

**Building
a
Healthier
Future**



Annual Report 2001/2002

Contents	Page
Trust Profile and Commitment to the NHS Plan	3
Chairman's Statement	4
Chief Executive's Statement	5
Patient Care	6
Performance	8
People	10
Prevention	14
Partnership	16
Key Objectives 2002/2003	18
Summary Financial Statements 2001/2002	(i)-(x)
The Board of Directors	19
Directors' Interests	20
If You Want to Know More	21

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Photographs are courtesy of Robin Allison Smith and Oliver Lyon.

Trust Profile and Commitment to the NHS Plan

Profile of the Trust

The Royal United Hospital Bath NHS Trust provides acute treatment and care for a catchment population of around 500,000 people in Bath, and the surrounding towns and villages in North East Somerset, and Western Wiltshire. The Trust provides 577 beds and a comprehensive range of acute services including medicine and surgery, services for women and children, accident and emergency services, and diagnostic and clinical support services.

The Trust employs 3,439 staff, some of whom also provide outpatient, diagnostic and some day case surgery services at community hospitals in Bradford-on-Avon, Chippenham, Devizes, Frome, Malmesbury, Melksham, Paulton, Shepton Mallet, Trowbridge, Warminster and

Westbury. This fulfils part of the Trust's aim to provide high quality care to people in their local communities.

The hospital provides health care to the population served by four primary care trusts (PCTs), Bath and North East Somerset PCT, West Wiltshire PCT, Mendip PCT and Kennet and North Wiltshire PCT.

Our vision for the Royal United Hospital is that of a hospital 'without walls' which recognises that it is an organisation with a key role to play in the development of medicine in a variety of settings. In doing this it sees itself not simply as a provider of healthcare, but one which concerns itself with education, facilitation and the delivery of effective health outcomes throughout the whole care

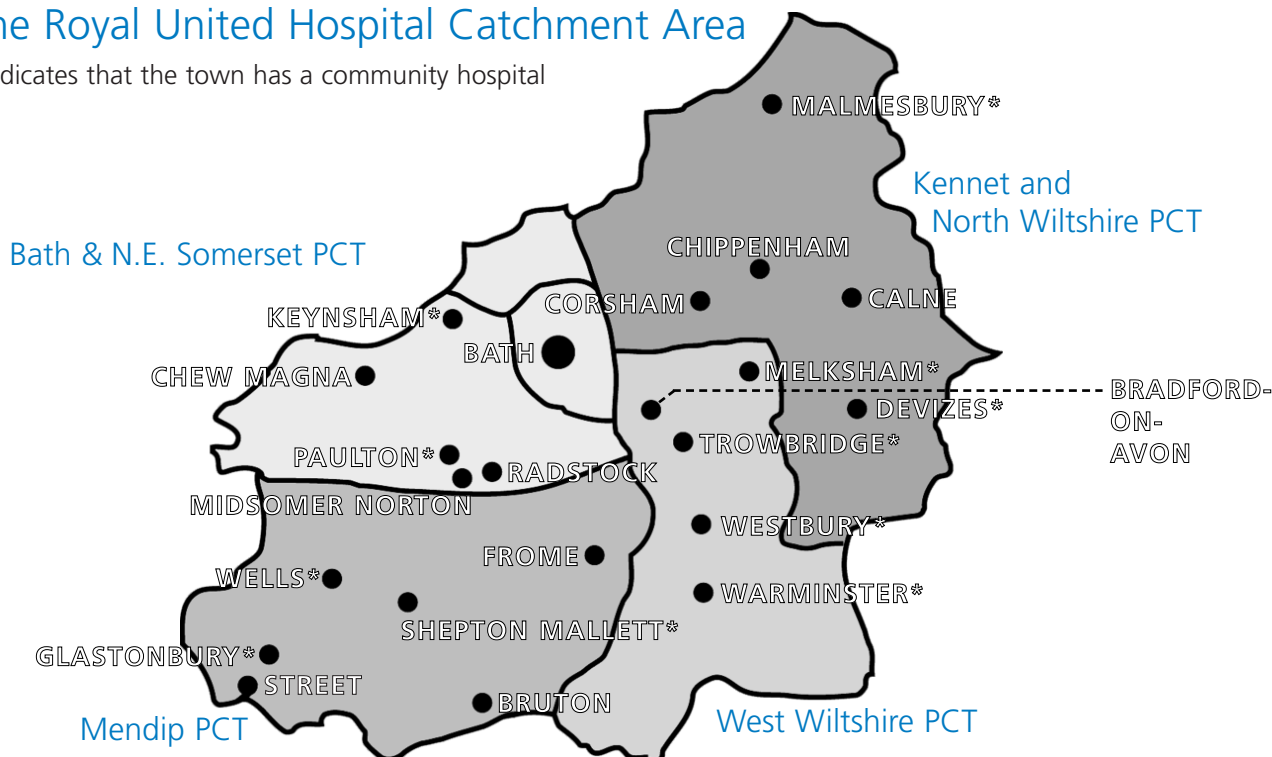
pathway from prevention to treatment in order to promote the individual's responsibility for good health.

Our Commitment to Meeting the Aims of the NHS Plan

The Trust is fully committed to working with its partners in the Bath health community to meet the aims of the NHS Plan. This has meant focussing on patient care – the quality of service we give, and performance – the quantity of care provided and the speed at which it is made accessible to the public. Neither of these aims could be achieved without the contribution of the whole range of staff who aim to provide a high level of service.

The Royal United Hospital Catchment Area

*Indicates that the town has a community hospital



Chairman's Statement

As the Royal United Hospital (RUH) interim chairman, I am very pleased to be presenting this annual report to you. I would first want to thank Mr Gerald Chown who was chairman of the RUH from 1997 - 2002 until my arrival. Mr Chown led the Board through a significant re-building programme and also through a number of major clinical developments so that the clinical service currently offered by the RUH is nationally recognised as being of a very high quality.

The year covered by this annual report will not be remembered historically as one of the 'good years' for the RUH. The issues leading to our status as a zero star hospital are well known, and several months into this financial year, following the publication of the star rating, some progress is being made to improve our position in relation to waiting lists, waiting times and finance. There are major management challenges facing the Trust, but I am confident that these will be overcome.

The Board is made up of executives and non-executives who are individually and corporately determined to ensure that everything that can be done will be done. They will ensure that the people who require our services now and in the future, are assured of effective and efficient systems of care delivery and working to the best standards of clinical and corporate governance.

Patients of the RUH are generally very supportive of the care offered, and there has been good use of the Patient Advice and Liaison Service (PALS) since it opened in April. We all have much to learn from the patients who use our services and as a Board we need

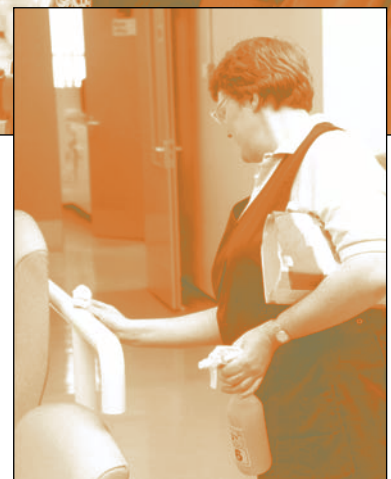


Clinical manager sister Gill Capon involves her patient in his care

to be looking at ways that we can involve patients more directly in our strategic development. Although considerable energy must be invested in dealing with the problems created by the past – we cannot afford to stand still, and need to reaffirm the strategic vision for the RUH - involving staff and the general public.

The RUH is very proud of its heritage. Implicit in the name Royal United Hospital is a history of change and development culminating in the current rebuild on this site. Although there is still building work going on, many people who work as part of the health care team take pride in keeping the building clean and in good repair and it is as a result of their efforts that we were able to receive a '4', the top mark, following the recent Patient Environment Assessment Team (PEAT) visit. The Board would like to express its thanks to all involved in the work leading to this achievement.

