



Caring About Today...

Investing in Tomorrow



Annual Review 2003/4

Caring About Today... Investing in Tomorrow

Message from our Chairman and Chief Executive

The year gone by

We hope this report gives you a flavour of our successes over the past year and the hard work and dedication of our staff which have made them possible.

Our staff have worked tirelessly this year to improve the care patients receive despite some tough challenges. The number of patients attending Accident and Emergency increased by more than 4,000 while we have admitted nearly 5,000 more patients as emergencies.

However, we have still made considerable improvements in every target area, with the exception of finance. Waiting times are down for outpatients, inpatients and in Accident and Emergency. We have also made headway in a variety of other ways, such as improving the working lives of our staff.



John Bull
Chairman

We are clearly disappointed by the loss of a star in the star rating for 2003/4. This does not reflect the many and real improvements we have made. We would like to take this opportunity to put on record our thanks to all the staff. The successes we have achieved and the improvements patients have experienced are down to their hard work. We would also like to thank the organisations that give us their unwavering support, in particular the League of Friends for both Derriford Hospital and the Royal Eye Infirmary, as well as the many volunteers who give so selflessly of their time to help patients all around the Trust.

What we didn't manage to do in 2003/4 was balance our budget. Continuing to improve and innovate, while at the same time getting back on an even financial keel, is the challenge that we now face.

What lies ahead

We chose the title of this report, Caring for Today, Investing in Tomorrow, because it reflects the Trust's current position.

We make no bones about it. We are improving all the time but we are not yet the Trust we aspire to be.

Our vision is to provide the people of Plymouth and surrounding area, and for our specialist treatments the people of the whole peninsula, with health services that are the envy of the rest of the country.

We believe we have a great future to look forward to. The Vanguard programme, which you can read about on page 13, is the biggest healthcare development scheme in the South West for many years.

The Plateau project, currently being built, will provide better services for patients with heart conditions plus a range of other essential facilities. We are investing in our staff as well as significant research and development.

However, we face some difficult times ahead before we can realise our vision. Our targets and financial challenges over the coming years are undoubtedly tough but, if we can meet them, the rewards will be significant.

We will be able to deliver Vanguard, further invest in services and crucially, we will be able to vastly improve the care we give to our patients and the environment in which we offer that care.



Paul Roberts
Chief Executive

About Plymouth Hospitals

Plymouth Hospitals NHS Trust is made up of:

- * Derriford Hospital
- * The Royal Eye Infirmary (REI)
- * Part of Mount Gould and Scott Hospital

We provide the full range of acute and general hospital services to more than 450,000 people in Plymouth, East Cornwall and South West Devon. This includes cancer care, orthopaedics, paediatrics, plastic and reconstructive surgery, dentistry and ear, nose and throat services.

Ophthalmic care is offered at the Royal Eye Infirmary, while children's and adolescent services are provided at Mount Gould and Scott Hospital.

We also offer a range of highly specialist treatments, such as heart surgery and cardiology services, kidney transplants and neurosurgery, to a population of up to 2 million people across Devon, Cornwall and Dorset.

Plymouth Hospitals is the largest hospital Trust in the South West peninsula and a teaching Trust in partnership with the Peninsula Medical School.

We have 1,094 inpatient beds and employ 6,350 staff. We are currently expanding and improving with two major projects; the Plateau project and the Vanguard programme. The Plateau project will allow the hospital to expand its cardiac and cardiothoracic care unit and other essential facilities. Vanguard is a major private finance initiative which will see the creation of a new planned care centre as well as the refurbishment of existing services at Derriford Hospital.

The completion of these developments will set the seal on Plymouth's position as one of the nation's leading health centres, equipped for the challenges of the 21st century.

Working in Partnership

We are home to an integrated Ministry of Defence Hospital Unit, which means that medical and nursing staff from the armed forces work alongside civilian health professionals in our wards and departments. In September 2004 the first wave of medical students from the Peninsula Medical School will begin their clinical experience in earnest with us.

Our other key partners include:

- * South West Peninsula Strategic Health Authority
- * The Primary Care Trusts of Plymouth, North East Cornwall and South West Devon
- * Westcountry Ambulance Service Trust
- * Plymouth City Council
- * Devon County Council Social Services
- * The Leagues of Friends – at Derriford and the REI

Veteran Bill Enjoys a Memorable Day

One Plymouth patient has a very special reason for enjoying the freedom Derriford Hospital's home ventilator programme has given him. Seventy-eight year-old D-Day veteran, Bill Hill from Woolwell, has travelled to Normandy for the anniversary parades for many years.

Bill feared that he might not make the trip in 2004 - the 60th anniversary of the landings, due to his illness. However, with a portable home ventilator safely

packed into his kitbag, Bill was able to join his comrades as usual. The unit works abroad with just a standard holidaymakers' plug adaptor.

Bill said: "Last time only nine of my old mates could make the trip and this year was likely to be the final Anniversary parade. Thanks to the portable ventilator I was able to return to the Normandy beaches as usual and pay my respects to those we left behind 60 years ago."



Veteran Bill Hill with nurse Jon Palmer

Staff in the Trust's chest clinic worked hard to develop the service that makes a new compact, portable ventilator for patients with chest problems available locally for the first time. Patients from Plymouth and Torbay hospitals now get their ventilators from their own clinic instead of having to travel up to the Brompton Hospital in London.

"Patients can now get a treatment that not only prolongs their life but massively improves the quality of that life – it may enable them to return to work, arrange their day to suit themselves or, like Bill, go on an important visit," said respiratory nurse specialist Jon Palmer.

Caring About Today

Better Care without Delay

Giving patients better and more innovative care at the same time as cutting waiting times is a top priority for us.

Plymouth Hospitals Trust is a member of the Improvement Partnership for Hospitals scheme, an initiative designed to reduce unnecessary delays for patients and transform the care we offer.

We were clearly disappointed by the loss of a star in the star rating for 2003/4. This was primarily due to our financial deficit. However we have made many significant improvements in the last year.



Nurses at work in A&E

With the exception of finance, the Trust met all its key star rating targets for 2003/4. These were:

- * **Outpatients:** The maximum time anyone has to wait for an outpatient appointment after being referred by a GP is now 17 weeks - reduced from 21 weeks during the course of the financial year
- * **Inpatients:** The maximum waiting time for an inpatient or a day case operation is now nine months - reduced from 12 months
- * **Cancer:** The maximum time anyone with suspected cancer has to wait to see a specialist is now two weeks

- * **Accident and Emergency:** The number of patients attending Accident and Emergency in 2003/4 increased by 4,000. Despite this increase, we achieved the target of treating, discharging or admitting at least 90% of patients within four hours.
- * No patients waited 12 hours in A&E after the decision to admit
- * **Patient booking targets**
- * **Environmental and cleanliness targets**
- * **Improving Working Lives** - improving the life and experiences of our staff at work

In addition, the maximum wait for cardioresvascularisation is now six months, down from nine months in 2002/3.

"I would like to thank every member of staff in the Trust, and ISS Mediclean, for the hard work and dedication that has gone into this result," said Chief Executive Paul Roberts.

Green Light

People waiting for treatment from Plymouth Hospitals can be sure they will be seen according to government standards for waiting times.

This was the finding of an independent report by the Audit Commission, which carried out spot checks in a number of Trusts across the country.

Following the spot checks at Plymouth in October 2003, inspectors were satisfied that the Trust has appropriate policies and procedures for reporting its waiting times; has good management systems in place and its information is of a very high standard.

Improving Services for Patients with Heart Disease

Patients with coronary heart disease in Plymouth are receiving better care than ever before, according to a joint report by the Commission for Health Improvement (CHI) and the Audit Commission.



Patient David Gicquel has an echocardiogram under the watchful eye of principal technician Linda Zacharkiw

"The South West Cardiothoracic Centre at Derriford Hospital is one of the best performing heart surgery units in the country, with outstanding clinical results," says manager for medicine, Tony Rice. "The report recognised the good work done and highlighted areas we need to further improve on. We are working hard with other local health organisations to do this.

"We are working towards the national target of giving clot busting drugs to all patients within 30 minutes of reaching hospital. This is an area for improvement we had already identified and we are investing £800,000 in the swifter management of acute coronary conditions. This money is being spent on appointing two more cardiologists, more rapid diagnosis, providing additional ward facilities, quicker treatment and, where appropriate, aiming for a shorter length of stay and a more rapid return to life in the community for our patients."

