

# Annual Review 2006/2007



It's You  
We Answer To

# FOREWORD

We would like to put on record how very proud we are of this hospital Trust. There is no denying it has been a tough year, particularly for staff, and not just in Plymouth, for NHS staff around the country. But to look through this Review and see the many examples of excellence and achievement that staff at this hospital Trust have made possible inspires pride in us – and we hope in them too.

As you can see from the article marking Derriford Hospital's 25<sup>th</sup> Birthday last year, this is a hospital trust that has come a long way in a short space of time. Compare the two small rooms in a hut at the old Greenbank Hospital that was lined with chicken wire to the facilities for patients with heart problems today. This year we are opening a new wing which will house, amongst other things, our new South West Cardiothoracic Centre including new theatres, new wards and fully-equipped cardiac intensive care and high dependency units. Recently we opened a new 12 bed unit at Mount Gould for young people from across the south west with mental health issues.

## Excellent Medical Services

It's not just our facilities that are first class. Our clinical results are excellent. Patients can be reassured that this Trust has high survival rates. The Trust has a three year mortality rate which is 10% better than the national average, according to figures published by Dr Foster. There is very little outcome data published for patients, but what there is shows that care at Plymouth is very good. Our infection rates are coming down and in the case of *C Difficile*, are among the lowest for a large teaching hospital in the country. The then Secretary of State Patricia Hewitt visited to see the good work that has been done in this area and praised the staff in our Infection Prevention and Control team.

It is very easy to see things from a rather clinical and statistical viewpoint. The eyes we see through as a patient or loved one of a patient are very different indeed. It's the kindness of staff; how involved you are in their care; the privacy and dignity which you are afforded during your visit to hospital that matters as well as your outcome. Our patients have told us that the vast majority of them feel the care they receive is excellent or very good. 83% of patients rated their care at Derriford Hospital and the Royal Eye Infirmary as either 'excellent' or 'very good'. This puts the Trust top in the south west and south central NHS regions for overall patient satisfaction.

## Listening and Responding

We don't always get it right. We never will. But what we can do is listen, learn and make appropriate changes. A good example of this is what happened last year with our breast care ward, Primrose. We had a proposal for change. Patients and members of the public were worried by that proposal and quite rightly made their feelings known. It was our duty as a Trust Board leading the hospital to listen to those concerns, take them on board and come up with a better proposal. We hope and believe that we did that. You will be the judge of that.

## Shaping Up for the Future

This year we have revised our plans (the Vanguard scheme) for improving the hospital Trust's buildings and facilities so they will cost less and be delivered earlier. Those plans are not just about refurbished buildings and new wards though. They are about changing the way care is delivered so patients spend less time in hospital and receive their diagnosis and treatment more quickly. We want to move those plans and our aspirations to become a Foundation Trust forward this year.

Of course, we can only continue to improve our services if we are a financially sound and viable organisation. 2006/7 was the first year in a considerable time that we recorded a surplus. It is vital that we get our financial house in order. We are a public sector organisation spending public money and we have to be efficient and certain that we are delivering value for money. We know and appreciate that our service improvement and savings programme has resulted in a very difficult year for staff. We can only thank them for their continued support, commitment and professionalism. We hope you are as inspired by this report as we are.



Chairman John Bull

A handwritten signature in blue ink, appearing to read 'John Bull'.



Chief Executive Paul Roberts

A handwritten signature in blue ink, appearing to read 'Paul Roberts'.

# OUR ORGANISATION

## Our Organisation

How are we organised? The Trust is organised into 18 clinical directorates. Each directorate is led by a doctor or senior clinician, a manager and in most cases, a lead nurse. Information about each of our clinical directorates can be found in the boxes throughout this document. The directorates are supported by departments, such as:

- Chaplaincy
- Clinical Governance & Quality
- Clinical Information
- Human Resources
- Information Management & Technology
- Patient and Consumer Affairs
- Patient Access Team
- Patient Advice and Liaison Service



## Donated with Love

Mary  
Bannister and  
her partner  
John  
Coulsome

Mary Bannister proved beyond doubt her selfless love for her partner, John Coulsome, when she donated one of her kidneys to him.

“I wanted to give John a better life,” said Mary, 73, from Wembury. Mary volunteered at an early stage and the couple were lucky to find they were a match and the donation could go ahead.

## The Imaging Directorate

Staff in this directorate take images of more than 320,000 patients every year. We have 244 whole time equivalent staff, including consultant radiologists, specialist registrars, radiographers and helpers, nurses and health care assistants, administrative and clerical staff and medical photographers. The directorate provides all medical imaging services including MRI, CT, ultrasound, X-ray, nuclear medicine, neuroradiology, interventional radiology and medical photography. Imaging techniques are constantly developing and in the last year the directorate has seen major changes and improvements such as:

- Further development of the Peninsula Radiology Academy: This is one of only three radiology academies in the UK and is the only purpose built unit of its kind in the world. The Academy has allowed us to increase the number of trainees in the very highly regarded peninsula radiology training scheme from three to 12 per year and will help to address a national shortage of trained radiologists. The facility has also hosted a number of national conferences. We anticipate that it will also be used as a training facility for many other healthcare professionals in the near future.
- Reduced waits for patients: we achieved the national target of 13 weeks maximum wait for any imaging investigation by 31 March 2007. In March 2005 patients had been waiting 109 weeks for an MRI and 69 weeks for a CT scan. This massive reduction in waiting times was done with very little additional investment but rather by service redesign. We have run both CT and MRI extended working days and at the weekend and we have increased the flexibility of reporting in consultant job plans.
- Favourable Reports: The Health Care Commission report (Acute Hospital Portfolio) gave a very favourable report for the Imaging Directorate at Derriford in comparison with other acute hospitals. We have been named as one of only 35 hospitals in the UK to have an overall excellent performance.
- Development of roles: We have created a consultant sonographer post. This is only the third such post in the UK. The consultant sonographer has started his new role and is undertaking complex diagnostic and interventional ultrasound procedures previously exclusively undertaken by radiologists.
- Selection for Pilot Projects: Derriford Hospital has been chosen by the Royal College of Radiologists and Department of Health to be one of five sites to pilot an accreditation scheme for imaging services. We overcame considerable opposition to win this opportunity and will begin work on the project in May 2007.
- The department has achieved an international profile in non-invasive cardiac imaging.

# OPERATING AND FINANCIAL REVIEW

## About Plymouth Hospitals

Plymouth Hospitals NHS Trust manages the following hospitals and services:

- Derriford Hospital
- The Royal Eye Infirmary
- Children and Adolescent Mental Health Service based at Mount Gould Hospital
- Services for young children at the Child Development Centre, Scott Business Park
- The Radiology Academy
- Community midwifery services in Plymouth

We provide the full range of acute and general hospital services to 460,000 people in Plymouth, east Cornwall and south west Devon. This includes cancer care, orthopaedics, paediatrics, plastic and reconstructive surgery and ear, nose and throat services.

We offer a range of highly specialist treatments, such as heart surgery and cardiology services, kidney transplants, neurosurgery and pancreatic surgery to a population of up to two million people across Devon, Cornwall and Dorset.

Plymouth Hospitals is the largest hospital trust in the south west peninsula and is a teaching trust in partnership with the Peninsula Medical School. The Trust has an integrated Ministry of Defence Hospital Unit, which has a staff of approximately 220 military personnel who work in a variety of posts from lead doctors to trainee medical assistants. We have 1,071 beds for inpatients and day case patients.

## Our Key Objectives for 2007/08 are to:

- Deliver statutory financial duty and break even within the required five-year period.
- Deliver access targets – 85% of patients referred for treatment to receive definitive treatment within 18 weeks. As a milestone towards the December 2008 target, the waiting times for each element of treatment are required to be a maximum of five weeks for first outpatient appointment, six weeks for diagnostic test and 11 weeks for in-patient treatment by 31 March 2008.
- Deliver a reduction in Hospital Acquired Infections.
- Achieve all core Standards for Better Health and make significant progress towards the developmental standards.
- Achieve Foundation Trust status.

## Moving Towards Foundation Trust Status

During 2006/7 we began preparing to become a Foundation Trust. It is hoped that the Trust will be placed on wave seven of the Foundation Trust programme, which would mean that a formal 12 week consultation exercise would commence in late July 2007, and following a series of scrutiny processes authorisation would be granted at the end of March 2008.



## Our Vision

*To be recognised as the best in everything we do, providing lead-edge, high quality health services delivered with courtesy and respect.*

## Our Values

The Trust has embarked on a cultural change programme to share the Trust's vision and to develop a set of core values with staff which will now underpin the way we behave towards each other, our patients and other stakeholders. These values are:

- Put Patients First
- Take Ownership
- Respect Others
- Be Positive

# OUR ORGANISATION

## How the Trust has changed in 25 years

Derriford Hospital celebrated its 25th birthday on Friday 9 June 2006. The first phase of Derriford Hospital, which cost £22 million, involved the creation of a building which was 52,000 square metres. In 1981, when the first patients arrived, only the main building was complete.

Unit Administrator at the time, Phil Sanders, said: "ECG, as the current cardiology department was known, moved from Greenbank around this time. The department looked nothing like the current facility. It moved from two small rooms in a hut at Greenbank, in which the inside walls had been lined with chicken wire netting to try to reduce the effect of electrical currents from elsewhere on the very crude equipment."

Of course, Derriford Hospital has grown considerably since that time. See table.

Director of Finance John Yarnold said: "I have been here since 1986 – not quite the very beginning. There have been difficult times but I, and I hope the people of Plymouth and around, feel proud of Derriford. We are offering some of the best healthcare in the country and developing new techniques all the time. Most importantly, it is the staff who make this place what it is – they are the ones caring for patients, developing new techniques, coming up with new ideas and smiling, sometimes even under immense pressure."

	1981	2006
No of Beds	205 beds	1200 beds
Theatres	4	32 including specialist cardiac and maternity theatres
X-ray rooms	4	18 x-ray + six in the community plus 24 ultrasound 4 CT 2 MRI 4 barium 1 fluoroscopy 2 interventional rooms
Outpatients	A temporary outpatients in a ward area	A full outpatient dept which sees more than a quarter of a million patients every year
Size	The building was 52,000 square metres in size	Derriford is now 130,000 square metres in size

## The Anaesthetics, Theatres and Pain Directorate

This directorate includes our anaesthetic department, planned inpatient and emergency theatres, day-surgery units, the department of pain management and pre-assessment services. The directorate employs 450-plus staff and has a budget of £20m. It is responsible for the pre-operative, peri-operative and immediate post operative care of patients from all surgical specialties excluding cardiac surgery. It is also responsible for providing acute and chronic pain services. Over the last 12 months considerable work has gone into improving the patients' journey and safety through theatres, both in terms of equipment, processes and the efficiency of the staff working there. This work has included:

- Admitting more patients on the day of surgery. Greater pre-assessment of patients and the introduction of an Elective Admissions Unit, currently on Marlborough Ward, has improved the number of patients who can be admitted to the hospital on the same day as their surgery, improving the patients' experience and reducing the amount of time they have to spend in hospital. There are currently plans to expand this, whilst we are also developing, as part of our pre-assessment service, an exercise cardiorespiratory testing system that is useful in predicting high risk patients who may require higher dependency care after surgery.
- A major upgrade of the monitoring systems within main theatres. Not only does this allow for the safer transfer of patients between different areas but it gives doctors and clinical staff access to patient monitoring data from sites around the hospital outside of theatres.
- We have introduced Integrated Care Pathways. This has helped reduce the previous paperchase to one effective booklet per theatre visit.

# MAKING EXCELLENT PROGRESS

## Our Activity

In 2006/7, Plymouth Hospitals NHS Trust treated:

- 103,015 new outpatients
- 94,946 new A& E patients
- 52,451 new daycase and inpatients
- Delivering 4,438 babies

Among the more specialised treatments we carried out were:

- 54 kidney transplant operations
- 1,140 cardiac surgery cases
- 1,801 neurosurgery cases



## Comparison with 2005/06 Activity Levels

	2005/06 Actual	2006/07 Actual	Variance	
			No.	%
Referral Received	107,448	111,708	4,260	4.0%
New Out-Patients Seen	90,493	103,015	12,522	13.8%
Elective Inpatients & Day Cases Treated	48,929	52,451	3,522	7.2%
Emergency Inpatients Treated	52,911	51,778	-1,133	-2.1%
A&E Attenders Seen	91,641	94,946	3,305	3.6%

## Comparison with 2006/07 Contract Levels

	2006/07 Contract	2006/07 Actual	Variance	
			No.	%
Referral Received	98,160	111,708	13,548	13.8%
New Out-Patients Seen	94,351	103,015	8,664	9.2%
Elective Inpatients & Day Cases Treated	48,084	52,451	4,367	9.1%
Emergency Inpatients Treated	51,779	51,778	-1	0.0%
A&E Attenders Seen	95,608	94,946	-662	-0.7%

## The Children and Young People's Health Directorate

With 347 staff, this directorate provides services for children and young people in the hospital, community and at home. At Derriford we provide medical and surgical services for babies, children and adolescents as both outpatients and inpatients. Support from children's community nursing and paediatric liaison services bridges the gap between hospital and home.

