CELEBRATING OUR SUCCESS
CREATING OUR FUTURE

Annual Report and
Summary Accounts 2007/08

www.ashfordstpeters.nhs.uk
PUTTING PEOPLE AT THE HEART OF EVERYTHING WE DO

Striving for excellence
Being open and honest
Providing patient focused care
Treating everyone with humanity and respect
Developing and valuing teams and individuals
Ensuring a safe, clean and caring environment

Humanity - Respect - Caring

Honesty - Safety - Excellence

Ashford and St. Peter’s Hospitals NHS Trust
Welcome to the Annual Report for Ashford and St. Peter’s Hospitals NHS Trust for 2007/08

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If you want to stay in touch with events and news from Ashford and St. Peter’s please send an e-mail to members@asph.nhs.uk or write to Communications, The Studio (SDU), St. Peter’s Hospital, Guildford Road, CHERTSEY, Surrey, KT16 0PZ

www.ashfordstpeters.nhs.uk
60 YEARS OF THE NATIONAL HEALTH SERVICE

2008 marks the 60th Anniversary of the National Health Service. Both Ashford and St. Peter’s Hospitals have long and proud histories both pre and post creation of the NHS in July 1948. As part of the preparations for NHS 60 information about the two hospitals is being brought together as the following timeline demonstrates.

St. Peter’s Hospital is on the north east corner of what was the Botley Park Mansion estate which appears in records as far back as 1319. At one stage Silverlands – built sometime between 1818 and 1825 just north of St. Peter’s Hospital provided a home to the nursing school associated with St. Peter’s.

At Ashford the Board of Guardians of Staines Poor Law Union established the Staines Union Workhouse in 1840 on land adjoining Town Land at Ashford (in Stanwell parish). The Workhouse laundry was opposite and the laundry remained in use until the mid-1970s. A Workhouse Infirmary was established on left of the driveway at the main entrance and was later used as the School of Nursing for Ashford Hospital but was demolished in 1995.

In 1908 St. Nicholas & St. Martin’s Orthopaedic Hospital for crippled girls was established at Pyford and this was subsequently renamed the Rowley Bristow Orthopaedic Hospital. In 1912 Staines Union Isolation Hospital opened at the Long Lane end of the site and this was later known as the Holloway Unit. A year later in 1913 Staines Boys Home was built in grounds of the hospital and this was later used as a Nurses Home. And another year later in May 1914, Staines Cottage Hospital opened in Kingston Road, Ashford.

In 1929 the Botleys Park Estate was purchased by Surrey County Council from the Gosling family for the purpose of care, treatment and remedial training of ‘backward’ children and adults. A new wing was added to the mansion and the villas were built in the grounds to house the patients. In 1930 at Ashford the Workhouse became the responsibility of Middlesex County Council and was renamed the Staines Institute.

The following timeline, developed by volunteers working for the Communications Department, sets out what we know about the history of both sites during the Second World War and since.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>ASHFORD SITE</th>
<th>ST. PETER’S SITE</th>
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</thead>
<tbody>
<tr>
<td>1939</td>
<td>Staines Emergency Hospital formed from the old Staines Institute plus 10 new huts built for expected military casualties from France. Staffed with doctors and nurses from the West Middlesex Hospital.</td>
<td>A medical centre including twenty-one Villas was established for the care and treatment of patients known as ‘Botleys Park Colony for Mental Defectives’.</td>
</tr>
<tr>
<td>1939-1945</td>
<td>Casualties arrive from Dunkirk and the hospital experiences its first air raids and bombs. The last bombing occurred on 17 May 1944.</td>
<td>The Botleys Park site (pictured left) was used as a hospital for the treatment of Dunkirk casualties. During this time consultants and nurses were seconded from St. Thomas’s and St. George’s Hospitals, London. Consultants and nurses were recalled to their London hospitals after the war. During the hostilities the Orthopaedic Department of St. Thomas’s London was bombed and work was transferred to the Rowley Bristow Hospital at Pyrford.</td>
</tr>
<tr>
<td>1941</td>
<td>Female Nurses training School opened and the Hospital became known as Staines County Hospital. D Block and main kitchen completed.</td>
<td></td>
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www.ashfordstpeters.nhs.uk
<table>
<thead>
<tr>
<th>YEAR</th>
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<tr>
<td>1945</td>
<td>Hospital renamed Ashford County Hospital.</td>
<td>General Nursing Council gave authority for the formation of the St. Peter's Training School for Nurses. This was opened in March of that year with three Student Nurses at Silverlands. In this year St. Peter’s became a general hospital serving Chertsey, Bagshot, Walton-on-Thames and Woking and the name was officially changed to St. Peter’s. This name was taken from the mother church of St. Peter’s Chertsey.</td>
</tr>
<tr>
<td>1947</td>
<td>By now the Hospital was serving Staines, Ashford and Stanwell.</td>
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<tr>
<td>1948</td>
<td>On 5&lt;sup&gt;th&lt;/sup&gt; July National Health Service established. Hospital renamed Ashford (General) Hospital.</td>
<td>On 5&lt;sup&gt;th&lt;/sup&gt; July National Health Service established.</td>
</tr>
<tr>
<td>1956</td>
<td>Nurses’ Home established called MacWilliam House.</td>
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<tr>
<td>1962</td>
<td>League of Friends inaugurated.</td>
<td>An ‘Accident Centre’ - a prototype for rest of the country - was established.</td>
</tr>
<tr>
<td>1963</td>
<td>The Old Workhouse is demolished.</td>
<td></td>
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<tr>
<td>1965</td>
<td></td>
<td>Post Graduate Education Centre opens.</td>
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<tr>
<td>1966</td>
<td>Accident and Emergency and Outpatients Departments opened. (Pictured right is the West Wing at Ashford Hospital under construction.)</td>
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<tr>
<td>YEAR</td>
<td>ASHFORD SITE</td>
<td>ST. PETER’S SITE</td>
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<tr>
<td>1966</td>
<td>Ashford Hospital Hostesses established (known as ‘Shrimps’ – because of their pink uniforms) they later became part of League of Friends.</td>
<td></td>
</tr>
<tr>
<td>1967</td>
<td>New Physiotherapy Unit opened in July.</td>
<td>New Operating Theatres are opened by HRH Duchess of Kent.</td>
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<tr>
<td>1968</td>
<td>Maternity Unit opened with 92 beds and 18 special care cots.</td>
<td>Maternity Unit opened. First arrivals were twin boys to whom silver mugs were presented. In 1991 the 21st birthday of the Unit was celebrated and the twins and their parents were present.</td>
</tr>
<tr>
<td>1970</td>
<td>£1.75 million development began</td>
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<tr>
<td>1972</td>
<td>Clinical Block opened</td>
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<tr>
<td>1980</td>
<td>By the 1980s Ashford was a District general Hospital with 770 beds. The old Staines Isolation Hospital became psycho-geriatric Unit (Holloway Unit) with patients transferred from Holloway Sanatorium.</td>
<td>New Departmental Block (pictured left) opened by Sir Geoffrey Pattie MP for Chertsey.</td>
</tr>
<tr>
<td>1981</td>
<td>New Departmental Block (pictured left) opened by Sir Geoffrey Pattie MP for Chertsey.</td>
<td></td>
</tr>
<tr>
<td>1986</td>
<td>Staines Cottage Hospital demolished.</td>
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<tr>
<td>1988</td>
<td>Abraham Cowley Unit opened.</td>
<td></td>
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<tr>
<td>1989</td>
<td>New Friends Café opened.</td>
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<tr>
<td>1990s</td>
<td>Hospital Chapel and Sports &amp; Social Club demolished for re-building of Hospital. Proceeds from the land, sold to supermarket Tesco, was used to build new Ward Blocks, the A&amp;E Department, kitchens, Education Centre and management offices.</td>
<td>Rowley Bristow Trauma and Orthopaedic Clinic moved to St. Peter’s Hospital from Pyrford.</td>
</tr>
<tr>
<td>1990</td>
<td>Silverlands Nursing School amalgamated with other Schools of Nursing in Surrey and Hampshire to become Francis Harrison College of Nursing and Midwifery (pictured right are Ashford Nurses from 1985).</td>
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<tr>
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<tr>
<td>1991</td>
<td></td>
<td>Blanche Heriot Unit for Genito and Urinary Medicine opened (named after the curfew bell).</td>
</tr>
<tr>
<td>1991</td>
<td></td>
<td>21st birthday of Maternity Unit (see 1970)</td>
</tr>
<tr>
<td>1992</td>
<td>Ashford Hospital became an NHS Trust headed by a Management Board.</td>
<td>St. Peter’s Hospital became an NHS Trust headed by a Management Board</td>
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<tr>
<td>1992</td>
<td></td>
<td>Duchess of Kent Wing and new Ward Block opened.</td>
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<tr>
<td>1994</td>
<td>New A&amp;E department opened and old Infirmary demolished to accommodate new Hospital roadway.</td>
<td></td>
</tr>
<tr>
<td>1995</td>
<td>New Ashford Hospital fully operational. (Pictured right the new Ashford Hospital nears completion.)</td>
<td>Prince Edward Wing including the new Accident Centre, Rowley Bristow Centre (Orthopaedics) and Intensive Care Unit opened by HRH Prince Edward (pictured left on the front cover of the Trust’s ASPire Magazine for staff).</td>
</tr>
<tr>
<td>1998</td>
<td>Ashford Hospital merges with St. Peter’s to become one hospitals NHS Trust.</td>
<td>St. Peter’s merges with Ashford hospital to become one hospitals NHS Trust.</td>
</tr>
<tr>
<td>2001</td>
<td>New mosaics made at entrance.</td>
<td></td>
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<tr>
<td>2002</td>
<td>Quadrangle garden (pictured right) opened with restored 1902 chapel window.</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>£1.5m refurbishment and expansion of Neonatal Intensive Care completed. New Unit opened by Sophie, Countess of Wessex (pictured left).</td>
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<tr>
<td>YEAR</td>
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<td>ST. PETER’S SITE</td>
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<tr>
<td>2007</td>
<td>Health Minister Ann Keen returned to her roots visiting Ashford Hospital where she once worked as a nurse and also St. Peter’s Hospital.</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Eye Ward and Clinic Opened</td>
<td>Acute Stoke and Brain Injury Unit Opened</td>
</tr>
</tbody>
</table>

You can access an up to date version of this timeline on our website at [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk). At both hospitals we have display panels on the walls showing the development of both Ashford and St. Peter’s Hospitals.

If you believe that a significant event in the history of the two hospitals has been missed or you want to share your memories of Ashford and St. Peter’s – either as a member of staff or as a patient with the Trust please contact the Trust’s Communications Team on 01932-722409 or e-mail [comms@asph.nhs.uk](mailto:comms@asph.nhs.uk).
SECTION TWO
INTRODUCTION AND OVERVIEW

This section provides an overview of the Trust, the area which it operates in and some key facts. It includes:

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Chief Executive’s Review Page 2-4
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Catchment Area Map Page 2-7

Health Minister Ann Keen visiting the Neonatal Intensive Care Unit
Chairman’s Review

This is my last contribution to the Ashford and St. Peter’s Hospitals NHS Trust Annual Report as I will leave the Trust in October, after 6½ years as your Chairman.

No year has been the same, and it has always been rewarding and often humbling to be able to lead such a stimulating organisation. The last year has had its high points and low points, with a significant amount of time being devoted to the discussions on merger with Frimley Park.

But most of all 2007-8 has been a year of significant achievement, which has been the culmination of the hard work and willingness to change which is a hallmark of Ashford and St. Peter’s. Our achievements are outlined throughout the report, but I will give you a perspective on some of them.

• We built a financial surplus of £2.5 million, which could easily have been more if all plans came to fruition. Previous years have been supported by ‘one-off’ NHS support but now we are seeing the accumulation of the cost controls of previous years which give us a sustained position. Also we have shown ourselves able to respond flexibly to unplanned demands.

• The 18 week and 4 hour targets were met, in the end, with some ease. This was again due to our own efforts with minimum external contributions.

• We have got a firm grip on infection control and the Trust is full of signals that we intend to keep it there. MRSA cases reduced by 51.6 per cent, and after we were hit early by Norovirus, for the last eight months we have been 27 per cent below our C.difficile guideline target.

• All other government targets were met and our Healthcare Commission Standards have improved on last year.

• We have continued to innovate, adding the new Stroke unit to the Rapid Access Centre. We have also refurbished areas of the core of Ashford Hospital including the new Breast Unit and the Eye Ward and Clinic. At St. Peter's we have started knocking down the old Ramp and building the new £4.85m mortuary. We have also opened an eighth Neonatal Intensive Care cot.

• We have had more births than ever before, and treated inpatients and outpatients at almost 460,000 visits to both hospitals.

• One disappointment is that our Patients’ Survey results remain stubbornly average, some of which is a function of the fact that we operate in an area where recruitment is very competitive, and our population are hard to please. But in some areas such as patient communications and treating patients with dignity, we have to try harder.

The discussions with Frimley Park were hard and long, and started with a high level of visionary thinking. However, as time passed, the cultural differences between us became more apparent and by the end of the financial year, I could not see a formula which would properly reflect the great clinical and growing financial strengths of this Trust. Accordingly the Board felt that the vision was unlikely to be realised through the merger, and in the interests of the Trust, and especially its staff and patients, we decided to ‘go it alone’. However, the likely changes and pressures on the NHS may well mean that at sometime in the future, healthcare may have to be delivered by a different organisational structure.

The year has seen many changes of staff at all levels with retirements, transfers and the last remnants of the ‘Turnaround’ programme. The most notable change was the loss of Glenn Douglas, at short notice, to handle the ‘national’ emergency at Maidstone and Tunbridge Wells NHS Trust. I would like to pay tribute to Glenn’s immense contribution to the progress made by the Trust in the six years he was Chief Executive. He led this Trust from gloom and turbulence to a promising future, was an excellent listener, and was always willing to make progressive change. At short note and since, Paul Bentley has done an excellent job, and he and the team have worked tirelessly to meet the targets and, just as importantly, to involve and inform staff at all times. At Board level, the Trust is losing three long standing Non-executive Directors. Liz Brooks was Deputy Chairman from July 2005 to September 2007 and has always been closely and very effectively associated with staff and welfare matters. She has now moved to Bath and with some regret, has had to resign. Jenny Murray completes 10 years as a Non-executive Director in September and cannot be reappointed. She has made an outstanding contribution to patients’ affairs and healthcare standards at the Trust. Peter Field was a long time Chairman of Finance and Audit and has been hugely instrumental in
improving financial and other performance, and markedly escalating the use of information. This Trust has been lucky to have all three and they will be hard to replace.

This Trust is a very different place than it was six and a half years ago. We have changed from being a typical NHS ‘victim’ Trust to one keen to mould the future and embrace change. We have gone through major change and reconfiguration and are now building on a firm basis. It is particularly encouraging to see activity rising again at Ashford after the planned treatment centre did not proceed. This feeling of success does not just show in results, it shows in the confidence all around us. There is a ‘feel’ to an organisation which is going places, and we have it!

So what of the future? For 10 years we have suffered from underfunding, but now we have the financial strength, we can plan our future in a way which has never previously been possible. We are on track to become a Foundation Trust and I have no doubt that we will soon be seen as a leader in Surrey and South East health. I am now totally confident that most, if not all, of the patients’ benefits projected in the lapsed merger, can now be delivered by Ashford and St Peter’s on our own, helped by Foundation Trust status. You will have a new Chairman and a new Board to lead you, and I wish you all well. My last six and a half years have been extremely enjoyable and never dull, and I now leave you in good health, good heart, and in good hands.

Thank you for the privilege of being your Chairman.

Clive Thompson CBE
Chairman
June 2008
Chief Executive’s Review

2007/2008 marked a year of real achievement for the Trust. I am proud that, as a Trust, we have the lowest MRSA bacteraemia rates in Surrey. Our patients’ focus on coming into hospital and having a safe stay has been highlighted by issues around Clostridium difficile and MRSA bacteraemia. As such we are performance managed by the South East Coast Strategic Health Authority to achieve significant reductions and we have achieved these reductions over the year. I am grateful to all, but wanted to highlight and thank Dr Angela Shaw as Director of Infection Prevention and Control, Consultant Nurse Linda Fairhead and the Infection Control team for their hard work. It is clearly the responsibility of every member of staff to ensure an appropriate and safe patient environment for every patient that we treat.

We have also seen major reductions in the length of time our patients wait to be treated. Making sure our patients are seen within 18 weeks was a major national commitment and I proud that this Trust has achieved the March milestones for both admitted and non-admitted patients. We need to continue to deliver these as we move into the new year and further improve our performance to make sure that by September 2008 almost all of our patients have their care concluded within 18 weeks.

In a similar vein, the Trust achieved the target of 98% of all patients seen in our emergency services particularly Accident and Emergency within 4 hours. The theme of patients waiting less time, be that in emergency or outpatient or in-patient care, is important because our patients tell us it is a large part of what they want. In an organisation that spends more than £2.5 million per week providing patient care, it is important that we spend our money wisely. In 2007/08 the Trust delivered on its primary financial duty which is to return a surplus to repay previous borrowing.

All of these achievements are because of the contribution of all staff in the past year. I want particularly to thank all of the Clinical Directors whose contribution has been so significant during the year. It really is a testament to the hard work of all staff within the organisation that we are now achieving so many of the key goals.

We have also spent some time in the recent past looking at the provision of services through our buildings. The sale of the old West Wing at Ashford Hospital is now complete with the building sold with vacant possession to a housing developer. On the St Peter’s site we are our construction partners Costain are on schedule to complete the new Mortuary in early 2009 and we have advancing plans to vacate the old second world war ramp buildings. The situation on both sites is not without its challenges and it is very frustrating for both staff and visitors to the sites who have difficulty parking their cars. We will continue to find better ways to allow staff and visitors to park on the site when they need to come to either hospital.

Whilst it is important to acknowledge what we have achieved, we need to remain very focused. We have recently decided that merger with Frimley Park Hospital is not the best option for our Trust to achieve Foundation Trust status and therefore we are moving forward with plans to achieve this independently. Nevertheless we will still work closely in partnership with neighbouring Trusts on clinical networks where this will be of benefit to patients and produce economies and efficiencies of scale. Examples of this already exist in the Vascular and Heart and Stroke Networks which have been operational for some time.

In 2008/2009 we must continue to deliver on the expectations of our patients. We know that the levels of patient satisfaction in relation to the services that we provide are not all that they should be and this will be a major area of work in the year to come. We must continue to deliver on all statutory and national targets which are so important in building confidence for our public and we must improve both the site and increase the use of Ashford Hospital as an important part of the offering of this Trust going forward.

My sincere thanks are extended to everybody for their hard work in the year past and I hope that we will be even more successful in 2008/2009 as we move forward bearing in mind that, without the patients we serve, the Trust has no purpose.

Paul Bentley
Chief Executive
Background to Ashford and St. Peter’s Hospitals NHS Trust

Ashford & St. Peter’s Hospitals NHS Trust covers a catchment area including the Boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow, and Surrey Heath. The location of our two hospitals is shown in the map below. The Trust’s catchment area is shown on page 2-7.

