we have in progress, preparing our application has put even more

Brian Meakin Chairman

"These are exciting times for the Trust and I must again state that the real key to our success is our staff at every level, including our great army of volunteers who are a vital part of this success. The NHS is once again in the midst of change, but I am confident that this year's Annual Report demonstrates that we are living up to the Trust's Values and that we can continue to deliver our own massive agenda during the next 12 months."

There is no doubt that if our local economy is stronger and the skills level of the community is higher we will help to eliminate some of the health inequalities that are currently evident locally.

The same theme of improving the health of the local community is one of the main driving forces behind our application to become an NHS Foundation Trust.

The concept of being a member of your local hospitals Trust with power to elect members of a Board of Governors is new in the

pressure on the senior Executive Team. The application process is extremely rigorous and my thanks go out to the whole Board of Directors - Executive and Non-Executives - for all their hard work. All Directors are now steeped in technical knowledge about the new financial regime, as well as our Service Development Strategy - stop any of them in a corridor and ask them what a Prudential Borrowing Limit is and I can guarantee an interesting response!

We anticipate that we will need to add to the Board of Directors if our Foundation Trust application is successful, but before that time we will be losing Joe Lonergan who has decided to retire on 31st October 2005. Joe has been a very effective Vice-Chair and Chair of our Audit Committee and will be a hard act to follow. Joe will still have several roles in a very active life within his local community and we all wish him well.

These are exciting times for the Trust and I must again state that the real key to our success is our staff at every level, including our great army of volunteers who are a vital part of this success. The NHS is once again in the midst of change, but I am confident that this year's Annual Report demonstrates that we are living up to the Trust's Values and that we can continue to deliver our own massive agenda during the next 12 months.

Brian Meakin
Chairman

Meet our Trust Board members...

Brian Meakin - (Chairman)

Mr Meakin joined the former King's Mill Centre for Healthcare Services NHS Trust as a Non-Executive Director in 1993 and was appointed Chairman in 1999, a role in which he continued with the formation of Sherwood Forest Hospitals NHS Trust in 2001.
Mr Meakin was born in Sutton in Ashfield and attended the local primary school, completing his education at Newark Magnus Grammar School.
His background is in finance and chartered accountancy.

Jeffrey Worrall - (Chief Executive)

Appointed as Chief Executive on February 7, 2002, Mr Worrall began his working life in local government. He joined the NHS in 1984 (Rotherham Health Authority) and then became Deputy Chief Executive of Derbyshire Family Health Services Authority.
Mr Worrall's more recent posts include Chief Executive of both Southern Derbyshire Health Authority and North Nottinghamshire Health Authority.
He is currently Chair of the local Cardiac Network and Chair of the local Pathology Network.

Bill Gregory - (Executive Director of Finance)

Mr Gregory joined the Trust on November 1, 2003, and has worked in a variety of finance and commercial roles within the public and private sectors.
Having trained as an Accountant with Coopers and Lybrand, Mr Gregory joined the NHS in 1993 and has held the post of Director of Finance at two NHS Trusts in northwest England.
More recently he was Head of Business Development for BUPA Hospitals.

Tracy Allen - (Executive Director of Strategy and Service Improvement)

Ms Allen joined the Trust on September 9, 2002, having worked in the NHS since 1990, when she joined as a management trainee.
During her NHS career Ms Allen has had various jobs including general management of Trauma, Accident & Emergency and Critical Care Services in Oxford and a planning & development role in Bassetlaw Hospital.
Her previous role was as Director of NHS Direct and Governance at Sheffield Children's Hospital.

Carolyn White - (Executive Nursing Director)

Mrs White joined the Trust on July 16, 2001, having previously worked for 12 years at the Hull and East Yorkshire Hospitals NHS Trust in a variety of senior nursing and management roles.
She trained as a Registered Sick Children's Nurse and State Registered Nurse in Liverpool and qualified in 1982.
Mrs White has worked for most of her clinical career in Paediatric Intensive Care.

Mike Mowbray - (Executive Medical Director)

Dr Mowbray has been a Consultant Anaesthetist at King's Mill since July 1991, and was appointed Executive Medical Director in June 2002.
While continuing to provide clinical care, the Executive Medical Director's role is to provide dynamic leadership of the Trust's medical profession, play a key part in developing policies and strategies, and offer advice to the Trust Board on all matters from the medical perspective.

Joe Lonergan - (Non-Executive Director and Vice-Chairman)

Mr Lonergan joined the Trust on November 1, 2001, having previously been a member of the Central Nottinghamshire Community Health Council.
He lives in Ravenshead and is retired from a career in textile management.
Mr Lonergan has been the Chairman of Ravenshead Parish Council since 1987 and a Nottinghamshire County Councillor since 1993.

Peter Harris - (Non-Executive Director)

Mr Harris joined the Trust on November 1, 2001, and lives in Southwell. He has been a school head teacher for the past 9 years; the last year in his current post at St Paul's School in Leicestershire.
He has previously been an Education Advisor and an Actuarial Underwriter in the City of London.
Mr Harris is a Town and District Councillor for Southwell.

Sheilah Andrews - (Non-Executive Director)

Mrs Andrews joined the Trust on November 1, 2002, and lives in a village near Newark. She is a former member of the Central Nottinghamshire Community Health Council, her most recent post being Chair of the Primary Panel. She has also served on the Trent Region NHS Modernisation Council.
Mrs Andrews is a Director of Newark CVS and a lifetime Vice-President of Newark Swimming Club, where she teaches on a voluntary basis.
She is also a committee member of Newark Hospital League of Friends. Now retired, Mrs Andrews previously worked for 25 years as a head teacher at two primary schools, in Warsop and Edwinstowe

Dawn George - (Non-Executive Director)

Mrs George joined the Trust on November 1, 1999, and has lived in the Newark area for over 27 years, being active in a variety of voluntary organisations.
She was a member of the Central Nottinghamshire Community Health Council for several years, before becoming its Chairman.

Lorna Carter - (Non-Executive Director)

Mrs Carter joined the Trust on February 22, 1999, and has a career in social work, consisting of more than 20 years with both Derbyshire and Nottinghamshire County Councils.
She is also an active member of the local community and voluntary sector, being the Chair of DIAL (Mansfield & District).
Mrs Carter has many years' experience as a local councillor and served as Chair of Mansfield District Council in 1988.

Chief Executive's R

Maintaining Three Stars

The Trust enjoyed another successful year in 2004/2005, and our performance was once again judged to be worthy of Three Stars - meaning that we remained one of the best Acute Trusts in the Country.

As in previous years, our Annual Report picks out some of the highlights.

2004/2005 was notable for me for a number of reasons:

- It heralded the start of construction work for the scheme to Modernise Acute Services in Central Nottinghamshire – MAS. Finally the years of preparation and anticipation came to fruition with the start of the 5 year building programme to provide local residents with state of the art health care facilities at King's Mill Hospital and at Mansfield Community Hospital. The new facilities will be built to the latest designs, and will allow our staff to provide the highest levels of clinical care, while meeting the best hygiene and cleanliness standards;
- Building on the tremendous achievement of Three Stars in 2003/2004, we won the right to apply for NHS Foundation Trust Status. The opportunities to involve local people and our staff directly in the development of our services, thereby ensuring that our Hospitals remain the "Hospitals of choice" for our local population, were welcomed by the Trust and we remain very confident that our application will be accepted and that we will become an NHS Foundation Trust in 2006;
- We were again able to develop more services at Newark Hospital. The new CT Scanner was brought into use in November 2004, and formally opened in April 2005, and further Consultant and clinical staff were appointed;
- The Trust's Cancer Appeal was successfully launched at the start of 2005, and received significant coverage in the local media. The first fundraising events have taken place this year and I am confident that the Cancer Appeal will make a tremendous contribution to the range of services that we can offer at the Trust;
- The work involved in progressing these initiatives did not detract from the work undertaken by our staff in ensuring that we successfully met all of our targets and generally improved our overall performance. Of key importance to our local community was the maintenance of high levels of cleanliness and our continued fight against infection.

Key highlights of the year were:

Performance Against National Targets

- **Accident and Emergency 4 Hour Wait**

We achieved an excellent level of performance in the first three Quarters of the year, when an average of 97% of people were treated, admitted or discharged within four hours of attendance. Unfortunately, exceptional demand for our service meant that in the last quarter of the year, our performance dropped to an average of just over 95%.

- **Maximum 6 month wait for Inpatient Treatment**

No patient was waiting more than six months for Inpatient/Day Case treatment by the end of March 2005. At the end of March 2004, 190 patients were waiting more than 6 months.

- **Maximum 13 week wait for Outpatient Appointment**

No patient was waiting over 13 weeks for an Outpatient appointment by the end of March 2005.

At the end of March 2004, 353 patients were waiting over 13 weeks.

- **Suspected Cancer Patients seen in 2 weeks**

Performance against the target of seeing all suspected cancer patients within 2 weeks improved compared to the 99% performance of 2003/04. Very few exceptions to the rule were experienced in 2004/05.

- **Financial Balance**

We were once again able to achieve financial balance, but we still have to strengthen our underlying financial position.

- **Number of Patients Treated**

We saw a significant increase in the overall level of activity with an 11.2% increase in Elective patients and a 7.1% increase in Emergency patients, when compared to 2003/2004.

- **Cancelled Operations**

We reduced the percentage of cancelled operations from 1% in 2003/2004 to 0.84% in 2004/2005;

- **Patient Environment Action Team (PEAT) Assessment Scores.**

We improved our PEAT Scores and introduced a new system of audit.

External Assessments of our Performance

As in previous years our work received a number of commendations from informed external agencies;

- The management of the MAS Scheme has continued to receive praise from the Department of Health's Private Finance Unit, and the OGC Health Gateway Reviews.
- Comparative data published by the Dr Foster organisation regarding Day Case performance, Excess Bed Days and length of stay for Stroke patients was generally favourable.

Review of the Year

- The Annual Accreditation visit from the Postgraduate Dean of the University of Nottingham confirmed that the quality of our Training for junior medical staff had improved.
- We achieved Level 1 status against the Clinical Negligence Scheme for Trusts (CNST) and Risk Pooling Scheme for Trusts (RPST) standards for Risk Management.
- Two groups of staff were finalists in the Trent Strategic Health Authority's – "Building on Success Awards" for 2004/05. Our multi-disciplinary programme for managing chronic lower back pain was short-listed in the "Effectiveness, Efficiency and Quality" category, and our Patient Awareness Training Programme for Ward Housekeepers was short-listed in the "Improving Patient Experience" category.

Investment in Services

We were able to implement a number of key Service Improvements during the year, and invest significant resources:

- **King's Mill Hospital**
  - New Angiography Service meaning that more of our patients could receive treatment at King's Mill Hospital, rather than travel to Nottingham City Hospital.
  - Extended Day Case service meaning that we could treat more patients as Day Cases, and reduce the amount of time that patients need to stay in hospital;
  - Electronic Discharge process meaning that we could improve the amount and timeliness of information sent to GPs.
- **Newark Hospital**
  - Implementation of the Newark Hospital Clinical Strategy continued successfully;
  - The CT Scanner suite was commissioned, and an official Opening Ceremony was performed;
  - Development of the new Women's Unit was started;
  - The Surgical Podiatry Service was expanded;
  - Consultant posts were filled, including a Dermatologist;
  - Outpatient clinics were established in Rheumatology and Lung Cancer;
  - A Specialist Anti-Coagulation Nurse was appointed.
- **Capital Investment**

We have invested over £7m in our buildings and equipment, with the following significant schemes:

- Newark Hospital CT Scanner Suite
- Extension of the Renal Unit at King's Mill Hospital;
- New North West entrance at King's Mill Hospital;
- Medical equipment – over £3m;
- Enhancing the Healing Environment Scheme in Accident and Emergency at King's Mill Hospital

Looking to the Future

We also developed Strategies and Plans for the future to ensure that we remain successful:

- We continued to devote significant time and resources in developing the models of care and treatment that will need to be in place in the medium and long-term future as part of the MAS scheme, as well as ensuring that our new facilities will be easy to maintain from a cleanliness point of view;
- We also invested significant time and resources in the implementation of Agenda for Change in recognition of the value that we place on our staff, and the need to recruit and retain our most valuable assets.
- We started to prepare our application for NHS Foundation Trust Status. We hope that our preparation during 2004/2005 and the current year will result in a successful application, and that we can take full advantage of the benefits available to NHS Foundation Trusts.

Working in Partnership

We also contributed to the overall development of services within the wider Health Community:

- In partnership with our Health Community colleagues and the Strategic Health Authority we supported the devolution of the staff and functions of the Workforce Development Confederation;
- We worked together with our Lead Commissioner to prepare for the next stage in the implementation of the Payment by Results initiative;
- We supported the further extension of the Patients' Choice initiative and worked with PCT colleagues to ensure that all appropriate patients were assisted in exercising choice.
- We continued to support the development of Clinical Networks for a number of services including Pathology, Critical Care, and Cancer Care.

Once again, the Trust Board was able to say a big 'Thank You' to many staff at our Annual Staff Excellence Awards Ceremony in September 2004. While the Ceremony provides the opportunity to celebrate our successes, I also recognise that we would not be able to meet the increasing demands placed upon our services without the loyalty, dedication, commitment and hard work of all staff at the Trust.

Our Annual Report contains further details of our achievements, and while we aim to include as many as possible, inevitably there will be some that we cannot include, but this does not mean that they are any less important.

Jeffrey Worrall
Chief Executive

Improving our quality and safety

Introduction

We recognise the importance of improving the quality and safety of all of our services and of meeting our duty of care to patients, visitors and staff. One of the key factors in ensuring that we maintain high standards, especially in clinical services, is Clinical Governance.

A new system for monitoring our services against national quality standards was established in 2004, with the publication of the Healthcare Commission's 'Standards for Better Health'. These include 24 core standards contained in seven 'domains'.

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health.

This section of the Annual Report provides examples of how we are meeting the seven domains.

Safety

We have improved Patient Safety in a number of ways. We have:

- Improved cleanliness and reduced the number of Hospital Acquired Infections. Further details of the measures that we have taken to improve and maintain our cleanliness standards are provided in the Investing in Our Services Section of the Annual Report;
- Developed our Child Protection arrangements and raised awareness of the needs of Vulnerable Adults in our hospitals;
- Addressed the management of medication through involvement in the Hospitals Medicines Management Collaborative (HMMC);
- Improved the way that we record and report clinical and non-clinical incidents through the extension of our computer based Risk Management system, supplied by DATIX. The DATIX system also allows us to report incidents directly to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System (NRLS).

Clinical and Cost Effectiveness

We have continued to ensure that our services are both clinically effective and provide good value for money. We have:

- Established an agreed process to implement guidance from the National Institute for Clinical Excellence (NICE);
- In collaboration with the local Health Community, adopted best practice from the National Service Frameworks (NSFs), including the Diabetes NSF that was launched in 2004, and the NSF for Older People, by appointing two Modern Matrons for Older People to lead its work in developing appropriate and effective services across the Trust;
- Developed effective clinical leadership. Our Nurse Consultants have participated in the region wide development programme; our Modern Matrons have identified personal and team development objectives; and our Consultant medical staff have all participated in Consultant appraisal training, which has now been extended to Non-Consultant grade medical staff;
- We ensured that clinical staff could keep up to date in their practice by providing a wide range of opportunities for professional updating and development. Many of the training courses were provided 'in-house';
- Evidence of our improving standards of clinical care is collected and an extensive programme of audits was undertaken, including participation in national audits;

Governance

Risk Management

During the year we have improved our Risk Management systems and achieved better scores against national Risk Management standards:

- The DATIX Risk Management system was extended to Divisions to allow Risk Registers to be completed using a standard format;
- The Principal Risk Register was also transferred to the DATIX format;
- Clinical Negligence Scheme for Trusts (CNST) Level 1 for General Services and for Maternity Services were achieved as well as good progress towards level 2;
- RPST Level 1 was achieved for the first time in January 2005.

Research Governance

We continued to undertake research and reported our activity to the National Research Register. We also:

- further strengthened our Research Governance arrangements in accordance with the Research Governance Framework for Health and Social Care.
- introduced an Intellectual Property Policy that will facilitate further research and innovation within the Trust.

Information Governance

We improved our level of compliance against the 99 national Information Governance Standards, from 67% to 85%. The increase mainly reflected the successful implementation of the Freedom of Information Act.

Clinical Governance Conference

We held our first Clinical Governance Conference in July 2004. The conference enabled representatives of the Trust's many quality-related groups and committees to highlight their work and report on progress, issues and achievements.