I am personally very impressed by the arts project making such a difference to the environment in



Housekeeper Helen Pearce adds a shine to the endocrinology and diabetes centre

which we work, but also acknowledging that the arts encourage healing of the spirit.

Staff of the RUH are supported by many people who volunteer their services, either by giving up their time to enhance the patient experience, or by involving themselves in fund raising and supporting staff in many different parts of the hospital.

I want to end by recording my thanks to the many staff and volunteers who are committed to making the RUH a place where all who need our services receive care and treatment to the highest standards. The future of the service we offer depends on each and every one of them.

Chief Executive's Statement

As someone who only took up post at the end of June 2002, it is hard to comment on the Trust's progress in the financial year just gone. It was undoubtedly a very difficult year for the Trust with serious financial issues and major problems on waiting lists and in getting emergencies into the hospital. Despite this, the Trust did continue to provide excellent services to its patients as evidenced by good reports and good ratings of the clinical quality of its services, and indications in patients' surveys and other comments that patients are generally well satisfied with the care they receive.

I believe that in future years, the year just past will be seen as the year in which the Trust acknowledged its problems and started to work on them and started to do what it needed to really improve them. I am pleased to say that work has been gathering momentum over the last few months and it is probable that the Trust would no longer warrant a 'no star' rating if a snapshot of its performance was taken today.

Inpatient and outpatient waiting lists, which had been underestimated and then emerged as the worst in England are now radically reduced. A few months ago there were quite significant numbers of patients waiting over a year and a half for their operations and over 6 months for outpatient appointments. By the time of this year's Annual General Meeting there will be none in either category: indeed no patient will be waiting as long as 15 months for an operation by then. We are also on track to reduce those waits still



Dr Elizabeth Lyon examines a patient on Robin Smith Ward

further so that by March 2003 no patients will wait as long as a year for an operation and the maximum outpatient wait will be under five months.

During the last financial year the Trust also experienced major problems with emergency admissions and a number of patients were waiting on trolleys for over 12 hours. I am pleased to report that this too has improved and that there have been no long trolley waits for patients awaiting emergency admission since shortly after I joined the Trust. We are working flat out to consolidate these gains and to ensure our performance in other areas matches what the people of Bath want.

To sum up, the last year was a very hard one for the organisation and it failed to meet a number of targets, essentially meaning that patients were waiting longer than



Clinical director of the breast unit Dr Dorothy Goddard

they should have for admission and treatment. The good news is that these problems are now being tackled and patient waits are dropping fast and will continue to drop. In many other respects the Royal United Hospital continues to provide outstanding service and this is much appreciated by its patients.

The coming year will be a vital one in ensuring that the progress is soundly based and that confidence is fully restored in the hospital.

Patient Care

During 2001/2002, progress has continued towards improving patient care in all areas throughout the Trust.

Emergency Department

The emergency staff have worked extremely hard this year under exceptional pressures treating 50,000 'walk-in' attendances and 16,500 emergency admissions. The department has introduced a number of new initiatives to address this increase in demand:

- The successful recruitment of a number of emergency nurse practitioners to assess and treat minor injury patients and in addition, support staff to ensure that patients are transferred quickly and safely to the appropriate specialty area.
- The appointment of two associate specialist doctors who provide medical care and treatment of patients within the medical admissions unit.
- The operation of a dedicated ambulance for patients requiring transport from the hospital to a community hospital, or a nursing or residential home.

Ophthalmology

This year, the ophthalmology department celebrated the first anniversary of high volume cataract surgery at Westbury, which has delivered operations to more than 500 patients within the locality. Since the New Year, three members of nursing staff have completed training in performing follow-up clinics post cataract surgery. A post for a nurse practitioner is also planned to commence initial assessment and treatment of eye



Dr Venkatesha Babu and Dr Fazal Akbar, associate specialists on the medical admissions unit

casualties, in addition to performing other diagnostic investigations and treatments.

Gynaecology

The gynaecology directorate has continued its work throughout 2001/2002 leading a regional study in the management of women who miscarry and offering new outpatient treatments for the management of a range of gynaecological disorders whilst meeting all Government waiting list targets.

The directorate also remains a world pioneer in outpatient microwave endometrial ablation, a novel treatment for the management of women with heavy periods and post menopause bleeding.

Cancer Services

The continuing commitment of our clinical teams and the dedication of staff across the hospital have

ensured high quality care is delivered in cancer services.

As part of the Avon, Wiltshire and Somerset Cancer Collaborative Project, the Trust has established seven service improvement initiatives to provide patient focused care. These include proposals to create a user group, adding power to the patient's voice in decision making about cancer services.

The strength of our cancer services was demonstrated through an independent review last year. 98% of our patients with suspected cancer were seen within two weeks of referral and all patients with breast cancer received treatment within eight weeks of original referral.

During 2001/2002, all patients with suspected colon cancer or stomach and oesophageal cancer received a direct appointment for endoscopy and accurate diagnosis within two weeks of referral.

Patient Advice and Liaison Service

In 2001, the Trust made a successful bid for Pathfinder funding to establish the Patient Advice and Liaison Service (PALS) and a head of service was appointed. PALS aims to advise and support patients, and their families and carers, to provide information on NHS services, to listen to concerns, suggestions or queries and help sort out problems quickly.

Locally, PALS networking with other trusts in the Bath health community has been established with the aim of providing a comprehensive service to patients and the public regardless of where they live.

Improving the Environment

Last year, the Trust spent £10.5m improving the hospital environment: the emergency department moved into temporary accommodation whilst work got underway to build the new department; the older people's unit was also completed, significantly improving the facilities and environment for older people being treated in the Bath area; diabetic and endocrinology services as well as many wards also benefited from upgrades.

The Trust has responded extremely well to the NHS Clean Hospitals initiative to improve cleanliness and the patient environment. At the beginning of this year, it received Green Hospital Status following a comprehensive inspection of the hospital. To ensure that these standards are maintained and further improved, the Trust has set up a Patient Environment Action Team to regularly monitor progress.

NHS Menu

Work has begun on a national level to develop a new NHS Menu as

part of the NHS plan. Lloyd Grossman together with several of the country's leading chefs has developed a range of exciting new dishes for hospital catering. Our catering manager has now introduced over 40 of these dishes to the hospital's menus. Patient satisfaction surveys have shown that the new dishes are very popular and have much improved the variety of foods on offer.

Patient Complaints

The Trust is committed to improving the handling of complaints and ensuring that patients, relatives and visitors know how to complain if they are dissatisfied with the service they receive.

Staff are trained in handling complaints, through formal training sessions and opportunities to reflect on lessons learnt.

During 2001/2002, the Trust received 630 complaints, a small reduction from the previous year. 96% of complaints were acknowledged promptly and 66% of complainants received a full response within 20 working days. This is an improvement over the previous year but efforts continue in order to make further progress on this important standard.

There were 12 requests for independent review during the year, two of which have proceeded to panel and a further panel is still to be convened. All other requests were returned to the Trust for local resolution.

Lessons learned from complaints have led directly to changes in service provision and improvements in patient care. A popular theme of complaints has been waiting times issues and enormous efforts have been devoted to tackling these problems.

The Forever Friends Appeal

The Forever Friends Appeal is raising £10 million to provide state-of-the-art diagnostic and treatment equipment to match the RUH's new hospital buildings, and thereby save more lives.

The Appeal is achieving . . .

. . . improved diagnosis and treatments for various forms of cancer.



"The early diagnosis of uterine cancer can save lives - the equipment The Forever Friends Appeal has funded will enable more women to be diagnosed and treated more quickly".

Dr David Walker, Clinical Director Obstetrics and Gynaecology

The FOREVER FRIENDS™ Appeal



Giving new heart to the ROYAL UNITED HOSPITAL

CANCER PATIENTS

Performance

Despite a lot of hard work, the Trust fell short of certain key Government targets. This resulted in a 'no star' status in the NHS Performance Ratings, which were published in July 2002 but relate to our performance in 2001/2002.