Ashford Hospital

Ashford Hospital, situated on the A30 to the west of London, close to the junction 13 of the M25 and Heathrow Airport. The hospital continues to provide a wide range of medical and mainly day surgical services, outpatients services, ophthalmology, a dedicated stroke rehabilitation unit and now includes the Walk-In Centre and Rapid Access Centre. The main centres of population served by the hospital are Ashford, Staines, Sunbury, Shepperton, Feltham, Hanworth, Bedfont, Hampton, Teddington, Wraysbury and Heathrow Airport. With the recent closure of the West Wing all the wards and departments are located in buildings opened in 1995. The Education Centre is in the newest part of the building and provides a focus for training activities in the hospital, including a well-equipped library with computerised access, and a state of the art lecture theatre.
St Peter's Hospital

St. Peter's Hospital, Chertsey is situated in greenbelt parkland between Woking and Chertsey near junction 11 of the M25. It is 30 miles south west of central London and 10 miles from Heathrow Airport. The main centres of population served by the hospital are Woking, Weybridge, Chertsey, Staines and Walton on Thames. Originally St. Peter’s Hospital was built to serve casualties of the Second World War. Over the years, the Hospital has been rebuilt, developed and extended to include maternity services, a department/clinic area and a new theatre complex. In the early 1990s, the Duchess of Kent Wing which includes the Post Graduate Education Centre and modern well-equipped wards was opened. A new A&E, ITU and Orthopaedic Unit opened in the Summer of 1998 and a £1.5m upgrading of the Neonatal Intensive Care Unit was opened in 2005. In 2006 two new wards were built onto the Duchess of Kent Wing.

Not just at Ashford & St. Peter’s

In addition to services provided from the Ashford and St. Peter’s hospital sites clinical staff from the Trust run clinics for some specialties in locations across the area including Egham, Princess Alice Hospice, Teddington, Sheerwater, Staines, Sunbury, Walton, West Byfleet, Weybridge, White Lodge, and Woking, as well as in partnership with other Trusts at their hospital sites. As one of the largest employers in the area after Heathrow the Trust provides access to housing, child care, education and development opportunities including strong links with local universities and medical schools.

The area we serve

The Trust as a whole provides acute hospital services to a large and diverse population, with a catchment of around 400,000 stretching from West Hounslow to Woking across the Boroughs of Hounslow, Spelthorne, Elmbridge, Runnymede and Woking (see map on page 1-6). Although north west Surrey is a relatively affluent part of the country there are, nonetheless, pockets of deprivation with higher health and social needs within the Trust’s catchment area. The catchment population has a high proportion of older people with increased health needs, longer average stays in hospital and a greater need for social and community care. The Trust provides services to a significant number of non-local users due to the proximity of Heathrow airport, motorways and local trunk roads. For certain specialist services, such as Orthopaedics and Neonatal Intensive Care, the Trust provides services to a much more extensive catchment population.

Geographically, Ashford & St. Peter’s are well placed to serve this catchment area. In our view the local population gets the best of both worlds – hospitals close enough to their home to enable them to have outpatient and follow-up appointments at their nearest hospital whilst specialist treatment, sometimes requiring a stay in hospital, is only a few miles from either end of the catchment area.

Primary Care Trusts and Strategic Health Authority Overview

Until September 2006 the bulk of our services were commissioned by three Primary Care Trusts (PCTs) – Hounslow PCT, North Surrey PCT and Surrey Health and Woking PCT. In October 2006 PCTs covering Surrey were merged to form Surrey PCT. Strategic overview of the NHS was provided by Surrey and Sussex Strategic Health Authority (SHA) until June 2006 and in July this merged with Kent and Medway SHA to become South East Coast SHA.
The map below shows the Trust’s catchment area from which the organisation receives 90 per cent of its referrals. It also shows the neighbouring acute and community hospitals. The majority of the Trust’s work is commissioned by Surrey PCT with about 30 per cent coming into the Trust from the neighbouring Hounslow PCT area. The map shows old PCT boundaries and in October 2006 the five PCTs in Surrey merged to form the current single organisation.
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Some things we can provide quickly, others may take time to arrange.

Whatever you need - please ask for help

... putting people at the heart of everything we do ...
SECTION THREE
INTRODUCTION AND OVERVIEW

This section provides an overview of the Trust, the area which it operates in and some key facts. It includes:

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- Children's Services: Page 3-4
- Critical Care: Page 3-7
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- General Surgery and Urology: Page 3-12
- Imaging and Endoscopy: Page 3-14
- Maternity Services and Women's Health: Page 3-18
- Medicine: Page 3-20
- Specialist Surgery: Page 3-22
- Trauma and Orthopaedics: Page 3-24
ANAESTHETICS AND THEATRES

The Theatre & Anaesthetic Business Centre incorporates the Operating Theatre Departments and the Day Surgery Units at both Ashford and St. Peter’s Hospitals. St Peters Hospital is the acute site and has eight theatres and one day surgery unit. It provides a 24 hour service for trauma and emergency surgery as well as elective surgery.

The operating department at Ashford Hospital has five main theatres and two day surgery units. Three of the theatres are high specification laminar airflow rooms specifically designed for our planned orthopedic work in which Ashford Hospital specialises. We undertake surgical procedures in a wide range of specialties across the Trust including general and vascular, urology, gynaecology, orthopaedics and trauma, maxillo facial, ophthalmology, ENT, chronic pain, and emergency surgery. These areas account for more than 30,000 procedures per year.

Working with the surgical team, the Anaesthetic department provides general and local anaesthesia services and postoperative pain management services to enhance patient care during and after surgery.

The provision of General Anaesthesia involves inducing a state of unconsciousness in the patient so that no sensation of pain or awareness of the procedure itself can be felt. This is used for major and minor surgery under carefully controlled conditions. This type of Anaesthesia may be induced through the inhalation of gas or via an intravenous medication. The utmost care is taken to administer the treatment that is suitable for the patient’s requirements and general health and to monitor each stage of the process.

The provision of Local Anaesthesia is targeted on the particular area of the patient’s body that the surgeon is focusing on resulting in numbness and loss of painful sensation in that area. This is achieved by either an injection under the skin or more complicated procedures such as numbing individual nerves which can be located with the use of an ultrasound machine. More extensive local anaesthesia is achieved by using techniques such as spinal or epidural anaesthesia which allow, where appropriate, for our patients to be awake through often major surgery such as the delivery of their baby by Caesarean Section or hip and knee replacements.

Other services provided by the Anaesthetic Department include Intensive Care Management, Acute Pain Management following surgery, sedation and anaesthesia for procedures in the X-Ray department, endoscopy department and cardiac angiography suites. The Department also provides a 24 hour obstetric epidural service as well as a separate planned Caesarean Section list within our maternity unit. Our four Pain Management Consultants run specialised outpatient clinics and treatment sessions in combination with a Pain Management Programme for people with complex chronic pain problems.

Within our chronic pain department there has been the development of new Walk In clinics on both hospital sites. This has allowed us to treat the more minor chronic pain conditions rapidly and effectively without the need for admission to the hospital. A lot of patients seen in the pain clinic suffer from mechanical lower back pain. Our consultants have worked together on an evidence based treatment pathway that facilitates the management of these people and will allow our local General Practitioner’s to more easily engage with us in a truly integrated treatment process for this condition.

Within the surgical preoperative-assessment service at the Trust we have developed a high risk anaesthetic clinic. This clinic is run by a Specialist Anaesthetist and allows us at an early stage to help identify those patients who will require a more intensive treatment plan often involving the critical care team and other specialists within the Trust to ensure the best outcome for their planned surgery. This alongside an increased input into the operational running of our pre-assessment clinics is streamlining our patients’ access to theatres.
Early in 2007 theatres were challenged with redesigning the capacity of our operating theatres to match the increasing demand for surgery to ensure the Trust achieved the national March 2008 18 weeks milestones. Whilst doing this work we engaged in a large review of operational activity and analysis. Our theatres were benchmarked locally and nationally on performance and to date we have managed to improve all critical indicators to meet or exceed targets that were set. This has been matched alongside a general increase in patient numbers of approximately 18 per cent over the year. As a separate part of this work we have focused on some specific areas in Day Surgery and as a result nearly half of all our patients requiring their gall bladder to be removed now come in and out of hospital on the same day. We hope to repeat this success in other areas over the coming year.

Our Chronic Pain Management Department moves from strength to strength with another consultant taking up a full time interest in this area. We are now able to provide an increased number of out patient clinics so making a consultant opinion for our patients more easily accessible. Our consultants are also working with their colleagues in radiology to develop new and improved treatments involving the latest scanning techniques to improve the quality of care we deliver to our patients.

For further information about the Anaesthetics and Theatres Business Centre at Ashford and St. Peter’s please phone 01932-722148.

Dr Fiona Lloyd Jones
Clinical Director

Stephen Von Kier
Business Centre Manager
CHILDREN’S SERVICES

The Children’s Services Business Centre provides a comprehensive general paediatric and neonatal service which includes:

- General paediatric outpatients
- Emergency 24 hour on-site paediatric service
- Adolescent area
- Paediatric A and E department
- Paediatric day ward
- Level 3, Neonatal Intensive Care Unit & Transitional Care Unit
- Cardiology and echocardiography including fetal echos
- Paediatric diabetes
- Gastroenterology
- Cystic Fibrosis
- Respiratory paediatrics including pulmonary function testing
- Allergy clinic including skin testing and food challenges
- Neuro-developmental
- Behavioural
- Rheumatology
- Oncology Service
- Epilepsy Service
- Endocrinology Service
- Paediatric Haematology
- Children’s Community Nursing Team
- Child and Adolescent Mental Health Service
- Play Service

A hospital school including day centre for children with medical problems is co-located with the paediatric wards

Achievements during 2007/08

During the past year we are pleased to confirm that we have achieved the Trusts 18 week target, with 100% of children referred to our service receiving their treatment in under 18 weeks. We have improved and simplified the ‘Choose and Book’ process for our patients and their General Practitioners, ensuring that children are seen in the right clinic, as promptly as possible; and that relevant investigations are undertaken with the results available to the paediatric consultant at the time of the child’s first appointment. This not only results in a more efficient route through the 18 week pathway, but most importantly results in an improved and more efficient service for the child and their parents/carers.

There has been a marked increase in activity across several paediatric areas, including in emergency admissions (approx 10%), paediatric outpatients, A&E, Child and Adolescent Mental Health Services and NICU. This would appear to support not only the obvious rise in population within our area, but also an increase in our popularity amongst service users. Although this has put additional pressure on our service, we have responded to these increasing demands and have managed to continue to deliver an efficient service, ensuring that we continue to meet the Trust objectives and targets of 18 weeks and 4 hour waits in A&E.

Within paediatric outpatients we introduced a system of sending automated text message reminders to parents prior to follow up appointments, to reduce non-attendance. The system was implemented in February 2007 and the number of automated text messages being sent has gradually increased as mobile phone number data has been collected and input into the PAS system. We currently have an overall coverage of approximately 40% of all follow up outpatient appointments being sent a text reminder and this has resulted in a reduction from 16.3% to 12.7% in non-attendance rates so far. However, the success of this system relies on staff acquiring accurate and up-to-date mobile numbers from parents and we are aware that we still need to improve in this area. For example, it is noticeable that our success rates are higher at St Peter’s Hospital than other sites. We are confident that with further planned staff training, we will reduce the figure to below 10% non-attendance in the near future. We are delighted that this system has now been shared with other areas and is very successfully being used in both the orthopaedic and pain clinics and that it has been entered into the ‘Best of Health Awards’ as an innovative practice.

Our paediatric A & E department has worked extremely hard to ensure that children are assessed and treated as soon as is possible throughout the year, achieving 98.5% of children being seen and either admitted or discharged in under the 4 hour Trust target.
In February 2007 we appointed a new Consultant with a specialist interest in epilepsy, to enable us to improve our service for this condition. Our epilepsy service has subsequently developed and grown and now includes rapid access ‘first fit’ clinics and ‘complex epilepsy’ clinics, with appointments being offered to children within 2 weeks where there is a concern that they may have epilepsy. We are proud of our achievements throughout the year and believe that we now offer a high quality service that meets the latest NICE Guidelines for the Management of Epilepsy 2004.

We have established a formalised 2 year programme for high risk babies admitted to NICU, which includes a structured developmental follow up assessment for all babies born weighing less than 1kg and/or born before 27 weeks gestation. We are planning to expand the service over the next year to include babies that weigh 1 - 1.5kg and/or are born between 27-30 weeks gestation. The findings of the formal assessments are being collected and audited to create a local database, allowing families to be counselled using both local and national data.

We have continued to develop and expand our neonatal transport service and now have a service operating Monday to Friday 8am to 4pm, with a dedicated Doctor, Nurse and Ambulance Technician and our own dedicated ambulance. We undertake both elective and emergency transport of babies throughout Surrey and the surrounding areas. Although the majority of babies that we transport are either travelling from or to our Neonatal Intensive Care Unit (NICU) at St Peter’s, we have this year responded to colleagues in other areas and transported babies in need of transfer, when their teams have been unavailable. We plan to further develop our neonatal transport service this year, to deliver a service 12 hours a day 8am – 8pm, 7 days a week.

The ongoing training and development of our staff at all levels is important to us, as is the need to ensure efficient and effective communication across the team. We have, therefore, created a Paediatric Seminar Room within the Paediatric Unit, to provide us with an excellent facility, with all of the necessary IT resources to deliver training programmes and team meetings and to be available for any other use that will benefit our staff, patients and their families.

We are delighted to be able to share that we are currently in the process of creating a High Dependency facility within Ash Ward. This will result in us being able to deliver high dependency care to children, who presently need to be transferred to other hospitals. This facility will enable us to provide more care locally; often in an environment that the child and their family may be familiar with and enable the child to continue under the care of a consultant paediatrician that they may know well. A high dependency care provision will also provide additional revenue for the Trust as well as increasing the profile of the paediatric service at Ashford and St Peter’s Hospitals NHS Trust. Building work is well under way to develop the necessary facilities for this service and we will be accessing relevant training to meet our staff needs in the very near future. It is hoped to have high dependency care beds open by September 2008.

The Play Service continues to support children in hospital and as well as play therapy provides an excellent preparation and familiarisation programme for children undergoing surgical procedures.

During the past year in the Child and Adolescent Mental Health Service we have successfully implemented a ‘CHOICE and PARTNERSHIP’ approach to assessing and treating families allowing an assessment session for all families referred and a more swift and efficient transition of care for treatment or referral onto partner agencies. This has enabled us to make stronger links with community based agencies and has significantly reduced the time from referral received to first appointment to within six weeks.

This year has also seen the expansion of the service and two Consultant Psychiatrists have been appointed with special interests in Paediatric Psychiatry links and Adolescent Psychiatry. The service has expanded its links with School Nursing, Pupil Referral Units, Infant Mental Health, Paediatric Liaison and the continued development of the CAMHS 24/7 weekend on call service in connection with Social Care, to name but a few specialist areas.
An Operational Manager was appointed in September 2007 to support both the development of the CAMHS service and the transition to the ‘One Surrey CAMHS Service’ hosted by Surrey and Borders Partnership NHS Foundation Trust, as of the 1st April 2008. Although, from the start of the new financial year, the CAMHS Service is no longer directly part of Ashford and St Peter’s Children’s Services we are confident that the strong links forged between the two Trusts will provide a seamless service for our patients.

For further information about Child Health services at Ashford and St. Peter’s Hospitals please telephone 01932-722763. A separate annual report is available on request detailing the activities of the Neonatal Intensive Care Unit (NICU).

Dr Paul Crawshaw  
Clinical Director

Chris Costa  
Business Unit Support Mgr
60 years ago at the formation of the NHS Intensive care units did not exist in their current format. They evolved as a result of the polio epidemic in 1952. The Critical Care Directorate comprises of 14 beds. Eight beds in the Intensive Care Unit and six beds are in the Surgical High Dependency Unit (SHDU). High Dependency Units provide a slightly less intense level of care than the Intensive Care Unit. Critical Care also incorporates Outreach and Resuscitation services. The Unit treated over 400 patients during 2007/08, the majority of whom required advanced ventilatory support. The SHDU, is managed by the surgeons, and treated over 650 patients during 2007/08.

The Intensive Care Unit provides advanced ventilation, cardiovascular and respiratory support for acutely unwell patients with multi organ failure. This includes patients who require these services following surgery such as vascular, gastrointestinal, gynaecology, colorectal, renal support plus severe respiratory disorders and disease. The SHDU also discharges patients from the unit using a 'Nurse led discharge policy' which utilises strict criteria to see if a patient is ready to be discharged without the need for medical advice. This works well when there are beds available to discharge to.

Critical care houses level 2 and 3 patients. As a patient’s condition improves they move to a level 1 or level 0 category. In previous years including this year all the data is showing that there is a reduction in level 2 and 3 activity and an increase in level 1 activity.

Following another year full of activity, our multidisciplinary critical care outreach team (CCOT) continues to recognise, enhance and support the care of the acutely unwell patient at St Peter’s hospital by detecting acutely unwell patients and or a deterioration in their condition in ward areas and taking early action to prevent admission to higher levels of care. As a result, ward based staff and clinical teams feel better supported and equipped to manage patients who are acutely ill.
The skills, knowledge and attitudes of the outreach team delivering critical care are vital to many level one, two or three patients and we strive to identify these patients early. We can then deliver appropriate treatment in the appropriate location. For some patients this will mean an early admission to a critical care unit. Other patients may be properly cared for on a ward, sometimes with additional critical care outreach support. Part of this process is the recognition that patients have critical care needs that continue beyond the ICU and even after hospital discharge; hence the vital importance of our post-hospital follow-up clinic.

Already established formal educational programs continue to take place with the addition of a dedicated AIM (Acute Illness management) course open to all new F1 medical staff annually, immediately prior to them commencing employment at the Trust. Feedback has been extremely positive with junior medical staff commenting that following the AIM course they feel better equipped to start their working lives as a doctor with both the practical skills required to treat the sicker patients and also benefitting from the opportunity to informally meet the outreach doctors and nurses and know them as a future resource for advice and support in all aspects of the critically ill patient.

Following the publication within the last year of the document *Acutely ill patients in hospital: recognition of and response to acute illness in adult in hospital.* (NICE, 2007) the Outreach team are assured that the strategies already put in place by the CCOT for the recognition and treatment of the acutely unwell patient correspond with the NICE guidelines. The major components include:

- The graded response strategy
- Appropriate physiological observations
- Physiological “track and trigger” system
- Education and training
- Critical care discharge planning

In 2007/08 we have:

- Expanded the dedicated bleep holder service to include Saturdays and a trial of Sundays is currently taking place with the intention of increasing service provision to seven days per week.
- Provided a dedicated intensive care consultant Mon –Fri, working along side the outreach nurses and junior anaesthetic staff, providing expert opinion on and providing support on the treatment of critically ill patients outside of critical care.
- Launched the innovative “Purple form” method enabling anaesthetists to identify intermittent/high risk surgical patients whilst still in theatre/recovery thus triggering early outreach assessment and intervention in recovery/wards has been well received by both anaesthetic and critical care staff.
- Introduced a Modified Early Warning System (MEWS) and referral process designed specifically for use in recovery. This unique concept helps to ensure that all unstable post operative patients are recognised and treated promptly by recovery and anaesthetic staff but also meets NICE requirements that all patients have MEWS score documented prior to discharge to the ward.
- Revised the clinical observation chart with integrated MEWS and outreach referral pathway has now been launched trust wide in all adult areas (excluding maternity).
- Developed discharge planning for our long term intensive care patients has been developed to improve the quality of the transition from critical care to the ward. Individual care plans are now written by the ITU staff in order to meet the unique requirements of patients going to the wards. Follow up care is provided for these patients by the outreach team until hospital discharge concluding in subsequent follow up clinic six weeks post discharge.
- Introduced a cardiac arrest pager to the CCOT who now routinely attend arrests to support junior anaesthetic staff and investigate in-hospital unexpected cardiac arrests.

Our key priorities for 2008/09 are:

- With the formal establishment of the sepsis care bundles and surviving sepsis database, outreach continues to collect data on septic patients. We plan to maintain the momentum of the campaign by presenting our preliminary findings at various specialties educational half days this year.
- Implementation of a new educational program which will provide recovery nurses with the additional skills and competencies required to care for level three patients out lying in recovery. The program includes dedicated time
in intensive care providing the recovery nurses with opportunity to care for level three patients under the supervision of critical care staff.