The Child Development Centre provides multi-disciplinary assessment and treatment for children with conditions likely to affect their physical, social or educational development.

Child and Adolescent Mental Health provide assessment and treatment for children and adolescents who have psychological or mental health problems. The new Adolescent Mental Health Inpatient Service for the South West Peninsula, called The Plymbridge Adolescent Service, opened its doors to young people in January 2007 following several months of hard work recruiting the new team and renovating its temporary home in the Cotehele Unit building, in Mount Gould Hospital. Initially, the Service will have six beds but there are plans for expansion to 12 beds during the next two years in a new purpose built Unit. The service will take referrals of young people aged 12-18 years who have serious mental health problems from local Child and Adolescent Mental Health Services in Devon, Torbay, Plymouth and Cornwall.

### **Plymouth Integrated Disability Service for Children & Young People**

The Directorate is jointly working with Plymouth

Primary Care Trust and Plymouth City Council to establish a 'children's trust' for the city. The development of an Integrated Disability Service that will provide services for children and young people with a disability through a single point of access is a key feature of these multi agency arrangements. The vision for disabled children living in Plymouth is:

The integrated service will achieve the outcomes set out in Every Child Matters and the National Service Framework. As part of the Every Disabled Child Matters the team will encompass health, education and social care in one organisation to meet the needs of children, young people and their families to:

- Improve support for families of disabled children
- Ensure disabled children have access to and benefit from early years services
- Provide equality of opportunity
- Ensure transitional plans are in place
- Enable children and young people choice and opportunity to access social, cultural and leisure services

Plymouth's Eligibility Criteria for Children and Young People with Disability 2006 will be used to indicate appropriate access to services, signposting to other services both universal and those delivered through the various localities across the city. The integrated service will also provide information, advice and guidance to children's services, voluntary, private and independent agencies both directly and through the localities.

## First for Liver Surgery in Plymouth

For the first time patients are now able to undergo liver surgery at Plymouth Hospitals NHS Trust, rather than travelling around the country to be treated. Plymouth already offered a comprehensive service for patients with liver disease, specialising in liver medicine and radiology of the liver. Now, patients in need of surgery to remove growths on their liver are able to be treated at Derriford Hospital.

Liver surgery is a specialist area of surgery and the hospital has two surgeons, David Stell and Mark Midwinter, who have the required skill and experience to undertake this work. These surgeons are supported by a team of specialist anaesthetists, nurses and theatre staff. David Stell, explained: "This is a major advance for us and our patients, most of whom previously had to travel to London or Basingstoke for this kind of surgery. We can take out part of the liver if a patient has suspected cancer. We can remove more than half of the liver as it is the only organ in the body which can re-grow and it can be back to its normal size within two to three weeks."

# MAKING EXCELLENT PROGRESS

## Performance Against Key Targets Full

		Target	Performance
<u>Existing National Targets</u>			
1	Reduce to 4 hours the maximum wait in an A&E Department from arrival to admission, transfer or discharge.	98%	97.4% @
2	Maintain a two-week maximum wait from urgent GP referral to first out-patient appointment for all suspected cancers.	100%	100%
3	Maintain a two-week maximum wait standard for Rapid Access Chest Pain Clinics.	100%	100%
4	Three-month maximum wait for revascularisation.	Nil	100%
5	Ensure that , when an operation is cancelled other than for clinical reasons, patients are offered an alternative date within 28 days or, if not an appointment at the hospital and time of their choice.	0%	0.11%
	Percentage of elective admissions cancelled within 24 hours of surgery	0%	1%
6	Ensure that by December 2005 every hospital appointment will be booked for the convenience of the patient	In-Patient & Day Case	100%
		Out-patient	100%
7	Ensure a maximum waiting time of one month from diagnosis to treatment for all cancers from December 2005.	98%	99.5%
8	Ensure a maximum waiting time of two months from urgent referral to treatment for all cancers from December 2005.	95%	97.2%
9	Achieve a maximum wait of eleven weeks for an out-patient appointment by March 2007.	Nil Variance >11 Wks	0
10	Achieve a maximum wait of twenty weeks for in-patients and day cases by March 2007.	Nil Variance > 20 Wks	34
11	Deliver a ten percentage point increase per year in the proportion of people suffering a heart attack who receive thrombolysis within 60 minutes of calling for professional help.	65%	65%
12	Delayed transfers of care to reduce to a minimal level by 2006.	0%	4.0%

### New National Targets

13	Access to GU Medicine clinics, as measured by the proportion of patients attending GU services seen within 48 hours of contacting the service. *		1.40%
14	Data quality on ethnic group - Completeness of coding for ethnicity in patient data sets.*		
15	Emergency bed utilisation *		
16	Infant health : data completeness of breast feeding initiation and smoking during pregnancy.*		
17	MRSA bacteraemia rates *		
18	Diagnostic Waits *		

@ The tolerance levels will be announced by the Healthcare Commission in the autumn. At this stage the figure represents the Trust's best view of what the tolerance levels will be.

\* For some of the new National Targets the performance of Plymouth Hospitals NHS Trust will be measured relative to other trusts around the country. Therefore it is not possible at the time of going to press to give absolute results. The current red, amber, green assessment is based on the Trust's best view at the time of going to press.

# MAKING EXCELLENT PROGRESS

## Waiting Times Reduced for the Fifth Year in a Row

Despite an increase in the number of patients referred to the Trust, the length of time those patients have had to wait has fallen significantly over the last six years. During the past 12 months, patients have seen the times they wait for appointments and operations fall once again.

### Outpatient Waiting Times

Five years ago, patients were waiting up to 26 weeks for a first outpatient appointment with a consultant from a GP referral; this has now fallen to a maximum of 11 weeks with many specialties well below this maximum.

### How waiting times for outpatient appointments have fallen

Year	Maximum Wait
March 2002	26 weeks
March 2003	21 weeks
March 2004	17 weeks
December 2005	13 weeks
March 2007	11 weeks

### Inpatient Waiting Times

In the last five years the length of time a patient has to wait for an operation or procedure has also dropped considerably.

### How waiting times for patients requiring an operation or procedure have fallen

Year	Maximum Wait
March 2002	15 months
March 2003	12 months
March 2004	9 months
December 2005	6 months
March 2007	20 weeks*

\* As at the end of March 2007, 0.45% of patients (34 out of 7,559) were waiting in excess of 20 weeks.

### Diagnostic Tests

There was good news for patients waiting for diagnostic investigations, such as MRI scans or endoscopies. The Trust achieved of a maximum 13 week wait for all diagnostic investigations by 31 March 2007. Examples include:

### CT (Computerised Tomography) Scans

Year	Average Wait
March 2005	69 weeks
March 2007	12 weeks

### MRI Scans

Year	Average Wait
March 2005	109 weeks
March 2007	9 weeks body scan

## Waits for Hearing Tests Dramatically Reduced

Waiting times for a hearing test have been dramatically reduced. In fact staff were so successful at tackling the backlog of patients that by the end of March 2007 they had seen nearly 6,000 extra patients and reduced the waiting time from up to three years to just 13 weeks.

Adam Beckman, Head of Audiology at Plymouth Hospitals NHS Trust, explained the measures taken: "This was a real team approach, from audiologists, support and admin staff, who have all made an enormous effort to tackle the waiting times.

"We were aware that the waiting lists were too long. This had been caused by a historical lack of funding for audiology, a shortage of audiologists and the emergence of digital hearing aids, which has caused a surge in demand.

"I am very pleased to say that, after months of hard work, we have successfully brought the time patients wait for a hearing test down to just 13 weeks. This has largely been down to the staff in the department, who have worked evenings and Saturdays, since October. The Trust has also made internal efficiency changes to allow more patients to be seen and sufficient funding from our local commissioners at the time was provided to enable us to do this."



# FIVE TOP REASONS TO CHOOSE PLYMOUTH



## 1. Good Survival Rates

Patients can welcome the good news that Plymouth Hospitals NHS Trust has low mortality rates. The Trust has a three year mortality rate which is 10% better than the national average, according to figures published by Dr Foster.

The Hospital Standardised Mortality Ratio tells patients whether, given the age, sex, social deprivation and diagnosis of patient's admitted, a hospital's death rate is better or worse than the average. The national average score is 100.

The data shows that Plymouth Hospitals NHS Trust's three year mortality rate is 90 which is 10% better than expected. This is classified by Dr Foster as low mortality. The Trust's one year mortality rate is also 5% better than expected at 95. For more Dr Foster information visit [www.telegraph.co.uk/health](http://www.telegraph.co.uk/health)

## 2. Falling Infection Rates

The risk of getting an infection whilst in hospital is very low and staff at the Trust have worked hard to reduce the spread of hospital acquired infection. The good news is that their hard work has resulted in lower infection rates and there are plans in place to reduce the rates even further. The Secretary of State for Health, Patricia Hewitt, visited Derriford Hospital in April 2007 to see for herself the good work that is happening here to tackle infections.

### How has this been achieved?

- More staff at the hospital are washing their hands or using alcohol gel more regularly.
- Screening more patients before they are admitted. Around 40% of the MRSA cases the Trust records involve patients who have come through our doors with MRSA which has been acquired in the community so screening patients prior to them coming into hospital is very important. Those found to be carrying MRSA harmlessly up their nose are then prescribed eradication therapy to get rid of the bacteria before it can become a problem for them or anyone else when they enter hospital.
- Increasing the presence of the Infection Control team throughout the hospital.
- Investing £50,000 in a new MRSA screening system. This technology can detect the DNA 'fingerprint' of MRSA in a swab without the need to grow the bacterium first - cutting the time from taking a swab to obtaining a result from 5 days to 3 hours. We have used this rapid testing in our cardiac and critical care units and we have seen up to 50% reductions in the number of cases of MRSA.

## Highlights from the Success of our Infection Control Work

**MRSA:** Between April 2006 and March 2007, the Trust reported 395 new cases of MRSA, compared to 512 last year. In the same time period, the Trust reported 68 MRSA bacteraemias (blood stream infections) compared to 98 for April 2003-January 2004, the baseline year for the Government's MRSA reduction target.

**C. difficile:** Derriford already has one of the lowest *C. difficile* rates in the country. Between April 2006 and March 2007, the Trust reported 212 cases compared to 216 for the same period last year.

**Limiting the spread of sickness and diarrhoea:** Outbreaks of sickness and diarrhoea are brought in from the community and can spread amongst our vulnerable patients. When this happens, we have to close wards to new admissions to stop the virus spreading. Only nine wards had to be closed between April 2006 and March 2007, compared to 60 the previous year.

## HOW OUR SERVICES COMPARE



### 3. High Patient Satisfaction

The vast majority of patients treated at Plymouth Hospitals NHS Trust feel the care they receive is excellent or very good, according to the latest independent survey. The survey commissioned by the independent health watchdog, the Healthcare Commission, asked adults who had been inpatients at Derriford Hospital and the Royal Eye Infirmary in June 2006 to rate their stay and care.

- 83% of patients rated their care as either 'excellent' or 'very good'. This was an increase on the number of patients who rated their care so highly in 2005 (74%) and also compares well nationally against an average figure of 79%. The Trust came top in the south west and south central NHS regions for overall patient satisfaction when adding up those patients who rated the Trust excellent, very good and good.
- The majority of patients, 84%, also felt they were always treated with dignity and respect, compared to 81% when the last survey was undertaken locally in 2005 and 80% nationally.
- Confidence and trust in doctors (88%) and nursing staff (79%) at the Trust is high. 61% of patients also reported feeling involved their care.
- (48%) thought the food very good or good.

While the survey found encouraging results, it also provided insights that are being used to make improvements wherever possible.

