



Annual Review

2015/16

Welcome

Welcome to our short review of 2015/16, which gives you a flavour of what's been happening in your local hospitals.

Within a national context of rising demand for NHS services and continued financial pressure on the health and social care sector, we have risen well to the challenge and overall this has been another positive year for the Trust.

Described last year as 'a caring organisation' by the Care Quality Commission, we have worked hard to maintain high standards of care and were proud to win the national Quality of Care Award from CHKS last year and to be finalists for the same award this year, which is a significant achievement by the wider team. And unlike many other hospital Trusts we have achieved this while keeping control of our finances and finished the year with a relatively small deficit of £0.6m, £0.6m ahead of our planned deficit of £1.2 m.

We continue to make progress in developing our clinical services in a

variety of ways and you can read more about this throughout this review. This year has also seen the introduction of our Electronic Medical Records project, which has just gone live in our breast service and will really help to transform the way we deliver care to our patients (read more on page 11).

Operationally this has been a year, once again, dominated by rising demand and emergency pressures and we have struggled to consistently meet our four-hour waiting target. Much of our focus remains on improving our emergency care pathway, but we have made some good progress in the way we work collaboratively with our local healthcare partners and would like to thank them for their ongoing support.

In the face of continued challenge we are looking at our longer-term strategy; ways of creating scale and ensuring financial and clinical sustainability for the Trust, in partnership with other local healthcare services. Read more about our proposed merger with Royal Surrey County Hospital NHS

Foundation Trust, which is currently paused, and our other longer-term strategic plans on page 19.

We hope you enjoy reading this brief overview of our work and achievements over the past year. We are a strong, ambitious organisation and continue to build a talented team of clinical and non-clinical colleagues with one common aim – to provide the very best care for our patients and their families.



Aileen McLeish
Chairman

Suzanne Rankin
Chief Executive

Our performance over the last year

All hospital Trusts are measured on how they perform against key targets – put in place to make sure patients are receiving the best possible care. The following table describes how we are doing against some key targets – most of which are set by NHS Improvement, the health sector regulator.

Target	Target (2015/16)	Actual (2015/16)
Number of clostridium difficile cases	17	15
Number of MRSA blood stream infection cases	0	0
% of cancer patients waiting a maximum of 2 weeks from urgent GP referral to date first seen	93%	94.4%
% of cancer patients waiting a maximum of 31 days from diagnosis to first definitive treatment	96%	97.6%
% of cancer patients waiting a maximum of 62 days from urgent GP referral to treatment	85%	84.6%
% of patients waiting a maximum of 4 hours in A&E from arrival to admission, transfer or discharge	95%	90.2%

We've been busy this year, with around...

25,000

emergency admissions



39,000

people admitted for planned inpatient and day case treatment



96,000

people seen in our A&E department



414,000

people treated in our outpatient clinics



4,000

babies delivered



£268m

turnover (and small deficit of £0.6m)



A&E four hour waiting target

During March we experienced the highest number of attendances to A&E ever recorded in the Trust and overall, we have struggled to consistently meet the four hour target throughout the year. Working collaboratively with our local healthcare partners we've put a recovery programme in place and made some positive improvements. You can read more about this on page 5.



Our team of Cancer Nurse Specialists

Access to cancer treatment

During the year we have seen an increase in urgent cancer referrals in a number of specialities and some months have experienced difficulty in meeting the 62 day standard for urgent GP referrals. Improving cancer waiting times is a continued area of focus and we are working closely with our commissioner colleagues at North West Surrey CCG to achieve this.

Improving quality and developing the best clinical services

Developing our specialist services

We continue with our strategy to develop our specialist acute services, with many exciting developments over the past year.

In November 2015 we became part of a collaborative project, funded by the Health Foundation, looking at improving treatments and outcomes for patients with acute kidney injury (AKI).

Our endometriosis service was also recognised last year through the Annual Accreditation by the British Society for Gynaecology Endoscopy (BSGE) in the UK. We ranked third in the country for the number of patients with advanced endometriosis we treat surgically.

24 Emergency treatment for heart attacks available 24/7

Since July last year we have been providing primary angioplasty around the clock; a service that patients previously had to travel to Frimley Park Hospital or St George's Hospital to receive out-of-hours. Patients suffering from a heart attack and in need of cardiac revascularisation can now bypass A&E and go straight from the ambulance to the cardiac catheterisation lab for assessment and treatment. Feedback from patients, their families and the ambulance service about providing this treatment closer to home has been excellent.