The Resuscitation service trains and updates staff in current resuscitation practices both in basic life support and advanced techniques including educational packages teaching the public. They also run advanced courses for other applicants across the south east. In the past year approximately 600 staff have been trained in either Basic life support, Advanced life support, Paediatric life support or neonatal life support. Patients and their families have also been trained in basic life support skills following insertion of an Intra Cardiac Defibrillator.

Intensive care introduced a follow up service in 2003. This is an invitation for those patients who have been discharged home from hospital for 6 weeks having spent at least 5 days on a ventilator in intensive care. This has included 16 patients in 2007/08 and 146 patients in total since the start of the programme. Although more patients are invited to the clinic then attend, it is with good reason that these patients do not wish to return to the hospital and discuss issues that they might consider difficult.

However, the clinic has successfully referred patients with identified problems including:
- Swallowing or speech problems following tracheostomy.
- A patient who came to clinic with identified Diabetes which was untreated.
- Several patients have been referred for psychological counselling.
- Further physiotherapy.
- Hydrotherapy.
- Missed appointments
- Pharmacology review
- Dietician
- Referrals to an Andrology clinic

Other identified issues that have helped with clinical practice within critical care are:
- Privacy and dignity
- Communication
- Information
- Relatives questionnaire
- Relatives information booklet, generated as a result of the questionnaire.

The service has been well evaluated by the patients and a letter is forwarded to the patients GP to update them on any change in condition or concerns.

For further information about Critical Care services at Ashford and St. Peter’s please phone 01932-722148.

Mark Russell
Clinical Director

Den Hallett
Business Unit Service Manager / Matron
EMERGENCY SERVICES

Emergency Services have faced a challenging year and the team are very proud of the achievements made during 2007/08. The Business Centre comprises Accident and Emergency (A&E), Walk-in Centre (WIC), Medical Assessment Unit (MAU) and Surgical Assessment Unit (SAU).

Emergency Services Matron

A new post for Emergency Services was filled in April 2007 with the appointment of Denise Flack covering all four areas of the Emergency Services Business Centre. Denise brought to the trust many years experience within the Emergency Services field and is also a qualified Emergency Nurse Practitioner and Nurse Prescriber. With three years experience in a Matron role already under her belt Denise spent the first few months looking at patient flow within the MAU and with Jean Haire, the Business Centre Manager, the team have improved the service provided to patients referred for medical opinion. The assessment bay has been extended from one bay to two which has also had a direct result in reducing complaints, improving patient flow and quality of care.

Denise has also implemented The Matron quality round, working hands on alongside her team talking to patients and relatives working hard to improve quality of care and patient and relative satisfaction. The whole of the nursing team participate in nursing quality audits, uniform policy audits and audits relating to high impact changes and infection control. These audits look at general hand washing and universal precautions, urinary catheter care pre and post insertion, care of intravenous cannula pre and post insertion.

Accident and Emergency

Emergency Services are pleased to announce the appointment of Mr. Tom Allan full-time locum Consultant to the existing team of four (3.6 whole time employed) A&E Consultants. Mr. P R J Rana who has worked at the hospital for many years is due to retire at the end of 2008 and has relinquished his role of clinical director. This role has been taken on by Dr Heather Clark an experienced Consultant from Epsom with an special interest in trauma. Dr Clark has secured funding to re-vamp the resuscitation bays, improving the storage areas providing standardisation of equipment. Heather has also had a paper accepted for publication by the Emergency Medical Journal relating to ‘wheelie’ trainers worn by children and injuries sustained.

In July last year Sarah Neave the Clinical Practice Educator went on Maternity leave. Within Emergency Services this role, as with any area is extremely vital in supporting the nursing staff in their professional development and also ensuring that our patients receive high quality evidenced based care. Therefore to ensure this continued Rebecca Buchan has been seconded from a senior Sister role into the post to cover this leave. Rebecca brings with her a wealth of clinical experience and is on the shop floor working with the team and ensuring staff are able to attend the correct training and development relating to the needs of the service and the Knowledge and Skills Framework.

The national four-hour target was a challenge for the whole Trust, not just those working within Emergency Services. However at the end of March 2008 we achieved the 98% target in our own right despite the stiff challenges of winter pressures and the talk earlier in the year about the possible loss of one of the local A&E departments which was unsettling and worrying for all concerned. The ‘Fit for the Future’ programme issues were resolved during 2007 but the Emergency Services team remain very supportive of plans for working more closely in the future with neighbouring local hospitals.

The A&E department continues to supply and develop the Emergency Nurse Practitioner (ENP) Service and over the last few months has seen some of the ENPs rotate from Ashford WIC to St. Peters and vice versa. We have also supported two ENPs to develop their knowledge and skills in seeing and treating patients presenting with minor ailments by attending a course run at Kings College University. It is anticipated that two more ENPs will attend the course to become fully fledged nurse prescriber’s in the near future.
The A&E reception team are now led by an experienced supervisor and this along with some recruitment has allowed for greater efficiency in relation to coding of the A&E cards and we are 100 per cent compliant with this very important task. The reception area now has information readily available in relation to health promotion and covers all subjects not just those relevant to A&E injuries and issues. We have also been working very closely with South East Coast Ambulance Service to ensure we continue the excellent work in relation to door to needle time for patients suffering from a heart attack and the new protocol for thrombolysis following a stroke. Furthermore, joined up working and increased communication is helping to improve the ambulance handover and turn around times enabling them to become mobile again to attend to more patients.

Medical Assessment Unit (MAU)

The MAU has faced many challenges over the past year particularly in relation to the skills of the staff and patient flow. The year commenced with the retirement of Dr Elizabeth McInnes and soon after the appointment of the Dr Jacqueline Ince. Due to the acute needs of the patients that present for medical opinion and treatment it became apparent that the MAU needed to review its nursing establishment to ensure a richer skill mix. A new senior sister was appointed and some of the experienced Emergency Nurse Practitioners working at the WIC were rotated to the MAU Assessment area. This has had a direct impact on improving patient care demonstrated with a reduction in complaints and clinical incidents. The opening of an extra assessment bay has ensured that all our patients are assessed within the bays and not left in the waiting area until a trolley becomes available.

Surgical Assessment Unit (SAU)

During 2007/08 the SAU celebrated its first birthday. Led by Senior Sister Vicky Powell the team on the unit have provided excellent care for patients presenting for surgical opinion. Since January 2008, Vicky has been on maternity leave and to ensure continuity of this service Dawn Gantley, an experienced Sister from the surgical unit at Frimley Park has been employed on a temporary basis. Heather Clark has taken over as Clinical Director and the service has proved to be very successful with very few complaints received and staff rewarded with numerous thank you cards and boxes of chocolates!

Walk-in Centre (WIC)

The Walk-in Centre ENPs continue to provide an excellent service to the local community and to ensure that the demands of this service were met a review of the opening times was undertaken and thus the WIC at Ashford is now open from 10:00a.m. until 10:00p.m., 7 days a week, 365 days a year.

Recruitment

Emergency Services has recently secured a Clinical Governance Manager, a post new to the team, who will ensure that robust clinical incident reporting is undertaken, through investigation using root cause analysis and following this all lessons learnt are fully embedded. They will also ensure that complaints are fully investigated and actions are taken to ensure patients issues and concerns are addressed. Another post new to Emergency Services is that of the Emergency Support Technician. This person will support the team in improving patient care and helping to achieve the 98% target. They will perform tasks such as venepuncture, cannulation, chasing results and movement of patients between departments.

For further information about the Emergency Services Business Centre which encompasses A&E, Walk-in Centre, Medical Assessment Unit and Surgical Assessment Units please telephone 01932-723656

Dr Heather Clark
Clinical Director

Jean Haire
Business Centre Manager
GENERAL SURGERY AND UROLOGY

The General Surgery and Urology Business Centre consists of the following departments:
- Upper Gastrointestinal (UGI)
- Vascular
- Colorectal
- Breast
- Urology

Well over 31,000 patients had procedures undertaken by the directorate in 2007/08. A staggering 54,000 new out-patients were seen.

A lot of work went on throughout 2007/08 to achieve the national 18 Weeks ‘GP Referral to Treatment’ target – focusing on additional clinical work, and developing more efficient ways of working. The ‘daily business’ of providing an excellent patient experience, high quality clinical care, and reducing rates of infection continued through the year. Particular focus was given to ensuring patients were treated in the appropriate setting – especially those whose surgery could be performed as a day case.

During the year, Mr. Elliot Chisholm was appointed as Clinical Director for the General Surgery and Urology Directorate.

Making Good Progress

The directorate was able to maintain financial balance throughout year, despite the requirement to establish additional capacity to reduce waiting times for patients and meet the national 18 weeks milestones by March 2008. We consistently endeavoured to look for opportunities to improve efficiency and effectiveness. Two clear examples of this are:
- A reduction in admissions on the day before surgery – by ensuring patients are only admitted on the day of surgery (where appropriate), ward beds can be more appropriately allocated and nursing staff can focus on those recovering from surgery. In April 2007 16 per cent of patients were admitted the day before surgery; by March 2008, that number had reduced to only 6 per cent.
- Increasing the number of patients treated in a day case setting. Using the British Association of Day Surgery ‘directory’ of treatments as a guide, clinicians have been able to focus on selecting patients to undergo day surgery, rather than remaining in hospital overnight. Increasing the number of patients who fall into this category means that extra activity can be undertaken, without causing greater demands on ward beds. National patient feedback also shows that day surgery is preferred to a hospital stay.

In order to comply with the European Working Time Directive, the directorate employed an additional four Registrars. Adding to the existing group of junior doctors, they have provided an invaluable resource to provide high quality care to patients, and extra capacity to reduce waiting times.

One of the Surgical Wards, Kingfisher, worked with the NHS Institute for Innovation and Improvement during the year on their ‘Productive Ward’ programme. The Productive Ward aims to significantly increase the proportion of time spent providing direct care to patients, and improve patient and staff experience. Applying ‘Lean’ principles often used in industry, the programme simplifies the workplace and reduces ‘waste’ by having everything in the right place, at the right time, ready to go. Following the success achieved on Kingfisher Ward, the Trust is expanding the programme to other wards during 2008/09.

Planning for the Future

Service development plans for this coming year include:
- **Bariatric Surgery** - During 2007/08, Ashford & St Peter's Hospitals NHS Trust established the South Thames Bariatric Surgical Service with colleagues from St Georges Hospital and Frimley Park Hospital. The three Trusts developed a joint bid to offer Bariatric Surgery for the South East region. The outcome of this bid is expected in Summer 2008. Ashford and St Peters have been working closely with St. Georges over the last year to offer gastric banding and gastric bypass surgery. The joint bid will develop this work further, offering a co-ordinated service to patients in the South East. It is envisaged that the majority of gastric banding procedures will be
undertaken at the Ashford and St. Peter's sites, with over 100 patients a year being treated.

- **Urology** – a pilot scheme is being developed for Rapid Access Urology Clinics, whereby GPs can refer patients into the clinic, and be confident of the patient being seen within two weeks of referral. The team approach to these clinics will offer:
  - rapid diagnosis of condition
  - less patient attendances
  - potential to provide care closer to home
  - reduced follow ups
  - assurance of swift assessment

- Development of a **23 hour stay ward** for patients who are having minor surgery but require an overnight stay. It is expected that the ward will reduce patients’ length of stay, improve efficiency and admission and discharge planning. Locating similar patients in a single area will also provide a consistent approach to patient care.

- **Sacral Nerve Stimulation** – During 2008/09 that Directorate hopes to introduce Sacral Nerve Stimulation for patients in Surrey and Sussex. Currently this service is not provided locally and it is hoped that provision at Ashford & St. Peter's Hospitals will remove the need for patients to travel to central London or elsewhere for this service.

Further information about services provided by the General Surgery and Urology Business Centre can be obtained by telephoning 01932-722997.

Mr. Elliot Chisholm  
Clinical Director

Martin Bleazard  
Business Centre Manager
IMAGING AND ENDOSCOPY

There have been significant changes in imaging and endoscopy services both since the NHS was created in 1948 and during the last year at Ashford and St. Peter’s Hospitals.

In 1948 there were only rigid endoscopes available. In 1960 the first flexible fibreoptic scope was produced. The Endoscopist looked down an eye piece on the endoscope to visualise the GI tract. In 1968 the first ERCP was performed. In 1990 video endoscopes became available and the Endoscopist is able to see the GI tract on a colour monitor. This allowed more advanced therapeutic procedures to be performed and reduced the need for surgery, for example, the treatment of bleeding gastric ulcers.

2007/08 was a busy year for the Imaging and Endoscopy Directorate at Ashford and St. Peter’s, with the following modalities forming the department:

- Computerised Tomography (CT)
- Plain Film X-Ray
- Ultrasound
- Nuclear Medicine
- Bone Density (DEXA) Scanning
- Mammography
- Interventional Radiology
- Magnetic Resonance Imaging (MRI)
- Endoscopy
- Booking and Appointments
- PACs and Film storage
- Nursing and Environment

Well over 200,000 images were taken, and around 6,000 endoscopic investigations were carried out by the department. The national 18 Weeks and the six week maximum wait for diagnostics remained high on the Business Centre’s agenda all year – balancing the need to dramatically reduce waiting times, provide high quality clinical care, finance balance, and reducing rates of infection.

The directorate plans a number of capital projects of 2008/09 which include:

- A new CT scanner (pictured) at St. Peter’s Hospital (work began end of March 2008)
- A new digital mammography machine
- A new image intensifier, fluoroscopy, and interventional unit (C-Arm)
- A new mobile x-ray machine for the Neonatal Intensive Care Unit
- A new ultrasound machine
- 2 new gamma cameras
- 2 anaesthetic trolleys for the endoscopy unit
- Phased replacement and updating of endoscopic equipment

Dr Peter Finch was appointed as Clinical Director during the year, working alongside the Clinical Leads for each modality and the Trust’s managers to achieve these goals.

Ultrasound

During the year, the Ultrasound department has:

- Introduced the HyCoSy (Hysterosalpingo-Contrast Sonography) investigation of tubal patency to replace the more invasive and uncomfortable laparoscopy and Hysterosalpingography.
- Reduced waiting times from over 20 weeks to under 6 weeks for routine investigations
- Expanded the department to include 3 whole time equivalent ultrasonographers and 2 student ultrasonographers.
- Improved the waiting area and the process around waiting in order that patient’s wait in a secure and private area prior to their investigation
- Supported the development of one-stop investigative services for thyroid and shoulder disorders

Service development plans for 2008/09, include:

- Beginning the phased replacement of ultrasound machines to ensure that they department has access to the most up-to-date equipment.
- Bring waiting times down to a maximum of 2 weeks for routine investigation
• Further expand the department by another whole time equivalent in order to sustain reductions in waiting times.
• Increase direct access by marketing directly to General Practitioners, and in supporting the 18 week project through front-loading diagnostics
• Further develop ultra-sound guided injections (US-guided musculoskeletal intervention (shoulders, tendons, Morton’s neuroma etc), and allow direct access to this service

**Bone Density (Dexa) Scans**

This service was transformed during the last quarter of 2007/2008. The new DEXA scanner (pictured) was delivered in January 2008, and the Nuclear Medicine Team then pushed through all the outstanding patients in the final quarter:

- Waiting times have been reduced from nine months to four weeks
- Throughput tripled in the last quarter
- Radiographer-led reporting was developed
- Paediatric Bone Density Scanning has now been running for six months
- The department has successfully introduced evening scanning, which has been extremely popular with some patient groups

In 2008/09, the department plans to:

- Explore the expansion of evening scanning
- Further reduce and then sustain waiting times below two weeks
- Develop an interface with the Trust picture archiving and communication system (PACS)

**Nuclear Medicine**

This department had difficulties during the last quarter of 2007/08 due to the failure of one of the gamma cameras at St. Peter’s Hospital. The crisis saw the staff come together; re-organising their rotas and working overtime in order to keep ahead of the performance objectives for the year. Thus, during the last year, the department:

- Reduced waiting times for all investigations from 20 to six weeks
- Increased throughput, and began evening scanning

In 2008/09 the department will

- Take delivery of two new gamma cameras
- Provide the IT infrastructure necessary to allow Positron Emission Tomography (PET) scans done at Guildford to be viewed in the department rather than having to manually load these onto the computer.

**CT (Computerised Tomography) Scanner**

The two scanners, one at Ashford and one at St. Peter’s, worked well together, with Ashford focusing on out-patients and St. Peter’s on inpatients, and in 2007/08 the department eliminated waiting times ahead of the delivery of the new scanner in March 2008.

In 2008/09 the department will:

- Maintain waiting times below two weeks (although some small increase in waiting time is expected during the installation of the new scanner at St. Peter’s)
- Begin virtual colonoscopy investigations
- Begin Brain perfusion scans
- Instigate a permanent Saturday clinic
**Mammography**

2007/08 saw the use of analogue scanners at Ashford and the Runnymede Hospital facilitating a two-site breast service. 2008/09 should see the development of a (largely) one-site breast service at Ashford Hospital. In 2007/08, mammography reduced waiting times to below two weeks for routine investigation.

In 2008/09 the department will:
- Receive delivery of a new digital mammography machine at Ashford Hospital
- Eliminate waiting times

**Interventional Radiology**

Interventional radiology continues to be offered at Ashford and St Peter’s Hospitals. In 2007/08 this was reliant of capacity provided by in-house private providers, and by the Runnymede Hospital. Despite this the department managed to take on some procedures – Hickman Lines and Portocaths – previously done by surgeons. In 2008/09 the department will:
- Refurbish and refit Room Two to allow interventional radiology to be done with the assistance of a c-arm.
- Repatriate work from the Runnymede Hospital.
- Explore the potential of an out-of-hours service in conjunction with neighbouring Trusts.
- Develop other new services including vertebroplasty; kyphoplasty and carotid artery stenting.

**IT Infrastructure**

The Patient Archiving and Computer System (PACS) has yet to be rolled out to all areas within imaging. In 2007/08 all the local Trusts went on the same system in order to allow images to be viewed throughout the South East Coast area without recourse to sending films by post or courier. In 2007/08, the department:
- Connected PACS to MRI
- Developed a PACS web page connection with the Royal Surrey County Hospital
- Purchased an additional workstation to allow easier reporting of images.

In 2008/09 the department will:
- Develop web page connections with all four Surrey Trusts so that web images can be shared
- Connect Mammography to PACS
- Connect PET scans to PACS
- Upgrade the voice recognition CRIS (Clinical Research Information System) to allow easier automated reporting
- Receive delivery of a further new workstation to be placed in Nuclear Medicine.

**MRI (Magnetic Resonance Imaging)**

Lodestone continue to offer this service to the Trust and in 2007/08 waiting times were reduced from six months to six weeks. In 2008/09 the department will maintain short waiting times for this investigation.

**Endoscopy**

Activity was increased during the year and other providers were used in order to bring waiting times down to manageable levels. The Trust purchased new washers to ensure that new standards for the washing and sterilisation of equipment were met. In 2007/08, the department:
- Reduced waiting times from three to six Months to under six weeks
- Opened a further endoscopy room at St Peter’s

In 2008/09 the department will:
- Further reduce waiting times to below two weeks
- Receive delivery of standard-compliant functioning endoscope washers
- Seek to further develop direct access services
- Explore the possibilities of expansion and the incorporation of endoscopic procedures carried out elsewhere in the hospital into the department and directorate.
Administration

This service is vital to the smooth running of the other departments.

In 2007/08, the department:
- Installed a new telephone system to allow the development of a contact centre
- Saw the film library moved from St. Peter’s to be housed at Ashford hospital

In 2008/09 the department will implement full booking for all modalities.

Nursing, the Environment and other developments

The patient environment is crucial to the experience of the patient whilst they are accessing our services. We also need to maintain the highest levels of hygiene for optimal infection control.

