Sherwood Forest Hospitals NHS
NHS Trust

Annual Report 2003/4

Newark Hospital CT Scanner

Work officially started on the CT Scanner suite at Newark Hospital, with the first sod cut by June Howsam, Chairman of the Hospital's League of Friends.

The League had generously donated £95,000 and Trent Strategic Health Authority handed over £150,000, with £260,000 coming directly from Sherwood Forest Hospitals NHS Trust funds.

In addition to this, funding for the £485,000 scanner was awarded to the Trust as part of the Department of Health's Central Capital Cancer Fund allocation.

The building is expected to be finished, and the service in use, by the Autumn of 2004.

CT scanners are used to take cross-sectioned images through the body for diagnostic purposes.

The machine is of the latest specification and will speed up diagnosis for patients, as well as reducing the need for patients from Newark to travel to other hospitals.

(Left to right) June Howsam (Chairman of the League of Friends), Patrick Mercer (Newark MP), Brian Meakin (Trust Chairman), Jeffrey Worrall (Trust Chief Executive), Stuart Ellis (Assistant Divisional Manager Allied and Facilities) and Councillor Peter Foster (Mayor of Newark).

Mrs Zephy Mavromatis, who helped raise money for the new MRI department after her husband died five years ago from cancer, is presented with flowers by Jayne Burkitt, Radiography Services Manager, watched by Ashfield MP Geoff Hoon, who officially opened the suite, Chief Executive Jeffrey Worrall and Elaine Torr, Divisional Manager for Allied and Facilities.

MRI Scanner Suite opened at King's Mill Hospital

The Trust's new £1.4m MRI Scanner facilities were officially opened at King's Mill Hospital on October 17, 2003, by Ashfield MP Geoff Hoon.

MRI is a powerful tool for finding and diagnosing many forms of cancer, strokes, slipped discs and ligament tears.

A mobile Scanner had been leased by the Trust since the early 1980s, when it was originally based at Harlow Wood Orthopaedic Hospital.

When Harlow Wood Hospital closed it came to King's Mill Hospital one day a week for 12 hours.

However, with the increase in demand due to MRI scanning playing a more important part in diagnosis, a project was started in January 2001 to provide a static MRI service for the Trust.

The National Lottery's New Opportunities Fund paid for the new MRI machine, which cost £600,000, and the Trust supplied an additional £800,000 for the specially built department and more equipment, with the local League of Friends raising £40,000 to put the icing on the cake.

The Trust's MRI facilities have:

- reduced the average waiting times for MRI scans from up to two years to less than six months
- reduced the need for patients to travel to Nottingham for scans
- replaced the mobile MRI, with the more comfortable and accessible MRI suite
- more than doubled the number of patients on whom MRI scans are performed, from 1,400 a year to more than 3,000 a year

Additionally, when necessary, the Trust can now provide urgent MRI scans on the same day.

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 to patients and understand what they 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

Trust values

Chairman's Report

Brian Meakin
Chairman

An excellent year of progress culminating in the award of Three Star Status for the Trust.

This reflects the real effort by everyone working for the Trust and my congratulations go out to everybody.

As Chairman of the Trust Board, I am particularly pleased with the way that the members of the Board have contributed to this success.

The Board's role is first of all to set the strategic direction for the Trust and then to monitor progress.

It must also set a culture for the organisation that will enable all employees to realise their full potential and be part of a successful team.

We did well in the last year but there are still some enormous challenges ahead.

Supporting the Board we have a small but very effective Senior Management Team leading a dedicated workforce.

This has been a deliberate attempt by the Board to involve staff at all levels in the management of the Trust in the most appropriate way.

We are trying to devolve management to the appropriate level and provide the tools for management to be effective.

not to mention the number one priority "financial balance".

I make no apologies for coming back to my Mr Micawber philosophy that balancing your income and expenditure brings "happiness".

Our very obvious success on A&E waiting times was also very significant.

Much more than celebrating occasional success, our staff no longer tolerate failure.

This is the envy of many other organisations and represents a culture we are spreading throughout all departments of the Trust, at King's Mill Hospital, the community hospitals and at Newark Hospital.

It is evident to me that what we have achieved is down to all our employees and I feel very proud to head such a dedicated group of people.

I feel particularly proud of the way the Trust Board has promoted this culture of success and thank all my Executive and Non-Executive Directors for their never ending support over many long tiring meetings and discussions.

I must also single out for special praise our MAS Project Team.

The fact that everything has gone smoothly and to time was not an obvious product of our initial deliberations.

not want to see the boundaries between primary care, secondary care, social services and other agencies.

My thanks go out to everyone.

I must also thank all those that work in, or for our hospitals on a voluntary basis.

As service delivery improves and we look forward to our new facilities, the need for volunteers will increase with many new avenues for a different type of service.

I look forward to working with everyone to maximise the effectiveness of our hospitals.

The Operational Review sets out the full details of what we have achieved.

I will therefore conclude this report by sharing with you some of the emotions of being Chairman of an organisation responsible for such a large slice of the daily life of our local community.

Managing it effectively is a serious business carried out by a dedicated group of professionals, not faceless bureaucrats.

Inevitably "Some days are diamond some days are stone".

We want to be free of many of the bureaucratic controls we wrestle with.

Who knows, Foundation Trust Status might be the way forward

"Who knows, Foundation Trust Status might be the way forward as we face the challenges of building a new hospital, dealing with the implication of "Choice" and the concept of "Payment by Results", not to mention the massive information technology project."

Whilst we struggle at times to meet the burden of external monitoring and performance management controls, I am confident we do not carry a bureaucratic burden within our Trust.

So what did we do to achieve Three Star Status in 2003/4?

Up front all the major access and quality targets were achieved,

Much of the early decision making was an act of faith in the team we put together.

Well done everybody, talent will always come through!

It would have been impossible for us to have made progress this year without the support of the rest of the local health community.

I share the view that patients expect a seamless service and do

as we face the challenges of building a new hospital, dealing with the implication of "Choice" and the concept of "Payment by Results", not to mention the massive information technology project.

All very challenging but very exciting. I am confident that all our staff will play their part very effectively.

Meet today's Trust Board...

Brian Meakin (Chairman)

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 7 February 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.

Bill Gregory (Executive Director of Finance)

Joined the Trust on November 1, 2003. Mr Gregory 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, he 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)

Joined the Trust on September 9, 2002. Ms Allen has worked in the NHS since 1990, when she joined as a management trainee.

Since this time she has had various jobs within the NHS including, general management of Trauma, Accident and Emergency and Critical Care Services in Oxford and a planning and development role in Bassetlaw Hospital.

Her previous role was as Director of NHS Direct and Governance at Sheffield Children's Hospital.

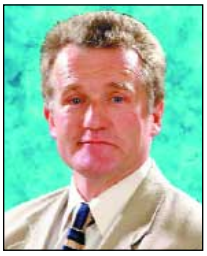
Carolyn White (Executive Nursing Director)

Joined the Trust on 16 July 2001. Mrs White had worked for 12 years at the Hull and East Yorkshire Hospitals NHS Trust.

She trained as a Registered Children's Nurse and General 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)



Has been a Consultant Anaesthetist at King's Mill Hospital since July 1991.

Dr Mowbray 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)

Joined the Trust on November 1, 2001. Mr Lonergan was a member of the Central Nottinghamshire Community Health Council, prior to this Trust appointment.

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)

Joined the Trust on November 1, 2001. Mr Harris, of Southwell, has been a school Head Teacher for the past 8 years, the last 5 in his post at St Mary's Primary School in Leicestershire.

He has previously been an Education Advisor and an Actuary Underwriter in the City of London.

Mr Harris is a Town and District Councillor for Southwell.

Sheilah Andrews (Non-Executive Director)

Joined the Trust on 1 November 2002. Mrs Andrews lives in a village near Newark and 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. She is a Director of Newark CVS and a lifetime Vice-President of Newark Swimming Club, where she teaches on a voluntary basis.

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)

Joined the Trust on 1 November 1999. Mrs George has lived in the Newark area for over 27 years and has been 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)

Joined the Trust on February 22, 1999. Mrs Carter 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, including local schools and voluntary work.

Mrs Carter has many years' experience as a local Councillor and served as Chair of Mansfield District Council in 1988.

Operational Review of the Year

Reviewing the third year in the life of the Sherwood Forest Hospitals NHS Trust inevitably confirms the many developments and challenges that we all faced, during what was ultimately a successful year.

I hope that you will agree that this year's Annual Report is a suitable reminder of the many events that took place, and of the tremendous contributions of all staff working at the Trust.

In fact, our hard work and dedication ensured that we were elevated to the elite by being awarded a Three Star Rating, which is referred to elsewhere in this report.

Last year the Trust Board was able to say "Thank You" to many staff at our first Annual Staff Awards Ceremony; an outstanding event that is destined to become one of our highlights for years to come.

While I have tried to include references to as many of the achievements of 2003/2004 as possible in this year's Annual Report, I would like to initially focus on those that I feel really stand out.

Inevitably, our performance against the national priorities contained within the NHS Plan was the main indicator of success:

- We made significant improvements in our Emergency Care and Treatment service, to such an extent that we were the best performing Trust in the Region, and in the top five nationally, for our Accident and Emergency Four Hour Waiting Performance.
- All patients that required Emergency Care and Treatment were seen and the Trust maintained its record of remaining open to treat patients.
- We were once again able to meet all of our key Elective Waiting List and Waiting Times targets and thereby improve the experience of people from the local community waiting for treatment.
- We once again achieved financial balance, despite the continuing challenging underlying financial position within the local Health Community.
- We also treated more patients in 2003/04, when compared to the previous year.

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

- The Dr Foster/Sunday Times Good Hospital Guide for 2003/04 confirmed that our Mortality rate was the best in the Region, and that we were in the top six Trusts for Patient Satisfaction. This information reflected other national comparisons that confirmed that the Trust's Caesarean rate was the lowest in the country, and that we were the third best for operating on hip fractures quickly.
- The University of Nottingham, Postgraduate Dean, continued to value highly our training for junior medical staff, following the Annual Accreditation visit and, in particular, singled out the high standards in Obstetrics and Gynaecology and in Paediatrics.
- We received a favourable assessment through the Patient Environment Action Team process.
- In partnership with the Local Health Community, we received a positive assessment following the Audit Commission/Commission for Health Improvement Review of the Implementation of the Coronary Heart Disease – National Service Framework, in North Nottinghamshire.
- In recognition of our performance against the A&E Waiting Time target in 2003/04, we received the first tranche of Capital from the Department of Health, designed to improve facilities. We were also asked to share our experiences with other Trusts where performance had not matched ours.
- Our arrangements to develop the scheme to Modernise Acute Services (MAS) have continued to receive praise from the Department of Health's Private Finance Unit, and are now seen as a model for others.

We were also able to implement a number of significant Service Improvements during the year, with the key ones being:

- We continued to implement the Newark Hospital Clinical Strategy, through the appointment of new Consultant Medical staff, the development of new services, and the fuller integration of the hospital into the Trust.
- We continued to improve our use of Information Management Technology, such that all two week Cancer referrals are now received electronically and Radiologists can now report on x-ray films from home, when on-call.
- We invested over £6.3m of Capital in a number of high quality, patient-centred schemes, including:

  - A new Angiography suite at King's Mill Hospital.
  - The refurbishment of the A&E Department at King's Mill Hospital.
  - The refurbishment of the Maternity Unit at King's Mill Hospital.
  - Enabling Work for the new CT Scanner at Newark Hospital.
  - Significant investment in new equipment for Clinical services, including Ophthalmology and Endoscopy.

We also developed strategies and plans for the future to ensure that we remain successful:

- We invested significant time and resources in addressing the Models of care and treatment that will need to be in place in the medium and long-term future, and which will inform the design of our new hospital, which will be provided through the MAS project.
- We recognise that our staff are our most valuable asset, and during 2003/04 we invested time and resources to ensure that we both recruit and, more importantly, retain our staff. National initiatives designed to modernise pay and workforce development were addressed during the year, with the key focus being the successful implementation of the new Consultants' Contract.

Preparations for implementing Agenda for Change also started in 2003, and we are on course for meeting the timetable for this national initiative that will benefit our staff.

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

- In partnership with the Lead Commissioner, Primary Care Trusts and Trent Strategic Health Authority, we supported the implementation of the national Patients' Choice initiative, and were able to assist neighbouring Health Communities by treating some of their patients.
- We worked together with our Lead Commissioner to prepare for the full implementation of the Payment by Results initiative by adopting a new approach to funding the 2004/05 Service Level Agreements.
- We continued to support the development of Clinical Networks for a number of services, including Pathology, Critical Care, and Breast Care.

The Annual Report for 2003/04 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.

Our success in 2003/04, as well as the future success of the Trust, relies on the dedication, professionalism and hard work of all staff, something that the Trust Board continually acknowledges.

Jeffrey Worrall
Chief Executive

2003 Sherwood Forest 'Oscar' winners

The winners of the Trust's first Staff Excellence Awards were announced in an Oscars style ceremony at the Trust's Annual General Meeting on 25 September 2003.

Twelve outstanding teams and individuals were shortlisted from across the four Trust sites in three categories. The winners were:

Employee of the Year
(sponsored by Chief Executive, Jeffrey Worrall)

Liz Haynes, Senior Staff Nurse, ICCU.

Liz has worked within the Trust throughout her career and is constantly striving to improve professional standards & procedures and develop benchmarking.

She assisted the Critical Care Clinical Educator, Mandy Coggon, in the highly acclaimed review of the Trust's Glasgow coma scale/neurological observation chart, and helped to deliver teaching packages and education sessions to ward-based staff.

Team of the Year
(sponsored by Amicus-MSF union)

Minor Injuries & Illness Team, Emergency Services Collaborative.

Working hard to improve the patients' experience, the Team's achievements include reducing waiting times, a modified See & Treat service, expansion of the Emergency Nurse Practitioner service, improved staff education, implementation of bar code scanners to track patient journeys and burns protocols, and a link nurse with Nottingham City Burns Unit.

Improvement of the Year
(sponsored by Daffodil Volunteers)

Improving Working Lives Initiative, Holbeck Ward at Mansfield Community Hospital.

The introduction of employee-led duty rostering on the ward has empowered staff, and improved team working, morale, motivation, recruitment & retention levels – resulting in a better ward environment and improved quality of patient care.

The first placed winner of each category received £300 prize money and a presentation shield, with trophies and certificates presented to all runners-up.

How we performed in 2003/4...

Sherwood Forest awarded Three Star rating

Sherwood Forest Hospitals NHS Trust was awarded a Three Star rating in July 2004 for its work during 2003/4.

Judged against treatment of patients, waiting times and clinical abilities, the Trust scored highly in many areas and received the best of the four possible ratings (zero, one, two or three stars).

The rating applies to King's Mill, Newark, Mansfield Community and Ashfield Community hospitals.

According to the Healthcare Commission, Three Stars means the "Trust has the highest levels of performance". All nine key target areas were met by the Trust and it exceeded many.

Previously Sherwood Forest Hospitals NHS Trust was a Two Star Trust.

Jeffrey Worrall, Chief Executive of Sherwood Forest Hospitals NHS Trust, gave this message to our staff and our community: "An independent vote of confidence is testament to the hard work of everyone connected with the Trust. This tremendous achievement by all of our staff puts us among the best in the country. Our ratings were influenced by the views of our patients: knowing that patients are happy gives us an extra sense of reassurance. Our staff should feel proud that we have continued to improve the services we provide, and our patients reassured that they benefit from excellent health services that are continuing to get better. We won't be resting on our laurels, though, as we want to maintain and improve on the high standards that we have met."

Brian Meakin, Chairman of Sherwood Forest Hospitals NHS Trust, added: "The people of Mansfield, Ashfield, Newark and the surrounding towns and villages, will be welcoming the news that their hospitals are among the best in the country and will, no doubt, want to join me in thanking the staff for what they have achieved. Everyone here works to put the patient first and to provide the best possible service."