Critical Care Outreach

The Department of Health recommends that 'Outreach Services' should be developed as a part of each hospital's Critical Care department - to ensure that all patients, no matter where they are in the hospital, receive immediate and appropriate treatment of their illness.

Since January 2004, we have provided a 24 hour, 7 day a week outreach service, where a critical care nurse is available to assist and support ward doctors and nurses in caring for very unwell patients on any ward. In addition, when patients are discharged from Intensive Care or the High Dependency unit, they are visited by one of the Outreach team on the ward, until the patient's condition has significantly improved.

The Team also shares skills and knowledge with the ward team, teaching on study days and courses such as 'ALERT' - over 300 nurses and doctors have attended 15 courses in the last year alone.

Donation Rates Above the National Average

The South West Transplant Centre, based at Derriford, is one of only four centres in the UK to have significantly increased its number of organ donors this year.

This is according to the latest figures from UK Transplant in Bristol - the national body co-ordinating the matching of all donor organs.

The UK Transplant report said the excellent performance of the South West Transplant Centre in encouraging organ donation had a "significant positive impact" on national transplant success.



Receptionist Sue Cottrell

The Centre carried out 42 transplant operations between April 2003 and March 2004 compared to 36 in the previous year. This meant that 29% of patients waiting for organs could receive a transplant. The success of the Plymouth team in co-ordinating the donation of organs meant that in the South West donation rates are almost 50% higher than the national average.

To join the organ donor register call **0845 6060400** or log on to **www.uktransplant.org.uk**

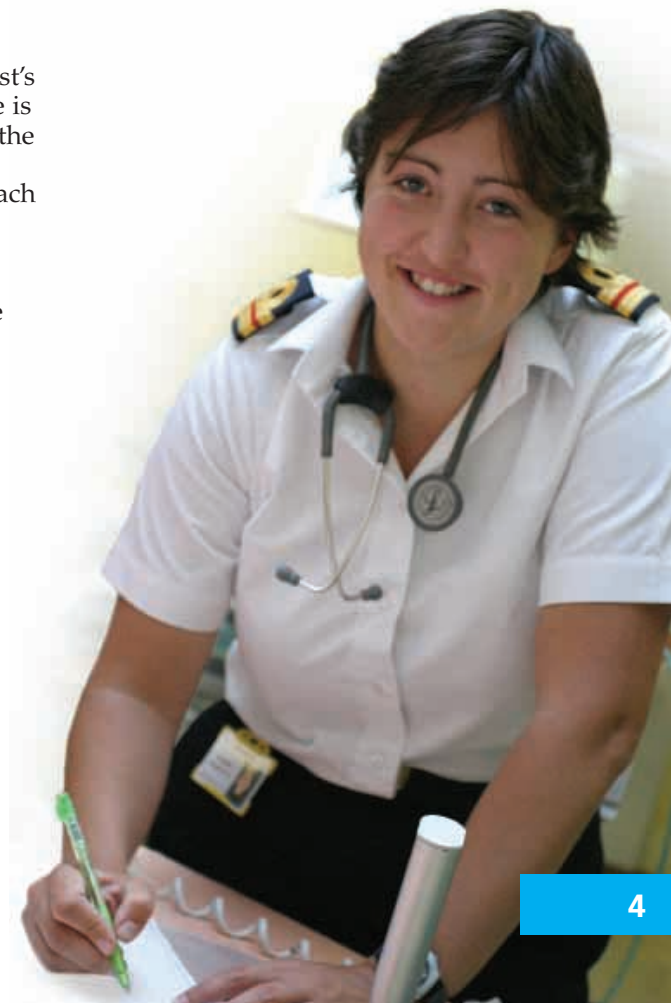
Clinical Governance

The overall picture of the Trust's Clinical Governance structure is positive. Since October 2003 the Clinical Governance Steering Group has received reports each month on the progress each speciality has made with the different elements of clinical governance and to inform the steering group about their services. There are 53 specialties within the Trust and this process is due to be finished by November 2004.

Within the seven domains of clinical governance (Clinical Risk Management, Patient & Public Involvement, Evidence Based Practice, Research & Development, Continuing Professional Development, Professional Self Regulation and Clinical Audit & Information) there has been good progress made towards the Clinical Governance Development Plan.

The South West Peninsula Strategic Health Authority has assessed our clinical governance processes against our Clinical Governance Development Plan and overall there have been improvements made under the five domains of the national reporting framework.

For a copy of our full Clinical Governance Annual Report please visit our website www.plymouthhospitals.org.uk or for a paper copy please contact Cath Brooks, Clinical Governance Co-ordinator or Katie Lowery, Clinical Governance Secretary on (01752) 517681.



Caring About Today

Scanning Success

Plymouth is now home to two MRI scanners after a second was installed this year.

The new scanner means we can help diagnose the conditions of an extra 4,500 patients every year and our waiting times for MRI scans are now falling despite increased demand. The longest wait currently is 26 weeks - a massive drop from the 64 weeks patients faced in the latter half of last year.



Radiographers Claire McCann and Teresa Freer at work in the Mansfield Centre. More than 7,000 scans were performed at Derriford Hospital last year

A new consultant radiologist, several additional radiographers and support staff have been taken on to provide the extra scans.

The new scanner is a cutting edge piece of imaging equipment, which enables clinicians to offer a range of scans, some of which were previously unavailable.

It is housed in a purpose-built unit next to the maternity wing. The specially equipped unit was built at a cost of nearly £1 million. It is

called The Mansfield Centre in recognition of the achievements of Sir Peter Mansfield who was jointly awarded the Nobel Prize for medicine in 2003.

Leading the Way in Interventional Cardiology

The South West Cardiothoracic Centre (SWCC) is at the forefront of the rapidly growing field of interventional cardiology. The Centre now carries out more than 1,300 percutaneous coronary interventions (PCIs) annually to help patients with coronary artery disease. Almost all of these procedures involve the implantation of small metal scaffolds, or stents, to restore the narrowed arteries to normal width, improving the blood supply to the heart and relieving the patient's angina.

As compared with coronary artery bypass surgery (CABG), treating heart disease by coronary intervention is much less invasive for patients, who can undergo the procedure under local anaesthetic, with complete recovery within a few days. The South West Cardiothoracic Centre is particularly proud of three aspects of its work:

- * At Derriford Hospital, the speed of patient recovery after PCI is further improved and complications minimised, by the Centre's use of the radial artery in the wrist as the access route to the heart. This is used instead of the larger femoral artery in the groin, which most interventional cardiologists in the UK and

worldwide still use, but can present more difficulties after the procedure. Use of the transradial approach for coronary interventions was introduced into the Centre by Dr Joe Motwani (pictured below), Consultant Cardiologist, in June 1999, and it has now become the preferred approach among all cardiologists at the Centre, which boasts the highest total experience of any UK cardiothoracic centre in this technique.

- * For every three patients in the UK who need coronary revascularisation, currently two will be treated by coronary intervention and one will undergo a bypass graft, a ratio of 2:1. At the South West Cardiothoracic Centre, the overall ratio is 5 times greater at 10:1. Specifically Dr Motwani performs over 450 PCIs annually and refers only 7 or 8 patients for CABG each year. This extremely high PCI:CABG ratio of over 60:1, 30 times the national average, is among the highest in current interventional practice, and reflects a major extension of the scope of PCI to treating coronary artery disease formerly thought treatable only by open heart surgery. This practice is in part facilitated by Dr Motwani's extensive experience with the Rotablator, a tiny, high speed drill that rotates inside the diseased coronary artery at up to 200,000 rpm and is particularly useful for treating complex coronary artery disease that is difficult or impossible to treat with stents alone.





- * Thirdly, the Centre has a rapidly evolving interventional cardiology research programme. In particular, Dr Motwani has designed two clinical trials, each with several hundred patients, that he is currently conducting with his colleagues, the DECIDER and ROCCSTAR trials, looking respectively at the outcome of diabetics and of patients with calcified coronary artery disease treated by percutaneous coronary intervention.

Dr Motwani said: "We have treated more than 5,000 patients using the transradial approach during the last five years, and we are among the frontrunners in the global shift from surgical to percutaneous revascularisation. Both of these developments carry significant potential benefits for patients with heart disease."

