Southport & Ormskirk Hospital NHS Trust
Annual Report 2004/2005

three sites
one vision

Southport & Ormskirk Hospital NHS Trust
PURPOSE STATEMENT

We aim to provide the local community with the highest possible standard of health care in an environment which is supportive, responsible, caring and confidential

We will continue to improve and develop services in an honest and open manner

In all circumstances we will strive to treat patients, carers, staff and families in an equitable manner

The Purpose Statement and Objectives of Southport & Ormskirk Hospital NHS Trust are based upon the following values and beliefs:

PATIENTS AND CARERS

A dignified and respectful service
Treatment according to clinical need
A friendly, helpful and approachable manner
Family friendly attitudes and facilities
To listen and inform

STAFF AND FAMILY

The opportunity for training and development
To support and counsel staff during constant change
To listen and inform
The provision of a safe and healthy working environment
Chairman & Chief Executive’s Introduction

The publication of the Trust’s Annual Report always serves to remind us of at least two salient points; firstly that the pace of change within the NHS, and particularly in acute services in Southport & Formby and West Lancashire, is remorseless and secondly that we continue to improve the environment in which we treat and care for patients year on year.

The opening of the new centre for Women’s and Children’s Services at Ormskirk marked a particular watershed in the improvement of the patient and staff environment. Recognising that many people hold differing views on the necessity to relocate and centralise these services, we are proud that we have been able to develop high quality buildings and facilities with improved staffing, particularly in respect of the Children’s A&E department. Women’s and Children’s services are now the “gold standard” to which other Trusts must aspire. The £17 million has been sensibly spent on a state of the art service, which continues to attract new patients.

The Trust has also decided, as part of its strategy, to consolidate its leadership in cleanliness. Despite the fact that much of the hospital has been rebuilt over the last few years it is a true testament to the work of all our staff, but in particular the Domestic Service Staff, that we have achieved the low Methicillin-resistant Staphylococcus aureus figures described in this Report.

Although we have achieved CHKS (CASP (Clinical Accountability Services Planning and Evaluation) Healthcare Knowledge Services) top 40 status for the fourth year running, we are not going to sit on our laurels. Our recently implemented Best Care Practice agenda is a challenge to further improve how we treat and care for patients and to review the resources required to do just that. We therefore believe, that we will be strongly placed to capitalise on the opportunities that may present through the shape of future healthcare within our strategic health authority.

Finally, we must pay tribute to all members of staff who have worked so hard this year. We have achieved all our performance targets and a £3.4 million saving as part of our recovery plan. We have a workforce who can be really proud of all their achievements and this report is dedicated to them.
We were saddened to learn of the death of Eric Chew in August 2004. As Director of Nursing and Midwifery, Eric endeavoured to involve the public in the running of the hospital by setting up open days and ‘patient involvement groups’ and continually strove to improve the quality of care throughout the hospital. His drive, determination and exemplary standards played a huge part in many of the Trust’s nursing developments and he will be remembered not only as a colleague but a true friend to many.
### Other Post Holders

- **Professor Clem Kiire** Chair - Cancer Steering Group
- **Dr Matthew Serlin** Director - Medical Education
- **Dr John Watt** Director - Research & Development
- **Dr John Horsley** Director - Clinical Audit
- **Dr Andrew Kent** Chair - Clinical Risk
- **Mr Sanjeev Sharma** Clinical Tutor
- **Mr John Lloyd-Jones** Director - Training & Development

### Lead Clinicians

- **Dr Jeff Simmonds** Medicine
- **Dr John Kirby** Anaesthesia
- **Mr Mark Davies** Obstetrics & Gynaecology
- **Mr Frank Mason** General Surgery
- **Dr Matouk Zbaeda** Paediatrics
- **Mr Jay Menon** Orthopaedics
- **Mr Pradip Sett** Spinal Injuries
- **Mr Allan Watson** Ophthalmology
- **Dr Charles Scott** Accident & Emergency
- **Dr Paul Mansour** Pathology
- **Mr Mohsen Gammal** Special Surgery
- **Dr Peter Hughes** Radiology

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- **Christopher Cheetham** - term ended October 2004
- **Clare Westcott** - commenced Nov 2004
- **Phil Orme** - retired March 2005
- **Kevin Clarkson** - commenced Feb 2005
- **Ian Harrison** - retired May 2004

- **Eric Chew** - died August 2004
- **Jan Beck** - commenced 2004
- **Barbara Strong** - resigned Feb 2005
- **Geraldine Boocock** - commenced May 2004
- **Mohsen Iskander** - commenced May 2004
Despite one of the most challenging years for the Infection Control Team and all hospital staff, we still have one of the lowest rates of MRSA in an Acute General Hospital in the country. Indeed in the first half of the year we were again the best performing hospital.

The building and modernisation work has added to the burden, a good deal of which has been going on in the main hospital buildings while the normal work of treating and caring for patients has continued around it. In addition, the winter was particularly bad for the normal cold weather infections, with additional beds having to be placed on some wards. Both these factors contributed to increased strain on all staff including the domestic teams, nursing staff and the infection control teams, who have all worked very hard.

The Department of Health has introduced a number of initiatives this year in the fight against hospital-acquired infections and the Trust has been very active in all of these. Two in particular are the Think Clean Campaign and the cleanyourhands campaign.

### Think Clean Week - new action for cleaner, safer hospitals

A National NHS Think Clean Day took place in trusts across the country on Monday 28 February 2005. It was designed to promote a team approach to cleaning and infection control and demonstrate what can be achieved in a short length of time, with Think Clean Day being extended into Think Clean Week.

Lessons learned from the week have been used in longer term planning which is central to tackling MRSA and other healthcare-associated infections and improving standards of hygiene across the NHS.

Trusts were asked to bring together staff from both clinical and non-clinical departments to undertake an audit of at least one ward or department, looking at the environment and identifying any problem areas. We carried out 16 audits throughout the week at both hospitals in Southport and Ormskirk. The groups then tried to remedy as many problems as possible at the time or if they couldn’t, developed an action plan to deal with longer-term problems.

The Department of Health hoped trusts would use the audits as a spur to longer-term action and that staff in all disciplines would work together effectively and see that everyone has a part to play in cleanliness and infection control. This was shown with staff from across all disciplines including porters, nurses, cleaners, doctors and senior managers conducting the audits.

Another initiative we carried out was “Ditch the Junk”. This involved identifying pieces of equipment that were no longer needed and getting rid of them. The aim was to reduce the amount of clutter in the hospitals, so making it easier to keep them clean.

### cleanyourhands campaign

In February the Trust became a pioneer site for the National Patient Safety Agency’s cleanyourhands campaign, which was implemented in phases across the acute NHS in England & Wales. The campaign supports efforts to improve hand hygiene generally within hospitals in a bid to reduce infections.

The campaign has two main aims:

- to make it as easy as possible for staff in hospitals to clean their hands at the right time for the right task
- to empower patients to ask staff if they have washed their hands

All nursing staff and domestics and many other staff now wear badges with the campaign logo “hands” on them to remind people to keep their hands clean and to give patients and visitors the chance to discuss the campaign.

Martin Kiernan, Infection Control Nurse Consultant said “One of the main ways in which the quality of personal hygiene is improved and the risk of infection reduced, is by the simple act of washing your hands. Once hands are clean, regularly using an alcohol hand rub gel helps maintain the cleanliness. To help in this, bottles of hand rub gel have been placed at the foot of every bed in the hospital, except where this might be a hazard, such as in paediatrics. Here staff wear a personal supply of the gel in a clip-on bottle.”
In 1999 Professor Shields published his report detailing the future configuration of healthcare services across Southport & Formby and West Lancashire. Since that time Southport and Ormskirk Hospital NHS Trust, together with its partner healthcare organisations, has been both planning and initiating the Estate Strategy that enables these changes.

To ensure the effectiveness of these reconfigurations it has been necessary to both build new facilities and also reconfigure/refurbish existing hospital buildings. The new Women’s & Children’s Unit and Treatment Centre constructed on the Ormskirk hospital site was a key scheme within the Estate Strategy. This not only provided exciting modern facilities for women and children but also enabled the remainder of the strategy by freeing accommodation to commence the programme of works.