The rating was based on our performance against nine key targets. The Trust achieved or exceeded all nine of them:

- Accident & Emergency (A&E) waits for Emergency Admissions. The number of patients waiting more than twelve hours for admission via A&E as an emergency following decision to admit.
- All Cancers: Seeing people with a suspected Cancer within two weeks of a referral by a GP.
- Financial management : Achieving financial balance at the year-end.
- Hospital cleanliness: meeting Patient Environment Action Team (PEAT) standards.
- Improving Working Lives: Having Policies in place to improve the working lives of our staff.
- Outpatient and elective: Inpatient and Day Case booking performance.
- Outpatients waiting longer than the standard.
- Patients waiting longer than standard for elective admission.
- Total time in A&E: four hours or less

The Trust's performance was also assessed in other areas, and was judged either "good" or "average" in most of them, with a handful of exceptions. It performed especially well in:

- Child protection
- Clinical Governance
- Thrombolysis (administering life-saving drugs to heart attack victims within 30 mins of arrival in A&E)
- Breast cancer (both the time from diagnosis to treatment and the time from GP referral to treatment)
- Day Case booking

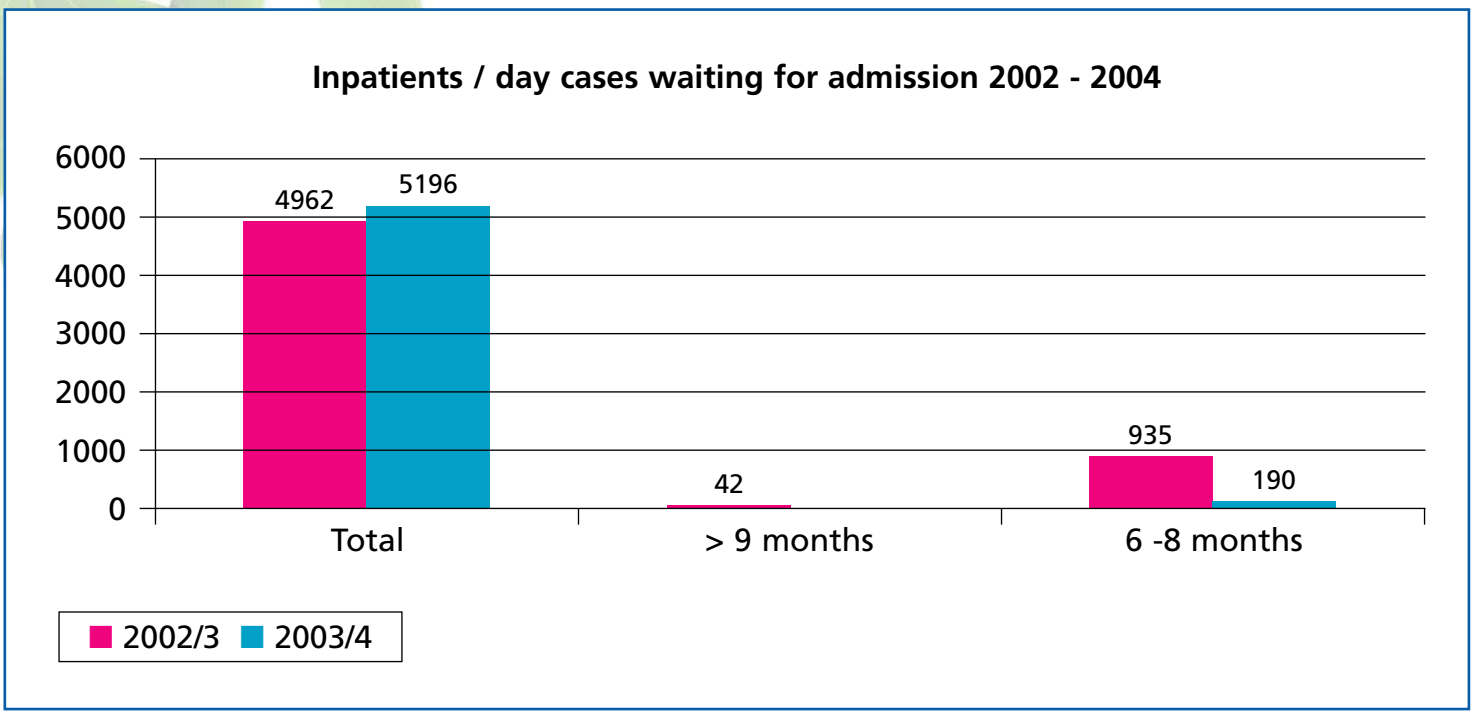
The Trust was put in the top performing band for its "Patient Focus", which included an assessment of food, complaints handling, inpatient waits and outpatient waits and admission to A&E, and for its "Capacity and Capability Focus", which included Consultant appraisals, junior doctors' hours and staff opinion surveys.

How we performed in 2003/4...

Access Performance

The following Graphs confirm our Access Performance and compare the key features against what we achieved in 2002/3.

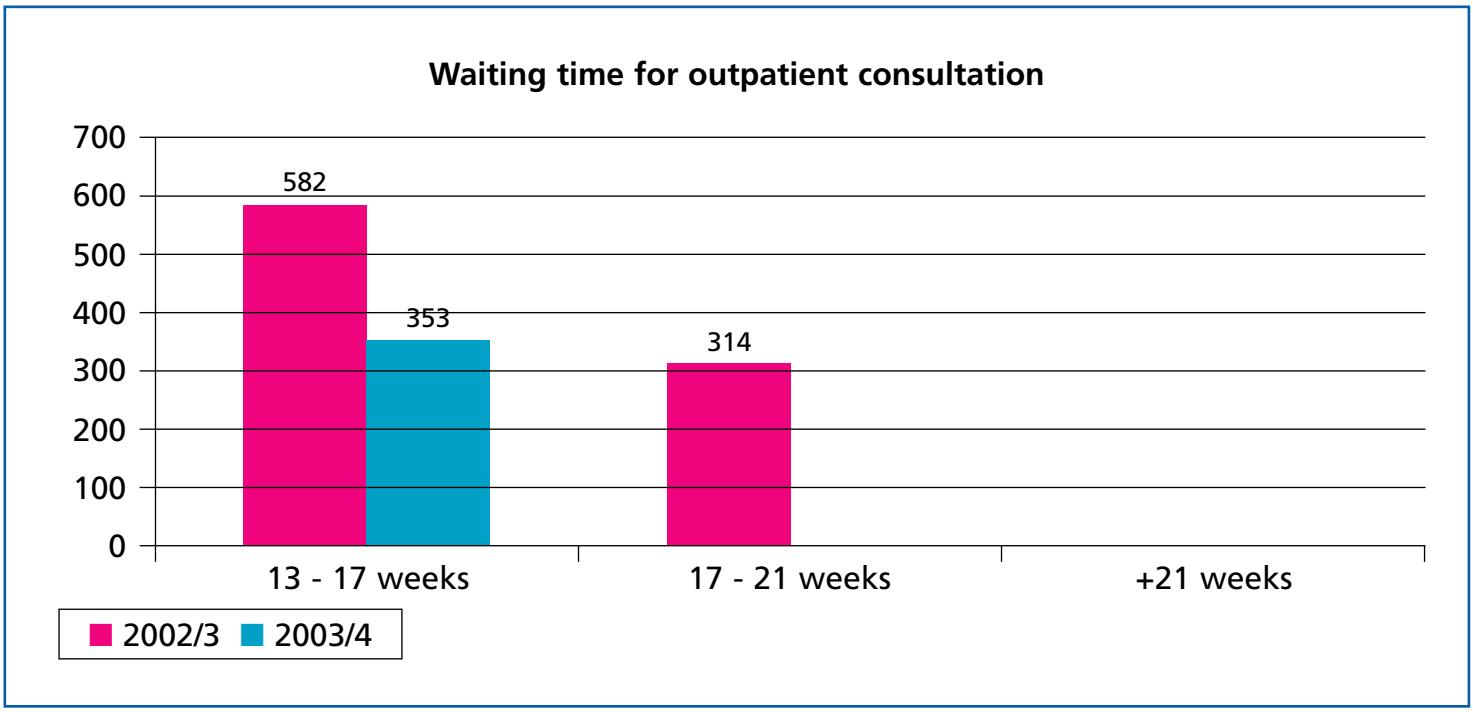
i) The number of patients waiting for inpatient and day case admission and their waiting times



Whilst the total number waiting rose slightly during the year, there were no patients waiting over 9 months at the end of March 2004, and only 190 within 6 to 8 months, compared to 935 the previous year.

96% of our patients were admitted within 6 months of being placed on the list, compared with the national average of 90%.

ii) The number of patients waiting for outpatient consultation

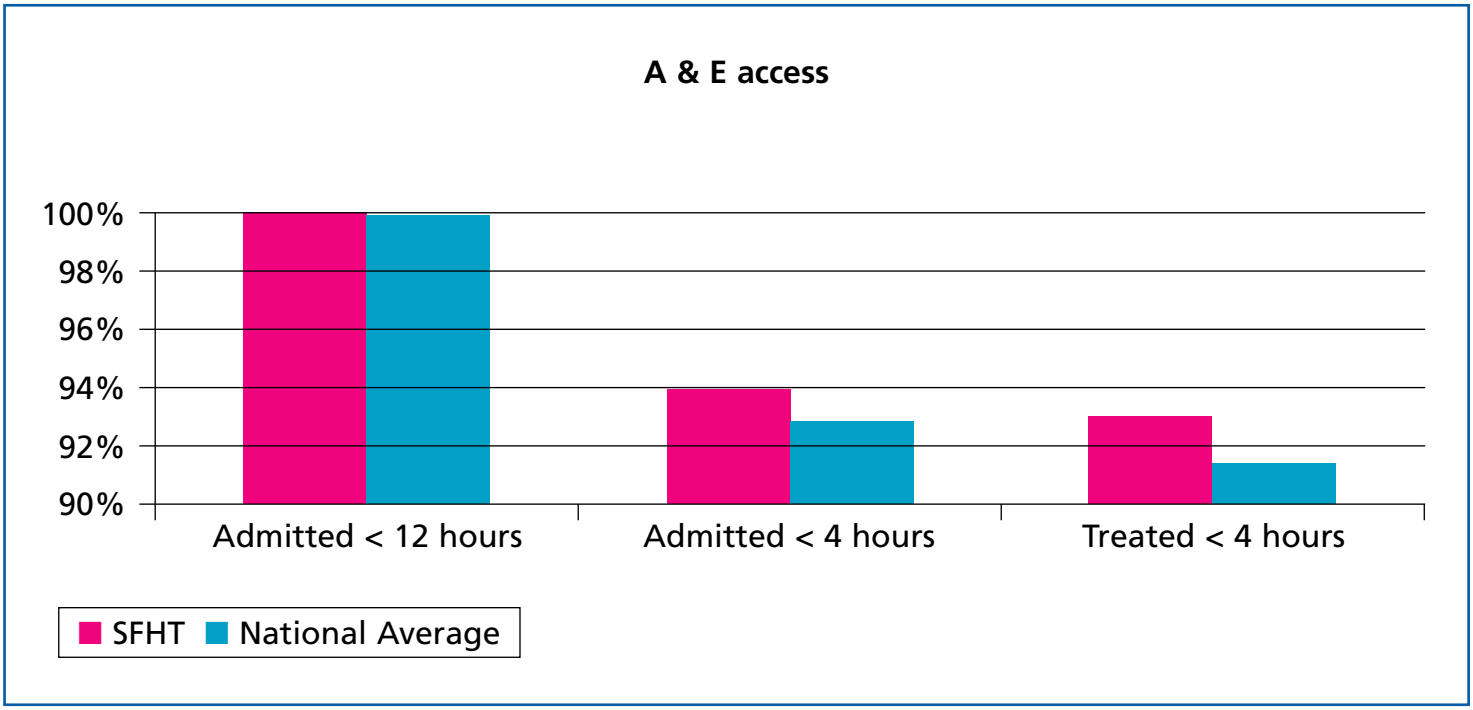


2003/4 saw the elimination of patients waiting in excess of 17 weeks for a new outpatient appointment with a consultant. The maximum wait in 2002/3 was 21 weeks. Improvements were also apparent in the numbers waiting between 13 and 17 weeks with a fall of almost 40% in these numbers.

How we performed in 2003/4...

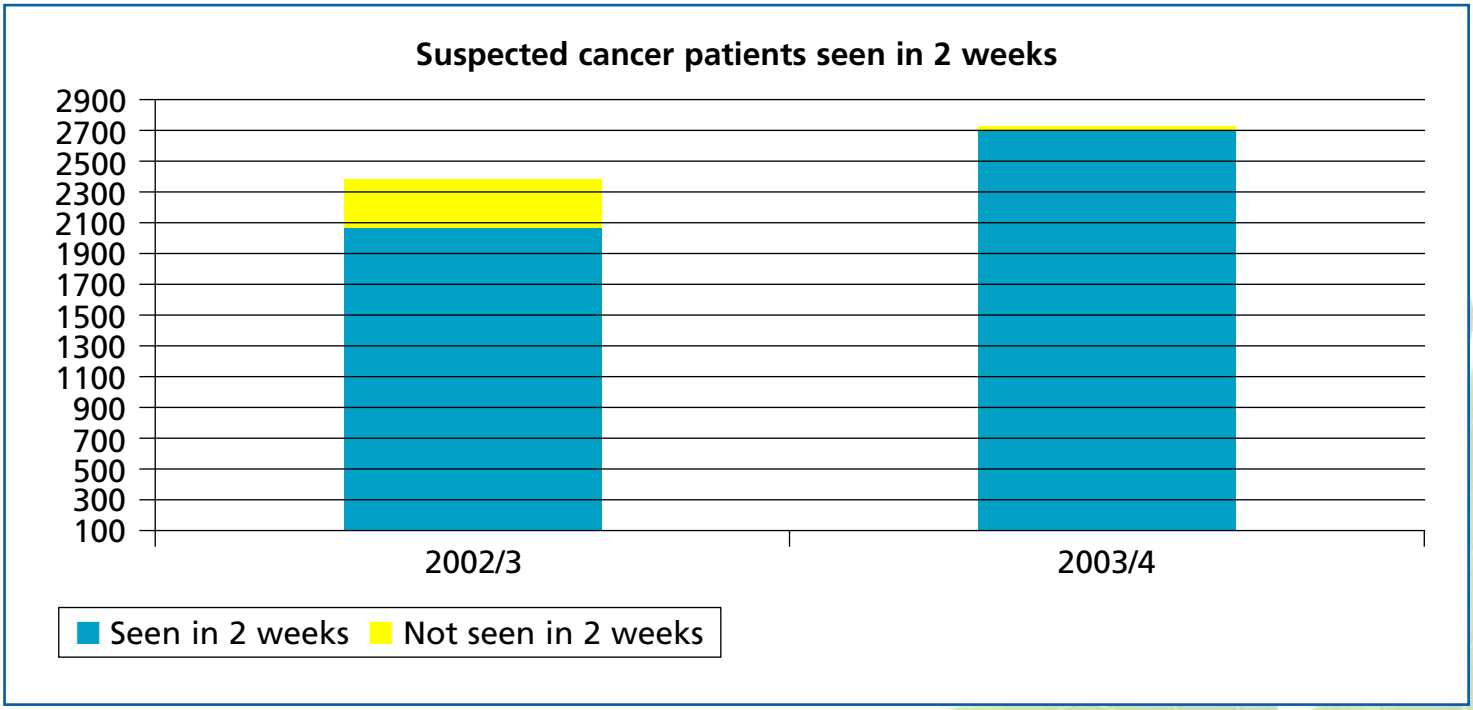
iii) Access to emergency services

As has previously been stated, our Accident and Emergency performance was amongst the best in the country. Patients were seen and treated within timescales which were better than the national averages in all categories.



iv) Cancer waiting times

Significant improvements were made during the year in respect of patients being seen by a consultant within 2 weeks of being referred by a GP with a suspected cancer. Performance increased from 85% in 2002/3 to 99% in 2003/4. This was achieved despite an increase in these referrals by almost 25%.



V) Other improvements

Improvements were also effected in 2003/4 against other key NHS performance targets.

- 88% of outpatients were seen within 30 minutes of their appointment time compared to 86% last year.
- The number of operations cancelled on the day fell by 18% and the number who failed to be re-admitted within 28 days also fell from almost 4% last year to 1% in 2003/4. No patient breached this target in the last three quarters of the year.

How we performed in 2003/4...

Financial Performance

Full details of our financial performance in 2003/4 are provided within the Financial Statements included in this year's Annual Report.

These demonstrate that the Trust was able to meet its financial responsibilities, including the requirement to achieve a breakeven financial outturn position.

The Patient's Environment

Our arrangements for ensuring privacy and dignity for patients were reviewed as part of the Patient Environment Action Team (PEAT) assessment.

This concluded that improvements could be made both in our physical environments and policies and procedures to enhance the patient's experience.

The physical improvements outlined will not be possible until the MAS Scheme is concluded, however, policies and procedures to address PEAT's concerns are being drawn up.

What we bought in 2003/4

As well as the major Capital schemes previously referred to, the year also saw considerable investment within the Trust on Medical Equipment.

This investment was complemented by being successful in securing external funding for:

- An additional Breast Screening Unit at a cost of £80k.
- The provision of an Angiography Machine, which will provide a local service to Cardiac patients at a cost of £618k.

The ability of the Capital Management Group to use more of its Capital allocation on equipment enabled the Trust to address more of the equipment replacement backlog than in previous years.

The major elements of the equipment purchases included:

- Anaesthetic Machines and Patient Monitors £296k
- Replacement of Patient Monitors – Ward 3 - £212k
- Items of low value (less than £5k) medical equipment and urgent repairs £200k
- Replacement Beds and Mattresses £102k
- Replacement Diathermy Machine - Operating Theatres £70k
- Endoscopes for the Endoscopy Unit £60k
- Replacement x-ray set at Newark Hospital £60k
- Ophthalmology Operating Microscope for Newark Hospital £50k
- Infusion Pumps £45k
- Orthopaedic Operating Table £40k
- Resuscitairs for the Obstetrics Unit £40k
- Power Tools for Orthopaedics £28k
- Defibrillators £26k
- Replacement Operating Theatre Light £25k
- Replacement Maxillofacial Drill £25k
- Additional Wheelchairs £17k

The above is not an exhaustive list as equipment was also provided as part of specific Capital schemes.

For example, the Maternity Modernisation at the Dukeries Centre included £225k that was used to purchase equipment, but the list demonstrates that 2003/4 saw an investment of over £2.5m.

(Above and right) The Public Sector Comparator Design.

Modernisation of Acute Services (MAS) Project

The project to Modernise Acute Services, including the rebuild of 50% of King's Mill Hospital and Mansfield Community Hospital (MCH), continued during 2003/04, and achieved the target dates outlined within the project timetable.

These included:

- April 2003: Market Awareness Event, held at Center Parcs Edwinstowe, to attract the attention of potential bidders and stimulate interest in the MAS Project.
- Late April 2003: The placing of an OJEC notice - Expressions of Interest in the project were received from potential bidders.
- June 2003: Pre-qualification of bidders.
- July 2003: Preliminary Invitation to Negotiate issued to bidders.
- January 2004: Final Invitation to Negotiate issued to bidders.