Deep Vein Thrombosis

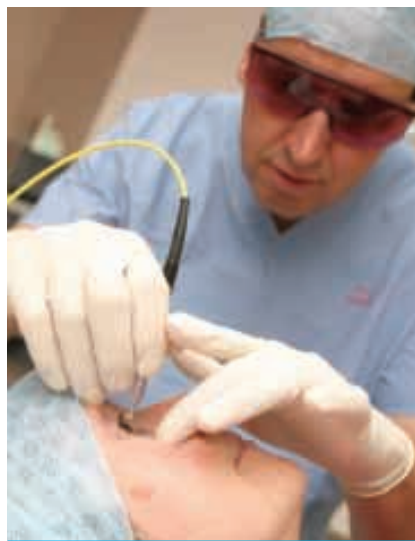
Our nurse-led Deep Vein Thrombosis scheme has proved a success with both patients and staff. Its success relies on the dedication and enthusiasm of Zara Lester and her colleagues who run

it. The scheme is responsive to patient needs and allows us to better manage a large number of patients who would otherwise have to be admitted as inpatients.

During its two year lifetime, 8,535 patients have attended the scheme and there have been 2,489 new referrals. Deep Vein Thrombosis has been confirmed in 21.8% of cases. Thanks to close working with our imaging department, we have been able to care for these patients on an outpatient basis as quickly and smoothly as possible.

The service is the leading contributor to VERITY, a national database-audit system and has been the subject of presentations at two international conferences over the last year. We are continuing to develop this service.

Laser Speeds Up Treatment



Consultant Ophthalmologist Adam Booth

Patients suffering from glaucoma are benefiting from faster treatment times - thanks to the generosity of the Royal Eye Infirmary (REI) League of Friends.

Money raised by the Friends enabled the REI to acquire a cyclodiode laser, which is used for

treating patients with advanced cases of glaucoma.

Consultant Adam Booth, who specialises in the treatment of glaucoma, explained: "Previously patients with advanced cases of glaucoma were required to have an operation, taking one to two hours, or to stay on long term drops and tablets.

"The use of the cyclodiode laser means these patients will now receive much faster treatment, taking only five minutes, and many will experience fewer side effects. The treatment is particularly useful for patients with painful glaucoma, who previously would have needed multiple medications to control the pain and pressure in the eye. With this laser, the patient should become free of pain and will be able to reduce or completely stop their medication."

Theatres

The last year has seen a number of improvements in Theatres including:

- * All patients who took part in a survey stated they were happy with their care during surgery
- * Most specialties are now achieving a theatre utilisation rate of 85%
- * The introduction of night shifts for Operating Department Practitioners has provided an improved service to patients and improved the working lives of staff
- * Cancelled operations have been reduced
- * We are enjoying improved recruitment and retention and receive positive feedback from recruitment fairs attended by theatre staff

Caring About Today

Listening and Learning

Listening to feedback from patients, relatives and other hospital users is important to help us improve our services. Complaints form one part of this learning process. Many people often simply want to talk to a member of our staff, either in person or on the telephone, and to have their concern or grievance heard and resolved quickly by a senior member of staff. If they are happy to do this, we try to make it happen as quickly as possible. The Patient Advice and Liaison Service plays a key role in this.

Of the 703 formal complaints we received in the year, we responded to 38.3% of these within 20 working days. In the middle of the year we devolved the process of responding to complaints to our five clinical divisions to ensure the people who know most about the issues are the ones responsible for responding to the complaints. This means the investigation is closer to the cause of the problem and to its resolution. Sometimes it can be difficult to resolve complaints within 20 working days given other operational pressures. Speeding up this process is something we will work on in the coming year.

This year we have been meeting face-to-face with complainants

more often, particularly when the complaint is a complex one. Approximately 50 meetings were held in 2003/4, many of which involved the assistance of the Consultant Medical Advisor for Complaints who provides expert advice and opinion.

We received 12 requests for independent review over the year. No independent review panels were convened as:

- * Six were returned to the Trust for local resolution
- * Six complainants were advised that there would be no benefit in convening a panel and that there was nothing more the Trust could usefully answer

We always look to learn from the complaints we receive and, wherever possible, improve the way we work and the care we give.

Some of the changes we made in response to concerns raised last year include:

- * Communication skills sessions were arranged for ward staff after communication difficulties resulted in a patient getting unnecessarily anxious
- * A fourth endoscopy room will be opened and the skill mix of staff extended to deal with the increased number of patients waiting for colonoscopy. We hope this will reduce the length of time patients have to wait in the long term

- * Weekend clinics were introduced and a new doctor appointed temporarily at the Royal Eye Infirmary to ensure patients were treated more quickly

Patient Advice and Liaison Service (PALS)

The Patient Advice and Liaison Service is at the heart of our organisation - quite literally. The 'drop-in' centre, where Sarah Mulhall and Liz Herman are on hand to give advice and deal with any problems, is situated in the main lobby of Derriford Hospital.



Sarah Mulhall and Liz Herman

The idea of a team dedicated to improving communication with patients, helping them find out more information about their treatment and generally guiding them through the sometimes baffling hospital systems was initiated by the Kennedy Report and the team started work in Plymouth in April 2002.

PALS is also a vital link when things go wrong. They aim to be an impartial negotiator for staff and patients, allowing both to discuss issues away from the ward, in a relaxed but confidential and professional environment. And it works; many patients decided they didn't need to make a formal written complaint after talking to them.



The Best of Friends, Kathleen Barraclough and Barbara Maunden in the League of Friends Bookshop



Nurse Practitioner Lynn Prime at work in Outpatients at the Royal Eye Infirmary

“If there’s one thing that both of us have learned from working as PALS it’s that there are always two sides to every story. Our job is to be sympathetic listeners to all concerned and our door, e-mail and phones are always open to staff and patients”, says Sarah.

A recent survey of people who had used the PALS service found that 90% thought they were friendly, 88% said they were polite and 85% that they were professional. Crucially, 87% of people who have used the service Liz and Sarah provide say they would recommend it to others.

Patients Satisfied with High Standards of care

Patients ranked the overall care they received in Accident and Emergency (A&E) and Outpatients as among the best in the country. In July 2003 the independent health watchdog, the Commission for Health Improvement, surveyed patients who attended the Royal Eye Infirmary and Derriford Hospital. They were asked to complete a

questionnaire about their care and treatment.

The Outpatients survey revealed that patients ranked the care they received in the department as excellent, placing the Trust among the best performing 20% of all English hospital Trusts. The survey also revealed that 91% of patients reported being treated with respect and dignity all the time and 85% felt they were given the right amount of information by staff.

The overall care received in the A&E departments of Plymouth Hospitals was ranked as either excellent or very good by over 70% of patients.

Local Communities Invited to ‘Have a Say’

Thousands of people in Plymouth, West Devon and North and East Cornwall were invited to have their say on Plymouth Hospitals NHS Trust - in a bid to help the organisation improve for the future.

More than 3,000 members of the public and patients’ representatives were asked for their thoughts on what the Trust’s vision and values should be; what it does well, what it could do better and what its future priorities should be. The new strategy is currently being developed.



Paediatric A&E nurse Nicki Steward assesses Rhiannon Marshall in our Minor Injuries Unit

Patient and Public Involvement Forum

By Alan Terrill, Forum member

“The Patient and Public Involvement Forum has two major goals: First, to increase public involvement so that the Trust fully listens to what the public wants before taking any decisions on how services are delivered. Second, to develop a culture whereby patient and public involvement becomes imbedded in the working of the Trust.

“The forum members are volunteers interested in the health of people in the Trust area. They are willing to give time to working with the public and the hospital to link the views of both. The hospital forum has been in existence for a few months now and represents a good mix of age and gender, of ex-patients and non-patients who represent a good geographical spread across the Trust area. We are still looking to ‘beef-up’ the team and will actively be seeking a more representative ethnic mix to ensure we reflect all areas of the population.

“We really do hope that we will not be just another set of initials or a watchdog, but more a partner who can work with the Trust in the interest of everyone.”

Caring About Today

Getting the Balance Right

Staff at Plymouth Hospitals say they enjoy a good balance between their work and home life, according to a survey by the Healthcare Commission into what it's like to work for the NHS.