During the financial year 2004/5 a massive amount of construction work has been undertaken by the Trust which culminated in the transfer of acute Medicine to the Southport site at the end of July 2005. The schemes have varied in size and value up to the construction of a new Medical Records facility and two new surgical wards at Southport at a cost of £10m. The schemes that have formed the clinical reconfiguration are listed below:

- creation of new Orthopaedic Outpatient facilities together with supporting physiotherapy accommodation
- upgrading of five wards
- refurbishment and expansion of the A&E at Southport
- creation of a purpose designed Maxillofacial Unit at Ormskirk
- creation of two additional X-ray rooms
- refurbishment and expansion to the ITU, CCU and HDU provision
- construction of new Medical Records accommodation
- construction of two new wards and medical staff offices
- creation of a purpose designed Oncology unit
- refurbishment and extension of the Pharmacy at Southport
- expansion of Microbiology and Cellular Pathology facilities
- conversion of accommodation for Genito Urinary Medicine
- conversion/refurbishment of various areas for support office accommodation

All of the building schemes have been co-dependent leading to an extremely complex strategy necessitating each scheme to complete on programme in order that the next commences at the correct time. This process has been overseen by a project board comprising:

- Steve Taylor  Project Director
- Neil Aindow  Project Manager
- Graham Cottrell  Project Manager
- Phil Davies  Supplies and Commercial Services Manager
- Kevin Walsh  Deputy Director of Finance
- Alan Lee  Risk Manager
- Dr Judy Bowley  Consultant Microbiologist

Estate Strategy
Women’s & Children’s Unit and Treatment Centre

The new £17 million Women’s & Children’s Unit and Treatment Centre at Ormskirk hospital took just under two years to build and was completed in autumn 2004. The new build based on four levels and accessible from the main hospital corridors has blended in with the existing building remarkably well.

Children’s Unit

Staff couldn’t believe that following many months of planning the ‘move’ of Women’s & Children’s Services into the newly built ‘state of the art’ facilities was now a reality.

The new paediatric facilities on level 1 consists of:

- A 28 bed Children’s Ward, incorporating:
  - four bed assessment unit utilised by both Children’s A&E and Children’s ward
  - high dependency facilities
  - two cubicles with en suite facilities for adolescents, whenever possible
  - internal and external play areas
  - designated dining area
  - facilities for parents to stay with their children
- Designated Children’s A&E Department
  - has three cubicles for minor injuries
  - resuscitation room equipped to care for two children
  - child friendly waiting area

The department is currently seeing up to 60 children a day under the care of two paediatric consultants together with trained children’s nurses, many with additional A&E training.

The department works closely with the children’s ward and paediatric assessment in an effort to deliver a seamless service.

Current performance for the four-hourly target set by the Government for children waiting in A&E is consistently above 98%.

A Managed Clinical Network arrangement has been established with the Royal Liverpool Children’s Hospital enabling close links for sharing of expertise, training and clinical protocols.

- formed a Focus Group prior to the move to the new facilities ensuring involvement of the staff, patients, parents and other users in decision making for the future running of services. A new Ward Information booklet has now been produced incorporating suggestions from this Group.
- forged links with a number of neighbouring PCTs, Social Services and Local Authorities.

The Unit has also:

- Designated Children’s Outpatient Department
  - where general/specialist outpatient clinics are held, some in conjunction with consultants from Royal Liverpool Children’s Hospital
  - outpatient clinics are also held on the Southport site
- nurse-led Asthma and Sleep Management Clinics have also been established

Women’s Services

Gynaecology Clinics and Antenatal Clinics are held on level 2.

As part of antenatal care, mums-to-be and their birthing partners are invited to attend Parentcraft classes. Mums-to-be are offered Aquanatal sessions, held at Ormskirk and Skelmersdale baths and Relaxation Sessions in the Parentcraft rooms.

The Neonatal Unit and Postnatal Ward are located on level 3 of the build.

Neonatal Unit

The 12 cot unit comprises:

- five nurseries including an intensive care nursery
- high dependency nursery
  - two side rooms
  - a special care nursery
- facilities for parents include two family rooms for overnight stays and preparing for discharge, shower, kitchen and sitting room

The Unit, like much of the Women’s & Children’s Unit, is accessed via a modern and effective security system, thereby helping to ensure the safety of babies in our care.

Funding from Cheshire & Mersey Neonatal Network has enabled the Unit to provide a Practice Development Nurse whose focus is on professional development of trained staff, thus enhancing the care we are able to provide.
Postnatal Ward

Sharing level 3 with the Neonatal Unit is the Postnatal Ward comprising 22 beds including eight single rooms, five with en-suite facilities. The ward offers new mums a pleasant environment in which to spend the first few days with their new babies.

The new facilities have enabled a review of working practices and changes within the ward, to effectively provide an up to the minute service for new mums and their families.

Keeping mums and their babies together is a priority and a four-bedded bay has been identified for caring for babies who need closer observation or care than usual. Cared for by midwives with support from neonatal staff, this means that some babies who would normally be admitted to the neonatal unit, now stay on the postnatal ward with mum.

Antenatal Ward

This ward is located on level 4 and comprises:

- two large airy bays, each accommodating five beds
- two single rooms, one with en-suite facilities
- a day room

Delivery Suite

Adjacent to the Antenatal Ward, this suite comprises eight delivery rooms with a range of facilities:

- an ‘active birth room’ houses the birthing pool. This has proved very successful in the first few months of it being available
- a large delivery room which can be used for multiple births, instrumental deliveries and, if necessary, act as a second emergency theatre
- plus six normal delivery rooms
- all delivery rooms have en-suite facilities and a utility room
- main maternity theatre

Positive feedback has been received from staff, patients and their families on the spacious and pleasant surroundings. In the short time the new Unit has been opened, bookings have increased and are continuing to rise with approximately 30% of deliveries from out of area.

NEW DEVELOPMENTS IN MATERNITY CARE

Staffing Restructure

Taking advantage of the move to new facilities, it was decided a review of working patterns should be undertaken and focus groups were established to give staff the opportunity to have an input into the way they worked and how services are provided. The groups were very well attended and enthusiastic staff put forward a wide range of ideas. This has resulted in a new structure, including two Maternity Services Co-ordinator posts responsible for the operational management of inpatient and outpatient maternity services.

Working Together

A multidisciplinary working party, led by the consultant midwife, successfully developed and implemented a policy for identifying and managing domestic violence. Training for staff across the Trust is currently being undertaken.

Regular meetings are held with public health representatives in order to promote the public health agenda. A baseline audit of the Baby Friendly Initiative standards has been completed. Areas for improvement have been identified and we are continuing to work towards the 10 Steps to Successful Breast Feeding.
Clinical Negligence Scheme for Trusts (CNST)

Earlier this year a team of CNST assessors visited the Trust to assess us against their clinical risk management standards in Maternity Services.

Staff were delighted to learn that they had achieved an increase from Level 1 to Level 2 with such comments from the assessors as ‘Good practice is demonstrated throughout the standards and by all the staff involved in the assessment process’. It was also apparent to the assessors that all staff are committed to minimising risk and providing a safe service for patients.

Specialist Role

A midwife sonographer is a recent addition to our team resulting from a training secondment completed in October. Her role includes performing ultrasound examinations for dating, assessment, growth and anomalies combining two spheres of practice; midwifery and ultrasound. These scanning sessions are additional to the service provided by the main ultrasound department.

OFFICIAL OPENING

Tony Blair, George W Bush and Ozzy Osborne took time out of their busy schedules to attend the official opening of the new units at Ormskirk hospital in October - when Jon Culshaw, star of BBC’s Dead Ringers came along to open the new facilities.

Jon was delighted to be asked to do the ‘honours’ as it gave him the opportunity to return to Ormskirk hospital where he was born and where he started his career working for Radio Ormskirk General in 1986.

Jon, pictured with members of staff and young visitors, said ‘I am very honoured to have been asked to open these wonderful facilities which are more like a hotel than a hospital’.