Responses were received from two bidders (Mowlem Health Solutions and Skanska Innisfree), and a systematic scoring process was undertaken to pre-qualify both bidders. The two bidders were successfully assessed and issued with a Preliminary Invitation to Negotiate (PITN).

Following receipt of the bidder's responses to the PITN, the Final ITN was issued.

Discussions have been ongoing between the bidders, and staff and patient representatives from the Trust, and the local PCT, to define and clarify their responses to the requirements for each ward/department affected by the MAS Project.

The final submissions from the bidders were received in June 2004.

The Market Awareness Event.

Assessment of the Project

The MAS Project was evaluated during the year.

A Design Review Panel visited the Trust on 22 April 2003 to examine the design work of the project, with the aim of ensuring the provision of good design, and offering advice and constructive criticism where appropriate.

The Panel comprised of people with experience in Architecture and Design (University lecturers), NHS Management and Project Management of large Capital schemes.

The Panel reviewed the Public Sector Comparator (PSC) designs, and the comments made were used to amend the PSC in order to improve it.

A Gateway Review Panel (an Office of Government Commerce Review) addressed the project during September 2003.

The aim was to ensure the MAS Project had been established and was being run in an efficient and effective manner.

The Panel interviewed Senior Managers in the Trust and local primary care trusts, and the comments received were complimentary of the work of the Project Team.

Future Work

The MAS Project has undertaken a great deal of work during this year.

This will continue into the next 12 months, with the final submissions from the bidders in June 2004 and their evaluation, prior to a Preferred Bidder being announced at the end of August 2004.

The Full Business Case will be developed prior to Financial Close, with building work planned to commence in April 2005.

Emergency Care Network

ECN team members Carolyn White, Denise Weremczuk, John Browne, Yvonne Simpson, Kay Orgill and Jill Thomas.

The NHS Plan was published in July 2000, setting out an ambitious programme of investment and reform to improve patient experience of the NHS.

Reforming Emergency Care was published in October 2001, setting out a strategy and targets for the improvement of emergency care delivery.

These targets were:

- By 2004 no-one to wait more than 4 hours in A&E departments from arrival to admission to a bed in the hospital, transfer elsewhere or discharge.
- The average length of waiting should fall to 75 minutes.

In recognition of our past good performance and innovative working in Accident and Emergency services, we were selected by Trent Strategic Health Authority in July 2002 to represent them as a first wave Emergency Services Collaborative (ESC).

Led by the Modernisation Agency at the Department of Health, ESCs were established to improve the quality of care and performance in emergency services across whole Health Communities.

The Modernisation Agency funded and supported a small team of project staff, helping them to diagnose bottlenecks and problems within existing emergency care systems, and enabled them to facilitate change to improve patient journeys.

Although the Collaborative focused on A&E outcome targets, it embraced the entire Health Community and encouraged positive working between patients, carers and all partner organisations.

There has been a wealth of initiatives, and work is ongoing to make continual improvements.

The ESC End of Project Report details the diversity of initiatives and changes achieved by the collaborative to improve quality, patient choice and performance, copies of which can be obtained from the Trust.

A small sample of those successes, from minor amendments to major process changes and investments, are shown on these pages.

Acute Assessment Unit (AAU)

This eight-bedded unit was developed to relieve the pressures in A&E and MAU, for patients who required a period of review before discharge back to the care of their GP or to an alternative discharge setting, such as community hospitals or intermediate assessment facilities.

The unit has been open Monday to Friday, 9am to 9pm.

It has been successful in earlier patient discharges from hospital, which has increased patient satisfaction and had an impact within emergency medicine, allowing beds to be free for emergency admissions from A&E.

The concept is now being built into arrangements for the Emergency Care Assessment Centre as part of the Modernisation of Acute Services Project.

Patient Progress Facilitator

When the number of medical patients requiring inpatient care exceeds the number of medical beds available, certain patients need to be "outlied" on other Wards.

This process has sometimes extended the patient's length of stay, with delays in the patient's review by the correct doctor, so the new role of a Patient Progress Facilitator was introduced.

The Patient Progress Facilitator follows the patient's journey to identify those who may be suitable for a community hospital bed, to ensure that the patient is reviewed daily, to highlight complex patients to the discharge liaison team, and to ensure that investigations are completed in a timely manner.

The average length of stay has been reduced by a day, medical staff now review patients on a daily basis and nurses on outlying Wards feel more supported.

It is envisaged that this role will be extended Trust-wide to ensure all patients benefit from its successes.

Deep Vein Thrombosis (DVT) Service

Patients with a possible diagnosis of DVT were traditionally admitted into a medical bed and remained in an inpatient bed for five to seven days.

A DVT specialist nurse was introduced to see all patients, organise their care pathway and treat them on an outpatient basis.

By further extending the role of the DVT nurse to be able to order vital investigations, the patient's journey time has been significantly reduced.

The average time from admission to a Doppler scan is now two hours.

The DVT service has been extended to 12 hours per day, Monday to Friday, and the aim for the immediate future, is to create a fully nurse-led DVT Service.

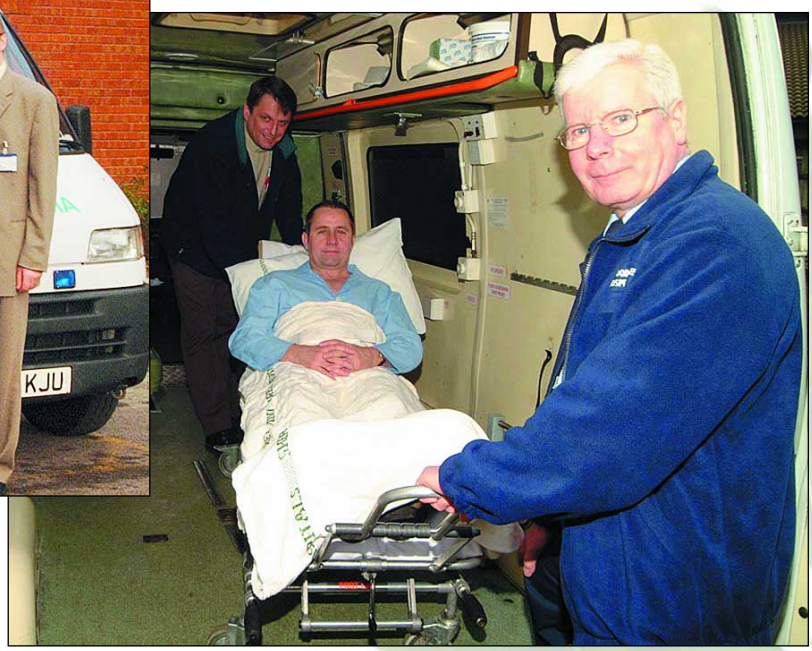
Internal ambulance

Following discussion with the East Midlands Ambulance Service Trust regarding difficulties related to internal transfers, an arrangement was made with them to provide and maintain an ambulance that would be staffed by our own staff.

There are about 40 internal journeys a day, transferring patients from the Medical Assessment Unit (MAU) and A&E to the Dukeries Centre, from the Dukeries Centre to the main hospital block for investigative procedures, and from any Ward within King's Mill Hospital to the Community Hospitals and intermediate care facilities.

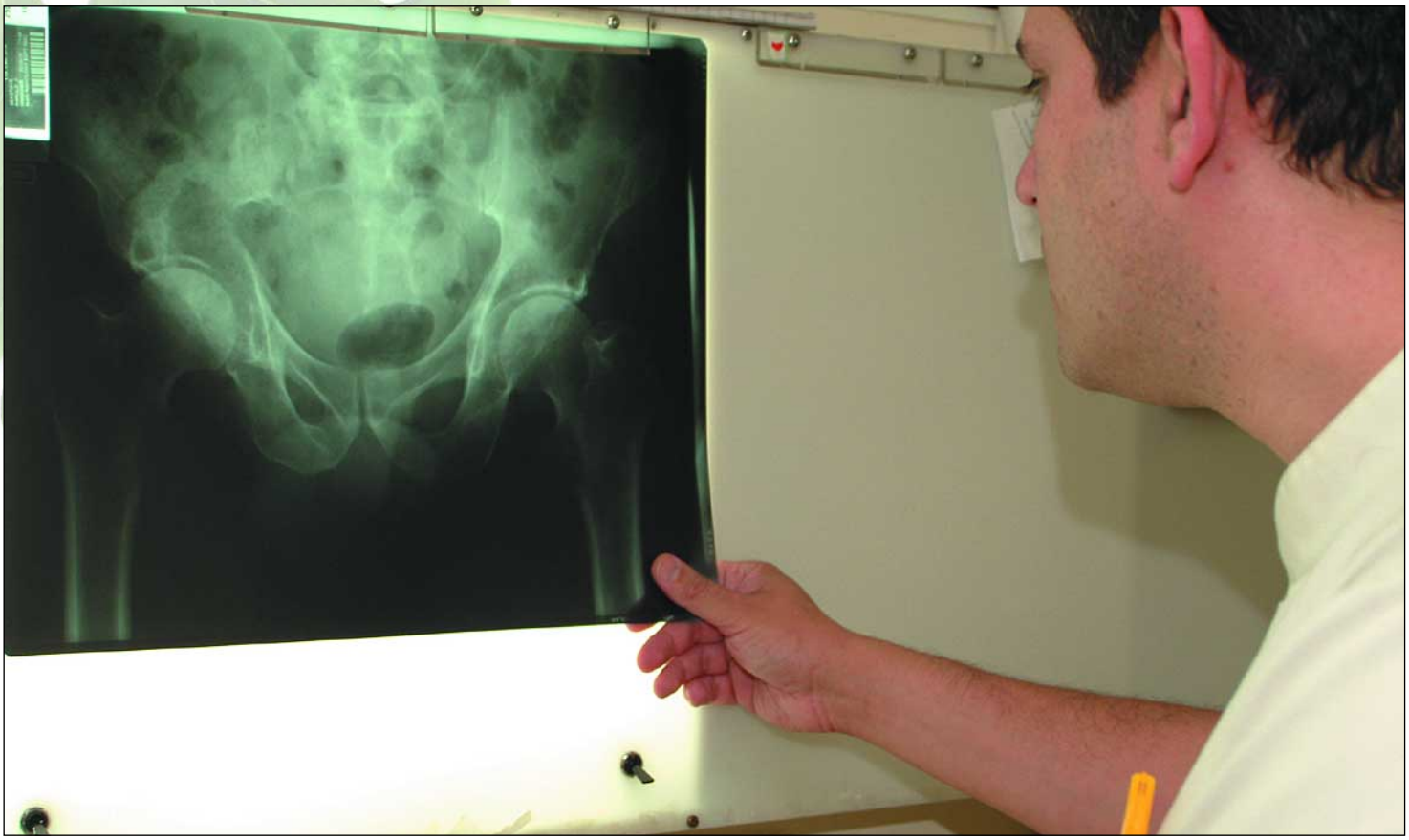
Operating Monday to Friday, 9am to 6pm, the ambulance has significantly relieved the pressure on Patient Transport Services and allowed them to concentrate on other priorities.

The internal ambulance.



The internal ambulance in action.

Fast track to x-ray



X-rays are a key diagnostic tool for many patients attending the hospitals' emergency services.

Nursing staff in A&E are being trained to fast track certain groups of patients from Triage to x-ray.

This is welcomed by patients, improves job satisfaction for staff, and significantly reduces patients' total journey time.

This improvement has been realised by both A&E and x-ray teams working together to achieve a common goal.

All new patients now book in at reception prior to being seen by a Triage nurse.

This ensures that patients have immediate contact with a member of staff who is able to quickly stream any urgent cases.

Patients walking to theatre

This initiative was presented at national Learning Workshops. Patients able to walk to the operating theatre are identified at pre-operative assessment and are given the choice to walk to theatre with Ward personnel, rather than be transferred in a chair or on a trolley by a Porter.

A process mapping exercise identified that Hospital Porters sometimes experienced delays when waiting for patients or nursing staff, and a successful pilot of this initiative led to it being implemented on a number of Wards.

Initial feedback has been very positive, with patients preferring to walk to theatre. Theatre portering workload and delays have reduced, therefore reducing the patient's journey time.

Gynaecology protocol

The Emergency Theatre Co-ordinator has introduced approved new Guidelines for patients requiring emergency evacuation of the uterus.

Patients and theatre staff had previously experienced long delays waiting for the availability of the on-call team.

Changes to the booking process, including utilising spaces on operating lists or utilising Surgeons currently in theatres, has reduced the patient journey time by about four hours

Conclusion

During the course of the Collaborative the Team has been faced with many challenges, such as limited resources, the scepticism of some staff who didn't believe that the outcome targets could be achieved, ever-increasing demand on emergency services and changing Project Team members.

Despite these challenges the Team continued undaunted, and with a huge amount of enthusiasm and determination to improve the care of patients who access our emergency services.

The Trust is exceeding and maintaining the target of 98% of all patients being seen, treated and discharged, admitted or transferred within four hours.

This achievement puts our Trust A&E performance among the best in the country.

It is to the credit of A&E staff and all of the extended ESC Project Team members, departments and representatives throughout the Trust, that we have achieved the fantastic and varied outcomes that we have.

Newark Hospital – moving forward

We continued to develop services at Newark Hospital during the year, both to improve services and to achieve its further integration within the Trust, as part of the Newark Hospital Clinical Strategy.

The main aims of the Clinical Strategy were to:

- Treat patients appropriate to the size and facilities of the hospital.
- Invest in staff and facilities to ensure safe transfer where required.
- Limit surgery to negate the need for critical care.
- Improve diagnostics.
- Ensure practices were consistent with King's Mill Hospital.

The Clinical Strategy was drawn up in partnership with East Midlands Ambulance Service, Newark and Sherwood Primary Care Trust, United Lincolnshire Hospitals NHS Trust and the former Central Nottinghamshire Community Health Council, and was the subject of public consultation in 2002.

One of the key aims of 2003/04 was to ensure that the previous arrangements for Consultant Medical staffing at the hospital, that relied heavily on doctors visiting from other hospitals and Trusts, were replaced by arrangements that allowed the Trust to employ the staff treating its patients.

A number of key permanent Consultant Medical staff were appointed by the Trust with specific work commitments at Newark Hospital, and a number of our existing Consultants also started working at the Hospital to support the transitional arrangements.

The Nursing Structure was also strengthened by the appointment of a dedicated Nurse Manager, Andrew Jones, and Modern Matron, Tracy Corcoran-Wall.

The Consultant appointments included:

- Mr Mukul Dube, Consultant General Surgeon;
- Dr Raj Amersey, Consultant Cardiologist
- Mr George Oduro, Consultant Accident and Emergency

In addition to these appointments, a number of Protocols and Procedures were agreed both within the hospital itself, and with external agencies regarding important Clinical issues including the transfer of patients between hospitals, the admission of emergencies, and medical cover arrangements, all designed to improve our services and ensure patient safety.

The use of the ACAT (Augmented Care Assessment Tool) system was also extended to Newark Hospital ensuring that patients received appropriate assessment and could be transferred to the best place to receive care and treatment.

Emergency Surgery was transferred to King's Mill Hospital and a comprehensive range of planned Surgery now takes place at Newark Hospital, maximising the use of its operating facilities.

Further changes, improvements and investments at Newark Hospital, are highlighted on these pages:

- We were delighted that the Trust and Newark Hospital was selected to receive a CT Scanner, and work to complete the installation during 2004, is well under way. This will be of great benefit to patients needing access to this diagnostic tool.
- A specialist Coagulation Nurse was appointed;
- A Rapid Access Chest Pain Clinic was established;
- The Trust's Digital Hearing Aid Service was extended to Newark Hospital;
- The Pregnancy Assessment Service commenced in June 2003, following the appointment of a dedicated Midwife.

Open doors at Eastwood Day Hospital

Newark's Day Hospital staff opened their doors to Healthcare Professionals in August 2003 to promote the revised patient pathway for rehabilitation services and to launch the patient discharge area, which was refurbished with the support of the League of Friends.

Staff were on hand to discuss the services provided at the hospital.

Fetal assist monitors

A donation of £25,456 made by the League of Friends at Newark Hospital enabled the purchase of two Fetal Assist Monitors for use at the Hospital.

The machines allow women to be assessed at the Hospital, if during their pregnancy their baby's heartbeat needs monitoring.

In addition, the League enabled the Trust to purchase terminals to be installed at neighbouring hospitals that will allow the information collected from the Fetal Assist Monitor to be sent directly to the hospital chosen by the mother for the delivery of her baby.

This will ensure that, if necessary, doctors and midwives at the relevant hospital can review the heartbeat recording.

The equipment will ensure antenatal care for the women of Newark is continually improving and will mean less travelling to and from the hospital of their choice.

First permanent A&E consultant

Mr George Oduro was appointed as the first permanent Consultant in Accident and Emergency Medicine at Newark Hospital.

Mr Oduro had worked previously as a Locum at the hospital.

On appointment, Mr Oduro was keen to point out that Newark's A&E would treat, stabilise or transfer to another hospital, anyone who walked through its doors seeking help.

Improved security

Security improvements resulting from the introduction of Car Parking charges at Newark Hospital were considered during 2003/4. This followed a similar successful scheme at King's Mill Hospital. These improvements were introduced after the year-end.

Previously, there had been no formal Security presence at Newark Hospital. It was also hoped that patients, visitors and staff, would find parking places easier as there were a number of unauthorised users of the car park. Paying for security through car parking charges prevented money from being diverted from patient care.

A&E expansion

King's Mill Hospital's A&E department received a £350,000 boost in-year, the biggest revamp since it was rebuilt 11 years ago.

It provided an additional five examination rooms, an assessment room and a clinic with two patient cubicles. A&E previously had just five cubicles.

