

Annual Report and Accounts

2005-2006

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Our Vision

West Dorset General Hospitals NHS Trust runs Dorset County Hospital in Dorchester as well as some departments of Weymouth Community Hospital.

Many of our 3,300 staff also work in community hospitals throughout West Dorset, GP surgeries, schools, residential homes and people's own homes.

We were awarded the top score of three stars in the 2005 NHS performance ratings. Our patient satisfaction ratings are high and we have an excellent track record for low waiting times in our accident and emergency department and for operations and appointments.

Our facilities are also ranked highly for their cleanliness and our MRSA rates are consistently among the lowest in the country.



In 2005 – 2006 Dorset County Hospital staff saw:

- 32,742 people in the Accident and Emergency Department, plus another 13,848 patients in the Weymouth Minor Injuries Unit
- 24,844 planned inpatient admissions
- 168,522 outpatient appointments

For more information about your local hospital services you can visit our comprehensive website at www.dch.org.uk

Our vision states that:

We will provide the highest quality care to our local community and be the provider of first choice.

At the core of our vision lies the provision and delivery of clinical care of the highest quality, with the needs of patients central to everything we do.

Six key themes underpin the vision of the Trust:

1. Patients are at the centre of everything we do;
2. Delivering high quality, creative and innovative care to our local community, in the most appropriate setting and working with our partners;
3. Responding to the changing needs of the local community;
4. Shaping the expansion of key specialities to enable the Trust to become a leader of health services;
5. Attracting, developing and retaining first-rate staff;
6. Giving staff the organisational support they need to do their job well.

Introduction from Chairman and Chief Executive

Thanks to the unfailing hard work and commitment of our staff, we have continued to provide high quality care for our patients throughout 2005-06.

It has been an extremely busy year at Dorset County Hospital. We have continued to see steep rises in the number of emergency patient admissions and demand on all our services, but we have still managed to meet all our key waiting time targets for planned appointments and operations. We were delighted to be rated the top hospital in the South West for older patients by Saga. We were also recognised as achieving the lowest MRSA rates in the region.



We have faced some tough times financially during the year and our finances continue to be stretched as we strive to provide better services. We will need to continue to monitor our finances carefully and make savings where we can - but we remain committed to expanding and developing our hospital and investing in our staff. In this way we will ensure that clinical standards remain high and patients receive the best care.

We are aiming to become a Foundation Trust by April 2007 which will put us in a strong position for future development. Among our plans for expansion is a major development of our renal services for patients across Dorset.

You can find out more about what gaining Foundation Trust status will mean for you and your hospital on page 15 of this report.

We would like to thank our dedicated staff for their continued support. We would also like to offer our heartfelt thanks to our volunteers and fund-raisers – and to patients and local people, who are playing a greater part than ever before in shaping our future through regular consultation and dialogue.

Thanks also to our partner organisations and our colleagues on the Trust Board. In particular we would like to thank retired Non-executive Director Brigadier John Jackson. His contribution to this organisation over the past decade has been immense and his experience and wisdom will be missed.

We have an exciting time ahead of us. We are looking forward to sharing our vision with the local community through a series of public meetings as we forge ahead with our Foundation Trust application and our strategy for providing an even better service for our patients.

Robin Sequeira CBE
Chairman

Jan Bergman
Chief Executive

Improvements in Patient Care

Breastfeeding is Best

Our midwives launched another new support group in Dorchester for mothers who are breastfeeding, extending further the number of support groups throughout Dorset. The 'Breastfriends' groups are run by midwives and experienced mothers who have breastfed their children and would like to support new mothers.



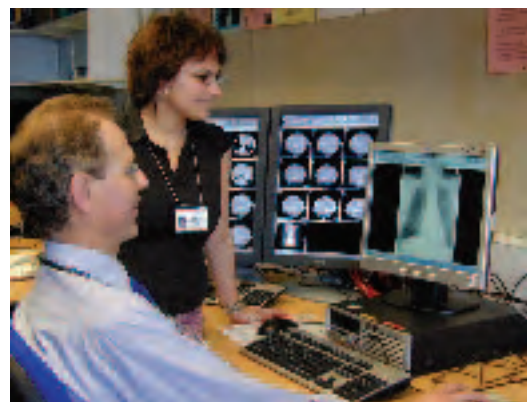
The Weymouth Breastfriends group meet at the St John Ambulance Hall

"I think it's tragic that the culinary magic practised daily by all of you hasn't spread to other hospitals. This is the best hospital food by far!"

Comment from patient letter

Pioneering PACS in Dorset

We trailblazed new technology to take our diagnostic imaging services into the digital age. We were the first Trust in the South of England to go live with the Picture Archiving and Communications System (PACS). PACS allows the digital storage of diagnostic images such as x-rays and scans and does away with the need



Consultant Rob Williams is trained on the new PACS system by Natalie Cox

for film. Instead, clinical staff within and outside the hospital, and GPs, can now view images on a computer screen at the touch of a button from wherever they are 24 hours a day, seven days a week. The new system makes the process of interpreting images easier and more efficient so patients receive their results and diagnoses much more quickly.

High Praise for Hospital Food

The catering team at Dorset County Hospital won high praise in the 2005 NHS ratings for the quality of patient meals. They achieved the top score of 'excellent' for food in the PEAT awards (Patient Environment Action Teams). The catering team work hard to maintain high standards, producing 1,200 patient meals a day, 365 days a year. All their dishes for patients, visitors and staff are prepared daily on-site.



First-rate hospital chefs Wendy Buckingham, Tina Greenhalgh, Mary Sargeant, Richard Stokes and Fay Cox with Assistant Catering Manager Peter Margetts and Catering Manager Tim Pike

Award Winning Team Make Waiting a Pleasure

Patients at Dorset County Hospital can now expect a smoother departure from hospital thanks to the new Discharge Lounge. The refurbished unit provides patients with a comfortable and convenient place to wait for their lift home after leaving the ward and means beds are freed up as soon as possible for people coming into hospital. The improvements came in response to patient feedback which told us that they would prefer to wait somewhere away from the busy wards once they were ready to be collected to go home. The unit has a pick-up point directly outside so relatives or friends collecting patients can easily park. The staff running the unit received a Highly Commended Team Award at the hospital's staff awards presentation for their hard work and dedication to improving the service for patients.