- The perception of cleanliness in the hospital has improved since 2005 but is still below average. 44% of patients rated their room or ward as 'very clean' compared to 39% a year ago, while 38% confirmed that the toilets and bathrooms they used were 'very clean' compared to 33% in 2005. The work of the Patient Environment Action Team is continuing and the physical changes planned should help improve the environment for patients and staff.

### 4. A Growing Specialist Centre

We are already a specialist centre for neurosurgery, cardiac and renal surgery, pancreatic cancer and neo-natal intensive care. This year we were selected as the lead centre for treating patients with severe endometriosis in the peninsula. As a large teaching hospital Trust with many different specialist areas, we attract some of the very best clinical staff including consultants, nurses and therapists.

### 5. Excellent Cancer Services

A national peer review of the services we provide for patients with cancer or suspected cancer found that patients "benefit from a strong locality group which has clear engagement with local commissioners. The lead cancer team is proactive and demonstrates strong clinical leadership and the Trust is justifiably proud of its achievement in meeting national waiting time targets." The success the Trust had in this area attracted the attention of the Prime Minister's Delivery Unit.

# HOW OUR SERVICES COMPARE



## The Annual Health Check

The Annual Health Check (AHC) is an assessment of the quality of service and use of resources for all health trusts. Health trusts have to self assess and submit a declaration saying how well they meet the required Standards for Better Health. The Healthcare Commission then carry out their own assessment and add it to other elements to give an overall rating for the Annual Health Check.

## Our Performance in 2006/7

Our 2006/7 assessment has shown that we have made improvements since last year and are compliant with most of the core standards. The core standards describe the level of quality all organisations providing NHS care are expected to meet; they cover the full range of health care, for example incident and risk management, child protection, medical devices, governance arrangements, recruitment, training, access to care and health promotion. Some highlights include:

- Improved systems for dealing with safety guidance
- Strong systems for the prevention and control of infection with reducing levels of MRSA
- Arrangements for dealing with complaints that have been recognised by the Healthcare Commission as being above average.

Our self-assessment proved that we have made

improvements in some areas; for example, snack boxes are now available improving 24 hour access to food for any patient needing this. There are always more improvements for us to work on. This year's assessment highlighted the following areas where more work is needed.

- We have improved our systems for dealing with national clinical guidance. We now need to do the same for National Service Frameworks.
- Considerable work has been put into the equality and diversity programme. We need to continue this and use our workforce monitoring.

The Board has agreed new records management policies for health and non-health records. A full copy of our 2006/7 Standards for Better Health declaration is available on our Trust website. The full Health Check will be published on the Healthcare Commission website in the autumn.

## Our Performance in 2005/6

The Healthcare Commission rated the Trust's quality of services as "fair" and use of resources "weak" in October 2006.

## Infection Risk after Heart Surgery is Low

People who undergo heart surgery at Derriford Hospital can be reassured that they have a reduced risk of acquiring an infection afterwards.

The hospital's Infection Control Team monitor all patients who have had selected surgical procedures to see how many, if any, have acquired a wound infection afterwards. This is done using standard definitions and is part of a national scheme run by the Health Protection Agency.

We continuously monitored all patients who had undergone heart surgery at Derriford Hospital since July 2004 to see how many developed a wound infection. The overall infection rate for heart (cardiac) surgery had fallen even further from 3.8% to 3.2% - compared to a national average of 4.0%. All cardiac surgeons at Derriford have infection rates lower than the national average of 4%. Additionally, there were no MRSA wound infections in cardiac surgery for the 12 months surveyed.

Dr Chris Burrell, Clinical Director for Cardiothoracics, said: "All our staff have worked very hard to achieve this and it is excellent news for our patients. We are well below the national average and I hope people preparing for heart surgery are reassured. These results reinforce how important it is to screen patients for MRSA before they come in and treat them if necessary."

## HOW OUR SERVICES COMPARE

### Improved Care for Patients with Acute Coronary Syndrome

Chest pain is the biggest single complaint of people attending A&E. 40% of all medical admissions to Derriford Hospital are due to chest pain.

We have set up a special process or pathway for patients with acute coronary syndrome to ensure they get excellent access to diagnostic facilities and move through the hospital more quickly. So what happens?

- Patients with chest pain are tested in A&E to see if they have had a heart attack
- Troponin test = the definitive test for a heart attack (tests for protein release after a cardiac incident) is done at this hospital within six hours compared to 12 hours at most other hospital trusts. This test can be performed at any time of day or night.
- If positive, the patient is referred to the acute coronary syndrome care team on a dedicated ward for early investigation and treatment in planned daily sessions in the cardiac catheter laboratory.
- If negative, the patient is discharged on overnight leave and asked to return the next day for an exercise tolerance test within designated Acute Coronary Syndrome slots so they can get a quick diagnosis.
- Patients with lower-grade chest pain are



referred to our clinical decision unit and monitored.

- Patients are diagnosed and treated more quickly and spend less time in hospital. The average length of stay per patient has dropped from ten days to around five.

### The Cardiothoracics Directorate

Cardiothoracics is a specialist tertiary service offering all forms of adult cardiothoracic surgery, excluding transplantation. The South West Cardiothoracic Centre supports a population of 1.6 million and is actively promoting patient choice with the opening of the new Plateau wing.

The South West Cardiothoracic Centre also runs acute adult cardiology services for our local population, demonstrating a dramatic reduction in waiting times for diagnostics and a leading edge in interventional procedures. All these services are supported by a flexible dedicated team of professionals and currently the centre has 364 employees.

The past 12 months has seen the directorate demonstrate financial viability as well as supporting service developments in all areas. These include:

- promoting pre assessment and daycase thoracic surgery
- introducing a Peninsula accessible electronic inpatient transfer waiting list - enabling referring doctors to identify how far along the patient pathway each patient is
- patients have benefited from the development of endoscopic vein harvesting in cardiac surgery which has reduced the wound site for our bypass patients.
- introducing nurse-led percutaneous coronary intervention follow up, often negating the need for an outpatient appointment and ensuring we have accurate 30 day follow up data
- our very good mortality and morbidity statistics along with the reduction in the incidence of MRSA

# DEVELOPING OUR SERVICES

## Research and Development

*By John Zajicek, Associate Medical Director,  
Research and Development*

For the last 12 months we have seen the biggest changes in the NHS research environment in living memory. A number of new research networks have been established and Plymouth Hospitals NHS Trust is represented in all of these (Dementia and Neurodegenerative Disease Research Network, Stroke Network, Diabetes Network, Medicines for Children Network, Mental Health Network as well as the original Cancer Research Network). The new Comprehensive Research Network will accommodate all other areas of research. At a national level, there is also a big push to make research relevant to people with specific conditions.

The focus is on getting treatments from the laboratory into clinical practice (so called translational research) and on research for patient benefit.

Research is high on the agenda of the newly formed Trust Academic Board. Embedding research into routine clinical service not only helps to improve service delivery but also enables both health professionals and consumers of health care to feel that they are contributing to a better understanding of their disease area. We are developing a new long-term strategy in collaboration with the Peninsula Medical School and the University of Plymouth, to really strengthen our research portfolio for the benefit of everyone associated with the Trust.



## Hospital Midwives Take on New Scanning Role

All pregnant women are now offered a 12-week dating scan at Derriford Hospital's maternity unit.

Hospital midwives have been specially trained to perform these ultrasound examinations in the antenatal clinic at Derriford Hospital. The scans enable the midwives to confirm the date of the pregnancy and provide the mums-to-be with an expected date for their babies to be born.

Women's Day Service Manager, Sally Howes, explains: "We have introduced this service as part of our long-term plans for antenatal screening. The scans are performed between 10 and 13 weeks, ideally at 12 weeks, in order for us to establish the gestational age of the pregnancy."

# DEVELOPING OUR SERVICES

## The Directorate for Reproductive Health, Women's and Neonatal Services

This directorate covers all women specific services including breast surgery, breast screening and genito-urinary medicine. In the past year we have delivered more than 4,000 babies, admitted 2,270 patients for planned operations and procedures, treated 3,190 people as daycase patients and seen 13,817 new outpatients. The directorate is a large one with a budget of around £19 million and 500 whole time equivalent staff. In the last year staff have celebrated many achievements including:

- **Services for breast patients:** The breast surgical team has undergone training for sentinel node biopsy and we are now in a position to offer this to patients in line with best practice guidance
- **Screening programme reaches far and wide:** 20,000 women per year, on average, are invited for breast screening
- **IVF services:** The primary care Trusts set the criteria so that some patients now qualify for one cycle of IVF on the NHS. The past year has seen a significant improvement in pregnancy success rates in the Ocean Suite
- **Premature babies:** Our Neonatal Intensive Care Unit has successfully delivered level three services this year on behalf of the Peninsula Neonatal Network and been busier in intensive care cot days than expected with approximately 900 admissions to Transitional Care and 450 to the Neonatal Intensive Care Unit. In addition the unit has provided the Peninsula Neonatal Transport Service, transferring 250 peninsula babies between units.
- **Genito-Urinary Medicine (GUM):** By 1 April 2008 all clinics should be able to offer a new GUM appointment within 48 hours. Derriford's figures for February 2007 were 84% (up from 9% two years ago).
- **Excellent care for those with gynaecological cancers:** The National Cancer Peer Review of the Peninsula Cancer Network stated: *The Plymouth Gynaecology multi-disciplinary team is a very conscientious and strongly led team with a long history of excellent cancer care. There is a good team spirit with a feeling of*



*cohesion and mutual respect amongst team members. Performance against measures is excellent.*

- **Giving our managers the skills they need:** We have successfully run a Management Development Forum to give managers additional training, knowledge and skills to enable them to undertake their role in the new financial environment.
- **Bumper year for babies:** There were 4374 hospital births and 162 homebirths between January and December 2006.
- **Better foetal monitoring:** We have introduced Guardian, an intelligent foetal monitoring system which supports midwives and doctors in the management of labour.
- **Mums help other mums:** We have welcomed peer supporters into the maternity unit. These women, who have breastfed themselves and received training, will complement the work of the midwives and midwifery care assistants to give greater support to breastfeeding women.

# OUR STAFF

## A Challenging Time

The Trust faced a financially challenging time last year and was forced to review staffing numbers. We received a lot of publicity about potential job cuts and redundancies. Through careful redeployment of staff into posts that were considered essential for patient care and by controlling vacancies we managed to reduce our staff numbers, and therefore our pay costs, without having to make large scale redundancies. However, at the end of the year 13 members of staff had left through compulsory redundancy and 11 staff had taken voluntary redundancy. The Trust will continually review its staffing and skill mix to ensure that we maintain good patient services without compromising our financial viability and will plan its workforce needs in line with activity to minimise the chance of future job losses.

## Staff Asked for their Opinions

The National Staff Survey was sent to a random sample of 839 Trust wide staff in October 2006. 424 questionnaires were completed, a response rate of 51%. The results of the annual staff survey provide the organisation with some very useful indicators along with the feedback staff give via focus groups and questionnaires. For example, in 2006, there was a significant decrease in staff considering leaving their jobs. The Trust was above average for quality of work life balance and in the highest 20% of Trusts for the number of staff who believe that effective action is taken by the Trust towards violence and harassment.

Some of the staff survey results were disappointing and we are using this information as a springboard to make changes. A Trust-wide action plan is being

developed to address the issues that need improving. In addition, all directorates are developing their own plans.

## Vital Signs is Vital

The Press and Communications department conducted a readership survey of Vital Signs, the Trust's weekly staff news bulletin, in the autumn of 2006. The survey was distributed to all staff with payslips. 257 responses were received from a cross section of departments, including clinical areas. Results showed a very high readership across all staff groups, with almost 9 out of 10 respondents reading the bulletin regularly: 62% of responding staff read the newsletter every week and 24% read most weeks.

## Working with the Unions

We recognise that change is a constant within the NHS, driven locally or nationally and the impact of this can at times be upsetting to staff. The Trust has experienced the benefits of working in partnership with the organisations represented by the Joint Staff Negotiating Committee. Communication, consultation and engagement with JSNC representatives and their constituent organisations is invaluable in helping to prevent conflict, identify solutions and work to resolve what at times seem like intractable problems. There are regular meetings between management and Staff JSNC representatives to review policies, change programmes and Trust wide issues.

## Want to join us?

Please visit our website or call our recruitment team on 01752 245229.