Derriford's Combined Laboratory handles 7,500 samples per day. The sample reception area is a hive of activity, as Liz Hallet and Margaret Callaghan demonstrate

According to the independent survey, staff at Plymouth Hospitals also enjoy higher than average levels of training and development, in particular health and safety training.

Personnel Manager Kate Meredith said: "Our staff work very hard and do a wonderful job. The many complimentary comments, letters

and Thank You cards our care teams receive from patients and their families demonstrate this. There is also some very good work going on 'behind the scenes', in the labs for example and in so many other places the public don't automatically get to see.

"There are some really heartening findings from the survey; we are particularly pleased that the message is getting home about flexible working."

Areas of Good Practice and Satisfactory Performance

- * Staff Training and Development - 89% of staff had taken up training and development opportunities in the last 12 months
- * Health and Safety Training - 76% of staff had undergone health and safety training in the last year, compared to 71% nationally
- * Opportunities for Work Life Balance / Flexible Working were more widely recognised than in most other Trusts
- * 38% of staff, higher than the national average, reported working in a well-structured team environment
- * Effective action has been taken to deal with harassment, bullying and violence

Areas in which we have taken action

- * 79% of staff reported working regular extra hours - although this is a national trend, Plymouth Hospitals was still above average. Initiatives such as the European Working Time Directive are addressing this
- * Witnessing incidents of errors - whilst the Trust can be commended on its Health and Safety training, the number of staff who reported witnessing errors at 56% was greater than in other Trusts. This high reporting may be due to increased awareness through the improvements made in the health and safety training

Reaching Out into the Wider Community

Our staff don't only care for our patients - they also play an active role in helping the wider community. These are just some of the activities our staff have volunteered for and got stuck into this year:

Soup runs

We regularly help feed the homeless on the nightly soup runs around Plymouth.

Paired Reading

Two volunteers attend Mount Wise School to help children improve their reading skills.

Beach Cleaning

Staff are keen to get their wellies on to help clean up our local beaches. Two recent clean-ups took place on the Embankment and Jennicliff.



Assistant Technical Officer Lee Fennell inoculates a culture plate with a swab

Unsung Heroes and Heroines

There are almost too many unsung heroes and heroines to celebrate in the health service. We recognised some of the people who give exceptional service to our patients at the third annual Chairman's Awards in October 2003.

The 13 award-winning members of staff received an engraved Dartington crystal clock to say "Thank you" for their dedication and hard work.

"We have thousands of dedicated staff in this Trust," said Chairman John Bull.

"Each year it is an extremely tough job to select a handful, from all those nominated, but we do because we like to formally thank some of the staff who go that extra mile so much of the time to care for patients."



Award winner Lynne Steel

Lynne, one of this year's winners, has worked in the Maxillofacial Department as a Senior Dental

Nurse for many years. Lynne was nominated because she is relied upon by everyone from the cleaners to the consultants. Lynne is a sympathetic and caring nurse, whose main motivation is always the patients and staff.

Equality and Diversity

We value the diversity of the community we serve and wish to reflect this in our workforce. We are an equal opportunities employer committed to fair and equitable treatment for all employees and job applicants.

- * The Trust celebrated being awarded the Positively Diverse Lead Site for the South West in October 2003. We scooped the National Department of Health award, one of only 12 lead sites in the country to get it, after two years of working closely with the community and catering for people from a diverse range of ethnic backgrounds, of different ages, sex and abilities
- * Our Chief Executive, Paul Roberts, is the executive lead on equality and diversity within the Trust
- * We are a member of the Race For Opportunity scheme. The campaign works in partnerships with more than 180 organisations to help them reap the business benefits of implementing an effective race and diversity action plan. Every year we are surveyed on how we are doing in comparison to other organisations. The 2004 survey identified many improvements, particularly in leadership, community involvement, marketing, planning & policy, impact and sharing ownership
- * A new action group started recently looking at all aspects of diversity. Representatives from black and minority ethnic groups, those with disabilities and patients are involved
- * In December 2003 we held a Disability Awareness week
- * We are constantly reconsidering our policies in light of new legislation and our equality scheme action plan is currently under review



Orthoptist Julie Owen with child patient Chelsea Keller

Investing in Tomorrow

Front Runners on Research

Undertaking research today means investing in healthcare for tomorrow. This year we have overhauled and improved our Research and Development strategy in a bid to increase the amount of funding the Trust receives and make the most of the support we get.

Our approach, led by Associate Medical Director of Research and Development, Dr John Zajicek, is based around the following principles:

- * Focusing on local strengths, particularly the local population and delivering services that our patients need
- * Developing collaborations with organisations across the Peninsula
- * Encouraging research to be part of bigger programmes
- * Aligning ourselves with local and national priorities, including those of the Peninsula Medical School and the Medical Research Council
- * Exchanging information – good communication is at the heart of research

The strategy has focused our research on five priority areas. Examples of some of the work we are doing in each of these areas are given below:

Cardiovascular

Research in cardiac arrhythmias (changes in heart rhythms) has resulted in a new technique for atrial flutter ablation (a rapid abnormal heart rhythm) being developed in collaboration with the Wessex Cardiothoracic Centre, Southampton. We are halfway through a four year study, funded by the British Heart Foundation investigating ablation in 'coarse'

atrial fibrillation. Plymouth is the second largest contributor to this study. The work is directed here by Consultant Cardiologist Guy Haywood.

Cardiac Imaging

In association with Consultant Radiologist Dr Carl Roobottom, Dr Gareth Morgan-Hughes and Dr Andrew Marshall have published 11 refereed papers this year on cardiac imaging using new 16 slice computed tomography. Dr Morgan-Hughes has been awarded a Doctorate of Medicine from the Peninsula Medical School. The work has established this technique in evaluating coronary disease and marks the start of truly non-invasive coronary angiography. We have also shown that this imaging defines cardiac anatomy to new standards, which is of particular importance to the development of cardiac surgery.

Cardiac Pacing

Dr Marshall and Dr Antony Nash have continued to develop the research programme in cardiac pacing. This year their main work has been an investigation of 100 consecutive patients with sick sinus syndrome and assessment of new pacemaker algorithms to prevent atrial fibrillation and pacemaker diagnostics to improve patient care. This was presented at the World Congress of Pacing in Hong Kong and published in *Pacing and Clinical Electrophysiology*. We have been the lead centre for a European Study of a new type of pacemaker electrode.



Consultant Neuropathologist Dr David Hilton (right) discusses his work

Neurosciences

Largest Ever Study into Cannabinoids

Neurologist Dr John Zajicek led the world's largest study to assess the medicinal potential of cannabinoids to treat Multiple Sclerosis (MS) patients.

The trial, which involved 600 patients at 33 neurology and rehabilitation centres across the UK was funded by the Medical Research Council and supported by the MS Society.

The results of the study were published in *The Lancet* in November 2003. The researchers, based at the nearby Peninsula Medical School, found mixed evidence about the benefit of cannabis-derived treatments for people with MS.

The researchers found that when spasticity was assessed clinically using a well-established measure known as the Ashworth scale there was no overall detectable change in spasticity in the patients.

However when 576 patients were asked to assess their overall health, the majority of those on cannabis-derived treatments felt their spasticity and their pain had improved.

Questions Raised about the Incubation of vCJD

Pioneering research led by Consultant Neuropathologist Dr David Hilton and published in the *Journal of Pathology* attracted international interest in spring 2004.

Dr Hilton's team found that 3 out of 12,674 stored appendix and tonsil samples showed evidence of the prion protein associated with vCJD, but they urged caution about the way these results are interpreted. Although the scientists are certain that prion proteins were present in three samples, only one showed a pattern of prion accumulation that

resembled that seen in known vCJD cases.

The study aimed to help health policymakers by assessing the possible numbers of people in the UK who might be incubating the disease. Based on the three positives and calculations in the highest risk group (those aged 10-30), the researchers estimated that about 3,800 individuals in the UK would test positive.

David Hilton, who works in the Department of Histopathology at Derriford Hospital, said "Our findings need to be interpreted with caution as we do not know what the positive results really mean. There is still much to learn about vCJD."