Discharge Lounge team members Carol Baskett, Alison Harp, Julie Buckland and Annette Smith with Consultant in Elderly Care Dr Andrew Webb

Patient Advice and Liaison Service

PALS (Patient Advice and Liaison Service) provides a valuable on-site information and advice service for patients and their families and carers at Dorset County Hospital. Advisors can often sort out queries and problems on the spot and can liaise with other hospital departments on a patient's behalf. A new information and advice drop-in point is being created in the hospital to strengthen the service and make it as convenient as possible for patients and visitors to use.

Smoke-free Hospital



South West Primary Care Trust's Director of Public Health Dr Ian Mackenzie presents the Smoke Free Workplace Award to Director of Nursing Alison Tong and Human Resources Manager Mike Green

West Dorset General Hospitals NHS Trust is committed to promoting healthy lifestyles. On 1 January 2006 the Trust introduced a total ban on smoking on the Dorset County Hospital site, both inside and outside buildings. In recognition of this the Dorset SmokeStop service awarded the hospital its three-star Smoke Free Workplace Award. The award is presented to workplaces which have become smoke-free to protect their own staff and visitors from the effects of second hand smoke. The Trust has been working alongside SmokeStop to introduce the smoke-free policy and help those members of staff who want to give up the habit. Dorset County Hospital is a venue for regular SmokeStop clinics for staff and members of the public.

Top Choice for Older Patients

Dorset County Hospital's services for older patients are the best in the South West, according to a survey by Saga Healthcare. We came top of the region in a study which assessed treatment for people aged 50 and over. Dorset County Hospital scored particularly highly for the ratio of doctors and nurses per patient, inpatient waiting times and MRI scan waiting times.



Patient Dot Thorne with Hardy Ward staff Janet Potts, Dr Rob Williams, Phyllis Churchill and Rita Attwool

Visiting Times Reduced

Visiting hours were reduced to two hours per day at Dorset County Hospital in response to feedback from patients. Patients staying in hospital are generally acutely ill and in need of rest to assist the healing process. Prolonged periods of visiting could be preventing this happening and increasing the amount of time individuals have to remain in hospital. Patients were also having their meals disturbed by visitors. There is evidence to suggest that infections can be brought into hospital by visitors and so reducing visiting times will further protect patients against acquiring infections.

“Like many people I hear criticism of the NHS. I want to place on record that my experience could not be bettered. Over the years I have also had experience of American hospitals – they need to sharpen up their act if they are to attain the standards we enjoy here in Dorset!”

Comment from patient letter

Clinical Governance

The term Clinical Governance is used to describe the framework the NHS applies to ensure we are continually improving the quality of services and care we offer our patients.

This is West Dorset General Hospitals NHS Trust's seventh annual report on its clinical governance arrangements and achievements and focuses on the patient's safety and experience. We will explain how we manage risks, as well as describe the year's significant developments in clinical governance.

Clinical governance was introduced to the NHS in 1999 to improve the quality of patient safety and care. The areas it concentrates on are:

- Risk management
- Clinical audit
- Clinical effectiveness
- Use of information
- Staff education and professional development
- Patient experience

We have set up a number of committees charged with delivering all aspects of clinical governance as well as ensuring we meet the 24 core Standards for Better Health, the new national quality standards developed and monitored by the Healthcare Commission. Each of these committees reports regularly to the Integrated Governance Committee, and through it to the Trust Board. The Integrated Governance Committee, which held its first meeting in December 2005, was established to maintain a corporate overview of all governance issues across the Trust and to ensure there are effective systems in place to identify, prioritise and control any risks.

Risk Management

Risk management sits at the centre of quality improvement. Put simply, its function is to identify potential or existing risks and then to put measures in place that either eliminate or reduce that risk to a level that is acceptable.

Our risk management systems are well established and meet all national reporting requirements. We are accredited at Level 1 in the NHS Litigation Authority's Risk Pooling Scheme for Trusts and the Clinical Negligence Scheme for Trusts in both our general

and maternity services and we are already preparing to undergo assessment for Level 2 next year. We were among the first Trusts in the country to submit our patient safety incident reports to the National Patient Safety Agency (NPSA).

Identifying and Tackling Risks

Risks are identified through a number of routes, including reports of near misses and unintended or unexpected events that are submitted by members of staff who witness or are involved in an incident whilst working in the clinics, wards or departments. Other risks are identified through feedback, e.g. incidents that have impacted on other Trusts (Primary Care and Ambulance Services), complaints about the Trust's services, patient and staff surveys such as those conducted by the Healthcare Commission, clinical audit reports, and national clinical surveys and reviews (such as National Confidential Enquiry reports and the National Cancer Peer Review Programme). We also use risk assessments to identify potential hazards or risks.

Each of our four clinical directorates and our main operational departments maintain a list of the risks they manage (known as their risk register). Once a risk event is reported it is evaluated locally according to its actual and potential severity and reviewed by senior managers. These managers determine whether the risk can be managed within existing controls (such as policies) or whether further action is needed, in which case it is placed as a risk on the local risk register and an action plan is developed. The action plan stipulates the work required to eliminate the risk or reduce it to an acceptable level. Risks are removed from the local risk register only when all the actions are completed, or, where there are insurmountable constraints, the risk will be elevated to the corporate risk register which is maintained and monitored centrally by the Risk Manager. Risks on the corporate risk register are prioritised and progressed in the same way and are reviewed bimonthly by the Operational Risk Group and reported quarterly to both the Integrated Governance Committee and Trust Board. This well established system enables senior managers and members of the Trust Board to identify current risks at all levels across the organisation.

Benefits of Good Risk Management

The rewards of good risk management are sustainable improvements. Patients have seen real improvements through the following initiatives:

- Although slips, trips and falls continue to be the highest category of risk events reported, our Falls Group has worked with patients and staff to develop initiatives to help reduce the number, e.g. the 'sloppy slipper' campaign, the development of an educational CD for staff and a risk assessment tool. This has resulted in a reduction in the number of patients slipping, tripping and falling.
- Good risk reporting by staff has helped us to improve the care provided to patients who need to be fed artificially through tubes; a new clinical guideline was developed to support the team involved in decision-making and the care management of these patients.
- Increased levels of post-operative care offered to ophthalmology patients.
- A review of patient information leaflets for patients visiting sexual health clinics.
- The use of the reporting system prompted a duty of care review to ensure the correct treatment of patients who had had tissue samples analysed. Effective risk management principles applied throughout the review ensured that the small number of patients who had been affected were informed and recalled promptly and their treatment checked and amended where necessary.