Staff Numbers	March 2007	%	March 2006	%	March 2005	%
Medical	868	14%	797	13%	814	12%
Nursing and Midwifery	2773	45%	2908	47%	3146	47%
Scientific, Technical and Therapies	814	13%	823	14%	1016	15%
Managerial	188	3%	156	3%	225	4%
Administrative and Clerical	1035	17%	1073	17%	1159	17%
Other Support Staff	420	7%	390	6%	347	5%
<b>Total</b>	<b>6098</b>	<b>100</b>	<b>6147</b>	<b>100</b>	<b>6707</b>	<b>100</b>

These figures have been prepared on a head count basis. Average whole time equivalent staff numbers are disclosed in the full statutory accounts which are available from the Director of Finance, Derriford Hospital, Plymouth. In addition some 400 staff employed by ISS Mediclean work at Derriford Hospital under contracts for catering, domestic and portering contracts.



### Developing Our Staff

Our staff are the organisation's greatest asset. The development of staff is strongly aligned to service improvement, workforce planning and role redesign as well as the needs of individuals.

At Plymouth we have been able to utilise education as a tool for role redesign. For example our in house support worker programmes have created extended roles for our health care assistants.

This has also made possible a review of the more traditional roles undertaken by professional groups. Now we have highly competent support workers undertaking skills formerly carried out by other health care professionals, releasing the extra

capacity within the registered workforce to develop services in new ways. These roles are not formally named as 'assistant practitioners' but they are indeed fulfilling an advanced and enhanced role. Alongside the support worker development the Trust has been able to develop learning to enhance roles of the professional workforce. For example emergency care practitioners have significantly contributed to the A&E standards by providing expertise in minor injuries but also practising independently in major injuries, working alongside their medical colleagues. The Trust has a unique relationship with the local Higher Education provider - The University of Plymouth. As an Academic Partner, we are able to write and develop curriculum that reflects the need through the workforce plans and role redesign and teach locally using the expertise of both education staff and clinicians. We undertake this role on behalf of all the Trusts in the South West Peninsula. This has enabled the Trust to be extremely responsive in a timely way and ensure that the changing pace of health care is reflected in learning. Alongside formal learning, the Trust has an extensive network of informal learning activity.

As we plan for our future, the need for an even closer alignment of education and development, workforce planning, service improvement and role-redesign is required. An integrated Board linking all the functions above is to be developed.

## The Emergency Services Directorate

The Directorate is the front door of the hospital encompassing all of the emergency and assessment areas. The Directorate employs 264 whole time equivalent staff.

### \* Emergency Department

The Department is located at Derriford Hospital and is open 24 hours a day, 7 days a week for anyone with an urgent medical problem related to an accident or illness. The Department deals with approximately 80,000 patients annually – which is increasing and on an average day we see 250 patients. A build will take place in 2007/08 in order to have a separate Children's Emergency Waiting and Treatment area.

### \* Acute Medical Assessment Unit and Ward

This unit, which receives all medical admissions, is currently situated on level nine with an anticipated move in autumn 2007 to create an emergency hub on level six which will also incorporate the surgical assessment unit. The unit consists of a 20 bedded area with a 10 seated area. The ward is a 35 bedded short stay unit (under 72 hours). With the move to level six, facilities will be improved upon and there will be quiet rooms for patients and relatives, dedicated clinic areas and anticipation of a dedicated level one area for our acutely sick patients.

### \* Surgical Assessment Unit

This unit consists of 16 beds and a 4 chaired area. With the move, facilities will be improved with increased flexibility between the units.

# LISTENING AND LEARNING

## Primrose – Change for the Better

2006 saw changes being considered to Derriford Hospital's breast care ward. Primrose Ward was an old fashioned-style nightingale ward which was being used by other female patients and not just those requiring breast care. It was an inefficient use of resources at a time when the organisation needed to create more room for diagnostic facilities to ensure that women with suspected breast cancer could be seen within two weeks.

The Trust considered three options at its October 2006 board meeting and considered very carefully the views of patients, the public and staff. More than 6,000 people signed a petition expressing their concern that the ward was going to be downgraded and presented this petition to the Trust's Deputy Chief Executive.

After careful consideration, the Board dismissed the original proposal to amalgamate Primrose Ward with the gynaecology ward on Monkswell and instead gave the go-ahead to move Primrose Ward as a distinct entity into a redecorated and remodelled space within Monkswell Ward, which cares for women-only patients. This meant that the ward and its specialist nursing team was maintained as a whole but transferred to a new and better location.

The space was purpose-designed to house nine beds, including three single rooms, dedicated to breast care patients. There are also much better and larger shared support services, an assisted bathroom, a treatment room and a staff rest room. Freeing up the existing space also gave the organisation the opportunity to expand its diagnostic services.

The decision was welcomed by the nursing and medical staff for breast care, patients, support groups and the Patient and Public Involvement Forum. Deputy Chief Executive Paula Vasco, explained: "We listened very carefully to what patients, staff and members of the public said to us. Many of the letters and face-to-face discussions were invaluable in better understanding the perspective of current and ex-patients. Despite the financial savings with the original proposal, the Board rightly dismissed this option and we opted for a proposal that was better for everyone: the ward, patients and staff and the organisation as a whole."

Barry Lucas, Chairman for the Patient and Public



Involvement Forum, said: "We are very pleased the Board has taken the views of patients and the public into account. We believe that this option is the best for patients."

Cornwall's Health Overview and Scrutiny Committee commented in formal feedback that: "The Trust's commitment to patient and public involvement was demonstrated by the changes made to proposals for the Primrose Unit at Derriford Hospital in response to the views and concerns raised by OSC members and wider patient and public stakeholders."

## Patient Advice and Liaison Service

Sarah Mulhall and Liz Herman make up our PALS team. They are dedicated to improving communication with patients, helping them find out more about their treatment and generally guiding them through the sometimes-baffling hospital systems. PALS offer a vital link when things go wrong.

They aim to be an impartial negotiator for staff and patients, allowing both to discuss issues in a relaxed but confidential and professional environment. During the last year PALS dealt with 2,422 enquiries.

# LISTENING AND LEARNING

## Listening and Learning

We try to improve the care we offer by listening to feedback from patients and carers. Between April 1 2006 and March 31 2007, we registered 1,079 compliments and letters of thanks whilst our staff received many more words of praise and thanks that were not recorded.

During the same time period, we received 831 formal complaints. Some of the areas attracting the most complaints during this time were aspects of clinical treatment, outpatient appointments, and communication. Complaints were also registered about the attitude of staff, in-patient appointments, and matters related to admission and discharge transfers.

It is important that we listen to complaints and learn from them. Some of the changes we made last year in response to concerns were:

A complaint was received about a delay in cardiac tests being undertaken. As a result, the department extended its capacity by carrying out one additional session per week to reduce waiting times.

A concern was raised when a patient developed a pressure sore following the birth of her baby. To try to prevent this in future, the Tissue Viability Midwife met with hospital based midwives to ensure that all staff follow policies regarding pressure area care both during and following childbirth.

The Healthcare Commission takes responsibility for the second stage of the NHS complaints procedure. In 2006/7 the Trust received 11 requests for paperwork about complaints where the complainants wanted their concerns to be independently reviewed. To date, none of these have gone to full independent review.

The Healthcare Commission visited the Trust in March and informed us that we are one of the top performers in the country in terms of responding to and meeting with complainants.

Chief Executive Paul Roberts commented: "I am delighted and it is great to be in the top ten but there is no room for complacency." In particular, the Trust is now re-focusing attention on responding to complaints in a timely manner.

## The Patient and Public Involvement Forum

By Malcolm Froude, Media Spokesman

We get involved:

- in regular meetings, for example Forum members sit on some of the Trust's committees or teams working on issues such as cleanliness and infection control, service improvement, clinical governance and board meetings.
- where an issue requires urgent discussion, for example where the patient environment may be perceived to be at risk of degrading.
- where we feel a survey of patients' experiences is needed. The results can then be fed back to the Trust so Trust staff know what the key areas of concern are and can address them.

Examples include:

- The Trust's Infection Control team has significantly improved infection rates in the hospital. Forum members are active supporters of the team.
- The Primrose Ward relocation was an example where patient and public concerns became a highly visible point of issue. The Forum worked with the Trust and a satisfactory outcome followed whereby the patient environment improved significantly.
- Two patient surveys were undertaken. The Food Watch survey, undertaken in July 2006 and followed up in February 2007, showed that in general patients felt the hospital meals were fine but the environment at meal times needed improving. After the findings were given to the Trust an accelerated programme of rolling out protected meal times was initiated. A Care Watch survey was undertaken in February 2007. This looked at the patient's total experience from admission to discharge and gave interesting results which were presented to the Trust which is acting on any areas of concern. These surveys were part of a national campaign so a comparison could be made with other Trusts. In general, Plymouth Hospitals fared above average in most of the categories, especially in the Care Watch survey.

## The Gastroenterology Directorate

The directorate encompasses upper and lower gastrointestinal surgery, hepatobiliary and pancreatic surgery, gastroenterology and hepatology. Direct patient care is delivered by consultants, clinical nurse specialists, the endoscopy unit, staff on the wards and the general outpatient department. These teams are supported by a management team, medical secretaries and central outpatient booking team.

# SHAPING UP FOR THE FUTURE



## New Wing for Derriford

A new wing will open at Derriford Hospital in the summer of 2007. The Plateau building, at the back of the existing hospital, will house the South West Cardiothoracic Centre and a number of other essential facilities. The new wing will house the new services for heart patients as well as a library and research rooms. The new South West Cardiothoracic Centre will provide purpose-built facilities in a unit with its own dedicated front entrance and courtyard garden. The new standard of the accommodation delivers more space around each bed, quiet rooms for relatives and improved staff facilities. Every bed will have access to ceiling mounted hoists and the provision of state of the art infection control rooms will mean that regardless of a patient's condition, appropriate accommodation can be provided to manage infection should it occur. Two additional theatres opened in 2006.

## Vanguard

We live in a constantly changing healthcare environment. Against this backdrop, we have revised the way we plan to provide better care facilities and improve the patient pathway.

We have been listening to the public and have looked carefully at the changing NHS. We believe that our revised plans respond to the needs of the modern patient and focus on the role the Trust and its hospitals will play in the 21<sup>st</sup> century.

The Vanguard Programme has already delivered a

new £13.2 million Local Care Centre at Mount Gould, built and run by Plymouth Teaching Primary Care Trust; a £40 million Cardiothoracic Centre is opening in the spring of 2007 and pathway redesign has enabled us to reduce the length of time patients have to stay in hospital through improvements in our day case rate and the proportion of people admitted to hospital on the day of their planned surgery. This has helped result in the need for fewer beds within the hospital.

These revised plans aim to deliver facilities that patients should expect and will increasingly demand – facilities that they, and staff, deserve. They also bring forward the proposals, including the major refurbishment of Derriford Hospital, and cost substantially less. It is intended to start work in 2008 and be complete by 2014, more than three years earlier than previously anticipated.

In essence the revised Vanguard programme will take a phased approach to the development of the estate, the phases being:

- a smaller Planned Care Centre (without overnight beds), including the replacement of the Royal Eye Infirmary
- a new children's hospital
- a re-vamped A&E (to include a dedicated children's A&E)
- refurbishment of all wards to give fewer beds per bay, a higher proportion of single rooms, and all en-suite facilities
- a new main entrance
- move away from PFI as the main procurement route
- start earlier (ward refurbishment to commence in 2008) and to complete earlier (2014, as opposed to 2017)
- significantly reduced costs (from around £600m to £170m at today's prices)

It is anticipated that an over-arching business case will be brought to the Trust Board in the early autumn.

## The Pharmacy Directorate

The role of the pharmacy department is to purchase, manufacture and supply medicines and to ensure that that are used in a safe and effective manner, both within Plymouth Hospitals and across the health community. The department employs 120 people which includes pharmacists, technicians, assistant technical officers, porters and support staff. In 2006/7 approximately 700,000 medicines were supplied within Derriford Hospital.

# SHAPING UP FOR THE FUTURE

## New Critical Care Unit

Seriously ill patients are set to be treated in a much improved environment, with the building of a £5 million Critical Care Unit at Derriford Hospital. The Unit, which should be up and running by the end of 2008, will offer patients one of the largest critical care facilities in the country.

The new 2,000 square metre unit is to be built on Level 4 of the new Plateau development. It will provide more room for patients and staff and a larger number of beds, as well as better natural light and ventilation.