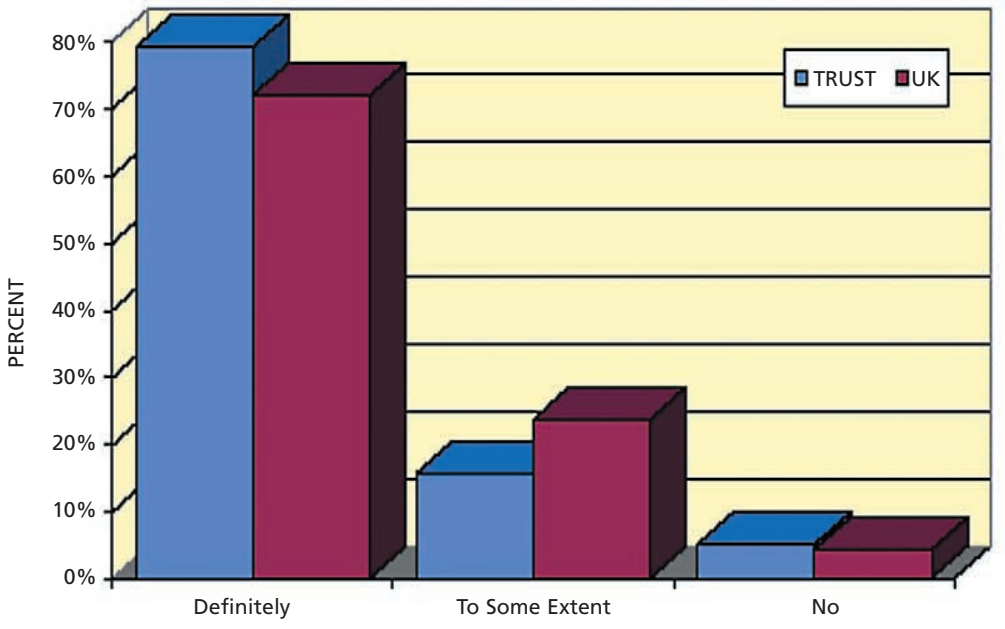
Patient Focus

During 2004/05 we participated in two national patient surveys that looked at the views of patients using our A&E Department and our Outpatients Department.

The results reflected those of other surveys and confirmed that patients visiting both areas witnessed shorter waiting times.

Other findings from the A&E Department survey show:

Enough Privacy Discussing Condition or Treatment



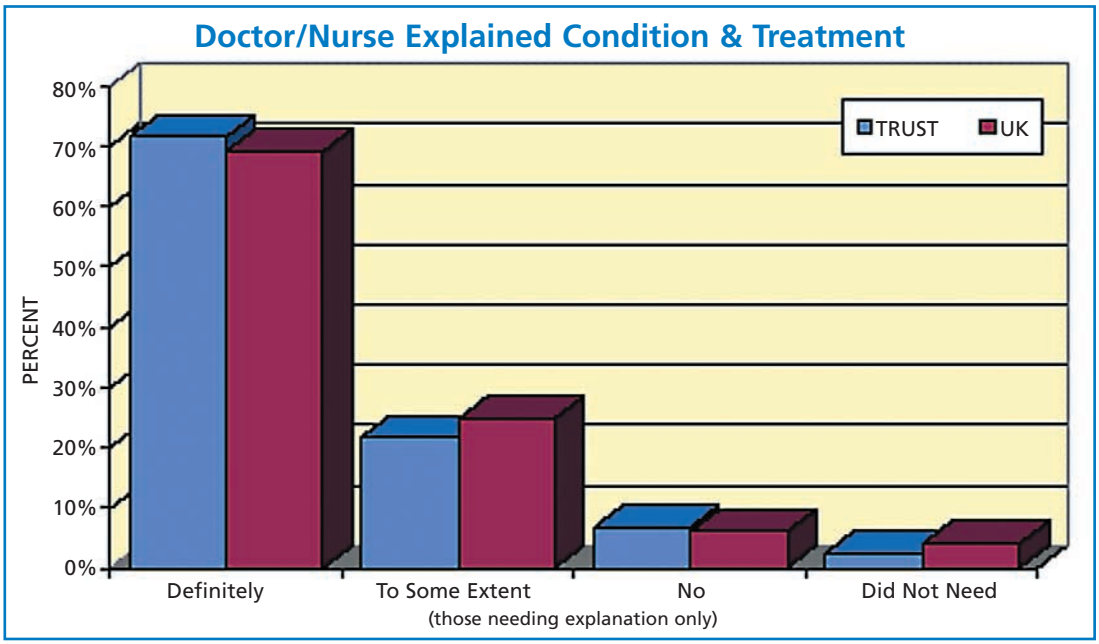
Improving our quality and safety

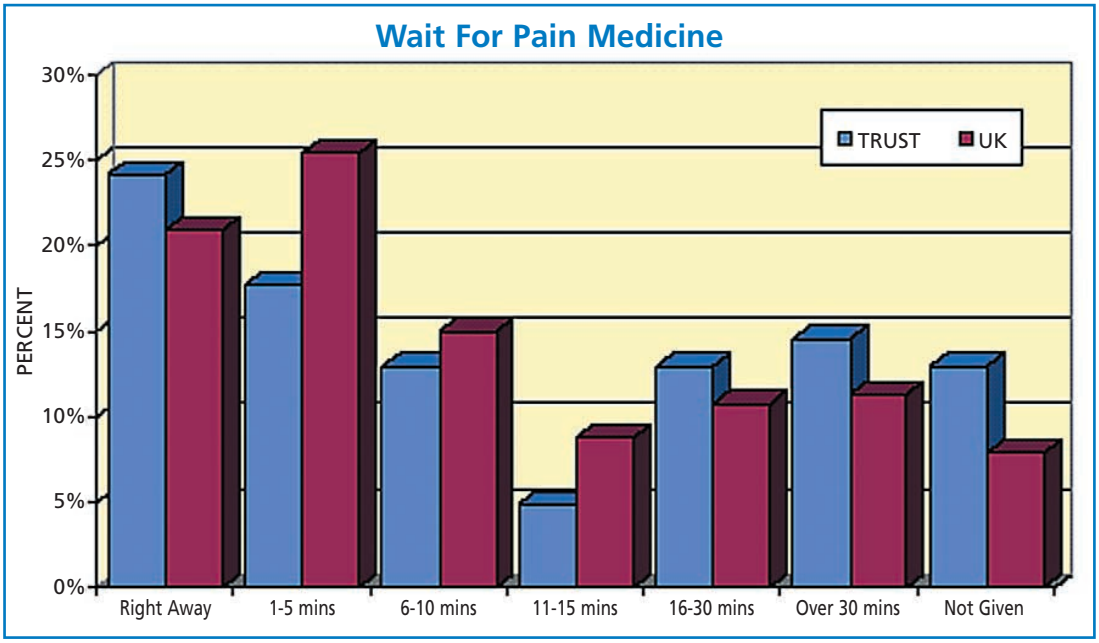
A clear majority of patients felt they had enough time to discuss their condition/treatment with the doctor or nurse.

Most patients said they were given enough privacy when being examined or treated.

A clear majority of patients were also positive about the communication skills of doctors and nurses, both in terms of explaining the patient's condition or treatment and in listening to what the patient had to say

Most patients who were prescribed new medication said a member of staff explained how to take the new medicine; most said the purpose of the medication was also clearly explained.



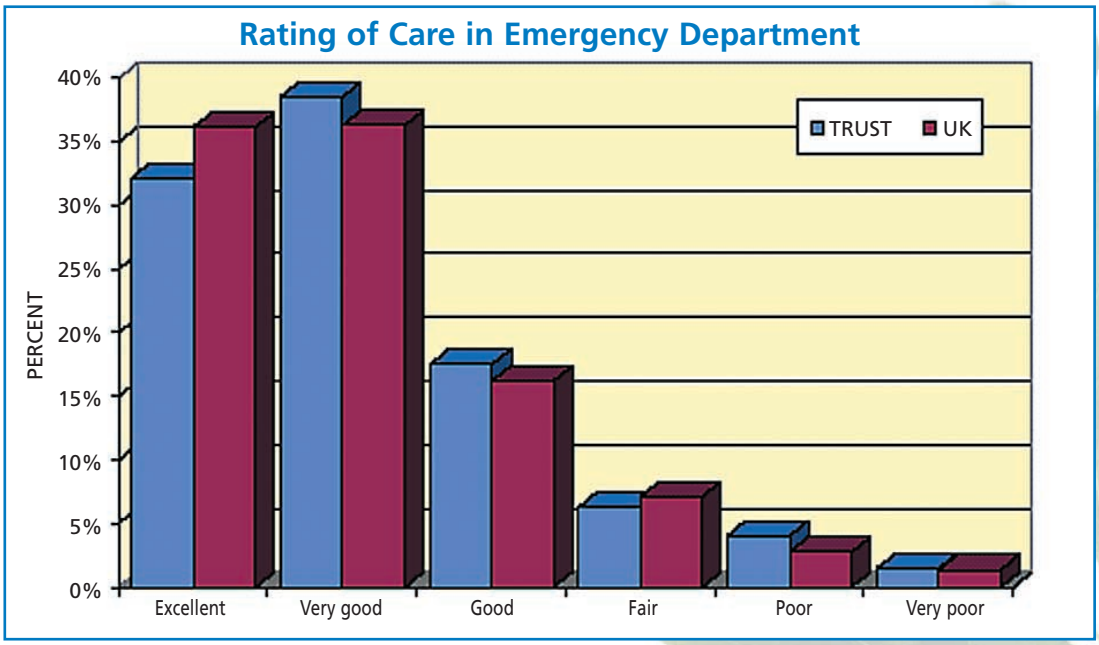


23% of the patients in pain said that they requested pain medicine. As the chart shows, a small number of those who requested pain medicine said they did not receive any.

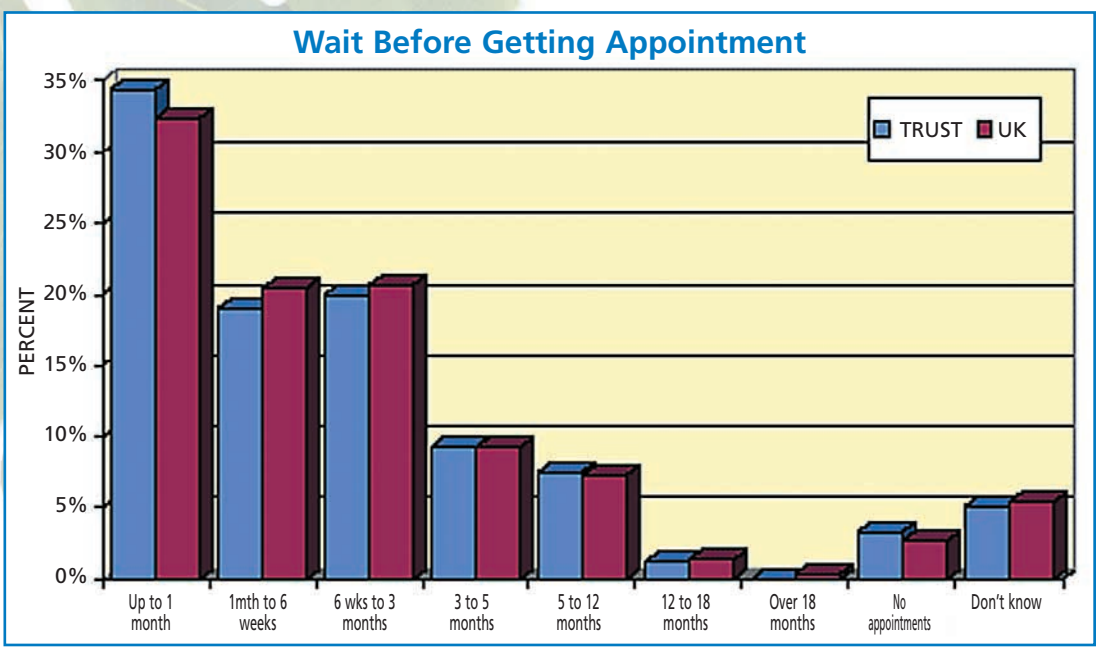
42% of the group who had requested pain medicine received it within 5 minutes.

Overall rating of care at A&E

A clear majority (71%) rated the care they had received as excellent or very good.



Improving our quality and safety



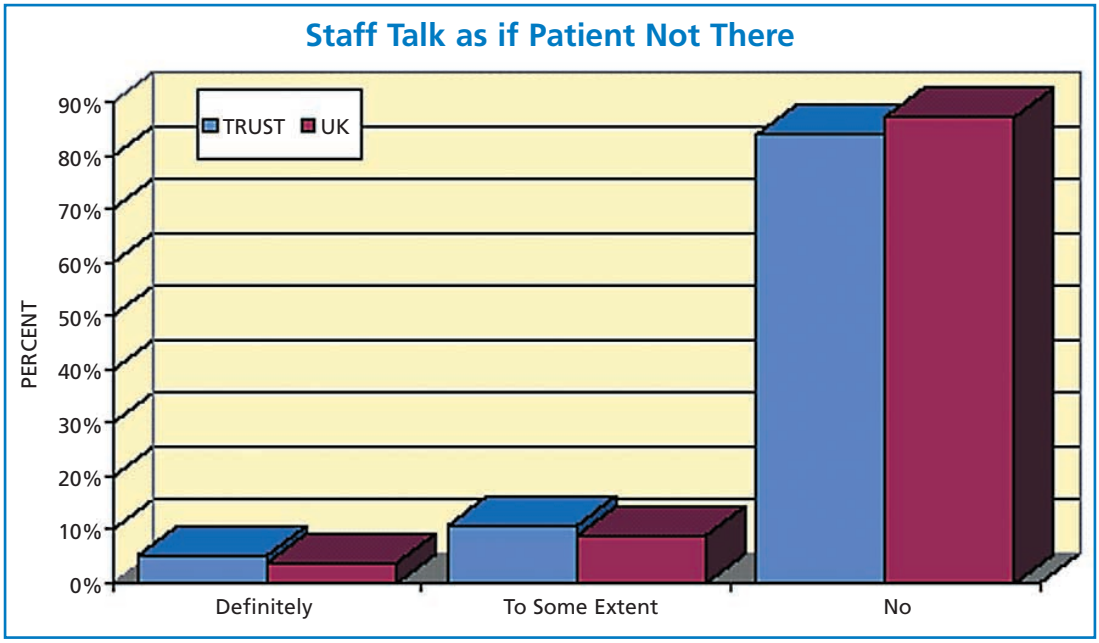
Other findings from the Outpatient Department (OPD) survey show:

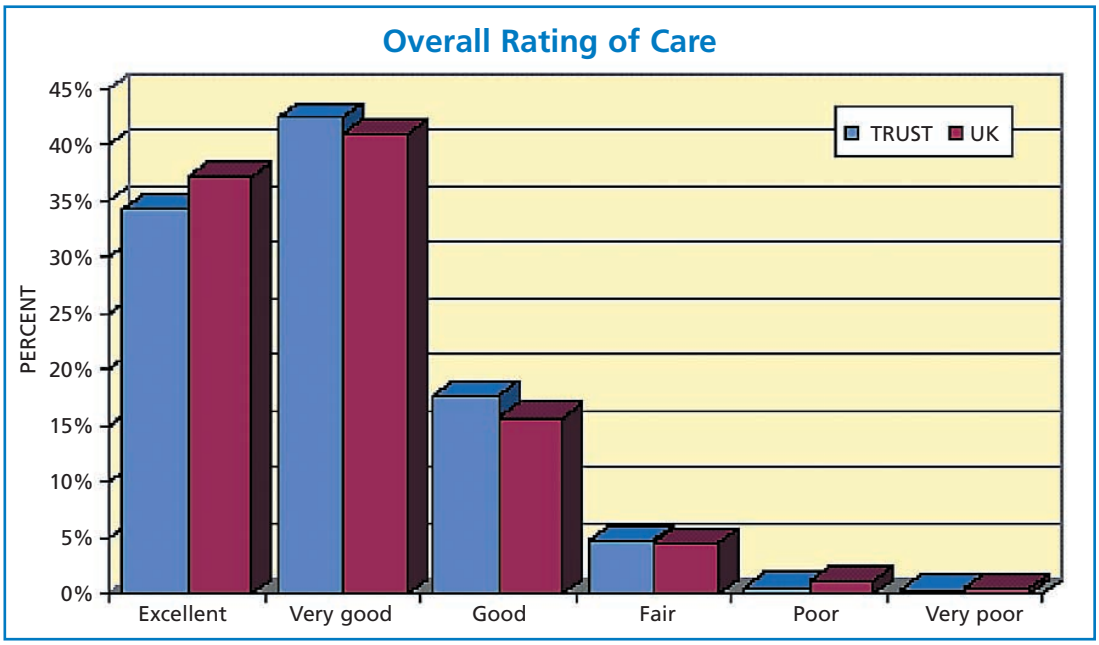
Waiting times as perceived by the patient, from first being told they needed an appointment to actually going to OPD. Most patients are being seen within 3 months of referral.