Occasionally a serious incident occurs that warrants thorough investigation, or root cause analysis (RCA). A number of senior clinical and non-clinical staff have received training from the National Patient Safety Agency (NPSA) to carry out these in-depth investigations which take into account all the events, systems, practices and individual capabilities that contributed to an incident. Some RCAs have been conducted and improvements to our services identified, including the introduction of the feeding guideline described above.

Other Successes Throughout the Year

Patient Complaints and Comments

Amongst other significant developments during the year was the introduction of a new complaints process in January which moved the responsibility to investigate and respond to patient complaints into the clinical directorates. The aim was to bring the opportunities of learning from complaints closer to the frontline where this can be shared with other staff. During the year we received 456 formal complaints, a 12% increase on last year. It is encouraging to note that the fourth quarter saw the number of complaints fall to 88, their lowest for the year from a high of 134 in the third quarter. The factors patients and their carers were most concerned with were communication between clinicians and patients, staff attitude and slow access to some services (such as the pain, audiology and urodynamic assessment clinics). On the other hand 204 letters of appreciation were sent to the Chief Executive and these were in addition to the hundreds of cards and letters of thanks received by the staff on the wards and clinics.

Major Incident Plan Review

We completed a review of our major incident plan and held a day-long exercise in February to test the new plan and our ability to handle a mass casualty situation. Now tested and refined the plan, which details the actions required from individuals and departments, is available to all staff across the hospital.

Patient Safety Improvement Award

In November the NPSA awarded the Trust a Patient Safety Improvement award for its clinical guidelines site. The site gives clinical staff 24-hour intranet access to over 600 evidence-based clinical guidelines, all of which are reviewed annually or in response to a risk event or new national guidance. The site is managed by the Evidence Based Practice Committee, a multidisciplinary committee chaired by the Trust's Medical Director. The committee is unusual in that it is run jointly with the South West Dorset Primary Care Trust, thus easing the implementation of national guidance from the royal colleges and the National Institute for Health & Clinical Excellence (NICE).

Infection Prevention and Control

The prevention and control of infection represents one of the most significant clinical and operational risks to a healthcare organisation. As the executive lead for the control of infection, the Director of Nursing has overseen a sustained programme of education and clinical control measures to reduce the incidence of infection. Although the Trust was subject to a major outbreak of norovirus in the spring, the outbreak was successfully contained through rigorous infection control measures and the co-operation of patients and visitors. A Department of Health survey published in February ranked the Trust as having the lowest incidence of MRSA in the South West and among the top 25 hospitals in the country.

Patient Surveys

As part of its annual patient survey programme the Healthcare Commission undertook surveys of patients attending outpatients and A&E departments in selected hospitals during 2005. In general results for the Trust were extremely positive and in most categories performance was above the average surveyed. The Trust's performance had improved over the previous surveys conducted in 2003.

Electronic Clinic Letters

A change that has had significant impact across the local health community is the introduction of electronic clinic letters to GPs and improved electronic discharge communication from the elderly care wards. Thanks to recent IT developments and the support of medical secretaries, GPs are now receiving letters about their patients by e-mail rather than through the mail. This has not just saved the Trust money but it means GPs receive important clinical information faster, and because the patients' details are downloaded direct from the hospital's computer system, the accuracy of the information has improved.

Copying Letters to Patients

We also implemented the Copying Letters to Patients scheme last year. Patients who sign up for the scheme are now able to receive copies of letters written about them by their doctors and other healthcare professionals.

Core Standards for Better Health

Members of the Trust Board concluded the year by signing the Trust's formal declaration of compliance with the Commission's 24 core Standards for Better Health.

The past year has seen significant changes in the governance of healthcare organisations. We have met the national initiative to integrate clinical with corporate governance by establishing the Integrated Governance Committee and will continue to review its sub-committees to deliver the requirements of the new governance agenda and the Healthcare Commission's Standards for Better Health.

Julia Handoll

Clinical Governance Manager



"My time in your ward was not only restful, but also enjoyable. I was also impressed by the cleanliness and quietness of your ward."

Comment from patient letter

Performance

West Dorset General Hospitals NHS Trust is leading the way in reducing the amount of time patients have to stay in hospital. The Trust was placed among the top 10% of trusts in the country in a health supplement published in the Guardian newspaper. The majority of patients do not want to spend any more time in hospital than is absolutely necessary so we have developed surgical techniques, such as keyhole surgery, and discharge procedures which mean people can go home far sooner than they used to after operations. During 2005-06, over 80% of our patients were treated as day cases.

Other highlights of the year:

- We met our targets of a maximum six-month wait for elective surgery and a 13-week wait for a first outpatient appointment.
- Over 98% of patients arriving in A&E were treated, transferred or discharged within four hours, despite the fact that we saw an overall increase in emergency admissions.
- 100% of cardiac patients requiring thrombolysis (lifesaving blood clot treatment) received this within 30 minutes of their arrival at the hospital.
- By the last quarter of the year, robust systems were in place to ensure that patients with a suspected cancer have an outpatient appointment within 14 days of being referred by their GP, and are treated within 62 days of that referral. Patients with a diagnosed cancer who have not been fast-tracked by their GP are seen within 31 days. This achievement is a credit to the administrative and clinical teams who have significantly changed their processes to enable this major change.

Despite our many successes, we are by no means complacent and there are areas we are looking to improve:

- Last minute cancellations of operations were higher than we would have wished in 2005-06. We recognise how distressing this is for patients and our theatre teams are working hard to resolve problems which can result in cancellations. We have also changed the way we work to ensure patients who are cancelled are readmitted within 28 days.
- A new system is now in place to ensure we respond fully to official complaints within the 20 working days, with the Trust's directorates taking greater responsibility for the responses.
- Delayed transfers of care – while we have made significant progress over the year, 3% of our beds are still occupied by patients who no longer require acute care. We are continuing to work with our partners in primary care and the local authorities to reduce the delays.

“From the moment I stepped onto the ward I was put at complete ease by the nurses. Everything was explained fully so I was never left wondering.”