Good performance in emergency bowel operations

The National Emergency Laparotomy Audit (NELA) published in July 2015, looked at over 190 hospital Trusts nationally and showed that we are performing well in emergency bowel surgery. NELA looked specifically at 30 day mortality rates following emergency laparoscopic (keyhole) surgery; the national average is 15% whilst our rate is less than half – 7%. This is an excellent indication of the high level of care these patients are receiving and how well different services – A&E, radiology, surgery, intensive care – are working together.

Opus Healthcare Award

In November last year, Stoma Care Specialist Nurse Carol Katté received the 2015 Opus Healthcare Research at the Association of Stoma Care Nurses UK annual conference in Birmingham, on behalf of Ashford and St Peter's and Western Sussex Hospitals. The award recognised a joined project run by the Trusts, to introduce a new and innovative surgical technique for patients with a permanent stoma, to reduce or eliminate distressing leakages. Carol is pictured here receiving the award from Assistant Brand Manager for Opus Healthcare (part of Alliance Pharmaceuticals), Stuart Jenks.



SCReam launch

Last September, a joint safety initiative for theatres staff called SCReaM (Surrey Crisis Resource Management) was launched at an event in Brooklands Museum, attended by special guest Dr Kevin Fong – TV presenter of BBC's Horizon and Channel 4's Extreme A&E. Led by consultant anaesthetists from Ashford and St Peter's and Royal Surrey County Hospitals, SCReaM recognises that staff can feel under pressure in surgery when facing stressful situations and uses a number of visual aids to help each member of the team make split second decisions and follow the correct processes. Pictured here at the launch event are Dr Suzi Lomax, Dr Sam Soltanifar, Dr Cally Dean, Dr Rob Menzies and Dr Wendy King.

Improving the emergency care pathway

One of our key objectives this year has been to improve the emergency care pathway within our hospitals to provide better patient experience, outcomes and performance against the four hour waiting target. This has been a tough challenge but we have made some good progress in working with our local healthcare partners, including:

- The introduction of an information system to provide all urgent care providers in North West Surrey with daily activity and performance information – enabling them to predict when health services are challenged and take earlier, more proactive action.
- The introduction of a new Urgent Care Centre at St Peter's Hospital to treat all patients who have made their own way to the Emergency Department. The aim of the new centre is to alleviate pressure on the main emergency department allowing them to concentrate on more serious conditions.



- Last December, our Medical Assessment Unit and Medical Short Stay Unit merged together to create a new Acute Medical Unit (AMU). Co-locating these units enables us to manage our medical patients in a more efficient way – ensuring they get to the right place, with the right doctor, to receive the right care, more quickly. Our consultant rotas have also changed to provide better continuity of care.
- The creation of an Older Persons' Short Stay Unit (where MAU was located) to provide quicker assessment and more joined-up care for elderly patients, who often have more complex needs.

Delivering an excellent patient experience

Transforming outpatients

We began a successful project in 2015 to improve the administration processes supporting our outpatient services. 95% of calls are now being answered first time by the Outpatient Appointment Centre and calls are now answered in less than 90 seconds on average, reduced from an average of four minutes last year.

Calls to the Outpatient Appointment Centre are now answered **in less than 90 seconds** on average



Maxillofacial Surgeon Mr Alex Creedon and Registered Dental Nurse Tracey Gilson with a patient

Improvements to Children's Ward

Hundreds of children each year are treated in Little Oaks – our paediatric oncology unit – and some have to spend long periods of time in hospital. With fantastic support from charity Momentum we have begun making some exciting improvements to the unit and recently the charity was awarded a £52,000 grant by The Wisley Foundation in partnership with The Lockwood Charitable Foundation. Pictured here, part of the grant has gone towards the recent renovation of an Isolation Cubicle; which has been decorated with colourful and cheerful 'Mo the Owl' (the charity mascot) designs. The remaining funding will go towards a complete transformation of Little Oaks - including the creation of a walled-off, private examination area, installation of two new reclining treatment chairs, remodelling of the 'chill out' area for teenagers and creation of a new play space for the younger children.