A third of patients were given a choice of appointment times; 53% said that they did not need/want a choice.

Most patients said they had confidence and trust in the doctors examining and treating them. Only 3% said they did not.

- Few patients felt that staff talked in front of them as if they were not there.
- More than three-quarters of patients seeing other professionals said they definitely got answers to important questions that they could understand.





Overall rating of care in OPD

77% rated the care that they had received as excellent or very good and a further 18% rated it as good.

The Trust will review the data from these surveys together with patient representatives and draw up plans to further improve the patient experience within the services.

Improving our quality and safety

Accessible and Responsive Care

We continued to value the views of patients, their carers and the public in designing, planning and delivering improved health care services:

- Our Patient and Public Involvement (PPI) Strategy was approved, and this commits us to a continuous dialogue with patients and the public, to ensure that services are planned, designed and delivered according to the local population's needs;
- Our successful Patient and Public Involvement Panel (PPI) includes representatives from our Patients' Reference Groups, PPI Forum, Operational Divisions, as well as Executive and Non-Executive Directors.
- Our strategy includes a commitment to evaluate and assess Patient and Public Involvement activity.

Patient involvement in A&E

Our previous participation in the national Emergency Services Collaborative (ESC) initiative allowed us to improve the experience of patients and carers using our Emergency services. Patient and public involvement was an important part of this collaborative, and "user groups" were established at the outset.

Nutrition initiatives

We recognise that nutrition remains an important issue for patients and their carers, especially elderly or vulnerable patients, who often are not able to feed themselves properly.

In response to these concerns, the Trust has piloted several initiatives to ensure that elderly and vulnerable patients receive the safest and highest possible standard of nutrition. These include:

- a meal tray alert system, whereby vulnerable patients are given a different coloured meal tray to highlight to care staff that they may need extra assistance to eat their meals;
- protected mealtimes are being adopted in all wards, following a successful pilot at Newark Hospital. These ensure that patients can eat their meals without being disturbed.

MAS Project

We have also ensured that patients and the public have been involved in the development of our new Hospital.

A MAS Patients' Reference Group was established, and has met regularly from the start of the project. To recognise the value of the MAS Patients' Reference Group's views, 5% of the final evaluation score for the preferred bidder was allocated to the group.

Care Environment and Amenities

Patients have played a key part in the development of our Ward Housekeepers. We recognise that this role plays an important part in the experience of our patients and as such their training and induction programme included a patient awareness session delivered by a patient representative.

The introduction of patient awareness training enabled the Ward Housekeepers to hear first-hand the patient's experience, and enabled us to develop the role in response to patients' needs. Feedback from the Ward Housekeeper trainees confirmed the value of the patient involvement in the programme.

Public Health

We continued to work closely with health and social care partners in the local Health Community to maintain and promote the health of our local people.

Working together we have developed a wide range of integrated services in response to our local patients' needs.

Smoking is widely recognised as having a significant impact on the health and well-being of our population and the Trust recognises its responsibilities in promoting health and well-being. During the year a team of staff worked with 'New Leaf' to develop a strategy to stop smoking in our hospital buildings and to support patients and staff wishing to stop smoking. The strategy included a policy for management across the Trust, the implementation of a smoking ban within the hospital and within 10 metres of hospital buildings to guard against the effects of passive smoking and the introduction of smoking cessation training for staff and smoking cessation support packages for patients. The work of the group has been recognised nationally and is included in the recently published British Thoracic Society guidance on promoting a smoke free hospital environment.

Further examples of the initiatives taken during 2004/05 are provided in the 'Working in Partnership' section of the Annual Report.

"Our previous participation in the national Emergency Services Collaborative (ESC) initiative allowed us to improve the experience of patients and carers using our Emergency services."

Providing a clean, healthy and welcoming hospital environment...

Winning our fight against infection

We recognise the importance that local people rightly place in the cleanliness of their local hospitals and the concerns that media reports raise with the public regarding infection in hospital.

Using the Department of Health's publication 'Winning Ways' published in 2003, we invested significant time and resources during 2004/05 to ensure that we maintained standards of cleanliness and hygiene and thereby retain the confidence of our patients.

During the year we appointed a Director of Infection Prevention and Control with a specific responsibility to:

- Oversee the development of corporate policies related to infection prevention and control and ensure implementation is undertaken;
- Be responsible for the work of the Infection Control Team;
- Report directly to the Chief Executive and Board;

Jeffrey Worrall, Chief Executive and Carolyn White, Executive Nursing Director using the Glow and Tell hand washing machine

- Challenge inappropriate hygiene practice and antibiotic prescribing;
- Assess the impact of plans and policies on infection control;
- Be a member of the Clinical Governance and Patient Safety teams/structure;
- Produce an Annual Report.

Hospital cleanliness and infection prevention and control strategies have been jointly developed and implemented by a team of staff across the Trust. Led by the Director of Infection Prevention and Control this team includes the staff from the Infection Control team including specialist advisors, Nurses and Consultant Microbiologist, our Modern Matrons and Housekeeping, Estates and Facilities staff.

Working together they have regularly audited clinical areas to assess cleanliness and have implemented action plans for improvement where needed.

At the end of 2004/05, there were encouraging signs that our work was producing the desired effect:

- all of our wards were assessed at an acceptable or good level of cleanliness;
- there was a 23% reduction in the incidence of blood borne MRSA recorded at the Trust;
- the Infection Control Team provided advice on the management of a decreased number of inpatients with MRSA.

A number of further significant improvements to the way in which we met the threat of infection were also made.

Effective Infection Control

Alcohol is good for us!

Thorough hand hygiene is one of the most important methods to prevent the spread of infection. Hands are the principle route by which cross-infection can occur and hand hygiene is the cornerstone of our efforts to reduce the spread of infection.

Recent Trust initiatives have included increased education, awareness campaigns, new posters, leaflets for patients/visitors and the increased availability of alcohol gel.

Alcohol gel has been available in the clinical areas of our hospitals for some years now, and following our recent audit at all four hospitals, it is also now available close to patients beds, on lockers and trolleys – close to the areas staff need it.

The Infection Control Team has always encouraged the use of alcohol gel on hands that appear clean, in the absence of a convenient water supply, or as an addition to hygienic washing of the hands.

Ward Cleaning Team at Newark

Infection Control Link Scheme

An infection control link scheme has been in place for many years throughout our Hospitals and was expanded during the year to include far more staff than the traditional group of nurses.

We now have active representatives in the Housekeeping Service, Occupational Therapy Department, our Sterile Services Department and others. A progress report from the National Audit Office recently highlighted the significance of Modern Matrons and link representatives in championing the importance of Infection Control across the Trust. It stated that the average number of link representatives in a Trust is around 54, so with our 82 we are doing well.

Putting our values into practice

Ward Housekeepers

As a key weapon in our fight against MRSA and other infections, and building on the success of the appointment of Ward Housekeepers in the previous year, we continued to appoint further Ward Housekeepers during 2004/05.

Responsible for ward cleanliness, among other duties, Ward Housekeepers were appointed at both King's Mill and Newark Hospitals.

The Ward Housekeeper role developed further during the year and is one of our real successes.

The new Ward Housekeepers

Patient Power

Patients and visitors play an important role helping us to improve our infection prevention strategies.

During the year we have held training sessions for patient representatives to enable them to participate in cleanliness inspections around our hospitals so introducing an independent element into our self-assessment programmes and bringing an important patient perspective to our work. Patient representatives also sit on our Infection Control Committee and Patient Environment Action Team Committee (PEAT) and participate in annual PEAT inspections.

Enhancing the Healing Environment

Since its founding in 1897 as an independent charitable foundation working to improve health, the King's Fund has provided substantial grants to maintain and improve the fabric of London's hospitals.

The King's Fund continues to maintain a high profile in its support of environmental improvements in hospital and community health services.

The overall aim of the Enhancing the Healing Environment programme is to encourage and enable nurse-led teams working in partnership with colleagues and service users to influence and improve the environment in which they deliver care. The King's Fund is also seeking to develop a better knowledge base amongst NHS staff about how to effect practical, value for money environmental improvements in hospitals.

In 2003 NHS Estates commissioned the King's Fund to extend the programme to each of the Strategic Health Authorities outside London. We were nominated by the Trent Strategic Health Authority and in particular the Accident and Emergency department at King's Mill Hospital. In November 2003 the team was invited to the National Launch in London attended by the president of the King's Fund, HRH The Prince of Wales.

Welcome to the new A&E at King's Mill

Putting our values into practice

Pupils of Kirkby Woodhouse Primary School with their art work

The Programme

The programme consists of two main elements:

- A development programme for multidisciplinary trust teams which has been designed to foster co-operation and engagement with patients and the public; and
- A £35,000 grant to each participating Trust for a project to improve the patient environment – the grant can only be used for this purpose.

The Development Programme

Each Trust nominates a team, led by a nurse, including estates and facilities staff, arts co-ordinators and patient representatives, to plan and manage their project.

The team undertakes a development programme organised by the King's Fund that equips them with the knowledge and skills to undertake their projects. Team members have the opportunity to explore the practical ways in which the health care environment can be improved by the use of colour, light, art and design. Visits to exemplar Trusts and Tate Modern form part of the programme.

Projects

Projects currently range from the introduction of specially commissioned artworks, the refurbishment of corridors, waiting areas and ward environments, to the creation of gardens and quiet spaces. The underlying ethos is that any changes must be conceived to promote patient well-being and to foster a healing environment.

Projects must:

- Be a physical improvement in an area used by patients.
- Demonstrate user involvement.
- Encourage creative solutions.
- Aspire to the highest quality and design standards, and
- Represent good value for money.

Trust teams are required to make a formal presentation to their Trust Board and to a King's Fund panel before the projects are approved.

Enhancing the Healing Environment is already demonstrating the capacity of frontline staff to be extremely creative in bringing about improvement in which they deliver care. NHS Estates and the King's Fund have jointly commissioned an independent evaluation of the programme which shows a number of significant longer term benefits:

- Increased ownership of the hospital environment and a greater awareness of its impact on patients, staff and the public
- Demonstration of how small-scale projects can act as catalysts for major change
- The development of new skills in leadership and facilitation
- Wider use of the arts in hospital settings
- Evidence of the therapeutic impact of good design
- The potential for improved environments to reduce aggressive behaviour and improve staff recruitment and retention.

Our Project

After much deliberation the area chosen for our project was the Accident and Emergency waiting room incorporating the reception and paediatric play area.

Our vision was to transform a "square box" into a relaxing, pleasant environment, botanical gardens being the theme.

During the planning phase staff and service users of all ages were consulted using questionnaires and presentations.

A design brief was produced and presented to our interior designers. Introducing artwork into our project was a challenge; the plan was to have suspended sculptures of butterflies and dragonflies in the ceiling recess. Eventually we located two artists in London who specialised in the type of artwork we required.

Building work started in March 2005 and completed mid April with the official opening on 26th May 2005.

Our project has been a success judging by the positive comments from patients, relatives and staff. The Waiting Room is now calm and relaxing. We hope that some of our ideas will be transferred into the MAS Project.

The King's Fund visit the newly refurbished A&E at King's Mill

Financial Report 2004-2005

The following pages detail the Trust's Directors' statements and summary financial statements. These contain summarised information.

A copy of the Full Annual Accounting Statements is available on request by telephoning **01623 672277** or email **susan.newburn@sfh-tr.nhs.uk**.

DIRECTORS' REPORT

Overview

Whilst 2004/2005 was a challenging financial year, the Trust has successfully used its financial resources to improve services for patients and also deliver or exceed the NHS plan targets. The main financial duties were achieved as shown below.

Target	Requirement	Performance	Result
At least breakeven on our Income and Expenditure account	Break even	£8,000 surplus	✓
Achieve a Capital Cost absorption rate of 3.5%	3.0% to 4.0%	3.6%	✓
Operate within the Capital Resources Limit	£7,728,000	£7,331,000	✓
Operate within the External Finance Limit	£5,229,000	£5,228,000	✓

Income and Expenditure

Total income for the year was £146.1m (£124.8m in 2003/2004) representing a growth of 17%. This growth results from additional funding to finance the development of services and the provision of additional patient care anticipated and actually delivered during the year. In addition funding was received to meet a number of additional cost pressures faced by the Trust including increased pension contributions, implementation of the new pay and terms and conditions for staff and managing significant increases in emergency and unplanned admissions to the Trust's hospitals.

Expenditure increased in line with this additional funding and allowed us to see or treat 30,644 elective patients (27,555 in 2003/2004) and 41,891 non-elective patients (39,097 in 2003/2004). In addition, 255,910 outpatients were seen during the year (245,221in 2003/04) and 103,331 patients were seen in Accident and Emergency (97,478 in 2003/04).

Effort continues to be applied to reduce our costs and obtain value for money. During the year the Trust continued to work with other hospitals in the East Midlands to form a purchasing consortium in order to obtain economies of scale from purchased goods and services. We have seen benefits during 2004/2005 from local purchasing initiatives and plan to see increasing benefits from this extended arrangement during 2005/2006.

Our management costs were £4,617,000 (£4,044,000 in 2003/2004), which represents 3.2% (3.3% in 2003/2004) of our total income. Details of our management costs and directors remuneration are given in notes 9 and 11 to the summary accounts

Balance Sheet

During 2004/2005 we saw significant additional investment in the fixed assets of the Trust. This included:

- Provision of a CT Scanner at Newark Hospital
- Extension of the renal unit
- Preparatory work for the Modernisation of Acute Services PFI scheme.

The preparatory work referred to above included the development of the north west site entrance, and the creating of additional accommodation to allow decanting and demolitions to take place as part of the main scheme. In addition to the capital developments funded by the Trust, our PFI partner Skanska Innisfree commenced a £30m programme of advanced works ahead of the main PFI scheme.

The Trust also invested over £3m upgrading or acquiring new medical equipment, essential for the day to day operation of the Trust, as well as £500,000 in improvements in information systems and technology in conjunction with the Local Health Community. Overall our capital expenditure was within budget, as measured by the capital resource limit.

The Trust achieved its year-end cash target (as measured by the external finance limit) and achieved 97% (99% in 2003/2004) compliance with the Better Payment Practice Code. Details of compliance with this code are given in note 5 to the summary accounts. During 2004/2005 the Trust agreed a Prior Period Adjustment with its auditors to ensure that the Revaluation Reserve and the Income and Expenditure Reserve reflect the carrying value of assets on the balance sheet. In doing so there has been no economic loss in value of assets reported on the balance sheet.

Charitable Funds

During the financial year we received donations and legacies to our charitable funds of £725,000 (£443,000 in 2003/2004). This included the transfer of £346,664 from Nottinghamshire Healthcare NHS Trust under statutory instrument (November 2004) in respect of funds they previously managed on the Trust's behalf.

The generosity of all those who made a donation or raised funds on behalf of our charitable funds is very much appreciated. The Trustees were able to make grants totalling £456,000 (£364,000 in 2003/2004) to support the activities of the Trust and for the welfare of patients and staff.

Outlook

The next few years will be a period of significant change and challenge for the Trust in terms of the facilities we have available to provide patient care, the way in which we are funded and how we remunerate our staff:

- The Trust anticipates exchanging contracts with Skanska Innisfree for the £300m redevelopment of Kings Mill Hospital and Mansfield Hospitals, together with significant refurbishment and upgrade works at Newark Hospital. This contract includes the future operation of the facilities services across the Trust (e.g. estates, cleaning, catering, portering etc…) for at least 30 years. As part of this scheme a number of assets will be transferred to Skanska Innisfree, which will have a significant impact on future accounting statements of the Trust.

- The Trust is one of thirty two NHS hospitals invited to submit an application to become an NHS Foundation Trust in 2006. Significant preparatory work has already been completed to prepare our application to become a Foundation Trust and ready ourselves for this new environment. During 2005/2006 further work will be carried out to develop our financial systems and control process to ensure the Trust is fit and ready to operate as a Foundation Trust

- In 2005/2006 Payment by Results will be live for planned care. This effectively means that the Trust will be paid for the patients its treats. In conjunction with our health community partners we have also implemented a system of Payment by Results for unplanned care and outpatients. The system of Payment by Results will continue to be developed in 2005/2006 by the Department of Health and the Trust has significant work ongoing to amend our planning and budgeting systems to cope with this new environment.