Comment from patient letter

Partnership

Our Colleagues

Over the past year we have worked closely with our colleagues in South West Dorset Primary Care Trust, North Dorset Primary Care Trust, Dorset Ambulance NHS Trust and the Dorset and Somerset Strategic Health Authority to provide the very best services we can for our patients.



Staff Partnership

Staff union representatives meet on a regular basis with management at Partnership Forum meetings to consult and negotiate on employment related issues and policies. Members enjoy a constructive and positive relationship with the Trust and are fully involved in important decisions which impact on Trust employees.

Patient and Public Involvement Forum

Patient and Public Involvement Forums (PPIF) are part of a continuing drive to put patients at the centre of the NHS. The volunteer members are from all walks of life and are enthusiastic about helping patients and the public influence the way that healthcare is organised and delivered. They are statutory bodies and their main remit is to promote better public involvement, find out what people think about health services and independently watch over the quality of local healthcare. The West Dorset PPI Forum has been involved in issues including improving the PALS (Patient Advice and Liaison Service) and developing patient feedback leaflets.

Our Volunteers

A dedicated band of volunteers play a vital role at Dorset County Hospital, providing invaluable services for patients, visitors and staff alike.

The League of Friends raise thousands of pounds for additional hospital equipment and facilities. They also run a shop and café in the hospital as well as a ward trolley service.



The Hospital Guides also provide an important service, welcoming patients and visitors at main entrances and helping them find their way around the Williams Avenue site.

The hospital's radio station Ridgeway Radio is run by an experienced team of volunteers who entertain patients with friendly chat and record requests. They also provide an important link to the outside world with broadcasts from local events.



The Volunteer Hospital Car Service provides a valuable service for patients who have difficulties travelling to hospital for their appointments.

Community Involvement Group

We launched a new Community Involvement Group to give patients and the wider public an opportunity to voice their opinions and influence the way the Trust delivers services and plans for future developments and changes. The group meets every three months and members have already had an impact on improving services and facilities for patients. Issues members have been closely involved with include patient information leaflets, the smoke-free policy, the car parking strategy and a review of hospital signage.

Arts in Hospital

Dorset County Hospital houses a collection of original artwork which has won national recognition. The Arts in Hospital charity manages the art collection and exhibitions, aiming to improve the experience of being in hospital for patients, visitors and staff – in short, helping people feel better.

Lal Hitchcock, our 'Arty Lady' has spent the last year visiting wards and waiting areas with her trolley of art materials. She encouraged patients and their families to make drawings, collages, pipe cleaner mobiles and felt appliqué pictures. The Arty Lady has said about the project: 'Making can be a foil for so much more. While her husband drew, an elderly woman waiting in Medical/Surgical Outpatients told me of a succession of falls she'd been having, and her resulting lack of confidence. For another elderly man, drawing provided an opportunity to reminisce.' One of the patients said to the Arty Lady: 'You need something to get your mind off this... to escape your surroundings. Drawing means you can get away from it for an afternoon.' Children were particularly receptive to the Arty Lady and we hope that, if we can raise further funding, she will continue her work in the children's ward and outpatient areas.

A very popular project this year was 'Garden's Delight'. Staff submitted photographs of their gardens and reasons why they are special to them. Local photographer, George Wright, then photographed the members of staff and their families or friends in their gardens. These photographs are now on permanent display in the Royal Eye Infirmary.

Making Sense was a project with the audiology department to provide a glass screen in the waiting area. Artist Anne Smyth led workshops with patients and staff and encouraged them to make images of sounds using cut up coloured plastic. These imaginative and colourful artworks, combined with Anne's own drawings and research into the ways sound can be visualised, are the inspiration for the designs on the screen.

Alex Coulter

Arts Co-ordinator



The Arty Lady entertaining a group of schoolchildren on a visit to the hospital



Children in the audiology waiting room take part in the workshop



Jane Wright, Cancer Nurse Specialist photographed in her garden for the exhibition. Photo by George Wright



Pictured in the front row with other members of the Cherkassy Link are, from left to right, Treasurer and exchange organiser Ann Hyland, Dr Galina Ruban, Senior Paediatric Occupational Therapist and exchange organiser Lou Stuart, interpreter Julia Brovchenko and Dr Tetyana Koretska.

International Links

Two doctors from the Ukraine visited Dorchester in an ongoing effort to improve healthcare for children back in their homeland. Dr Galina Ruban and Dr Tetyana Koretska worked with staff at Dorset County Hospital's Children's Centre for two weeks as part of an exchange programme organised by the Dorset Cherkassy Paediatric Link. The Link was established to support and promote the interchange of information and knowledge between Dorset County Hospital and Cherkassy Regional Hospital. Cherkassy is a region in the Ukraine about the size of Holland and has a population of 1.5million – 300,000 of which are children.

Environmental Policy

West Dorset General Hospitals NHS Trust is committed to minimising the impact we have on the environment, by minimising waste, energy and water consumption and the use of resources. Our Environmental Policy outlines our general aims and what we must achieve in terms of our environmental performance.

Agenda for Change

Agenda for Change (AfC) was the name given to the NHS pay and terms and conditions modernisation which was launched in March 2003. Under AfC the jobs of all non-medical staff were assessed under the NHS Job Evaluation Scheme and assigned to one of nine pay bands. Future career and pay progression within AfC is dependent on the effective implementation of the NHS Knowledge and Skills Framework (KSF) which defines the knowledge and skills which staff need to apply in their work in order to deliver quality services. The Trust successfully worked in partnership with trade unions to achieve transfer of staff to the new terms and conditions ahead of the extremely challenging national targets (October 2005) and is on course to achieve implementation of the KSF gateways by October 2006.

Equality and Diversity Policy

West Dorset General Hospitals NHS Trust aims to be the healthcare provider of choice where diversity is recognised and valued both in the provision of services and the employment of staff. We are committed to promoting equality of opportunity and preventing discrimination, harassment or victimisation on the grounds of gender, ethnicity, race, age, sexual orientation, disability, religion or belief, domestic circumstances, trade union membership or any other reason.

During 2005/2006 we have:

- Reviewed our Race Equality Scheme
- Raised awareness of diversity issues
- Developed a Diversity and Equality Forum which includes members of the public and staff

During 2006/2007 we plan to:

- Develop training on equality and diversity issues for staff
- Continue to run the Diversity and Equality Forum
- Involve interested parties in developing a Single Equality Scheme to meet the Trust's requirements for race, gender and disability equality and monitor the effectiveness of this scheme.