Artwork

In partnership with West Lancashire District Council, the Trust established a project “A Positive Environment” aimed at enhancing the new building with artwork. This included commissioning several artists to design and create site-specific artwork for all the departments within the new build and the courtyard adjacent to the children’s ward.

Collection Of Artwork Photos

As part of the initiative to provide artwork for the Children’s Unit, local children were invited to submit drawings for display around the Unit. The response was overwhelming and Helen Juste, Art Coordinator for West Lancashire District Council, who had the difficult task of judging the many submissions, commented on the high standard of entries. The winning entries were produced commercially and displayed around the walls of the Unit.

The young artists were invited to lunch on the Unit when they had the opportunity to view their work, meet the staff and be photographed with Helen Juste.

Photo shows some of the children with Helen holding samples of their displayed work.
TREATMENT CENTRE

The Treatment Centre was one of the first in the UK to be purpose built and was part of the national drive to cut waiting times, offer patients greater choice and expand the availability of booked appointments.

Our Treatment Centre provides fast, pre-booked surgery and tests for patients in a number of specialties in a superb patient environment with 21st century facilities for day and short stay patients, together with greatly improved facilities for staff.

Planned care services available include urology outpatients, endoscopy, minor and day surgery as well as pain services. The centre boasts the following:

- a patient reception/waiting area, gowned patient waiting area and a privacy room
- four endoscopy rooms and two treatment rooms, endoscope-processing rooms and secure scope store
- the urology suite has consulting and examination rooms, urology laboratory and a urodynamic room
- staff accommodation includes offices, showers and a rest room
- two treatment rooms for minor operative procedures
- nine bedded area for day case activity
- trolley area consisting of 19 trolleys utilized for day case and endoscopy procedures
- cubicled area for changing and waiting area for patients

Nationally, statistics show that between April 2003 and October 2004, NHS waiting lists reduced by approximately 144,000 and the number of patients waiting over six months for an inpatient or day case treatment fell by around 126,000. These reductions reflect improvements in capacity and efficiency throughout the NHS to which we are contributing on a daily basis.
For the fourth year running the Trust was named as one of the country’s 40 Top Hospitals as assessed by the leading hospital benchmarking company CHKS. We were the only Trust on Merseyside to be among this year’s 40 Top Hospitals, and one of only five from the North West.

The independent CHKS review covers the whole of the United Kingdom and looked at the performance of one hundred and twenty hospitals. The Study is not a league table and all the hospital trusts entered into the programme because they wanted their performance to be measured against recognised clinical healthcare standards.

The report is based on indicators within three key areas:
- clinical effectiveness and outcomes
- efficiency
- patient-carer experience

The report is compiled from data collected over 12 months to December 2004, which represents the most up to date data available to the NHS. The following seventeen indicators developed by CHKS were used in the assessment:
- risk adjusted mortality index
- emergency readmission rates (within 28 days of discharge)
- discharge of stroke patients to their own home
- discharge of patients to home after hip operations
- risk adjusted complications index
- planning and management of day cases
- day case rate for specific procedures (nominated by the British Association of Day Surgery)
- risk adjusted length of stay index
- cost of inpatient activity (case mix adjusted and assessed for market forces)
- missed outpatient appointments
- procedures not carried out due to hospital decision
- proportion of waiting list patients treated who waited less than six months
- proportion of waiting list patients treated who waited less than 12 months
- proportion of surgical treatments provided to patients over 75 (case mix and population adjusted)
- staff survey across hospitals to assess the impact of the NHS as an employer
- hospital acquired infection rates (MRSA only)
- outpatient and A&E survey of patients’ experience e.g. respect and dignity, prompt access and co-ordination of care

We would not have received this award if it wasn’t for the hard work of all staff. It shows their skill, dedication and commitment has improved the quality of care we provide to our patients and the health community.

This award is also very satisfying as it is an opportunity to be judged against other Trusts across the country.

According to a recent survey of patients using A&E services, our Trust is among the best in the country in three categories as it scored the highest mark. Patients were asked to answer 36 questions about their experience in the A&E departments at both Southport and Ormskirk hospitals. We were in the top 20% in 29 of the 36 questions.

The three questions that achieved the highest score in the survey were:
- were you given enough privacy when discussing your condition or treatment?
- if you needed attention, were you able to get a member of staff to help you?
- did you feel bothered or threatened by other patients?

The greatest satisfaction in these results is in the improvement we have made since the last survey in 2003. Then we were in the top 20% in only six out of 34 categories. It shows the hard work by all the staff who work in A&E, is paying off. However, we cannot afford to become complacent and
appreciate there are still areas where we can improve.

Other questions covered arrival at the department, waiting times, the doctors and nurses, care and treatment, tests, pain management, the hospital environment and facilities, and leaving the department. Respondents were then asked to rate the department overall.

Of those who responded 88% said they felt they were treated with respect and dignity at all times whilst in the A&E department - up 7% on last time. Asked how they rated the care they received, 82% said it was either excellent or very good - up 12.7% on last time and 77% said that the main reason they went to A&E was dealt with to their complete satisfaction. Another area of improvement was in waiting times. This year 84% of respondents said they were seen within an hour of arrival compared to 67.1% from the last survey, and 30% of respondents were discharged within an hour compared to 18.2% last time.

Exceptional Performance

Every hospital trust in England delivering faster care for patients in A&E was able to access up to £500,000 in £100,000 increments between March 2004 and March 2005. We hit every target and have received the full £500,000 and currently our performance against the four-hour target set by the Government is consistently 98% or above.

Jayne Norbury, modern matron for A&E commented "We have been able to achieve this target by a combination of estimating expected patient numbers, improved admission processes and investing in a 24-hour bed management system to monitor bed availability. In addition to these improvements we have employed emergency nursing practitioners for minor injuries who ‘see-and-treat’ patients from start to finish, set up dedicated assessment beds within the observation ward and worked closely with our partners in the PCTs and local ambulance trusts."

NURSERIES GAIN TOP MARKS IN OFSTED REPORT

Celebrations at both Tiddlywinks and Pipkins, the two nurseries run by the Trust, took place during the year when both nurseries received top marks following inspection by Ofsted. The purpose of the inspection is to assure Government, parents and the public of the quality and standard of day care in accordance with the national standards for day care, for children under the age of eight years. It also ensures that nursery education for funded three and four year old children is of an acceptable standard. Strengths and weaknesses are identified so that the nursery providers can improve the quality of education and help children reach the Early Learning Goals.

For children over three years of age, the standards include educational, personal, social and emotional development, communication, language and literacy, mathematical development, knowledge and understanding of the world, creative and physical development.

RESEARCH AND DEVELOPMENT

The quality of research carried out in the Trust remains of paramount importance in order to protect both patients and researchers, and to promote evidence based healthcare.

Research & Development within the Trust was supplemented by a budget of £52,529.

To facilitate research activity, we registered as a ‘Recognised Sponsor’ with the Department of Health in April 2004 as well as becoming a data provider to the National Research Register, which holds details of all ongoing research activity nationally. During the year four submissions were made to the National Research Register in line with their requirements.

In addition, a significant number of papers have been published in high-ranking scientific journals suggesting that the international scientific community acknowledges the quality of our research from specialties such as spinal injuries, genito urinary medicine, neurology and obstetrics & gynaecology, to name but a few.

Over the last year, research staff have also experienced a steady increase in the demand for help with conference presentations and posters.
In March this year the Medical Records Department, incorporating the Medical Records Library, moved into purpose built accommodation on the ground floor of the new modular building on the Southport site. This Department, an integral part of the Trust, has 126 whole time equivalent staff working across three sites responsible for:

- 13 outpatient and three A&E reception areas
- the Medical Records Library on the Southport site which operates 24/7
- the Paediatric Library on the Ormskirk site
- producing statistical data on waiting times for the Strategic Health Authority
- preparing case notes for 180 clinics each week
- dealing with all outpatient appointments
- all admissions and discharges
- coding of all inpatient and some outpatient episodes – an important source of information in securing revenue for the Trust as the current financial regime, in part, requires accurate coding to justify income
- dealing with requests for copies of casenotes under the various Access regimes

The new Medical Records Library can hold approximately 250,000 case notes and is the centralised store for all adult case notes used within the Trust. Paediatric and maternity case notes will remain at Ormskirk where the majority of their services take place.