The enlargement followed a huge increase in the amount of people attending A&E at the Hospital.

Staff had been kept fully involved, from choosing the location and room sizes to choosing the colour of the curtains.

Patients and staff were also being asked to come up with ideas on how to spend a further £10,000 granted for smaller improvements to the A&E department.

Ideas included more comfortable seats, a plasma screen displaying health messages and new crockery.

Kay Orgill, of A&E, in the new corridor.

Sarah Carr with baby Joseph

First Baby for Dukeries First Born

During the year,Sarah Carr, the first person born at King's Mill's Dukeries Centre nearly 30 years ago, gave birth to her first baby there in August 2003.

Sarah was born on 13 January 1974, to mum Julie, and was presented with a silver spoon by the Duke and Duchess of Devonshire at the official opening of the Dukeries Centre in 1975.

Baby Joseph Keith Andrew Clarke was born to Sarah Carr and John Clarke, on 13 August 2003.

Sarah has always maintained close links with the Dukeries Centre, attending the Unit's 21st birthday party celebrations in 1995, and choosing King's Mill as a base for her student nurse training.

"King's Mill Hospital was the obvious choice for me to give birth to Joseph," said Sarah.

"I have always been very impressed with the high standard of care provided by staff at the Dukeries Centre and would not hesitate to recommend the Hospital to other mums-to-be."

Stroke Awareness Week

"Eat a rainbow, beat a Stroke" was the theme for the year's Stroke Awareness Week, held between September 29 and October 5, 2003.

The idea was to encourage adults and children to eat a variety of foods in moderation, based on their colour, to help reduce their risk of Stroke.

Various events took place throughout the Trust, including information stands, blood pressure monitoring, rainbow menus for staff and patients and a "paint a menu on a plate competition" - the plates are now on display at Bert Ashworth Ward.

People attending the events were reminded of the signs of a Stroke.

Norman Humber, Head Porter at MCH, takes a blood pressure check

- Sudden numbness, weakness or paralysis on one side of the body (drooping face, arm or leg, dribbling mouth).
- Sudden difficulty speaking or understanding speech.
- Sudden blurring or loss of vision, particularly in one eye.

These signs may also be accompanied by dizziness, confusion, unsteadiness and a severe headache.

Reducing your Stroke Risk:

- Have your blood pressure checked regularly and, if it is high, take medical treatment and make lifestyle changes to bring it down.
- Stop smoking.
- Avoid drinking too much alcohol.
- Take regular exercise.
- Stay a healthy weight.
- Cut down on salt & fatty food, and eat several portions of fruit and vegetables each day.
- Seek medical advice before taking the pill or HRT.

New Chemotherapy Isolators installed

The Pharmacy Sterile Production Unit at King's Mill Hospital moved into its newly refurbished facility, after spending two months travelling to Queen's Medical Centre every day to use their equipment.

Working with the new equipment - Paul Jones (Senior Technician), Nikki Hughes (Production Section Leader) and Sam Reeve (Deputy Senior Technican).

Two negative pressure isolators were installed, providing Pharmacy Staff with the latest technology to prepare chemotherapy drugs.

The modern design is more comfortable for staff to work in and provides better protection for both staff and the medicines being prepared.

Technicians are now able to prepare treatments for two patients at the same time, meaning shorter waiting times.

The increased capacity within the Unit also means it is now easier to treat patients who previously travelled to Nottingham City Hospital.

Aside from preparing the chemotherapy injections, the Unit also prepares other sterile injections, such as individually formulated nutrition solutions feeding babies on the neonatal unit.

The present building has only two rooms where the staff can prepare injections.

The new build within MAS will increase this to five aseptic rooms, which will allow Pharmacy to provide a full intravenous additive service to our patients, as provided at many other Acute hospitals.

This means we will make most patients injections within a sterile environment, which is therefore safer for patients and will save a considerable amount of nursing time.

Urology Support Team

Elizabeth Deakin, Jenny Garner and Lisa Taylor

The Urology Support Team was formed to work with Urology Cancer patients based at King's Mill Hospital and follow their journey to other local hospitals as and when necessary.

It is a full time job share post so Lisa Taylor, the Co-ordinator will be covering two days per week and Jenny Garner and Elizabeth Deakin the remaining three days.

They bring to the team a wealth of experience in nursing Urology patients. Lisa has worked for many years on Aldridge Ward, Elizabeth on the Surgical Admissions Unit, and Jenny in the Urology Outpatients Department. The team was formed with the object of providing a specialist service to give the best possible support to Urology Cancer patients, whether hospitalised or outpatients.

The team aims to see all newly diagnosed Cancer patients, giving them and their families support and help from the point of diagnosis and onwards through the Cancer pathway.

It is also available to give support and help to other Urology Cancer patients who have been previously diagnosed, as and when they need it.

It is also a resource for advice and support for patients, carers and other Health Care Professionals.

Financial Report 2003-2004

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

DIRECTORS' REPORT

Overview

While 2003/4 was a challenging financial year, the Trust successfully used its financial resources to improve services for patients and deliver or exceed the NHS Plan targets. The main financial duties were achieved as shown below:

Target	Requirement	Performance	Result
At least break even on our Income and Expenditure Account	Break even	£2,000 surplus	✓
Achieve a Capital Cost Absorption Rate of 3.5%	3.0% to 4.0%	3.4%	✓
Operate within the Capital Resource Limit	£6,323,000	£6,301,000	✓
Operate within the External Finance Limit	£4,782,000	£4,782,000	✓

Income and Expenditure

Total income for the year was £124.8m (£114.2m in 2002/3) representing a real terms growth of 5%. This growth results from additional funding to finance a number of cost pressures the Trust anticipated and experienced during the year, including implementing the New Deal arrangements for junior doctors and managing significant increases in emergency and unplanned admissions to the Trust's hospitals.

Expenditure increased in line with these levels of workload and allowed us to see or treat 420,665 patients (413,024 in 2002/3) an increase of 1.9% compared to last year. This included 245,221 outpatients during the year (244,402 in 2002/3).

Effort continues to be applied to reduce our costs and obtain value for money. During the year the Trust commenced work with other hospitals in Nottinghamshire to form a purchasing consortium in order to obtain economies of scale from purchased goods and services. We hope to see increasing benefits from this arrangement during 2005/6.

We also refocused our management resource on our key priorities in the year. This has resulted in a reduction in our management costs to £4,044,000 (£4,262,000 in 2002/3) which represents 3.2% (3.7% in 2002/3) of our total income. Details of our management costs and Directors' remuneration are given in notes 6 and 9 to the summary accounts

Balance Sheet

During 2003/4 we saw significant additional investment in the fixed assets of the Trust. This included:

- Provision of an angiography suite for cardiology patients.
- Improvements in the accident and emergency department.
- Upgrading of ward and clinic facilities for maternity patients.
- Expansion of breast screening facilities in line with national targets.

In addition, nearly £1m was spent on upgrading or acquiring new medical equipment, essential for the day-to-day operation of the Trust. The Trust also continued to invest (£250,000 in 2003/4) in improvements in information systems and technology, in conjunction with the North Nottinghamshire 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 99% (98% in 2002/3) compliance with the Better Payment Practice Code. Details of compliance with this code are given in note 5 to the summary accounts.

Charitable Funds

During the financial year we received donations and legacies to our Charitable Funds of £443,000 (£256,000 in 2002/3). The generosity of all those who made a donation or raised funds on behalf of our charitable funds is very much appreciated.

In line with the increased donations, the Trustees were able to make an increased level of grants (£410,000 compared to £294,000 in 2002/3) 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 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:

- During 2005/6, we hope to reach agreement with a private sector partner to build a new hospital on the King's Mill site and operate the non-clinical support services across all the Trust's sites. New and expanded facilities will mean additional costs, and we are working with our local primary care trusts to secure the necessary funding for these developments.

- 2005/6 sees the commencement of the new funding system, called "Payment by Results", that pays hospitals for each treatment provided to patients. The current system effectively fixes the funds available at the start of the year. Significant work is underway to amend our planning and budgeting systems to cope with this new environment.

- During 2004/5 the Trust will commence implementing the new NHS pay system for non-medical staff, called "Agenda for Change". The aim is to provide a common pay structure across the many professions that make up the staff that provide and support our services. Again, significant work is underway to amend our pay systems to implement and operate this new system.

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 April 1, 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 formally in public 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 February 7, 2002. Bill Gregory was appointed Executive Director of Finance on November 1, 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 2003/4 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 March 31, 2004 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
Mr Peter Harris
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

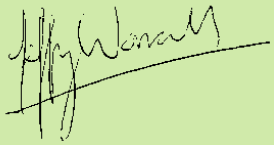
The Directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of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

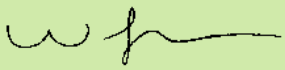
The Directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirement outlined in the above mentioned direction of the Secretary of State. They are 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 Finance Director

July 15, 2004

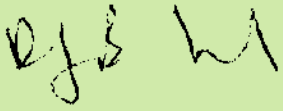
Independent Auditor's Report to the Directors of Sherwood Forest Hospitals NHS Trust on the Summary Financial Statements

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 March 31, 2004 on which we have issued an unqualified opinion.



David Brumhead
District Auditor

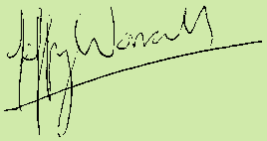
July 22, 2004

Income and Expenditure Account

For the Year ended 31 March	Notes	2004 £000	2004 £000	2003 £000	2003 £000
Income from activities:		**110,319**		101,221	
Other operating income		**14,466**		12,986	
TOTAL INCOME	**1**		**124,785**		114,207
Operating expenses:					
Staff costs	**6**	**84,744**		75,210	
Non-staff cost		**33,115**		31,107	
Depreciation		**3,801**		3,210	
Audit fees		**201**		184	
Directors' remuneration	**9**	**402**		370	
			(122,263)		(110,081)
OPERATING SURPLUS			**2,522**		4,126
Interest receivable			**171**		95
Other finance costs - unwinding of discount			**(15)**		(46)
Other finance costs - change in discount rate on provisions			**55**		0
SURPLUS FOR THE FINANCIAL YEAR			**2,733**		4,175
Public dividend capital dividends payable			**(2,731)**		(4,174)
RETAINED SURPLUS FOR THE YEAR	**1**		**2**		1
CAPITAL COST ABSORPTION RATE	**2**		**3.4%**		6.2%

Balance Sheet

As at 31 March	Notes	2004 £000	2004 £000	2003 £000	2003 £000
FIXED ASSETS					
Tangible fixed assets					
Land		**12,767**		12,077	
Buildings		**66,549**		59,823	
Assets under construction		**730**		1,579	
Equipment		**12,207**		8,779	
			92,253		82,258
CURRENT ASSETS					
Stocks and work in progress		**1,926**		1,973	
Debtors		**5,877**		3,352	
Cash at bank and in hand		**134**		134	
			7,937		5,459
CREDITORS: Amounts falling due within one year	**5**		**(8,393)**		(9,320)
NET CURRENT LIABILITIES			**(456)**		(3,861)
TOTAL ASSETS LESS CURRENT LIABILITIES			**91,797**		78,397
CREDITORS: Amounts falling due after more than one year			**0**		0
PROVISIONS FOR LIABILITIES AND CHARGES			**(2,230)**		(876)
TOTAL ASSETS EMPLOYED			**89,567**		77,521
FINANCED BY:					
TAXPAYERS' EQUITY					
Public dividend capital		**74,293**		69,511	
Revaluation reserve		**12,695**		7,357	
Donated asset reserve		**3,156**		2,601	
Income and expenditure reserve		**(577)**		(1,948)	
TOTAL TAXPAYERS EQUITY			**89,567**		77,521



Jeffrey Worrall
Chief Executive

July 15, 2004

Cash Flow Statement

For the Year Ended 31 March	Notes	2004 £000	2004 £000	2003 £000	2003 £000
Operating Activities					
Total operating surplus		**2,522**		4,126	
Depreciation and amortisation charge		**3,801**		3,210	
Transfer from donated asset reserve		**(216)**		(162)	
(Increase)/decrease in stocks		**47**		(163)	
(Increase)/decrease in debtors		**(2,525)**		(407)	
Increase/(decrease) in creditors		**(1,886)**		50	
Increase/(decrease) in provisions		**1,354**		876	
Net cash inflow from operating activities			**3,097**		7,530
Returns on Investment and Servicing of Finance					
Interest received		**170**		95	
Net cash inflow from returns on investments and servicing of finance			**170**		95
Capital Expenditure					
Payments to acquire tangible fixed assets		**(5,942)**		(6,577)	
Net cash outflow from capital expenditure			**(5,942)**		(6,577)
Dividends paid			**(2,731)**		(4,174)
NET CASH OUTFLOW BEFORE FINANCING			**(5,406)**		(3,126)
Financing					
Public dividend capital received		**4,782**		4,425	
Public dividend capital repaid (not previously accrued)		**0**		(1,900)	
Other capital receipts		**624**		604	
Net cash inflow from financing			**5,406**		3,129
INCREASE IN CASH			**0**		3

Statement of Total Recognised Gains and Losses

For the Year ended 31 March	2004 £000	2003 £000
Surplus for the financial year before dividend payments	**2,733**	4,175
Unrealised surplus on fixed asset revaluations/indexation	**6,854**	9,880
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**624**	604
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	**(216)**	(162)
Total recognised gains and losses for the financial year	**9,995**	14,497
Prior period adjustment		
- Pre-95 early retirement	**0**	(515)
- Other	**0**	(1,367)
Total gains and losses recognised in the financial year	**9,995**	12,615

Notes to the Summary Financial Statement

1. Breakeven performance and five-year financial summary

The trust's breakeven performance for 2003/2004 and for the preceding four years is as follows:

	1999/00	2000/01	2001/02	2002/03	2003/04
	£000	£000	£000	£000	£000
Total income	69,606	74,933	102,773	114,207	124,785
Retained surplus for the year	80	88	2	1	2
Break-even cumulative position	80	168	170	171	173

2. Capital cost absorption rate

		2003/04 £'000	2002/03 £'000
Total capital and reserves (total assets employed)		**89,567**	77,521
Less:	Donated assets reserve	**(3,156)**	(2,601)
	Purchased assets in the course of construction	**(730)**	(1,579)
	Cash held in paymaster accounts	**(134)**	(134)
Total Relevant Net Assets		**85,547**	73,206
Average Relevant Net Assets		**79,377**	67,241
Total Dividends Paid		**2,731**	4,174
Capital Cost Absorption Rate (%)		**3.4%**	6.2%

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 £2,731,000, bears to the average relevant net assets of £79,377,000: that is 3.4%. The variance is within the Department of Health's materiality range of 3% to 4%.

Prior to 2003/04, the cost of capital rate was 6% of average relevant net assets. However, funding of NHS commissioners was changed at the time of change of the rate in such a way that the ability to meet the target was unaffected. The average relevant net assets calculation differs from 2002/03 as no adjustment is made to the net relevant assets and associated creditors for government granted assets and loans and overdrafts, and the capital costs absorption rate was reduced from 6% to 3.5%.

3. External financing

The Trust is given an external financing limit which it is permitted to undershoot.

	2003/04 £000	2002/03 £000
External financing limit set by the Department of Health	**4,782**	2,525
Cash flow financing	**5,406**	3,126
Other capital receipts	**(624)**	(604)
External financing requirement	**4,782**	2,522
Undershoot	**0**	3

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.

	2003/04 £000	2002/03 £000
Gross capital expenditure	**6,903**	6,355
Less: donations	**(602)**	(604)
Charge against the Capital Resource Limit	**6,301**	5,751
Capital resource limit	**6,323**	5,766
Underspend against the Capital Resource Limit	**22**	15

5. Better Payment Practice Code - Measure of Compliance

Year Ended 31 March 2004	Number	£000
Total bills paid in the year	50,344	31,887
Total bills paid within target	49,625	31,215
Percentage of bills paid within target	98.57%	97.89%

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. Management costs

	2003/04 £000	2002/03 £000
Management costs	**4,044**	4,262
Income (net of NMET income)	**124,395**	113,551

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.

NMET is income related to the Trusts training and education activities.

Notes to the Summary Financial Statements (continued)

7. 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
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/Sherwood Forest Hospitals charitable fund are available separately, the summary financial statements of the charitable fund appear within this report.

8. Audit Services

The audit fee charged to the accounts in the period was £200,938. All of the work carried out by the External Auditors was in accordance with the Code of Audit Practice.