In 2007/08 and next year, the department is committed to:
- Replacing all carpeted clinical areas
- Replacing washing facilities with those conforming to current infection control standards
- Bring all areas, through frequent audit, up to the highest infection control standards
- Developed a PACS web page connection with the Royal Surrey County Hospital
- Ensure the security of departmental equipment, staff and staff property by providing all rooms with locks
- Upgrading signage so that it is current and effective
- Upgrade decor where appropriate in order to maintain a positive image to patients
- Introduce a new imaging form to capture all investigations in a simple format.
- Support the further expansion of diagnostic services

As part of the planning for 2008/09, the department has put forward a quality standards framework which is available on request.

New Services

The Endoscopy Unit at St. Peter’s will start to place bronchial stents during 2008/09. This new service is being led by Dr Wood. It will be a palliative treatment.

Preparation clean and dirty rooms

Two automated endoscope Labcaire ISIS reprocessor machines have been installed at St. Peter’s in July 2007 and two more at Ashford in February 2008. These are ‘pass through’ machines that reduce the possible cross contamination of clean and dirty endoscopes. The processing time has also been reduced from 40 to 20 minutes in these machines. Unfortunately the reliability of these machines has been poor. We still need to retain the old machines to ensure our ability to safely decontaminate scopes for the list activity.

New Endoscopes

The tender was put for replacement endoscopes and equipment and the new updated Pentax equipment has now been put in place on both sites.

For further information about Imaging and Endoscopy Services at Ashford and St. Peter’s Hospitals please telephone 01932-722794.

Dr Peter Finch
Clinical Director

Robert Jeffries
Business Centre Manager
MATERNITY SERVICES AND WOMEN’S HEALTH

Maternity Services

2007/08 was an exciting yet challenging time for the maternity services. The year on year growth in activity continued with another six per cent increase in births from 2006/07 proving that Ashford and St. Peters continues to be popular with local mothers.

Whilst recruitment continues to be difficult given the location of the hospital, the overall staffing within the maternity unit improved with an increase in midwife establishment. In addition we increased the number of nursery nurses and maternity assistants and were able to employ all our student midwives who qualified in September and March.

One of the main challenges in 2007/08 was the national Healthcare Commission (HCC) Survey into maternity services. This survey was in three parts – mothers, staff and unit data collection - covering activity undertaken during 2006/07. All three parts of this survey fed into the main HCC survey result which was published in January 2008. The HCC stresses in its report that this survey is about quality of services, not safety.

The mother’s survey which was undertaken in February 2007 showed that we had some work to do to improve the experience of women delivering at St. Peter’s. By the time the mother’s survey results were published in November 2007, the maternity service had already made significant changes to service. These included:

- Increase in midwifery establishment
- Increase in Maternity Assistants
- Increase in nursery nurses
- Housekeeping ward rounds twice daily
- Leadership changes among the senior midwives

It was reassuring therefore that when we undertook another survey with all the women who delivered their baby with us in October 2007, the results were much improved. These results can be found on the Trust’s website.

The overall result of the HCC survey showed that the maternity service achieved a “Least Well Performing” result. Whilst this was disappointing, we are confident that significant improvement has been made. This has been confirmed by a recent visit by two inspectors from the HCC who came to offer support to develop an action plan. These inspectors were reassured to see that an action plan had already been developed and is being worked through by all staff.

Examples of further changes and improvements made by the maternity service during 2007/08 include:

- The development of an antenatal service for Bronzefield prison to prevent the women having to come to the antenatal clinic with their guards thus improving their privacy and dignity.
- The introduction of Combined Screening for Downs Syndrome.
- The production of a DVD showing a tour of the maternity unit which the women can view from the comfort of their own home. This tour can also be accessed from the Trust website.
- Appointment of a “Maternity Matters” Facilitator to help achieve the Choice Guarantees
- The creation of a 24 hour Triage area to prevent women having to go into the labour ward before they are in established labour.
- The refurbishment of two amenity and two private rooms on Joan Booker ward.
- Plans already drawn up for building work in labour ward to create an additional labour room with ensuite facilities.
- Plans already drawn up to modernise the antenatal reception area.
- Development of new maternity records in partnership with Frimley Park Hospital. This is a major step forward and will be very beneficial for those women who may be cared for by one maternity service for antenatal and postnatal care but have their baby with the other service.

The maternity service has a number of aspirations for the future including the further development of midwifery led services. There have been a number of national reports relating to maternity services during the year which have required the maternity service to review service provision and make plans for the years ahead. These include Maternity Matters (April 2007), Safer Childbirth (October 2007) and Saving Mothers Lives (December 2007). As a result of these reports, the maternity service will be assessing how services can be developed for the future.

For further information about Maternity Services at Ashford and St. Peter’s please telephone 01932-722903.
Women’s Health

2007/08 was a busy year for all areas of gynaecology and women’s health ultrasound with a growth in activity all round. Particular areas of development during the year include:

- Increase in activity through the Early Pregnancy Unit
- Development of specialist gynaecology clinics
- Appointment of a Urogynae specialist nurse
- One stop menstrual disorder clinic
- One stop Post Menopausal Bleeding clinic

Urogynaecology remains under pressure and it has been difficult to achieve the 18 week pathway for the women who use this service. However, a locum Consultant has been appointed who will be in post from April 2008 and this will make a significant impact on the care for these women. In the longer term, we plan to appoint another substantive Urogynae consultant due to the growing need for this specialism.

The Women’s Health service have a number of plans and aspirations for the future including improving the facilities within the Early Pregnancy Unit.

The Colposcopy QAA assessment tool took place in July 2007. This assessment highlighted the need for a receptionist specifically for the colposcopy clinics. The service has taken this advice on board and one has been appointed and will come into post very shortly.

For further information about Women’s Health Services at Ashford and St. Peter’s please telephone 01932-722650.

Sue Bateman
Clinical Director

Eileen Nolan
Associate Director for Maternity Services

NHS 50th Anniversary baby Daniel Kensett (right), now 10 years old, and Nicola Harcourt-Smith holding her baby son, born at St. Peter’s Hospital, Chertsey, at 3.55am on Saturday 5 July 2008 – the 60th Anniversary of the NHS.

www.ashfordstpeters.nhs.uk
MEDICINE

The Medical Business Centre contains four business units:

- Cardiology
- Acute Medicine and Care of the Elderly
- Ambulatory Care and Genito-Urinary Medicine (GUM)
- Cancer

The main challenges faced this year by the Centre included the four hour A&E target, 18 Weeks treatment target, reducing the length of stay for inpatients, in addition to Nursing staffing shortages. There were over 11172 Medical Emergency admissions in the year compared to 11838 the previous year. Medicine accounted for 23% of outpatient activity in the unit with 30240 new patients seen in out-patients, with a further 80142 appointments provided.

Cardiology

The Cardiology Unit were selected to take part in a National 18 week wait diagnostic Project. The overall aim of which was to reduce the wait for cardiac outpatient diagnostics from 13 to 2 weeks by March 2008. The department has met this key achievement and are now looking to reduce the waits further. As part of this project the department has:

- Relaunched the rapid access chest pain clinic under the new name of ‘Chest Pain clinic’ and improvements’ to the service include:
  - Ensuring that all patients are seen within 14 days of referral from the GP;
  - A new patient information leaflet for GP's to give to patient within primary care setting;
  - A new single page outcome letter which will be faxed to GP's within 24hrs of appointment, to assist with patient management; and
  - A new booking system through central booking via fax to ensure the two week rule is met.
- Improved access to inpatient Echo services
- Reduced the angiography wait to four weeks.

Service development plans for this coming year, include:
- Developing a nurse led chest pain clinic;
- Developing a joint service with the anaesthetics department for day case cardio versions; and
- Further development of Catheter Lab services, including carotid stenting.

Acute Medicine and Care of the Elderly

In December 2007 the Acute Stoke and Brain Injury Unit became operational coinciding with the launch of the National Stroke Strategy. The ward is based in the Duchess of Kent Wing, on Cedar Ward where the service is led by consultant leads Dr Mandal and Dr Nari. The unit has 25 beds, six of which have monitoring for the acutely ill, plus a neuro rehabilitation gym. Patients are admitted directly from the Emergency Department or Medical Assessment Unit (MAU). The ward has access to the expertise of a full multi-disciplinary team including Occupational Therapy (OT), Physiotherapy, a specialist stroke nurse as well as a stroke research nurse. Patients on the Acute Stroke and Brain Injury Unit following their acute phase can continue their rehabilitation at established centres at Ashford, Walton or Woking Hospitals.
The **Rapid Access Clinic (RAC)** was highly commended in the Team category at the Trust’s Appreciation Awards November 2007. The RAC see mainly elderly patients referred by GP’s, Community Nurses, Social Services, or other acute hospital departments as well as from patients and carer’s. On average 25 patients per week use the service, which consists of a whole day at the centre while a variety of tests, x-ray and assessments are carried out by the dedicated multi-disciplinary team. On average 70 per cent of patients referred by GP’s into the service can expect to be discharged with an active management and treatment plan to be followed with the support of their GP. Some patients (around 29 per cent) need a repeat visit / follow up and approximately one patient per week is admitted for further treatment.

The RAC has recently expanded the services it offers to include patients requiring investigation of a Deep Vein Thrombosis and direct referral for patients suffering from Transient Ischemic Attack.

**Ambulatory Care and GUM**

The **Neurophysiology** Department’s main challenge was to reduce the wait time for diagnostics from 32 weeks to six weeks. The department has met this target and are now looking at changing some of the patient pathways to allow direct access from GP’s and also to upgrade IT systems in order to collate the data directly from the system.

**Dermatology** have a new consultant starting in June and this will enable the department to continue to meet the 18 week target. Negotiations with Surrey Primary Care Trust (PCT) around the GPs with a Specialist Interest have meant that referrals have begun to drop back down slightly. This is being monitored regularly.

The Medical Equipment committee have funded a replacement PUVA machine. The Trust is the first in the country to acquire this latest technology and patients will now need fewer treatments for a good clinical outcome.

**Rheumatology** is an area where the wait for an outpatient appointment has been a constant six to eight weeks. The follow-up ratio is within the best in the country. It has now been agreed that a specialist Rheumatology/physio clinic will be developed, which will ensure only the most appropriate patients are referred onto physiotherapy.

**Thyroid** demand has increased this year. There have been extra clinics throughout the year to try and stabilise this. This still continues to be a challenge. The Department have established a ‘one stop’ **Thyroid/Endocrine** clinic with Vascular Surgeon Mr. Martin Thomas working alongside Histology and Radiology consultant colleagues.

The British Association for Sexual Health reviewed the **Genito-Urinary Medicine (GUM)** service earlier in the year and it was assessed as a very good unit, with some recommendations. We are in the process of putting in some of these recommendations, for example a telephone queuing system, in place. We continue to achieve the 48 hour access target with our open clinics.

**Cancer Services**

The Trust continues to work closely with the Regional Cancer Network and achievements in the year include developing processes which transfer patients to their care in a timelier manner. The team of Multi-Disciplinary Team (MDT) Coordinators are now fully staffed enabling a more consistent service for the patient across all specialties.

All MDT meetings have been reviewed during the year and are in the process of delivering the recommendations. In March the Trust was peer reviewed for the head and neck service.

For further information about services provided by the Business Centre for Medicine please telephone 01932-722999.

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Dr David Fluck  
Clinical Director  

Elaine Inglis  
Acting Business Centre Manager
SPECIALIST SURGERY

2007/08 was a busy year for the Specialist Surgery Directorate, which is made up from the following departments:

- Ear, Nose and Throat (ENT)
- Ophthalmology
- Oral and Maxillofacial Surgery

Well over 6,000 patients were treated, the majority managed as day cases. Almost 30,000 new out-patients were seen. 18 Weeks remained high on the Directorate’s agenda all year – balancing the need to dramatically reduce waiting times, provide high quality clinical care, financial balance, reducing length of stay and reducing rates of infection. Mr John Hadley was appointed as Clinical Director during the year, working alongside the Clinical Leads in each department and the Trust’s managers to achieve these goals.

Ear, Nose and Throat (ENT)

During the year, the ENT department has:

- Established a dedicated paediatric theatre list to improve the quality of care given to children;
- Reduced waiting time for Audiology to under a month;
- Directly linked the Audiology service with ENT clinics, to provide a ‘one stop shop’ for patients, removing the need for another hospital attendance;
- Provided Audiology clinics in Ashford, Chertsey, Woking, Walton on Thames and Weybridge;
- Delivered seminars and training to local GPs and hospital staff;
- Provided a joint ‘balance service’ with the physiotherapy department at Ashford Hospital;
- Upgrade clinic facilities;
- Replaced and upgraded equipment e.g. microscopes and endoscopes; and
- Established a neck lump clinic and are planning to be able to give a same day fine needle aspirate service. The Head and Neck Clinical Nurse Specialist is attending this clinic to provide continuity of care between St. Peter’s and the Royal Surrey County Hospital.

Service development plans for this coming year, include:

- Plans to re-establish nurse care practitioners to provide basic ENT procedures in an Outpatient setting;
- Developing plans with Frimley Park Hospital and the Royal Surrey County Hospital to jointly employ a Head and Neck Surgeon, to provide closer integration of head and neck cancer services and help manage the increasing number of two week rule (cancer) referrals; and
- Proposals to improve the fabric of the outpatient clinic with more specialist equipment.

Oral and Maxillofacial Surgery

Major improvements have taken place during the year to improve the patient’s experience of having Oral and Maxillofacial treatment. These developments include:

- Identifying nervous patients, and contacting them prior to treatment to:
  - Provide reassurance and support;
  - Answer patients’ questions; and
  - Reduce ‘Did Not Attend’ (DNA) rates.
- Providing a dedicated paediatric treatment service.
- Opening four new clinical treatment rooms at St. Peter’s Hospital.
- Provide a ‘one stop shop’ where patients seen in out patients can be provided with a date of treatment on the day of their first visit.

In 2008/09, the department plans to:

- To improve diagnosis, treatment and communication with orthognathic patients; and
- Undertake a Peer Assessment Rating (PAR) Index outcome audit of completed cases to monitor the orthodontic treatment outcomes.
Ophthalmology

In January 2008, the New Eye Unit at Ashford Hospital witnessed its official opening. It was good to celebrate an important improvement in facilities for caring for patients. New clinic rooms and ward areas were provided, and great attention is placed on offering our patients a positive and professional environment for their care.

In addition to opening the new Ashford Eye Unit, the Ophthalmology department has also:

- Established dedicated paediatric theatre lists;
- Reviewed staff roles, to allow a screening programme to be run by orthoptists and pre-operative assessment clinics carried out by nurses;
- Worked closely with the NHS Institute for Innovation and Improvement to help transform healthcare for patients by developing and spreading new ways of working, new technology and world-class leadership;
- Received approval to purchase equipment which would greatly enhance the diagnosis and treatment of glaucoma;
- Worked closely with Hounslow PCT to achieve funding for the treatment of macular degeneration; and
- Become a treatment centre for Hounslow patients with Diabetic Retinopathy.

Future developments for the coming year include:

- Improving glaucoma diagnosis and treatment;
- Acquiring equipment to bring Ashford to the national level for management of retinal diseases;
- Improving out of hours emergency provision by employing additional highly skilled staff;
- Offering improved service and facilities to Hounslow PCT patients;
- Providing additional capacity and improved efficiency through service redesign; and
- Exploring the potential to create two dedicated Ophthalmology theatre suites at Ashford Hospital.

For further information about Specialist Surgery services at Ashford and St. Peter’s Hospitals please telephone 01932-722977.

Mr. John Hadley  
Clinical Director

Martin Bleazard  
Business Centre Manager

The new Eye Unit at Ashford
TRAUMA AND ORTHOPAEDICS

Nearly 6,300 in-patients were treated by the Trauma and Orthopaedic Directorate in 2007/08 – 1,400 of these being emergency cases, treated by the Trauma team. 44,000 patients were seen in out-patients.

The Department of Health’s 18 Week ‘GP Referral to Treatment’ target has been a huge challenge for orthopaedics but we believe that we are one of the best performing Orthopaedic Departments in England for achievement of the March 2008 18 weeks milestone. The Orthopaedic Directorate worked with Surrey Primary Care Trust (PCT) and other hospitals, providers and clinicians in the region to develop patient pathways that will enable us to sustain treatment within 18 weeks.

Waiting times reduced significantly during the year, with extra resources put into providing more capacity in clinics and theatres. Improved and more timely access to diagnostics and results also had a major role in improving the efficiency of patient treatment.

In Summer 2007, Mr Chris Schofield was re-appointed as Clinical Director for the Trauma and Orthopaedic Directorate.

Continued Improvement

One of the risks of carrying out more surgery is that the quality of patient care can fall. The unit and orthopaedic wards responded to this risk by providing extra clinical support – in both nursing and medical staffing. This included employing locum doctors, as well as recruiting a permanent shoulder surgeon.

A Consultant in Care of the Elderly began working with the Orthopaedic team, to give Senior Medical input to the patients on the Orthopaedic wards and to enable the Orthopaedic Surgeons to get patients ready for surgery in an efficient way. This role has been in place since October 2007 and has resulted in a reduction in the length of stay.

The Directorate has also been developing a six bedded ‘Trauma Admissions Unit’ on an orthopaedic ward. This will particularly benefit patients who had been admitted with a Fractured Neck of Femur, as the unit will help streamline their care and ensure treatment is provided within 48 hours.

Service Development

Within the last year a new service was developed for spinal patients. A technique called Kyphoplasty was introduced, which is a technique of injecting bone cement into fractured vertebrae caused by osteoporosis. This procedure, which is recommended in NICE guidelines, is very successful in relieving pain and reforming shape for vertebral crush fractures. This is a joint Radiology and Spinal Surgery service run by Dr Allan Irvine and Mr Chris Schofield.

The Directorate also continued its involvement in the Orthopaedic Specialist Alliance, which brings together a number of leading orthopaedic organisations. The Alliance aims to act as the key advocates for specialist NHS orthopaedic services, working to ensure the viability of specialist NHS orthopaedic services and the exceptional contribution they make to patient care. Further information about the Orthopaedic Specialist Alliance can be found at www.specialistorthopaedicalliance.nhs.uk.

Planning for the Future

During 2008/09, the Trauma and Orthopaedic Directorate will:

- ensure all Hip and Knee Joint Replacements are included in the National Surgical Surveillance, which will result in close monitoring of any post-surgery infections, and enable national benchmarking;
- undertake a refurbishment of the orthopaedic ward, to offer an improved patient environment and help reduce infection risks;
• continue to reduce risks from MRSA and C. Difficile on the wards through:
  o ensuring all emergency patients are screened on admission and treated as per protocol until results are known;
  o adhering to the hand washing policy;
  o following the Trust’s dress code;
  o isolating patients known to be MRSA positive; and
  o working with the infection control team to in order to reduce other infections.
• open and continue to develop a Trauma Admissions Unit;
• ensure patients admitted with a Fractured Neck of Femur are treated within 48 hours.

For further information about Trauma and Orthopaedic Services at Ashford and St. Peter’s Hospitals please telephone 01932-722977

Mr. Chris Schofield
Clinical Director

Martin Bleazard
Business Centre Manager

An Ilizarov frame is used to stabilise the bones
### Visitors’ Partnership Guidance

At Ashford and St. Peter’s Hospitals NHS Trust we recognise that visiting a person in hospital plays a vital part in aiding their recovery. We encourage visitors to take part in social interaction with our patients and to share in their care when appropriate. The Visitors’ Partnership Guidance has been developed so that you know what to expect from us and what we in turn would like from you.