During this year we treated:

- 66,500 patients in A&E of whom 16,500 were emergency admissions – the equivalent of 180 patients per day.
- 30,000 patients who were admitted for elective surgical procedures.
- 240,000 patients were seen in our outpatient departments.

The Trust failed to meet the following key targets:

- No patient waiting over 15 months for an operation.
- No patient waiting over 26 weeks for first GP referred outpatient appointment.
- Financial balance.
- Commission for Health Improvement assessment.

Although there was recognition during the year that these targets were unlikely to be achieved, a number of initiatives were put in place to minimise the impact:

- The national Winter Emergency Services Team worked with the Trust and its primary care partners to speed up the admission of the emergency patient and reduce waiting in the A&E department.
- An external review of management of waiting lists was undertaken and validation of the entire inpatients waiting list was put in hand.
- Additional capacity for both inpatient and outpatient treatment was put in place enabling significant reductions in numbers waiting by the year end.

In the coming year, the Trust will continue to work with its partners in primary care to improve the speed of access for care in order to achieve the maximum waiting times outlined in the NHS Plan.

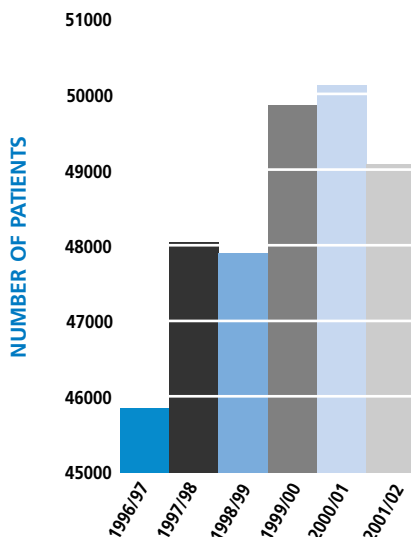
Clinical Governance

The past year has brought both successes and disappointments in the development of quality.

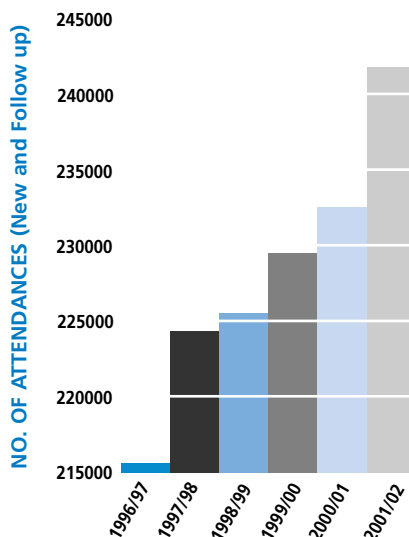
The Commission for Health Improvement (CHI) inspected the Trust in July 2001. This was an opportunity for staff to give their own view of how the Trust was developing clinical governance and improving the quality of its services.

The review concentrated on three services: emergency, orthopaedics and neurology services. The Trust was praised for its work on developing integrated care pathways and for the way in which patients have been involved in developing services. In particular, staff were commended for the life support training provided and for the succession planning for the nurse consultant posts. However, the report highlighted the lack of management systems and processes in place to ensure both the care and protection of patients and staff. This is a priority for the Trust management in the coming year.

Accident & Emergency Attendances



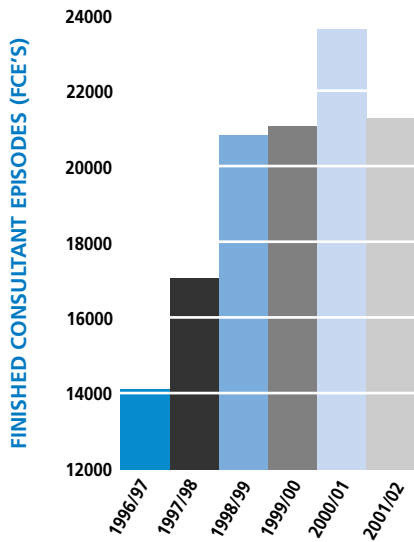
Outpatient Attendances



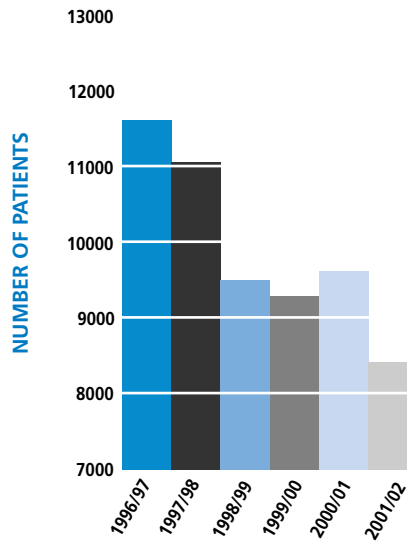
Nursing Documentation

From April 2002, new standardised nursing documentation will be implemented across all medical areas and all other specialities. The new documentation includes a patient profile - a multidisciplinary tool using colour codes to indicate the degree of nursing intervention necessary - and a standardised format for core care plans which will be available to all areas via the Trust Intranet.

Day Cases



Elective Inpatient Admissions



The Forever Friends Appeal

The Appeal is achieving . . .
 . . . enhanced facilities for acutely unwell patients, including a new state-of-the-art A&E department.



"We are trained to expect the unexpected 24 hours a day. The high tech equipment supplied by Rotary through the appeal for our new state-of-the-art department will help us to provide care to the highest standard - saving lives".

**Dr David Watson,
 Accident & Emergency
 Consultant**

The FOREVER FRIENDS™ Appeal



Giving new heart to the
 ROYAL UNITED HOSPITAL

CRITICAL CARE PATIENTS

The Essence of Care Clinical Benchmarking Project

Continues to implement improved standards of care for patients in the Trust. These improvements include supplying toiletries, and increasing patient privacy. In addition, ongoing work is focusing on nutrition, pressure sore management and patient records.

Head of patient access Jo Box



Emergency nurse practitioner Emma Barber assesses a patient



People

The Trust's achievements over the last year have only been possible because of the hard work and commitment of its dedicated workforce. Our staff have worked hard to deliver patient care to our local population.

Our Workforce

At the end of March 2002 RUH employed 3439 staff, or 2680.2 WTE. The make-up of our workforce is illustrated by the chart on page 12.

Over the last year the Trust has undertaken a number of initiatives to improve retention and recruitment of key staff.

Recruitment and Retention

Our new recruitment website - alifestylechoice.com - developed at the end of 2001 had by March 2002 received over 5,000 visits. Interested staff can find out about the benefits of working within the hospital using the web site. Such technological advances help to speed up the recruitment process, which is essential in today's competitive labour market.

In July 2001, representatives from the hospital visited Dubai and recruited 51 nurses. Most nurses were from the Philippines, but had worked within English speaking hospitals in Dubai or Oman for two years or more. Although the nurses arrived on a cold, wet October evening, the welcome they received from hospital staff could not have been warmer. All nurses attended a comprehensive induction/adaptation programme and have made a significant impact on the wards working alongside our existing staff.

Successful bids reported in last year's annual report have turned into reality with plans to open a new building in August 2002, to house the Trust extended nursery provision. A further 50 places will be available to our staff over time. Opening hours have been extended to reflect the flexibility in hours our staff work.

Improving Working Lives

Since the launch of the government's Improving Working Lives (IWL) initiative, much work has been undertaken to develop policy and practice to create a flexible and fair working environment. The initiative is an integral part of the NHS Plan and the Trust aims to achieve this by

Student nurse Charlotte Hickery works on day surgery



meeting the educational and developmental needs of staff and providing flexible working arrangements. The Trust recognises that our staff have many commitments and need to have a healthy balance between their working and personal lives.

Success to date has included a number of job share posts, term time hours' contracts and agreement on flexible contracts which determine the number of hours to be worked over a coming year.