Infections

Hepatitis C Virus (HCV) infects about 400,000 individuals in the UK and is a major cause of morbidity and mortality. A proportion of intravenous drug users and blood product recipients exposed to hepatitis C exhibit resistance to the disease. We want to use this to investigate the mechanisms responsible, as a crucial step in the design of new treatments or vaccines.

In collaboration with community services we have established a testing programme to identify individuals exposed to, but uninfected by, the Hepatitis C Virus. These individuals are then studied in detail for virus-specific immune responses that could potentially protect from infection.

In addition we are studying genetic factors that could confer resistance to infection by blocking viral entry into cells or by promoting a more effective immune response.

Diabetes

Thirty years ago, type 2 diabetes was a disease confined to middle age and beyond - people died with it rather than of it. Now it is appearing in children. The EarlyBird Diabetes Study, directed by Professor Terry Wilkin, is searching for the factors, particularly lifestyle factors, behind the disease.



A child in the EarlyBird Study

Diabetes doesn't develop overnight – the fuse starts burning before the diagnosis is ever made, probably from childhood. What lights the fuse in some and not others? Helping the PMS EarlyBird research team, based at Derriford Hospital, are some 300 Plymouth school entrants, recruited back in 2000 into a 12 year prospective study. Every six months the children come to Children's Day Beds for an 'MOT' or very detailed health check which is helping to piece together the evidence. Unique to this study, an annual blood test looks for the metabolic changes that we know lead to diabetes.

EarlyBird has already published widely in the world's medical press and the team recently gave evidence to the Government report on obesity. Underactivity and overnutrition are not solely to blame - children are certainly getting fatter, especially girls, but for reasons more complex than originally thought.

Study Co-ordinator Linda Voss said: "Unless something is done soon, one in ten of today's youngsters will develop diabetes in their lifetime."

Cancer

The haematology department at Derriford runs the National Cancer Research Network Mantle Cell Lymphoma (MCL) trials. MCL is a rare and very aggressive form of non-Hodgkin's Lymphoma accounting for about 8% of all cases. Pilot work in Plymouth has led on to one large international trial and two further trials that are likely to start before the end of the year. The ongoing trial has recruited over 100 patients from all over the UK, Ireland, Poland and Australia. This is the fastest recruiting lymphoma trial in the UK and is on target to be the largest study ever performed in this disease. Chief Investigator Dr Simon Rule has received a grant from Cancer Research UK to help run this study.

One of the other trials involves the use of the drug thalidomide. Thalidomide was a sedative drug that was banned in the early 1960's because of the foetal abnormalities that were produced when the drug was taken during pregnancy. As the mechanism of action of this drug has become better understood it has started to be used in other illnesses including some cancers. The first group of patients with mantle cell lymphoma treated with thalidomide were in Plymouth. About one third of patients responded, even those who had failed all forms of chemotherapy. We are currently looking at the blood samples of these patients collected during treatment to try and understand how it might be working.

Investing in Tomorrow

Vanguard - Expanding and Improving Services for Patients

The way healthcare services are delivered is about to change. Services are going to be expanded and redesigned to make them more patient-focused and friendly.

Costing more than £300 million, the Vanguard programme is the biggest healthcare development scheme in the South West for many years.

Vanguard has two main strands in a bid to separate planned care from emergencies, cut waiting time for patients, increase the number of patients treated, and improve the patient environment.

The first will deliver a new planned care centre catering for routine surgery and outpatients built on the existing Plymouth International Business Park south of Derriford Hospital.

This will include 280-beds; a day case and short stay unit; 17 operating theatres and a walk-in care centre, including integrated diagnostic and treatment facilities.

A significant number of extra clinical staff will need to be employed in the new planned care centre.

With more beds the centre will boost capacity for seeing outpatients and treating elective patients by 20%, which will result in reduced waiting times for both. Consultant Radiologist Phil Hughes said: "The Vanguard project is strongly supported by the clinical staff at Derriford. Limitations in access to hospital beds often impacts on the smooth operation of emergency services, and has an even greater effect on planned routine operating, when beds are occupied by emergency admissions."

A Patient Reference Group has been consulted at each stage as the plans have evolved to ensure the centre has a much more patient-friendly environment. There will be a modern outpatient area for clinics, diagnostic investigations including scans, and treatment so that patients don't have to walk long distances and as much as possible is done for them in one visit.

The centre will contain dedicated daycare facilities and inpatient elective surgery capacity for a number of specialties, including orthopaedics, plastic surgery, ear nose and throat, and general surgery for minor conditions. Ophthalmology will also be moved to the new centre from the Royal Eye Infirmary.

The second part of the Vanguard project will involve refurbishment and rearrangement of the existing hospital on the Derriford site. The aim is to locate services in a way that follows the patient logically through their stay in hospital.

This refurbished building will concentrate on emergency, critical care and specialist services, such as cardiothoracic services and is expected to be complete by 2010.

A major milestone was reached in October 2003 when the South West Peninsula Strategic Health Authority (SHA) unanimously approved the Outline Business Case. The 16-acres of land have been purchased ready to build the Planned Care Centre on, at a cost of approximately £2 million.

The next stage is to go to the private finance market to invite partners to compete to design and build the facilities.

"This is a really exciting time for both the Trust and the wider local health community," believes Paul Roberts, Chief Executive for Plymouth Hospitals.

"We aim to deliver something that has the potential to make a real difference to local people by providing new choices, better services and faster treatment in an improved environment."



Artist's impression of the new front entrance



Consultant Neurosurgeon James Palmer looks down the microscope as an enlarged map of the brain appears on the screen behind him

Better Access to Neurosurgical Care

Patients are set to enjoy better access to neurosurgical care in the South West, with the creation of a new ward at Derriford Hospital.

Named 'Mayflower', the new ward will have 23 beds and be built to the Vanguard design standard with four bedded-bays. Its opening will bring the total number of neurosurgical beds at Derriford Hospital to 41.

James Palmer, Neurosurgeon and Divisional Director for Tertiary Services said: "We are increasing our neurosurgical provision in a number of ways, for example the new ward and increased theatre sessions, and hope to continue to do so. This will mean patients in the region can get better access to appropriate neurosurgical care."

The new ward will cost around £3 million and is expected to be complete by early 2005. The need for the expansion of neuroscience services within the region was identified in the Peninsula Neurosciences Review in 2001, commissioned by the Peninsula Acute Steering Group and is fully supported by the local Specialist Commissioning Group.

Major Incident Planning - Improving Resilience

In light of worldwide events, major incident planning has become an increasing priority and a national operational doctrine has now been produced. This year, the Trust has developed plans and undertaken training to become compliant with the doctrine and we are working towards meeting all the requirements.

Key developments over the last year include:

- * Identifying new threats and developing plans for wider challenges - whether as a result of a terrorist incident or an event affecting the health of hundreds or thousands of people
- * Working with local organisations and business to develop on and off-site plans for high risk areas

- * Developing arrangements for mobile medical team support across the south west and planning how best to respond to an incident, whilst maintaining essential care in the hospital
- * Providing a structured training programme for senior staff who will be expected to lead a major incident response and for staff who will undertake specialist decontamination procedures. The Trust has also actively participated in training exercises with other organisations

Our plans were put to the test in September 2003, when a coach carrying holidaymakers was involved in an accident. Thirty-one people required A&E treatment. There was an excellent response from key services, whilst disruption to the rest of the hospital was minimised. Lessons learned during this incident have resulted in minor amendments being made to the major incident plan.



Investing in Tomorrow

Tomorrow's Doctors Arrive Today

September will see the first wave of Peninsula Medical School students step up a gear in their clinical experience.

We are expecting 47 students who will be placed with a range of specialties throughout the Trust. As the academic year progresses the students will rotate round the departments and specialties, giving them as broad an experience as possible.

September marks the start of the third academic year for the school's first cohort of students. During the year they will undertake an intense period of study in both the acute hospital and community settings.

Plymouth Hospitals Trust will host approximately one third of all the Peninsula Medical School's students with the remaining trainees being divided between Royal Cornwall Hospitals NHS Trust and the Royal Devon and Exeter NHS Foundation Trust.

Academy of Radiology

Plymouth is to become home to one of just three new Academies of Radiology in England.

The Academy will increase the number of radiologists trained in the city to 75. Currently around half of all the diagnoses of patients' conditions in hospital are made by radiologists and imaging is becoming ever more important in the diagnosis and treatment of diseases. But there is a shortage of radiologists in the country, with only 1,940 qualified at the present time.