**VISITING TIMES**

2.00 pm – 4.00 pm and 6.00 pm – 8.00 pm every day

<table>
<thead>
<tr>
<th>What We Will Do For You</th>
<th>What You Can Do For Us</th>
</tr>
</thead>
<tbody>
<tr>
<td>We aim to create a calm and restful environment to help our patients recover.</td>
<td>Please respect other patients when visiting. Keep noise to a minimum. Please speak with the nurse in charge before you bring young children onto the ward. At all times, please supervise children and for safety reasons please do not allow them to run around or climb onto any beds.</td>
</tr>
<tr>
<td>We arrange visiting times to take the needs of patients as well as visitors into account.</td>
<td>Patients need rest so please do not feel that you have to stay for the whole of the visiting period. Please ensure that there are no more than two visitors at the bedside at one time.</td>
</tr>
<tr>
<td>We aim to keep meal times free of interruptions, but we must also provide assistance to patients who require it.</td>
<td>We encourage you to visit to help your relative or friend at meal times if assistance is needed. However, if your relative or friend does not require assistance please avoid visiting at lunchtime – this is protected personal time for patients.</td>
</tr>
<tr>
<td>We take precautions to reduce infection; including washing our hands between each patient and providing hand cleaning gel at the ward or bay entrances and by the bedside. We keep the wards and other areas clean.</td>
<td>We expect you to use the hand gel EVERY TIME you enter and leave the Ward or bay or cubicle. Please ensure you follow any infection control instructions from staff, and take notice of any instructions outside single rooms. We ask visitors not to sit on patients’ beds. Please do not bring flowers or plants. This helps us to keep lockers and bed tables clean and tidy.</td>
</tr>
<tr>
<td>We may need to ask you to leave for a short time while we deliver care to your relative or friend.</td>
<td>We ask that you respect this request and wait until you are informed that it is convenient for you to return.</td>
</tr>
<tr>
<td>We will maintain the privacy and dignity of all patients.</td>
<td>Please do not use mobile/camera phones, cameras or camcorders in patient areas.</td>
</tr>
<tr>
<td>We will be polite and courteous to you.</td>
<td>We do not tolerate physical or verbal violence and aggression.</td>
</tr>
<tr>
<td>We aim to keep relatives well informed.</td>
<td>The nurse in charge will aim to walk round the ward bays and side rooms during visiting time and answer any questions or concerns. If you wish to see a doctor (and if the patient has agreed to this) please see the nurse in charge at the start of your visit so that arrangements can be made in advance (this may need to be at a subsequent visit).</td>
</tr>
</tbody>
</table>
SECTION 4

QUALITY AND GOVERNANCE

In this section we outline how the organisation is governed and the arrangements in place to monitor and manage quality issues.

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Training for a major incident
INFECTION PREVENTION AND CONTROL ARRANGEMENTS

The Infection Control Team consists of three consultant microbiologists, one of whom acts as the Director of Infection Protection and Control (DIPC), a Nurse Consultant in Infection Control (who is the Deputy DIPC), a Senior Nurse Specialist in Infection Control and a Specialist Nurse in Infection Control (trainee position). The Associate Director of Nursing is also a member of the team.

The DIPC is accountable to the Chief Executive, with day to day reporting to the Director of Nursing and Operations and Medical Director. She has monthly meetings with the Chief Executive and Director of Nursing and Operations. The DIPC is also a member of the Management Board and Clinical Governance Committee and reports regularly to these committees.

The Infection Control Committee is chaired by the Director of Infection Prevention and Control. The Terms of Reference for this Committee are available in the full DIPC Annual Report for 2007.

There are Clinical Leads in Infection Control in each business unit and the Matrons and Clinical Directors also have a special responsibility in Infection Control. As from January 2008 all of these have to report regularly to the Trust Board on Infection Control issues especially cleanliness. The Clinical Leads are members of the Infection Control Committee.

Healthcare Associated Infection statistics

At present there is mandatory reporting to the Health Protection agency of the following types of infection:

- MRSA bacteraemias (blood stream infections),
- glycopeptide resistant enterococcus bacteraemias, and
- Clostridium difficile infections identified in patients over 2 years of age, whether in the hospital or community.

MRSA bacteraemias

There were 31 cases of MRSA bacteraemia in 2006-7. The target was 26. Our target for 2007-8 was 17 and we had a total of 15 cases which is a dramatic improvement on previous years. All cases are subject to root cause analysis with the consultant looking after the patient, matrons and ward sisters as well as members of the Infection Control team and action plans written based on the findings which include:

- five (38%) were admitted with MRSA from the community, one of these transferred from a Spanish Hospital.
- two were considered not to be infected but to have had contaminated blood cultures.
- five of the 13 cases were thought to be related to IV line infection, four in our Trust (the other in Spain). There were none related to urine or chest infections this year.
- Only one case was a surgical patient.

The main issues in the action plans arising from the root cause analyses are the documentation and care of intravenous lines. These are being addressed in the IV League, a subgroup of the Control of Infection Committee.
**Clostridium difficile associated diarrhoea**

There were 545 cases of Clostridium difficile infection in patients aged 65 or over diagnosed in the Pathology Laboratory at Ashford and St. Peter’s in 2007. This figure includes patients in the community as well as hospital inpatients. This compares with 433 in 2006 and 465 in 2005. However the number of cases among inpatients is slightly less than in 2006, at 303 compared with 333. This is despite a peak in numbers of cases in April to June 2007 associated with a large norovirus outbreak.

The reduction (see chart A on next page) since June 2007 of inpatients with Clostridium difficile has been achieved by the Trust through a combination of rapid isolation of infected patients, concentration on hand hygiene and environmental cleanliness and the introduction of updated antibiotic guidelines. Speed of diagnosis has been addressed by the introduction of seven day testing for Clostridium difficile in the Microbiology lab at St Peter’s. In October to December 2007 there were more cases of C. difficile identified in the community (community hospitals, GP patients, and patients admitted with Clostridium difficile infection) than inpatients (see chart B on next page). On average only 25 per cent of GP cases have been in this Trust in the previous 3 months.

In November the Infection Control Team reviewed the Healthcare Commission investigation report into Maidstone and Tunbridge Wells Trust where there were a number of failings identified following two outbreaks of C difficile associated diarrhoea. The review found that Ashford and St Peter’s had already addressed the majority issues identified in the report. The review identified the need to remain vigilant on the issue of nurse staffing levels and bed occupancy rates and both issues have been fully discussed at the Board.
Chart A

<table>
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<th>Jun-07</th>
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<td>12</td>
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</tbody>
</table>

ASPH Monthly Performance of Clostridium difficile Rates for inpatients - April 07 - March 08

Chart B

Quarterly Clostridium difficile figures for patients age 65 or over - Jan 04 - Mar 08

www.ashfordstpeters.nhs.uk
Glycopeptide resistant enterococcus (GRE) bacteraemias

There were 7 cases of GRE bacteraemias from April to December 2007, compared with 9 in the same period last year.

Surrey Wide Healthcare Associated Infection Group

Surrey PCT has set up a Surrey wide group for Directors of Infection Prevention and Control to enable practices to be standardised and data to be analysed over a larger area. The first meeting was held on 1st June 2007 and the Trust has been active participants in the monthly meetings. Topics have included root cause analysis of MRSA cases and targets for Clostridium difficile.

High Impact Interventions

The Saving Lives High Impact Interventions are now being completed over a wider range of wards. Seven different audits are now being undertaken.

Norovirus outbreak

During the course of a year most hospitals are affected norovirus (‘winter vomiting disease’). There was an outbreak in the Trust in May 2007 and around 100 patients were estimated to have had the virus, although the numbers were confused by large numbers of Clostridium difficile patients at the same time. Extra capacity was created by opening areas on Kingfisher and the CAT ward. Neighbouring Trusts received patients diverted by the ambulance service – they took about 50 per cent of our medical admissions for about a week, mainly less acute patients. The outbreak was gradually brought under control in about two weeks. The Health Protection Agency commended the Infection Control Team on the management of the outbreak. A debrief meeting was held on 21st June to discuss issues raised.

There was a massive increase in the number of cases of norovirus nationally during winter 2007. Unlike the earlier episode the December 2007 outbreak affected mainly surgical wards plus the community hospital. This time cases did not all occur at the same time, but one or two wards or bays at a time were affected, so we were able to control it without having to divert or cancel admissions.

Antibiotic Guidelines

The Trust antibiotic guidelines have had a major overhaul and the new updated version was launched in October 2007. The aim of the guidelines is to ensure clinicians give empiric antibiotics which are least likely to promote Clostridium difficile and other resistant organisms. Durations of therapy are also included for the first time to reduce the use of over long courses of antibiotics. Prescribers should be writing stop or review dates and the indication for the antibiotics on the drug charts. Our Antibiotic Czar (one of the Consultant Microbiologists) and antibiotic pharmacists are doing regular antibiotic ward rounds and holding teaching sessions to promote use of the guidelines. A base line audit was undertaken in November 2007 and targets set for improvements month by month until the next audit.
Hand hygiene

Hand hygiene remains a high priority. The Trust has signed up to the third year of the CleanYourHands campaign. All staff (not just clinical staff) now undertake a theoretical and practical session on hand hygiene at Trust Induction sessions. The practical session includes use of light boxes, which are also available for wards to borrow at any time.

Investment in Infection Control

Extra money was available from the Department of Health in August 2007 to be spent by March 2008 on areas to reduce health care associated infection rates. The Trust was allocated £271,000. This money has been spent on ward improvements, especially increasing storage to reduce clutter, a Microfibre cleaning system for Ashford Hospital, ‘Talking Frames’ to remind people entering wards about hand hygiene or other important information, a lap top and projector for the Infection Control Team to use in training and has funded a locum senior antibiotic pharmacist to help prepare and promote the antibiotic guidelines. Some of the funds have contributed towards an Infection Control Surveillance system.

Visits

The Trust has been visited by two outside agencies in regard to Infection Control in the last 6 months.

There was a spot check visit by a team from the Healthcare Commission (HCC) in July 2007 to assess our compliance with the Hygiene Code. They found that we were compliant with all areas, but gave a list of recommendations mostly around ratifying policies about transfer of patients and including infection control in job descriptions. Most of these had been done by the time the HCC report was received in December 2007.

There was a visit by a team from the Department of Health and Strategic Health Authority with regard to our Clostridium difficile rates in December 2007. Most of the comments were favourable and they quoted a number of examples of good practice. Their recommendations were mainly around antibiotic use, use of ‘Saving Lives High Impact Interventions’, hand hygiene and MRSA screening, which have all been addressed.

The DIPC, Chief executive and Director of Nursing and Operations attended the Infection Control Challenge meeting at the Strategic Health Authority (SHA) in November 2007 where they gave a presentation on our Key Challenges in Infection Control, with an emphasis on our approach to managing Clostridium difficile. The SHA response commented that the Trust’s approach was robust with measured improvements. Staffing and bed occupancy issues need addressing, and the antibiotic policy further implemented, which has been happening.

Infection Control Manual

All infection control policies were updated in 2007 and are available in a manual. This is available on the Trust’s intranet and all ward areas also have a hard copy for ease of reference. The policies in the manual will be reviewed again in 2009.

Infection Control Newsletter

Since January 2008 the Infection Control Team has been sending out a monthly newsletter, which includes “bug of the month”. The newsletter updates staff members on pertinent infection control issues for that month.
HEALTH AND SAFETY OVERVIEW

The past year has seen much closer working partnerships with other agencies involved in risk management. The Trust Fire Safety Officer has had many discussions with the Surrey Fire and Rescue Service to ensure the Trust complies with the Regulatory Reform Order (Fire Safety) 2005 which introduced many radical changes in the management of fire risks. The Trust Local Security Management Specialist has been working closely with Surrey Police to minimise the risks of violence and aggression to our staff and to ensure that any violent or anti-social behaviour is investigated and appropriate sanctions applied. In addition the Trust has engaged with the Health and Safety Executive to tackle a range of issues including stress, hand arm vibration, slips trips and falls and the risks associated with asbestos.

Further investment has been agreed which will see Trust wide introduction of electric beds to all wards. This will be of benefit to both patients and staff. Work has progressed with the construction of the new mortuary facility and the new state of the art endoscopy sterilisation facility is coming to the end of its testing phase and will soon be fully operational.

The total number of incidents reported has dropped again after a rise the previous year.

Violence and Aggression

Security staff are now recording all incidents of violence and anti social behaviour so that these can be investigated. A new policy has been agreed whereby warning letters are sent to abusive patients or visitors reinforcing the message that the Trust will not tolerate abuse of its staff. An agreement has been made with the Police that all cases of abuse against our staff will be investigated and decisions regarding prosecutions will only be made after consultation with the Trust. All new front line staff are now given conflict resolution training as part of their induction. A successful campaign to reduce acts of violence in A&E was carried out over the Christmas and New Year period with no incidents reported by security staff.
Manual Handling

In addition to the introduction of electric beds across the whole Trust money has been made available to purchase appropriate bed moving equipment. Medical records are now transferred in boxes on trolleys replacing the old shoulder bag arrangements. A great deal of work has been ongoing to mitigate the risks caused by handling excessively heavy patients.

Staff Falls

Staff falls continue to be monitored to try to identify how to reduce the number of incidents.

Fire

A major survey of the fire safety arrangements at both sites has been carried out by outside consultants and their recommendations are being implemented. Changes have been made to the way the Trust manages fire risks to comply with recent changes in legislation.

Stress

A Trust wide risk assessment of stress is being carried out using the Health and Safety Executive Stress Management Tool. The results will help identify priority areas for remedial action if necessary.

Inoculation Injuries

The number of inoculation injuries sustained by staff remains a concern. Occupational Health staff have increased the amount of training provided, particularly for junior doctors. The Trust continues to investigate the potential use of safer needles and canulas.
MAJOR INCIDENT PLANNING

The Trust’s Major Incident Committee oversees planning for major incidents and has met regularly during the course of the year. The Major Incident Plan sets out the responsibilities of individual roles in the event of a major incident. A communications exercise is carried out every six months to ensure that emergency contact arrangements work and the full plan is tested every three years.

QUALITY

The objective of the Quality department is to ensure that we, as an organisation, strive to improve our standards of care and quality of our services. We do this through our governance structures, which includes our risk management processes, and through our audit work.

A particular achievement for the Trust this year is the development of our patient comment card. With 60 years of the NHS behind us, our drive for a patient focused service has never been more at the forefront of our Quality plans. Acute care in the 50’s and 60’s was driven by hospital processes, the NHS of today strives to ensure that patients drive improvements in care, and the development of our patient comment card is part of that process.

We have developed the comment card as a dynamic tool for patients to give feedback on the care they have received immediately before they leave our hospital. The ward staff can then see what the patients think is working well and what they think needs improvement or change. The card enables ward staff to act on the comments immediately. The wards also provide feedback to patients and relatives on what is being done about issues that have been raised.

We plan to continue the use of the comment card and embed it throughout the Trust so each area can be sure they are continuing to maintain a real patient focus. The audit department have continued to participate in a range of national audits, and to support local audits, in our drive to improve quality of care for patients.

Clinical Governance and Risk Management

This year we have been focusing ensuring our processes meet the new safety standards required by the NHS Litigation Authority (NHSLA). This year has seen new even more rigorous standards set by the NHSLA, and we have been working hard to ensure we meet those standards. Many of our policies that underpin our work have been reviewed and impact assessments have been developed which ensure that, as an organisation, we consider the impact of our policies on minority groups, human rights, gender and age. We were very pleased to be awarded Level 2 in February 2008, which shows that the organisation is demonstrating good progress in embracing evidence based practice, providing our staff with training essential to their job roles and continually working towards a safety culture for all our patients, staff and the public. We will be progressing our impact assessment work over the coming year.

In our clinical governance work we have seen changes to our clinical governance lead, with Dr Andrew Laurie taking up the role after Dr Paul Crawshaw stepped down. We have continued to work to encourage incident reporting which enables the Trust to continually learn from its mistakes and make changes in practice/policy to prevent or reduce reoccurrences.

We continue to work to maintain and improve our Core Standards and will be sending our self assessment return to the Health Care Commission in April. The results of our self assessment can be seen on our website in May and the Health care Commission will publish our overall rating in October 2008.
Patient and Public Involvement Strategy

The Trust continues to have an active programme for involving patients and the public in the planning, monitoring and feedback on activities and services in the Trust. The Trust’s approach is detailed in the Patient and Public Partnership Strategy which was reviewed in 2006 and presented to the Trust Board in September 2006 to cover the period 2006 – 2009.

Over the last year the Trust has concentrated on developing the information available to patients (through provision of new notice boards, the Trust website and development of Patient Information leaflets) and encouraging patient feedback through the introduction of a Patient Comment Card.

In addition, the Trust has valued the continued work of the established Patient Panel, chaired by Maurice Cohen. The Panel has 16 patient representatives involved in 32 groups or committees across the Trust including:

- Clinical Governance
- Infection Control
- Complaints Monitoring Group
- PEAT
- Patients First Steering Group

Patient’s views also continue to be represented at the highest level within the organisation with the Chair of the Patient Panel sitting on the Trust Board.

For further information please contact the Head of Customer Affairs on 01932 723497.

Patient Advice and Liaison Service (PALS)

The table below shows a year on year trend towards an increase in PALS contacts:

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<tr>
<td>Total</td>
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Total for 2006/07 – 1,039

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<tr>
<td>Total</td>
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<td>246</td>
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Total for 2007/08 – 1,098

The PALS continues to provide support to patients, relatives and carers who have concerns about care, treatment and access to services. PALS also provide information and advice about Trust and NHS services and also about the formal NHS Complaints Process.

Approximately 80 per cent of PALS contacts are in relation to concerns. Many PALS users were able to resolve their concerns at informal meetings with the relevant medical and nursing staff. Where issues have been identified, these have been taken away for learning (see below). Often PALS are able to resolve an issue immediately by liaising with the relevant member of staff, although sometimes a case can take longer to resolve.

Some examples of positive outcomes following PALS contacts in 2007/08 include:

- A user raised their concern with PALS regarding the lack of dropped kerbs by Abbey Wing. PALS discussed the issue with the Facilities Department and funding was agreed for three dropped kerbs.

- Following a concern about signage in the car park at Ashford Hospital that a user found confusing; the Acting Facilities General Manager advised that some unnecessary signage had been removed.
• A PALS user raised a concern about the visibility of her hospital and NHS number through the envelope window of her admission confirmation letter. Following this the format for thirteen relevant letters has been changed.

• Following a concern about the telephone queuing system, where on several occasions a patient got to number one and was cut off, PALS were advised that a new “route” would be installed the following week to increase the capacity of the system.

• A concern was raised about access to services at Ashford Hospital from a patient under the care of Ealing PCT. Following this the patient’s GP was provided with relevant forms and the patient will be able to access services at Ashford Hospital. The GP Liaison Manager has provided information to Ealing GPs regarding the Trust contract with the PCT.

• A patient was concerned that at a pre-op assessment appointment at Ashford Eye Clinic, they were told they had to go to their GP or Walk in Centre to have an eye test. Following this Matron has advised that in future patients will have the test as part of their pre-op assessment.

• Following a concern about accessible parking in relation to the barrier parking system, PALS have been informed that the Trust will review the Car Parking Policy and for the present people holding a blue badge will not be charged for parking.

Complaints

During the year 2007/08 the Trust received 437 formal complaints, an increase of 8% compared with 405 complaints received during the previous year. However when compared against over half a million patients seen during the course of the year this represents much less than 1% of the patients seen. The Complaints Department achieved a 99.5% response rate within the Department of Health deadline, this reflects two missed deadlines.

Complaints Monitoring

The main themes raised in complaints during 2007/08 were around clinical decisions, treatment and communication. The Trust monitors the issues raised in complaints very closely and detailed reports are provided to Business Centre Managers (BCMs) and Heads of Service enabling them to learn from and take action in response to the complaints received in their areas. These actions are detailed in the BCM’s quarterly complaint action plans which are monitored by the Complaints Monitoring Group which also meets quarterly and is chaired by a Non Executive Director and attended by the Chief Executive.