Breast cancer care team

Last July, our breast cancer team started an 'experienced based co-design' project, which is a new way of staff and patients working very closely together to identify and plan improvements for the service. As a group they made a film of their experiences and then held a series of discussion and feedback events to decide the best way forward. Since the project began there have been some excellent improvements, including a reduction in the frequency of cancelled and delayed clinic appointments and improvements to the information given to patients. Work is also ongoing to develop a mobile app about the service. The breast team are pictured here at the recent Staff Achievement Awards, where they won the 'Special Achievement' award.

In 2015 our cancer services team **supported over 10,000 patients** referred with suspected cancer and **helped and cared for over 1,700 patients** who were diagnosed with cancer

We have made lots of improvements in our care for cancer patients, including the provision of chemotherapy for some tumour types at Ashford Hospital – meaning patients can receive treatment closer to home. The team have also worked hard to improve performance against national waiting targets – in particular, to ensure that patients wait no longer than 62 days from an urgent two-week GP referral to the first definitive treatment.

Our cancer services team organised a second successful Cancer and Wellbeing Day in Woking in March, jointly with North West Surrey Clinical Commissioning Group. The event showcased the full range of advice and support available for cancer patients locally, with over 100 people attending.

Team ASPH: Developing a skilled and motivated workforce

Leading the way

Over the past year, we have put a lot of time and resources into developing our leadership, talent and management strategy. Ultimately, we want to develop leaders who can bring out the very best in their staff and support them in a fair and consistent way. We have seen high numbers of staff enrolling on our Institute of Leadership and Management courses, whilst our New Consultants' Programme also continues to nurture confident, capable and well connected medical leaders.

Developing our staff

We have really broadened our range of learning and development opportunities, with staff attending masterclasses on topics such as root cause analysis, improvement methodology, and the human side of change.

Our 'In their Shoes' shadowing programme remains popular and has seen almost one hundred applicants over the last year. It's a good opportunity for staff to gain insight into their colleagues' roles



and perspectives, as well as gaining new skills and experiencing future job roles.

The new-style appraisal system introduced last year is becoming better embedded and feedback from our staff is positive; they feel able to have better quality conversations and determine clearer objectives for the year ahead.



Arrhythmia Specialist Nurse Pat Little, Senior Cardiac Specialist Nurse Liz Murphy and Heart Failure Nurse Specialist Tracey Bradshaw

Wellbeing and resilience

Our Schwartz Rounds continue to prove popular as an opportunity for members of the team to reflect, in a safe and supported environment, on difficult situations which have arisen in their day-to-day work. We hold one Schwartz Round a month, on themes such as 'under pressure: working outside of your comfort zone' and 'a patient I'll never forget'.

To help our staff cope well with challenging times, both at work and at home, we have also introduced a 'Developing Personal Resilience' half day workshop, which have been well attended.



A team in main theatres at St Peter's Hospital preparing for surgery

Appreciation and recognition

Our Trust staff recognition scheme, the WOW! Awards, has seen over 600 nominations this year for staff who have gone the extra mile at work, from both patients and colleagues. We held our annual Staff Achievement Awards ceremony in May – with a shortlist for the award categories taken from these nominations. Almost 200 people attended the event, with over 30 awards given for long service (more than 25 years) and the achievements of many other individuals and teams recognised in the main award categories.



Some of our maternity team



Nominees, award winners and presenters celebrating at the 2016 Staff Achievement Awards, held at Oatlands Park Hotel in Weybridge on 26th May.