Notes to the Summary Financial Statements (continued)

9. Salary and Pension Entitlements of directors

Name and Title	Age	Salary (bands of £5000) £000	Other Remuneration ** (bands of £5000) £000	Golden Hello/compensation for loss of office £000	Real increase in pension at age 60 (bands of £2500) £000	Total accrued pension at age 60 at 31 March (bands of £5000) £000	Benefits in kind* £000
2003/04							
Mr B. Meakin (Chair)	**64**	**15 - 20**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03	*63*	*15 - 20*	*0*	*0*	*n/a*	*n/a*	*0*
Mr J. Worrall (Chief Executive)	**47**	**95 - 100**	**0**	**0**	**0 - 2.5**	**30 - 35**	**5**
2002/03	*46*	*95 - 100*	*0*	*0*	*2.5 - 5*	*25 - 30*	*4*
Mr W. Gregory (Executive Director of Finance from 1st November 2003)	**39**	**30 - 35**	**0**	**0**	**0 - 2.5**	**5 - 10**	**1**
Mr A. Leary (Executive Director of Finance to 7th September 2003)	**44**	**35 - 40**	**0**	**0**	**0 - 2.5**	**20 - 25**	**2**
2002/03 (From 1st December 2002)	*43*	*25 - 30*	*0*	*0*	*2.5 - 5*	*20 - 25*	*1*
Mrs E. Konieczny (Acting Executive Director of Finance (From 1 September 2003 to 31 October 2003)	**41**	**5 - 10**	**0**	**0**	**0 - 2.5**	**0 - 5**	**0**
Mrs T. Allen (Executive Director of Strategy & Service Development)	**36**	**65 - 70**	**0**	**0**	**0 - 2.5**	**5 - 10**	**0**
2002/03 (From 9th September 2002)	*35*	*35 - 40*	*0*	*0*	*0 - 2.5*	*5 - 10*	*0*
Dr M. Mowbray (Executive Medical Director)	**46**	**20 - 25**	**85 - 90**	**0**	**0 - 2.5**	**20 - 25**	**5**
2002/03 (From 11th June 2002)	*45*	*20 - 25*	*65 - 70*	*0*	*0 - 2.5*	*20 - 25*	*4*
Mrs C. White (Executive Director of Nursing)	**43**	**60 - 65**	**0**	**0**	**0 - 2.5**	**15-20**	
2002/03	*42*	*55 - 60*	*0*	*0*	*(0 - 2.5)*	*10 - 15*	*0*
The following executive directors were employed by the Trust in the Previous year:							
Mr J. Barber (Executive Director of Finance to 1st December 2002)	*46*	*45 - 50*	*0*	*0*	*n/a*	*n/a*	*2*
Mr A. Samuel (Executive Director of Corporate Development to 18th October 2002)	*53*	*35 - 40*	*0*	*61*	*n/a*	*n/a*	*0*
Dr M. Ward (Executive Medical Director to 31st May 2002)	*51*	*0 - 5*	*15 - 20*	*0*	*0 - 2.5*	*25 - 30*	*1*
Non-Executive Directors:							
Mrs L. Carter	**57**	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03	*56*	*5 - 10*	*0*	*0*	*n/a*	*n/a*	*0*
Mrs D. George	**62**	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03	*61*	*5 - 10*	*0*	*0*	*n/a*	*n/a*	*0*
Mr P. Harris	**49**	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03	*48*	*5 - 10*	*0*	*0*	*n/a*	*n/a*	*0*
Mr J. Lonergan, MBE	**70**	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03	*69*	*5 - 10*	*0*	*0*	*n/a*	*n/a*	*0*
Mrs S. Andrews	**61**	**5 - 10**	**0**	**0**	**n/a**	**n/a**	**0**
2002/03 (from 4th November 2002)	*60*	*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.

Charitable Funds - Statement of Financial Activities

For the year ended 31 March	2004		2003	
	£000	£000	£000	£000
Incoming resources				
Donations, legacies and similar resources				
Donations	345		214	
Legacies	98		42	
Investment income	30		27	
Total incoming resources		473		283
Resources expended				
Grants payable to other NHS bodies	364		256	
Management and administration	46		38	
Total resources expended		(410)		(294)
NET INCOMING/(OUTGOING) RESOURCES		63		(11)
Gains/(losses) on revaluation and disposal of investment assets		82		(133)
NET MOVEMENT IN FUNDS		145		(144)
Fund balances brought forward		615		759
Fund balances carried forward		760		615

Charitable Funds - Balance Sheet

As at March 31	2004		2003	
	£000	£000	£000	£000
Fixed Asset Investment		597		515
Current Assets				
Debtors	6		1	
Short term investments and deposits	71		69	
Cash at bank and in hand	122		63	
	199		133	
Creditors: Amounts falling due within one year	(36)		(33)	
NET CURRENT ASSETS		163		100
NET ASSETS		760		615
Funds of the Charity				
Capital Funds: Endowment Funds		28		28
Income Funds:				
Restricted		3		2
Unrestricted		729		585
Total Funds		760		615

Note 1. Analysis of Fixed Asset Investments	2004	2003
	£000	£000
Market value at 31 March (opening balance)	515	648
Net gain / (loss) on revaluation	82	(133)
Market value at 31 March (closing balance)	597	515
Historic cost (purchase price of investments)	550	550

Statement of Internal Control 2003/4

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 policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives; 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 not been in place in full in Sherwood Forest Hospitals NHS Trust for the whole year ended 31 March 2004, but was developed throughout 2003/4 and was fully in place by 31 March 2004 and up to the date of approval of the Annual Report and Accounts. The following elements of the Statement on Internal Control reflect the additional means by which the Trust maintained its system of internal control during the year.

3. Capacity to handle risk

The Risk Management Strategy 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 Executive 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. This work will be further developed during 2004/2005 and assists with the development of an organisation wide risk aware culture. This 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 are included in core induction. Mandatory induction training includes a section on Risk Management that highlights key Trust policies and procedures. These include the Risk Management strategy, Health and Safety, Infection Control and Complaints Policies. The core training processes also includes specific Risk Management training and key staff are currently undertaking Root Cause Analysis training. 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 Risk Management Policy and Strategy, which was reviewed during the year and approved by the Board. Willis also independently assessed the Risk Management Strategy during 2003/4. 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.

- 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.

Statement of Internal Control 2003/4 (continued)

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 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

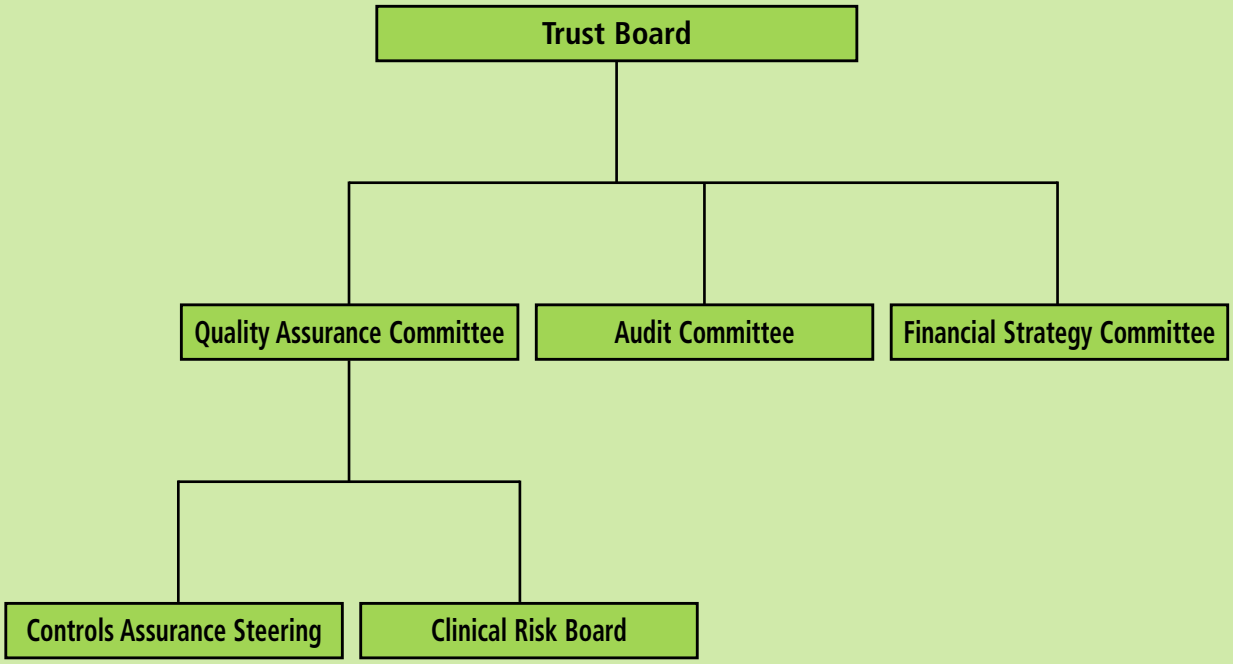
- The Audit Committee is responsible for reviewing the effectiveness of the Trust's systems of internal control, overseeing the work of the Trust's auditors and the implementation of its plan to manage the risk of fraud and corruption. The Audit Committee reports regularly to the Trust Board

- 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

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

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

Risk Management 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 2003/4. 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. These include dealing with the implementation of Payment by Results, Agenda for Change and the Freedom of Information Act. In addition the relatively new committee arrangements for managing risk, outlined above, will be kept under review for opportunities to further enhance their effectiveness. Action plans are in place and assigned to specific Directors for these areas.

The Board's work on the Assurance Framework will continue in 2004/5 and will include re-evaluating risks against the 2004/5 Business Plan objectives, further integration of the risk assessment process at the various levels within the Trust and identification of sources of independent verification of the non-core controls assurance standards.

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 Directors 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 and papers through being 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 :
  - Clinical Negligance Scheme for Trusts (CNST) Standard 1a in February 2004
  - Three star rating achievement for 2003/4
  - Improving Working Lives Practice Status
  - Average score of over 70% across the Controls Assurance standards
  - Lower quartile mortality rates reported by Dr Foster
  - CHI reports
  - External and Internal Auditors' reports
  - Maintenance of Investors In People status

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.

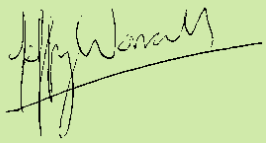
- The Quality Assurance Committee is to provide strategic direction, ensuring a comprehensive and coherent framework of Risk Management that integrates clinical and corporate governance.

- 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 Executive 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 have been no significant internal controls issues identified during 2003/4.



Jeffrey Worrall
Chief Executive
July 15, 2004

on behalf of the Board

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

Facelift for King's Mill Hospital maternity services

The Maternity Unit at King's Mill Hospital had a £750,000 facelift and was renamed at a special ceremony in March 2004.

Dame Lorna Muirhead, the President of the Royal College of Midwives, presided at the ceremony.

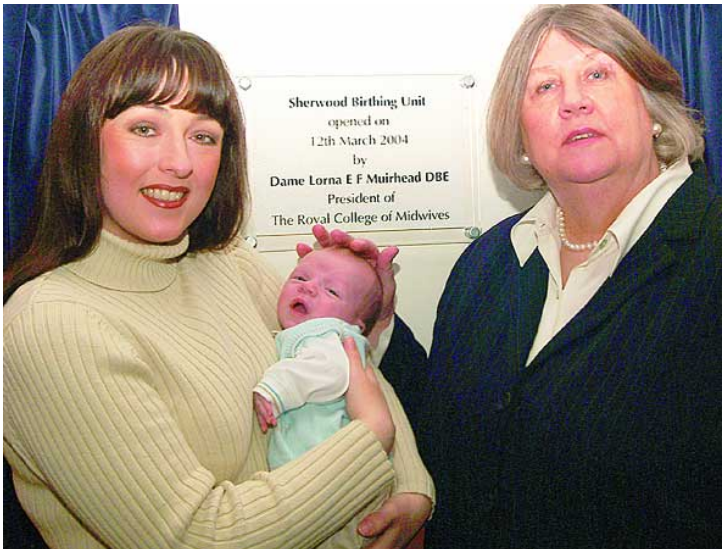
The cash injection was made to the antenatal, delivery and ward environments to remodel and refurbish them, with investment in equipment and facilities for both women and the staff.

Following a staff competition, the delivery facilities were renamed The Sherwood Birthing Unit.

It encompasses all of the delivery facilities for women and replaces the previous names of Consultant Delivery Suite and GP Unit.

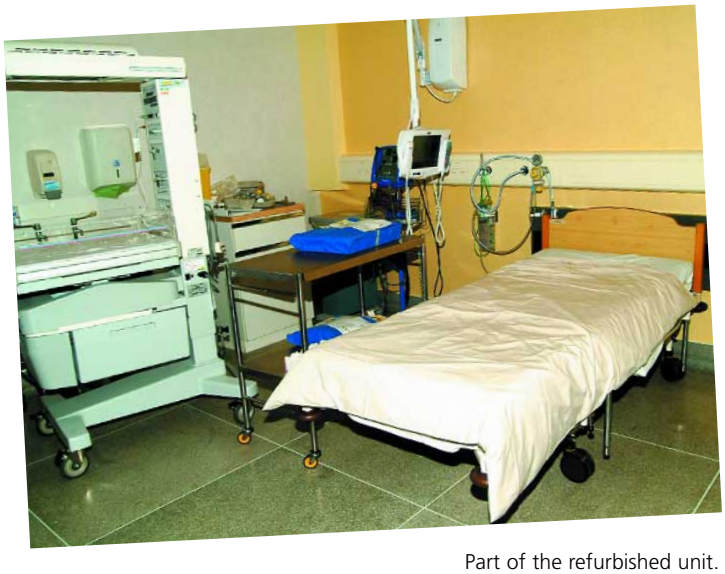
Julia Savage, Director of Midwifery and Nursing Services, said: "We are very pleased that Dame Lorna was able to join us to officially rename our facility, which provides a much improved environment for women at such an important time in their lives.

Dame Lorna meets some of the staff in the new unit.



Angela Parker, Community Relations Manager, who gave birth to son Jake in the newly refurbished suite, meets Dame Lorna

"Alison Whitham, Midwifery and Gynaecology Manager, and the team have worked hard to sensitively improve the environment and re-design facilities to update the accommodation for women, the partners and the staff."



Part of the refurbished unit.

Superbug war recruits five new fighters

A new weapon in our war against MRSA and other infections was announced during 2003/04 – five ward housekeepers.

Responsible for ward cleanliness, among other duties, the ward housekeepers were being recruited towards the end of the year to work at both King's Mill and Newark Hospitals.

"They are invaluable in the fight against MRSA and other infections," said Elaine Overton, Specialist Nurse in Infection Control.

"They ensure even higher levels of cleanliness than we currently see, from providing soap and towels and reporting and chasing up maintenance, to ensuring there are enough supplies of clinical and non-clinical equipment."

Elaine's enthusiasm is shared by the Trust, and we have agreed to fund the posts despite achieving "Green" in the cleanliness Traffic Light System used by the Patient Environment Action Team (PEAT).

"This approach has worked in other Trusts, where they have seen a big improvement in cleanliness and patient care," says Lorraine Palmer, the Trust's Facilities Manager. "We expect the same results here."

The Ward Housekeepers will also give nurses more time to spend on nursing. The approach is endorsed by the Government's Agenda for Modernisation programme.

What is MRSA?

Staphylococcus **is a family of common bacteria; many people naturally carry it in their noses. It can cause a mild infection and like any infection it can sometimes cause death in severely ill patients.**

MRSA stands for methicillin-resistant *Staphylococcus aureus*, but is shorthand for any strain of *Staphylococcus* bacteria which is resistant to one or more conventional antibiotics.

These strains of *Staphylococcus aureus* are usually resistant to many of the conventional antibiotics and may sometimes be referred to as multi-resistant *Staphylococcus aureus*.

Investing in our staff

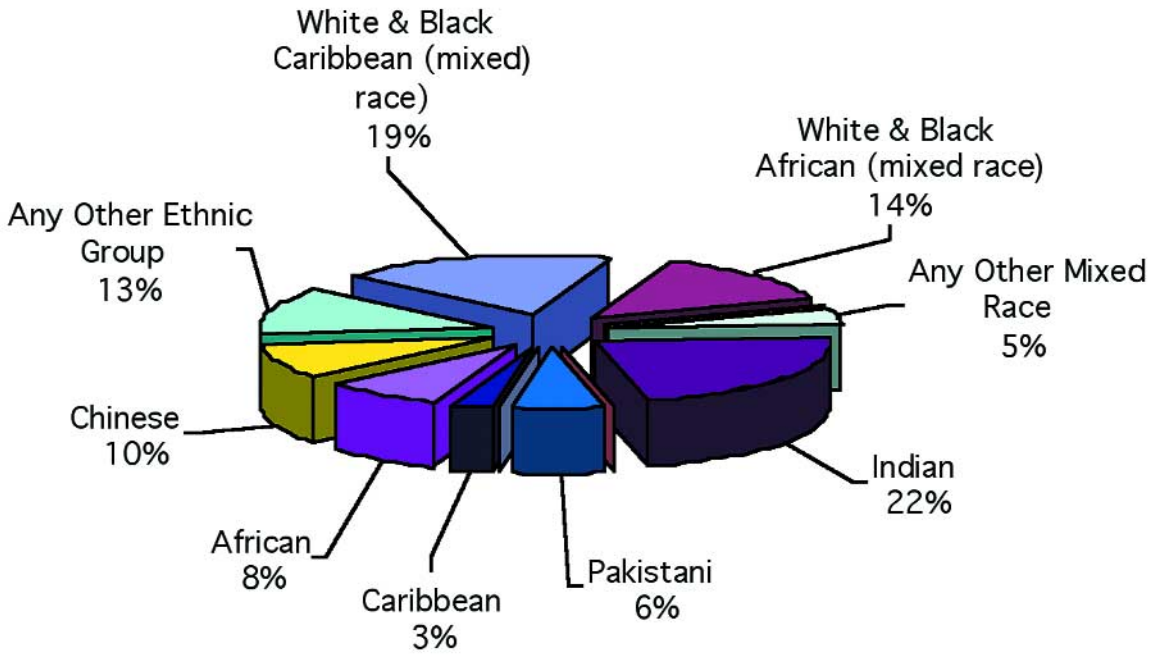
Equality and Diversity

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.