- During 2004/2005 the Trust started implementing the new NHS pay system for non-medical staff, called "Agenda for Change", which aims to provide a common pay structure across the many professions that make up the staff that provide and support our services. This work is continuing and is planned to be completed by December 2005.

The Trust faces this period of significant change with a positive attitude and looks forward to being able to further improve the services we provide to the patients we serve.

Governance Statement

Sherwood Forest Hospitals NHS Trust was established on 1st April 2001, following the merger by absorption of the former King's Mill Centre for Health Care Services NHS Trust, and part of the Central Nottinghamshire Health Care Trust. The Trust provides services at four sites: King's Mill Hospital, Newark Hospital, and Mansfield and Ashfield Community Hospitals. The Trust Board is responsible for Policy and Strategy issues and meets in Public, formally, every month and welcomes written questions from the Public.

Brian Meakin has Chaired the Trust Board since its establishment. The Trust's Chief Executive, Jeffrey Worrall, was appointed on 7th February 2002, Bill Gregory was appointed as Executive Director of Finance on November 1st, 2003.

The Chair and Non-Executive Directors hold a Statutory Office and their remuneration and conditions of service are governed by the National Health Service and Community Care Act 1990. The remuneration of the Chief Executive and Executive Directors is determined by the Trust's Remuneration Committee, which is Chaired by Brian Meakin. Pay Awards for Directors and Senior Managers in 2004/05 were in accordance with NHS Executive Guidance.

Details of Directors' Declarations of Interest are available on request from the Trust's Corporate Affairs Manager, Mike Tasker, and during the year none of the Trust Board Directors or parties related to them has undertook any material transactions with the Trust.

The membership of the Trust's key Committees at the 31st March 2005 was as follows:

Audit Committee:
Mr Joe Lonergan, MBE (Chair)
Mrs Lorna Carter
Mrs Dawn George

Remuneration Committee:
Mr Brian Meakin (Chair)
Mrs Dawn George
Mrs Lorna Carter
Mr Jeffrey Worrall

The Chief Executive has delegated responsibility for the day to day management of the Trust's services to four Operational Divisions:

- Medical Division
- Surgical Division
- Women and Children's Division
- Allied and Facilities Division

Each Division has a Divisional Management Team consisting of senior clinical and managerial staff, including medical and nursing professionals where appropriate. Members of the Executive Team, including Executive Directors, Directors and Heads of Function, manage other Trust-wide functions.

Bill Gregory
Executive Director of Finance

Statement of Directors' Responsibilities in Respect of the Accounts

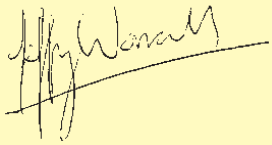
The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

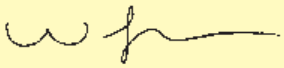
The Directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board



Jeffrey Worrall
Chief Executive



Bill Gregory
Executive Director of Finance

July 14, 2005

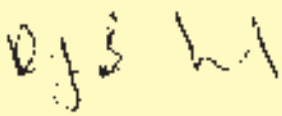
Independent Auditor's Report to the Directors of Sherwood Forest Hospitals NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out below. This report is made solely to the Board of Sherwood Forest Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 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. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion
We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion
In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.



David Brumhead
District Auditor
July 14, 2005

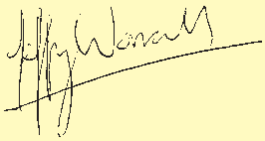
Audit Commission, Littlemoor House,
Littlemoor, Eckington, Sheffield, S21 4EF

INCOME AND EXPENDITURE ACCOUNT

For the Year ended 31 March	Notes	2005		2004	
		£000	£000	£000	£000
Income from activities:		**128,172**		110,319	
Other operating income		**17,977**		14,466	
TOTAL INCOME	**1**		**146,149**		124,785
Operating expenses:					
Staff costs	**9**	**99,599**		84,744	
Non-staff costs		**38,131**		33,115	
Depreciation		**4,701**		3,801	
Audit fees		**163**		201	
Directors' remuneration	**11**	**450**		402	
			(143,044)		(122,263)
OPERATING SURPLUS			**3,105**		2,522
Interest receivable			**220**		171
Other finance costs - unwinding of discount			**(48)**		(15)
Other finance costs - change in discount rate on provisions			**0**		55
SURPLUS FOR THE FINANCIAL YEAR			**3,277**		2,733
Public dividend capital dividends payable			**(3,269)**		(2,731)
RETAINED SURPLUS FOR THE YEAR	**1**		**8**		2
CAPITAL COST ABSORPTION RATE	**2**		**3.6%**		3.4%

BALANCE SHEET

As at 31 March	Notes	2005 £000	£000	2004 £000	£000
FIXED ASSETS					
Tangible fixed assets					
Land		**17,138**		12,767	
Buildings		**66,986**		66,549	
Assets under construction		**2,073**		730	
Equipment		**14,419**		12,207	
			100,616		92,253
CURRENT ASSETS					
Stocks and work in progress		**2,149**			1,926
Debtors		**5,643**			5,877
Cash at bank and in hand		**135**			134
			7,927		7,937
CREDITORS: Amounts falling due within one year	**5**		**(5,911)**		(8,393)
NET CURRENT LIABILITIES			**2,016**		(456)
TOTAL ASSETS LESS CURRENT LIABILITIES			**102,632**		91,797
CREDITORS: Amounts falling due after more than one year			**0**		0
PROVISIONS FOR LIABILITIES AND CHARGES			**(2,375)**		(2,230)
TOTAL ASSETS EMPLOYED			**100,257**		89,567
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		**79,522**		74,293	
Revaluation reserve	**7**	**25,533**		12,695	
Donated asset reserve		**3,118**		3,156	
Income and expenditure reserve	**7**	**(7,916)**		(577)	
TOTAL TAXPAYERS EQUITY			**100,257**		89,567



Jeffrey Worrall
Chief Executive:
14th July 2005

CASH FLOW STATEMENT

For the Year Ended 31 March	Notes	2005 £000	£000	2004 £000	£000
Operating activities					
Total operating surplus		**3,105**		2,522	
Depreciation and amortisation charge		**4,701**		3,801	
Transfer from donated asset reserve		**(278)**		(216)	
(Increase)/decrease in stocks		**(223)**		47	
(Increase)/decrease in debtors		**234**		(2,525)	
Increase/(decrease) in creditors		**(1,803)**		(1,886)	
Increase/(decrease) in provisions		**97**		1,354	
Net cash inflow from operating activities			**5,833**		3,097
Returns on investment and servicing of finance					
Interest received		**220**		170	
Net cash inflow from returns on investments and servicing of finance			**220**		170
Capital expenditure					
Payments to acquire tangible fixed assets		**(8,041)**		(5,942)	
Net cash outflow from capital expenditure			**(8,041)**		(5,942)
Dividends paid			**(3,269)**		(2,731)
NET CASH OUTFLOW BEFORE FINANCING			**(5,257)**		(5,406)
Financing					
Public dividend capital received		**5,229**			4,782
Public dividend capital repaid (not previously accrued)		**0**			0
Other capital receipts		**29**			624
Net cash inflow from financing			**5,258**		5,406
INCREASE IN CASH			**1**		0

STATEMENT OF RECOGNISED GAINS AND LOSSES

For the Year ended 31 March	2005 £000	2004 £000
Surplus for the financial year before dividend payments	**3,277**	2,733
Unrealised surplus on fixed asset revaluations/indexation	**5,702**	6,854
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**29**	624
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	**(278)**	(216)
Total recognised gains and losses for the financial year	**8,730**	9,995

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

1. Breakeven performance and five-year financial summary

The Trust's breakeven performance for 2004/2005 and for the preceding four years is as follows:

	2000/01 £000	2001/02 £000	2002/03 £000	2003/04 £000	2004/05 £000
Total income	74,933	102,773	114,207	124,785	146,149
Retained surplus for the year	88	2	1	2	8
Break-even cumulative position	168	170	171	173	181

2. Capital cost absorption rate

	2004/05 £000	2003/04 £000
Total capital and reserves (Total assets employed)	**101,020**	89,567
Less: Donated assets reserve	**(3,118)**	(3,156)
Purchased assets in the course of construction	**-**	(730)
Cash held in paymaster accounts	**(135)**	(134)
Total Relevant Net Assets	**97,767**	85,547
Average Relevant Net Assets	**91,657**	79,377
Total Dividends paid	**3,269**	2,731
Capital Cost Absorption Rate (%)	**3.6%**	3.4%

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £3,269,100, bears to the average relevant net assets of £91,657,000: that is 3.6%. The variance is within the Department of Health's materiality range of 3% to 4%.

The average relevant net assets calculation differs from 2003/04 as no adjustment is now made for assets under construction.

3. External Financing Limit

The Trust is given an External Financing Limit which it is permitted to undershoot.

	2004/05 £000	2003/04 £000
External financing limit set by the Department of Health	**5,229**	4,782
Cash flow financing	**5,257**	5,406
Other capital receipts	**(29)**	(624)
External financing requirement	**5,228**	4,782
Undershoot	**1**	0

NOTES TO THE SUMMARY FINANCIAL STATEMENTS (CONTINUED)

4. Capital Resource Limit

The Trust is given a Capital Resource Limit which it is not permitted to overspend.

	2004/05 £000	2003/04 £000
Gross capital expenditure	7,331	6,903
Less: donations	0	(602)
Charge against the CRL	7,331	6,301
Capital resource limit	7,728	6,323
Underspend against the CRL	397	22

5. Better Payment Practice Code - measure of compliance

Year Ended 31 March 2005

	Number	£000
Total bills paid in the year	54,896	40,511
Total bills paid within target	53,304	39,106
Percentage of bills paid within target	97%	97%

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

6. Audit Services

The Audit fee charged to the Accounts in the period was £163,187. All of the work carried out by the External Auditors was in accordance with the Code of Practice.

7. Movement on Reserves

During 2004/05 the Trust has undertaken and completed a review of the Revaluation and Income and Expenditure Reserves. This was undertaken in response to previous recommendations made by District Audit as part of their review of the Annual Final Accounts. As a result of this review, a prior period adjustment has been made totalling £8,317,000 between the Reserve Accounts to ensure that the reserves accurately reflect the carrying value of fixed assets within the balance sheet. In doing so there has been no economic loss in value of assets reported on the balance sheet. The adjustment has been fully audited, agreed and reconciled to the Trusts Fixed Asset System and carrying values.

8. Modernisation of Acute Services

In April 2003 Trent Strategic Health Authority formally approved the outline business case for the Modernisation of Acute Services (MAS) Project. Since then, the procurement process has progressed and in August 2004 the Trust appointed Skanska Innisfree as the preferred bidder. This project involves a major redevelopment of the King's Mill Hospital Site and is likely to be funded through the Private Finance Initiative option.

At the 31 March 2005 the Trust had signed an advance works agreement with the preferred bidder with a maximum future cost to the Trust of circa £3m should the main PFI not reach financial close.

Financial close for the project is anticipated for September 2005, at which point there will be a significant impact on the future accounting statements of Sherwood Forest Hospitals NHS Trust as most buildings will be transferred to the operator.

NOTES TO THE SUMMARY FINANCIAL STATEMENTS (CONTINUED)

9. Management costs

	2004/05 £000	2003/04 £000
Management costs	**4,617**	4,044
Income (net of NMET Income)	**145,833**	124,395

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

10. Related Party Transactions

Sherwood Forest Hospitals NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the year none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions with Sherwood Forest Hospitals NHS Trust.

The Department of Health is regarded as a related party. During the year Sherwood Forest Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

Amber Valley Primary Care Trust
Ashfield Primary Care Trust
Bassetlaw Primary Care Trust
Blood Transfusion Services
Broxtowe and Hucknall Primary Care Trust
Central Manchester Healthcare NHS Trust
Department of Health
Doncaster and Bassetlaw Hospitals NHS Trust
East Midlands Ambulance Services NHS Trust
Leicestershire and Rutland Healthcare NHS Trust
Lincolnshire South West Primary Care Trust
Mansfield District Primary Care Trust
Newark and Sherwood Primary Care Trust
NHS Supplies Authority
NHS Litigation
North Eastern Derbyshire Primary Care Trust
North West Leicestershire and Charnwood Primary Care Trust
Nottingham City Hospital NHS Trust
Nottinghamshire Healthcare NHS Trust
Queens Medical Centre University Nottingham NHS Trust
Solihull Healthcare NHS Trust
Southern Derbyshire Acute Hospitals NHS Trust
Trent Strategic Health Authority

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with the Department for Education and Skills in respect of University Hospitals.

The Trust has also received revenue and capital payments from a number of charitable funds, certain of the Trustees for which are also members of the NHS Trust Board. The Sherwood Forest Hospitals Charitable Fund purchased goods and services for the Trust during the financial year, and also provided purchases for patients and staff at the Sherwood Forest Hospitals. The administration of the Charity is carried out by the Trust, and during the financial year the Trust charged the Charity for this service.

The audited accounts are available separately.

NOTES TO THE SUMMARY FINANCIAL STATEMENTS (CONTINUED)

11. Salary and Pension Entitlements of Directors

Name and Title	Salary (bands of £5000)	Other Remuneration** (bands of £5000)	Golden hello/ compensation for loss of office	Real increase in pension at age 60 (bands of £2500)***	Total accrued pension at age 60 at 31 March 2005 (bands of £5000)***	Benefits in kind*
2004/05	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Mr B.Meakin (Chair)	**15 - 20**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	15 - 20	0	0	n/a	n/a	0
Mr J.Worrall (Chief Executive)	**100 - 105**	**0**	**0**	**0 - 2.5**	**130 – 140**	**3**
2003/04	95 - 100	0	0	0 - 2.5	25 – 30	5
Mr W.Gregory (Executive Director of Finance)	**75 - 80**	**0**	**0**	**2.5 - 5**	**45 – 50**	**4**
2003/04 (From 1st November 2003)	30 - 35	0	0	0 - 2.5	5 – 10	1
Ms T.Allen (Executive Director of Strategy & Service Improvement)	**70 - 75**	**0**	**0**	**1 - 2.5**	**45 – 50**	**0**
2003/04	65 - 70	0	0	0 - 2.5	5 – 10	0
Dr M.Mowbray (Executive Medical Director)	**20 - 25**	**130 - 135**	**0**	**2.5 - 5**	**120 – 125**	**5**
2003/04	20 - 25	85 - 90	0	0 - 2.5	20 – 25	5
Mrs C.White (Executive Nursing Director)	**65 - 70**	**0**	**0**	**0 - 2.5**	**70 – 75**	**1**
2003/04	60 - 65	0	0	0 - 2.5	15 – 20	0
The following executive directors were employed by the Trust in the previous year:						
Mr A.Leary (Executive Director of Finance) Executive Director of Finance (To 7th September 2003)	**35 - 40**	**0**	**0**	**0 - 2.5**	**20 – 25**	**2**
Mrs E.Konieczny Executive Director of Finance (From 1 September 2003 to 31 October 2003)	**5 - 10**	**0**	**0**	**0 - 2.5**	**0 - 5**	**0**
Non-Executive Directors:						
Mrs L.Carter (Non Executive Director)	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	5 - 10	0	0	n/a	n/a	0
Mrs D.George (Non-Executive Director)	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	5 - 10	0	0	n/a	n/a	0
Mr P.Harris (Non-Executive Director)	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	5 - 10	0	0	n/a	n/a	0
Mr J.Lonergan, MBE (Non-Executive Director)	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	5 - 10	0	0	n/a	n/a	0
Mrs S.Andrews (Non-Executive Director)	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2003/04	0 - 5	0	0	n/a	n/a	0

Benefits in kind:

* The amounts shown for benefits in kind relate to the provision of lease cars.