Ward clerk Sandra Graham on medical admissions unit

Diversity

The Trust is committed to ensuring that it recruits a diverse workforce reflective of the local community and meets the targets contained in 'Working Together' and the 'Vital Connection'. Part of its commitment to equal opportunities is to ensure that staff receive training in diversity issues. A senior university lecturer successfully ran a diversity awareness programme over the past year. All staff are encouraged to attend and share views on the need to celebrate differences and to express how they think this might impact upon working practice. The Trust reports to the

Board on the number of staff employed from ethnic minorities and is working to develop better monitoring mechanisms to ensure it meets its objectives in this area. The coming year will see a focus on tackling harassment and the Trust is committed to ensuring staff are treated with dignity and respect by all service users. An Human Resources (HR) Committee has been formed to lead on equality and diversity issues. The Trust has already achieved the 'two ticks' disability symbol and welcomes applications from people with disabilities.

News Ways of Working

As part of the NHS Plan, the Trust continues to investigate, develop and implement new ways of working and new roles. One such example is that of the doctor's assistant post. The Trust has recruited and trained doctor's assistants to perform tasks that do not need to be undertaken by medical staff. This has provided a key development opportunity for some of our staff and is designed to provide more efficient clinical care.



Our international nurses have made a significant impact on the wards alongside our existing staff

Staff Development

This year has also seen the launch of a full programme of appraisals for all staff. For the very first time, all consultant medical staff participated in a 360-degree appraisal process, which takes into account feedback from their colleagues. This has proved very successful. The Trust is committed to ensuring all staff receive an appraisal and further work will be undertaken next year to achieve this. Trust staff participated in a wide range of education and development activities over the year.

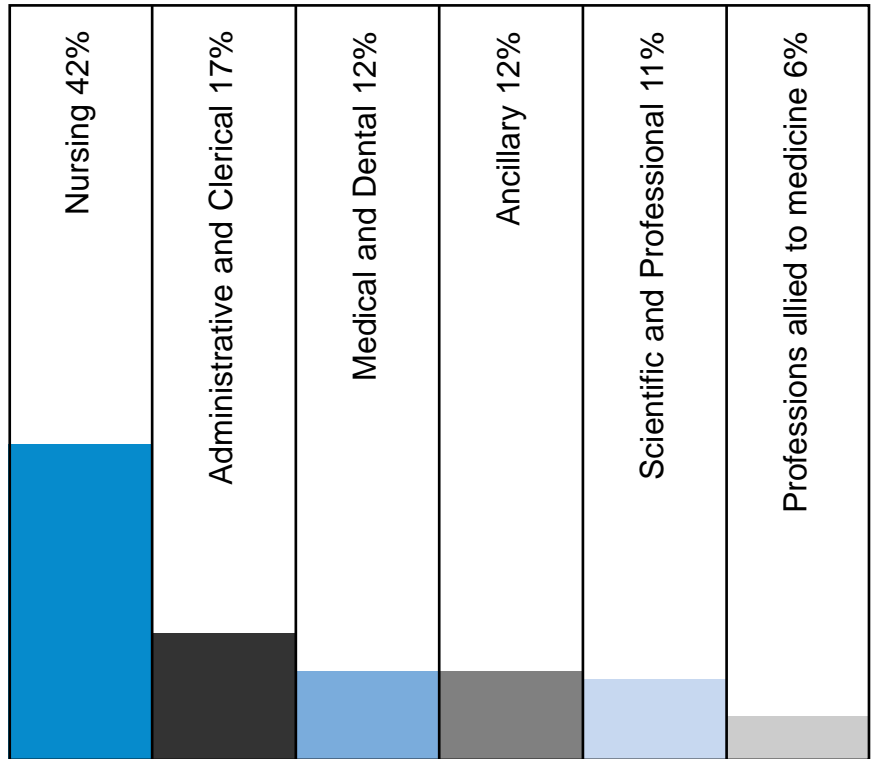
Staff Involvement

The Trust continues to communicate and consult with its staff and staff-side representatives through the established bi-monthly Trust Consultative and Negotiating Committee (TCNC). Trust staff have developed and agreed a range of new and updated policies, including the Trust's ongoing commitment to the employment of people with disabilities. The Trust also has a newsletter and a range of open staff meetings to promote better staff involvement.

Our Healthier Staff

The Trust recognises the importance of promoting a healthy workplace. During 2001/2002,

This chart shows the make-up of our workforce within the Trust



The RUH Bath Half Marathon team raises money for The Forever Friends Appeal



Main receptionist Janet Hough and Gill Cole are two of our front of house staff

the occupational health team further expanded to include a fourth doctor and an additional nurse with specialist training in psychiatric nursing. This team provides an important service to staff with health problems.

Exercise facilities at the RUH have been further improved with the replacement of the old tennis courts with a new one.

The RUH Bath Half Marathon team grew to over a hundred yet again this year with staff meeting up for regular training sessions during the three months prior to the event. Yoga classes, and the cycling and swimming facilities have also remained popular.

Research and Development

Throughout the year the Trust continued to contribute towards raising clinical standards by participating in research programmes at a local, national and international level.

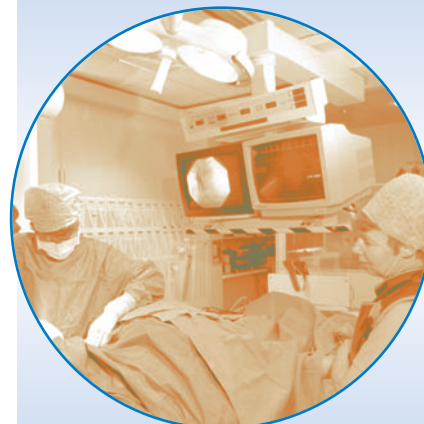
During the year eighty-three projects involving RUH patients

were approved by the local research ethics committee. Some of these involved collaborations with the Avon, Somerset and Wiltshire Cancer Services Network which contributed financially to enable the RUH to fully participate in improving and maintaining cancer services at a local level.

The Trust also participated in national trials sponsored by research councils, charities and the Department of Health. Some of the clinicians at the RUH not only participated in research, but also lead their own projects. The topics ranged from studying anaesthetic airway devices to post-mastectomy sensations and pain. The research activity is reflected in research outputs - during the year clinicians published 72 articles in peer reviewed journals as well as attending and presenting to numerous conferences around the world. An exciting development has been the filing of a patent application for an automated breast scanner, developed by the medical physics department and the Bath Institute of Medical Engineering.

The Forever Friends Appeal

The Appeal is achieving . . .
 . . . improved diagnosis and treatment facilities.



"The equipment and facilities in the new cardiac 'village' have greatly improved patient care - it is a new beginning for our department".

**Dr William Hubbard,
 Consultant Cardiologist**

The FOREVER FRIENDS™ Appeal



Giving new heart to the ROYAL UNITED HOSPITAL

CARDIAC PATIENTS

Prevention

Adverse Incident Reporting

The risk management team supported by practice development colleagues has successfully redeveloped the adverse incident reporting system. A new form for incident reporting has been implemented taking into account all the latest guidance from a National level. Adverse clinical incident reporting has increased significantly leading to safer care.



Senior radiographer Katherine Knight carries out a mammogram



The risk management team Kay King, Kym Wright, Simon Smith, Sharon Bradley and Sharon Urch receive the Gold Award for best practice in Health and Safety

Flu Vaccine

Last winter occupational health gave over 1000 flu jabs to RUH staff (and to staff of other NHS trusts in our area). Flu vaccine will again be available for staff - as from September.

Health and Safety Award

The Trust recently received the Gold Award for best practice in Health and Safety from the Royal Society for the Prevention of Accidents (RoSPA), jumping from bronze to gold levels in one year. This significant achievement reflects the excellent systems that are in place to prevent accident or injury to staff and patients, as well as the regular monitoring that takes place. The hospital also won an award for recycling cardboard, which saves £4,000 a month in disposal costs.



Environmental porters Joe Esposito and Shaun Boswell recycle cardboard helping to reduce Trust disposal costs

Directors' Statements on Internal Control

The Board is accountable for internal control. As accountable officer, and chief executive officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives, and for regularly reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core controls assurance standards:

- Governance
- Financial management
- Risk management (risk management system standard for 2001/2002)

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core controls assurance standards (governance, financial management and risk management). An action plan is being developed and will be implemented to meet any gaps.
- The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant controls assurance standards

covering areas of potentially significant organisational risk. Developing the Board's awareness of their responsibility towards the core assurance standards.