The Library has the latest security systems in place and both the Southport and Ormskirk Libraries are now fitted with electronic tracking systems able to identify where case notes should be, helping to reduce the incidence of misplaced notes.

Staff from the department, some of whom are pictured, worked over the Easter holidays moving medical records into their new home; ensuring as little disruption as possible to the service.

The consensus of opinion amongst staff is ‘the new accommodation is great. Very spacious, bright and airy - a vast improvement on our previous working environment. It certainly makes coming to work more pleasant’.
This year developments have continued to be focused around national key objectives.

Redefining ways of working

We continue to encourage Nurses and Midwives to embrace new ways of working, as outlined in the NHS Plan, to assist in the delivery of the modernisation agenda and to reinforce the key role of the profession.

Non-medical prescribing is strongly supported by the Trust. Training and development of this continues, adding to patient care and efficient delivery of treatment. Many nurses are now prescribing within the Trust.

Patient Group Directives (PGD) have continued to be developed and used in areas where nurse prescribing is not appropriate. Over 30 PGDs have been developed and are being used across the Trust to enhance the care we provide.

In response to the National Service Frameworks (NSF) addressing standards in areas such as coronary heart disease, diabetes and long term conditions, both nurses and midwives at all levels have been involved. In support of this, emphasis has been placed upon the expansion of traditional working practices. New skills and role developments have been supported to ensure the workforce is equipped to meet the changes.

The Modern Matron’s role within the Trust has been strengthened in order to continue to provide strong leadership to the ward staff and to ensure that the highest standards of care are being delivered and monitored. Key objectives have been set focusing very much on patient centred care, reducing hospital acquired infections, monitoring and improving standards of hygiene and care.

The Trust has high levels of Nursing expertise with a number of Consultant Nurse/Midwife and Nurse Specialist roles; these nurses provide strong leadership and clinical skills that support and help improve patient care.

As part of the action plan to meet the national target of reducing junior doctors hours and implementing shifts, the Trust has introduced different approaches to care delivery both during the day and out of hours.

The Hospital at Night Team was established in August last year and is based on a national initiative analysing care required within the hospital at night and identifies competencies to meet the patients need. The core team of nurse practitioners/assistant practitioner, senior house officer and house officers are available to provide an immediate response to patient care needs in all adult specialties within the Trust. Early feedback suggests that this multidisciplinary approach to care is improving communication across the Trust and continues to identify scope for changes in practice which will deliver benefits to both patients and staff.

During September a team of Clinical Support Nurses was established; these are experienced nurses who visit the wards daily and provide clinical duties previously undertaken by junior doctors. They liaise closely with the Ward to ensure that patients who may require acute intervention are identified, and assistance and support is given to the ward staff in providing this care.
Critical Care Unit – National Pilot Site

The Trust was successful in becoming a national pilot site for the Department of Health’s new ways of working in critical care project. This project has involved training experienced healthcare assistants to develop competencies to provide expanded roles that would normally be undertaken by qualified nurses. The nurses will then undertake work as an assistant practitioner, which is a national initiative recognising the experience and value of healthcare assistants on patient care. The success of this project has been noted as a top achievement this year for nurses in the Trust, and this work will be rolled out to other areas.

The Trust encourages the participation of all Nursing staff within many projects; some of these include:

- improving standards of care
- assessing areas of practice in order to identify where key improvements can be made and highlight excellent practice
- improving patient information
- development of carers’ policy
- providing assessment tools for patient’s nutritional status
- nurse-led discharge

Advisor For Practice And Professional Development

This new role was established earlier this year and demonstrates the Trust’s ongoing commitment to its nursing staff. The aim and focus of the role is to ensure we continue to encourage the development of nursing roles through new and innovative ways of delivering care. The Nurse Advisor works closely with all nurses and members of the healthcare team ensuring they are involved in shaping the new roles and developments.

The Trust has an established professional development team working with the Healthcare Assistants’ NVQ programme and developments, the student nurses working within the Trust and staff nurse development programme. The team, together with the Nurse Advisor, will continue to evaluate the support and development programmes to ensure they respond to the needs of the staff.

The professional development team are involved in ensuring staff have access to appropriate and relevant courses. Web (internet) based learning has been developed across the Trust, with many nursing courses already available. Information and support is provided for nurses on professional development through the team and is supported by new resources on the Trust’s website and a regular Nursing and Midwifery Newsletter.
Rehabilitation

Once again Rehabilitation has had another busy year with a number of service moves and building projects. This resulted in improved clinical areas for women’s health, hand clinics, extra outpatient therapy cubicles, occupational therapy splinting, rheumatology and spinal injuries physiotherapy exercise room.

The service has continued its modernisation agenda including reviewing roles of generic Rehabilitation Assistants and extending the roles of Musculo-skeletal Triage Practitioners whilst keeping up with ‘best practice’. Services have extended to six day provision on the Stroke Unit and continued on the Orthopaedic Wards, besides the 24 hour availability of on-call provision for emergency respiratory conditions.

Highlights of the Year

• integration of Rehabilitation Services with Social Services based at Mornington Road

• commencement of a combined Pain Management Clinic with Southport & Formby PCT

• excellent National Sentinel Audit of Stroke 2004 results for therapy services within the Stroke Unit, in its first year

• excellent annual Patient Satisfaction Survey results

• joint podiatry/physiotherapy clinics

• staff Open Days resulted in recruitment of new graduates for both physiotherapy and occupational therapy

• a Careers Day was well attended by prospective Health Service staff

• fitting of extended range of digital hearing aids

• contractual obligations met for GP Direct Access Physiotherapy Services

• staff development:
  - NVQ 2 in Customer Care for clerical staff
  - NVQ 3 in Therapy for rehabilitation assistants
  - NVQ 4 in Management for site manager/head occupational therapist
  - extended role for therapy staff undertaking joint injections
  - secondment of assistants for occupational therapy and physiotherapy training
  - organised external courses on site with recognised therapy experts
  - many staff have attended accredited courses to further enhance their skills
AGENDA FOR CHANGE - WHAT IS IT?

Agenda for Change (AfC) is the biggest change to the pay of NHS staff for 50 years and will apply to all staff directly employed by NHS organisations in the UK except doctors, dentists and some of the most senior managers at Board level or equivalent.

It is designed to ensure fair pay and conditions of service for NHS staff to replace current Whitley Council and local Trust arrangements leading to improved career opportunities and greater rewards for those who take on more demanding roles.

Who has agreed to it?

Agreement has been reached between the UK Health Departments and the national staff side negotiating team, with final ratification of the deal being achieved following internal staff side consultation.

Agenda for Change Team

The Trust has established an Agenda for Change Team to co-ordinate the implementation of the biggest pay reform in the history of the NHS and whose key role is to arrange the matching/evaluation panels and to support managers and staff through the process.

We have also established four working groups and a Project Board to ensure that policies and procedures are in place to support the new pay system and that staff are kept regularly updated through a monthly newsletter circulated with Team Brief and a website dedicated to Agenda for Change.

COMMUNICATION AND CONSULTATION

Team Brief is a two-way process produced on a monthly basis. This continues to be the principle way of disseminating information to our employees and in turn, provides them with an opportunity to comment on the content and to ask questions which are printed in the next edition of Team Brief with the appropriate response.

The number of staff briefed face-to-face is routinely monitored and is moving towards the Trust’s target of 75%.

Team Briefing is supplemented by the Grapevine Newsletter, information boards, special briefings as and when required, and the Trust’s website, available on www.southportandormskirk.nhs.uk

A Communication Strategy approved by the Trust Board is published on an annual basis. Responsibility for producing this Strategy and co-ordination of internal and external communications lies with the Director of Corporate Services.

Staff involvement

The Trust remains at the forefront within the NHS for its approach towards staff involvement. Staff involvement groups have been established in each of the service groups, to include staff in the affairs of the organisation. There is a Partnership Forum attended by Executive Directors, with staff representatives from all staff committees, to discuss and debate Trust business. One of the staff representatives from the Partnership Forum has a seat on the Trust Board.