** Other remuneration relates to remuneration for the Executive Medical Director for clinical work.

*** Figures supplied by the NHS Pensions Agency.

CHARITABLE FUNDS - STATEMENT OF FINANCIAL ACTIVITIES

For the year ended 31 March	2005		2004	
	£000	£000	£000	£000
Incoming resources				
Donations, legacies and similar resources				
Donations	690		345	
Legacies	35		98	
Investment income	38		30	
Total incoming resources		763		473
Resources expended				
Grants payable to other NHS bodies	456		364	
Management and administration	43		46	
Total resources expended		(499)		(410)
NET INCOMING / (OUTGOING) RESOURCES		264		63
Gains on revaluation and disposal of investment assets		54		82
NET MOVEMENT IN FUNDS		318		145
Fund balances brought forward		760		615
Fund balances carried forward		1,078		760

CHARITABLE FUNDS - BALANCE SHEET

	2005		2003	
	£000	£000	£000	£000
Fixed Asset Investments		651		597
Current Assets				
Debtors	3		6	
Short term investments and deposits	73		71	
Cash at bank and in hand	390		122	
	466		199	
Creditors: amounts falling due within one year	(39)		(36)	
NET CURRENT ASSETS		427		163
NET ASSETS		1,078		760
Funds of the Charity				
Capital Funds:				
Endowment funds		28		28
Income Funds:				
Restricted		4		3
Unrestricted		1,046		729
Total Funds		1,078		760

Note 1. Analysis of Fixed Asset Investments	2005	2004
	£000	£000
Market value at 31 March (opening balance)	597	515
Net gain on revaluation	54	82
Market value at 31 March (closing balance)	651	597
Historic cost (purchase price of investments)	550	550

Due to regulatory changes with the Charities Commission our auditors have not been able to issue their audit opinion on Charitable Funds in time for publication in the annual report. However, the Trust has met with its auditors after the completion of their audit of Charitable Funds, and as a result does not anticipate any material changes to its Charitable Fund accounts or the summary financial statements that appear in this report prior to an unqualified audit opinion being issued. Once the audit opinion is issued the Trust will as normal prepare and publish a full set of Charity Accounts and a separate annual report for submission to the Charity Commission. This is also a public document.

Statement on Internal Control 2004/05

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.

Trent Strategic Health Authority meets on a regular basis with the North Nottinghamshire Health Economy as the deliverers of health and social care services in the locality. Performance and achievement of Local Development Plan priorities, National Service Framework Targets and locally determined targets are monitored at these meetings. Also corporate objectives and specific topic areas are examined and good practice is shared.

I am directly involved in the North Nottinghamshire Health and Social Care Group and attend Trent Strategic Health Authority Chief Executive Forum meetings. The Trust engages with the local health economy at all levels but is specifically involved in partnership working on managing patient access to services, management of emergency care and modernisation of health services.

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 our 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; and
- 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, as evidenced by an Assurance Framework, has been in place in full in Sherwood Forest Hospitals NHS Trust for the whole year ended 31 March 2005 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk
The Trust's Policy and Strategy for Managing Risk sets out the responsibility and role of the Chief Executive in relation to Risk Management. Through participation in the Quality Assurance Committee and support of integrated clinical and non-clinical risk management the Chief Executive provides leadership to the management of all risks faced by the Trust.

The Quality Assurance Committee embraces strategic issues, monitors the activity of other risk management groups, and in particular both the Clinical Risk Board and the Controls Assurance Steering Group report to it. The Quality Assurance Committee reports directly to the Board. The Audit Committee and the Finance Strategy Committee deal specifically with internal control and financial risks faced by the Trust and report directly to the Board. Internal control and financial risks are reflected in the overall consideration of risk at the Board but also at the Quality Assurance Committee, by a degree of common membership, including the Director of Finance.

The Trust carries out regular risk assessments and has produced risk registers at various levels across the organisation including the strategic Assurance Framework. The Assurance Framework was reviewed during 2004/05 in order to ensure the risks it identified remained up to date and to ensure progress has been made with any actions identified. This review has included cross referencing the Assurance Framework to the domains set out by the Healthcare Commission's Standards for Better Health. The Assurance Framework enables risk management decision-making to occur as near as practicable to the risk source and for those risks that cannot be dealt with locally to be passed upwards to the appropriate level.

Risk Management, risk assessment and incident reporting, is included in core induction. Mandatory induction training includes a section on risk management that highlights key Trust policies and procedures. These include risk management strategy, health and safety, infection control and complaints. The core training processes also includes specific risk management training. The Trust also employs a system of root cause analysis to review processes and incidents in order to identify ways of reducing risks and learning from our experience. The Trust also links with partner organisations to provide appropriate education and training in this area.

The Trust provides a managing risk and risk assessment course for all directors, managers and team leaders. The course equips individuals with the skills to carryout risk generic workplace risk assessments.

4. The risk and control framework
The risk management framework is set out in the Trust's Policy and Strategy for managing Risk. The key elements of the Strategy and associated Policy include:

- The Trust Board recognises that Risk Management is an integral part of good management practice and to be most effective should become part of the Trust's culture and strategic direction. The Trust Board is, therefore committed to ensuring that Risk Management forms an integral part of its philosophy, practices and business plans rather than viewed or practised as a separate programme and that responsibility for implementation is accepted at all levels of the organisation.

Statement on Internal Control 2004/05 (continued)

- The aim of the Risk Management Strategy is to create robust structures, systems and processes that will minimise or eliminate risks to patients, staff, the organisation and to third parties by promoting consistency in practice in clinical and non-clinical services. The Strategy is aimed at creating a deep awareness and responsibility for the assessment and management of risk at all levels in the organisation, whether through individual practice or through management arrangements

- Responsibility for the effectiveness of organisational systems of control and Risk Management rests unequivocally with the Trust Board and the Chief Executive as Accountable Officer, however specific responsibilities are delegated to other directors, divisional managers and the Trust's risk management advisor.

- In addition, all Trust employees have a part to play in managing risk including reporting incidents, accidents and near misses; complying with all Trust policies and procedures; attending training, including new joiner induction sessions as stated in the Trust mandatory training plans and being familiar with emergency procedures.

- The following chart shows the interrelationship between the principal Trust Committees involved in the risk management process. Their key responsibilities can be summarised as follows:

- The Quality Assurance Committee is responsible for the overall control of the risk management process and for ensuring that all significant risks are reported to the Trust Board on a regular basis

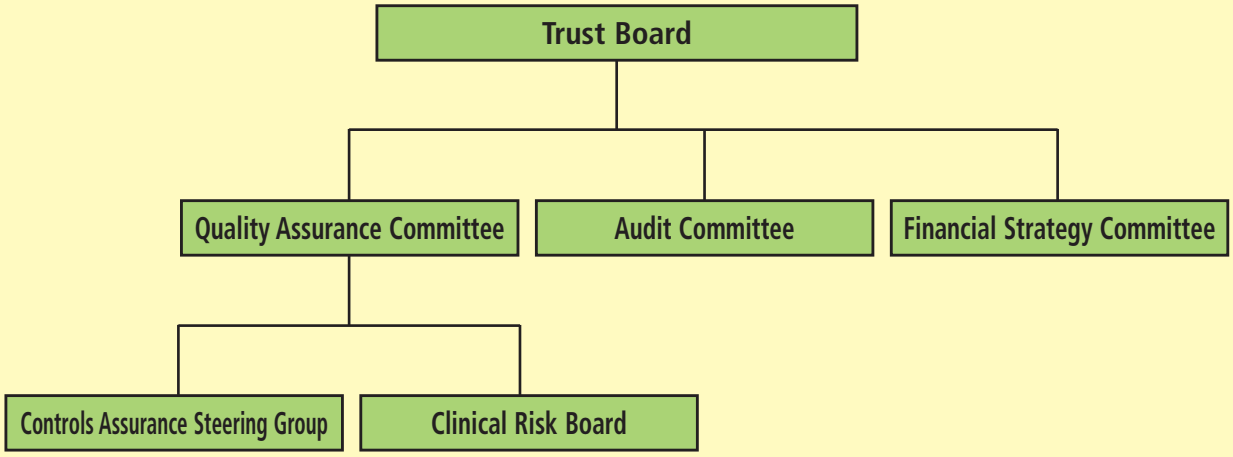
- The Audit Committee is responsible for reviewing the effectiveness of the Trust's systems of internal control, overseeing the work of the Trust's auditors and the implementation of its plan to manage the risk of fraud and corruption. The Audit Committee reports regularly to the Trust Board

- The Finance Strategy Committee deals specifically with financial risks faced by the Trust. It receives reports from the Executive Directors and helps the Trust Board form action plans to deal with the risk faced

- Controls Assurance Steering Group advises the Quality Assurance Committee on the framework and structure to effectively manage organisational risk

- Clinical Risk Board advises the Quality Assurance Committee on the management of clinical risks

Chart – Risk Committee Structure



- The Trust has a comprehensive manual of policies and procedures which is disseminated to all staff. Risk assessment processes are included within a wide range of these policies. Examples include accident and incident reporting, handling complaints and claims, health & safety and dealing with fraud and corruption.

- An ongoing Risk Management process is in place to develop and keep up to date the Trust's Assurance Framework, Principal Risk Register and Divisional Risk Registers. This process includes risk identification, evaluation, identification of control and development of action plans to mitigate risks where appropriate.

As referred to above an Assurance Framework has been debated and agreed by the Trust Board during 2004/2005. This has considered the Trust's main activities and objectives, and identified and evaluated the system of control in place to manage the associated risks and how the board draws an assurance that these risks are being managed.

As a result of this work, the Board has identified a number of developing areas where controls or assurance should be enhanced further in the coming year to enable the Trust to respond effectively to a rapidly changing environment. These include implementing changes associated with the Trust's Foundation Trust application, arrangements for the modernisation of services and delivering associated efficiencies and workforce plans, further extension of Payment by Results and achieving the benefits of pay modernisation. Action plans are in place and assigned to specific directors for these areas.

The Board's work on the Assurance Framework will continue in 2005/06 and will include re-evaluating risks against the 2005/06 business plan objectives, further integration of the risk assessment process at the various levels within the Trust and identification of sources of independent verification, including integration with the Standards for Better Health.

Statement on Internal Control 2004/05 (continued)

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the 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 managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance through personal regular monitoring of key objectives.

The Board agenda, papers and our business plan monitoring reports which are aligned with the Assurance Framework provide 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:

- Attendance and debate at the Quality Assurance Committee, Trust Management Team Meetings and Divisional Performance Monitoring meetings, and reports from the Audit Committee

- Achievement of:
  - CNST Standard 1a in February 2004;
  - RPST Level 1 in January 2005;
  - Three star rating achievement for 2003/2004;
  - Improving Working Lives Practice Status;
  - Lower quartile mortality rates reported by Dr Foster;
  - Maintenance of Investors In People status;
  - Positive Postgraduate Dean report on training activities;

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by receiving the minutes and action plans of the key groups for promoting risk management as identified above. In addition, I am aware of the importance of the roles of the following:

- The Board's role to provide active leadership of the Trust within a framework of prudent and effective controls that enable risk to be assessed and managed.

- The Audit Committee, as part of an integrated committee structure, is pivotal in advising the Board on the effectiveness of the system of internal control. Any significant internal control issues would be reported to the Board via the Audit Committee.

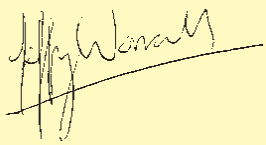
- The Quality Assurance Committee is to provide strategic direction, ensuring a comprehensive and coherent framework of Risk Management that integrates clinical and corporate governance.

- Directors and managers roles and responsibilities.

- Internal Audit, who provide regular reports to the Audit Committee and full reports to the Executive Director of Finance and Line Management. The Audit Committee also receives details of any actions that remain outstanding following the follow up of previous audit work. The Director of Finance also meets regularly with the Internal Audit Manager.

- External Audit, who provide an annual management letter and regular progress reports to the Audit Committee.

There has been no significant internal controls issues identified during 2004/2005.



Jeffrey Worrall
Chief Executive
July 14, 2005
On behalf of the Board

Financial Report 2004-2005

Providing the best possible care...

Progress of the MAS Project

During 2004/05 exciting progress has continued on the MAS Project that is being developed through the Government's Private Finance Initiative (PFI).

A second NHS Estates Design Review Panel met on 27 April 2004 to examine the design work of both the Public Sector solution and also the bids developed by each consortium involved in the project.

The aim was to ensure the provision of good design, offer advice and constructive criticism where appropriate to enable further design development to be undertaken. The panel comprised some of the very best and most highly respected and experienced architectural practitioners, together with both leading edge design review bodies such as the Commission for Architecture in the Built Environment and the Prince's Trust Foundation.

The Panel commended the Trust Project Team and wider community for the work they have carried out thus far and made recommendations on how to steer the two bidding consortia to gain further improvements.

Following a very intensive and inclusive evaluation process, involving around 300 people overall, the Skanska Innisfree Consortium was selected as the Trust's Preferred Bidder at the end of August 2004 and since that date both service and design development have continued.

A key milestone was the signing of an Advanced Works Agreement (AWA) on the 6th January 2005 following approval from both the Trent SHA and the Department of Health. The AWA allows for Skanska to begin construction work on the King's Mill site, this includes demolition of certain buildings and construction of both permanent and temporary buildings and the creation of car parking areas, prior to signing of the full PFI contract.

Work started on site immediately after this date to refurbish Duke Elder and the old Blandy Wards. This work was completed and Pain Management, Continence and Housekeeping were relocated there in February 2005. The old Sears Centre and Housekeeping buildings have been demolished to make way for the new Pathology Building.

The new hospital road entrance leading into the site from King's Mill Road East has been completed, and will be used solely for construction traffic during the main build years.

Work has been ongoing throughout the year to develop and agree the departmental designs, room data sheets and room layouts. This has been a very inclusive process involving both a wide range of patient interest groups and clinical and non-clinical staff at all levels from within the organisation with both the users and Skanska.

Further design review workshops involving NHS Estates took place in the early part of 2005 to assess the Skanska designs against criteria pre-set by NHS Estates, with the design scoring very well in all areas.

Staff within the Facilities service are affected by the MAS Project via employment transfer or secondment arrangement. Consequently staff discussions and consultations have been an important feature of the last twelve months. One-to-one staff consultations on TUPE took place during the second half of this year. Initial one-to-one interviews were held with every affected member of staff and also involving the MAS HR Advisor, staff representatives and representatives from the future Facilities service provider Skanska Rashleigh Weatherfoil (for 'hard' FM Services - Estates Services) or Medirest (for 'soft' FM Services – catering, portering, housekeeping and others).

Putting our values into practice

Emergency Preparedness

During the year, a County wide multi-agency Project Board was established to review our Major Incident Plan and to make sure that it was adequate to address the consequences of a wider range of incidents including Chemical, Biological, Radiological and Nuclear (CBRN) incidents.

The Plan was also reviewed to ensure that national policy and guidance on emergency planning/dealing with major incidents was included.
The Project Board was led by John Browne, Director of Nursing for Surgical Services, with Executive support provided by Carolyn White.
The review and updating of the Plan was a significant piece of work, and needed to reflect the many pieces of national guidance that were issued during the course of this work.
The new Plan was printed professionally and information booklets for A&E staff and patients were provided.
The Plan was endorsed by the Trust Board in early 2005 and launched across the Trust, supported by a programme of awareness training for staff.
The Plan was tested through formal tabletop exercises at both King's Mill and Newark Hospitals.
The Civil Contingencies Act (CCA), which became law in April 2005, places a statutory duty on Trusts to maintain plans to ensure that, if an emergency occurs or is likely to occur, we can deliver our functions so far as necessary or desirable for the purpose of preventing an emergency and reducing, controlling or mitigating its effects.
The new Plan has been developed to allow us to meet this duty.
To support us in this important role, an Emergency Planning Team was established in July 2005. This group will provide objective assurance to the Trust Board that systems and processes are in place to ensure emergency prepare-dness and that any resource implications are identified to enable the Trust to discharge its legal responsibilities.

Green light for laser surgery

King's Mill Hospital became the only hospital north of Chelmsford to offer laser prostate surgery in 2004/05, with its new state-of-the-art £97,000 Green Light Laser machine that replaced traditional surgery.

Prostate problems are currently on the increase due to demographic change (mainly affecting males over 50 years) so the new machine has the potential to vastly improve quality of life for a huge number of people.

The laser can treat patients with prostate problems who have previously been forced to live with a permanent catheter as they are unable to have conventional surgery (for instance, if they are on long-term blood thinning medication).

Laser surgery is also an alternative to the long-term drug therapy that many patients are treated with instead of, or prior to, conventional surgery.

Patients will now have surgery carried out as a day case procedure instead of requiring a 4 or 5 day hospital stay, with an average operating time of just 45 minutes.

Other benefits include reduced scarring and faster healing time, and patients are catheter free in hours as opposed to several days. There is also very minimal blood loss, eliminating the need for a blood transfusion following the operation, which is common with conventional surgery, and patients are free to return to normal activities within two weeks of surgery rather than the traditional six weeks. Risk of loss of sexual activity resulting from the operation is also halved with laser surgery.

Mr Taylor with the latest laser technology for prostate surgery

Trainee Ophthalmic Surgical Practitioner

Out of 89 applications in October 2003, we were chosen as one of the eight pilot sites to take part in a national trial to develop the role of Surgical Practitioners (SPs) across the entire range of perioperative care.