In addition to the actions outlined above, in the coming year it is planned to:

- Further develop the Trust's risk register to capture all significant risks identified through financial, clinical and non-clinical risk assessment processes.
- Firmly establish a revised sub-committee structure, incorporating improved lines of accountability between the Board, the risk management committee, audit and risk management and quality review functions.
- Further develop the financial controls framework in the organisation.
- Develop and strengthen a good solid risk management culture and structure.
- Continue to participate and contribute to benchmarking across the local health community and nationally.
- Develop and implement a robust performance management framework.

As accountable officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the executive management team within the organisation which have responsibility for the development and maintenance of the internal control framework, and of the internal auditors. I have also taken account of comments made by external auditors and other review bodies in their reports.



Signed
(Chief Executive Officer)

3rd September 2002
(on behalf of the Board)

The Forever Friends Appeal

The Appeal is achieving . . .
. . . a new integrated children's centre.



"The new Centre is really benefiting from the parent's accommodation and all the medical and therapeutic equipment received through The Forever Friends Appeal - it is transforming our work".

**Dr Jennifer Tyrrell,
Consultant Paediatrician**

The FOREVER FRIENDS™ Appeal



Giving new heart to the
ROYAL UNITED HOSPITAL

CHILDREN

Partnership

Discharge Planning

Since January 2002, the primary care trust liaison nurses and social work teams have met on a daily basis in order to plan and discuss transfers and complex discharges. This has allowed more timely and appropriate discharges and transfers, freeing up valuable beds.

The implementation of the discharge lounge has also had a significant impact on the availability of beds earlier in the day. The lounge caters for patients who are being transferred to a community hospital or nursing home, or being discharged home that day. In addition, patient leaflets have been produced which explain what to expect when being admitted into the hospital.

Accessing Information

The RUH adopts a Code of Openness and is committed to providing public access to information.

The hospital holds monthly board meetings and encourages members of the public and press to attend. When appropriate, the Trust

provides the national and local press and broadcast media with access to the hospital and to some of its staff when issues of public interest arise. The local media also report on many of the achievements of our staff.

Regular staff open meetings commenced in November 2001 enabling our staff to keep up to date on issues and achievements and to share accurate information with the public. A communications strategy group has also been formed to encourage directorates to take a more active role in communications. Staff are encouraged to contribute to the hospital magazine Grapevine which provides a useful way of keeping up to date with more positive developments within the Trust.

The Trust web site has become more user friendly and work continues to provide up to date, useful and relevant information for staff, patients and visitors.

Trust Open Day

In November last year, the RUH opened its doors to several hundred members of the public

with an invitation to take a look behind the scenes. The day was very well attended with several hundred people visiting and taking part in a variety of events. Nearly all the departments in the hospital were represented, giving tours, demonstrating services or offering health checks; there were even opportunities to have limbs plastered!

Voluntary Support

League of Friends

The Friends have enjoyed an exceptionally busy year with their new shop premises and numerous volunteer teams.

The coffee shop continues to thrive and now benefits from a recently opened 'quiet garden' overlooked by the new older people's unit. It offers a pleasant area for patients to enjoy, but the peace and quiet can be enjoyed by everyone.

This year, amongst other donations, the League of Friends gave £40,000 to the fracture and orthopaedic clinic and £38,000 to the diabetic clinic. The clinics remain exceptionally busy but their surroundings have now been transformed vastly improving the patient experience.

The Friends have shown tremendous support and appreciation to the hospital throughout its difficulties during the past year. This will be reaffirmed later in the year with a thanksgiving service for the hospital and re-dedication for the Friends.

Charge nurse Daniel Messom talks to a patient in discharge lounge





League of Friends volunteer Claire Brodie provides refreshments for patients on Robin Smith ward

Bath Cancer Unit Support Group

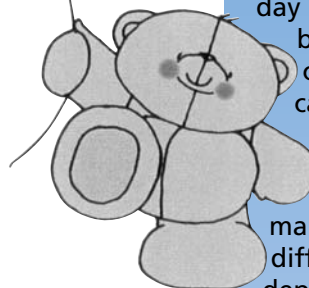
The Bath Cancer Unit Support Group was founded in 1985 and continues to raise funds to improve the facilities for patients of the cancer unit.

The group has agreed to finance at a cost of £280,000 a new day treatment unit, which will significantly increase the number of patients treated and is currently fundraising for this purpose. The new unit is expected to open in January 2003.

Bath Hospital Radio

The hospital's volunteer-run radio station, celebrated earlier in the year when it was named the National Hospital Radio Station of the Year. Competing with 300 other hospital radio stations across the UK, this was a fantastic achievement made possible by the 30 plus volunteers who support the radio station by collecting requests, fund-raising and producing programmes.

The service broadcasts to bedside radios and day room loud speakers across the site and provides a 24 hour-a-day mix of popular music, news and hospital information. Radio station volunteers regularly visit the wards to collect requests, which are played every evening by the team of presenters.



The Forever Friends Appeal

The Forever Friends Appeal is raising £10 million to provide state-of-the-art diagnostic and treatment equipment to match the RUH's new hospital buildings, and thereby save more lives.

Nearly £4 million has been secured since the Appeal's launch in October 1999. Ted's Big Day Out! – our very own region-wide fundraising day that takes place each October - has been established as a great success. In 2001, it raised nearly £80,000 in just one day and this event has now become an integral part of our fundraising calendar.

The work of the Appeal has begun to make a tremendous difference to many departments – cancer, cardiology, critical care & children are the main areas being provided with new equipment. Without the hard work of many people – none of this would be possible. The Forever Friends Appeal would like to thank all those donors, sponsors, RUH staff and volunteers for their considerable effort in achieving the Appeal's success to date.

The FOREVER FRIENDS Appeal



Giving new heart to the
ROYAL UNITED HOSPITAL

Key Objectives 2002/2003

The RUH is in the process of developing a comprehensive operational plan to ensure that the Trust meets the targets set out in the NHS plan in the coming year. This will require a review of how services are delivered and in some areas a review of the way work is carried out.

Patient Care

- For all of our services, we will continue to improve the patient's experience in terms of speed of access and quality of care, whilst respecting patient choice.
- The use of new technologies will enhance patient care.
- We will continue to improve the quality of the environment and services for patients.
- We will continue to develop services in line with national guidance (e.g. cancer services, coronary heart disease, care for older people).

Performance

- Continue to drive towards reducing the waiting times for patients.
- Continue to monitor and improve the standard of care given.



Senior sister Ruth Godfrey accompanies a patient on older people's unit

- Develop a plan in partnership with primary care colleagues to return the Trust to a position of financial balance.

People - Our Workforce

The Trust will work towards the achievement of practice stage of the Improving Working Lives standard by March 2003, by:

- Increasing its focus on diversity issues, particularly harassment against staff.
- Improving and encourage greater levels of staff involvement.
- Commencing work on the introduction of the national

human resources strategy - 'HR in the NHS'.

Prevention

- The Trust will work with other partners to improve the health of the local population.
- We will aim to develop and provide health promotion literature and information wherever possible.

Partnership

- The Trust will maintain and develop services in conjunction with partners in primary care, social services and other healthcare organisations.
- Staff will work to ensure that patients are fully involved in decisions regarding their care and receive relevant information relating to their condition and treatment.
- The organisation will work with patients and their representatives to shape services. This will include systematically measuring satisfaction. Results of this monitoring, together with the action taken to resolve any problems identified, will be published in a patient prospectus.



The older people's unit will significantly improve the facilities and environment for older people in the Bath area

SUMMARY FINANCIAL STATEMENTS

Introduction

Financial management at the RUH Bath was extremely challenging during the year 2001/02.

The Trust achieved the statutory break even duty after receiving £17.9m of non-recurring revenue support.