Staff Opinion Survey

The second National Staff Opinion Survey has recently been carried out and the Trust achieved a significant 69% response rate from staff, an improvement on last year, and scored well on a range of categories.

Staff indicated that the Trust had made significant improvements with appraisals and performance reviews and the provision of staff training and development. This included Health and Safety training, with all staff receiving some training in the previous 12 months.

Employees continued to praise the Trust’s tough policies and effective action on violence and harassment towards staff and felt they worked in a well structured team environment.

On the other hand we cannot be complacent, as the Survey did highlight areas were there was room for improvement and the information is helping us to further develop and build on our existing policies for supporting all our staff. The information has been shared with our Improving Working Lives Group, Staff Involvement Groups and Partnership Forum, who are fully engaging and involving staff to seek improvements on the key development areas highlighted by the Survey.

CARING FOR STAFF

Staff continue to enjoy the benefits of the services offered by Occupational Health Counselling and Mediation Services enabling the Trust to maintain the standards achieved with Improving Working Lives Practice Plus. Both services are entirely confidential. The Mediation Service was established in partnership with West Lancashire PCT to promote dignity at work. The Mediation Team consists of seven members of staff from both Trusts who
have been trained and accredited to practice as workplace mediators.

**Long Service Awards**

Forty-two members of staff with a total of 867 years of service between them, were invited to a special lunch when they were presented with long service awards. Each one of them who had given 20-23 years of service received capital bonds to spend as they wished.

On presenting the awards Andrew Johnson, Chairman commented ‘It is quite humbling that so many people have chosen to spend a large proportion of their working lives in the health service and, in particular, this organisation. The people here have given so much in terms of loyalty and dedication to the local community’.

**COMMITMENT TO EQUALITY AND DIVERSITY**

The Trust continues to work towards the aims set out in the wide range of government and NHS initiatives and policies relevant to our obligations towards the diversity of our community. This commitment has been shown over the past year by a range of initiatives including:

- the further consolidation of the Dignity at Work Policy, at every level, within the organisation
- continuing to keep harassment at work at a low level and increase staff’s confidence in our ability to tackle this problem which was highlighted in the Staff Opinion Survey
- maintaining the management development programmes to underpin the Trust’s commitment to equality and diversity
- maintaining the Employment Service Symbol in recognition of positive employment practices for people with disabilities
- continuation with the Health Learning Works Scheme providing employment for a further nine previously unemployed people after their successful completion of a training programme. This helped to make the Trust’s workforce more representative of the community it serves
- establishing an Equality and Diversity Steering Group, chaired by a Non-Executive Director and including a lead Executive Director, to co-ordinate equality in employment and service delivery
- providing different levels of Equality and Diversity training sessions for all managers and staff to attend
- commencing work on the Chrysalis Project in conjunction with other agencies to assist and encourage socially excluded groups to develop professional and worthwhile careers in the NHS
- just ‘pipped at the post’ the Trust was named runner-up in the first Guardian Public Service Awards held at Victoria & Albert Museum, London at the end of last year. The Trust had been nominated for an award in the Recruitment and Retention category for our work with Health Learning Works. Participants for the scheme are found through Jobcentre Plus from those unemployed who have been identified as having the potential and wish to work in the NHS, but without paper-based qualifications previously used to sift job applications
- the Trust has been actively involved in the Ambition Health NHS programme which enables Jobcentre Plus clients who meet certain criteria, to be placed within Trusts for a 13-week placement.

These placements can either be in administration, healthcare or scientific roles.

**Pictured Above**

Ralph Jones, Trainee Radiographer Helper:

‘As I have previously done a B.Tech in Media and Film Studies I am delighted at the chance to work in the x-ray department; especially developing film, and I am really enjoying the experience’.

Jane Goodall, Trainee Health Care Assistant:

‘I am thoroughly enjoying working in the A&E department at Southport and feel I have gained a great deal of knowledge in the short time I have been here. The staff have been brilliant and it is them I have to thank for making my placement an experience to remember’.

David Yates, Trainee Medical Laboratory Assistant. As David has a BSc in Genetics he commented:

‘I am delighted to be working in the pathology laboratory and really enjoying the opportunities that have been made available to me through the scheme’.
In 2005/06 the Trust will build on this work and in addition will aim to:

• continue to provide training at all levels to new and existing staff to develop leadership and management capability in managing equality and diversity

• review and publish the Race Equality Scheme for 2005 - 2008 to meet our legal obligations under the Race Relations (Amendment) Act 2000

• provide detailed training for managers to enable them to undertake Equality Impact Assessments on the Trust’s functions, services and policies, which have been identified as having a relevance

• maintain a workforce that is representative of the community it services in terms of gender and race.

TRAINING AND DEVELOPMENT

A period of transitional change has taken place during the year within Training & Development. Despite gaining full marks in the previous Improving Working Lives practice plus assessment, it was not a time for complacency and in August 2004 the Trust entered into a unique partnership arrangement with Edge Hill Enterprises to facilitate Learning and Development. Within this Partnership agreement there is a comprehensive array of training and development opportunities that can be accessed by staff members. In addition to management escalator training there is a host of management workshops and the opportunity for every member of staff to access IT training up to the level of the European Computer Driving Licence qualification.

As part of the Lifelong Learning Programme, the Trust continued to support non-professional staff in their development. A record number of 138 staff enrolled onto an NVQ programme and 207 learning accounts were issued to partially or fully fund training for personal development.

The Hanley and Sanderson Libraries now offer 24 hour access for all staff. The new Sanderson Library opened on the Ormskirk site within the Learning Resource Centre. The impressive new facilities offer a comprehensive range of books and journals and access to on-line services. The Trust now provides a multidisciplinary library service across the two sites.

Professor John Caldwell, Dean of the Faculty of Medicine at the University of Liverpool and Eileen Martin, Dean of the Faculty of Health at the University of Central Lancashire are pictured officially opening the new educational facilities.

A second Clinical Skills facility also opened within the Ormskirk Clinical Education Centre. The Trust now provides facilities on both the Southport and Ormskirk sites, reflecting the clinical services based on each site. The facilities enable doctors, nurses and students the opportunity to practice their clinical skills in a safe learning environment.

To support the Northwest e-learning Strategy, the Trust, in partnership with West Lancashire PCT, appointed an e-learning facilitator to develop a local strategy and introduce e-learning programmes into the organisation. Programmes now available include Essence of Care, Mixed Messages, Patient Safety and Conflict Resolution.

An extensive programme of Knowledge and Skills Framework (KSF) awareness sessions followed by further detailed KSF training sessions for managers began in September. KSF is an integral part of Agenda for Change and is essentially a development tool to provide the basis for progression within pay bands. Each member of staff is expected to have a KSF outline that is linked to their annual development review. 40% of staff have now received a face-to-face briefing. Briefing sessions are continuing in order to give every staff member affected by AfC the opportunity to understand the impact of KSF and its implication on the development review process.

The Trust continues to work in partnership across the Local Health Community by strengthening the links with education and training leads in Southport and Formby PCT and West Lancashire PCT.

PASTORAL CARE

Emphasis continues to be placed on the importance of pastoral care for all our patients, relatives and staff. The service provided across the Trust is inter-denominational and involves members of the Hospital Chaplaincy visiting patients on a daily basis. In addition the Chaplains and lay assistants are available to provide support whenever needed.
This year the Trust received 445 formal complaints. Of these 347 (78%) were resolved within the set performance target of 20 working days. The remaining 98 (22%) received timely and appropriate holding letters ensuring 100% compliance with the NHS Complaints Procedure. The requirement for holding letters to be sent is attributed to staff absences due to sickness and holidays and to clinical staff having to wait in turn to access medical records in complaints with multi-clinical involvement.

The majority of complaints were resolved locally through correspondence between the complainants and the Trust. The responses included explanations on treatments provided, apologies for any failures or omissions on the part of the Trust and advice on any revisions to protocols and procedures. Complainants were also informed of any staff training undertaken as a result of complaints.