Infection Prevention and Control



Cleaning, nursing, medical and infection prevention and control staff gather to celebrate their success in tackling MRSA.

MRSA regularly hits the headlines, fuelling concerns about hospital acquired infections. West Dorset General Hospitals NHS Trust is proud to be able to reassure patients that we are leading the way in minimising the spread of infections such as MRSA. Statistics released by the Department of Health in February 2006 showed that Dorset County Hospital had the lowest MRSA rate for an acute trust in the South West and was among the top 25 hospitals in the country. Staff take infection prevention and control very seriously. The standards of cleanliness in the hospital are high and we have joined the national Clean Your Hands Campaign.



Our Infection Prevention and Control Team has done a lot of work to raise awareness of MRSA – both within the hospital and out in the community. We have teamed up with local schoolchildren to spread the message about the importance of good hand hygiene through arts competitions and exhibitions.

“After reading and hearing so many negative reports about the NHS in the media, it was a great relief to experience such efficiency in the NHS.”

Comment from patient letter

Lisa Read and Katy Bellis from Dorchester's Thomas Hardy School won a competition to design a poster to promote the message, 'The answer to MRSA is in your hands'.

Key Objectives for 2006 – 2007

The year ahead will see exciting developments at West Dorset General Hospitals NHS Trust as we move towards gaining Foundation Trust Status.

We are committed and working hard towards becoming a Foundation Trust in 2007.

Attaining Foundation Status will give us far greater freedom to manage our own destiny, setting us free from central government control.

We will become an independent 'Public Benefit Corporation' and can build on the sense of ownership staff and local people feel for their hospital.

Everyone will be eligible to become 'members' of our Foundation Trust and directly elect a new Members' Council, who in turn will appoint the Trust Chairman and Non-executive Directors.

All members will be consulted on plans for future development and can have a very real input into how services are shaped for the benefit of local people. As a Foundation Trust we will remain part of the NHS, but we will be able to manage our own budgets and focus on meeting the healthcare needs and priorities of the communities we serve.

All staff, as well as patients and the public, will be consulted on the application over the coming months and contribute to our vision for the future.

We are also planning to hold a series of presentations at the hospital and in venues throughout the West Dorset area to gather the views of staff and the public.

If you would like more information about our application to become a Foundation Trust please visit our website at www.dch.org.uk
call 01305 254639 or
e-mail foundation@wdgh.nhs.uk

*"I wish all hospitals were
as top-notch as Dorset
County Hospital"*

Comment from patient letter

Financial Summary 2005 – 2006

OPERATING AND FINANCIAL REVIEW

The following Table summarises the Trust's performance against its key financial and clinical targets.

Key Financial Targets

Target	Objective	Target Met
Achieve breakeven on income and expenditure	Manage services within the resources received from commissioners and other sources	No Trust incurred deficit of £1,082,000
Achieve a 3.5% capital cost absorption rate ('CCAR')	Achieve CCAR between Department of Health's required range of 3% and 4%	Yes 3.4% achieved
Keep within the Capital Resource Limit ('CRL')	Manage Capital Expenditure within the Capital Resource Limit agreed with the Department of Health	Yes Under-spend of £916,000 which will be carried forward to 2006/07
Remain within the External Financing Limit ('EFL')	Manage cash expenditure within the limit agreed with the Department of Health	Yes

The Trust had an excellent year in terms of performance against key clinical targets but incurred a deficit on Income and Expenditure of £1,082,000. This represents just less than 1% of turnover. The main factors behind this deficit are as follows:

- the Trust, in recent years, has been funded significantly below national average costs. In 2004-05 the average cost of the Trust services was 5% below the national average. Funding at national average costs would have enabled the Trust to achieve significant surpluses in each of the last two years;
- high levels of emergency activity which were 2,145 cases (12%) ahead of plans for the year.

In 2006-07 the Trust will gain additional income from the implementation of Payment by Results which is the new NHS funding system designed to pay Trusts for services provided at a national tariff. The Trust Board is confident that this will enable the Trust to achieve all its key financial targets and restore the Trust to financial balance.

The Trust's five year business plan for the period from 2006-07 to 2011-12 which is based on prudent and realistic assumptions demonstrates that the Trust is financially sound:

- a surplus of 1% to 2% is forecast in each year;
- financial viability is not dependent upon significant activity growth or new service developments;
- the Trust has a relatively new hospital with no backlog maintenance;
- the planned level of capital expenditure can be comfortably afforded within the Trust's anticipated borrowing limit;
- the Trust generates sufficient free cash to service its debt.

Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service 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 these 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 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.

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:  Date: July 2006

Mr Jan Bergman – Chief Executive

Signed:  Date: July 2006

Mr Paul Turner – Director of Finance

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2006	2005/06	2004/05
	£000	£000
Income from activities	95,700	90,622
Other operating income	13,196	11,828
Operating expenses	(107,354)	(100,342)
OPERATING SURPLUS (DEFICIT)	1,542	2,108
Cost of fundamental reorganisation/restructuring*	0	0
Profit (loss) on disposal of fixed assets	(108)	(2)
SURPLUS (DEFICIT) BEFORE INTEREST	1,434	2,106
Interest receivable	157	119
Interest payable	0	0
Other finance costs - unwinding of discount	(13)	(19)
Other finance costs - change in discount rate on provisions	(16)	
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	1,562	2,206
Public Dividend Capital dividends payable	(2,644)	(2,654)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(1,082)	(448)

BALANCE SHEET AS AT 31 March 2006	31 March 2006	31 March 2005
	£000	£000
FIXED ASSETS		
Intangible assets	0	0
Tangible assets	83,941	81,788
Investments	0	0
	83,941	81,788
CURRENT ASSETS		
Stocks and work in progress	2,191	1,916
Debtors	4,683	2,550
Investments	0	0
Cash at bank and in hand	325	300
	7,199	4,766
CREDITORS: Amounts falling due within one year	(5,985)	(6,952)
NET CURRENT ASSETS (LIABILITIES)	1,214	(2,186)
TOTAL ASSETS LESS CURRENT LIABILITIES	85,155	79,602
CREDITORS: Amounts falling due after more than one year	0	0
PROVISIONS FOR LIABILITIES AND CHARGES	(631)	(607)
TOTAL ASSETS EMPLOYED	84,524	78,995
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	78,491	73,678
Revaluation reserve	6,776	5,151
Donated asset reserve	2,775	2,824
Government grant reserve	0	0
Other reserves*	0	0
Income and expenditure reserve	(3,518)	(2,658)
TOTAL TAXPAYERS EQUITY	84,524	78,995