Existing training schemes are full so three new academies are being established in Plymouth, Leeds and Norwich. The Peninsula Academy of Radiology will be linked to the hospital trusts of Plymouth, Exeter, Torbay and Truro and supported by the Royal College of Radiologists and the Department of Health.

Trainees, who are all post-graduate medical students, will spend half their time in the new academy, which is to be built locally, next to the swimming pool by Seaton Barracks. They will spend the other half of their time within departments in Derriford Hospital.



Consultant Radiologist Carl Roobottom takes a closer look at a 3D image of the heart - part of the innovative electronic teaching aid being developed for radiologists

Students will learn from an electronic database. This will give them opportunities to read and report on digital x-rays or other radiological investigations of simulated patients with numerous different diseases. This innovative way of learning will be supported by sessions focusing on practical skills using mannequins and other virtual reality software. The Academy will also have video links into the hospital so trainees can watch senior consultant radiologists perform complex interventions under x-ray via video link and interact with them, for example angiograms, or the insertion of a stent into an abnormal vessel.

The Academy will also have a Picture Archiving and Communications System (PACS) link, an ultrasound room and a 100-seat lecture theatre.

The Academy is due to open in autumn 2005.

New Roles for Healthcare Assistants

More than 130 healthcare assistants reaped the rewards of their hard work by gaining promotion into nursing roles with extra responsibilities this year. The healthcare assistants are now taking on duties as varied as assisting with haemodialysis, taking blood, supporting stroke patients and applying plastercasts.

Up until recently, healthcare assistants worked as 'A' grade nurses mainly helping mobilise patients and assisting with personal care tasks such as feeding, washing and dressing.

Plymouth Hospitals Trust, one of the first in the country to make this move, is now utilising the skills and knowledge of healthcare assistants already working in the Trust by allowing those who have undergone extensive training to take on greater nursing responsibilities and specialist roles.

Healthcare assistants trained through the Trust's own programmes to Level 2 or 3 were given the opportunity in November 2003 to apply for promotion to 'B' and 'C' grade nursing roles. These newly created roles carry extra responsibility, as part of the Developing the Workforce programme within Plymouth Hospitals.

More than 130 staff applied and gained promotion to become senior health care assistants and lead health care assistants.

One of those promoted to a grade C is Sue Reynolds, a Dialysis Support Assistant, from Thornbury. Sue says: "I started here nearly 10 years ago knowing nothing about hospitals because I had been a school cook before then.

"I'd always wanted to get into nursing and knew I had to do it then or never at all. But when I first started I didn't even know how to make a bed. Gradually, over the last 10 years I have worked my way up, I have studied for levels 2 and 3 and extended my skills to a level I never thought was possible without being a registered nurse.

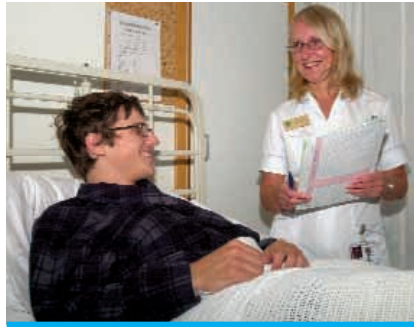
"I do everything on the haemodialysis unit that the registered nurses do except assess patients and give out drugs. I initiate and terminate dialysis after inserting special needles into the patient's arm, I do ECGs - but I have only been able to do these tasks since I got my level 3.

"I hadn't studied for years and it was hard studying for my level 3 - it was an intensive six months of training with two months intensive renal work included. But I enjoyed learning to learn again.

"I get a real buzz out of my job. The patients I see are super, I have a brilliant bunch of colleagues and I thoroughly love the work I do."

Home Grown in the Pharmacy at Derriford

More and more of the staff who now work in the Pharmacy Department at Derriford Hospital have been promoted through the ranks. National shortages of qualified pharmacists and technicians and changes in the ways pharmacies work, have meant that significant changes in



Pharmacy Technician Deb Holden is on hand to discuss medication with patient Simon Cross on the day he leaves hospital. She progressed in pharmacy after completing NVQ level 3 whilst working within the department

the numbers and skill mix of staff within the department have been necessary.

Today, hospital pharmacy departments are staffed by a range of staff, from ancillary staff, assistant technical officers (ATOs), technicians and pharmacists. Technicians have been an important part of the pharmacy team for many years; supporting pharmacists in the provision of medicines to patients.

However, four years ago, in order to free up senior pharmacists to give a greater role in providing expert advice for doctors and in ensuring that patients receive and use their medications in a more efficient way, the department introduced the ATO grade and an ATO training scheme. This new training scheme offered opportunities for the professional development of local people, who could join the department with no pharmacy skills or knowledge and be trained in-house to become essential members of the pharmacy team.

Simon Riley, Chief Pharmacist at the Trust said: "This progression isn't easy, as there is a lot of study, but it does bring greater responsibility and job satisfaction as well as an improved salary. Two years ago we decided to train more technicians in an effort to overcome the national shortage and the training scheme has become a popular way for ATOs to develop professionally.

"By having courses for ATOs and student technicians here we are helping to increase the numbers of skilled pharmacy staff. In fact this year, all five of the student technicians who qualified here had started with us as ATOs."



Healthcare Assistant Sue Reynolds with patient Tom Amphlett

Investing in Tomorrow

Plateau

Work has already begun on the £39 million expansion of Derriford Hospital known as the Plateau Project. The development will allow the hospital to expand its cardiac care unit and other essential facilities, meaning better services for patients in the long term.

What is being built?

Two new extensions will house facilities to increase the number of heart procedures carried out in the peninsula. This will help reduce the time patients have to wait for treatment. In detail, the development will provide:

- ◆ 2 additional theatres
- ◆ 4 wards for cardiac and cardiothoracic patients
- ◆ a cardiac critical care unit
- ◆ space for a future 30-bed general intensive care unit
- ◆ a new library with seminar rooms and research facilities



Artist's impression of the new Plateau building
courtesy of Nightingale Associates

Kicking the Habit

Plymouth Hospitals Trust is aiming to be a smoke-free environment by 2007 as it takes a staged approach to kicking the habit out.

Smoking is the leading most preventable cause of death and disease in the UK. Consultant Physician Dr Clive McGavin, who works in Derriford Hospital's Chest Clinic, said: "Quitting smoking rapidly reduces the risks of lung cancer and halts the damaging effect of smoke on the deterioration of the lungs and airways in emphysema.

"Stopping is the best thing that a smoker with heart disease can do, for their health and their pocket - 20 cigarettes a day cost around £1,600 per year to buy."

The move has come about following extensive consultation with members of the public, patients and staff. As a health care organisation, the Trust has a duty to set an example and provide a healthy working environment for our staff.

We will support smokers who wish to quit by providing smoking cessation advice with minimum cost to the individual and patients who smoke will be offered Nicotine Replacement Therapy (subject to their

clinician's guidance) as well as access to the smoking cessation team.

The move towards totally smoke-free status for all Trust buildings and grounds will be done in stages:

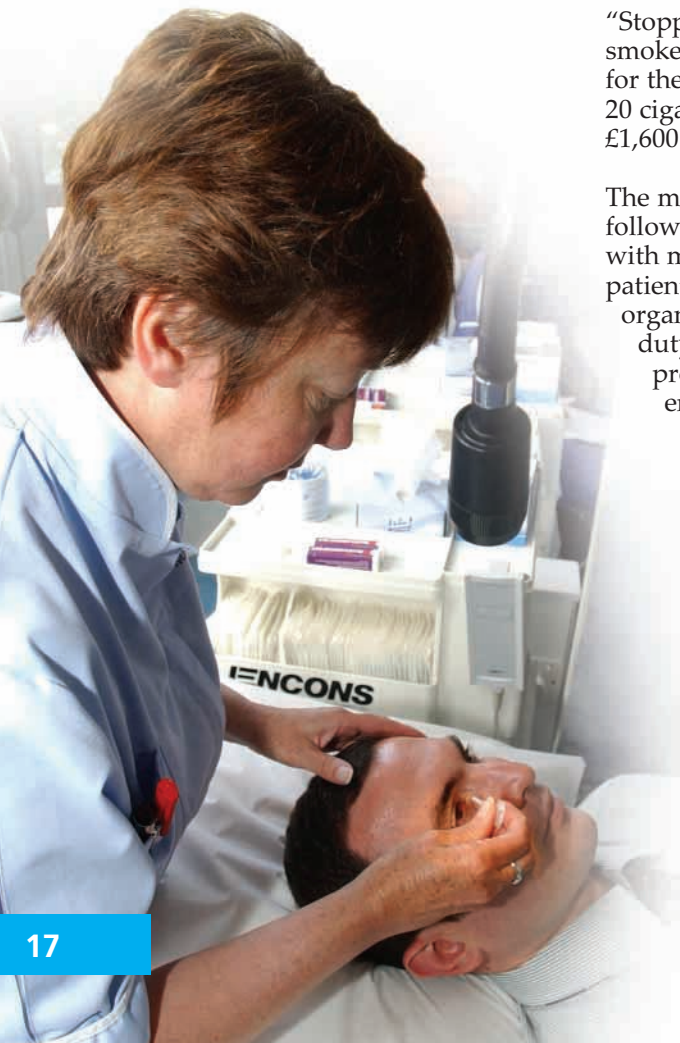
- * September 2004 - outside smoking 'shelters' (like bus shelters with ashtrays) provided. Smoking near hospital entrances will be banned. Patients and staff encouraged to meet the Stop Smoking team and be offered Nicotine Replacement Therapy
- * September 2005 - The first patients' smoking lounge is closed and the staff smoking room is withdrawn
- * September 2006 - All patient smoking lounges are closed
- * September 2007 - The outside smoking shelters are removed

Infection Control

Hospital Acquired Infection (HAI) will never be completely eradicated but we are doing much to reduce and prevent infections.

The Infection Control Team consists of a consultant, two dedicated full time trained nurses and currently three other qualified nurses training to be specialists in infection control. Assisting this team is a link practitioner in every clinical area producing an integrated approach to preventing hospital acquire infection. Ultimately the prevention of hospital acquired infections is the responsibility of all staff.

A detailed record of activity within the Trust designed to reduce the impact of HAI will be published as an Infection Control Report. This will be freely available on the Trust's internet site from September 2004.



Did you know that:

In 2003/04 Plymouth Hospitals NHS Trust spent £250 million treating:

- ◆ 276,636 outpatients
- ◆ 90,641 A&E patients
- ◆ 69,464 inpatients
- ◆ 26,023 daycase patients
- ◆ Delivering 4,239 babies

Among the more specialised treatments the Trust carried out were:

- ◆ 42 transplant operations
- ◆ 910 cardiac surgery cases

More than half (56%) the patients on our waiting lists were seen within six months.

In an average week at Plymouth Hospitals:

- ◆ The Combined Laboratories receives 37,500 samples
- ◆ The Central Records Library, which operates 24 hours per day, 365 days per year, issues 10,000 sets of case notes to wards and departments
- ◆ Around 18,500 vehicles enter the Derriford Hospital site
- ◆ 850 sacks of mail are received and sorted by the Post Room
- ◆ We carry out 5,633 diagnostic images on patients - including x-rays, MRIs and ultrasound scans.
- ◆ 60,947 pieces of linen are used
- ◆ 1,667 ad hoc portering requests are made - in addition to their regular duties
- ◆ More than 6,600 pharmacy prescriptions are dispensed
- ◆ Our operators handle approximately 50,000 telephone calls
- ◆ The Trust website receives 1,865 visits



Consultant Obstetrician and Gynaecologist Rehka Shrestha and her team treat approximately 1000 women every year

Success Rate

Ms Shrestha's specialist interest lies in managing ectopic pregnancies. She said: "Surgical intervention is the standard treatment for this condition. We have done some very interesting work that prevents having to surgically intervene in about 70% of women with ectopic pregnancy. We treat them either by regular monitoring or the use of medication. If appropriate this is much better for the patient because they can carry on with their life and work. We have been very successful with this medical treatment to date, with a 94% success rate, where the patient goes on to enjoy a normal pregnancy afterwards."



Trust Board

The Trust 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 2003/4.

Non Executive Directors

Chairman

Professor John Bull CBE

Other Non Executive Directors

Tony Beecher

Louise Hardy

John Ingham (Vice Chairman)

Douglas Littlejohns (from July 2003)

Nigel Taylor (from July 2003)

Executive Directors

Chief Executive: Paul Roberts

Medical Director: Terence Lewis

Director of Nursing and Operations: Paula Greenidge
(Appointed to joint directorship of Nursing and Operations April 2003)

Director of Finance and Information: Chris Hoult

Director of Service Improvement: John Yarnold

Joint Director of Planning: Andy Ibbs (non voting)

Audit Committee

Members of the Audit Committee during 2003/4 were:

John Ingham

Tony Beecher

Nigel Taylor (from July 2003)

Remuneration Committee

All non-executive directors were members of the Remuneration Committee during 2003/4.

Facts & Figures

The Trust achieved two of its three key financial targets in 2003/04. It hit its cash target (external finance limit) with £3000 to spare, and managed capital expenditure within the amount funded (capital resource limit). The Trust failed to break even, ending the year with a deficit of £7.75 million: it has been agreed with the Strategic Health Authority that the deficit will be recovered by 31 March 2008.

Income during the year totalled £241.7 million. Most of this income came from Primary Care Trusts for the provision of health care to local NHS patients and totalled £203.2 million. A further £3.5 million was received from the Ministry of Defence and another £4 million from private patients. Other income related to services provided to other NHS organisations, grants for specific initiatives, interest receivable, miscellaneous and commercial income.

Total expenditure for the year was £249.4 million of which £150.1 million represented staff costs and £99.3 million non-staff costs.

Capital expenditure

The Trust spent £19.1 million during the year on its capital programme, comprising the following

Medical, surgical and diagnostic equipment	£5.9m
Refurbishment of buildings & services	£7.6m
Cardiac development	£1.8m
Peninsula Medical School	£3.6m
Other building schemes to improve hospital capacity	£0.2m

Charitable Income and Expenditure

The Trust is grateful for the charitable donations and legacies that it has received during the year. Expenditure from charitable donations during the year has included

	£'000s
Patients' welfare	488
Staff welfare	184
Equipment	52
Research	155

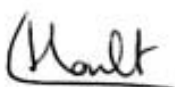
The Trust also acknowledges with thanks the contributions made by a number of independent charities.

The Annual Report and Accounts of the Plymouth Hospitals General Charity can be obtained from the Director of Finance, Derriford Hospital, Plymouth PL6 2DH

Financial summary

The following financial statements are a summary of information extracted from the Trust's annual accounts for the year ended 31 March 2004. The Statement of Internal Control can be found in the full annual accounts. The full set of accounts can be obtained from the Director of Finance, Derriford Hospital, Plymouth PL6 2DH