Of the 445 formal complaints received 432 (97%) were resolved by local resolution. The remaining 13 (3%) were referred for consideration by the Healthcare Commission.

Complaints are taken very seriously by the Trust and all are thoroughly investigated. In some instances conciliation meetings between complainants and Trust staff have been arranged. As a result of the value placed upon constructive criticism, a number of improvements have been implemented. These include revisions to policies and protocols in line with best practice, enhanced communication pathways and improved training programmes. Current systems have been reviewed and, where appropriate, new processes introduced in addition to the continual monitoring of issues raised and resultant actions taken.

PATIENT ADVICE AND LIAISON SERVICE (PALS)

The Patient Advice and Liaison Service has continued to develop and April 2004 saw the opening of the Patient Advice and Information Centre at the main entrance of Southport Hospital, making the service more visible and accessible to patients, their families, friends and carers. This provides a range of information leaflets on Trust services and leaflets and information on local and national statutory organisations and voluntary organisations.

The PALS team has continued to publicise the service with displays in local supermarkets and shopping centres, together with information being sent to local community centres and voluntary groups.

The result of this publicity has been a doubling of enquiries - over 1,300 - as compared with last year. Of these enquiries over 50% were requests for information. Some examples of the information requested is on health and social services, appointments and waiting times or where to find health information and support groups.

The service also receives suggestions for improvements eg installing a post box in the main entrance of Ormskirk Hospital when another noted there were no coat hooks in some of the toilets. Both of these suggestions were passed on to the Estates Department who have now addressed these issues.

With the aim of identifying good practice, the PALS team began recording compliments made to the Trust. These have been on a range of issues, but the most common compliment received is about the general standard of care received.

One of the key areas reported by patients, their families, friends and carers as a problem or concern is around information and communication, and this was supported by the results of the Inpatient Survey carried out in 2004. A team of Trust staff and service users was set up to look at the findings of the survey and how the Trust could improve. Following this the customer awareness training for new starters and existing staff is being reviewed and improvements are being made to the Policy for Written Patient Information.

The survey of Young Patients carried out in 2004 also highlighted problems with communication. Other issues included the ward environment and décor and play and entertainment facilities. Since the survey...
was carried out the service has moved into new purpose built accommodation in the Women’s and Children’s Unit on the Ormskirk site, and play facilities have been further improved.

Volunteers

We are fortunate to benefit from the assistance of many volunteers across the Trust, and in the last year have recruited over sixty new helpers. Many volunteers are looking to gain valuable experience to help with job or college applications and over the last twelve months the Trust has expanded the opportunities for volunteering. This helps the volunteer in achieving their goal and in turn improves the patient experience with the extra assistance provided by the volunteer.

The patients, visitors and staff on the three hospital sites are most appreciative of our many volunteers and members of staff for giving their time, donating money or buying equipment for specific departments. They are too numerous to mention by name but below are just a small group to whom we owe thanks:

- WRVS shop
- WRVS ward and clinic volunteers
- Trolley Service
- Ormskirk Hospital League of Friends
- Hospital Shop
- Spinal Unit Action Group
- Hospital Radio
- Lions Club Southport

Just a few examples of donations:

- weight bearing treadmill for spinal patients
- wheelchairs for general use
- seating for orthopaedic clinic
- donations to the Neonatal Unit
- donations of equipment to the Children’s Unit
- donations to eye unit

The Lions Club Southport chose the Chemotherapy Unit at Southport as their charity for the year and named it ChemoCare Campaign. The Lions teamed up with a local newspaper, the Champion, with the aim of raising £30,000 – much to everyone’s delight the grand total currently stands at £35,000! This money has been used to provide some home comforts such as TV and Video, computer equipment and more homely décor, and a garden to be used by patients during the warmer months.

We are very grateful to everyone involved in raising this magnificent sum of money for their commitment and generosity.

Ormskirk League of Friends has supported the hospital for many years – and the last year has been no different. The biggest fundraising event in the League’s calendar is their Summer Fayre which attracts visitors from far and wide. This event boosts their many other events held throughout the year from which individual wards/departments benefits.

Early this year May Oxford MBE, Chairman of the League and colleagues donated £50,000 towards the purchase of an ultrasound scanner for the Department of Radiology. This state-of-the-art scanner is used to scan the hips of babies, abdomens and smaller areas of the body, such as the thyroid and testes.

Hospital Radio

Hospital Radio has long played an important part in hospital life at both Southport and Ormskirk hospital. This year Radio Ormskirk General (ROG) celebrated 25 years ‘in the business’ with a weekend of festivities, including a Roadshow and a get-together for past and present members. The Roadshow raised over £400 for ROG.

Over the last 25 years hundreds of people have worked with ROG. Some such as Jon Culshaw and Allan Beswick becoming famous.
Waiting Times

The Trust, yet again, met all its waiting list and waiting time targets at the end of the 2004/05 year. This means that the number of patients waiting has never been fewer, and they wait for a shorter period.

Inpatients and Day Cases

We began the year with 3919 patients waiting which reduced to 3633 by the end of March. No patient waited longer than 9 months at any point in the year, and by the end of March, 65% of patients had not waited longer than 3 months, and only 197 patients (5%) were waiting longer than 6 months. This achievement was well ahead of the targets set for the Trust.

Outpatient Services

At the start of the year, 8579 patients were waiting for a first outpatient appointment, 449 of whom waited longer than 13 weeks. By the end of March, 2005, that number had fallen to 7874 (8% reduction) and the number waiting over 13 weeks had fallen to 194.

The Trust intends to have no inpatient or day case waiting longer than 6 months by December, 2005, and no outpatient waiting longer than 13 weeks by the same date. The Trust is committed to meeting the national target of a total wait time from referral to treatment of 18 weeks by December, 2008.

Cancelled Operations

119 operations were cancelled, due to non clinical reasons, during the year. All were readmitted within 28 days of their cancellation date.
Overall, the total number of GP referrals for Outpatient consultation & treatment that were received remains similar to 2003/04.
Major Incident

The Trust’s Major Incident Plan is fully compliant with NHS Guidance “Handling Major Incidents: An Operational Doctrine” and is reviewed regularly to take account of emergency guidance on major incident preparedness and planning.

Single Sex Accommodation

The Trust continues to meet standards for single sex accommodation for patients and has improved accommodation in Intensive Care to provide cubicle areas affording greater patient privacy.

Mixing of patients may occur in the following short stay areas:

- Clinical Decision Unit
- A&E Observation Area
- Treatment Centre
- High Care Section of the Orthopaedic Wards
- Paediatric Ward

Patients for the Treatment Centre and Orthopaedic Wards are advised in advance that it is a mixed sex area and to contact the hospital if they have concerns. Every effort is made to find alternative accommodation.

Within the Paediatric Ward there are two designated cubicles and a separate sitting room for adolescents.

Disability Discrimination Action

Since its inception the Trust’s Access Advisory Group, and before that its predecessor the Disabled Group, have worked tirelessly to improve services to the less able and disabled users of the Trust.

In preparation for the Disability Discrimination Act, a survey of all the Trust properties was conducted to determine any barriers to access for this group of hospital users. The survey was carried out by design consultants who specialise in disabled issues, and the outcomes discussed by the Access Advisory Group. The findings were analysed and any proposals refined.

These discussions then enabled a prioritised action plan to be developed to remedy any problems of access for less abled users of Trust premises. Initially the action plan comprised largely of general housekeeping matters, such as removing clutter from ward and department entrances. However, it was recognised that additional resource was essential to speedily improve matters for these service users with £50k allocated, to be prioritised by the Access Advisory Group. Improvement schemes completed during 2004/5 are:

- several installations of automatic doors
- floor level voice synthesisers installed in all lifts
- hearing induction loops at a number of reception desks
- improvements to the Spinal Injuries pool
- tactile high visibility signs to all public toilets
- additional disabled parking and signage
- various pavement improvements including dropped kerbs and ramps
- traffic light controlled pedestrian crossings have been installed at both Southport and Ormskirk Hospital sites, which not only assist car users but also pedestrians and wheelchair users.