Complaints related to service areas as follows:
Breakdown of complaints by Business Centre:

Healthcare Commission Review and Ombudsman Review

During 2007/08 the Trust was notified of 12 referrals to the Healthcare Commission for independent review, 7 cases dated back to previous years and 5 cases were from the current year 2007/08, this represents a referral rate of 1.2% in comparison with the national average of 8%

Three complaints previously reviewed by the Healthcare Commission were referred to the Health Service Ombudsman and were referred back to the Healthcare Commission for further investigation to be carried out.

Compliments

The Trust received 339 compliments during 2007/08.
CORPORATE GOVERNANCE

Led by the Acting Chief Executive Paul Bentley, the Trust is managed by a team of Executive Directors. The Chairman, Clive Thompson CBE, leads the team of Non-Executive Directors. The Executive and Non-Executive Directors make up the Trust Board who are responsible for the overall corporate governance, management and direction of the Trust.

Key functions include:
- Developing strategy
- Establishing and approving Trust policies
- Approving budgets and business plans
- Meeting statutory obligations
- Achieving national policy and performance requirements
- Maintaining financial viability
- Ensuring compliance of clinical effectiveness and quality assurance programmes
- Ensuring managerial competency
- Observing codes of openness and accountability in the Trust’s dealings with the public, staff and external organisations

In fulfilling their roles all Non-Executive Directors are active participants in Board Committees.

TRUST BOARD

Finance Committee  Audit Committee  Integrated Governance Advisory Committee  Remuneration Committee

Details of the membership of Board Committees is available on request. The following pages provide a profile of the Board.

During 2007/08 the following organisations were invited to join Board members at the table:
- Hounslow Primary Care Trust (PCT) – (www.hounslowpct.nhs.uk)
- Surrey Primary Care Trust (PCT) – (www.surreypct.nhs.uk)
- Chair of the Patient and Public Involvement Forum for Ashford & St. Peter’s (www.cppih.org.uk)
- Chair of the Patient’s Panel at Ashford & St. Peter’s

Declaration of Interests

Board members are required to declare interests. An up to date register of members interests is available on request.

Organisation and Accountability

The Chief Executive Officer is the accountable officer for Clinical Governance within the Trust. The Trust Board and the Management Board lead commitment to quality. Executive responsibility for the provision of effective quality and risk management structures and systems, and for the quality improvement strategy, is delegated by the Chief Executive to the Medical Director and Director of Nursing and Operations.
BOARD PROFILE - Non-Executive Directors

Clive Thompson CBE, Chairman
After education in North Wales, UMIST and Harvard Business School Clive spent 34 years in the chemical industry and was a director of BP Chemicals and Vice President of ARCO Chemical. From 1991-97 he was an Audit Commissioner and Deputy Chairman from 1994-97. Prior to joining Ashford and St. Peter’s in 2002 Clive was a non-executive director at Frimley Park Hospital. He enjoys being part of the Trust's increasing success and the preparations for future challenges. Clive is Chairman of the Stephanie Marks Diabetes Appeal.

Aileen McLeish, Deputy Chairman (from September 2007)
Aileen was appointed in November 2005, lives in Hampton and took over as Deputy Chairman in September 2007. She was Director of Resources at the World Wildlife Fund (WWF-UK) from 2003 to 2007 and previously held senior positions at Unilever Group, Airspeed Hygiene Systems, H J Heinz and Historic Royal Palaces. Aileen is a qualified accountant, a Fellow of the Royal Society of Arts and is married with two teenage children.

Liz Brooks CBE, Deputy Chairman (until September 2007)
Liz was appointed as a Non-Executive Director in 2000 and was Deputy Chairman for over 2 years until September 2007. Her aim is to understand the issues faced by staff and patients, to highlight good practice and thus encourage improvements in the working lives of staff and the quality of care for patients. Her interests include travel, design and gardening. She is married with two grown up sons, one of whom is a surgeon who was once based at Ashford Hospital.

Norman Critchlow, Non-Executive Director
Norman joined the Board in November 2005. He lives in Egham and has held a range of finance and operations roles, primarily in the construction industry in the UK, USA and Europe. Since retirement he has been developing opportunities in the construction industry and related sectors. Married with two grown up daughters, he is a Director of Princeton Link, a consultant to Costain plc and a Trustee of the Construction Youth Trust.

Peter Field, Non-Executive Director
Peter has been a non-executive board member since 2000. In addition to representing the interests of his local community of Woking and West Byfleet, his principle role within the Trust is working with the Board of Directors to tackle the strategic and financial challenges in order that front line doctors and nurses can concentrate on delivering patient services. He enjoys flying when he gets the opportunity.

Jenny Murray, Non-Executive Director
Jenny was appointed to the Board of Ashford and St. Peter’s Hospitals in 1998. Married and living in Shepperton, Jenny has a grown up daughter and son and two grandchildren. Since retiring from the world of teaching Jenny has worked as an education consultant and as an OFSTED inspector. Her leisure pursuits include her family, playing golf and reading.
BOARD PROFILE - Executive Directors

Glenn Douglas, Chief Executive until October 2007
Glenn joined the Trust in July 2002 and has a background mainly in the NHS having worked in a number of other Trusts and Health Authorities in Sussex, Kent and Manchester. He also spent four years working for Coopers Lybrand as a management consultant. He is married to Catriona, a Multiple Sclerosis Specialist Nurse, and they have two young daughters. He is an occasional speaker at healthcare events, remains a professional advisor to the Hashim Welfare Hospital Appeal and sits on the Board of the Stephanie Marks Appeal.

Paul Bentley, Acting Chief Executive from October 2007
Paul joined the Trust in July 2006 as Director of Human Resources and Deputy Chief Executive. He was previously at Swindon & Marlborough NHS Trust and has worked in healthcare since the late 1980s across a range of organisations. Paul spends his life split between Surrey during the week and Gloucestershire at the weekends with his wife and three teenage triplets. In his spare time he enjoys climbing high mountains.

Dr. Mike Baxter, Deputy Chief Executive and Medical Director
In his role as Medical Director Mike tries to develop stronger, unified, more focused and sustainable acute medical services fashioned with the new NHS demands in mind. His aim is to foster increased openness in a working culture which allows us to develop our services in partnership with our patients, primary care colleagues and the dedicated staff within the Trust who work so hard to deliver good care. He is President of the local branch of Diabetes UK and sits on the Board of the Stephanie Marks Appeal.

Michaela Morris, Director of Nursing and Operations
Michaela started her career in the NHS with her nurse training in 1984. Qualifying as a Registered Nurse in 1987 and a Midwife in 1989, her career has been complimented by her ability to successfully manage work and home commitments, she is married with two children aged 12 and 7 years. She joined the Trust in 2002 and worked initially within Women, Children and Maternity services. In early 2005 she was appointed Director of Operations (emergency lead) and since October 2006 has increased her executive portfolio to that of Director of Nursing and Operations. She has a passion for her work and is regularly seen in uniform with colleagues on her ‘back to the floor’ days, her key personal priority is maintaining a grounded and visible style of leadership.

Ian Mackenzie, Director of Performance, Information and Facilities
Ian has over 20 years experience in the NHS and has worked in acute and health authority settings as well as most recently for the Surrey Health Informatics Service. Within the Trust Ian’s lead on all Performance, Facilities Information Management and Technology services. A key part of his role is to ensure that the Trust takes full advantage of new opportunities presented to it by the National Programme for IT (NPfIT). Ian is married with two young children and lives in Guildford.

Keith Mansfield, Director of Finance
Keith joined the Trust in 2003 from The West Suffolk Hospitals NHS Trust. He is responsible for all aspects of the Trust’s financial and procurement services. All departments provide services to other NHS organisations, notably the Payroll Department which serves six. His main duties include formulating and monitoring financial and procurement strategies, and providing advice and information to the Board and others. He is a member of the Boards for the Early Births Fund and Stephanie Marks Appeal. Keith is married with children and lives in Pyrford.
Petra Cunningham, Acting Director of Human Resources from October 2007

Former Deputy Director of Human Resources stepped up to become Acting Director of Human Resources in October 2007 when Glenn Douglas moved to Maidstone and Tunbridge Wells Hospitals NHS Trust. A fully qualified HR practitioner Petra and her family live in south-west London.

BOARD MEETINGS

Meetings of the Board are held in public with an opportunity for people attending to ask questions. The dates and venues for meetings along with the papers for forthcoming meetings are available on the Trust’s website at [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk). Questions for the Board can be e-mailed to gail.soliman@asph.nhs.uk or telephone 01932-722217.

INFORMATION GOVERNANCE

There is an established Information Governance framework within the Trust with the role of Caldicott Guardian being fulfilled by the Director of Performance, Information and Facilities. The Trust has an active Information Governance Steering Group which meets on a quarterly basis. The group is responsible for reviewing all breaches of patient confidentiality and information security incidents recommending appropriate action where necessary. Information Governance policy is overseen ensuring relevant legislation is adhered to, safeguarding patient information at all times.

The Trust also has in place defined and documented information sharing protocols covering other NHS bodies and multi-agencies.

Following recent concerns regarding public sector data protection and in particular the security of information being transferred between locations and organisations, the Trust was required to undertake a series of actions to:

- secure person identifiable data, relating to both patients and staff
- confirm that the methods used for transfer of data are secure and
- take immediate remedial action where this was not the case

As part of this work, an information flow mapping exercise was undertaken reviewing how patient information is handled within the Trust. A means of collating this information was provided through the Information Governance Toolkit with this facility assisting the Information Governance team in identifying any risk areas.

The annual Information Governance toolkit submission was completed in March 2008. The 2008/09 work programme will be defined utilising the scores from this return, identifying key areas for improvement.

Incidents relating to data are classified on a scale of 0 – 5 in terms of either/both risk to reputation and risk to individuals. There were no incidents classified as 3, 4 or 5. Incidents classified as either 1 or 2 are grouped together and summarised below:
### SUMMARY OF OTHER PERSONAL DATA RELATED INCIDENTS IN 2007-08

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<td>I</td>
<td>Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises</td>
<td>-</td>
</tr>
<tr>
<td>II</td>
<td>Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises</td>
<td>-</td>
</tr>
<tr>
<td>III</td>
<td>Insecure disposal of inadequately protected electronic equipment, devices or paper documents</td>
<td>-</td>
</tr>
<tr>
<td>IV</td>
<td>Unauthorised disclosure</td>
<td>2</td>
</tr>
<tr>
<td>V</td>
<td>Other</td>
<td>-</td>
</tr>
</tbody>
</table>
Welcome to Ashford and St. Peter’s

A Smoke-Free Trust

In order for us to best serve our patients it is important that there is no smoking at this hospital - both inside and outside. This policy applies to everyone; staff, visitors and patients.

Help us make a Smoke-Free Trust
SECTION FIVE

NON-CLINICAL SERVICES

In this section we record some of the other facets of hospital life including issues around staffing and finance.

Human Resources ....................................................... Page 5-2
Voluntary Services and Fundraising .......................... Page 5-4
Facilities .................................................................. Page 5-11
Information ................................................................. Page 5-13
Finance ................................................................... Page 5-16

Staff Appreciation Awards 2007
HUMAN RESOURCES

Staff are one of the Trust's biggest assets with around 75 per cent of the Trust's expenditure being on staff salaries. In November 2007 over 60 staff and 12 teams were recognised for their efforts at the Trust's annual appreciation awards. The Awards are designed to demonstrate the Trust’s appreciation of employees and volunteers who have made a sustained and exceptional contribution to the work of the Trust and its community, and to those members of staff who have completed 25 years service.

In 2007 two teams – Medical Staffing and the Education Centre team – were recognized for their tremendous contribution to the Trust. The Employee of the Year Award was presented to Medical Support Worker Rebecca Clarke who has made a significant contribution to the development of the Rapid Access Centre at Ashford Hospital. Volunteers Alice Roberts (Breast Clinic) and Beryl Higgins (Maternity) were recognised for outstanding contribution to the Trust. Six members of staff were recognized for special achievements and 25 year service awards were made to 13 members of staff. The Chairman’s Award recognised the work of the Trust Chaplains.

Diversity and Inclusion

The overall aim of the Trust’s Equality agenda is to ensure that our services, facilities and environment are easily accessible to and appropriate for the diverse population that we serve. Individual and group needs vary depending on a range of factors including ethnic background, gender, mobility or sensory impairment, age, religion and belief and sexual orientation and the Trust is working towards ensuring that systems are in place to identify and act upon individual needs.

The equality agenda is also applicable to our staff, the diversity at the Trust is reflected across our workforce, for example, 39 per cent of our staff are from a Black or Minority Ethnic (BME) background. In early 2008 a validation exercise was undertaken of our staffs details, this provided the opportunity to increase the amount and range of equality data captured by the Trust. In addition work is underway elsewhere in the Trust to improve our information in relation to patient’s data giving us the information we need to ensure that we are better placed to meet patient’s needs.

The Trusts Single Integrated Equality Scheme has been revised to enable us move the equality agenda further forward. This includes the setting up of an Equality Steering Group chaired by the Chief Executive. We also introduced Impact Assessments as a tool to help us identify and act upon any potential adverse outcomes or discriminatory elements resulting from our policies, strategies, structures or functions. The Equality Steering group will oversee the Impact Assessment process. The group will also prioritise actions as recommended by other groups, such as, the Disability Action Group and the BME Network in relation to Standards for Better Health.

Over the last year the Trust has developed a multi faith centre on the St. Peter’s site with plans underway for a similar facility at the Ashford site. This project was led by the Trust’s chaplains in conjunction with other local faith groups. The centre provides a new multi faith worship area, washing facilities and a general quiet room for use by staff, patients and relatives.

In March 2007 the Trust undertook an assessment with the Royal National Institute for the Deaf (RNID) to review good practice and identify where the gaps are in accessibility to services and employment for deaf and hard of hearing people. This assessment has been extremely useful in informing our plans to improve our service for deaf and hard of hearing people, whether they are patients, staff or visitors.

Occupational Health Services

2007/08 was a challenging but successful year for the Occupational Health Department. The number and range of activities significantly increased and income generation targets were exceeded. There were also changes to the staffing establishment by reducing administration time and changes to staffing.

The service’s establishment was significantly depleted at the start of the year with two vacant qualified Occupational Health Adviser (OHA) posts due to a national shortage of qualified OHA’s. Two trainee advisors were recruited in late 2007 and one has now embarked on a BSc in Occupational Health.
Due to building space constraints Occupational Health devised a clinic rota to allow for maximum capacity of appointment types, staff have also been trained in running Mantoux and BCG vaccination clinics to reduce the referrals to the chest clinic department and allow continuity of staff care. This has also led to an increase in pre employment processing time. Training has also been completed in Hand Arm Vibration Syndrome to level 3. Travel Health and Yellow Fever training has been maintained to ensure continued accessibility for Travel vaccinations.

Capital money was secured for the implementation of a new Occupational Health IT system which will reduce the time qualified staff spend on administration and allow a faster through put at pre-employment. Data will also be available at satellite sites improving efficiency in clinics for outside organisations. Health Surveillance programmes will be enhanced and the system also allows a link with the Human Resources Recruitment teams, giving them access to check the pre employment clearance status of prospective employees, but ensuring confidentiality to Occupational Health only on medical matters.

Occupational Health also embraced the Implementation of the Department of Health document ‘Health clearance for tuberculosis, hepatitis B, hepatitis C, and HIV: New healthcare workers’, ensuring that consistent clearance of staff entering the Trust was achieved. This implementation created a significant increase to the workload which has been absorbed by the current Occupational Health staff.

In addition to providing a full Occupational Health service to the Trust, external contracts have been maintained and income generation targets achieved. Two additional contracts were taken on to support local links with small business. Occupational Health continues to deliver a variety of Occupational Health services to an additional 10,000 external employees.

Strategic Trust policies were also redeveloped. These included Management and Reduction of Pressure at Work Policy and Inoculation Injury Policy. Combined with this redevelopment, Occupational Health undertakes specific training to support these policies.

Occupational Health was represented at National Level for Dame Carol Blacks review for the Department of Health’s work and well being strategy. Audit work on the Trust’s ageing workforce has been published in National Occupational Health journals, and findings forwarded to the Department of Work and Pensions for ministerial review.

The department continues to work with other local Occupational Health providers in the London and South East Coast region, by contributing to audit, policy formation and documentation reviews. Occupational Health is registered to undertake the first national audit from the Occupational Health clinical effectives unit as well as provision of data for other national reporting bodies.

Despite the increasing workload Occupational Health are supporting the mentoring of Occupational Health students undertaking academic studies for Frimley Park and other external bodies, due to Occupational Health expertise in the department. Medical annual leave cover is also provided for Frimley Park and St George’s Hospitals as required.

Lifestyle Assessment Clinics contribute to the Trust public health initiatives and meet its responsibilities under ‘Choosing Health’ and ‘Health, Work and Well Being’ caring for our future.

Occupational Health continues to implement and review services in line with NHS Employers guidance from the Healthy Workplaces handbook.

**Pictured right:** Occupational Health staff from the South East gather at St. Peter’s for a conference.
VOLUNTARY SERVICES AND FUNDRAISING

The Trust is fortunate in having the support of many members of the local community through the Voluntary Services Department. More than 275 individuals work as volunteers either at Ashford Hospital or St. Peter’s Hospital and their support is invaluable and much appreciated.

The volunteers bring a huge variety of skills and talents and there are few areas of the hospitals that do not benefit from the support of a volunteer. Volunteers work behind the scenes in offices and others enjoy the patient contact with ward work, reception duties or making that welcome cup of tea for patients attending clinics. Volunteers with the WRVS, Hospital Radio Wey, the two Leagues of Friends, The Pro Dogs Association and the British Red Cross, together with volunteers working directly for the Trust, make up the Trust’s volunteer team.

Volunteers have always been very much part of hospital life and recent updates to Policies & Procedures has strengthened this relationship.

Volunteers attend the Trust’s Corporate Induction Day and may access training courses related to their voluntary role. Volunteers, as staff, are presented with long service awards and 35 received a badge and a framed certificate in March 2008 in recognition of 10 years of continuous service. Several were nominated in the volunteer category for the annual Trust Appreciation Award and two were successful. The volunteer gardeners at Ashford Hospital continue to win prizes in the annual Spelthorne in Bloom competition and many, staff, patients and visitors, enjoy the courtyard gardens. The gardens will this year be part of the Ashford Open Gardens event in May.

The Trust appreciates the support of volunteers each and every day and annual Summer & Christmas ‘Thank You’ events, hosted by the Trust and attended by members of the Board, mark this. The volunteers appreciate these gestures, but also express thanks to the Trust for the opportunity and privilege of being part of the hospital community.

To find out more about volunteering at the Ashford and St. Peter’s Hospitals NHS Trust readers can call the Voluntary Services Manager on either 01784-884227 or 01932 -23239.