Built more than 25 years ago, the current Critical Care Unit was designed to house just 10 beds, but an increase in demand has meant the Trust is currently squeezing in 19 beds. The existing unit has both a general Intensive Care Unit, and High Dependency Unit, as well as the Neurosurgical Intensive Care Unit, but limited space means the Neurosurgical High Dependency Unit cannot be located alongside the others, so is situated on Moorgate Ward.

The proposed new Critical Care Unit will have 28 beds, and will bring together all the neuro and general intensive care and high dependency units in one facility. To increase flexibility, all the beds will be equipped so they can be used for both intensive care and high dependency, depending on what treatment is needed.

Along with the Trust's new cardiac intensive care unit on level six of the Plateau building, Derriford will soon have one of the largest critical care facilities in the country.

Other features of the new unit will be nine single rooms, including seven which can use negative air



pressure, to be occupied by patients with contagious infections, to stop them infecting others - and two of the rooms can be used for the isolation of patients who are at particular risk if they were to catch an infection. One of the rooms will also be made 'child-friendly', with specially painted walls and more space for parents. Improved relatives' facilities will also be part of the new development.

Critical care matron, Ian Wren, said: "The new critical care area will be beneficial for patients, their relatives and the staff. It will have improved facilities for both adults and children and will include the very latest bedside equipment for the care of patients. Everyone will benefit from the increased light and exterior views which have been factored into the design. He added: "The people of Plymouth and the surrounding areas will benefit from the provision of a critical care facility on their doorstep, which represents the best in clinical care, and will have an environment to match anything available elsewhere in the country."

## The Critical Care Directorate

This directorate consists of 19 critical care beds divided into three units: neuro intensive care unit, general high dependency unit and general intensive care unit. We admit 1,500 patients per year. The directorate also operates an outreach service, which supports the general wards in recognising and managing critical illness earlier and possibly avoiding the need for admission to critical care. We have 140 staff which includes doctors, nursing staff and physiotherapists and a support team who provide technical, administration and data management support.

Our High Dependency Unit at Derriford Hospital, which treats very ill patients, celebrated its 10<sup>th</sup> birthday on 22 April 2006. As part of this we celebrated the achievements of the unit, including the excellent care given by staff there and the favourable survival rates for patients. The Unit had treated 6,900 patients between opening and celebrating its 10th birthday and the outcome rates for the unit were very good, against a backdrop of increasingly poorly patients.

# ENVIRONMENTAL ISSUES

## Environmental Issues and Sustainability

We try to reduce the organisation's adverse effects on the environment wherever possible and this is illustrated through the Green Travel Plan and Environmental Policy. The Green Travel Plan is nationally renowned for encouraging staff, patients and visitors to use alternative means of travelling to and from hospital sites. Public transport links to Derriford include 44 buses an hour calling at peak times and staff are offered discounted bus passes. Car sharing is also a major initiative with more than 250 staff parking spaces dedicated to car sharers. The Trust is heavily involved with First Bus in allowing staff, patients and visitors to access Derriford Hospital through the city's park and ride sites, in particular the George Junction site. This helps to reduce the levels of congestion and pollution in and around Derriford Hospital. The Environmental Policy is aimed at encouraging sustainability within the Trust. We manage natural and man-made wildlife habitats around Derriford, including a pond at the rear of the site. Secondly, we operate a vast recycling programme, including materials such as paper, cardboard and scrap metal. This led to the Trust recycling more than 155 tonnes of cardboard during 2006-7, which generated additional revenue for the Trust when sold to a recycling agent. By working with a Cornish company and by using a local waste haulier, the Trust is seeking to reduce the effects of road transport pollution and support the local economies in Devon and Cornwall.

## The Head and Neck Directorate

This consists of the specialties of ear nose and throat, audiology, maxillo facial surgery, orthodontics, restorative dentistry, plastic and reconstructive surgery and dermatology. The directorate employs 200 whole time equivalent staff including medical staff (doctors), nursing, administrative and technical staff e.g. audiologists. The directorate sees around 3,350 elective inpatients, 7,900 daycase patients, 2,060 emergencies and 57,000 outpatients each year with a budget of almost £10 million. Major achievements this year have included:

- Recognition by the Cancer Network as a Head and Neck Cancer Centre. This means that patients with complex problems with head and neck cancer will be referred to Derriford for specialist opinions and treatment provided by a fully fledged multidisciplinary team including staff from maxillofacial surgery, ENT, oncology and radiotherapy, plastic surgery, radiology, pathology and dietetics. We are now starting multimedia teleconferencing with Truro so that patients can be discussed across the region, reducing the need for patients to travel.
- Establishing a one stop Head and Neck lumps clinic which is one of few across the whole country to provide a consultant led clinic with pathologist, radiologist, maxillofacial and ENT surgery support. This allows patients to have their consultation and receive a diagnosis at the same clinic. In addition to this we are developing our service for patients who present with complex tumours affecting the base of the skull. Again

this occurs in a multidisciplinary team setting with input from the neurosurgical service as well as maxillofacial surgery and ENT.

- Developing the maxillofacial surgery department's local anaesthetic service with new staff being employed to help bring down waiting times.
- We have introduced 'hot clinic booking' into maxillofacial surgery. This allows patients who present to the emergency department in the middle of the night to be given a consultation appointment for a specialist opinion without the need to be reviewed in emergency by the team beforehand, thus reducing patient waits in emergency and improving access to specialist opinions.

A Nurse Biopsyist role has been introduced into Plastics and Dermatology this year with Sister Di Morgan in post. The primary role has been to work alongside the doctors and provide a "see and treat" service, but also to run some minor ops lists independently for patients who can't be treated on the day. Patients benefit by:

- Being treated on the same day that they attend outpatients (or within a week if clinic is overbooked).
- Not having to join a waiting list.
- Having their diagnosis more quickly with further treatment arranged if necessary.
- Being able to access both plastic surgeons and dermatologists at the clinic.
- It relieves the pressure on the waiting list for patients with suspected cancer.

It is expected that once the service is developed Sister Morgan will treat 1,720 patients every year.

# SUPPORT FOR OUR ORGANISATION

## Friends Come Up Trumps

New high-tech equipment will benefit patients at the Royal Eye Infirmary (REI) thanks to the dedicated fundraising efforts of the REI League of Friends. Money raised by the Friends has enabled the REI to acquire a brand-new £40,000 Zeiss microscope. It replaces an older version and will be used by consultants during surgery.

Consultant Ophthalmologist, Mr Nabil Habib, explains: "This is the most advanced Stereoscopic Microsurgical Microscope available for delicate eye surgery. We are very fortunate to acquire this as it enables us to perform fine and intricate advanced eye procedures.

"The microscope allows an assistant to monitor, in high-definition, the procedures as they are performed by the lead surgeon and in turn, it allows us to train the next generation of eye surgeons."

Mr Habib added: "We are, as always, very grateful to the League of Friends of the Royal Eye Infirmary for their unfailing support and keeping us up-to-date with new and cutting-edge technology."



The REI League of Friends formed in 1975 and since then has raised more than £1.5 million. Chairman Brian Kemp said: "It always pleases us to see the equipment we have purchased being used. This microscope was badly needed and it will now replace the old one.

"We have been very lucky with the very generous bequests we receive. We also do collections days at local stores and we raise money in our canteen at the Eye Infirmary."

## The Pathology Directorate

The Directorate responsible for pathology and the Sterilisation and Disinfection Unit provides a high quality, cost effective diagnostic, therapeutic and support service to the local health community and other Trusts within the Peninsula.

Pathology reports on more than five million tests a year while our Sterilisation and Disinfection Unit cleans and sterilises 440,000 sets and single instruments used in surgical and other procedures.

The Directorate aims to provide a quality service to its users by reaching the standards set through accreditation, listening to service users and maintaining quality systems to monitor performance in all our departments.

Significant investment in new equipment, coupled with process redesign, has reduced turnaround times for many tests within the directorate.

# EQUALITY AND DIVERSITY

## Equality and Diversity

The Trust is committed to the inclusion and respect of all our staff and patients. As one of only 12 Lead Sites in the UK for the NHS Employers' *Positively Diverse* programme, the Trust is dedicated to improving health services through the positive promotion of diversity within the organisation and also within the city. Some of our achievements from the past year are:

Partnership working with Plymouth Primary Care Trust, Plymouth & District Racial Equality Council, Plymouth Disability Action Network, Plymouth City Council, Patient & Public Involvement Forum and many other organisations has created a strong network for our initiatives.

Disability equality has been a strong focus for the Trust with the introduction of the Disability Equality Duty 2006. As a result, a Disability Action Group has been formed of disabled patients, staff and carers to create a vision and practical action plan to improve the experiences of our disabled patients and staff. The Trust's Disability Equality Scheme was published in December 2006. We continue to develop and improve this with the active involvement of support groups and organisations across Plymouth and the surrounding areas.

The Trust's staff support network for minority ethnic staff goes from strength to strength, and celebrated its first anniversary in February. Members of the group from Plymouth Hospitals NHS Trust and

Plymouth Teaching Primary Care Trust celebrated at the end of last year by organising a hugely successful International Cultural Night.

In order to make our processes for reporting and monitoring discrimination fairer, a project group was formed in September to look at key issues for staff and patients. As a result, our systems have been reviewed and improved. A campaign was launched in March to communicate important messages across the Trust and an Incident Support Network has been formed to provide help and guidance.

A comprehensive Equality and Diversity section on the new Trust website aims to provide staff and patients with a wide range of information.

Community engagement projects have been a vital means of reaching out to the diverse groups within the city. The 9<sup>th</sup> Plymouth Respect Festival saw the Trust team up with Plymouth Teaching Primary Care Trust to share key health messages. A bright, innovative health marquee and relaxing Elders Area drew in many visitors throughout the day.

The Trust has undertaken a major data collection exercise for all staff: A breakdown of the Trust's workforce by ethnicity and gender is shown below. By collecting this data the Trust ensures it complies with its legal duties, but we are developing further work to ensure we recruit fairly, promote inclusively and fulfil our corporate responsibilities as one of the largest employers in the region.

## The Surgery and Renal Services Directory

The Directorate has more than 260 staff and is made up of vascular surgery, urology, general surgery, renal medicine and renal transplantation. The Directorate also manages the endocrine service and paediatric general surgical service.

The vascular service is well resourced, has a robust audit activity and produces excellent results. The well-equipped vascular lab has increased its activity and supports the Trust's deep vein thrombosis service. The vascular unit operates a joint on call cover arrangement for vascular emergencies in the Peninsula in conjunction with Torbay Hospital Trust and Royal Cornwall Hospital Trust. A significant achievement in the last year was the introduction of foam sclerotherapy, which is now providing a fast and efficient day case service for patients with varicose veins.

The urological service provides many high technology treatments for patients in the Peninsula including laparoscopic nephrectomy, lithotripsy and brachytherapy as treatment for patients with prostate cancer. The surgical specialities provide a variety of services ranging from minor planned surgery to major and emergency surgery. Significant developments in the last year include an increase in the number of patients being admitted on the day of surgery, shortened length of hospital stay and higher day case rates for key procedures.