Signed:



Date: July 2006

JE Bergman - Chief Executive

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2006	2005/06	2004/05
	£000	£000
Operating activities net cash inflow/(outflow) from Operating activities	3,556	4,959
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	151	121
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	151	121
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(5,851)	(5,766)
Receipts from sale of tangible fixed assets	0	0
(Payments) to acquire intangible assets	0	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow/(outflow) from capital expenditure	(5,851)	(5,766)
DIVIDENDS PAID	(2,644)	(2,654)
Net cash inflow/(outflow) before management of liquid resources and financing	(4,788)	(3,340)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of current asset investments	0	0
Sale of current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(4,788)	(3,340)
FINANCING		
Public dividend capital received	5,313	3,379
Public dividend capital repaid (not previously accrued)	(500)	0
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies*	0	0
Net cash inflow/(outflow) from financing	4,813	3,379
Increase/(decrease) in cash	25	39

Statement of total recognised gains and losses for the year ended 31 March 2006	2005/06	2004/05
	£000	£000
Surplus (deficit) for the financial year before dividend payments	1,562	2,206
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	1,904	1,174
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	162	848
Defined benefit scheme actuarial gains/(losses)	0	
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	3,628	4,228
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	3,628	4,228

Audit Committee

The Audit Committee is a sub-committee of the NHS Trust Board. It comprises the Non Executive Directors, and the Chair of the committee is appointed from those directors. Brigadier John Jackson, Vice Chair of the NHS Trust Board, was the Audit Committee Chair for this financial year. The Chairman of the NHS Trust is not a member of this committee. Also in attendance on a regular basis is the Director of Finance, heads of internal and external audit and the local counter fraud specialist.

The Trust's statutory audit is provided by the Audit Commission, the fee for which is £109,783 (including VAT).

Independent Auditor's Report to the Directors of the Board of West Dorset General Hospitals NHS Trust on the Summary Financial Statements

I have examined the summary financial statements set out on pages 17 to 24. This report is made solely to the Board of West Dorset General Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditor:

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 within the Annual Report 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 auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

Opinion:

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

Simon Garlick, District Auditor
North Wing, Southern House
Sparrowgrove
Otterbourne
Winchester
Hampshire
SO21 2RU

Signed:



September 2006

Senior Managers Remuneration Report

The Greenbury Report on Directors' remuneration (July 1995) recommended a Code of Best Practice based on the fundamental principles of accountability, transparency and linkage of rewards to performance.

West Dorset General Hospitals NHS Trust in line with Department of Health guidelines has followed those principles. The following tables state the remuneration of the Senior Managers of the NHS Trust and their Pension Benefits.

The Department of Health's definition of 'Senior Managers' is 'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust'. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments. The NHS Trust considers that the regular attendees of the entity's board meetings are its senior managers.

The Remuneration and Terms of Service Committee is responsible for advising the appropriate remunerations and terms of service for the Chief Executive and Executive Directors of the Trust Board. Remuneration of the Chairman and Non Executive Directors is decided by the Department of Health.

Composition of the committee is made up of the Chairman and all Non Executive Directors. The Chief Executive and Director of Human Resources are in attendance but not present when the committee discusses their remuneration.

Executive Directors' objectives are reviewed annually and those objectives are measured against performance at the following year's appraisal meeting.

The salary of the Senior Manager is not segmented between basic salary and performance related payments. A cost of living allowance is applied to the remuneration based on the national NHS directive for staff.

Trust Board Executive Directors' contracts are substantive with reasonable notice periods built in to protect the Trust and the individual. The Chief Executive is required to give six months' notice and all other Executive Directors, three months' notice.

With regard to the Chairman and the Non Executive Directors, they are appointed by the Appointments Commission and are given a four-year fixed-term contract. This contract can be renewed with an additional four-year fixed-term contract and a second reappointment term can also be issued of two years. The maximum contractual employment for Non Executive Directors is 10 years.

Detail of the length of service of the Trust Board who are identified in the Remuneration and Pension tables are noted on the page 22.

If a director's employment is disengaged earlier than the contractual arrangements, compensation will be negotiated on a case-by-case basis and follow any statutory regulations that are in force at the time. Negotiated termination arrangements must comply with COT3 ACAS regulations. The NHS will always seek legal advice in respect of all cases of early termination.

Length of Service			
Chairman	Robin SeQueira	1/12/1997-1/11/2007	
Vice Chairman	Brigadier John Jackson	1/12/1996 – 30/4/2006	Retired
Non Executive Director	Annabel Broome	1/12/1998 – 1/4/2007	Vice Chairman
Non Executive Director	Hedley Harrison	30/10/2004 - 30/9/2008	
Non Executive Director	Roderick Knight	30/10/2004 – 30/9/2008	
Non Executive Director	Christopher Spry	1/3/2005 – 28/2/2009	
Non Executive Director	Tony Leyland	11/3/2002 – 30/11/2005	Left
Chief Executive	Nick Cox	13/5/1991 – 31/12/05	Retired
Interim Chief Executive	Annette Sergeant	1/2/2006 – 12/3/2006	Fixed term contract expired
Chief Executive	Jan Bergman	13/3/2006 -	
Director of Finance	Paul Turner	1/8/2003 -	
Medical Director	Dr David Cove	1/4/2003 -	
Operational Director	Sally Brown	29/3/2005	
Director of Nursing	Alison Tong	19/4/2004	
Director of Human Resources	Robert Pascall	28/7/2003 – 6/10/2005	

Management costs	2005/06	2004/05
	£000	£000
Management costs	3,458	3,313
Income	108,896	102,450
Management Costs expressed as percentage of Turnover	3.18%	3.23%
Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSMangementCosts/fs/en		