The Voluntary Services department also supports the voluntary work undertaken by those supporting the following:

- Ashford Hospitals League of Friends
- Early Births Fund (Neonatal Intensive Care)
- Friends of St. Peter’s Hospitals
- Hashim Welfare Hospital
- Hospital Radio Wey
- Stephanie Marks Diabetes Appeal

The following pages outline some of the activities of these groups.
ASHFORD HOSPITAL LEAGUE OF FRIENDS

The Ashford Hospital League of Friends came into being 45 years ago and their support for the hospital has grown to include the running of the trolley service, a Tea Bar (until recently in the West Wing and now in the Main Entrance), and the Atrium Café which also sells greetings cards, confectionery, toiletries and knitted goods which are produced by our dedicated team of knitters. Profits are supplemented by various events organized during the year and all proceeds are used to purchase items of medical equipment or comfort for patients and staff which are not available through the NHS. The League of Friends can be contacted on 01932-783550.
EARLY BIRTHS FUND

The Early Births Fund remains well supported by local organisations and generous individuals, for whose support we remain extremely grateful. During 2007 we were able to purchase numerous pieces of vital equipment including 2 new incubators, 11 resuscitation devices and a cooling system for treating brain related problems in the newborn. The fund now also has a link from the ‘Just giving’ website www.justgiving.com/earlybirthsfund
FRIENDS OF ST. PETER’S HOSPITAL

The Friends of St. Peter’s have been supporting the hospital for 55 years and are responsible for the management of the Friends Café and the Shop in the Main Entrance at St. Peter’s. Amongst other donations made to the hospital, the Friends have recently purchased new chairs (£9,000) for the patient’s waiting area in the Accident and Emergency Centre, purchased a Lucas Chest Compression system (£5,400) for the Resuscitation Unit, purchased four wheelchairs (£8,300) for the Physiotherapy Department for the special needs of stroke patients, refurbished the X-ray Department Staff Rest Room (£12,700) and purchased, with the help of a donation from a charity golf day at Burhill Golf Club sponsored by Octagon Developments Ltd, 50 small baby cribs for the Maternity Unit (£14,900). The Friends have continued to spread donations widely across the spectrum of hospital departments for the benefit of patients, visitors and staff.
HASHIM WELFARE HOSPITAL

The Hashim Welfare Hospital was founded in 1999 by Urological Surgeon Idrees Awan in his home village of Pindi Hashim in rural Pakistan and treated its first patient in June 2003. Since then over 43,000 people have been treated in the outpatients department many for diabetes and eyesight problems; and over 500 eye operations have been successfully completed.

The Registered objectives of the charity (no 1082330) are:
- The relief of sickness in rural Pakistan, in particular by assisting in the provision and management of a hospital.
- The advancement of education in rural Pakistan, in particular by the provision of books and scholarships.

Ashford and St. Peter’s Hospital staff have long been involved in supporting the Hashim Welfare Hospital and in 2006 a formal affiliation agreement was entered into between the two organisations. The link between the two organisations is formally registered with the Tropical Health and Education Trust (www.thet.org.uk).

When northern Pakistan was struck by earthquake in October 2005, killing 73,000 people and injuring 128,288 and millions made homeless, half the staff at the Hashim Hospital set up a relief camp in the afflicted area. The Hashim earthquake aid grew to such an extent that within six weeks they had taken over four hospitals treating nearly 35,000 people in 10 months. These hospitals have now been handed back to the Government but Hashim Welfare Hospital staff are now supporting the building and operation of a new day hospital in the village of Tehsildar Wala, Faisalabad and a new dispensary in the village of Namil Syedain, in district Muzaffarabad. Donations to the charity are increasing each year and recently Choudray Shujahat Hussain, former Prime Minister of Pakistan donated 50,000 rupees (around £5,000) to the appeal.

Based in Woking, Surrey the appeal has virtually no expenses as those involved donate their time and travel to the appeal free. Further information about Hashim Welfare Hospital can be found at www.hashimwelfare.org.uk.
HOSPITAL RADIO WEY

Hospital Radio Wey was started in 1965 by Alan Timbrell, who is still a member, and the late John Best. Between them they taped (on old reel to reel tape recorders) two hours of programmes each week. These were then played back to the patients in Weybridge hospital using a portable tape machine.

Two years later, with the desire to provide live programmes to patients, they approached the hospital authorities who made a small room available in the hospital. Because of the size, this room became known as “The Shoebox”. The room was equipped with basic technical equipment and live presentations began in 1967 with 13 hours of programmes a week.

In 1968, Ellesmere and Walton hospitals were added to the system and in 1970 both St Peters and Ottershaw hospitals were added. Finally in 1973 Ashford hospital joined the system. In April 1973, the original studio was replaced with new equipment and over the years Ellesmere, Ottershaw and Walton hospitals closed and we now broadcast to the remaining three.

After 22 years we had to say a fond farewell to the “Shoebox” and in May 1989 we moved to a studio, with two engineering suites, situated in the grounds of St Peters hospital. June 2006 saw existing and former members of the station celebrating 40 years of broadcasting by transmitting on a sister station "Radio Wey fm".

Over the years Radio Wey members have attempted to ensure that the station keeps up to date with technology and it now uses a computerised system which can put patient’s requests “on air” almost as soon as they make the request or dedication. Listeners can now listen “on line” by logging onto their website.

Radio Wey are currently updating our facilities by installing a new sound mixing console and the station has an exciting future.

Further information can be found on the Hospital Radio Wey website at www.radiowey.co.uk.
STEPHANIE MARKS DIABETES APPEAL

Refurbishing existing building saves time and money to improve diabetes care

To bring this ambitious project to fruition and meet the growing demand for diabetes care, the Ashford & St Peter's Hospitals NHS Trust Board and the Stephanie Marks Appeal Committee has chosen to modify and expand The Croft, an existing building in the grounds of St. Peter's Hospital. This will save a significant amount of money for the Appeal whilst meeting all of the original objectives. The two-floor ‘state-of-the-art’ Resource Centre will support all diabetes patients by offering integrated diabetes treatment, education and research. It will become the ‘spiritual home of diabetes’ and the base for specialist clinicians to hold Diabetes, Podiatry and Dietetics out-patient clinics. Pump Therapy treatment will now be offered at the Centre for the first time alleviating the need for patients to travel out of area. Construction work will start in autumn 2008.

Thanks to the community’s generosity, including Chelsea Football Club, the pharmaceutical industry, local dignitaries, schools, and an array of neighbouring societies, over £650,000 has been generated so far. The Appeal has also enjoyed support from Max Clifford by hosting ‘Cash for Questions’ and the soon to be published recipe book ‘Delicious Dining’ with a foreword by Antony Worrall Thompson. We cannot relax yet, your help is vital to raise the final £150,000 to fund this life changing initiative.

Stephanie Marks

17-year-old Stephanie, sadly, died of complications with Type 1 diabetes just days after completing her AS levels. The Appeal was launched 12 months after in June 2003 with Sir Ian Botham as its Patron, and has made a positive impact by raising awareness of the condition. The Living with Diabetes Day which gives ‘information and inspiration’ to patients, and the Stephanie Marks Lecture for healthcare professionals, are popular annual events.

24,000 patients per annum with the condition were predicted to be seen at Ashford & St Peter's Hospitals NHS Trust by 2010 – that number has already been reached. Raising awareness of this escalating condition and providing fast access to treatment will lead to prevention, early detection, management and monitoring of the disease. The Centre will host lectures and seminars for healthcare professionals, structured patient education sessions for patients, their families and carers and support group meetings. Staff will provide emotional support and practical advice (including diet and nutrition) to families coping with this complex condition.

_Diabetes affects about 3.2% of the population in the UK but up to a million of people with diabetes are thought to remain undiagnosed. It is also predicted for the number of people with diabetes in the UK to rise dramatically up to 3 million by the year 2010. Diabetes also accounts for about 9% of total hospital costs in the U.K; hospital costs are 6 times higher for a person with diabetes than for one without diabetes. (Source BD Medical – Diabetes Care March ’08)_

The Stephanie Marks Resource Centre will be a lasting tribute to Stephanie’s memory.

For further information visit [www.stephaniemarks.org.uk](http://www.stephaniemarks.org.uk), or call Val Marks, Fundraising Manager on 01932 722330, The Studio (SDU), St. Peter's Hospital, Guildford Road, Chertsey, Surrey, KT16 0PZ.
FACILITIES

The Facilities department of Ashford and St Peters provides a comprehensive range of support services to all other departments and business units within the Trust. As well as our normal day to day works, we receive in excess of 22,000 reactive calls to the help desk every year and undertake over a further 5,000 routine maintenance tasks covering a range of services including:

- Estates
- Hotel Services
- Transport
- SSD (Sterile Services Department)
- Telecommunications

The main challenges facing Facilities this year have been to raise our cleaning standards, improve our environmental impact and manage compliance with strict codes of practice.

Estates

Estates are responsible for all of the site infrastructure and services such as building fabric, electrical power and lighting, heating, ventilating, and air conditioning together with specialist functions such as EBME (electro-biomedical, mechanical equipment), autoclave maintenance and standby generation.

Estates have continued with its drive to control energy usage and reduce the Trusts environmental impact by the installation of energy reducing measures such as high efficiency lighting schemes, control of ventilation fans, installation of low energy & water saving macerators and Building Management Systems upgrades.

Housekeeping Services

Housekeeping Services provide all the patient and staff catering, cleaning, portering, security and car parking services as well as domestic and clinical waste management.

During 2007/08 rapid response cleaning teams were created and a range of tasks realigned to provide a better match of resource’s and client requirements. These teams as well as supplementing the routine cleaning also undertake cleaning of areas previously allocated to other departments such as high level walls, ceilings, ventilation grills and lighting diffusers, they also carry out deep cleans to floors and are available to respond to urgent client request for a cleaning team. This has helped us to achieve a 92% cleaning score for critical areas such as theaters and ITU and an 85% cleaning score for general areas. These scores are above our published standards and we are confident of maintaining and improving upon these in 2008/09.

The Trust also successfully completed its major deep cleaning requirements assisted by the purchase of two hydrogen peroxide fogging machines and has planes to continue with a rolling deep cleaning programme for next year.

SSD: The Sterile Services Department

The unit provides terminal sterilisation services for all areas of the trust, primarily Theatres, maternity, intensive care and all outpatients departments. The Sterile Services Department continues to maintain accreditation for its services and has successfully bid for capital funding to upgrade equipment at both sites to ensure that it can comply with updated standards and meet the on going demands of the 18 week project and beyond. With 30 staff working 6 days a week the SSD produced over 200,000 sterile packs during 2007/08.

Telecommunications

The Telecommunication Service currently provides a centralized switchboard services which answers around 872,000 calls per year and services both Ashford & St Peters as well as elements of the PCT / Mental Health which are located on the Trust site. The Department also maintains the Trusts seven telephone systems, paging systems, cabling installations, mobiles and a host of other communication devices.
In 2007/2008 the department introduced an automated system for contacting staff during a Major Incident, which allows simultaneous messages to be sent to staff via combination of text and voice messages to pagers and mobiles. This has improved the overall speed of the initial notification process and response from staff.

It has also installed a Mobile gateway to reduce the cost of land to mobile calls from an average of 15ppm to 3.7ppm. The Trust is also now passing some Telephone calls via the use of IP telephony across the new Surrey IT Coin network, as well as working with Surrey PCT to install the first all site IP Telephone system at Goldsworth Park Health Centre which also uses the IT Coin for intersite communication.

Transport

The transport department both manage the outsourced non emergency patient transport and operate the in house Peter bus and cross site minibus services. It also provides courier collection and delivery services for Pathology, Pharmacy, Medical Records, post and associated patient requirements between ASPH, Community Hospitals, Health centres and GP surgeries. They also provide fleet (leased) vehicle management for our own Trust and other various PCT's.

During 2007/08 the Transport department has its increased the scope of its collection and delivery within the local services on behalf of Pathology, and has secured the fleet management provision for Ealing, Hammersmith and Fulham PCT’s of nearly 100 vehicles.

Parking continues to be problematical and many avenues to reach a solution have been explored. The proposal for a second deck on the main outpatient’s car park proved to be prohibitively expensive and a more effective solution has been identified of a phased demolition of the old ramp which is becoming increasingly difficult to maintain and generally unfit for purpose.

Going Green: Reducing our carbon footprint

The Trust also won the Health Business “Environmental Practice Award” for a combination of green projects including transport, energy, development initiatives and waste recycling.
INFORMATION MANAGEMENT & TECHNOLOGY (IM&T)

The Trust has long recognised that IM&T can significantly enhance patient care and the delivery of highly effective clinical services. IM&T within the Trust is made up of a wide-range of departments covering the following areas:

- Information
- PAS Services
- Clinical Coding
- Health Records
- Data Quality
- Web Services
- Information Governance
- IT
- IT Training

Information

The provision of high quality information is fundamental in monitoring the quality and performance of services and enabling informed decisions with regard to service improvement and development. The Information team is responsible for the production and presentation of robust information enabling managers and clinicians to manage their services effectively. 2007/08 has proved a challenging year for the team in particular with the demands placed upon the service by the 18 week target.

The initial challenge for the team was to ensure associated outpatient and inpatient episodes were accurately linked to measure the whole 18 week pathway.

A suite of reports were developed for use by the operational teams to understand their performance and manage capacity accordingly.

Information played a key role in the Trust being able to successfully achieve the March 2008 18 week milestones.

Patient Administration System (PAS) Services

PAS is the Trust’s core patient administration system. During 2007 a vital upgrade to the system took place again assisting the Trust in delivering the 18 week target. The upgrade enabled departments to accurately capture relevant start and stop times in relation to patient pathways generating a unique identifier to link all relevant episodes.

Clinical Coding

Clinical coded data plays a fundamental role in the management of the Trust and its commissioning process.

As well as being important for demonstrating clinical performance and for use in benchmarking, the introduction of the new NHS financing regime, Payment by Results (PbR) has further increased the importance of accurately coded clinical data as it has a major influence on income generated for the Trust.

During 2007/08, an external clinical coding audit was undertaken as part of the Audit Commission's Payment by Results Data Assurance Framework. The accuracy rate overall for both primary diagnoses and primary procedures was 97%. Areas of good practice highlighted by the audit included:

- The existence of a regularly updated Policy and Procedure in the Coding Department.
- Dedicated Clinical Coding Manager who is an NHS Connecting for Health Approved Auditor.
- The whole coding process from extraction to inputting performed by the same coder.
- The use of the full patient casenotes in all specialty areas where available.
- Access to additional information systems such as histopathology to facilitate the coding process.
Health Records

During 2007/08 the Health Records team has been actively working towards the implementation of an Electronic Document Management (EDM) system. EDM will allow the capture of paper based documents, storing them electronically thereby allowing easy access to the Health Record. One of the main tasks has been to review all documents currently filed within the Health Record which identified over 400 forms that should be standardised and rationalised and a proposed template was ratified by the Health Records Committee.

Benefits of EDM include:
- All historic information being available electronically = single patient record
- Reduction in physical library and archive space
- Allows for multiple user access across multiple sites

Data Quality

As the Trust’s ongoing commitment to improve data quality, measures are already well established within the Trust to resolve any anomalies within patient records. A key area of improvement during 2007/08 has been around the capture of NHS numbers. It has been recognised that the NHS number will minimise the clinical risks caused through misallocation of patient information; resolve some of the barriers to sharing information across healthcare settings and assist with long term follow up processes and clinical audit.

Web Services

Web services at the Trust have continued to play an important role in the everyday working life of staff. All computers on the hospital sites are linked to the TrustNet (the internal web portal) and this means that staff have almost 10,000 documents at their fingertips. From policies and clinical guidelines to the news and department pages we keep the Trust informed and up-to-date with what is going on. The daily morning bulletin to staff has proved a big success as it helps us to share the latest news and events as well as celebrating our hospital community. The Trust website is also a good way of providing news and information about who we are and what we do, to not only the local population but also the world. In 2008/09 we hope to build on our successes by installing brand new web technology that will give us more opportunities for development and make the sites a lot more interactive and user-friendly.

Information Governance

Following recent concerns about public sector data protection and in particular the security of information being transferred between locations and organisations, all NHS organisations were required to undertake a series of actions to:
- secure person identifiable data, relating to both patients and staff;
- confirm that the methods used for transfer of data are secure and
- take immediate remedial action where this is not the case.

The necessary internal assurance statements were submitted and the project completed by the Information Governance Team in March 2008.

The annual information governance toolkit submission was completed with the Trust scoring 74% compliance overall.

IT

The Trust recognises the role that IT can play in improving the delivery of patient care and has been at the forefront as an early adopter for PACS and Choose and Book.
In the past year, the Trust has updated the local desktop infrastructure to meet the Warranted Environment standard, and is actively trialling new equipment to support CRS on a live inpatient ward.

During 2007/08, the Trust invested in the Surrey COIN (Community of Interest Network). Benefits of the COIN will include a robust and open environment in which clinicians can work flexibly to support new ways of delivering care.

In addition, the Trust has utilised the NHSmail SMS text messaging service to provide automatic appointment reminders direct to patients mobile phones at no cost. The success of this development has been recognised by Connecting for Health as a national case study.

**IT Training**

IT training has continued to provide opportunities for e-learning and provided role based training for patient information systems.

Equality in training is high on the agenda enabling staff of all levels and capabilities to have access to free IM&T training at the required level.

In addition, IT Training has supported staff in achieving the Knowledge and Skills Framework (KSF) targets relating to Information Management.

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**IM&T Vision**

To provide access to:

- what is needed
- when required
- where required
This section sets out the Trust’s financial performance during 2008/07:

Summary Financial Statements .......................................................... Page 5-17
Income & Expenditure Account for the Year Ended 31st March 2008 .... Page 5-18
Balance Sheet as at 31st March 2008 ................................................... Page 5-19
Statement of Total Recognised Gains and Losses for the Year Ended 31st March 2008 Page 5-19
Cash Flow Statement for the Year Ended 31st March 2008 ................. Page 5-20
Salary and Pension Entitlements of Senior Managers ....................... Page 5-21
Management Costs ........................................................................... Page 5-25
Public Sector Payment Policy ............................................................ Page 5-25
Directors’ Statement ......................................................................... Page 5-26
Independent Auditors’ Statement to the Directors of Ashford & St. Peter’s Hospitals Page 5-26
SUMMARY FINANCIAL STATEMENTS

The Trust’s financial performance for 2007/08 is summarised as follows:

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Target</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>£’000 / %</td>
<td>£’000 / %</td>
</tr>
<tr>
<td>Breakeven surplus</td>
<td>2,450</td>
<td>2,450</td>
</tr>
<tr>
<td>Capital Cost Absorption Rate</td>
<td>3.5%</td>
<td>3.3%</td>
</tr>
<tr>
<td>External Financing Limit</td>
<td>(15,823)</td>
<td>(15,823)</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>8,251</td>
<td>7,070</td>
</tr>
</tbody>
</table>

The Trust faced a significant challenge in reaching the dual requirements of achieving its planned financial position along with meeting service delivery targets, especially the national 18 week milestones, for the year ending 31 March 2008. It is pleasing to report that as well as meeting its service delivery targets the Trust made a surplus £2.5m in the financial year on operating expenditure of £182.8m.

The External Financing Limit was met and the Capital Cost Absorption Rate and Capital Resource Limit were within accepted tolerances.

The Trust was granted an extension from three to five years to achieve its cumulative breakeven duty by 31 March 2005 however this was not achieved and the Trust has failed this duty. A further deficit was incurred in 2005/06 prior to two years of financial surplus and the cumulative breakeven deficit stands at £8.2m at 31 March 2008. The Trust is planning to generate a surplus of £5.5m in 2008/09 and expects to eliminate the balance of £2.7m in 2009/10.

Capital expenditure of £7.2m was incurred in 2007/08 with the largest cost being the commencement of the new Mortuary at St. Peter’s Hospital - £1.2m was spent in 2007/08. Other areas with significant expenditure were new Endoscopy washers (£0.5m), CT Scanner (£0.5m) and Electric Beds £0.4m.

2008/09

The Trust has agreed contracts with all of its main commissioners for 2008/09 and will gain from the abolition of transitional charge arrangements for market forces factor funding under Payment by Results.

As a result of the gain mentioned above the Trust is planning for a surplus of £5.5m in 2008/09.