Though unsuccessful, the Changing Workforce Programme (CWP) was so impressed with the calibre of our application that they looked for an alternative source of funding to support the proposal.

In December 2003 the Trent Workforce Development Confederation (WDC) agreed to support the proposal to appoint a trainee Ophthalmology Surgical Practitioner and the Trust was entered into the national trial.

Originally SPs were employed locally for the sole purpose of replacing junior doctors during surgery, with no national standard of training.

As a result of various government initiatives and the need to achieve key performance targets the role will now develop beyond the original purpose, to carry out pre-operative assessment, wound care management, primary clerking, primary or secondary surgical assistance and even perform minor procedures under proximal supervision (without direct medical supervision).

The National Association of Assistant Surgical Practitioners (NAASP) and the Royal College of Surgeons of England have developed a nationally recognised core and specialty led curriculum for SPs.

Training will include the acquisition of theoretical knowledge at the academic institutes and practical skills reinforced within the hospital environment.

The training programme began in February 2004 at Imperial College.

The trainee Ophthalmology Practitioner, Colin Harriman, a former ODP at King's Mill, is required to attend seven blocks of training and other study days during the year.

In between the study sessions Colin will receive training from his supervising Consultant Surgeon, Mr Subramaniam.

An implementation team, including medical and nursing staff, HR, Staff side, education and a WDC representative, has been established and will steer the implementation of the role.

Putting our values into practice

Dr Nick Carter, pictured with Paddy Tipping MP and staff from Newark Hospital following the reintroduction of a rheumatology service at Newark Hospital

New Consultant Medical Staff

We welcomed the following members of Consultant medical staff to the Trust in 2004/05.

Name	Post
Dr F Al-Ubaidi	Consultant Chemical Pathologist
Dr S Stinchcombe	Consultant Radiologist
Dr SA Mukhtar	Consultant Radiologist
Dr N Carter	Consultant Rheumatologist
Dr D Fernando	Consultant General Medicine
Mr P Kothari	Consultant Orthopaedic Surgeon
Mr N Fergie	Consultant Surgeon, Ear, Nose and Throat
Mr S Vindla	Consultant Obstetrician and Gynaecologist
Dr JN Pashley-Smith	Consultant in Accident & Emergency

Capital Investment

A significant proportion of the Capital Programme was spent on Medical Equipment during the year. The more expensive purchases (those costing around £100,000) are listed below.

Description	Qty	Cost
Fluoroscopy system – used for radiological diagnostic purposes. Produces electronic images and will allow us to move towards a 'film-less' service.	1	270,168.92
Urology laser - used in the treatment of prostate conditions. A modern treatment which both reduces the patient's stay in hospital and improves the patient's experience.	1	112,565.00
Echo machine - diagnostic equipment used in cardiology and provides for quicker access for GP referrals.	1	113,226.52
Gamma camera - state of the art technology, used in diagnostic radiology	1	297,122.00
Ultrasound (Early Pregnancy Unit) - an up to date piece of equipment to enable effective monitoring and diagnosis in pregnancy.	1	102,289.00

Podiatric Surgery at Newark Hospital

A Podiatric service has been provided at Newark Hospital since 2002, having been initially funded by Newark and Sherwood PCT as a nine-month initiative.

The service was established to offer patients an alternative to traditional orthopaedic foot surgery and as a Day Case procedure under local anaesthetic. The service was led by Mr J Pavier, Consultant Podiatric Surgeon and supported by Miss J Astell, a Staff Podiatrist, and in the first nine months approximately 100 patients were treated.

In May 2003 we developed the service further with more clinic and treatment sessions, and we began to use the services of a nurse led pre-operative assessment team to provide greater treatment time.

The service primarily continued as day case surgery, however, general anaesthetic sessions were made available for patients not suitable for local anaesthetic procedures. Referrals to the service continued to increase, resulting in further expansion.

In 2004 extra ad-hoc sessions were added to maintain waiting list performance and in 2005 the number of referrals had risen to a level where further clinical staff time was required. The service was then expanded to three theatre sessions per week and five outpatient sessions. The current number of referrals is around 70 per month.

In June 2005 the service was extended to referrals from Mansfield and Ashfield PCT's and numbers have increased as a result. In 2005 we expect to have treated around 400 patients and we have further plans to expand outpatient sessions in the Mansfield area, with the possibility of further theatre expansion at both Newark and King's Mill Hospitals.

Putting our values into practice

Listening to patients...

In last year's Annual Report we were able to highlight the significant improvements that we achieved in our complaints handling performance.

During 2004/05, our record of improvement was maintained.

During the year the Trust received 258 formal complaints, compared to 272 received in 2003/04, and we also saw a further improvement in response times, illustrating the successful partnership that has been established between the Operational Divisions and the complaints Handling Team.

The main performance targets for receiving and responding to complaints are 2 working days to acknowledge receipt, and 20 working days to provide a substantive response from the Chief Executive.

During the year, 99% of complaints were acknowledged within two working days (99% in 2003/04) and 78% of complaints received a substantive response from the Chief Executive within 20 working days (76% in 2003/04). The reasons for complaints being answered outside the 20 day target included the unavailability of key staff, and the complexity of the complaint. When we were not able to respond within 20 days, we told the complainant why and confirmed when their substantive response could be expected.

The vast majority of complaints were resolved by the Trust locally, with only 6% requiring a second substantive response. This has reduced from 12% requiring a second response in the 2003/04. As in previous years, we used a number of ways to deal with complaints at the Local Resolution stage. These included meetings with complainants involving senior Clinical and Managerial staff, both at the Trust and at complainants' homes, inviting complainants to meet and discuss their concerns with staff, and inviting complainants to attend our successful Patient Reference Group.

The current NHS complaints Handling procedure underwent a national evaluation during 1999/2000, and in April 2003, the Department of Health published 'NHS Complaints Reform, Making Things Right'. As a result of this review, responsibility for the Independent Review stage of the Complaints Procedure was transferred to the Healthcare Commission from 1 July 2004 and the Local Resolution stage will be reformed in 2006. The emphasis throughout is to improve the system to make it more accessible and responsive to patients' needs and to help the NHS improve services by learning from issues raised in complaints.

With regard to Independent Reviews, seven requests were received during the year, compared to 13 in the previous year. Three of the seven requests were considered by our complaints convenors under the previous system for Independent Review and none of these led to an Independent Review Panel being granted. The four other requests have been reviewed by the Healthcare Commission and we have received positive feedback regarding our handling of three of the four cases so far reviewed. We are awaiting feedback on one case.

We continue to handle complaints in a positive way, and have used the issues raised by complainants to enable the continuous improvement of our services to meet the needs of our local health community.

We have received a significant number of suggestions about how we can improve services across the Trust, both as a result of complaints and through enquiries to our Patient Advice and Liaison Service (PALS).

Some of the improvements that we have made, are listed below:

- We have improved the management of clinic cancellations following an enquiry regarding an Ophthalmology appointment;
- We have reviewed our arrangements for the care of patients admitted for palliative care at King's Mill Hospital;
- Letters sent out for pre-operative assessment at King's Mill Hospital now include correct information relating to car parking.
- We have provided coin operated wheelchairs for patient use at the main entrance of King's Mill Hospital to increase the number of wheelchairs that are available;
- In liaison with the local Council, the time that people have to cross Mansfield Road to get to King's Mill Hospital, when using the traffic light pedestrian crossing has been lengthened.
- The inadequacy of seating in a Cancer clinic waiting area was addressed, so that patients attending clinics received priority over family members accompanying patients;
- Variable height seating has been ordered for waiting areas at Newark Hospital and our hearing enhancement equipment in waiting areas, was repaired, updated and returned to full working order.
- The Audiology department has arranged for more information to be available for patients on the replacement costs of hearing aids;
- The Catering Services Department liaised with the Vegan Society to review the menu provided by SFHT for vegans;
- The procedure for administration of medications to unaccompanied minors in A&E was reviewed;
- Patients' property procedures were reviewed at Newark Hospital with a new filing system introduced for patients' property and a template letter produced for sending out to patients' relatives in a defined deadline;
- A pathway for hoist weighing of patients was implemented at Newark Hospital;
- Examples of missed fractures have been used in the ongoing education programme for junior doctors;
- A review of the pre-operative assessment procedures was undertaken at Newark Hospital and a complaint was used as part of the customer care/deafness awareness training;
- Training sessions with the Infant Feeding Co-ordinator were arranged to improve communication between maternity and neo-natal units.

"As a result of this review, responsibility for the Independent Review stage of the Complaints Procedure was transferred to the Healthcare Commission from 1 July 2004 and the Local Resolution stage will be reformed in 2006. The emphasis throughout is to improve the system to make it more accessible and responsive to patients' needs and to help the NHS improve services by learning from issues raised in complaints."

Putting our values into practice

Improving our patients experience...

Outpatients' Phlebotomy Room

In April 2004 the Central Phlebotomy Room was opened for business.

There were several reasons why this room was necessary to improve our service to patients.

Previously, Phlebotomy (blood collection) was performed in a number of different areas throughout the Outpatients department. Many of these areas were completely inappropriate for the function, being out of the way, cramped and inadequately equipped. This caused inefficiencies in patient flows in the clinics, inappropriate use of nurses' time and delays in samples being transferred to Pathology for analysis. This situation also raised some health and safety issues for patients and the staff performing the procedures, called venepunctures. If, for example, a patient had an adverse reaction to a procedure, the facilities were inadequate to deal with this properly and phlebotomists were at risk from back problems and needle stick injury.

The conditions also were contrary to the Trust's "Privacy, Dignity and Respect" Policy for patients.

This new facility has addressed all of these problems. First of all it is centrally sited in the main Outpatients' waiting area and well sign-posted. The room itself is very well equipped and designed allowing patients to have their venepunctures in a more pleasant, and dignified environment. In addition, all of the required facilities are at hand to carry out the procedure in a professional manner and also deal properly with problems that may arise such as the inevitable fainter!

We have also increased the number of hours that Phlebotomists are on duty so that now two members of staff are available between 09:00 and 18:00 and can cover clinics previously performed by nursing staff. There is also a vacuum transport station in the room, allowing samples to be transported to the laboratories with the minimum amount of delay.

All in all, talking to both staff and patients, the change has proved to be very successful and this new facility is one we can all be proud of.

Protected Mealtime Initiative introduced at Newark Hospital

Protected Mealtimes for patients were successfully introduced in February 2005 at Newark Hospital initiated by Modern Matron, Tracey Corcoran-Wall. This initiative was implemented as a result of NHS Estates encouraging Trusts to expedite this initiative as an area of good patient focused practice, and to help Trusts improve their PEAT (Patient Environment Action Teams) assessment results.

Our project at Newark Hospital was discussed at length between November 2004-January 2005, and involved members of the multi-disciplinary team. We recognised that the success of the initiative would rely on the commitment of all Healthcare professionals.

We decided which protected mealtime slots at lunch and dinner time would best suit the needs of our patients. The agreed times were:

Sconce Ward	12.00-12.45hrs	17.00-17.45hrs
Minster Ward	12.15-13.00hrs	17.00-17.45hrs
Castle Ward	11.45-12.30hrs	16.45-17.30hrs

Breakfast times were not included in the initiative in light of experiences from other Trusts.

Ward Housekeepers were invited to attend the multi-disciplinary meetings as we recognised that they were an integral part of preparing patients and visitors for the launch of the initiative.

Leaflets explaining the benefits of the initiative were distributed to patients and visitors, and posters were displayed at ward entrances. We contacted medical staff at the hospital, including those who visited the wards from other hospitals to remind them of the purpose of protected mealtimes, and to encourage their co-operation.

During January 2005, we showed a video on protected mealtimes continuously for three days so that staff could drop in and watch the 12 minute video. This proved to be an excellent way of promoting the initiative. Our Ward Sisters were also busy at this time, discussing with the ward teams the purpose of protected mealtimes and the need to ensure that all non-essential ward activity stopped during the selected times. For nursing, this meant no drug rounds while our patients were eating.

Two briefings were issued to all Trust staff confirming the date of the launch and the benefits of the initiative. The focus of all information was that the less interruption that patients have over a mealtime, the more chance there is of the patient completing a meal.

To date, implementation has been largely successful and evaluation is being undertaken within the Trust before being extended to other wards.

Modern Matron, Tracey Corcoran-Wall

Putting our values into practice

Hospital Medicines Management Collaborative (HMMC)

We were successful in our bid to become part of the second wave of the national Hospital Medicines Management Collaborative (HMMC).

Ten Trusts were chosen to participate in Wave 2, and each Trust has appointed a Project Facilitator to facilitate the multi-disciplinary team and develop an interface with colleagues in Primary Care. Our Project Facilitator is Anna Hill.

The HMMC Team has worked for 6 months to improve on each of the measures set out nationally by the National Prescribing Centre and develop a Medicines Management action plan. We have also developed a set of our own local objectives, as part of the HMMC process.

One of our local objectives was - 'To reduce discharge delays due to problems in medication-related issues'. A significant amount of work has been carried out, and we hope to assess our success through a decrease in discharge delays.

As part of Wave 2 we have developed a good information-sharing network and at a local Health Community level, cross-collaborative working and Primary/Secondary Care interfacing has begun to take place.

Currently we are working with PCT's to encourage an increasing number of patients to bring their own medication into hospital, and we will be reviewing the supply and transfer of patient information on admission and discharge from hospital.

Medicines Management is becoming an integral part of the Trust's work, as the HMMC team increases its information spread, highlighting areas of concern and changing opinions surrounding medicines.

A large number of staff have been involved in improving the Medicines Management systems and Jeffrey Worrall, an important member of the HMMC Team, has recently confirmed his commitment to reducing discharge delay and improving systems around Medicines Management.

Open and honest communications...

Front Line Communicators

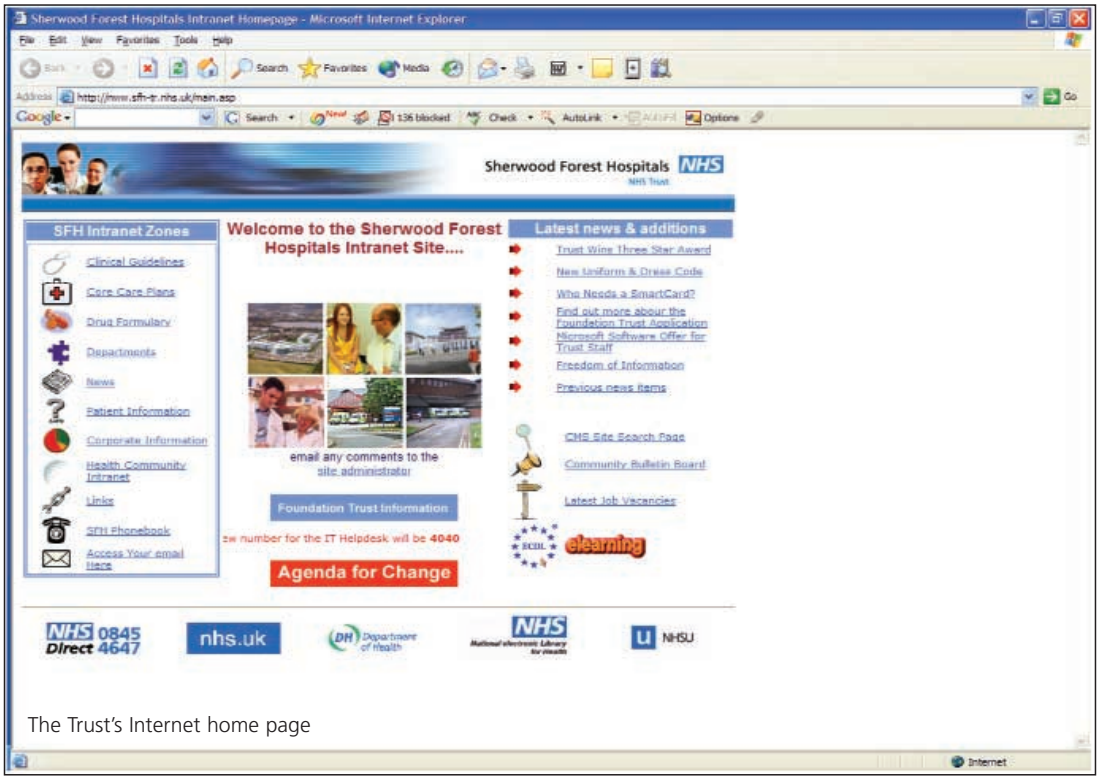
The Trust has developed and maintained effective communication channels throughout the year in order to ensure that our patients and staff are kept informed.

This has been an essential part of a number of important initiatives, including the preparation of our application for NHS Foundation Trust Status, the development of the MAS project and its impact on staff, and the implementation of the Freedom of Information Act, Agenda for Change and Choose and Book.