Traffic light controlled pedestrian crossings have been installed at both Southport and Ormskirk Hospital sites, which not only assist car users but also pedestrians and wheelchair users.

All capital developments are discussed with the Access Advisory Group and any suggested improvements incorporated into the design of new or refurbished departments, where possible. The Group will shortly meet to prioritise this years allocation.

Remuneration Committee

The pay and conditions of service of Executive Directors and Senior Managers are determined by a Remuneration Committee comprising the Chairman, two Non-Executive Directors, Chief Executive and HR Director:

Andrew Johnson    Jonathan Parry
Christine Aitken   Sharon Partington
Clare Westcott

The pay and annual inflation uplift for Executive Directors and Senior Managers have been contained within the settlement agreed nationally for Non Review Pay Body Staff. Full details of Senior Managers’ remuneration are given on page 32. Details of management and administration costs are given on page 33.

Value for Money

The Supplies Team actively seek value for money on behalf of the Trust and formal tendering processes can be demonstrated to reduce costs for the same pieces of equipment, as compared with simple requests for quotations. The Supplies team have worked with neighbouring trusts to develop consortium type contracts from which we benefit from the economies of scale.

The Trust is also benefiting from national Purchasing and Supply Agency led programmes such as the Supply Chain Excellence programme which ensures that we obtain best value for money in areas such as stationery, food and various medical and surgical consumables for example.

From an equipping perspective the Supplies Team were instrumental in ensuring that the various capital projects, as part of the Estate Strategy, were completed within budget.
The accounts of the Southport & Ormskirk Hospital NHS Trust are prepared under section 98(2) of the National Health Service Act 1977 (as amended by section 24(2), Section 2 of the National Health Service and Community Care Act 1990). They are detailed in the form which the Secretary of State has, with the approval of the Treasury, directed. This summary of accounts is extracted from the full set of financial accounts prepared for the Trust.

The Trust has met all five key financial duties in the financial year ending 31st March 2005:

• breakeven duty - matching income and expenditure taking one year with another
• capital cost absorption rate of 3.5%
• manage capital expenditure within the Trust’s capital resource limit (CRL)
• manage cash within the Trust’s external financing limit (EFL)
• comply with the Better Payment Practice Code (BPPC)

Although the Trust produced a deficit in year on its income & expenditure account of £1,189,000 it still met its statutory duty of ‘break even’. The break even duty includes the phrase “taking one financial year with another”. An agreement was reached in 1997 with the Treasury and the Audit Commission that the duty will be assumed to have been met if expenditure is covered by income over a rolling 3 year period. The deficit incurred in 2004/05 is therefore treated as year 1 of the rolling period. In managing the deficit the Trust received additional non-recurrent funding of £9,372,000, which is repayable. This is detailed in the note to the income and expenditure account.

The capital cost absorption rate was 3.5% calculated as the percentage borne by the Public Dividend Capital (PDC) of £4,504,000 to the average relevant net assets of £129,746,000 used by the Trust. The Trust managed its EFL and CRL within the prescribed tolerances. PDC is the government’s investment in the assets owned by the Trust, on which the Trust is required to pay a dividend.

The cost of managing the Trust (management costs as defined for the NHS) compared with its income of £120,223,000 continues to reduce. This year achieving 3.64% as compared to last year’s 3.71%. For the first time, the Trust has achieved the required 95% compliance with the BPPC. This has been achieved due to a national cash rebasing exercise giving the Trust a one-off cash injection plus utilisation of temporary borrowing limits within the year.

There was a significant upward movement in the Trust’s balance sheet of just under £27 million caused by three key elements: an increase in PDC of £8,510,000, an increase in the revaluation reserve caused by the national five yearly asset revaluation of £10,699,000 and indexation of £8,961,000. Indexation is applied annually to the Trust’s assets and is intended to maintain the assets at current cost values. Indices are provided by the Valuation Office and are issued for land, buildings and equipment.

The full Statement on Internal Control is not required for the annual report. However, it is included in the full copy of the annual accounts.

Looking forward into 2005/06 the financial outlook of the Trust is increasingly challenging and robust arrangements will be required in order to break even.

Our External Auditors are KPMG LLP. The costs incurred for the statutory audit and other services carried out in relation to the statutory audit were £105,000.

C E Throp
Director of Finance
**Income And Expenditure Account For The Year Ended 31 March 2005**

<table>
<thead>
<tr>
<th>Description</th>
<th>2003/04 £000</th>
<th>2004/05 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>109,587</td>
<td>102,520</td>
</tr>
<tr>
<td>Other operating income</td>
<td>10,636</td>
<td>10,290</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(117,191)</td>
<td>(109,202)</td>
</tr>
<tr>
<td>OPERATING SURPLUS</td>
<td>3,032</td>
<td>3,608</td>
</tr>
<tr>
<td>Cost of fundamental reorganisation/restructuring</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Profit (loss) on disposal of fixed assets</td>
<td>91</td>
<td>(25)</td>
</tr>
<tr>
<td>SURPLUS BEFORE INTEREST</td>
<td>3,123</td>
<td>3,583</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>224</td>
<td>126</td>
</tr>
<tr>
<td>Interest payable</td>
<td>0</td>
<td>(1)</td>
</tr>
<tr>
<td>Other finance costs - unwinding of discount</td>
<td>(32)</td>
<td>(36)</td>
</tr>
<tr>
<td>Other finance costs - change in discount rate on provisions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SURPLUS FOR THE FINANCIAL YEAR</td>
<td>3,315</td>
<td>3,672</td>
</tr>
<tr>
<td>Public Dividend Capital dividends payable</td>
<td>(4,504)</td>
<td>(3,671)</td>
</tr>
<tr>
<td>RETAINED (DEFICIT)/PROFIT FOR THE YEAR</td>
<td>(1,189)</td>
<td>1</td>
</tr>
</tbody>
</table>
### Note To The Income And Expenditure Account For The Year Ended 31 March 2005

<table>
<thead>
<tr>
<th>Description</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained deficit for the year</td>
<td>(1,189)</td>
</tr>
<tr>
<td>Financial support included in retained deficit for the year - NHS Bank</td>
<td>0</td>
</tr>
<tr>
<td>Financial support included in retained deficit for the year - Internally Generated</td>
<td>9,372</td>
</tr>
<tr>
<td>Retained deficit for the year excluding financial support</td>
<td>(10,561)</td>
</tr>
</tbody>
</table>

The Trust received £9.372m in planned support from Cheshire & Merseyside Strategic Health Authority. This support came via Southport & Formby PCT.
### Balance Sheet As At 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>31 March 2004</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>151,108</td>
<td>120,694</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td><strong>151,108</strong></td>
<td><strong>120,694</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CURRENT ASSETS</strong></th>
<th>31 March 2004</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stocks and work in progress</td>
<td>2,034</td>
<td>1,962</td>
</tr>
<tr>
<td>Debtors</td>
<td>8,705</td>
<td>7,862</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>340</td>
<td>326</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td><strong>11,079</strong></td>
<td><strong>10,150</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CREDITORS:</strong></th>
<th>31 March 2004</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts falling due within one year</td>
<td>(10,521)</td>
<td>(6,225)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS (LIABILITIES)</strong></td>
<td><strong>558</strong></td>
<td><strong>3,925</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td><strong>151,666</strong></td>
<td><strong>124,619</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CREDITORS:</strong></th>
<th>31 March 2004</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts falling due after more than one year</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>PROVISIONS FOR LIABILITIES AND CHARGES</strong></td>
<td><strong>(1,899)</strong></td>
<td><strong>(1,796)</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td><strong>149,767</strong></td>
<td><strong>122,823</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FINANCED BY:</strong></th>
<th>31 March 2004</th>
<th>31 March 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TAXPAYERS' EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>98,375</td>
<td>89,865</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>49,593</td>
<td>30,430</td>
</tr>
<tr>
<td>Donated asset reserve</td>
<td>928</td>
<td>909</td>
</tr>
<tr>
<td>Government grant reserve</td>
<td>267</td>
<td>267</td>
</tr>
<tr>
<td>Other reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>604</td>
<td>1,352</td>
</tr>
<tr>
<td><strong>TOTAL TAXPAYERS EQUITY</strong></td>
<td><strong>149,767</strong></td>
<td><strong>122,823</strong></td>
</tr>
</tbody>
</table>