Annual Accounts

The summary financial statements that follow are a summary of the Annual Accounts for the financial year 2007/08. The accounts have been prepared in accordance with the 2007/08 NHS Trusts Manual for Accounts issued by the Department of Health. The accounting policies contained in that manual follow UK Generally Accepted Accounting Practice (UK GAAP) and HM Treasury’s Financial Reporting Manual to the extent that they are meaningful and appropriate to the NHS. The accounting policies have been applied consistently in dealing with the items considered material in relation to the accounts. A full set of Annual Accounts for the Ashford and St. Peter’s Hospitals NHS Trust are available from the Director of Finance by telephoning 01932-722819.
<table>
<thead>
<tr>
<th></th>
<th>2007/08 ( £'000)</th>
<th>2006/07 ( £'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from activities</strong></td>
<td>173,376</td>
<td>163,317</td>
</tr>
<tr>
<td><strong>Other operating income</strong></td>
<td>18,274</td>
<td>16,205</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td>(182,883)</td>
<td>(178,269)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS</strong></td>
<td>8,767</td>
<td>1,253</td>
</tr>
<tr>
<td><strong>Profit on disposal of fixed assets</strong></td>
<td>(80)</td>
<td>5,530</td>
</tr>
<tr>
<td><strong>SURPLUS BEFORE INTEREST</strong></td>
<td>8,687</td>
<td>6,783</td>
</tr>
<tr>
<td><strong>Interest receivable</strong></td>
<td>290</td>
<td>268</td>
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<tr>
<td><strong>Interest payable</strong></td>
<td>(789)</td>
<td>(30)</td>
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<tr>
<td><strong>SURPLUS FOR THE FINANCIAL YEAR</strong></td>
<td>8,188</td>
<td>7,021</td>
</tr>
<tr>
<td><strong>Public dividend capital dividends payable</strong></td>
<td>(5,738)</td>
<td>(5,953)</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS FOR THE YEAR</strong></td>
<td>2,450</td>
<td>1,068</td>
</tr>
</tbody>
</table>

(For a commentary on the retained deficit and the current financial position please see the previous page).
### BALANCE SHEET AS AT 31 MARCH 2008

<table>
<thead>
<tr>
<th></th>
<th>31/3/08 £’000</th>
<th>31/3/07 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>2,499</td>
<td>2,652</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>184,269</td>
<td>172,763</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td>186,768</td>
<td>175,415</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and work-in-progress</td>
<td>2,176</td>
<td>2,307</td>
</tr>
<tr>
<td>Debtors</td>
<td>25,043</td>
<td>35,100</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>450</td>
<td>534</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>27,669</td>
<td>37,941</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>(27,517)</td>
<td>(25,822)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS/(LIABILITIES)</strong></td>
<td>152</td>
<td>12,119</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>186,920</td>
<td>187,534</td>
</tr>
<tr>
<td><strong>CREDITORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due after more than one year</td>
<td>(9,800)</td>
<td>(12,250)</td>
</tr>
<tr>
<td><strong>PROVISION FOR LIABILITIES AND CHARGES</strong></td>
<td>(883)</td>
<td>(753)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td>176,237</td>
<td>174,531</td>
</tr>
</tbody>
</table>

**FINANCED BY:**

**TAXPAYERS’ EQUITY**

- Public dividend capital: 85,571 £’000
- Revaluation reserve: 94,068 £’000
- Donated asset reserve: 842 £’000
- Income and expenditure reserve: (4,244) £’000

**TOTAL TAXPAYERS’ EQUITY**: 176,237 £’000

---

Paul Bentley
Chief Executive, Ashford and St. Peter’s Hospitals NHS Trust
16 June 2008

**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2008**

<table>
<thead>
<tr>
<th></th>
<th>2007/08 £’000</th>
<th>2006/07 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year before dividend payments</td>
<td>8,188</td>
<td>7,021</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations / indexation</td>
<td>12,875</td>
<td>12,530</td>
</tr>
<tr>
<td>Increases in the donated asset reserve due to receipt of donated assets</td>
<td>48</td>
<td>325</td>
</tr>
<tr>
<td><strong>Total recognised gains and losses for the financial year</strong></td>
<td>21,111</td>
<td>19,876</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total gains and losses recognised in the financial year</strong></td>
<td>21,111</td>
<td>19,876</td>
</tr>
</tbody>
</table>
### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2008

<table>
<thead>
<tr>
<th>Activity</th>
<th>2007/08 £'000</th>
<th>2006/07 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from operating activities</td>
<td>29,452</td>
<td>10,750</td>
</tr>
<tr>
<td><strong>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>286</td>
<td>257</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(780)</td>
<td>(10)</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from returns on investments and servicing of finance</td>
<td>(494)</td>
<td>247</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(7,343)</td>
<td>(3,316)</td>
</tr>
<tr>
<td>Payments to acquire intangible assets</td>
<td>(54)</td>
<td>(1,032)</td>
</tr>
<tr>
<td>Net cash (outflow) from capital expenditure</td>
<td>(7,397)</td>
<td>(4,348)</td>
</tr>
<tr>
<td><strong>DIVIDENDS PAID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5,738)</td>
<td>(5,953)</td>
<td></td>
</tr>
<tr>
<td>Net cash (outflow) before management of liquid resources and financing</td>
<td>15,823</td>
<td>696</td>
</tr>
<tr>
<td><strong>MANAGEMENT OF LIQUID RESOURCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase/sale of investments</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net cash inflow / (outflow) from management of liquid resources</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net cash (outflow) before financing</td>
<td>15,823</td>
<td>696</td>
</tr>
<tr>
<td><strong>FINANCING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(18,457)</td>
<td>(15,262)</td>
</tr>
<tr>
<td>Loans received from Department of Health</td>
<td>-</td>
<td>14,700</td>
</tr>
<tr>
<td>Loan principal repaid to Department of Health</td>
<td>(2,450)</td>
<td>-</td>
</tr>
<tr>
<td>Net cash inflow from financing</td>
<td>(15,907)</td>
<td>(562)</td>
</tr>
<tr>
<td>Increase/(decrease) in cash</td>
<td>(84)</td>
<td>134</td>
</tr>
</tbody>
</table>
REMUNERATION REPORT - 31 MARCH 2008

Remuneration Committee and Policy on Remuneration of Senior Managers

The Remuneration Committee meets as a minimum once a year and more frequently where required. The Remuneration Committee consists of the Non-Executive Directors of the Trust Board chaired by the Chairman, Clive Thompson.

The Remuneration Committee sets the policy, and the level, for remuneration of the Executive Directors of the Trust. The Committee receives at least annual reports on the performance of Executive Directors. Mindful of its duties in managing public funds its policy is set to balance the need to appoint and retain Executive Directors within the Trust, in doing so it obtains independent information from external providers where required. All Directors contracts were open-ended with notice periods of six months. There were no contracts containing a provision for compensation for early termination.

Salary and pension entitlements of senior managers for 2007/08

The Trust has included within the definition of senior managers the members of the Executive Team, as well as the Chairman and Non-Executive Directors.

A) Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2007-08</th>
<th>2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (bands of £5,000)</td>
<td>Other Remuneration (bands of £5,000)</td>
</tr>
<tr>
<td>Executice Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenn Douglas</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Chief Executive (to 7 October 2007)</td>
<td>80-85</td>
<td>-</td>
</tr>
<tr>
<td>Paul Bentley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting Chief Executive (from 1 October 2007)</td>
<td>60-65</td>
<td>-</td>
</tr>
<tr>
<td>Director of Human Resources (to 30 September 2007)</td>
<td>45-50</td>
<td>-</td>
</tr>
<tr>
<td>Keith Mansfield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Finance</td>
<td>105-110</td>
<td>-</td>
</tr>
<tr>
<td>Joyce Winson Smith</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Nursing (to 31 October 2006)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dr Mike Baxter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Director</td>
<td>40-45</td>
<td>135-140</td>
</tr>
<tr>
<td>John Macey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acting Director of Human Resources (to 30 June 2006)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
A) Remuneration (continued)

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
<th>Salary (bands of £5,000)</th>
<th>Other Remuneration (bands of £5,000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Team (continued)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Petra Cunningham, Acting Director of Human Resources (from 1 Nov 2007)</td>
<td>£000</td>
<td>25-30</td>
<td>-</td>
<td>£000</td>
<td>25-30</td>
<td>-</td>
</tr>
<tr>
<td>Antonia Ogden-Meade, Director of Business Development (to 25 February 2007)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>70-75</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Michaela Morris, Director of Nursing &amp; Operations</td>
<td>90-95</td>
<td>62</td>
<td>80-85</td>
<td>51</td>
<td>62</td>
<td>9</td>
</tr>
<tr>
<td>Ian Mackenzie, Director of Performance, Information &amp; Facilities</td>
<td>85-90</td>
<td></td>
<td>75-80</td>
<td>51</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td><strong>Chairman and Non-Executives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clive Thompson, Chairman</td>
<td>20-25</td>
<td></td>
<td>20-25</td>
<td>20-25</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Liz Brooks, Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Peter Field, Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Jenny Murray, Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Aileen McLeish, Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Norman Critchlow, Non-Executive Director</td>
<td>5-10</td>
<td></td>
<td>5-10</td>
<td>5-10</td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

**Notes**

a) Glenn Douglas was seconded to Maidstone and Tunbridge Wells NHS Trust on 8 October 2007. The salary shown above is for his time up to that secondment.
b) Benefits in kind relate to benefits for lease cars.
c) No remuneration was waived by directors, no allowances were paid in lieu and there were no payments in respect of ‘golden hello’s’.
### B) Pension Benefits

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Real increase in pension at age 60 (bands of £2,500)</th>
<th>Real increase in lump sum at age 60 (bands of £2,500)</th>
<th>Total accrued pension at age 60 at 31 March 2008 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2008</th>
<th>Cash Equivalent Transfer Value at 31 March 2008</th>
<th>Real Increase in Cash Equivalent Transfer Value</th>
<th>Employer’s Contribution to Stakeholder Pension (to nearest £100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Team</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Glenn Douglas</td>
<td>2.5-5.0</td>
<td>12.5-15.0</td>
<td>45-50</td>
<td>140-145</td>
<td>721</td>
<td>562</td>
<td>53</td>
<td>-</td>
</tr>
<tr>
<td>Chief Executive (to 7 October 2007)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keith Mansfield</td>
<td>0-2.5</td>
<td>5.0-7.5</td>
<td>35-40</td>
<td>110-115</td>
<td>653</td>
<td>590</td>
<td>34</td>
<td>-</td>
</tr>
<tr>
<td>Director of Finance &amp; Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Mike Baxter</td>
<td>10.0-12.5</td>
<td>32.5-35.0</td>
<td>45-50</td>
<td>135-140</td>
<td>767</td>
<td>548</td>
<td>144</td>
<td>-</td>
</tr>
<tr>
<td>Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Bentley</td>
<td>7.5-10.0</td>
<td>22.5-25.0</td>
<td>25-30</td>
<td>85-90</td>
<td>364</td>
<td>257</td>
<td>71</td>
<td>-</td>
</tr>
<tr>
<td>Director of Human Resources (to 30 September 2007)/Acting Chief Executive (from 1 November 2007)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Petra Cunningham</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>10-15</td>
<td>30-35</td>
<td>129</td>
<td>104</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Acting Director of Human Resources (from 1 November 2007)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Michaela Morris</td>
<td>2.5-5.0</td>
<td>10.0-12.5</td>
<td>20-25</td>
<td>65-70</td>
<td>287</td>
<td>230</td>
<td>36</td>
<td>-</td>
</tr>
<tr>
<td>Director of Nursing &amp; Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Mackenzie</td>
<td>0-2.5</td>
<td>0-2.5</td>
<td>25-30</td>
<td>75-80</td>
<td>350</td>
<td>328</td>
<td>10</td>
<td>-</td>
</tr>
<tr>
<td>Director of Performance, Information &amp; Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note**

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

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

Real Increase in CETV

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

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management costs</td>
<td>£8,234</td>
<td>£7,810</td>
</tr>
<tr>
<td>Income</td>
<td>£190,097</td>
<td>£176,847</td>
</tr>
</tbody>
</table>


PUBLIC SECTOR PAYMENT POLICY

Better Payment Practice Code - measure of compliance

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the CBI better payment practice code and Government Accounting rules. The target is to pay non-NHS creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier. The Trust’s position for 2007/08 is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2007/08</th>
<th>2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total non-NHS trade invoices paid in the year</td>
<td>50,905</td>
<td>46,494</td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid within target</td>
<td>26,404</td>
<td>30,071</td>
</tr>
<tr>
<td>Percentage of non-NHS trade invoices paid within target</td>
<td>51.9%</td>
<td>64.68%</td>
</tr>
<tr>
<td>Total NHS trade invoices paid in the year</td>
<td>2,487</td>
<td>2,397</td>
</tr>
<tr>
<td>Total NHS trade invoices paid within target</td>
<td>234</td>
<td>758</td>
</tr>
<tr>
<td>Percentage of NHS trade invoices paid within target</td>
<td>9.4%</td>
<td>31.62%</td>
</tr>
</tbody>
</table>

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Scheme. The Scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. As a consequence it is not possible for the Trust to identify its share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as a defined contribution scheme and the cost of the scheme is equal to the contributions payable to the scheme for the accounting period.

Further details on pension cost and liabilities can be found in the Annual Accounts, Note 1.12 Pension Costs. In addition this document contains a Remuneration Report setting out the pension costs of Senior Managers of the Trust.
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 propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers’ Memorandum issued by the Department of Health.

To the best of my knowledge, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

P Bentley, Chief Executive
Ashford and St. Peter’s Hospitals NHS Trust
16 June 2008

Statement of Directors’ responsibility in respect of internal control

The full Directors’ Statement on Internal Control can be found in the Trust’s Annual Accounts for 2007/08. No significant control issues arose during 2007/08 and those issues arising during 2006/07 have been resolved.

AUDITORS’ REMUNERATION

The Trust’s auditors, KPMG LLP, charged £109,000 for Audit Services in 2007/08. There was no remuneration for Further Assurance Services or any Other Services. Audit Services included:-

- Auditing the Accounts;
- Financial Management;
- Management Reporting; and
- Mandatory Reviews.

INDEPENDENT AUDITORS’ STATEMENT TO THE DIRECTORS OF THE BOARD OF ASHFORD AND ST. PETER’S HOSPITALS NHS TRUST

We have examined the summary financial statements which comprise the Balance Sheet, Income & Expenditure account, Statement of Recognised Gains and Losses, Cashflow Statement, Reconciliation of Net Operating Costs to Net Cashflow, Better Payment Practice Code and Management Costs, set out on pages 5-17 to 5-25.

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

Respective responsibilities of directors and auditors

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

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 ‘The auditor’s statement on the summary financial statements’ issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of Ashford and St. Peter’s Hospitals NHS Trust for the year ended 31 March 2008.

KPMG LLP
London
14th July 2008
SECTION SIX

DATA BANK – 10 YEARS OF ASHFORD AND ST. PETER’S IN NUMBERS

This section provides a picture of activity at Ashford and St. Peter’s across the last ten years and covers:

1. Scheduled operations 1998/99 to 2007/08
5. Trustwide Inpatient Waiting List 1998/99 to 2007/08
7. Maternity cases 1999/00 to 2007/08
8. Trustwide Outpatients 1998/99 to 2007/08
9. Patients waiting over 13 weeks 1999/00 to 2007/08
10. Trustwide Inpatients 1998/99 to 2007/08
DATA BANK – 10 YEARS OF ASHFORD AND ST. PETER’S IN NUMBERS

Scheduled Operations 1998/99 to 2007/08

Year ending 31st March

<table>
<thead>
<tr>
<th>Year</th>
<th>Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>7,630</td>
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<tr>
<td>2000</td>
<td>6,710</td>
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<tr>
<td>2001</td>
<td>6,936</td>
</tr>
<tr>
<td>2002</td>
<td>6,942</td>
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<tr>
<td>2003</td>
<td>7,480</td>
</tr>
<tr>
<td>2004</td>
<td>7,694</td>
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<tr>
<td>2005</td>
<td>6,774</td>
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<tr>
<td>2006</td>
<td>6,545</td>
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<tr>
<td>2007</td>
<td>6,069</td>
</tr>
<tr>
<td>2008</td>
<td>6,420</td>
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</table>

A&E & WIC Attendances 1998/99 to 2007/08

Year ending 31st March

<table>
<thead>
<tr>
<th>Year</th>
<th>Attendances</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>99,170</td>
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<tr>
<td>2000</td>
<td>100,208</td>
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<tr>
<td>2001</td>
<td>98,973</td>
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<tr>
<td>2002</td>
<td>98,152</td>
</tr>
<tr>
<td>2003</td>
<td>98,159</td>
</tr>
<tr>
<td>2004</td>
<td>101,743</td>
</tr>
<tr>
<td>2005</td>
<td>107,603</td>
</tr>
<tr>
<td>2006</td>
<td>113,012</td>
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<tr>
<td>2007</td>
<td>112,470</td>
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<tr>
<td>2008</td>
<td>108,573</td>
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</table>

Emergency Admissions 1998/99 to 2007/08

Year ending 31st March

<table>
<thead>
<tr>
<th>Year</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>22,361</td>
</tr>
<tr>
<td>2000</td>
<td>21,185</td>
</tr>
<tr>
<td>2001</td>
<td>22,000</td>
</tr>
<tr>
<td>2002</td>
<td>21,666</td>
</tr>
<tr>
<td>2003</td>
<td>22,098</td>
</tr>
<tr>
<td>2004</td>
<td>26,654</td>
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<tr>
<td>2005</td>
<td>27,574</td>
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<tr>
<td>2006</td>
<td>27,743</td>
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<tr>
<td>2007</td>
<td>25,279</td>
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<td>2008</td>
<td>22,866</td>
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DATA BANK – 10 YEARS OF ASHFORD AND ST. PETER’S IN NUMBERS

Day Cases - 1998/99 to 2007/08

Trustwide Inpatient Waiting List 1998/99 to 2007/08

Births (Women Delivered) - 1998/99 to 2007/08
DATA BANK – 10 YEARS OF ASHFORD AND ST. PETER’S IN NUMBERS

Maternity cases 1999/00 to 2007/08

<table>
<thead>
<tr>
<th>Year ending 31st March</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>6,220</td>
<td>5,506</td>
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<td>4,544</td>
<td>4,439</td>
<td>4,561</td>
<td>4,903</td>
<td>4,971</td>
<td>5,066</td>
</tr>
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</table>

Trustwide Outpatients 1998/99 to 2007/08

<table>
<thead>
<tr>
<th>Year ending 31st March</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>262,712</td>
<td>273,718</td>
<td>275,445</td>
<td>269,609</td>
<td>276,489</td>
<td>293,088</td>
<td>288,742</td>
<td>294,891</td>
<td>291,760</td>
<td>293,981</td>
</tr>
</tbody>
</table>

Patients waiting over 13 weeks 1999/00 to 2007/08

<table>
<thead>
<tr>
<th>Year ending 31st March</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1,700</td>
<td>1,890</td>
<td>850</td>
<td>932</td>
<td>24</td>
<td>434</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
DATA BANK – 10 YEARS OF ASHFORD AND ST. PETER’S IN NUMBERS

Trustwide Inpatients 1998/99 to 2007/08

Year ending 31st March

<table>
<thead>
<tr>
<th>Year ending</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52,836</td>
<td>56,707</td>
<td>58,641</td>
<td>57,698</td>
<td>58,640</td>
<td>65,281</td>
<td>65,513</td>
<td>65,730</td>
<td>62,626</td>
<td>64,639</td>
</tr>
</tbody>
</table>

0,000,000 | 10,000,000 | 20,000,000 | 30,000,000 | 40,000,000 | 50,000,000 | 60,000,000 | 70,000,000 |
PUTTING PEOPLE AT THE HEART OF EVERYTHING WE DO

Striving for excellence
Being open and honest
Providing patient focused care
Treating everyone with humanity and respect
Developing and valuing teams and individuals
Ensuring a safe, clean and caring environment

Honesty - Safety - Excellence

Ashford and St. Peter’s Hospitals NHS Trust