Our sources of information include:

- Staff magazine Oakleaves, which is published bi-monthly and includes information and articles about every aspect of the Trust;
- Staff Bulletins, sent by email and attached to noticeboards, giving more urgent information;
- Team Briefings, issued monthly after each Trust Board meeting and delivered by managers to their staff and enabling a two-way communications flow;
- Internet and intranet, regularly updated with the latest information;
- The media – using the media to inform the public of developments and general issues at the Trust;
- E-newsletter "Acorns", which is emailed to staff;
- Noticeboards throughout the Trust;
- Presentations made to staff and the public, allowing information exchange and feedback;
- The recruitment of Front-line Communicators – staff who act as advocates for the transformation of the Trust to Foundation Trust status.

Oakleaves staff magazine



The Trust's Internet home page

Recognising the contribution of staff...

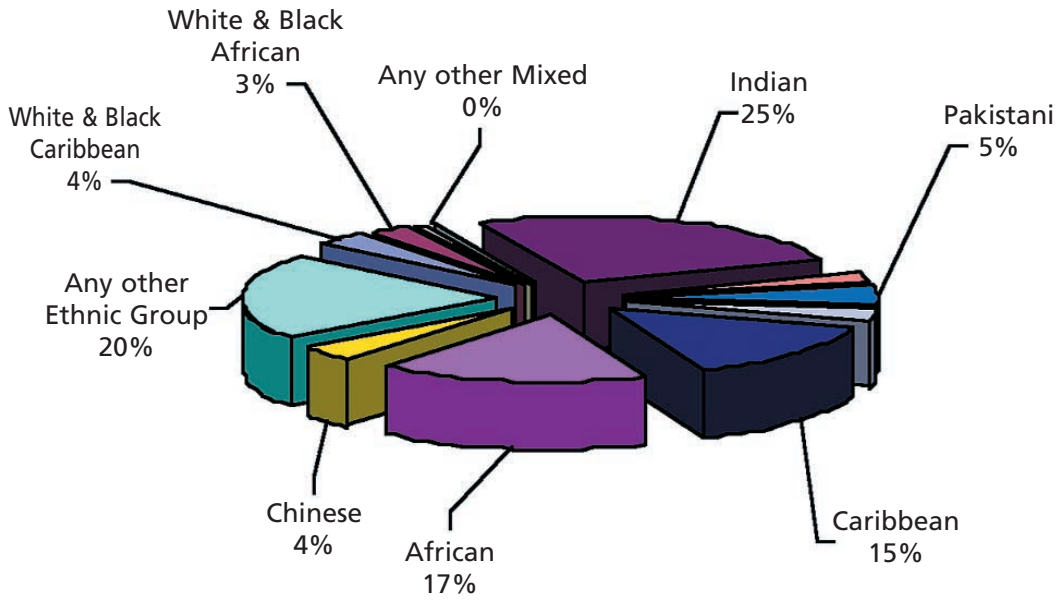
Equality and Diversity

We are committed to ensuring equality of opportunity for all our staff, in the services we provide and for our service users.

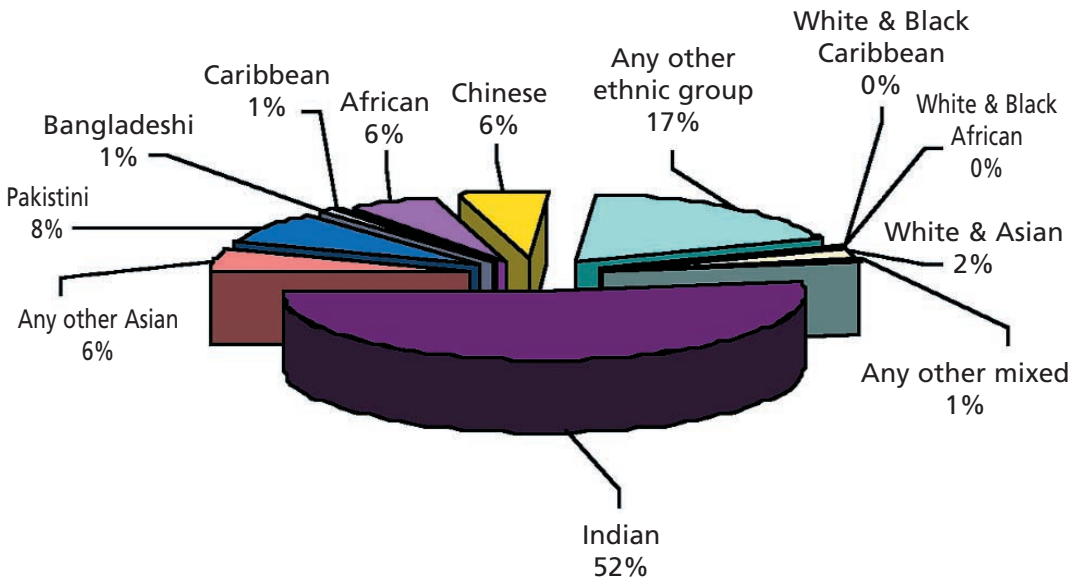
We accept that securing and developing a workforce that reflects and understands the diversity of the local population is fundamental to ensure fair access and outcomes for all. Work is continuing to achieve this, led by our Equality and Diversity sub group of the Improving Working Lives Steering Group.

An analysis of the ethnic profile of our staff as at the 31st March 2005, confirmed that 3% of non-medical staff and 56% of medical staff were Black and Minority Ethnic (BME). A further analysis of these two groups of staff, confirming their ethnic profile, is provided below.

Ethnic profile of the Trust by Non White Staff for Non Medical staff



Ethnic Profile of the Trust by Non White Staff for Medical Staff



Diversity Awareness Training was provided to Trust Board members in February 2005. The diversity of the local health community was discussed and a priority area for development was identified as 'socially excluded' groups in our community and improving both access to services and employment in the NHS.

All Human Resource Trust Policies and Procedures have been reviewed to ensure compliance and commitment to the new legislation in respect of the Human Rights and Race Relations (Amendment) Acts. The Trust Diversity Policy already covers groups covered by legislation in respect of sexual orientation, religious beliefs and age.

The Trust continues to be committed to ensuring compliance with the Employment Services disability symbol and providing a comprehensive Occupational Health Service to support the retention of employees who have a disability.

Putting our values into practice

Improving Health and Safety

We took a number of actions during the year to improve our levels of health and safety:

- We extended our ban on smoking to all of our buildings in November 2004, as a major contribution to the health and safety of staff;
- We continued to encourage staff to report incidents and during the year an increased number of incidents were reported.
- Recognising the importance of recording and reporting incidents and using these as the basis for improving health and safety, we extended our use of the DATIX Risk Management System and started to develop DATIX as an integrated Risk Management System. We now use DATIX to record our Risk Registers, Incident Reports, and complaints, together with the Training and Skills database on which we can record training activity for staff;
- We continued to provide training and instruction to staff on Health and Safety issues and encouraged our Divisions to complete Risk Registers as the result of Risk Assessments;
- We achieved Level 1 compliance against the Risk Pooling Scheme for Trust's (RPST) Risk Management Standards, which include a high proportion of Health and Safety issues;
- We continued to achieve Investors in People and Improving Working Lives Standards;

Anne Burton, Staff Support & Benefits Co-ordinator with Jeffrey Worrall highlighting the staff benefits available for Trust employees

Staff benefits

Anne Burton was appointed as Staff Support & Benefits Co-ordinator for the Trust and for Newark & Sherwood PCT and Ashfield and Mansfield District PCTs. Anne was previously Head of Nursery Services, based at Little Millers Day Nursery and is now currently based in the Human Resources department at King's Mill Hospital.

The role of Staff Support & Benefits Co-ordinator incorporates the role of Childcare Co-ordinator previously held by Deborah Gray. Anne intends to continue with, and to build upon, the excellent work already undertaken with regard to childcare.

The new post will provide support for NHS employees to enable them to improve their working lives. This will include taking an active lead on the development and implementation of childcare, carer and family friendly practices across the Healthcare Community. These will enable employees to balance their work and family lives better.

In her new role Anne will act as an advocate, advisor and source of expertise for all staff with childcare and care requirements, whatever the age of those cared for.

Part of the role will be to lead the development of non-pay staff benefits across the Health Community and Anne is currently looking at a number of other initiatives which may be of benefit to staff. She also hopes that staff will share with her their ideas regarding the support and benefits that they would welcome to enable the right balance between home and work to be achieved.

Childcare

We are committed to supporting staff to achieve an appropriate work/life balance. Improving Working Lives (IWL) initiatives, flexible working policies and an on-site nursery are just some of the ways that we seek to support our staff.

Putting our values into practice

Little Millers Day Nursery

Employees of the Trust can access onsite childcare facilities at King's Mill Hospital. The nursery is registered to provide flexible childcare for children between six weeks and eight years of age.

Children enjoying the facilities at Little Millers Day Nursery

Training, Education and Development

Increase in Training Activity

The training, education and development activities undertaken during 2004/05 have contributed to the delivery of our Training, Education and Development Strategy, the achievement of national targets, enhanced partnership working with local organisations and contributed to the progress of workforce development initiatives within the Trust.

This year has seen a considerable increase in training and development activity related to lifelong learning, continuing professional development and clinical skills development along with ever-increasing educational activities and rising student numbers. The range of NVQ activities has been increased and e-learning resources developed.

Existing training activities and initiatives have been reviewed and where appropriate changed or developed, and new activities introduced. Opportunities have been sought to attract additional funds to support new initiatives and promotional activities undertaken to inform staff throughout the Trust and encourage their commitment to lifelong learning/continuing professional development. Twelve Promoters of Lifelong Learning have continued to play an active role in encouraging the development of their colleagues.

Work Experience Opportunities

As one of the main employers in the area we have maintained our commitment to providing work experience placements for local schools and colleges. 181 students participated in work experience placements throughout the Trust and a further 48 students from the Dukeries College attended a two day programme of Open Sessions at Newark Hospital. New work-based learning placements have also been created to support students in Further Education, undertaking qualifications in Health and Social Care.

Increased Resources

There has been a significant increase in the use of training and educational resources. The number of readers registered with the Trust Library has increased by a further 23% to 1,600 and the overall use of the Education Centre has increased by 1,303 hours. Additional equipment has been purchased to support clinical skills development and also teaching aids enhanced through the provision of further laptop computers data projectors and an interactive projection board.

Practice Learning Placements

During the year, we have worked closely with the other NHS organisations in North Nottinghamshire to establish a health community wide Practice Learning Unit. Whilst the arrangements for the management of practice placements has changed the number of placements has continued to rise with the greatest increases being in placements for medical students, student nurses, radiographers and clinical physiologists. Almost 1,600 pre-registration students gained clinical experience within the Trust with a further 350 medical students undertaking a programme of half day visits.

Investor In People

INVESTOR IN PEOPLE

We were reaccredited as an Investor in People in June 2005 after undergoing a thorough internal review which was then externally verified. A representative 3.3% of staff were interviewed during the process and were found to be open and helpful throughout the assessment. The majority of people interviewed feel that they are appreciated and valued by the Trust and believe that the commitment to training and development is truly genuine.

Medical and Dental Education

The education and training programmes to support the Doctors in Training have continued to be developed to take into account the components of the Modernising Medical Careers and Hospital at Night initiatives. Both of these national initiatives have a direct impact on the way training and education is delivered to Doctors in Training.

We have continued to provide administrative support for the GP Vocational Training Scheme, and GP and dental education programmes. During the year a Minor Surgery Course was organised for GPs which attracted delegates from across the country.

Dentists throughout the region have accessed evening lectures and study days, within King's Mill Hospital. Dental Tutors from within the region have made…

continued overleaf

Training, Education and Development

Continued…

…increasing use of the Multi-professional Skills Laboratory providing "hands on" experience of techniques for dentists and dental practice staff. Use of these facilities by dental staff has increased by almost 100% during the past year.

Life Support Training

A review of the provision of Life Support training has been undertaken, resulting in the regeneration of a 'cascade' system for the delivery of basic Life Support training throughout the Trust. 98 Link trainers have been trained and as a result the numbers of Trust staff who have received training in Life Support during the past year has increased by over 200%.

Orientation to the Trust

Staff who are new to the Trust have benefitted from a revision of our Orientation Programme.

The new programme offering a more flexible style of delivery is now provided every month with approximately 50 attendees on each day.

In addition to the presentations and workshops, a lunch time 'fair' has been introduced enabling attendees to meet with staff from a wide variety of services/organisations including Pensions, the Library, IT, Staff Side Representatives. The revised format has proved popular with both new starters and staff. Evaluations of the revised programme are very positive and indicate that new starters to the Trust feel that the programme is worthwhile.

Occupational Health

Our Occupational Health Department continues to provide comprehensive high quality services to our staff and a significant number of staff within the wider Health Community. We also provide services to a number of local private industries.

The professional development of staff within the Occupational Health Department remains a high priority for the Trust, with all staff attending a variety of relevant specialist training events during the year.

Members of the Occupational Health team have also led the development of Health Community wide policies that include the Sharps/Needlestick Policy and the reverse Needlestick Policy, with Occupational Health specialist advice proving essential in such policy formation and education.

Occupational Health staff have also been involved in a range of Health Community wide occupational health education to staff including such subjects as Sharps/Needlestick Policy, post exposure prophylaxis following occupational exposure to HIV, managing sickness absence and induction.

The implementation of the Department of Health Occupational Health 'smart cards' for Doctors has been successfully completed within the service – something that other Occupational Health Departments have struggled to achieve, and health surveillance activities have been extended.

This was the result of close working with the Trust's Risk Manager that led to an increase in the amount of staff being identified as requiring occupational health surveillance, because of potential risk factors associated with their work.

National Staff Survey

During the year, we participated in the second National NHS Staff Survey, which was completed for us by NHS partners. This used a core set of questions agreed by the Healthcare Commission.

A randomly selected sample of 839 staff, from our 3459 employees, were involved in the survey and 564 (67%) responded.

The results of the survey highlighted that the Trust's position had changed since the previous survey with both improvements and areas that had deteriorated. For some results we were judged to be in the best 20% of acute Trusts nationally. Other results confirmed areas where we need to improve.

We were judged to be in the best 20% for:

- Response rate
- Percentage of staff saying they work in teams
- Percentage of staff working extra hours (showing a reduction)
- Percentage of staff working extra hours due to pressure and demands of job (showing a reduction)
- Percentage of staff witnessing potentially harmful errors or near misses in previous month (showing a reduction)
- Percentage of staff experiencing harassment, bullying or abuse from staff in previous 12 months (showing a reduction)
- Work pressure felt by staff (showing a reduction)

Areas for improvement were:

- Percentage of staff receiving any training in previous 12 months
- Percentage of staff receiving at least one day's training on taught course in previous 12 months
- Percentage of staff having had health and safety training in previous 12 months
- Fairness and effectiveness of incident reporting

From the Healthcare Commission's report, we had made significant improvements in the following areas:

- Percentage of staff suffering work related injuries within the previous 12 months
- Percentage of staff experiencing physical violence from patients/relatives in the previous 12 months
- Support from Supervisors
- The extent of positive feeling within the Trust

And we need to address:

- Opportunities for flexible working
- The quality of job design

The results of the survey have been reviewed by the Improving Working Lives Steering Group and action plans created.

Putting our values into practice

Providing high quality services through working in partnership...

The following section includes some examples of Partnership working with our volunteers across the Trust

Echo Room presentation

Ward 3 staff and patients at King's Mill Hospital have reason to be extremely grateful to our local League of Friends.

The League provided funding to allow the development of the Echo Room. This enables patients to have an Echocardiograph performed on the ward rather than having to go to the Cardio-Respiratory department, which resulted in patients being away from the ward environment for an extended period of time.

At present, members of staff from the Cardio-Respiratory department carry out two sessions a week in the room, which means the majority of patients are waiting for a shorter period of time to have their Echo performed.

The Exhilarating Edges Experience

Consultant Paediatrician, Roy Harris, and his team of loyal friends and colleagues completed a further charity walk in support of the Trust.

The grand total raised was £6,355.36. The money was used to buy play equipment for both children's wards at King's Mill (Robin Hood and Blandy), Outpatients at King's Mill, and the Ambulatory Clinic attached to Robin Hood Ward.