# EQUALITY AND DIVERSITY

Ethnicity & Gender: Staff Dec 06	Male			Female			TOTAL		
	FTE	Headcount	Headcount%	FTE	Headcount	Headcount%	FTE	Headcount	Headcount%
A White – British	884.06	987	16.46%	2,570.46	3,192	53.22%	3,454.52	4,179	69.67%
B White – Irish	7.81	8	0.13%	19.22	24	0.40%	27.03	32	0.53%
C White - Any other White background	60.57	67	1.12%	80.11	96	1.60%	140.68	163	2.72%
C3 White Unspecified	157.02	171	2.85%	494.26	609	10.15%	651.28	780	13.00%
CA White English	0.00	0	0.00%	2.00	2	0.03%	2.00	2	0.03%
D Mixed - White & Black Caribbean	0.00	0	0.00%	1.00	1	0.02%	1.00	1	0.02%
E Mixed - White & Black African	4.80	5	0.08%	3.91	5	0.08%	8.71	10	0.17%
F Mixed - White & Asian	4.00	4	0.07%	2.76	3	0.05%	6.76	7	0.12%
G Mixed - Any other mixed background	10.44	13	0.22%	39.65	45	0.75%	50.09	58	0.97%
H Asian or Asian British - Indian	60.00	64	1.07%	61.87	67	1.12%	121.87	131	2.18%
J Asian or Asian British - Pakistani	18.00	18	0.30%	7.00	7	0.12%	25.00	25	0.42%
L Asian or Asian British - Any other Asian background	30.00	30	0.50%	28.64	30	0.50%	58.64	60	1.00%
M Black or Black British - Caribbean	6.00	6	0.10%	1.00	1	0.02%	7.00	7	0.12%
N Black or Black British - African	25.00	25	0.42%	13.56	14	0.23%	38.56	39	0.65%
P Black or Black British - Any other Black background	2.00	2	0.03%	0.80	1	0.02%	2.80	3	0.05%
R Chinese	6.00	6	0.10%	10.67	12	0.20%	16.67	18	0.30%
S Any Other Ethnic Group	20.51	22	0.37%	30.17	31	0.52%	50.68	53	0.88%
Undefined	2.00	3	0.05%	5.83	12	0.20%	7.83	15	0.25%
Z Not Stated	98.31	118	1.97%	240.08	297	4.95%	338.39	415	6.92%
TOTAL	1,396.52	1,549	25.83%	3,612.98	4,449	74.17%	5,009.50	5,998	100.00%

## The Neurosciences and Ophthalmology Directorate

This Directorate encompasses the specialist regional services of neurosurgery with a population of 2.8 million for elective and emergency services. The neurology service incorporates a dedicated acute stroke unit and in addition the service cares for acute and chronic forms of neurological disease for Plymouth and Torbay patients. The whole service is supported by the specialist diagnostics of neurophysiology, which has worked to reduce waiting times for diagnostic investigations dramatically. The services have demonstrated financial viability in the past year along with a radical programme of service improvement. For example, there is the attending scheme in neurology, a consultant led service that ensures the patient receives an attending consultant on a daily basis, dramatically reducing the length of stay and streamlining the care patients receive.

Ophthalmology is provided at the Royal Eye Infirmary, catering for adult, paediatric elective, emergency, outpatient and diagnostic treatments. They is currently engaging in a radical programme of service redesign and patient pathway analysis supported by a considerable investment in administrative resource.

# OUR ORGANISATION

## Responding To Major Incidents

This year, major incident planning has concentrated on three areas – developing plans, training and participating in exercises.

The Trust was involved in the reviewing and developing of multi-agency response plans – including Defence Storage and Distribution Agency (Ernesettle), HM Naval Base (Devonport) and Plymouth Airport.

Under the Civil Contingencies Act, there is also a requirement for the Trust to be able to respond to an emergency, whilst ensuring that critical services can continue.

Business continuity plans are also in the process of being developed, to enhance the resilience of critical services provided by the Trust during an emergency.

The Trust has also participated in multi-agency exercises – testing influenza pandemic arrangements and in response to simulated emergencies at Plymouth Airport and the Saltash Tunnel. The influenza pandemic exercise 'Winter Willow' highlighted several issues that required clarification. These have been submitted to the Department of Health for their consideration and plans will be further developed when the new national guidance is issued.

Specific training has also been undertaken to help prepare staff for new key roles including:

- Equipping and launching the Mobile Emergency Response Incident Team who provide medical and nursing support to casualties at the scene of an incident
- Radiation monitoring for Emergency Dept staff, including training staff across the south west peninsula
- Duty Senior Nurse and On-call Managers training, preparing them for their role actively leading within the control centre
- Loggist training for personal assistants who undertake an essential role by logging all events during an incident.

Major incident plans were invoked in response to three actual incidents towards the end of the year. The first was a minibus crash resulting in 15 Polish, Russian and Lithuanian-speaking casualties. Due to the severity of the injuries, the emergency department, critical care, theatres and support

services were heavily involved, whilst disruption to other hospital services was minimised.

A few weeks later, 15 children and teachers were overcome by chemical fumes at a local school. These casualties attended the Emergency Department for decontamination and assessment.

Then a suspect package was reported and the main entrance to Derriford Hospital was evacuated and cordoned off, until the package could be safely removed.

The staff involved rose to the challenges each incident presented and have contributed to the discussions on how plans might be developed as a result.

### Trust Board

The Board consists of the Chairman and five Non-Executive Directors or lay members, together with the Chief Executive and other Executive Directors. The following people held office during 2006/7:

#### Non-Executive Directors

Chairman Professor John Bull CBE  
Tony Beecher  
Louise Hardy  
Douglas Littlejohns CBE (resigned January 2007)  
Margaret Schwarz  
Nigel Taylor (Vice Chairman)

#### Executive Directors

Chief Executive: Paul Roberts  
Deputy Chief Executive: Paula Vasco-Knight  
Medical Director: Terence Lewis  
Director of Finance and Information: Chris Hoult (until May 2006)  
Director of Strategy and Development: Chris Hoult (May 2006 to September 2006)  
Director of Governance and Performance: John Yarnold (until May 2006)  
Director of Finance: John Yarnold (from May 2006)  
Director of Human Resources: Christine Lloyd-Jennings (non-voting member)  
Director of Professional Practice: Angela Edmunds (appointed April 2006)  
Director of Planning: Andy Ibbs (non-voting member)

#### Audit Committee

Members of the Audit Committee during 2006/7 were:  
Tony Beecher  
Margaret Schwarz  
Nigel Taylor (Chairman)

#### Remuneration Committee

All Non-Executive directors, including the Chairman, were members of the Remuneration Committee.

## The Directorate of Oncology and Blood Services

Dr Tim Nokes is Clinical Director and Sian Dennison Head of Cancer Services and Directorate Manager. The directorate provides clinical and medical oncology, clinical haematology and clinical immunology. Key projects this year have included:

**A Nurse-Led Chemotherapy Outreach** Research Study was completed in 2006 by E Pace, DR S Rule, Sian Dennison and research support team. The aims of this study were: to compare the outcomes of chemotherapy given at Derriford Hospital with the outcomes of chemotherapy given at outreach centres. The results were extremely positive with the majority of patients choosing the outreach location for the remainder of treatment and there was strong evidence that patients were more satisfied with the outreach location for ease of access and in terms of its environment. Following the success of this project, we are now starting a permanent outreach service initially at Tavistock Community Hospital. The service will then be rolled out to Liskeard, Kingsbridge and a Plymouth community unit.

A number of exciting developments have occurred within **Clinical Immunology & Allergy**. Contract negotiations were completed with the North and East Devon Joint Commissioning Group to provide allergy services to their respective primary care trusts. With contracts now in place with all commissioners, Derriford has effectively become a tertiary referral centre for adult allergy for the entire Devon and Cornwall area. Secondly, patients with allergy are now seen in designated outpatient allergy clinics that have been separated from the primary immune deficiency clinics. Thirdly, the tertiary peninsula primary immune deficiency service based at Derriford Hospital received full accreditation from the UK Primary Immune Deficiency Network (UK-PIN), being one of the first centres in the country to achieve this.

**Haematology** has made significant progress in developing clinical trials. Their portfolio consists of 22 clinical trials with innovative treatments for lymphoma, immunethrombocytopaenia, with a number of clinicians being chief investigators.

### Trust Wide Cancer Services

The Trust wide Cancer Services is led by Dr Simon Rule Director of Cancer Services and Sian Dennison. To meet the Cancer Waiting Time

Targets and support the multidisciplinary team (MDT) working a team of MDT coordinators operate as trackers and admin coordinators. The Trust has become of the first large hospital Trusts to achieve the national cancer waiting times 31 and 62 day standards for the year end through a team effort of clinical, managerial and administrative working.

In addition, the Trust cancer teams have been able to implement a system whereby consultants can upgrade suspected cancers and enable fast tracking through diagnostics and treatment. A preliminary analysis shows that the percentage of benign to malignancy ratio is higher in patients identified by consultants than by GP and therefore a valuable and important step in improving care for patients with cancer.

In September 2006, Plymouth Hospitals, the Locality Group, Breast, Lung, Gynae, Haematology, Urology, Palliative Care, Lower and Upper GI, Chemo, Radiotherapy, Imaging and Pathology were reviewed as part of the National Cancer Peer Review. Over 60 reviewers attended the hospital to meet with clinicians, managers and patients. Overall the report was extremely positive and the time and commitment from the clinical teams evident. The summary of the report stated: "Cancer Services within Plymouth Hospitals NHS Trust benefit from a strong locality group which has clear engagement with local commissioners. The lead cancer team is proactive and demonstrates strong clinical leadership and the Trust is justifiably proud of its achievements in meeting national waiting times targets. The review team found strong working within MDTs (demonstrated by the Gynaecology MDT in particular), and many good examples of service improvement work and robust pathways of care."

The Mustard Tree Macmillan Centre provides an information and support service to cancer patients. In 2006 the service was enhanced by:

- \* a benefits advisor, funded by Macmillan. During the advisor's first nine months she has helped 660 clients obtain benefits in excess of £1 million.

- \* The Macmillan Education and Development Post. One of this project's key achievements is the establishment of a programme for patients and carers called *Learning to live with cancer*.

A full Cancer Services is available through the Cancer Team Office.

# FINANCIAL SUMMARY

## Overview of Income and Expenditure Position

In the previous three financial years the Trust's expenditure exceeded income with the result that at the end of the financial year ending 31 March 2006, it had an accumulated deficit of £18 million. The Trust is required to deliver surpluses in this and the next financial year of an equivalent amount (£18 million). in order to achieve its statutory duty to break even over a five year period.

The Trust has tackled its underlying financial problems in 2006/07 by:

- engaging front line staff in making economies and efficiencies
- using administrative efficiencies to release staff to set up a programme office to track progress of the schemes to deliver economies and efficiencies
- using administrative efficiencies to set up a team of service improvement experts to assist front line staff to redesign their work to release resources
- reviewing financial management processes to improve control and in particular to control commitments for additional costs
- setting up performance measures to enable senior management and the Board to confirm delivery of the changes or take corrective action where necessary

In total, these measures have delivered a financial recovery programme in excess of £25m through a combination of cost reduction arising from increased efficiency and economy and maximisation of income due to the Trust. As a result the Trust has delivered a retained surplus of £2.3 million and after deducting extraordinary items a surplus of £6.2 million. This is a remarkable achievement and has involved to some extent every member of the Trust's team as well as close co-operation with our partners in the local health community.

It should also be recognised that within these "bottom line" figures the Trust has absorbed a reduction in funding for academic and other centrally funded services of £3 million and written off or provided for bad debts and written off fixed assets of £1 million . So the true underlying position of the Trust for its normal operating activities is a surplus of £10.2 million.

To meet the statutory break-even duty, the Trust has to deliver a surplus in 2007/08 of £15.7 million. Our performance in 2006/07 combined with our plans for the coming year provides a sound basis for meeting this target.

## Cash and Working Capital

The improvements in operating finances have had the expected effect on our cash position with an overall improvement in public sector payment policy from 73% to 82% of invoices paid within 30 days. There was a slowing of payments from NHS debtors at the end of the year and if all payments had been received on profile, our creditor balance would have been lower than it is, even so, revenue trade creditor balances reduced from £6.7 million at the end of 2005/06 to £5.5 million at the end of 2006/07. During the year we requested a loan of £8.45 million from the national loans fund to cover the cash impact of the accumulated deficit. This loan was requested in April 2006 and our cash position improved during the year as the operating position improved by £1million from our initial forecast of a £1.3 million surplus.

Efficient management of working capital improves the Trust's cash position and enables it to meet its liabilities and contributes to the achievement of the public sector payment policy. This is evidenced in the control of stock holdings and effective credit control. The value of stock increased by just 2.8% despite an increase in operational activity and non-NHS debtors were reduced by £190k after write-offs and exceptional items.

## The Healthcare, Science & Technology Directorate

This directorate provides specialist technical and scientific expertise in connection with the use, management and development of healthcare technologies and associated clinical services. Over 50 dedicated healthcare scientists and administrative staff are employed to provide both front-line and clinical support services, covering the following areas:

- Clinical and Radiation Physics
- Clinical Technologies
- Clinical and Engineering Science
- Radiotherapy Physics

The directorate provides services within the Trust and across local communities in Devon and Cornwall, and has been working with other directorates and clients outside of the Trust to shape how future services will be delivered.

## FINANCIAL SUMMARY



### Capital investments

The Trust had a capital resource limit available of £31,271,000 made up of the following funds:

1. operating capital - £7,730,000
2. strategic capital - £7,104,000
3. other allocations and brokerage - £16,140,000

The Trust undershot its CRL by £937,000 as a result of the receipt of the special allocations for the dental school, safeguarding children and control of C-difficile infections in the last quarter of the year. We expect to be able to roll these allocations forward to 2007/08 but still await confirmation from the Department of Health. Total capital spend was £30,847,000 plus an additional £427,000 of items bought from charitable donations.