The financial targets set for Management Costs, Capital Cost Absorption Rate and Capital Resource Limit were all achieved within the permitted parameters.

The core External Financing Limit of £1,912,000 was delivered to within £3,000.

The Trust's Public Sector Payment Policy achievement for 2001/02 was 75% by number and 86% by value of bills paid within 30 days.

Further details of the mandatory financial targets are shown on page (vi).

Looking ahead, 2002/03 will be another difficult year as the Trust strives to deliver high quality patient care and improved waiting times against a background of rising financial pressures.

The year started with a planned financial deficit of £17,033m for the Bath Health Community. Mid year income and expenditure forecasts and financial risk-assessments indicate an additional year end forecast deficit of £5m relating to services provided by the RUH Bath for the local community.

Plans to investigate the risks and deliver the original financial targets are being developed in conjunction with local Primary Care Trusts (PCTs) and Avon, Gloucestershire and Wiltshire Health Authority (AGW HA).

I would like to thank staff throughout the Trust and related agencies for their hard work in striving to deliver the financial targets and provide value for money services for our patients.



Stephen Cass
Director of Finance
September 2002

The accounts for the year ended 31 March 2002 have been prepared by the Royal United Hospital, Bath NHS Trust under section 98 (2) of the National Health Service Act 1977 (as amended by section 24 (2), schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

The summary financial statements that follow are a summary of the information in the full accounts which are available from the Trust's Finance Department. Please write to James Ellis, Head of Financial Services, Royal United Hospital, Bath NHS Trust, Combe Park, Bath BA1 3NG.

DIRECTORS' STATEMENTS

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.



Jan Filochowski, Chief Executive
September 2002

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 confirm they have complied with the above requirements in preparing 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 requirements 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.

By order of the Board



Jan Filochowski, Chief Executive
September 2002



Stephen Cass, Director of Finance
September 2002

Independent Auditors' Report to the Directors of Royal United Hospital, Bath NHS Trust on the Summary Financial Statements

I have examined the summary financial statements set out on pages (iv) to (x).

Respective responsibilities of Directors and Auditors

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

Basis of opinion

I conducted my 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.

Financial Standing

In forming my opinion I have considered the adequacy of the disclosures made on pages (viii) and (ix) regarding the proposals for achieving financial balance both within the Trust and in the wider local health economy. By the nature of such plans there are inherent uncertainties in their delivery and I will continue to keep these under review, but my opinion is not qualified in this respect.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Royal United Hospital, Bath NHS Trust for the year ended 31st March 2002 on which I have issued an unqualified opinion.



Richard Lott
September 2002

District Audit
32 South Court
The Courtyard
Woodlands
Bradley Stoke
BS32 4NH

SUMMARY FINANCIAL STATEMENTS

Income and Expenditure for the Year Ended 31 March 2002

	2000/01 £000	2001/02 £000
Income from activities	90,042	113,807
Other operating income	14,567	15,599
Operating expenses	(99,521)	(121,433)
Operating Surplus	5,088	7,973
Exceptional gain: write-out of clinical negligence provisions	0	3,761
Exceptional loss: write-out of clinical negligence debtors	0	(3,761)
Loss on disposal of fixed assets	(167)	(6)
Surplus before Interest	4,921	7,967
Interest receivable	110	96
Interest payable	(2)	0
Surplus for the financial year	5,029	8,063
Public Dividend Capital - dividends payable	(5,365)	(5,984)
Retained Surplus for the year	(336)	2,079

Balance Sheet as at 31 March 2002

	2000/01 £000	2001/02 £000
Fixed Assets		
Tangible Fixed Assets	105,507	116,578
Current Assets		
Stocks	2,708	2,324
Debtors: amounts failing due after one year	3,026	428
Debtors: amounts failing due within one year	7,046	15,633
Cash at bank and in hand	6	2,072
Creditors: Amounts failing due within one year	(4,850)	(19,293)
Net Current Assets	7,936	1,164
Total Assets less Current Liabilities	113,443	117,742
Creditors: Amounts failing due after more than one year	0	0
Provision for liabilities and charges	(3,538)	0
Total Assets Employed	109,905	117,742
Financed by		
Public dividend capital	122,297	124,485
Revaluation reserve	(5,152)	(2,412)
Donation reserve	4,080	4,240
Other reserves	0	0
Income and expenditure reserve	(11,320)	(8,571)
Total Capital and Reserves	109,905	117,742

SUMMARY FINANCIAL STATEMENTS

Cash Flow Statement

	2000/01 £000	2001/02 £000
Operating Activities		
Net cash inflow from activities	2,230	16,139
Returns on investments and servicing of finance		
Interest received	110	96
Interest paid	(2)	0
Net cash inflow (outflow) from returns on investments and servicing of finance	<u>108</u>	<u>96</u>
Capital Expenditure		
Payments to acquire tangible fixed assets	(12,076)	(12,184)
Receipts from sale of tangible fixed assets	(54)	24
Net cash inflow (outflow) from capital expenditure	<u>(12,130)</u>	<u>(12,160)</u>
Dividends paid	(5,365)	(5,984)
Net cash inflow (outflow) before management of liquid resources and financing	<u>(15,157)</u>	<u>(1,909)</u>
Management of liquid resources	0	0
Net cash inflow (outflow) before financing	<u>(15,157)</u>	<u>(1,909)</u>
Financing		
Public dividend capital received	22,767	15,315
Public dividend capital repaid - not previously accrued	(7,610)	(13,127)
Public dividend capital repaid - accrued in prior period	0	(276)
Net cash inflow (outflow) from financing	<u>15,157</u>	<u>1,912</u>
Increase (decrease) in Cash	<u>0</u>	<u>3</u>

Statement of Recognised Gains and Losses

	2000/01 £000	2001/02 £000
Surplus for the financial year before dividend payments	5,029	8,063
Fixed asset impairment losses	(13,351)	(450)
Unrealised surplus on fixed asset revaluations/indexation	1,582	3,920
Increase in the donation reserve due to receipt of donated assets	1,571	450
Reduction in the donation reserve due to depreciation, impairment (loss of economic benefits), and/or disposal of donated assets	(252)	(350)
Additions/(reductions) in "other reserves"	0	0
Total Recognised Gains and Losses for the financial year	<u>(5,421)</u>	<u>11,633</u>
Prior period adjustment*	(3,677)	0
Total Gains and Losses Recognised in the financial year	<u>(9,098)</u>	<u>11,633</u>

* The prior period adjustment relates to the reversal of the loss arising from the impairment of fixed assets (FRS11).

SUMMARY FINANCIAL STATEMENTS

Key Financial Targets

Breakeven Performance

NHS Trusts are normally required to break-even financially over a three-year period. An agreement was reached that this period would be extended to five years for the RUH linked to a financial recovery plan and capital rebuilding programme. Timescales agreed in the plan have subsequently slipped and additional costs have been incurred meeting NHS Plan targets. The financial target has been achieved with the help of non recurring income of £17,922K from Avon Health Authority. The Trust is developing a plan that should deliver a recurring expenditure balance within the next five years.

Financial Year	1998/1999	1999/2000	2000/01	2001/02
Breakeven in year position	(478)	(543)	(336)	2,079
Breakeven cumulative position	(1,200)	(1,743)	(2,079)	0

External Financing Limit

Spending on the acquisition of land and buildings is financed by borrowing from the Government. The External Financing Limit (EFL) is a limit on the amount of cash that may be borrowed in any one financial year and, at national level, is an important component in the control of public expenditure. Managing the EFL is a key financial duty of the Trust. The Trust missed its EFL as set by the NHS Executive for the Trust in 2001/02 of £1,912K by £3K.

Capital Resource Limit

The Capital Resource Limit (CRL) is a new target set by the Department of Health for 2001/02. The limit is the funding available to the Trust for capital expenditure. The Trust is required to stay within its CRL but is permitted to undershoot (underspend). The undershoot for the year was £88K.