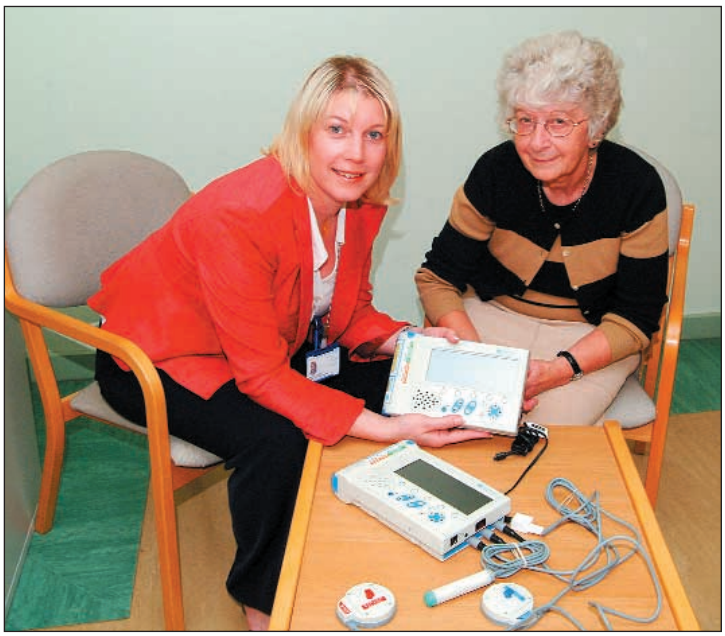
We will be saying a very sad 'Goodbye' to Roy in September 2005, and we will certainly all miss his contribution to the Trust both as a highly regarded Consultant, and a very successful fund-raiser.

Urodynamic Equipment

The League of Hospital Friends presented £25,000 worth of Urology equipment to the Trust from the legacy of Adelaide Davies.

Fundamental to the work of the department, this modern replacement equipment will be used to diagnose prostate disease and evaluate incontinence.

Presentation of Urodynamic equipment to the Trust



Amber Butler in Midwifery and June Howsam, Chair of Newark League of Hospital Friends with the latest Fetal Assist Monitors

Fetal Assist Monitors

A donation of £25,456 made by the League of Friends at Newark Hospital has enabled the purchase of two fetal assist monitors for recording and monitoring a baby's heartbeat.

In addition, the League enabled the Trust to purchase terminals to be installed at neighbouring hospitals that allow the information collected from the monitors to be sent directly to the mother's chosen hospital for delivery of her baby. This ensures that, if necessary, doctors and midwives at the relevant hospital can review the heartbeat recording.

The new equipment supports the continual improvement of antenatal care for women in Newark, and will reduce travelling to and from their chosen hospital.

Microscopes and workstations for cytology

The League of Hospital Friends at King's Mill and our Health and Safety Department have been working together to make sure that those who work in Cytology do so with modern and up to date equipment that assists them in undertaking their job.

The League recently provided a second microscope at a cost of £3,500, and with the addition of fully adjustable tables, chairs and a microscope and improvements to lighting and décor, staff are now able to work more comfortably.

Putting our values into practice

MP Opens redeveloped gardens

Geoff Hoon, MP for Ashfield, who is also Honorary President of the Friends of Ashfield, opened the redeveloped gardens on Byron and Shelley Wards at Ashfield Community Hospital.

A total of just under £28,000 was raised by the Friends to redesign four gardens at the hospital, £15,000 of which was spent on these first two to be completed.

The designs incorporate ideas submitted on questionnaires completed by staff and patients.

Among the many visitors attending were former Council Chairman, Glenis Thierry, who raised £2,000 for this project as her chosen charity when in office, and representatives from the Co-operative Dividend Scheme, who donated £2,500.

The work was carried out by Groundwork Ashfield and Mansfield.

Cardiac Rehabilitation Volunteers

Our Cardiac Rehabilitation service at King's Mill Hospital provides advice, support and rehabilitation for patients following heart attack, heart surgery and angioplasty.

The service is led by two Cardiac Rehabilitation Specialist Nurses (CRSN), Julie Douglas and Beverley Williams, with the help of Physiotherapists, a Dietician, Pharmacist and Ward 3 staff.

The Cardiac Rehab volunteers provide invaluable support in helping with the smooth running of the outpatient programme, discharge talks and maintenance exercise classes.

There are currently 15 Cardiac Rehab volunteers, mainly ex-patients and their partners, and even one volunteer still at school.

All volunteers are trained in basic life support to assist the staff in an emergency.

Volunteer Janet rewarded

Janet Burlinson, a volunteer in the coffee lounge at Newark Hospital, had her commitment and dedication to helping others rewarded by Newark & Sherwood District Council in December 2004.

Janet was nominated for an award and for the Citizen of the Year 2004 - a scheme introduced by the District Council to recognise the hard work of many local citizens.

Not only was she nominated for her hospital work, but also for being a chapel steward at her local church, a home visitor for pastoral care and a treasurer for her local WI.

Janet received a watch and a certificate at the annual carol concert hosted by Councillor Ken Fletcher, Chairman of the Newark and Sherwood District Council.

Janet receiving her award from Ken Fletcher, Chairman of Newark & Sherwood District Council

National Volunteers Week – 1st-7th June 2004

The Town Mayor was also on hand to launch National Volunteers Week at Newark Hospital, on Tuesday 1st June. He toured the hospital and met members of our team of volunteers in their areas of work, and assisted on the Voluntary Reception Desk at the main entrance and in the Coffee Lounge.

Volunteering

Over 60 volunteers from King's Mill Hospital received long service awards from Trust Chairman, Brian Meakin, at the Annual Awards Ceremony in August 2004.

Local VIPs, including Ashfield District Council Chairman, Councillor May Barsby, attended the celebration, together with many of the Trust's Senior Managers and Non-Executive Directors to celebrate the achievements of our Volunteers whose lengths of service ranged from 5 to 35 years.

It was also a sad occasion as both the Chairman, Peter Camp, and Vice-Chair Jo Bewley, of the Daffodils, stood down from their posts and we would like to thank them for their commitment to volunteering at the Trust. Peter and Jo were replaced by Ron Tansley, and Vice-Chairman, Jill Smallwood.

May Barsby, Chairman of Ashfield District Council enjoying a cup of tea with Tea Bar Volunteers

Lynn Norris, Voluntary Services Manager with flower arranging volunteers

The longest serving Volunteers who received Awards were:

- Margaret Parrott — Tea Trolley
- Iris Pearce — Flowers
- Winifred Place — Dukeries Tea Bar

At Newark Hospital, Brian Meakin, presented 33 Newark Hospital Volunteers with Long Service Awards, in recognition of between 5 and 25 years service to Newark Hospital. The event was hosted by the Town Mayor, Councillor John Clarke, in his Chambers at Newark Town Hall.

King's Mill Hospital Voluntary Staff

During 2005, there were over 400 voluntary staff working in many different areas of King's Mill Hospital, providing services which would otherwise not be available, including:

- Accident and Emergency
- Escort Service
- Three Tea Bars
- X-ray
- Flower Section

Brian Meakin, Chairman of the Trust with senior managers and long service volunteers from King's Mill Hospital

- Ward Trolley
- Baby Boutique
- Outpatient clinics
- Internal Vehicle
- Library/Magazine Trolley

And many other areas!

Daffodil Voluntary Services have been helping at the hospital for over 40 years.

They contribute over 50,000 hours per year to the Trust.

We are very grateful to our volunteers for their generous commitment of time.

Volunteers range in age from 16 – 75 and all have different reasons for volunteering.

Members of the Trust taking part in National Volunteers Week 2004

We welcomed a number of new faces to the ranks of our Volunteers in 2004/05 – in fact over 60 individuals 'joined up' in the year.

Fundraising – Cancer Appeal

We appointed a professional fundraiser during 2004/05 to help us raise money to buy equipment across all four hospitals.

Chris Fox joined us in early 2005 following a previous job with National Children's Homes, the Children's Charity, where he spent nearly five years as a regional fundraiser.

The Trust created the role of Fundraising Manager (FM) as it recognises that although volunteers do a tremendous job raising money, evidence from other Trusts has shown that an FM has the skills to raise even more.

The Cancer Appeal has set an ambitious target and we are confident that with Chris' input and the fantastic level of support that the local community has provided in the past it will not be long before the targets are reached.

Chris Fox, Fundraising Manager with Leanne Goodall and her Cancer Appeal Charity logo

Putting our values into practice

With other Healthcare Organisations...

Some examples of services that have developed as a result of our working with Health Community partners are:

- a community based Pulmonary Rehabilitation Service under the clinical management of our Respiratory Physicians. Working in conjunction with early discharge nurses and community based advanced nurse practitioners, the service supports patients with Chronic Obstructive Pulmonary Disease (COPD) in the community, so as to minimise the need for hospital stays;
- a Pregnancy Assessment Service based at Newark Hospital, where specially trained Midwives can provide local assessment and management of women under the care of a range of local obstetric teams, minimising their need to travel for maternity care;
- a service for patients requiring Secondary Care who have drug and alcohol problems, provided by hospital based specialist nurses employed by the local Drug and Alcohol Action Team;
- an integrated Intermediate Care Service, for which we provide specialist healthcare of the elderly and medical input to support the management of patients in a variety of intermediate care settings;
- a variety of maternity services to support teenage mothers and the development of an integrated Safeguarding Children training and development programme across the health community.

An example of patient-centred joint working with Social Services is the approach we have taken locally to cross-charging for delayed transfers of care, which has enabled us to establish an Integrated Discharge Team to prevent delayed transfers of care. This has helped us to reduce this problem to a negligible level.

Healthcare organisations have a duty to protect the public by having a planned and prepared response to incidents and emergency situations. During 2004/05 we launched a new Major Incident Plan to ensure that we are in a state of readiness to respond with partner organisations to a major incident at any time.

Integrated Macmillan Outpatient Occupational Therapy Team

In response to the NHS Cancer Plan (2000) and the Improving Supportive and Palliative Care for Adults with Cancer Manual (2004), and in partnership with Nottinghamshire County Council Social Services and Macmillan Cancer Relief, we have developed and are delivering Cancer Occupational Therapy services within a new model framework.

The team of Occupational Therapy staff from both Health and Social Services is based at King's Mill Hospital and serves our patients, as well as those in the Mansfield and Ashfield areas. Between June 2004 and March 2005 the team provided specialist cancer rehabilitation to 194 patients primarily in their own homes, yet ensured continuity of care if hospital admission occurred.

The team delivers evidence-based interventions in line with professional guidelines.

Whilst working closely with other agencies the team strives to improve the quality of life and the experience of cancer patients and their carers within our local health community. It is hoped that the integrated model of care will provide a blue print model for the future development of services within the Cancer Network and beyond.

An annual report has recently been finalised with analysis of data and qualitative comments from users.

More Eye Clinics at Newark

The Levent Clinic Team

More patients waiting for cataract operations had their surgery undertaken at Newark Hospital with the arrival of the Levent Eye Clinic.

In December 2004, the Clinic moved from Ilkeston Community Hospital to Newark Hospital, where it would stay for a minimum of one year to provide ophthalmic surgery for patients in Newark and the surrounding area.

The Clinic was an addition to the excellent ophthalmic service already provided at Newark Hospital, and treated patients from all over the Trent region.

Levent is an independent, private provider of services to the NHS, and had previously undertaken ophthalmic operations for patients of the Trust who had been referred to Ilkeston Hospital by GPs within the Trent Strategic Health Authority area.

The arrival of Dr Levent and his team was a great achievement for the Trust and complemented the existing high-quality services already provided. As well as treating more patients from Newark and the surrounding areas, we were also able to treat people from the Trent region.

Newark Town Mayor's Community Service Award – March 2005

More recently, the Newark Hospital Management Team was delighted that Mrs Bridget Cobb was presented with the Town Mayor's Community Service Award for her outstanding voluntary service to Newark Hospital.

Bridget has been a Committee Member and Treasurer of the League of Friends of Newark Hospital for 29 years and has had a pivotal role in the organisation and contributed to its success.

Putting our values into practice

New Health Resource Centre

Healthcare librarians from the Trust and Ashfield and Mansfield District Primary Care Trusts teamed up to create a new community-boosting resource centre in Kirkby-in-Ashfield.

The new facility contained a selection of books, journals and two computers with internet access and was available for use by all NHS staff in central Nottinghamshire. It was expected that staff working at Ashfield Community Hospital would find the facility particularly useful to access information resources locally to support their work and studies without having to travel to the library at King's Mill Hospital.

The opening of the centre also coincided with the launch of National Library for Health – a website offering hundreds of healthcare professionals in Ashfield and Mansfield an online database – www.library.nhs.uk - which offers quick and easy access to high quality knowledge, information and services for busy healthcare professionals.

More resources in the medical library facilities

With our patients and the public...

We continued to forge strong partnerships with patients and the public throughout the year, as a result of the introduction of our Patient & Public Involvement (PPI) Strategy. This outlined our aims and objectives for effective patient and public involvement across the Trust's hospital sites.

Some examples of our successful implementation are:

The Patient and Public Involvement Forum

The strategy said we would "create an environment which encourages patients and the public to make suggestions and ask questions"
We have supported the implementation of the 'Tell Us What You Think' comments and suggestions scheme within children's services, in addition to piloting it within Outpatients during 2005/06.

The strategy said we would "provide prompt and accessible support for patients, carers and their families who need information and want to raise issues, or complaints."
We have increased funding for our Patient Advice and Liaison Service at both Newark and King's Mill Hospitals, in addition to opening a specific Patient Advice and Liaison Service office at Newark Hospital.

The strategy said we would "continue to put patients and the public at the very centre of our processes to review and improve services where things have not gone as well as they should, involving them in decisions about what needs to be changed."
We have continued to support a lively and interactive Patients' Reference Group at both Newark and King's Mill Hospitals, which aims to involve patients and the public in the review and improvement of any aspect of the Trust that requires improvement.

The strategy said we would "increase patient and public participation in decision-making".
We have now got over 25 projects with patient or lay representation, helping us to make decisions in service development based on both staff and patients' needs.

The strategy said we would "have patient and public involvement in the planning of new buildings and other facilities".

We have continued to support the MAS Patients' Reference Group, working in partnership with the Trust to build a new King's Mill Hospital around the patients' needs. We have involved patients in the development of the new Accident and Emergency Department at King's Mill Hospital and disabled facilities at Newark Hospital.

The strategy said we would "develop the role of patients and the public in designing and delivering training and education programmes for our staff".
We have introduced patient designed and delivered 'Patient Awareness Training Sessions for Ward Housekeepers' aiming to take the real patient experience to staff, to demonstrate how their role can have a positive, or negative, effect on a patient's experience. This project reached the finalist stages in the 'Patient Experience' category of the Trent regional awards for innovation.

The strategy said we would "introduce an expenses policy for all patients and members of the public who attend the Trust to take part in patient and public involvement events".
We have introduced a new health community expenses policy for all patients and public taking part in patient and public involvement initiatives, covering all out of pocket expenses.

The strategy said we would '"work in partnership with other organisations to successfully facilitate patient and public involvemen".

We have developed good working relationships with our Patient and Public Involvement Forum, planning events for them to take part in over the year.

We have also worked closely with Nottinghamshire County Council in developing methods to involve children and young people.

Sherwood Forest Hospitals NHS
NHS Trust

Your hospitals Your health Your say

Sherwood Forest Hospitals NHS Trust is committed to patient, staff and public involvement inour activities and services, which is why we are applying to become an NHS Foundation Trust.

While we would remain part of the NHS, providing services to NHS patients, the change in status would provide us with more independence and financial flexibility, and enable us to deliver national standards of care in a way that best suits our local community.

The freedom and flexibility that NHS Foundation status provides is about giving local people and patients more say in how our hospitals are run - and delivering the level of service that our patients need and demand.

To achieve that vision, however, we need involvement from our patients, staff and the public. Membership is free and provides members with the opportunity to communicate with us on issues of importance about the hospitals and their development.

We want everyone to enjoy their membership so we will leave it to each individual member to decide how involved they want to be.

They may choose only to receive a regular newsletter, or may decide to take part in special projects looking at developing our services.

Members need to be:

- 16 years of age or older
- A local resident in our local catchment area

We have ambitious plans for the future of Sherwood Forest Hospitals NHS Trust and believe the loyalty and contribution from our members will be vital to our success.

Please participate in our Foundation Trust Public Consultation: 5 September – 25 November 2005.

For further information, details of the Public Consultation and a Membership Form:

- Log on to our web site at **www.sfh-tr.nhs.uk** and register online through the membership page, or
- Email us at sfht@nhs-membership.co.uk, or
- Telephone **0800 587 0574** and leave your name, address and telephone number, or
- Write to **Adele Carter, Foundation Trust Project Manager, Trust Headquarters, King's Mill Hospital, Mansfield Road, Sutton-in-Ashfield, Nottinghamshire NG17 4JL**

We look forward to you joining us.

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