Capital investment expenditure is incurred in order to achieve a number of objectives of which the principal ones are described below:

1. Strategic investment for the future, the most significant elements being £13.3 million on the Plateau development (additional wards and theatres, principally to enable the Trust to increase the number of cardiac patients treated and due to become operational during 2007/08) and £4.8 million to complete the implementation of PACS (Picture Archiving Computer System – a system which enable doctors to review X-ray images stored digitally rather than have to rely on retrieval of X-ray film)

2. Business continuity – replacement of medical equipment that is nearing the end of its useful life before it fails and compromises service delivery (£7.6 million) plus backlog maintenance – keeping the building and its engineering infrastructure serviceable (£1 million)
3. Safety compliance – keeping the environment safe for patients staff and visitors (£ 0.5 million)

In 2007/08 the system of capital funding for NHS Trusts changes to one that is akin to that in force for Foundation Trusts. The Trust will no longer have a capital resource limit. Instead it will have to rely in future on cash generated from its operating activities to finance its capital investment programme plus borrowing within the “Prudential Borrowing Limit” allowed the Trust by the Department of Health. Generation of surpluses of income over expenditure will be key to generating the cash to finance the Trust’s strategic capital investment intentions as will be sound treasury management in order to generate sufficient liquidity to finance loan and interest repayments.

Signed on behalf of the Board

Paul Roberts  
Chief Executive

John Yarnold  
Director of Finance

### The Vanguard Pathway Programme

The Trust run an efficiency and improvement scheme called the Vanguard Pathway Programme. This programme found efficiencies through service improvement and savings worth £24.8m in 2006/7. The Vanguard Pathway Programme is made up of a large number of schemes which are not just about making savings. It looks for ways to deliver better services more efficiently. Schemes include:

- o treating more patients as daycases and admitting more patients on the day of surgery allowing us to reorganise and reduce bed numbers
- o creating proper patient pathways for all patients so their care is better planned and co-ordinated; they flow through the hospital more smoothly and are discharged without delays
- o increasing our activity
- o increasing our income from partners other than the NHS, e.g. Biovault
- o better procurement deals so we buy equipment and so forth more cheaply

# FINANCIAL SUMMARY

<b>Income &amp; Expenditure Account</b> (including prior period adjustments)	<b>2006/07</b> £'000s	<b>2005/06</b> £'000s	<b>2004/05</b> £'000s	<b>2003/2004</b> £'000s	<b>2002/2003</b> £'000s
<b>Income</b>					
Healthcare	278,470	251,106	231,833	214,883	208,840
Other	37,403	38,519	29,968	26,501	22,213
	<b>315,873</b>	<b>289,625</b>	<b>261,801</b>	<b>241,384</b>	<b>231,053</b>
<b>Expenditure</b>					
Pay	197,128	188,653	170,958	150,162	132,700
Non-pay	99,179	92,236	84,900	85,585	83,191
Depreciation of fixed assets	10,619	9,372	10,304	8,715	7,917
	<b>306,926</b>	<b>290,261</b>	<b>266,162</b>	<b>244,462</b>	<b>223,808</b>
<b>Operating surplus/(deficit)</b>	<b>8,947</b>	<b>-636</b>	<b>-4,361</b>	<b>-3,078</b>	<b>7,245</b>
<b>Profit (loss) on disposal of fixed assets</b>	<b>-496</b>	<b>3,927</b>	<b>1,138</b>	<b>-230</b>	<b>5</b>
<b>Financing costs</b>					
Interest receivable net of other finance costs	689	144	253	198	184
Dividend payable	6,793	5,367	5,347	4,643	7,434
	<b>6,104</b>	<b>5,223</b>	<b>5,094</b>	<b>4,445</b>	<b>7,250</b>
<b>Retained surplus/(deficit)</b>	<b>2,347</b>	<b>-1,932</b>	<b>-8,317</b>	<b>-7,753</b>	<b>0</b>
<b>Balance Sheet</b>	<b>31/03/2007</b>	<b>31/03/2006</b>	<b>31/03/2005</b>	<b>31/03/2004</b>	<b>31/03/2003</b>
	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Fixed assets</b>	<b>209,660</b>	<b>177,044</b>	<b>163,661</b>	<b>153,542</b>	<b>132,162</b>
Current assets					
Stocks and work in progress	6,756	6,569	6,675	5,333	4,861
Debtors	24,114	35,281	13,823	8,727	15,456
Cash at bank and in hand	134	513	3,187	2,667	2,908
<b>Total current assets</b>	<b>31,004</b>	<b>42,363</b>	<b>23,685</b>	<b>16,727</b>	<b>23,225</b>
<b>Creditors due within one year</b>	<b>-30,517</b>	<b>-23,624</b>	<b>-23,125</b>	<b>-18,807</b>	<b>-29,837</b>
<b>Net current assets/(liabilities)</b>	<b>487</b>	<b>18,739</b>	<b>560</b>	<b>-2,080</b>	<b>-6,612</b>
<b>Creditors due after more than one year</b>	<b>-4,208</b>				
<b>Provisions for liabilities and charges</b>	<b>-1,630</b>	<b>-1,392</b>	<b>-2,081</b>	<b>-2,909</b>	<b>-1,395</b>
<b>Total assets employed</b>	<b>204,309</b>	<b>194,391</b>	<b>162,140</b>	<b>148,553</b>	<b>124,155</b>
Financed by:					
Public dividend capital	162,965	167,839	137,131	116,864	96,482
Revaluation reserve	52,088	39,763	36,394	35,181	24,226
Donation reserve	2,961	2,841	2,735	2,339	2,310
Other reserves	722	722	722	722	-63
Income and expenditure reserve	-14,427	-16,774	-14,842	-6,553	1,200
<b>Total capital and reserves</b>	<b>204,309</b>	<b>194,391</b>	<b>162,140</b>	<b>148,553</b>	<b>124,155</b>
<b>Cashflow</b>	<b>2006/07</b>	<b>2005/06</b>	<b>2004/05</b>	<b>2003/2004</b>	<b>2002/2003</b>
	£'000s	£'000s	£'000s	£'000s	£'000s
<b>Net cash inflow from operating activities</b>	<b>16,917</b>	<b>3,315</b>	<b>529</b>	<b>1,301</b>	<b>15,775</b>
Net interest received	715	280	292	270	243
Payments to acquire fixed assets	-27,588	-28,934	-18,417	-17,307	-8,243
Receipts from sale of fixed assets	13,217	0	2,683	0	75
Dividends paid	-6,793	-5,367	-5,347	-4,643	-7,434
<b>Net cash outflow before financing</b>	<b>-3,532</b>	<b>-30,706</b>	<b>-20,260</b>	<b>-20,379</b>	<b>416</b>
Public dividend capital received	6,541	30,708	20,267	20,382	0
Public dividend capital repaid	-11,415	0	0	0	-414
Loans received from DH	8,415				
<b>Increase in cash</b>	<b>9</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>2</b>

<b>Statement of Total Recognised Gains and Losses for the Year</b>	<b>2006/07</b> £000	<b>2005/06</b> £000
Surplus for the year before dividend payments	9,140	3,435
Unrealised surplus on fixed asset revaluation/indexation	12,474	3,506
Increase in the donation reserve due to receipt of donated assets	427	388
<b>Total recognised gains for the year</b>	<b>22,041</b>	<b>7,329</b>

# FINANCIAL SUMMARY

<b>Income &amp; Expenditure Summary</b>	2006/07 £'000s	2005/06 £'000s	2004/05 £'000s	2003/2004 £'000s	2002/2003 £'000s
Income	315,873	289,625	261,801	241,384	231,053
Expenditure	306,926	290,261	266,162	244,462	223,808
Exceptional items					
Profit (loss) on disposal of fixed assets	-496	3,927	1,138	-230	5
Financing costs	6,104	5,223	5,094	4,445	7,250
Retained surplus/(deficit)	2,347	-1,932	-8,317	-7,753	0

## Better Payment Practice Code - Measure of Compliance

The NHS Executive requires that the Trust pay their non-NHS trade creditors in accordance with the CBI prompt payment code and government accounting rules. The Trust's payment policy is consistent with these rules. Actual performance is detailed below.

Non NHS creditors	2006/07 Number	2006/07 £'000s	2005/06 Number	2005/06 £'000s
Total bills	79,217	109,969	90,491	100,819
Total bills paid within target	64,615	89,018	65,912	70,242
Percentage of bills paid within target	81.57%	80.95%	72.84%	69.67%

From 2005/06 Trusts are also monitored on how quickly they pay bills from other NHS organisations. The Trust's performance was as follows.

NHS creditors	2006/07 Number	2006/07 £'000s	2005/06 Number	2005/06 £'000s
Total bills	2,843	28,115	2,656	24,608
Total bills paid within target	2,077	20,953	1,734	16,492
Percentage of bills paid within target	73.06%	74.53%	65.29%	67.02%

	2006/07 £'000s	2005/06 £'000s
Management costs	10,169	9,778
Income	315,873	289,625
Costs as % of income	3.2%	3.4%

## Audit

The Trust's external auditors are PricewaterhouseCoopers LLP. Their fee for 06/07 was £223,665 before VAT, made up of £138,665 for work on the accounts and £85,000 on use of resources. Their opinion on the summarised financial statements is reproduced below. Their opinion on the accounts and on the Statement of Internal Control is included in the full set of statutory accounts.

### Independent auditors' report to the Directors of the Board of Plymouth Hospitals NHS Trust

We have examined the summary financial statements for the year ended 31 March 2007 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the related notes. We have also audited the information in the Trust's Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board of Plymouth Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

#### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report, including the Remuneration Report. Our responsibility is to audit the part of the Remuneration Report to be audited and to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our statement 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 auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and on the information in the Remuneration Report to be audited.

In our opinion:

- the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

*PricewaterhouseCoopers LLP*

PricewaterhouseCoopers LLP  
31 Great George Street  
Bristol BS1 5QD

# FINANCIAL SUMMARY

## Salary and Pension entitlements of senior managers

### A) Remuneration

Name and Title	2006-07			2005-06		
	Salary for duties as director (bands of £5000) £	Other Remuneration (bands of £5000) £	Benefits in Kind Rounded to the nearest £100	Salary for duties as director (bands of £5000) £	Other Remuneration (bands of £5000) £	Benefits in Kind Rounded to the nearest £100
John Bull, Chairman	£20,001 - £25,000		£2,800	£20,001 - £25,000		£2,400
Tony Beecher, Non-Executive Director	£5,001 - £10,000		£400	£5,001 - £10,000		£200
Louise Hardy, Non-Executive Director	£5,001 - £10,000			£5,001 - £10,000		
John Ingham, Non-Executive Director				£1 - £5,000		
Doug Littlejohns, Non-Executive Director*	£1 - £5,000		£400	£5,001 - £10,000		£1,000
Nigel Taylor, Non-Executive Director	£5,001 - £10,000		£1,600	£5,001 - £10,000		£2,000
Margaret Schwarz, Non-Executive Director	£5,001 - £10,000			£1 - £5,000		
Paul Roberts, Chief Executive	£115,001 - £120,000			£115,001 - £120,000		
Paula Vasco-Knight, Deputy Chief Executive	£90,001 - £95,000			£90,001 - £95,000		
Chris Hoult, Director of Strategy & Information**	£45,001 - £50,000	£65,001 - £70,000		£95,001 - £100,000		
Madeleine Jephcott, Acting Director of Professional Practice***	£35,001 - £40,000			£75,001 - £80,000		
Terence Lewis, Medical Director	£60,001 - £65,000	£150,001 - £155,000		£70,001 - £75,000	£145,000 - £150,000	
Christine Lloyd-Jennings, Director of Human Resources	£85,001 - £90,000			£85,001 - £90,000		
John Yarnold, Director of Finance	£95,001 - £100,000			£90,001 - £95,000		
Angela Edmunds, Director of Professional Practice****	£80,001 - £85,000					
Andy Ibbs, Director of Planning	£85,001 - £85,000			£80,001 - £85,000		
Tony Rice, Director of Operations (Specialist Services)	£85,001 - £90,000					
David Edwards, Director of Operations	£70,001 - £75,000					

Salary for duties as director includes only that proportion of remuneration relating to non clinical duties. All remuneration for clinical work is disclosed as other remuneration.