Signed on behalf of the Board
22 July 2004



Chris Hoult
Director of Finance



Paul Roberts
Chief Executive

Income & Expenditure Account (including prior period adjustments)	2003/2004 £'000s	2002/2003 £'000s	2001/2002 £'000s	2000/2001 £'000s	1999/2000 £'000s
Income					
Healthcare	214,883	208,840	190,447	171,978	155,536
Other	26,501	22,213	17,325	16,844	14,770
	241,384	231,053	207,772	188,822	170,306
Expenditure					
Pay	150,162	132,700	121,725	106,466	94,979
Non-pay	85,585	83,191	73,011	69,521	62,640
Depreciation of fixed assets	8,715	7,917	6,890	6,585	6,652
	244,462	223,808	201,626	182,572	164,271
Operating surplus/(deficit)	(3,078)	7,245	6,146	6,250	6,035
Exceptional gain: on write-out of clinical negligence provisions			14,097		
Exceptional loss: on write-out of clinical negligence debtors			(13,654)		
Profit (loss) on disposal of fixed assets	(230)	5	(106)	18	0
Financing costs					
Interest (net)	(198)	(184)	(234)	(277)	807
Dividend	4,643	7,434	6,678	6,545	5,228
	4,445	7,250	6,444	6,268	6,035
Retained surplus/(deficit)	(7,753)	0	39	0	0
Balance Sheet	31/03/2004	31/03/2003	31/03/2002	31/03/2001	31/03/2000
	£'000s	£'000s	£'000s	£'000s	£'000s
Fixed assets	153,542	132,162	117,041	113,600	110,612
Current assets					
Stocks and work in progress	5,333	4,861	4,915	3,778	3,380
Debtors	8,727	15,456	10,889	23,751	22,785
Cash at bank and in hand	2,667	2,908	6,035	4,908	657
Total current assets	16,727	23,225	21,839	32,437	26,822
Creditors due within one year	(18,807)	(29,837)	(27,942)	(26,700)	(17,815)
Net current assets/liabilities	(2,080)	(6,612)	(6,103)	5,737	9,007
Creditors due after more than one year	0	0	0	(16)	(37)
Provisions for liabilities and charges	(2,909)	(1,395)	(1,379)	(12,044)	(14,727)
Total assets employed	148,553	124,155	109,559	107,277	104,855
Financed by:					
Public dividend capital	116,864	96,482	96,896	96,080	96,314
Revaluation reserve	35,181	24,226	9,231	7,155	5,744
Donation reserve	2,339	2,310	2,295	2,058	952
Other reserves	722	(63)	(63)	(63)	(63)
Income and expenditure reserve	(6,553)	1,200	1,200	2,047	1,908
Total capital and reserves	148,553	124,155	109,559	107,277	104,855
Cashflow	2003/2004	2002/2003	2001/2002	2000/2001	1999/2000
	£'000s	£'000s	£'000s	£'000s	£'000s
Net cash inflow from operating activities	1,301	15,775	13,332	13,098	13,954
Net interest received (paid)	270	243	287	293	(911)
Payments to acquire fixed assets	(17,307)	(8,243)	(7,652)	(6,805)	(3,789)
Receipts from sale of fixed assets	0	75	0	96	0
Dividends paid	(4,643)	(7,434)	(6,678)	(6,545)	(5,228)
Net cash outflow before financing	(20,379)	416	(711)	137	4,026
Public dividend capital received	20,382	0	3,816	2,500	0
Public dividend capital repaid	0	(414)	(3,098)	(2,637)	(3,900)
Increase/(decrease) in cash	3	2	7	0	126

Facts & Figures

Statement of Total Recognised Gains and Losses for the Year

	2003/2004 £000	2002/2003 £000
Surplus/(deficit) for the year before dividend payments	(3,110)	7,434
Unrealised surplus on fixed asset revaluation/indexation	11,107	15,210
Increase in the donation reserve due to receipt of donated assets	95	0
Reduction in the donation reserve due to depreciation of donated assets	(218)	(200)
Additions in other reserves	785	0
Prior period adjustment	0	(847)
Total recognised gains for the year	8,659	21,597

Directors' Remuneration						
Name and Title	Age	Salary for duties as director (bands of £5000)	Remuneration for other duties (bands of £5000)	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2004 (bands of £5000)	Benefits in kind (bands of £5000)
2003/04						
John Bull, Chairman	64	£20,001-£25,000				£1-£5,000
Tony Beecher, Non-Executive Director	60	£5,001-£10,000				£1-£5,000
Louise Hardy, Non-Executive Director	43	£5,001-£10,000				
John Ingham, Non-Executive Director	W	£5,001-£10,000				
Nigel Taylor, Non-Executive Director from July 2003	58	£1-£5,000				£1-£5,000
Doug Littlejohns, Non-Executive Director from July 2003	57	£1-£5,000				£1-£5,000
Paul Roberts, Chief Executive	39	£105,001-£110,000		£1-£2,500	£20,001-£25,000	
Paula Greenidge, Director of Nursing and Operations	40	£85,001-£90,000		£2,501-£5,000	£10,001-£15,000	
Chris Hoult, Director of Finance	40	£90,001-£95,000		£1-£2,500	£1-£5,000	
Terence Lewis, Medical Director	59	£50,001-£55,000	£125,001-£130,000	W	W	
John Yarnold, Director of Service Improvement	52	£95,001-£100,000		£1-£2,500	£25,001-£30,000	
Isobel Down, Acting Director of Human Resources resigned April 2003	46	£1-£5,000		-	-	
Richard Ellis, Director of Recovery & Modernisation resigned April 2003	47	£5,001-£10,000				
Andy Ibbs, Joint Director of Planning Director of Human Resources supplied by Integrated Management Development	38	£65,001-£70,000		£1-£2,500	£10,001-£15,000	
2002/03						
Russ Mitchell, Chairman, completed his term of office October 2002	W	£10,001-£15,000				
John Bull, Non-Executive Director, then Chairman from November 2002	63	£10,001-£15,000				
Tony Beecher, Non-Executive Director	59	£5,001-£10,000				
Louise Hardy, Non-Executive Director	42	£5,001-£10,000				
John Ingham, Non-Executive Director	W	£5,001-£10,000				
Paul Roberts, Chief Executive	38	£105,001-£110,000		£1-£2,500	£20,001-£25,000	
Paula Greenidge, Director of Nursing	39	£70,001-£75,000		£1-£2,500	£5,001-£10,000	
Kim Hodgson, Director of Operations, resigned February 2003	43	£80,001-£85,000		£1-£2,500	£1-£5,000	
Chris Hoult, Director of Finance	39	£85,001-£90,000		£1-£2,500	£1-£5,000	
Terence Lewis, Medical Director	58	£50,001-£55,000	£125,001-£130,000	W	W	
John Edwards, Director of Human Resources, resigned June 2002	W	W		W	W	
Isobel Down, Acting Director of Human Resources from May 2002	45	£60,001-£65,000				
Richard Ellis, Director of Recovery & Modernisation	46	£80,001-£85,000		£1-£2,500	£5,001-£10,000	
Andy Ibbs, Joint Director of Planning	37	£65,001-£70,000		£1-£2,500	£5,001-£10,000	

W = Consent for disclosure withheld.

Salary for duties as director includes only that proportion of remuneration relating to non clinical duties. All remuneration for clinical work is disclosed as remuneration for other duties. During the year the Trust paid £3,875 in course fees on behalf of the Chief Executive, which he is repaying over a period of 12 months by salary deduction.

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.

	2003/2004 Number	2003/2004 £'000s	2002/2003 Number	2002/2003 £'000s
Total bills	92,498	97,783	86,771	95,830
Total bills paid within target	73,624	68,826	64,967	60,000
Percentage of bills paid within target	79.60%	70.39%	74.87%	62.61%

Management costs are the costs of senior managers and management consultancy.

	2003/2004 £'000s	2002/2003 £'000s
Management costs	7,999	7,250
Income	241,491	230,673

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF PLYMOUTH HOSPITALS NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out above.

This report is made solely to 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 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of Directors and Auditors

The directors are responsible for preparing the Annual Report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

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

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

PricewaterhouseCoopers LLP

PricewaterhouseCoopers LLP
31 Great George Street
Bristol

22 July 2004



Useful Numbers

Helplines

NHS Direct	0845 4647
Dental Helpline	0800 458 5813
Patient Advice and Liaison Service	01752 517683/517657

Hospitals

Derriford	01752 777111
Royal Eye Infirmary	01752 315123
Scott (Child Development Centre)	01752 314370
Mount Gould	01752 268011

Primary Care Trusts

Plymouth	01752 315315
North and East Cornwall	01579 335341
South Hams and West Devon	01803 866665

South West Peninsula Strategic Health Authority 01752 315001

Public and Patient Involvement Forum 01726 891743

Peninsula Medical School 01752 764261

Numbers of Staff

	March 2003	March 2004
Medical	764	751
Nursing and Midwifery	2820	2997
Scientific, Technical and Therapies	959	988
Managerial	209	211
Administrative and Clerical	1118	1109
Other Support Staff	294	298
Total	6164	6354

In addition some 400 staff employed by ISS Mediclean work on the Derriford Hospital site under contracts for catering and domestic services.

We would like to know what you think about this Annual Report. To tell us what you think:

- Write to the Head of Communications – Plymouth Hospitals NHS Trust
Press and Communications Office
Level 7, Derriford Hospital
Plymouth PL6 8DH
- or Email: amanda.nash@phnt.swest.nhs.uk

To find out more information visit our website at www.plymouthhospitals.org.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 Jayne Middleman, Human Resources Department, Plymouth Hospitals NHS Trust, Level 2, NU Building, Brest Road, Plymouth PL6 8DH.