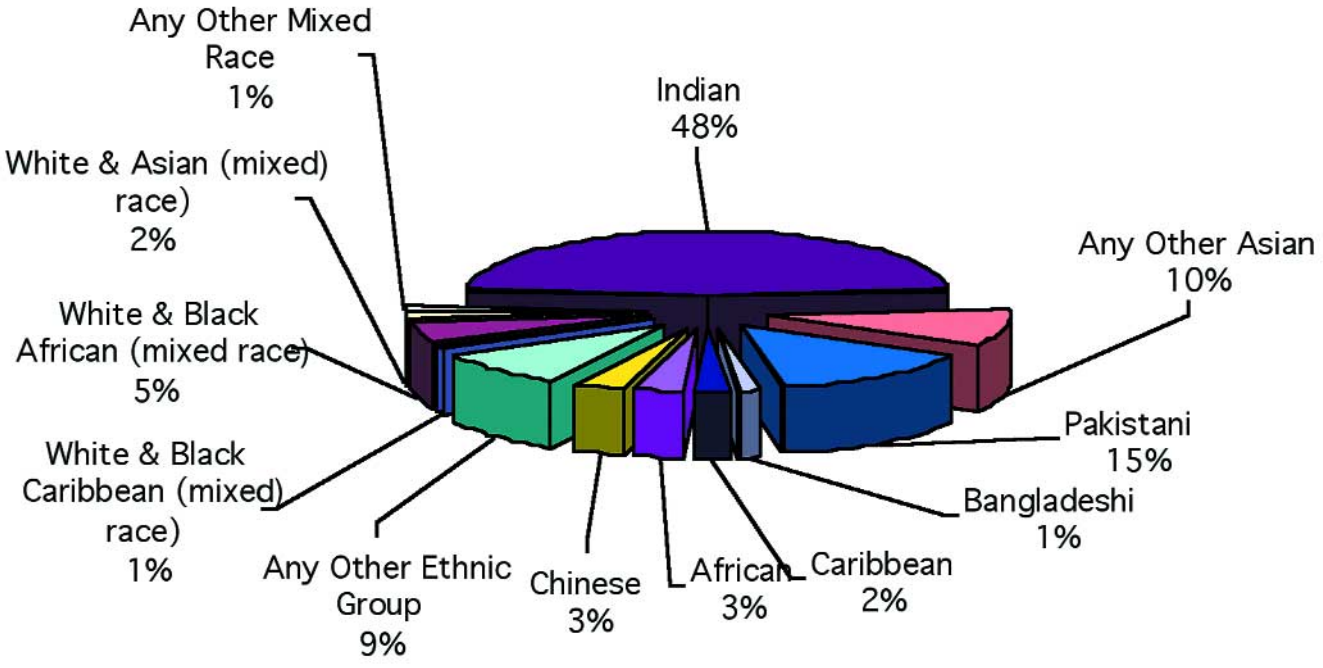
Work is continuing to achieve this, led by the Trust's Equality and Diversity sub-group of the Improving Working Lives Steering Group.

While the Trust has a fairly low proportion of Black and Minority Ethnic (BME) staff (46% for medical staff and 2% for non-medical staff, as at 31 March 2004), this covers a wide range of ethnic origins.

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



Investing in our staff

Nigel Mellors, Joint Staff Consultative Committee, Staff Side Chair and Trust lead for Improving Working Lives is leading the work ensuring awareness has been extended to cover religious beliefs and sends regular e-mails to all users in the Trust identifying religious festival days.

The Trust continues to be committed to ensuring compliance with the Employment Services two ticks disability symbol and during the year relaunched our management guidance in respect of handling sickness absence and any cases of long term disability of our employees.

Pay Modernisation

Pay Modernisation is a key strand of the National Human Resources Strategy to ensure the NHS provides a model career.

The two areas the Trust has concentrated on in 2003/4 have been Agenda for Change and the Consultant Contract.

Agenda for Change

This is the new national pay system for non-medical staff that is currently being piloted in twelve early implementer sites.

The national roll-out is planned for 1 December 2004, subject to final agreement with the Trade Unions.

The Trust has identified and resourced a Project Manager for Agenda for Change, Lisa Geraghty, and a Staff Side Lead for Agenda for Change, Karen Malpas.

A project structure was agreed in October 2003 and the various project groups have been working on planning and preparation for implementation.

Consultant Contract

A new national Consultant Contract was accepted in October 2003.

Existing Consultant Medical Staff have been given the option of taking up the new contract or remaining on their current terms and conditions.

Any Consultants appointed after 31 October 2003 have been automatically appointed to the new contract.

The new contract of employment differs from the current contract in several ways. This includes:

- the introduction of a nationally agreed annual job planning process which will include personal and service objectives.
- a revised working week to include 10 Programmed Activities (for a whole time Consultant) each of which has a timetable value of four hours, with enhanced rates for Programmed Activities that take place outside the hours of 7am – 7pm Monday to Friday.
- the ability to contract for extra Programmed Activities, on a temporary basis, up to 48 hours per week.
- a payment for on-call availability
- a Code of Conduct for Private Practice
- pay progression through pay thresholds which are dependant on the Consultant fulfilling a variety of criteria, which should be attainable by the majority. There is no longer an automatic incremental scale.

As at 31 August 2003 the Trust had 74 Consultants who had expressed an interest in the contract, of which 31 have now accepted the contract and have been paid on the new scales.

Providing a model career

Providing a model career with flexible career paths and personal development opportunities is an identified aim of the national, and the Trust's, Human Resource Strategy.

A key contributor to this is the Skills Escalator approach of ensuring a variety of pathways for career progression and training opportunities, whilst developing new and extended roles for staff.

This aids recruitment, retention and professional and personal development.

The development of new roles

The Trust has developed a number of new roles during 2003/4, including Helen Rutland as Patient Progress Facilitator, ward housekeepers and extended roles for radiographers to undertake trauma reporting, barium enemas and the reporting of head scans.

In collaboration with Trent NHS Workforce Confederation, Colin Harriman was appointed as our first Trainee Surgical Practitioner in Ophthalmology.

Most of the first months of his appointment, since October 2003, have been spent gaining valuable training and experience as part of a national programme, under the supervision of Consultant Ophthalmology Surgeon, Mr Subramaniam.

The training will last for 12 months and once trained, Colin will be able to conduct pre-operative clinics, scanning and minor procedures.

The initiative will also be fully evaluated.

Consultant Appointments 2003/04

In addition to developing new roles the Trust has been successful in recruiting into several hard to fill Consultant Medical Staff posts in 2003/4.

- Mr Mukul Dube – appointed as Consultant General Surgeon from May 1, 2003.
- Mr Sushrut Kulkarni – Consultant Orthopaedic Surgeon, June 1, 2003.
- Dr Jonathan Pashley-Smith – Consultant in Accident and Emergency, March 1, 2004.
- Dr Rajiv Amersey – Consultant Physician in Cardiology, January 1, 2004.
- Dr Penelope Sensky – Consultant Physician in Cardiology, February 2, 2004.
- Dr Andrew Molyneux – Consultant Physician in Respiratory Medicine, March 29, 2004.
- Dr Timothy Moorby – Consultant Haematologist, November 1, 2003.

Investing in our staff

Consultant Appointments 2003/04 (continued)

- Dr Steven Jones – Consultant Haematologist, November 17, 2003.
- Dr Puran Khandelwal – Consultant Anaesthetist, January 2, 2004.

Training, Education and Development

The year presented exciting and challenging opportunities.

New working relationships were established with the NHS University (NHSU) and providers of Higher Education, such as Derby University.

We provided more Clinical Placements for students from the medical, nursing and Allied Health Professions and attracted additional external funding to support the development of training activities.

New Facilities

A Multi-professional Clinical Skills Laboratory opened in September 2003, providing excellent facilities for training clinical staff in hands-on procedures.

Dental staff across the region, local GPs and clinical staff within the Trust use these facilities.

Through the support of West Nottinghamshire College (WNC), a Cyber Cafe and three E-learning resource centres opened at King's Mill Hospital in May 2003, offering access to IT and internet facilities for all staff.

The introduction of an E-learning facility at Newark Hospital is being supported by Newark College.

Lifelong Learning/Continuing Professional Development

Thirty per cent more staff accessed learning accounts to support their development, and 95 learners began National Vocational Qualification training.

Accreditation was gained for the Level 2 NVQ in Clinical Laboratory Support.

We now have 10 Promoters of Lifelong Learning who raise awareness of training and development opportunities amongst their colleagues, and it is hoped more people will take on this role.

Our partnership working arrangements with WNC, for the delivery of NVQs in Care and Administration and Essential Skills, continued to develop.

The College has also continued to deliver training activities at King's Mill Hospital, focusing on the development of skills in literacy and numeracy; everyone who attended this training achieved a national qualification in English, Maths, or both.

Continuing Professional Development

To support Continuing Professional Development (CPD) and lifelong learning across all staff groups, a CPD Framework has been developed.

This provides staff and managers with structured support, including suggestions for CPD activities, implications and suggestions for resources, mechanisms of facilitation and how to recognise and integrate CPD as part of current working practice.

Different groups of staff have contributed to the development of user-friendly documentation that can be included within a portfolio.

All of these documents can be accessed from the intranet.

Developing Clinical Skills

A comprehensive programme of activities and learning opportunities to support doctors in training was developed, supported by investment in additional training equipment and learning materials.

Following the establishment of a training room at Newark Hospital, a programme of mandatory and professional updates and clinical skills training was delivered for registered nurses and Care Assistants.

The shortage of registered healthcare professionals prompted the need to develop support staff to contribute to the delivery of the patient care plan; modular training programmes were provided to support the development of multi-skilled support workers in services such as Theatres, Endoscopy and Ophthalmology.

A review of the provision of life-support training resulted in the regeneration of the cascade system for the delivery of basic life support training throughout the Trust.

Investing in our staff

Library

The accessibility of the King's Mill library was enhanced following the purchase of a security system to give registered readers 24-hour access.

The number of people registered with the library increased by 21% in-year.

External funding was secured to buy learning resources to support Lifelong Learning; the increased range of books and other resources available within the library provided much-needed resources to support the development of staff who do not hold a clinical professional qualification.

Work has begun to improve the links between the libraries at King's Mill and Newark Hospitals, providing staff at Newark Hospital with access to improved library facilities.

Undergraduate/Pre-registration Training

We continue to provide a comprehensive programme of Clinical Placements for many different Health Care Professions; in-year the number of student placements increased by 25%.

From March 2004 we have accepted third year medical students on clinical placements.

The Trust now provides Clinical Placements for medical students for all five years of their undergraduate training.

The increased number of nursing students within the Trust has demanded innovation in managing Clinical Placements, such as team mentorship, encouraging insight visits to different areas and the implementation of Practice Learning Teams to support both students and mentors within the practice setting.

Investor In People

The Trust's re-accreditation as an Investor In People will take place in May 2005.

Twelve staff have volunteered to become Internal Reviewers and have received training.

Their role is to assist the External Assessor in gathering evidence, carrying out interviews with staff and promoting good practice.

Occupational Health

The Trust's Occupational Health Department provides a comprehensive range of services to about 7,500 people. This includes Trust staff and staff from Ashfield and Mansfield District Primary Care Trust, Newark and Sherwood Primary Care Trust, Nottinghamshire Healthcare NHS Trust, Nottingham School of Nursing, East Midlands Ambulance Trust and GP and practice staff in Mansfield, Ashfield and Newark.

It also includes a number of income-generation contracts to private industry.

The Trust formally approved the development of the Occupational Health Service as a nurse-managed service in February 2004.

Rebecca Garner and Lesley Pain manage the service on a job share basis.

Both are Registered Specialist Practitioners in Occupational Health with the Nursing and Midwifery Council, and both also hold the B.Med.Sci (Hons) Degree in Specialist Community Practise and Healthcare Studies (Occupational Health).

In-year, nursing roles and the skill mix in the Occupational Health Service have been reviewed, revised and strengthened, to allow appropriate specialist expertise and competency development.

Audit work has been developed and implemented and includes customer satisfaction surveys (both staff and referring managers audits have been undertaken), department workload/activity analysis and referral trends.

Full details of audit activity are available in the Occupational Health Service Annual Report.

Appropriate medical support with a variety of skill mix availability (including that of Occupational Health Consultant) has been established and will be further expanded in the coming year.

This will include further development of the medical links with Nottingham Occupational Health Service to progress a medical Occupational Health professional lead.

Additional sessions will be purchased to ensure time is available for Occupational Health medical input into the Trust's medical professional structures and involvement in medical continuing professional development, audit and appraisal activities.

The medical input is provided on a sessional basis and is as follows:

- King's Mill Hospital - Dr Ian Griffiths, MRCP, BSc (Hons), MFOM (Consultant Occupational Health Physician) and Dr Jonathan Dale, B.Med.Sci, BM, BS, AFOM (Occupational Health Physician).
- Mansfield Community Hospital - Dr Richard Hook, MB, ChB (Occupational Health Physician).
- Newark Hospital - Dr William Armstrong, MB, ChB, MFOM (Consultant Occupational Health Physician).

Partnerships

With Health Community partners...

Ann Berry gives advice during No Smoking Day

North Nottinghamshire NHS new leaf 01636 670630

We have worked closely with our Health Community partners to improve the overall health of the local community and to address inequalities in health.

We have also continued to maintain an open and collaborative approach in our relationships with the other Health and Care agencies that help us to provide our services.

Positive and constructive relationships have been maintained and the following initiatives have resulted in improvements to the overall health of the local population:

- The development of the Newark Clinical Strategy, addressing inequality of access
- The development of our drugs service, especially in antenatal care and ward-based work
- Reducing disability by increasing cataract, knee and hip operations
- The use of 'New Leaf' (see below) at pre-operative assessment to reduce smoking and moving towards a no-smoking Trust to promote health.
- Reducing crime and improving security through investment in Car Parking, as a result of the introduction of Car Parking charges
- An improved Head and Neck Cancer service, in collaboration with Queen's Medical Centre
- An improved joint Breast Cancer service with Nottingham City Trust
- Supporting local Sure Start initiatives

Other examples of how clinical services have improved through the development of National Service Frameworks are provided in the Clinical Governance section of the Annual Report.

Some of our Partnerships are detailed in the following examples.

A good time to quit

The Trust, in partnership with NHS North Notts New Leaf Smoking Cessation Service, celebrated 21 years of National No Smoking Days in March 2004.

There was a large display in the main entrance at King's Mill Hospital and seven other displays around the hospital site.

Ann Berry, Specialist Smoking Cessation Advisor, and Debi Wood, Smoking Cessation Advisor, from New Leaf, Diane Reynolds Specialist Nurse from the Respiratory Education Centre, and Occupational Health Nurses Lesley Pain and Yvonne Taylor from King's Mill Hospital were on hand to answer any questions.

A total of 83 people visited the main stand for information and advice on how to stop smoking, or how to encourage a partner, family member or colleague to stop.

Several people had a breath test of the levels of the poisonous gas carbon monoxide in their lungs, or were booked into a New Leaf smoking cessation clinic near where they live.

As part of the National Strategy for Tobacco Control and Smoking Cessation Services, the East Midlands Department of Public Health launched the Smoke Free Workplaces Initiative in October 2003.

The aim was for employers to promote smoke free working conditions, as research had clearly shown that faced with a work place ban on smoking, many smokers actually stopped smoking altogether with others smoking substantially less overall.

This also reduced the risks associated with passive smoking in the non-smoking work force, as it is a Health and Safety at work issue.

The main groups of employers targeted were large employers, those employers in the entertainment industry (pubs, clubs and bars) and particularly NHS Healthcare providers were expected to lead this initiative by example.

Benefits of quitting:

Time	What happens when you stop smoking
20 mins	Blood pressure and pulse rate returns to a more normal level for you.
8 hours	Nicotine and carbon monoxide levels in the blood reduce by half, oxygen levels return to normal.
24 hours	Carbon monoxide will be eliminated from the body. Lungs start to clear out mucus and other smoking debris.
48 hours	There is no nicotine left in the body. Ability to taste and smell is greatly improved.
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.
2-12 weeks	Circulation improves throughout your body. Walking will become easier. Your immune system will start to recover.
3-9 months	Coughs, wheezing and breathing problems improve. Your lung capacity can increase by up to 10%, depending on the damage already done.
5 years	Risk of heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to about half that of a smoker. Risk of heart attack falls to the same as someone who has never smoked.

Partnerships

Car Parking scheme cuts crime at King's Mill Hospital

Car crime reduced at King's Mill Hospital thanks to the introduction of a Security and Parking Management service.

Fear of crime among staff, patients and visitors has also reduced in the 12 months since Excel Parking Services took over the contract.

The service is funded through Car Parking charges, which were introduced in early 2003 and are comparable to most other NHS sites around the country.

Compared to the previous year there were:

- 72 fewer vehicle crimes (13 in 2003/4 compared to 85 in 2002/3)
- 100 fewer reports of suspicious people (56 in 2003/4, compared to 156 in 2002/3)
- 44 fewer requests for emergency assistance (39 in 2003/4, compared to 85 in 2002/3)

Tom Webster, the Trust's Fire, Security and Transport Services Manager, said: "The Car Parking and Security scheme has proved to be a real success at King's Mill Hospital.

"The number of crimes has dropped and there has been a vast improvement in security provided for staff, visitors and patients. The small increase in charges will allow us to further improve security measures and provide additional spaces."