Name and Title	2005-06			2004-05		
	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	(bands of £5,000) £000	(bands of £5,000) £000	(Rounded to the nearest £000)	(bands of £5,000) £000	(bands of £5,000) £000	(Rounded to the nearest £000)
N Cox - Chief Executive	80 - 85			110 - 115		0.1
J Bergman - Chief Executive	5 - 10			0 - 5		
P Turner - Director of Finance	95 - 100			90 - 95		
S Brown - Director of Operations	70 - 75					
R Pascall - Director of H R (*)	40 - 45			70 - 75		
A Tong - Director of Nursing	65 - 70			60 - 65		
Dr Cove - Medical Director	90 - 95	65 - 70		65 - 70	80 - 85	0.6
R Sequeira - Chairman	20 - 25		2.2	20 - 25		
J Jackson - Non Exec	5 - 10			5 - 10		
A Broome - Non Exec	5 - 10		0.2	5 - 10		
R Knight - Non Exec	5 - 10			0 - 5		
H Harrison - Non Exec	5 - 10		1.4	0 - 5		
C Spry - Non Exec	5 - 10			0 - 5		

N Cox terminated position as Chief Executive (17/12/2005)

A Tong commenced position as Director of Nursing (19/04/04)

R Knight commenced position as Non Executive Director (01/10/04)

H Harrison commenced position as Non Executive Director (01/10/04)

C Spry commenced position as Non Executive Director (01/03/05)

R Pascall terminated position as Director of HR (06/10/05) (*) The remuneration of the Human Resources Director includes contracted salary and does not include all payments because authorisation to disclose has been withheld.

S Brown commenced position as Director of Operations (29/03/05), therefore no comparative data available

J Bergman commenced position as Chief Executive (13/03/2006)

An Interim Chief Executive (Annette Sergeant) was contracted through an external Employment Agency between the 7/12/05 - 26/3/06. Consent to disclosure withheld.

Signed:



Date: July 2006

JE Bergman - Chief Executive

Name and title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at age 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2006 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2006 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension (To nearest £100)
	£000	£000	£000	£000	£000	£000	£000	£00
N Cox, Chief Executive	(5.0) - (7.5)	(17.5) - (20.0)	35 - 40	115 - 120	632	698	(84)	(58,700)
P Turner, Director of Finance	0 - 2.5	2.5 - 5.0	15 - 20	45 - 50	257	222	29	20,500
A Tong, Director of Nursing	0 - 2.5	5.0 - 7.5	15 - 20	45 - 50	207	175	28	19,500
R Pascall, Director of Human Resources	0 - 2.5	0 - 2.5	0 - 5	5 - 10	27	21	6	4,300
S Brown, Director of Operations	0 - 2.5	5.0 - 7.5	10 - 15	40 - 45	212	178	29	20,500
D Cove, Medical Director	7.5 - 10.0	20.0 - 25.0	75 - 80	225 - 230	1,388	1,191	167	117,000

N Cox terminated position as Chief Executive (17/12/2005)

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

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

Better Payment Practice Code - measure of compliance	2005/06	2005/06	2004/05	2004/05
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	38,984	33,174	41,387	32,404
Total Non NHS trade invoices paid within target	36,399	31,130	35,785	27,885
Percentage of Non-NHS trade invoices paid within target	93.37%	93.84%	86.46%	86.05%
Total NHS trade invoices paid in the year	2,046	20,767		
Total NHS trade invoices paid within target	1,461	18,481		
Percentage of NHS trade invoices paid within target	71.41%	88.99%		

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Cadbury & Greenbury

The "Codes of Conduct & Accountability" requirements are based on the recommendations of the Cadbury Committee. The recommendations of the Greenbury committee, as interpreted by the Treasury's Resource Accounting Manual, have been incorporated within the Remuneration of Senior Managers note within the Annual Report

Obtaining a full set of Accounts and Statement on Internal Control

The Financial Statements that are published in the Annual Report are a summary of the information in the NHS Trust's full accounts, which are available on request.

The Statement on Internal Control (SIC) which particularly focuses on how the Trust manages risks that may prevent it from achieving principle objectives has been approved by the Trust Board. It has not been published in the Annual Report but it is available to members of the public at the address given below

You can obtain a full set of Accounts and a copy of the SIC from:

Company Secretary, Trust HQ, Dorset County Hospital, Williams Avenue, Dorchester, Dorset DT1 2JY
direct line: 01305 254114 or by email john.yeoman@wdgh.nhs.uk

A small charge of £5 may be made to cover costs.

Charitable Funds Summary Report

The Charitable Funds for West Dorset General Hospitals NHS Trust are held and accounted for independently of the NHS Trust's main exchequer income. They are managed by a group of Directors and Non Executive Directors of the Trust Board known as the Trustees which in 2005/06 was chaired by Brigadier John Jackson, a Non Executive Director and Vice Chair of the WDGHT Trust Board.

During 2005/06 the WDGHT Charitable Funds received income in the form of donations, grants and legacies totalling £505,000. Of this sum, £254,000 (£207,000 04/06) related to donations and grants, and £234,000 (£38,000 04/05) was received from legacies. Because of the stock market's poor performance in 2004/05 all investments were sold in that financial year and banked into the Paymaster Generals Bank to provide a return on unused balances and a sum of £17,000 interest was earned through this bank account. The Trustees will review its investment process on a continuing basis. At the same time the Trustees positively encourage the spending of funds following the principles of the Charity Commission, which encourages the use of donors income as soon as possible.

We would like to publicly thank all our benefactors for their enormous generosity through donations, grants and legacies. Because of their consideration of our charitable funds we have been able to enhance the provision of equipment, facilities and services for the benefit of WDGHT patients and staff, beyond that which would normally have been provided by the NHS.

During the financial year, the WDGHT Trustees allocated funds totalling £261,000 (£283,000 04/05) for the benefit of wards and departments that had made application. The receipt of substantial legacies in the latter part of this year along with a large donation from a donor who wishes to remain anonymous has helped us to fund this year's applications, especially medical equipment for orthopaedics, surgery and renal services. A couple of legacies will be carried over into the following year with particular projects at the planning stage.

Our major spending areas this year have been:

- £149,000 (£134,000 04/05) medical equipment;
- £8,000 (£10,000 04/05) furniture for patient and staff areas;
- £38,000 (£53,000 04/05) Arts in Hospital associated projects. This spend has been supported predominantly from other charitable organisation grants;
- £11,000 (£21,000 04/05) Christmas allowances for 2,200 contracted staff who applied;
- £18,000 (£14,000 04/05) Courses, conferences and textbooks, which has enhanced the educational opportunities for our staff;
- £6,000 (£6,000 04/05) Retirement hospitality for over 30 staff who have given in excess of 20 years' dedicated service to the WDGH NHS Trust or its predecessor.