\*Resigned January 2007

\*\*Redundant from 17 September 2006

\*\*\*Ceased acting as director from 30 September 2006

\*\*\*\*Appointed 1 April 2006

## Salary and Pension entitlements of senior managers

### B) Pension Benefits

Name and title	Real increase in pension and related lump sum at age 60 (bands of £2500) £	Total accrued pension and related lump sum at age 60 at 31 March 2007 (bands of £5000) £	Cash Equivalent Transfer Value at 31 March 2007 £000	Cash Equivalent Transfer Value at 31 March 2006 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
Paul Roberts, Chief Executive	£2,501 - £5,000	£115,001 - £120,000	356	324	23	
Paula Vasco-Knight, Deputy Chief Executive	£2,501 - £5,000	£60,001 - £65,000	202	178	19	
Chris Hoult, Director of Strategy & Information	£1 - £2,500	£20,001 - £25,000	72	62	8	
Madeleine Jephcott, Acting Director of Professional Practice	0	£80,001 - £85,000	342	371	0	
Terence Lewis, Medical Director	n/a	n/a	n/a	n/a	n/a	
Christine Lloyd-Jennings, Director of Human Resources	£2,501 - £5,000	£40,001 - £45,000	182	159	19	
John Yarnold, Director of Finance	£2,501 - £5,000	£140,001 - £145,000	622	580	27	
Angela Edmunds, Director of Professional Practice	£22,501 - £25,000	£105,001 - £110,000	358	262	89	
Andy Ibbs, Director of Planning	£2,501 - £5,000	£65,001 - £70,000	201	181	16	
Tony Rice, Director of Operations (Specialist Services)	£12,501 - £15,000	£130,001 - £135,000	482	408	63	
David Edwards, Director of Operations	£7,501 - £10,000	£65,001 - £70,000	205	172	28	

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

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

Pension details are disclosed only for senior managers aged under 60 at the balance sheet date.

The remuneration of the Trust's executive directors is overseen by a sub-committee of the Trust Board, comprising non-executive directors. They are guided by the Department of Health's advice on pay for very senior NHS managers who are not part of the Agenda for Change terms and conditions of employment. All executive directors are appraised by the Chief Executive, who is himself appraised by the Chairman, and appraisal documentation is provided to the Remuneration Committee. Executive Directors are employed on substantive Trust contracts. The remuneration of non-executive directors is established by the NHS Appointments Commission and all are subject to appraisal.

# FINANCIAL SUMMARY

## The Trauma, Orthopaedic and Rheumatology Directorate

Our aim is to provide individual and personalised care to patients with orthopaedic and rheumatological conditions. To achieve this aim we strive to advance care for patients with neuro-musculoskeletal disease/disability through research, teaching and excellence in clinical practice. 2006/2007 was a very successful year, achieved through the hard work of staff at all levels. Waiting times have been reduced substantially and improvements have been made to patient care. The environment in which patients are cared for was also improved during the year. At the end of 2005/2006 the Directorate reported an overspent position of £2.2 million; this year will see a modest positive balance of approximately £420,000.

We are a large provider of orthopaedic surgery in the South West Peninsula with 17 consultant surgeons on staff, each supported by a multidisciplinary team. The department offers a comprehensive range of orthopaedic sub-specialist services including paediatric orthopaedic surgery and rapid access services to the Ministry of Defence. One of a number of planned developments in 2008 is a Sports Medicine service. With five operating theatres and 100 beds the orthopaedic service is looking towards a growth of patient services and clinical / support staff in the coming year. The rheumatology sub speciality continues to deliver a high standard of care, with a range of clinics delivered close to patients homes in community hospitals. The department is led by three consultants who are supported by a multidisciplinary team which includes four nurse specialists.

In the past year the directorate has admitted 2,440 patients for elective inpatient treatment, 2,062 patients for daycase procedures and 2,247 under the care of our trauma teams. A further 7,153 new referrals have been seen in the Directorate's outpatients clinics. Approximately 14,500 additional patients have been seen in the fracture clinics which are part of the trauma service.

We have developed a consultant led trauma services development group this year. Amongst a number of positive advances in the area of unscheduled care has been a drive and determination to ensure patients admitted with a fractured neck of femur were operated on within 48 hours of admission to the hospital. In the last quarter of the calendar year 85% of patients had their surgery within 48 hours. The Directorate has also opened a dedicated unit for these patients and started an MRSA screening program for this patient group post admission.

We now offer joint replacement (arthroplasty) of the shoulder, elbow, hip, knee and ankle. Patients requiring arthroplasty are screened for MRSA, and must be shown to be clear, before they are admitted to the Joint Replacement Unit. The policy around the management of MRSA in this area has reduced the unit's deep infection rate to 0.7% for the last four quarters (total hip and total knee replacements). The deep infection rate for MRSA over the last four quarters in the same patient group is 0%. This level of deep infection rate in the specified patient group is below the national average.

## The Medical Specialties Directorate

With 270 whole time equivalent staff, this directorate encompasses health care of the elderly, diabetes, endocrinology and respiratory medicine as well as being involved in the care of patients admitted via with acute medical problems. General medical work is also undertaken.

Wards covered are Honeyford – respiratory, Hexworthy – respiratory and diabetes/endocrinology, Meldon (17 beds) and Bracken as health care of the elderly.

The Directorate also manages two outpatient areas: the Chest Clinic and Diabetes Centre.

We are committed to achieving a high quality safe service for our patients.



# GET INVOLVED

## We Couldn't Do It Without You

We are delighted to thank our 700 volunteers for all the time and help they give to patients and staff throughout the year. Their valuable contribution benefits patients in a huge variety of ways. Here are some of the places you are likely to find a volunteer:

- \* on wards befriending patients and helping staff
- \* in clinics helping them to run more smoothly
- \* in the play centre entertaining young children or Hospital School assisting with lessons
- \* chatting to patients and visitors in the Mustard Tree Drop-In Centre
- \* staffing the St John's recreational library or taking a library trolley to the wards
- \* serving in the League of Friends general shops or bookshop
- \* behind the counter at one of the WRVS's coffee shops
- \* presenting a show or offering technical support at Hospital Radio
- \* guiding visitors around the hospital
- \* helping patients to attend the Chapel service
- \* flower arranging in the Chapel

As you can see, there is plenty to do! If you have some time to spare on a regular basis and would



like to join the team - no previous experience required – just contact Elizabeth Pollard, Voluntary Services Manager on (01752) 792646 for more information or email [elizabeth.pollard@phnt.swest.nhs.uk](mailto:elizabeth.pollard@phnt.swest.nhs.uk)

## The Clinical Professions Directorate

With 130 staff, the Clinical Professions directorate treats patients on the wards in Derriford Hospital, in patients' own homes, in outpatient clinics and in community clinics. The Directorate provides clinical psychology, nutrition and dietetics, occupational therapy, physiotherapy and speech and language therapy. The staff all work very closely with the multi-disciplinary teams in and outside the Trust to provide good quality care for our patients.

The Physiotherapy Department has received and treated more than 14,500 outpatient referrals for patients in Plymouth and surrounding areas. In inpatient / ward areas, the physiotherapy teams have been integral in rehabilitating patients to enable them to return home more quickly. Implemented by the Physiotherapy Department, the trust has started to deliver a 'new patient' triage service - the new Lumbar Spine Pathway, enables patients to be seen for their condition more quickly and referred to the most appropriate speciality if they require further care.

In March a joint training event of Speech & Language Therapists with radiology registrars took

place at the Radiology Academy regarding the assessment for swallowing by videofluoroscopy and interpretation of x-ray findings. This is a developmental venture and we are anticipating further sessions in the future to enhance the skills and understanding of both groups of staff.

The Speech and Language Therapy service has undertaken a pilot of staggered working hours which has resulted in a reduction of congestion in the office base and importantly enabled therapists to access patients at both breakfast time and lunch time for assessment and management of swallowing difficulties.

Occupational Therapy has changed the way they see patients who come into hospital for a total hip or knee replacement. Instead of waiting for them to come into the hospital for their operation, the Occupational Therapists are seeing them before, to make sure that they have all of the equipment and advice they need for going home. This has given our patients more information before they come to the hospital and has reduced the time they need to stay on the ward as their homes are already set up with the equipment they need.

## Give Us Your Views

### How to make comments and seek advice

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. PALS will:

- Provide information about hospital services.
- Offer advice on where to go to get health information.
- Help with problems that you haven't been able to sort out with staff on a ward or in a clinic.
- If you want to make a complaint - advise you how to do so.
- Tell you about independent organisations that can help you with a complaint.
- Listen to your views on how we can improve and pass this on to the appropriate people for action.

### How to contact PALS

Open Monday to Friday 9.00 am to 4.00 pm

PALS office: on level 6 in the main concourse

Telephone: 0845 155 8123 - Internal Calls: 57657

E-mail: [PALS@phnt.swest.nhs.uk](mailto:PALS@phnt.swest.nhs.uk)

Post:

Patient Advice & Liaison Service,

General Office, Level 7

Derriford Hospital,

Plymouth,

PL6 8DH

### Comments, Suggestions and Complaints

Tell us about your experiences of the Trust, both positive and negative. You can talk or write to:

- Ward or department manager.
- Patient Advice & Liaison Service (PALS).

Your comments and suggestions will help us to plan and make changes.

### Comment Cards

We would like to know what you thought about your stay in hospital:

- Complete a Comment Card available on wards and in main entrances, and let us know your views.
- There are Comment Cards and posting boxes in the main entrance and maternity entrance at Derriford.
- Your opinions will help us to make improvements.

### How to complain

Staff do their very best to make sure you receive care and treatment of the highest standard. However, if you are dissatisfied this information explains how you can complain and the steps we take to resolve complaints as quickly and thoroughly as possible.

- If you have concerns about any aspect of our service, please talk to a member of staff in the ward or department and they will attempt to resolve things as quickly as possible.
- If you are not satisfied with the outcome of these discussions you can contact the Patient Advice and Liaison Service (PALS). PALS may be able to help resolve the problem or provide the information you need. You can telephone them on 01752 517658 or internal extension 57657.
- If you wish to make a formal complaint please do so as soon as possible after the event. Please write to the:

Complaints Manager,

Patient & Consumer Affairs Department

Plymouth Hospitals NHS Trust

Derriford Hospital

Plymouth

# Annual Review 2006/2007

Dear Sir, I write to express my thanks to, and admiration of, the staff in your colonoscopy department where I was treated this morning. The whole procedure was carried out in a reassuringly efficient, calm and considerate manner by the staff who were also extremely busy.

My thanks again for a truly professional skill. Derriford - and the NHS - being very well served.

Yours faithfully  
Norina Woodcock

Dear Mr Roberts

I should like to express my appreciation for the excellent treatment that I have received from the Cardiology Department at Derriford Hospital.

For many years I have suffered from paroxysmal atrial fibrillation. Dr Haywood recently offered me a pulmonary vein isolation ablation as an alternative to continued drug therapy, which I have found hard to tolerate. The procedure has proved highly successful - my quality of life has improved significantly, and I no longer take medication.

I am particularly grateful to Dr Haywood for his skill and knowledge, to Mr Ian Lines for his pre-op briefings, and to Dr Fitzgerald for her follow up monitoring.

It has been wonderful to benefit from such a specialised team operating in my local hospital.

Yours sincerely  
Vivienne E. Stone  
Mrs V E Stone

## Find out more:

### Information

Visit our website: [www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)

### Open Governance

Plymouth Hospitals NHS Trust meets in public every month.

Anyone is welcome to attend and hear more about the work of the Trust and any member of the public can ask a question at the start of the meeting. For dates and times of future meetings please visit our website at [www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk) or contact the Chief Executive's Office, on 0845 155 8171.

### What do you think about this Annual Report?

If you have any comments, please:

Write to: Amanda Nash, Head of Communications

Plymouth Hospitals NHS Trust

Level 7, Derriford Hospital

Plymouth

PL6 8DH

or e-mail: [Amanda.nash@phnt.swest.nhs.uk](mailto:Amanda.nash@phnt.swest.nhs.uk)

A summary of this document is available in the following languages:

Bengali, Cantonese, French, Kurdish, Arabic and Farsi. This document is also available in large print and other formats may be available on request. If you would like an alternative format please contact Wasia Shahain, Plymouth Health Community (PHT/ PCT), Level 7, Derriford Hospital, Plymouth, PL6 8DH.