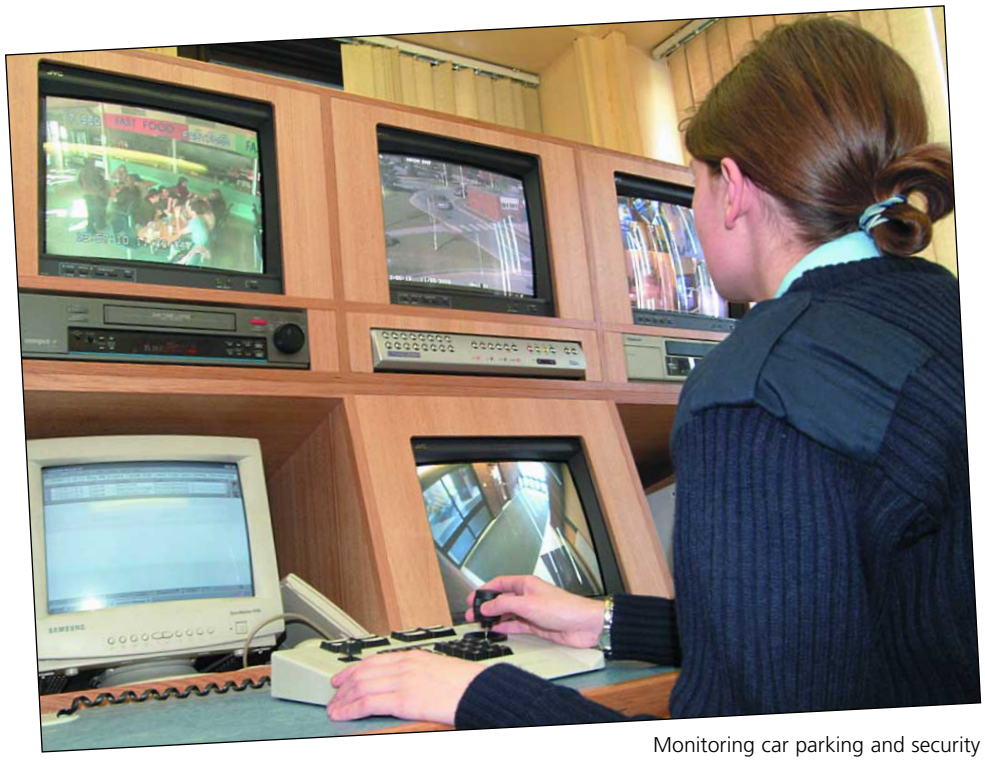
Excel Parking Services provides a 24-hour, full-time, on-site security team, including a dedicated site patrol and response vehicle.

The Royal College of Nursing has also welcomed the scheme.

Nigel Mellors, RCN representative, said: "Nurses can now park their vehicles knowing they are much safer than before and that they are unlikely to be taken while they are at work."

Wendy Coles, Senior Nurse/Modern Matron, said: "The nursing staff feel much safer in the knowledge that the car parks are being patrolled at night when many are leaving late.

"The improvements to the Car Parks are a great boost."



Monitoring car parking and security

Where can I park?

Security incidents before and after the introduction of Car Parking and Security arrangements at King's Mill Hospital:

Incident	2002/3	2003/4
Violence and Aggression in Accident & Emergency	177	140
Panic Alarm Actuation / Assistance Request	83	39
Vehicle Crime	85	13
Report of Property / Theft	21	15
Suspicious Person Report	156	56
Total	**522**	**263**
Escort Duties Provided	295	474

Partnerships

Maternity services - Sure Start

The Maternity Service has been actively working with our Sure Start colleagues since their introduction by the then Minister for Public Health, Tessa Jowell, in 1999.

Sure Start was established to improve the health and well being of pre-school children, reduce social exclusion and health inequalities, and enhance early years development, ensuring that children thrive at school, growing into confident adults.

Each year has seen an expansion and we now work in partnership with six programmes: Ravensdale; Ashfield; Blidworth; Bilsthorpe and Clipstone; Newstead; Meden Vale; and Mansfield West.

These partnerships have brought together health services, early years' education and family support in an integrated team.

The Trust's Midwives were pivotal in developing services and providing support for women during pregnancy, including smoking reduction, providing one-to-one support for women and the development of practise to support Nicotine Replacement Therapy.

They also supported improvements in the women's diet and exercise, the promotion and sustainability of breast feeding and improving the choices for antenatal education and care in a venue and at a time appropriate to the women, with the support of crèche facilities, to enable the involvement of the whole family.

For many women the achievements have improved their own feeling of self worth, and for some have been the first time in their lives that they have had positive acknowledgement for their achievements.

This has led them through education, to maximise their opportunities and develop their careers.

Many women are now actively involved in their own communities, with a number of them training to be peer supporters for breastfeeding.

They provide information and support to parents and families within the local breastfeeding groups, beyond the previous scope of the midwifery services, resulting in an improvement in the duration of breastfeeding and the associated positive outcomes.

Following consultation on "Every Child Matters", the Children's Bill is currently at its final stage in the House of Lords before it becomes a statutory requirement.

The recent developments of Children's Trusts and the provision of Children's Centres represent the development of a strategic approach to children, with real integration of multi-agency services.

A range of agencies and services have been brought together, including "Connexions", Youth Offending Teams, the voluntary sector and the police, with existing Sure Start programmes to provide a dynamic and responsive service to children from before they are born to 19 years of age.

Pictured are Heather Holmes (Newstead Sure Start), Caroline Renshaw (Ashfield Sure Start) and Claire Allison (Sure Start BBC)

Maternity Services, Mental Health Services and the Drugs and Alcohol Action Team (DAAT)

The beginning of 2003 saw the start of a highly successful partnership between the Trust's maternity service, Nottinghamshire Health Care NHS Trust and the DAAT, with the development of a specialist Midwife's role to work with the Women's Drug service, based at The Bungalows, in Ashfield.

The work was taken forward by a sub-group of the Women's Strategic Steering Group of the DAAT.

Julia Savage, Director of Midwifery and Nursing, chaired this group, with representation from across the Health Community, Education, Social Services, Housing, and the Criminal Justice Team.

Initially Angie Jackson was seconded to the post to develop the service provided to pregnant women who use substances.

These women were marginalised and received poor care, as they did not present or failed to attend for appointments.

Often when they did attend for care they would receive poor information that conflicted with previous care, resulting in crisis management of both the women and their babies at the birth.

In developing this specialised role, a unique opportunity arose with the expertise of one of our Consultant Obstetricians, Karen Glass, who had already established her presence with the drug service based at the Maltings.

Together, they worked in partnership with the local drug treatment service to establish a new clinic at King's Mill Hospital, enabling women to have appropriate care from a multidisciplinary team.

Guidelines have been developed and implemented to ensure that care is appropriate and that women receive accurate information and support wherever they attend.

Improved care plans for labour and delivery have significantly reduced the number of babies who are crisis-managed at birth, and increased the number of babies safely supported in the care of their mothers.

Building on this success, Angie was permanently appointed to the role in April 2004.

Continuing the collaboration between the Trusts, work has been developed to further enhance the care to women who use alcohol, to complement the existing service and ensure that women, and their babies, receive appropriate high quality care.

David Henstock, Alcohol and Drugs Liaison Nurse, with Angie Jackson

Partnerships

With our patients and public...

Our successful Patient and Public Involvement (PPI) Panel, Chaired by Non-Executive Director Lorna Carter, continued to meet regularly during the year and our very active Patients' Reference Group (PRG) ensured that patients' views on a number of important issues were sought and listened to.

The Modernisation of Acute Services (MAS) PRG continued to meet during the year.

It played a valuable part in making sure that patients' opinions were made known to the people responsible for designing our new hospital at King's Mill.

In December 2003 the Trust welcomed the establishment of the Sherwood Forest Hospitals Patient and Public Involvement (PPI) Forum.

We are committed to working with its members to ensure that the voice of patients and the public is heard.

Our Patient Advice and Liaison Service (PALS) continued to be active during the year, available at each of our four hospital sites.

It received contacts from patients, members of the public and staff, and publicity about the service was widely distributed.

Trust Board Directors received regular reports on the number of contacts received by PALS and the actions being taken to address areas of concern.

We welcomed Laura Macarthy as our new PPI Manager in early 2004, following the departure of the previous post-holder, Dawn Slack.

As well as being responsible for PALS, Laura is working closely with the PPI Forum and ensuring that our two organisations work together for the benefit of our public and patients.

Some areas where improvements to our services have been made as a result of PALS contacts include:

- All patients initially seen at Newark Hospital and scheduled to attend further appointments at King's Mill Hospital now receive a location map
- Notices have been fixed in our Accident and Emergency Department confirming when Triage is in operation
- New entrance signage has been fitted
- Parking spaces for patients attending Dialysis and Endoscopy have been identified
- Patient information has been revised
- Multi-sized gowns have been supplied for the patients using the x-ray department
- A new system to manage wheelchairs has been introduced, and an increased number of wheelchairs have been purchased

Building on our experiences in 2003/4, we are looking forward to further developing our PPI agenda.

Laura Macarthy, PPI Manager

A PPI strategy will be launched in 2004/5, together with the implementation of an action plan, which will also confirm how our PALS will develop in the next year and beyond.

King's Mill on tour

King's Mill staff brought a taste of hospital life to 40 pupils at Underwood CE Primary School on 1 July 2003, as part of NHS Week.

The Trust was responding to a plea received from six year old pupil Harry Ratcliffe, requesting help in turning a play area into a mock hospital ward.

Instead of just donating items, we decided to go one better and actually take the hospital to the school.

Armed with medical props, photographs and hospital-related activity sheets, Play Specialist, Julia Smith, spent time with the children talking about what would happen if they had to go into hospital for an operation.

Underwood School pupils Saffron McLeod and Charlie Cooper playing in their mock hospital ward

Michelle Harris, Nurse Manager, administers a sling to Charlie Cooper's arm

Nurse Managers Michelle Harris and Sue Banner were then on hand for a practical session administering plaster casts, slings and bandages, while Community Relations Manager Angela Parker, who had organised the event, captured activities on camera.

A very enjoyable, lively and messy afternoon was had by all!

Hospital posters and a wide variety of donated equipment were left at the school for the children to play with on their hospital ward.

BBC East Midlands Today, BBC Radio Nottingham and the local press all covered the event.

Outreach in 2003

The year saw Nottinghamshire Outreach Project hold several events.

Money raised went to the Nottinghamshire Hardship Fund that gives financial support to people living with HIV/AIDS in the County.

In June it held the "Walk for Life" at Sherwood Pines Country Park that saw 24 walkers raising £341 for the Hardship Fund and a donation of £100 was made to the Kenya Project in Africa.

During the week of "World Aids Day" it held information stalls at Worksop, Newark and Mansfield Town Centres, and at King's Mill Hospital, main Reception, and church service was held at St. Peter's Mansfield.

During the week over 1,000 people received advice, leaflets and other resources.

Partnerships

With our Volunteers . . .

Celebrating 40 years of volunteering at King's Mill Hospital

Over 50 volunteers were presented with long service medals at the combined King's Mill Volunteers Annual General Meeting and Chairman's Award Ceremony on August 19, 2003.

The awards were in appreciation of service ranging from five years to the 40 years completed by four of the Trust's longest serving volunteers.

Volunteers were honoured across all areas of the Hospital, including the Charity Shop, Hospital Discharge Scheme and Millside Hospital Radio.

Medals were presented by Trust Chairman, Brian Meakin, in the presence of local VIPs, including Ashfield District Council Chairman, Edward Holmes, and many of the hospital's senior managers and Non-Executive Directors.

Brian Meakin said: "Our dedicated volunteers play an essential part in the delivery of the Trust's healthcare services.

"The Chairman's Awards offer the perfect opportunity to officially recognise their invaluable contribution, and this year is extra special as we celebrate an impressive forty years of volunteering at the hospital."

The awards included the screening of a film showing the early origins of the Daffodils service, along with a recording of TV coverage gained for the Accident & Emergency volunteers scheme.

Volunteers team – (back row) Secretary Sandra Eyre, Head of Community Relations Steve Argent, Community Relations Assistant Jackie Pennington and Voluntary Services Organiser Lyn Norris with (front row) Tea Bar Coordinator Tina Baird, Community Relations Manager Angela Parker and Secretary Joan Riggott.

Left to right: Long-serving hospital volunteers Iris Evans, Mildred Noke, Winifred McKinley & Margaret Thompson (seated), with Chairman Brian Meakin, his wife Sancha, Hilda Holmes & her husband Ashfield District Council Chairman Edward Holmes, Head of Community Relations Steve Argent and Voluntary Services Organiser Lyn Norris

Partnerships

Volunteers' Week

Senior Managers from King's Mill and Newark Hospitals rolled up their sleeves and mucked in with the front-liners during the 19th Volunteers Week (1-7 June 2003).

National Volunteers' Week is the UK's largest annual celebration of volunteering, and events take place throughout the country to recognise and reward existing volunteers and attract new recruits.

Over a dozen Senior Managers were involved in various volunteering shifts, which included learning to drive the internal buggy for transporting patients/visitors, serving in the tea bars, taking the magazine and refreshments trolley around the wards and working in the flower section.

Trust Chief Executive, Jeffrey Worrall, who did a stint on the Ward trolley, was quick to praise the work of our volunteer force: "It is important to recognise and celebrate the work of our volunteers".

He said "They are involved in almost all areas of hospital life, and their support is vital in helping the Trust to deliver the best possible Healthcare services".

Feedback from the volunteers involved during the week was very positive and all enjoyed training the new recruits.

Angela Parker, Community Relations Manager, with Dukeries tea bar volunteers Philip Langfield, Diane Lomas, Edith Bentley and Diane Kerry

Ian Hall, MAS Project Manager, with outpatients tea bar volunteers Velma Porter and Vera Godfrey.

Brian Meakin, Chairman, and Non-Executive Directors Joe Lonergan and Sheilah Andrews, with A&E volunteers Jayne Thorpe, Josie Jones and Peter Camp

Carolyn White, Executive Nursing Director, with outpatients tea bar volunteers Lilly Bull, Doris Kuban, Joan Pepperday and Mary Radford

Tracy Allen, Executive Director of Strategy and Service Improvement, with flower section volunteer Barbara Harpham

Kidney Appeal reaches target

King's Mill Kidney Patient Association committee members are pictured celebrating in the Dialysis Unit. In just 11 months they exceeded their target of £110,000, and have raised a total of over £116,000.

Back row from left to right: Andrew Bott (Chairman), Cyril Wragg, Tony Plumb, Christine Aspinall, Marie Kemp, Barbara Overton (secretary), Tony Egginton (Mayor of Mansfield and Patron), Ann Monger (treasurer), Liz Kelsall, Lindsey Monger, Peter Collier. Front row: Tim Costello and Freda Blackwell. Committee member Judy Carr was not present for the photo.

League Opens Charity Shop

Mansfield and Sutton League of Hospital Friends opened a charity shop at Forest Town in April 2003, at 87 Clipstone Road West, run by local volunteers and members of the League of Friends Ladies Fundraising Committee.

This is a welcome return to Forest Town for all concerned, as £16,000 was raised in a previous shop between May-July 2002.

The new shop is in a prime location situated across from the zebra crossing.

All items sold are donated, and all proceeds were for King's Mill Hospital's new MRI Scanner.

Working in partnership with other charitable organisations for the good of the needy both locally and abroad, items not sold in the shop were donated to either Nottinghamshire Police Convoy for worldwide distribution, or to Lincolnshire and Notts Air Ambulance's charity shop in Mansfield Woodhouse.

Partnerships

B&Q "do it" for King's Mill

Big-hearted DIY store, B&Q Warehouse at Sutton-in-Ashfield, designed, donated and fitted a brand new voluntary services tea bar at King's Mill's Dukeries Centre in November 2003.

Dukeries during: B&Q fitter Clive Taylor installs the new units in his free time.

Brand new fixtures and fittings to the value of £1,500 were generously donated as part of B&Q's community support programme.

B&Q even provided the expert services of fitter, Clive Taylor, who volunteered to install the new tea bar units free of charge in his own time – saving the Trust a further £500 in labour costs.

The tea bar, staffed entirely by volunteers, was in urgent need of refurbishment – still retaining many of the original fixtures from when the building first opened in 1974.

Serving seven days a week, 45 volunteers work various day-shifts and into the evening to provide hot/cold drinks, snacks and sundry items to over 100 patients, visitors and staff every day.

B&Q stores recognise the important role that they can play in their local communities. Through their "Better Neighbour Grants" and their annual "You Can Do It Community Awards Scheme" they have donated over £600,000 DIY products to local community groups and charities since 1995.

(Left) The Dukeries tea bar, prior to refit.

The tea bar is inspected by Daffodil Volunteers Chairman Peter Camp and Voluntary Services Manager Lyn Norris.

With Colleagues in other Countries...

Sri Lanka

Following the successful pilot and placement of a Sri Lankan Training Fellow at the Trust in 2002/3, informal educational links have been established with the Postgraduate Institute of Medicine and the Board of Study in Sri Lanka (PGIM).

(The PGIM performs functions equivalent to the Joint Committee on Higher Specialist Training in the UK, which oversees the training of specialists).

As part of their training programme, Sri Lankan specialist trainees are required to spend a mandatory period of at least a year in the UK, USA, Singapore or Australia, funded by the PGIM.

The first International Training Fellow from Sri Lanka was able to secure ad personum educational approval from the Postgraduate Dean, and was recognised by the Royal College of Physicians.

Following the success of the first pilot, the Medical Division extended the training scheme to include the specialities of both Healthcare of the Older Person and Diabetes and Endocrinology.

Dr George Thomson, Consultant Physician (Endocrinology and Diabetes) and Professor Devaka Fernando, Professor of Medicine, University of Sri Jayewardenapura, Colombo, and Locum Consultant at the Trust, developed the international links.

They worked in partnership with the Royal College of Physicians International Office and were supported by Caroline Shepherd, Human Resource Manager for the Medical Division, and Caroline Blundell, Medical Staffing Co-ordinator.

In November 2003 a team from the Trust went to Sri Lanka to meet representatives from the PGIM.

During the visit, there was also the opportunity to visit a State hospital.

The visit was combined with the delivery of a postgraduate training course in Diabetes and provided an opportunity to meet potential candidates for the training programme and to ensure that the selection process for inclusion on the scheme complied with UK employment law and Trust Human Resource policies and procedures.