WDGHT would also like to take this opportunity to publicly thank all the various charitable organisations that have also contributed to the infrastructure of the NHS Trust. WDGHT has received considerable financial help this year from:

- The League of Friends
Dorchester Hospital
- The League of Friends
Weymouth and Portland
Hospitals
- Dorset Kidney Fund
- Dorset Health Trust
- Elimination of Leukaemia
- Fine Foundation
- Diabetes UK
- Fortuneswell Cancer Trust
- Royal Order of Scotland
Provincial Grand Lodge
- Breast Care Support Group
- Early Birds
- Welcome Trust
- Arts Council



Fund-raiser Davina Hansford is collecting money for the Special Care Baby Unit by selling greetings cards featuring her own stunning photographic work.

The NHS Trust is a team comprising numerous professions across a wide range of wards and departments and our philosophy has always tried to ensure equity and access by all those professional teams within the Trust. Whilst maintaining the General Purpose Charitable Funds for donations that have been received without a specific purpose, the Trustees have also recognised that some donors wish to give to named specialties. During the financial year the Trustees decided to expand the General Purpose Funds by providing a number of Memorandum Funds specifically for these specialties. Naturally this decision has impacted on the General Purpose funds that served the whole of the WDGHT health community but conversely it has reassured donors that their generous donations are secured for the specialty of their choice. Our registered funds can be found on the Charity Commission website www.charity-commission.gov.uk under registration No 1056479.

This report is a summary of the information that will be available in the Charitable Trustees' Report and Accounts, which is sent to the Charity Commission each year and prepared under the SORP 2005 regulations. The Audit Commission will audit the charitable accounts for 2005/06 in autumn 2006 and these will be available from the address set out below, along with the Trustees Report after that date.

If you would like further information about our charitable funds, or you wish to ask about fund-raising, making a donation or bequest to the West Dorset General Hospitals NHS Trust Charitable Funds, please contact the Company Secretary, Dorset County Hospital, Williams Avenue, Dorchester, Dorset DT1 2JY (direct line 01305 254114).

Balance Sheet as at 31 March 2006	Unrestricted Funds	Restricted Funds	Endowment Funds	Total at 31 March 2006	Total at 31 March 2005
	£000	£000	£000	£000	£000
Fixed Assets					
Intangible assets	0	0	0	0	0
Tangible assets	0	0	0	0	0
Heritage assets	0	0	0	0	0
Investments:					
Investments	0	0	0	0	0
Programme related investment					
Total Fixed Assets	0	0	0	0	0
Current Assets					
Stocks and work in progress	0	0	0	0	0
Debtors	33	39	0	72	46
Investments	0	0	0	0	0
Cash at bank and in hand	187	506	0	693	490
Total Current Assets	220	545	0	765	536
Liabilities					
Creditors: Amounts falling due within one year	2	5	0	7	22
Net Current Assets/(Liabilities)	218	540	0	758	514
Total Assets less Current Liabilities	218	540	0	758	514
Creditors: Amounts falling due after more than one year	0	0	0	0	0
Provisions for liabilities and charges	0	0	0	0	0
Total Net Assets(Liabilities) excluding pension asset or liabilities	218	540	0	758	514
Defined benefit pension scheme asset or liability	0	0	0	0	0
Total Net Assets(Liabilities) including pension asset or liabilities	218	540	0	758	514
The Funds of the Charity					
Endowment funds	-	-	0	0	0
Restricted	-	540	-	540	372
Unrestricted Income funds					
Share capital	0	-	-	0	0
Unrestricted income funds:	218	-	-	218	142
Revaluation reserve	0	-	-	0	0
Total Unrestricted income funds excluding pension asset/liability					
Pension Reserve					
Total unrestricted funds	218	0	0	218	142
Total Funds	218	540	0	758	514

Statement of Financial Activities for the year ended 31 March 2006	Unrestricted Funds	Restricted Funds	Endowment Funds	Total Funds	2004-05 Total Funds
	£000	£000	£000	£000	£000
Incoming resources					
Incoming resources from Generated Funds					
Voluntary Income	223	265	0	488	245
Activities for Generating Funds	0	0	0	0	0
Investment Income	5	12	0	17	47
Incoming Resources from Charitable Activities	0	0	0	0	0
Other Incoming Resources	0	0	0	0	0
Total Incoming Resources	228	277	0	505	292
Resources Expended					
Costs of generating funds					
Costs of Generating Voluntary Income	0	0	0	0	1
Fundraising Trading: Costs of goods sold and other costs	0	0	0	0	0
Investment Management Costs	0	0	0	0	0
Charitable Activities	149	92	0	241	252
Governance Costs	6	14	0	20	30
Other Resources Expended	0	0	0	0	0
Total Resources Expended	155	106	0	261	283
Net incoming/(outgoing) resources before transfer	73	171	0	244	9
Transfers					
Gross transfer between funds	(24)	24	0	0	0
Net incoming/(outgoing) resources before other recognised gains & losses	49	195	0	244	9
Other recognised gains /(losses)					
Gains/(losses) on revaluation of own fixed assets	0	0	0	0	0
Gains/(losses) on investment assets	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension schemes	0	0	0	0	23
Net movement in funds	49	195	0	244	32
Fund balances brought forward at 31 March 2005 (restated)	169	345	0	514	482
Fund balances carried forward at 31 March 2006	218	540	0	758	514

The fund opening balances at the 1 April 2005 have been restated due to an error in the classification of the Critical Care Fund as a Restricted Fund. This fund is a memorandum fund of the General Purpose Fund which is Unrestricted. The balance of the Critical Care Fund at the 31 March 2005 was £26,970.66 which has now been correctly classified as Unrestricted

Contact Details

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Dorset County Hospital
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DT1 2JY

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e-mail: headquarters@wdgh.nhs.uk

Website: www.dch.org.uk

Patient Advice and Liaison Service

Freephone: 0800 7838058

E-mail: PALS@wdgh.nhs.uk

The content of our annual report can be made available in large print and audiotape formats, and in other languages, on request. Please call 01305 254645 or e-mail headquarters@wdgh.nhs.uk

West Dorset General Hospitals 
NHS Trust