Gross capital expenditure	<u>12,902</u>
Less book value of assets disposed of	(30)
Less donations	(450)
Charge against CRL	<u>12,422</u>
Capital Resource Limit	12,510

Public Sector Payment Policy

Trusts are required to pay their non-NHS trade creditors in accordance with the CBI prompt payment code and Government Accounting Rules. Government Accounting Rules state that 'the timing of payment should normally be stated in the contract where there is no contractual provision the Trust should pay within 30 days of receipt of goods and services or the presentation of a valid invoice, whichever is the later'. The Trust's payment policy is consistent with both of these and its measurement of compliance is:

	2000/01	2001/02
Total number of bills paid	44,851	55,281
Total number of bills paid within target	24,021	41,476
Percentage of bills paid within target	54%	75%
Total value of bills paid (£'000)	63,448	82,102
Total value of bills paid within target (£'000)	46,793	70,770
Percentage of bills paid within target	74%	86%

Under the **Late Payment of Commercial Debts (Interest) Act 1998** companies can charge interest on overdue accounts. During the year 2001/2002 the Trust paid no interest from claims made under this legislation.

Management Costs

	2000/01	2001/02
Income (excluding FRS11 income)	104,609	129,406
Management costs in year	3,834	5,416
Management costs expressed as a percentage of income	4%	4%

In accordance with the Permanent Secretary/Chief Executive of the Department of Health letter of 9th April 2001 on NHS Managers' pay, the Trust has taken all practical steps to ensure that pay rises for senior managers did not exceed 3.7% of the managerial pay bill for 2001/02.

Capital Cost Absorption Rate

The Trust is required to absorb the cost of capital at a rate of 6% of average relevant net assets. In 2001/02 the Trust achieved a rate of **5.8%** which is within the NHS Executive's materiality range of 5.5% to 6.5%

SUMMARY FINANCIAL STATEMENTS

The Avon Health Community deficit position in 2001/02

NHS Body	Reported (deficit)	Reported Surplus	Planned Financial Assistance	Unplanned Financial Assistance	Deficit Before Financial Assistance
	£'m	£'m	£'m	£'m	£'m
Royal United Hospital, Bath NHS Trust	0.00	2.10	(5.50)	(12.42)	(15.82)
Other NHS Bodies in Avon (unaudited)	(13.11)	0.00	(6.00)	(7.03)	(26.14)
Totals	(13.11)	2.10	(11.50)	(19.45)	(41.96)

The "financial assistance" above was met by:

Transfer from capital monies	7.40	7.40
Dept of Health "virement"	4.10	23.55
Totals	11.50	30.95

"Other NHS bodies in Avon" is made up of the following organisations:

Avon and Wiltshire Mental Health Partnership Trust
 United Bristol Healthcare Trust
 Weston Area Health Trust
 North Bristol Trust
 Royal National Hospital for Rheumatic Diseases
 Avon Ambulance
 Avon Health Authority
 South Gloucestershire PCT
 Bath and North East Somerset PCT

The above table identifies the planned and unplanned financial assistance provided to NHS Bodies in the Avon Health community in 2001/02. Avon Health Authority received increased resource limit of £23.55 million from the Department of Health, which was effectively the virement of funding from 2002/03. In 2002/03, this amount will be funded by the use of short term financial support in the form of either a grant or loan from the Department of Health. The new Avon, Gloucestershire and Wiltshire Health Authority will seek permission to transfer capital monies to offset the deficits of £13.11 million reported in 2001/02.

Health Community 2002/03 Financial Position

The projected deficit for Avon, Gloucestershire and Wiltshire Health Authority (AGW HA) in 2002/03, before external support, is £46 million. This assumes that savings plans are delivered and in-year spending is managed to reduce costs by 1%, equivalent to £17 million. It also reflects the use of new performance fund monies to improve effectiveness equivalent to £3 million. In total, this represents an underlying deficit of £66 million.

Additional short term financial support from the Department of Health will reduce deficits by £21.45 million leaving £24.55 million to be addressed. AGW HA is seeking approval to transfer capital monies to meet the remaining gap. In addition it will consider other options, including resource limit virement as a last resort, in order to breakeven in 2002/03.

A financial recovery plan is being developed as part of the updated AGW HA Franchise Plan for October 2002 in order to demonstrate how AGW HA will achieve financial balance over the next three years. NHS Trusts and PCTs are working together locally to develop their plans.

SUMMARY FINANCIAL STATEMENTS

Royal United Hospital, Bath NHS Trust (RUH) 2002/03 Financial Position

In 2002/03 the RUH portion of the AGW HA projected deficit (£46 million) is £17.033 million. The RUH deficit is, however based on the following significant assumptions and projections:

	£m
Recurring deficit	14.028
Cost pressures	5.240
Total	<u>19.268</u>
Achieving savings	<u>(2.235)</u>
Planned deficit	17.033

Since plan submission, the RUH has been notified that it is unlikely, at this time, to receive any funds from the Department of Health (part of the £21.45 million referred to on page (vii)). Without a further injection of funding or recovery action during 2002/03, RUH is likely to record a deficit of £17.033 million. AGW Health Authority is therefore seeking approval to transfer capital monies to meet the remaining gap and considering other options, including recovery plans, in order to achieve financial balance. The Trust Board is satisfied that the plans developed to date, whilst challenging are achievable. Processes have been established within the local health community to develop a plan covering the next three years to achieve financial balance on a recurring basis. We have been assured by the Avon, Gloucester and Wiltshire Health Authority that any additional cost of meeting the access targets will be met by Primary Care Trusts. Whilst the financial deficit sits with the Royal United Hospital, Bath NHS Trust, responsibility rests with the Bath Health Community to tackle the problems collectively. There is no implication that the financial difficulties rest wholly with the Royal United Hospital, Bath NHS Trust.

SUMMARY FINANCIAL STATEMENTS

Board Directors' Remuneration

This note reflects the Greenbury requirements for senior employees. Senior employees are those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. The Chief Executive has confirmed that this definition relates to the Executive and Non-Executive Directors of the Trust. The disclosures in this note have only been made with the prior consent of the individuals concerned. Stated salaries relate to the proportion of the year during which the individual was employed.

Name and Title	Age	2001/2002				
		Salary £000	Other remuneration £000	Benefits in kind £000	Real increase in pension at age 60	Total accrued pension at age 60 at 31.3.02
Mr Gerald Chown, Chair	*	24	0	0	**	**
Executive Directors						
Mr John Stephenson, Director of Corporate Affairs	*	*	*	*	*	*
Mr Martin Dove, Director of Finance	*	*	*	*	*	*
Mr David Gilbert, Acting Director of Finance	*	*	*	*	*	*
Dr Graham Smith, Medical Director	49	126	29	0	**	**
Mrs Jane Cummings, Director of Nursing	40	87	0	7	**	**
Mr David Tappin, Director of Planning/Acting Chief Executive	35	90	0	7	**	**
Mr Stephen Holt, Director of Facilities	44	69	0	5	**	**
Mr Richard Gleave, Chief Executive	38	59	0	0	**	**
Ms Jenny Barker, Programme Director	42	43	0	0	**	**
Dr James Playfair, Director of Primary Care	48	39	0	0	**	**
Ms Alex O'Grady, Director of HR	46	43	0	2	**	**
Ms Barbara Harris, Chief Executive	41	37	0	3	**	**
Mr Steven Simmons, Acting Director of Finance	52	25	0	0	**	**
Ms Sally Fox, Director of H R	36	12	0	0	**	**
Non-Executive Directors						
Mr Jeff Manning	57	6	0	0	**	**
Mr Thomas Shepperd	49	6	0	0	**	**
Mrs Prudence Skene	58	6	0	0	**	**
Mr Barry Stevenson	63	6	0	0	**	**
Ms Millie Carter	63	4	0	0	**	**

*Consent to disclose withheld.

** Pension is managed by the NHS Pensions Agency

No senior employees received golden hellos or compensation for loss of office during 2001/02.

SUMMARY FINANCIAL STATEMENTS

CHARITABLE FUNDS

Charitable funds arise from donations, subscriptions and bequests and must be accounted for independently of monies received from purchasers for the provision of health care. Charitable funds are very important to the Trust and provide additional benefits to patients and staff which could not otherwise be provided.