Two doctors from Sri Lanka joined the Trust as International Fellows (General Medicine) in February 2004: Dr Chaminda Idampitya and Dr Namal Weerasuriya.

They will be working at Senior House Officer level until August 2004 and will then work as Supernumery Specialist Registrars for a further six months.

Two more doctors will then join the Trust from August 2004.

During the placement, trainees will be supported with an educational package and study leave to enable them to sit the MRCP (PACES) examination if applicable.

Once the training programme is fully established we will have four Sri Lankan International Training Fellows on the training scheme at any one time.

The benefit to the Trust is access to a pool of highly qualified and experienced trainees.

During the second part of the training programme the trainees work in addition to existing Specialist Registrars, increasing the flexibility within the rota and potential for training opportunities across the Specialist Registrar Rotation.

By guaranteeing placements, the Trust is able to make a direct contribution to the education and training opportunities to doctors from what is considered by the UK Government to be a developing country.

The experience gained from participation in the training programme can be used to benefit the Sri Lankan Health Service.

Participants are able to gain valuable experience of living and working within the UK and experience of the National Health Service.

The candidates selected to participate in this programme are considered to be the best qualified within their year and can expect accelerated career progression on their return to Sri Lanka.

Listening, acting, improving

In last year's Annual Report we highlighted the significant improvements that we achieved in our complaints handling performance.

Our record of improvement was maintained in 2003/4.

The Trust received 272 formal complaints, compared to 325 previously, and we saw a further significant improvement in response times, illustrating the successful partnership established between the operational Divisions and the Complaints Handling Team.

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

In-year, 99% of complaints were acknowledged within two working days (99% in 2002/3) and 76% received a substantive response from the Chief Executive within 20 working days (46.5% in 2002/3).

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 12% requiring a second substantive response.

As in previous years, we used a number of ways to deal with complaints at the Local Resolution stage, including:

- Meetings with complainants involving senior clinical and managerial staff, both at the Trust and at complainants' homes.
- Offers of conciliation, inviting complainants to meet and discuss their concerns with staff
- Inviting complainants to attend our successful Patients' Reference Group.

We were able to make improvements to our services as a result of issues highlighted within complaints, including:

- Our process and communication with patients following miscarriage were reviewed.
- Our Care of Elderly patients, who are at risk of falling, were reviewed.
- A template letter was devised for ward staff to send to patients to notify them of test results.
- New chairs were purchased for Dialysis Unit.
- Issues regarding the privacy and dignity of patients, and grieving relatives were discussed by a working party.
- Issues raised in complaints were addressed in the continual education programme for staff in the Accident & Emergency department at Newark Hospital.
- A car parking information sheet was developed for circulation with letters sent to patients by our Waiting List Department.
- The Director of Human Resources and the Clinical Tutor reviewed the system for the induction of locum doctors.

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 transferred from July 2004 to the Healthcare Commission and the Local Resolution stage will be reformed in 2005.

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.

During 2003/4 thirteen requests for Independent Reviews were received, compared to five the previous year. However, none of the requests led to an Independent Review Panel being granted by our complaints conveners.

Six requests were referred for further action under Local Resolution, five were turned down with no further recommended action by the Trust, and two were still being considered at the time of this report.

The national target for deciding whether an Independent Review should be established is 20 working days, and this was achieved in 15% of cases. This level of performance largely reflected the complexity of the complaints and, in most cases, the Complaints Convener requiring clinical advice from more than one clinician.

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.

Clinical Governance

Clinical Governance continued to be a central feature of the Government's focus for improving the quality of health care in 2003/4, and one that we were able to develop in a number of important ways.

For the last five years the Clinical Governance initiative has promoted the local delivery of high quality clinical services, reinforced by a new statutory duty of quality.

Nationally, clear standards have been set through National Service Frameworks (NSFs) and the National Institute of Clinical Excellence (NICE).

Systems for monitoring the delivery of standards have been developed by the Healthcare Commission and the NHS Performance Assessment Framework.

This section of our Annual Report presents a review of our Clinical Governance activities during the year.

Achievements are presented in five sections, as recommended by the Department of Health:

- The Patients' Experience
- The Use of Information
- Processes for Quality Improvement
- Staff Focus
- Leadership, Strategy and Planning

The Patients' Experience

In January 2004 we took part in the second national NHS Inpatient Survey commissioned by the Department of Health.

Eight hundred and fifty of our patients received a questionnaire that included questions on:

- Access to treatment and waiting times
- Quality and co-ordination of care
- Information and choice
- Communication
- Environment, facilities and comfort
- Overall impression

We maintained high standards in many areas compared with the results of a similar survey carried out two years ago, with improvements being reflected in patients' views in the following areas:

Access to Treatment and Waiting Times

- 15.8% of patients noted that they had no wait from arrival at hospital to admission to a bed (an increase of 5.5% on 2001/2 data)
- 33.5% of patients noted that they waited less than one hour from arrival at hospital before admission to a bed (an increase of 7% on 2001/2 data)
- 75.5% of patients reported that they were admitted as soon as they thought was necessary (an increase of 6.2% increase on 2001/2 data)
- 85.7% noted that their admission date first given to them by the hospital remained unchanged; this represents a low rate of cancellations by the Trust

Environment, Facilities and Comfort

- The percentage of patients that had to share a Ward bay with patients of the opposite sex had decreased between the two inpatient surveys: 41.7% in 2001/2 down to 30.8% in 2003/4

Communication

- An increased number of patients reported that they were able to understand doctors and nurses responses when asking important questions
- An increased number of patients reported that they were told, and could understand, the purpose of any medication they were given to take at home

Only one question highlighted a possible decrease in performance between the two surveys - a total of 24.2% of patients rated the food as poor in the most recent survey, compared to 16.9% previously. The Trust will investigate this area of patient concern with further in-house work during 2004/5.

Children's Services

The first national survey of children's services, reported through the experiences of children and their parents or guardians, was carried out during 2003/4.

Some of the headline results from the survey were:

- 98.3% of respondents felt that the hospital Ward was a safe and secure place
- 93.5% of parents/guardians were given information about their child's care and treatment in a way that they could understand
- Very high levels of trust and confidence in the doctors and nurses were reported
- 91.6% rated the care that they had received as very good or excellent

Areas for investigation and improvement were also noted. For example, 30.4% of respondents noted that their discharge from hospital had been delayed. The main reasons for delay were waiting to see a doctor or waiting for medication.

Other Surveys

National patients' surveys of Outpatients and A&E services were carried out during 2002/3.

Action plans were formulated during 2003/4, following the publication of the results, and work has continued to make further improvements for patients in these services. These areas will be resurveyed during 2004/5.

The Use of Information

We carried out our own specific patient satisfaction surveys to give our clinical teams focused feedback on a number of services, including Cancer Care, the Stoma Service, DVT Service, Haematology, the Greendale Eye Unit and the Rheumatology Day Case Service.

Procedures and systems that capture data on our clinical activities were also assessed during 2003/4.

The outcome was very encouraging, with results of 94% for correct primary diagnosis and 97.6% for correct procedure.

Assurance of accurate clinical coding is of key importance for us, as it provides the basis for appropriate funding and, in part, assessment of the quality of our services.

Improved information on the outcomes of patient care is now more widely available at all levels of the Trust, as well as receiving greater prominence nationally.

Organisations such as Dr Foster now routinely publish key clinical outcome data in the public domain.

Examples of this work on key clinical indicators are shown on the next page:

→

Clinical Governance

Standardised Mortality Ratio (SMR)

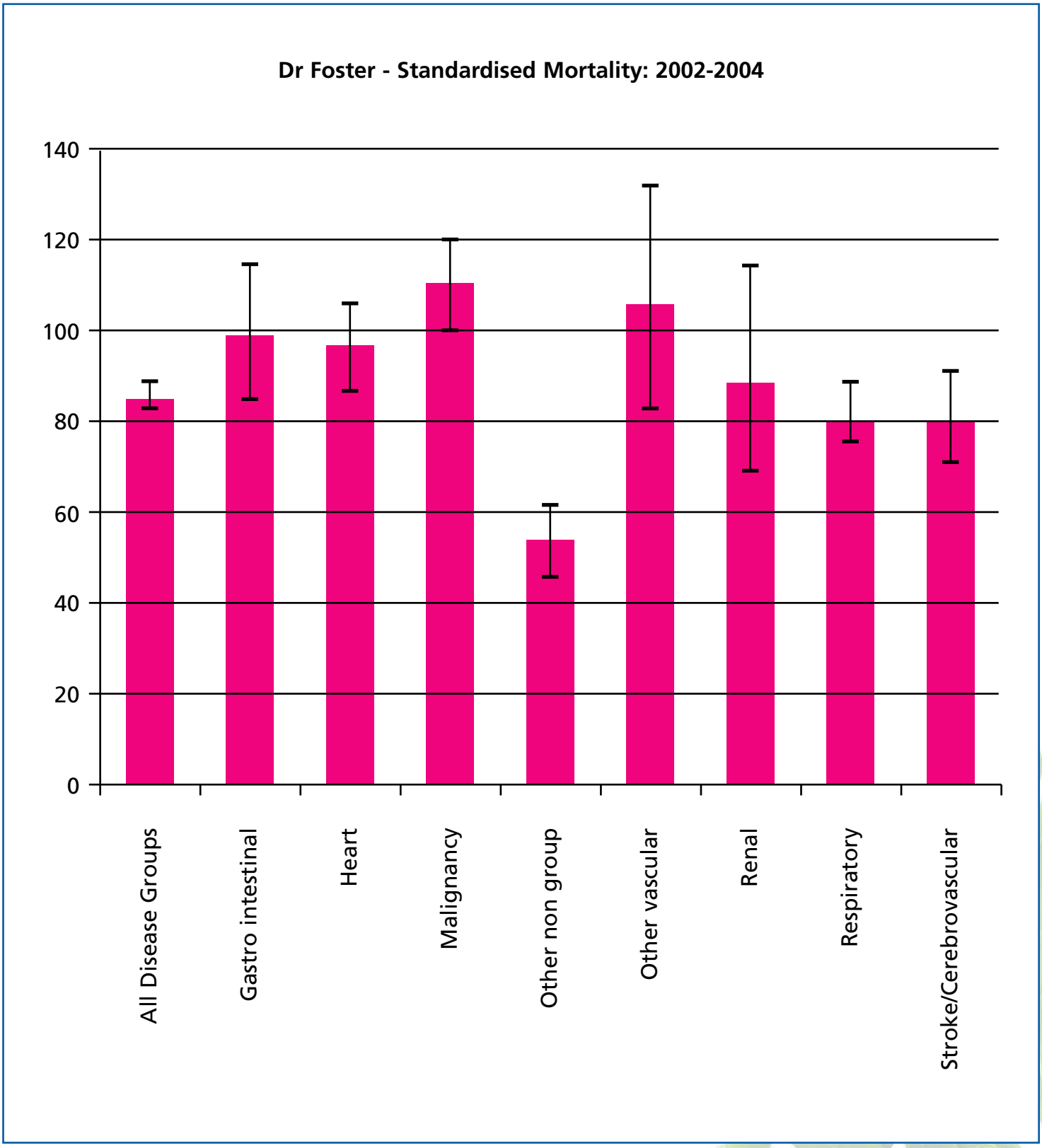
The SMR is an indication of death rates for patients having certain types of operations in the Trust.

The ratio compares the actual number of deaths, with the expected number of deaths, and takes account of factors including the age and sex of patients, their diagnosis, whether the admission was planned or an emergency, and the length of stay.

Standardisation of the ratio allows valid comparison between different hospitals serving different communities.

If a Trust has an SMR of 100, it means that the number of patients who died is exactly as it would be expected, taking into account the standardisation factors.

An SMR above 100 means more patients died than would be expected, and an SMR of below 100 means fewer died than expected. Our data over the most recent two-year period shows an overall SMR of 85 (see chart) with the majority of disease groups showing a low SMR.



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Clinical Governance

Length of Stay (LoS)

This indicator shows whether patients stayed longer than expected in hospital.

Our data from 2003/4 (shown in the table below, with the other hospital Trusts in the Trent region), shows a Relative Risk (RR) of 75.3, that is, a better than average Length of Stay performance.

Trust (SHA Peer)	Admissions	%	LoS	%	Expected	%	RR	Low	High
ALL	53561	100%	10261	19.2%	12728.8	23.8%	80.6	79.1	82.2
NHS Trust 1	6061	11.3%	1134	18.7%	1501.2	24.8%	75.5	71.2	80.1
NHS Trust 2	4381	8.2%	820	18.7%	995.8	22.7%	82.3	76.8	88.2
NHS Trust 3	10786	20.1%	1982	18.4%	2512	23.3%	78.9	75.5	82.5
Sherwood Forest Hospitals NHS Trust	7654	14.3%	1360	17.8%	1807.3	23.6%	75.3	71.3	79.4
NHS Trust 4	9239	17.2%	1353	14.6%	2146.8	23.2%	63	59.7	66.5
NHS Trust 5	15440	28.8%	3612	23.4%	3765.8	24.4%	95.9	92.8	99.1

Re-admission Rates

This indicator shows whether the patient was readmitted as an emergency to any English NHS hospital within 28 days of discharge.

Our data from 2003/4 (shown in the table with the other hospital Trusts in the Trent Region), shows a Relative Risk (RR) of 96.9 that is, a better than average performance.

Trust (SHA Peer)	Admissions	%	Readmitted	%	Expected	%	RR	Low	High
ALL	43160	100%	4874	11.3%	5086.6	11.8%	95.8	93.2	98.6
NHS Trust 1	4929	11.4%	464	9.4%	573.1	11.6%	81	73.8	88.7
NHS Trust 2	3544	8.2%	374	10.6%	454.1	12.8%	82.4	74.3	91.2
NHS Trust 3	8864	20.5%	1026	11.6%	1021.8	11.5%	100.4	94.4	106.8
Sherwood Forest Hospitals NHS Trust	6769	15.7%	807	11.9%	832.7	12.3%	96.9	90.4	103.9
NHS Trust 5	7339	17%	767	10.5%	844.1	11.5%	90.9	84.6	97.6
NHS Trust 6	11715	27.1%	1436	12.3%	1360.7	11.6%	105.5	100.2	111.2

It is important to note that the Trust achieved these outcomes with relatively low levels of medical and nursing staff; we have a ratio of 30 doctors per 100 beds and 96.6 nurses per 100 beds.

We have the lowest staffing ratios in the respective professional groups within the Trent region.

Clinical Governance

Processes for Quality Improvement

Well-established quality improvement processes, such as Clinical Audit, Clinical Risk Management and the development of evidence-based Clinical Guidelines continued during the year.

In early 2004, our Clinical Risk Management arrangements were assessed by the Clinical Negligence Scheme for Trusts (CNST).

The CNST determines the premium that all Trusts pay to the NHS Litigation Authority, according to the degree with which they comply with a series of Clinical Risk standards set by them.

The Trust was again awarded level 1 of the CNST accreditation scheme for General Acute Services following an assessment in March 2004, and so received a 10% discount on the premium for General Acute Services in 2004/05.

CNST had previously introduced a separate assessment scheme for Trusts with maternity services and the Trust narrowly missed Level 1 accreditation in February 2004.

In both assessments the final reports noted evidence of excellent progress in many areas and highlighted areas of notable practice, including:

General Acute Services

- Evaluating the preceptorship programme
- Operational policy and procedures for the discharge of patients from hospital
- Transfusion policy with clear staff group responsibilities
- Leaving hospital - information to help you plan your discharge

Maternity Services

- Policy and schedule for equipment training
- Clinical guidelines
- Risk Management Strategy
- Health Records
- Mums Newsletter

The Trust plans to regain full Level 1 status during 2004/5, and to prepare for achieving Level 2.

Staff Focus

We accept that a flexible and well-trained workforce is necessary to deliver modern and complex health care.

During the year a number of initiatives and events contributed to improving our workforce for the benefit of patients.

These are described in the Human Resources and the Training and Education sections of the Annual Report.

Leadership, Strategy and Planning

It is important that systems and processes relating to Clinical Governance show tangible benefits and improve the quality of patient care.

The pathway for achieving significant step-wise improvements requires that Clinical Governance has a real impact on service and business planning.

The year saw a number of initiatives to improve the patients' experience.

Waiting times for patients in Accident and Emergency consistently achieved or bettered the national standards.

Agreement was reached with the commissioning Primary Care Trust to ensure guidance issued by the National Institute for Clinical Excellence (NICE) will be implemented across the health community.

The Commission for Health Improvement and the Audit Commission Report on Coronary Heart Disease noted that the speed in which heart attack patients are assessed and given clot-busting drugs has improved, with more than 75 per cent of patients treated within 30 minutes of arrival.

It praised the creation of a Rapid Access Chest Pain Clinic to assess patients with suspected angina, which sees most people within 10 days.

It also noted the appointment of a specialist heart failure nurse and commented that patients at both Newark Hospital and King's Mill Hospital praised the care they received.

The Trust has played a significant role in establishing and developing many Health Community-wide initiatives that aim to improve quality.

These include Workforce Planning, Service Planning for National Service Frameworks (NSFs), an integrated Health Informatics Service and Child Protection.

Research and Research Governance

We continued to be Research-active and were compliant in reporting research activity to the National Research Register.

We strengthened our Research Governance arrangements following the publication of the Research Governance Framework for Health and Social Care (Department of Health) in March 2001.

The Framework sets out standards, responsibilities and monitoring arrangements for all research, and implementation of a Trust plan is underway to meet its requirements.

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 to patients and understand what they 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

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