Signed: JONATHAN PARRY (Chief Executive) 8/7/05
## Cash Flow Statement For The Year Ended 31 March 2005

<table>
<thead>
<tr>
<th>Section</th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>10,773</td>
<td>7,657</td>
</tr>
<tr>
<td><strong>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>206</td>
<td>123</td>
</tr>
<tr>
<td>Interest paid</td>
<td>0</td>
<td>(1)</td>
</tr>
<tr>
<td>Interest element of finance leases</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow from returns on investments and servicing of finance</td>
<td>206</td>
<td>122</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Payments) to acquire tangible fixed assets</td>
<td>(15,646)</td>
<td>(19,295)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>675</td>
<td>5,951</td>
</tr>
<tr>
<td>(Payments) to acquire intangible assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Receipts from sale of intangible assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(Payments to acquire)/receipts from sale of fixed asset investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash outflow from capital expenditure</td>
<td>(14,971)</td>
<td>(13,344)</td>
</tr>
<tr>
<td><strong>DIVIDENDS PAID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash outflow before management of liquid resources and financing</td>
<td>(4,504)</td>
<td>(3,671)</td>
</tr>
<tr>
<td><strong>MANAGEMENT OF LIQUID RESOURCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Purchase) of current asset investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sale of current asset investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from management of liquid resources</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash outflow before financing</td>
<td>(8,496)</td>
<td>(9,236)</td>
</tr>
<tr>
<td><strong>FINANCING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>9,588</td>
<td>19,319</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(1,078)</td>
<td>(10,080)</td>
</tr>
<tr>
<td>Public dividend capital repaid (accrued in prior period)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loans received</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Loans repaid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other capital receipts</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Capital element of finance lease rental payments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash transferred (to)/from other NHS bodies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow from financing</td>
<td>8,510</td>
<td>9,239</td>
</tr>
<tr>
<td>Increase in cash</td>
<td>14</td>
<td>3</td>
</tr>
</tbody>
</table>
## Statement of Total Recognised Gains And Losses For The Year Ended 31 March 2005

<table>
<thead>
<tr>
<th>Description</th>
<th>2003/04 £000</th>
<th>2004/05 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year before dividend payments</td>
<td>3,315</td>
<td>3,672</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations/indexation</td>
<td>19,660</td>
<td>8,455</td>
</tr>
<tr>
<td>Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets</td>
<td>90</td>
<td>6</td>
</tr>
<tr>
<td>Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets</td>
<td>(127)</td>
<td>(179)</td>
</tr>
<tr>
<td>Additions/(reductions) in &quot;other reserves&quot;</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total recognised gains and losses for the financial year</td>
<td>22,938</td>
<td>11,954</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total gains and losses recognised in the financial year</td>
<td>22,938</td>
<td>11,954</td>
</tr>
</tbody>
</table>
A) Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2004-05 Salary (hundreds of £000)</th>
<th>2004-05 Other Remuneration (hundreds of £000)</th>
<th>2004-05 Benefits in Kind Rounded to the nearest £100</th>
<th>2003-04 Salary (hundreds of £000)</th>
<th>2003-04 Other Remuneration (hundreds of £000)</th>
<th>2003-04 Benefits in Kind Rounded to the nearest £100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr K Clarkson (Chief Executive)</td>
<td>175-175</td>
<td>150-150</td>
<td>26</td>
<td>100-100</td>
<td>100-100</td>
<td>21</td>
</tr>
<tr>
<td>P Orme (Deputy Chief Executive)</td>
<td>85-90</td>
<td>5</td>
<td>80-81</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>M Iskander (Medical Director)</td>
<td>70-75</td>
<td>75-75</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mrs G Boocock (Deputy Chief Executive)</td>
<td>35-40</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Mrs C Westcott (Director of Nursing)</td>
<td>25-30</td>
<td>65-70</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mrs J Beck (Director of Nursing)</td>
<td>15-20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mrs G Boocock (Non-Executive Director)</td>
<td>5-10</td>
<td>5-10</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mr M Iskander (Non-Executive Director)</td>
<td>5-10</td>
<td>5-10</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Mr E Chew (Non-Executive Director)</td>
<td>5-10</td>
<td>5-10</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Mr K Clarkson replaced P Orme as Deputy Chief Executive at the end of February 2005. Mrs J Beck replaced Mr E Chew during the reporting year. Mrs C Westcott replaced Mr C Cheetham in year.

Mrs G Boocock and Mr M Iskander replaced Mr I Harrison as Medical Director in April 2004. The post of Medical Director is shared between Mrs G Boocock and Mr M Iskander. The other remuneration of these individuals is in connection with their clinical roles.

Benefits in kind for Mr J Parry, Mr A Johnson and Mr M Iskander are in respect of lease cars and are shown in hundreds.

All other benefits in kind relate to private vehicle benefit.

B) Pension Benefits

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in 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 from 2004-05 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.

Southport & Ormskirk Hospital NHS Trust
Management costs

<table>
<thead>
<tr>
<th>Number</th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management costs</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Total bills paid in the year</td>
<td>45,156</td>
<td>51,969</td>
</tr>
<tr>
<td>Total bills paid within target</td>
<td>43,020</td>
<td>40,567</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>95.27%</td>
<td>78.06%</td>
</tr>
</tbody>
</table>

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

Better Payment Practice Code

<table>
<thead>
<tr>
<th>Number</th>
<th>2003/04</th>
<th>2004/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid in the year</td>
<td>45,156</td>
<td>51,969</td>
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<td>40,567</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>95.27%</td>
<td>78.06%</td>
</tr>
</tbody>
</table>

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.
Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed: JONATHAN PARRY (Chief Executive) Date: 8/7/05

Statement of Directors' Responsibilities in Respect of the Accounts

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

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

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

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

By order of the Board

Signed: JONATHAN PARRY (Chief Executive) Date: 8/7/05 Signed: COLIN THROP (Finance Director) Date: 8/7/05
Independent Auditors’ Report to the Directors of the Board of
Southport & Ormskirk Hospital NHS Trust on the Summary Financial Statements

We have examined the summary financial statements set out on pages 27 to 33.

This report is made solely to Southport & Ormskirk Hospital NHS Trust's Board, as a body, in accordance with section 2 of the Audit Commission Act 1998. Our audit work has been undertaken so that we might state to Southport & Ormskirk Hospital NHS Trust's Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than Southport & Ormskirk Hospital NHS Trust and Southport & Ormskirk Hospital NHS Trust's Board as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

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

Basis of opinion

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

Opinion

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

The maintenance and integrity of Southport and Ormskirk Hospital NHS Trust’s web site is the responsibility of the directors; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Signed: [Signature]

Name: KPMG LLP
Address: St James Square
         Manchester
         M2 6DS

Date: 4/8/05
Trust Board Meetings:

Tuesday 6th September - 2.00 pm
Boardroom, West Lancashire PCT Headquarters, Ormskirk DGH

Followed By

Annual General Meeting
6.00 pm - Clinical Education Centre, Ormskirk DGH

Wednesday 19th October - 2.00 pm
Boardroom, Corporate Office, Southport DGH

Wednesday 16th November - 2.00 pm
Boardroom, West Lancashire PCT Headquarters, Ormskirk DGH

Wednesday 14th December - 2.00 pm
Boardroom, Corporate Office, Southport DGH

Front cover illustration by Rosemary Morrison, commissioned for “A Positive Environment” project for the Women’s & Children’s Unit

Southport & Ormskirk Hospital NHS Trust

www.southportandormskirk.nhs.uk

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Ormskirk & District General Hospital
Wigan Road Ormskirk
Lancashire L39 2AZ
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Southport General Infirmary
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The Trust’s External Auditors: KPMG LLP
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A full copy of the Annual Accounts 2004/05 is available from the Finance Director by calling (01704) 704771