The Royal United Hospital, Bath NHS Trust is the Trustee for the Charitable fund, registered charity number 1058323. The Trust Board is therefore fully accountable for the funds but has delegated some responsibilities to the Charitable Funds Committee. The Charitable Funds Committee is supported by the Audit Committee and a finance department representative.

The main duties of the Charitable Funds Committee are to ensure that the funds are collected, spent and managed legally, ethically and in accordance with all relevant legislation. The Committee also recommends policy and procedural changes to the Trust Board in relation to Charitable Funds to ensure compliance with statutory changes. This includes fundraising, investment, expenditure and operational policies.

The Trust wishes to thank all those who have generously donated funds during the year.

Statement of Financial activities for the year ended 31 March 2002

	2000/01 £000	2001/02 £000
Incoming resources		
Donations	1,011	777
Legacies	417	302
Operating Activities	27	57
Investment income	38	43
Other income	0	0
Total incoming resources	1,493	1,179
Resources expended		
Costs of generating funds	151	148
Grants payable to other NHS bodies	655	505
Activities in furtherance of charity's objectives	394	275
Management and administration	52	60
Total resources expended	1,252	988
Gains/(losses) on disposal of investment assets	(219)	(80)
Fund balances brought forward	1,358	1,380
Fund balances carried forward	1,380	1,491
Balance sheet as at 31 March 2002		
	2000/01 £000	2001/02 £000
Investment Assets	1,030	975
Current Assets	383	534
Creditors	(33)	(18)
Total Net Assets	1,380	1,491
Funds of the Charity		
Restricted income funds	1,075	1,094
Unrestricted income funds	305	397
Total Funds	1,380	1,491

The Board of Directors

Non-Executive Members

Gerald Chown became chairman in 1997 and was previously chairman of Bath & West Community NHS Trust for five and a half years. Prior to this, he was managing director of UBM, the Bristol based building supplies company and has extensive general management experience. He is a member of the Council of the University of Bath and was chairman of the Audit Committee. Mr Chown retired as chairman in May 2002. **Professor Ruth Hawker** was appointed as interim chairman from May 2002 pending the appointment of a new chair.

Barry Stevenson has an extensive financial background and is a Fellow of the Institute of Chartered Accountants and a Fellow of the Institute of Corporate Treasurers. He was group chief executive of Canadian Overseas Packaging Industries Ltd and is currently chairman of Brunel Holdings Plc. Mr Stevenson resigned from the RUH Trust Board in June 2002.

Mildred Carter has a health service and policy background. As a nurse she had 34 years clinical experience in the NHS as well as management and capital, and service planning experience. Mildred worked in London, Glasgow, Bristol, Oxford, Manchester and Bath before joining the Department of Health for five and a half years in 1991. She is currently honorary treasurer of the Bath Branch of the Parkinson's Disease Society and she helps to organise and run medical/legal training seminars. Ms Carter retired from the RUH Trust Board in November 2001.

Jeff Manning is a member of Bath & North East Somerset Council representing Combe Down. He was elected to the former city council in 1985 and was Mayor of Bath and chairman of the Council from 1995 to 1996. He trained as a mechanical engineer in the aerospace industry. He worked for Rotork, a Bath-based company, between 1969 - 1974 and in the late 1970s formed his own dental equipment and supplies business, which he subsequently sold. He currently manages investment property. Jeff is also chairman of the hospital's Forever Friends Appeal raising £10 million for the hospital.

Prudence Skene CBE works as a freelance arts consultant and chairs the Rambert Dance Company and the Arvon Foundation. As an experienced arts administrator, from 1975-1986, she was the administrator for Ballet Rambert and in her final season as executive director - in celebration of the company's 60th anniversary - won the Laurence Olivier Award for Outstanding Achievement in Dance. Prudence then became executive producer of the English Shakespeare Company (1987-1990 and again in 1992) and produced the successful 'The Wars of the Roses' world tour. From 1993-1998, she was director of the Arts Foundation and is currently the chair of the hospital's arts steering group.

Thomas Sheppard joined the Trust as a non-executive director in December 2000. He is a Bath solicitor who has been a director and trustee of Dorothy House since 1991 and was chairman until December 2000. In the past, he has also been a director and company secretary of Bath Rugby Ltd, managing director of the Bath Priory Ltd, the Bath Festivals Trust and Bath FM.

Rev Jonathan Lloyd joined the Trust as a non-executive director in April 2002.

Executive Members

Barbara Harris, the chief executive until June 2001, joined the NHS as a management trainee in 1981. Following work in the Middlesex and Westminster hospitals, she moved to Bristol to commission the Bristol Eye Hospital, before moving on to the Gloucestershire Royal Hospital where she became director of operations. She was appointed chief executive of the Trust in 1993, leaving in June 2001 to take up the post of director of the NHS Leadership Centre.

Martin Dove, the director of finance until July 2001, is a chartered accountant. He joined the Trust in 1994 from the South and West Regional Health Authority, where he was the deputy director of finance. He joined the NHS in 1991, having previously worked in Thailand for the Commonwealth Development Corporation, the British Government's overseas development bank. He trained with Coopers and Lybrand. Martin left the Trust in July 2001 to take up the post of chief financial officer of the NHS Estates Trading Fund.

The Board of Directors (cont.)

David Tappin, the director of planning, joined the NHS as a management trainee following a degree in politics, philosophy and economics. He worked at the Royal Gwent Hospital in Newport before moving to the Royal United Hospital in 1993. David joined the Board in May 1997 and became acting chief executive in June 2001. Mr Tappin left the Trust in November 2001 to take up the post of director of planning at North Bristol NHS Trust.

Professor Graham Smith, held the post of medical director from 1 April 1999 to 23 May 2002. He is a consultant haematologist specialising in haemato-oncology. He is a Fellow of the Royal College of Physicians and the Royal College of Pathologists and a Professor of Haematology at the University of West of England. He was director of the Prior Walk Management Company, of which he was the chairman from 1996 to 1999. In 2001, he was appointed director of Research into Care of the Elderly (RICE) based at St Martin's Hospital.

Jane Cummings became the director of nursing and commissioning in August 1999. A registered nurse, she joined the NHS in 1979 and has worked in Bristol and Gloucestershire in a wide range of clinical and

managerial roles. She joined the RUH in 1996 as the project director for the hospital redevelopment. Ms Cummings is currently on secondment to the Department of Health and Social Care (South) as nursing officer for acute services.

Richard Gleave joined the Trust as chief executive in October 2001 having previously been the executive director of service development & review for United Bristol Health Care NHS Trust. Previously, Richard held senior operational management positions in acute hospitals both in the North East and London. He is a graduate of Oxford University, where he gained a first class degree in Geography. Mr Gleave stood down as chief executive in June 2002 and is currently on secondment to the Department of Health.

Steve Simmons held the post of acting director of finance from August 2001 to March 2002.

David Gilburt held the post of acting director of finance from January 2002 to July 2002.

Stephen Cass joined the Trust as director of finance in September 2002.

Directors' Interests

The Trust is required to maintain a register of directorships and other significant interests of all Board members and to publish them in the annual report.

Those directors to whom this applies are listed below:

Gerald Chown

Member of the Council of the University of Bath

Mildred Carter

Treasurer, Bath Branch of the Parkinson's Disease Society

Jeff Manning

Member of Bath & North East Somerset Council

Prudence Skene

Director of the Ballet Rambert Limited and Rambert Trust

Director of The Arvon Foundation Limited

Director of the Theatre Royal Bath Limited

Trustee of Stephen Spender Memorial Trust

Graham Smith

Director of the Prior Walk Management Company

Barry Stevenson

Director of Brunel Holdings plc

If You Want to Know More

If you would like to know more, or to comment on our plans or services, please write to our chief executive **Jan Filochowski** at:

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Combe Park
BATH
BA1 3NG

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01225 824033
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01225 824304

E-mail: info@ruh-bath.swest.nhs.uk

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