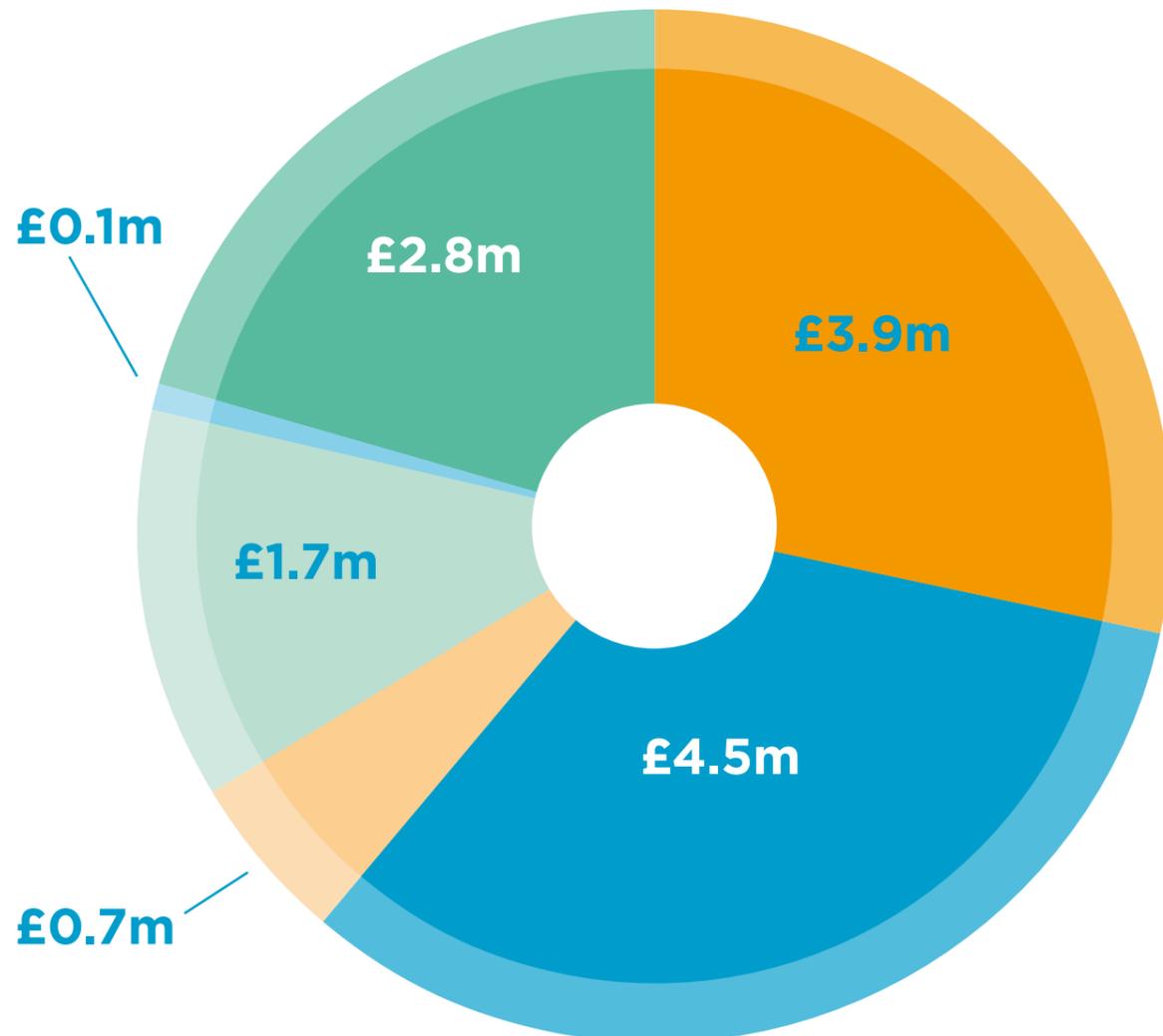
Top Productivity

Achieving our cost improvements

In order to withstand future financial challenges and achieve efficiency gains, the Trust has adopted an approach of 'transformational change' to the way services are delivered. This approach aims to optimise efficiency and productivity, but with careful consideration of the impact on quality and safety, to ensure no disadvantage to patients or staff. Over the year we have achieved £13.7 million of cost savings (on plan), split across areas as follows:

Savings 2015/16

Revenue generation, net	£3.9m
Pay expense savings	£4.5m
Drug expense savings	£0.7m
Clinical supplies expense savings	£1.7m
Non-clinical supplies expense savings	£0.1m
Misc. other operating expenses	£2.8m



Strengthening our approach to service improvement

To support our Quality Improvement (QI) strategy and approach, we have invested time in training, mentoring and coaching for a number of teams and individuals. Last year we launched our QI microsite – www.bethechangeasph.com – which provides staff with helpful online tools and resources to get started with quality improvement ideas, blogs, articles, project updates and short videos for inspiration. This was followed by the launch of a new mobile app to spread the word and make the resources more easily accessible.



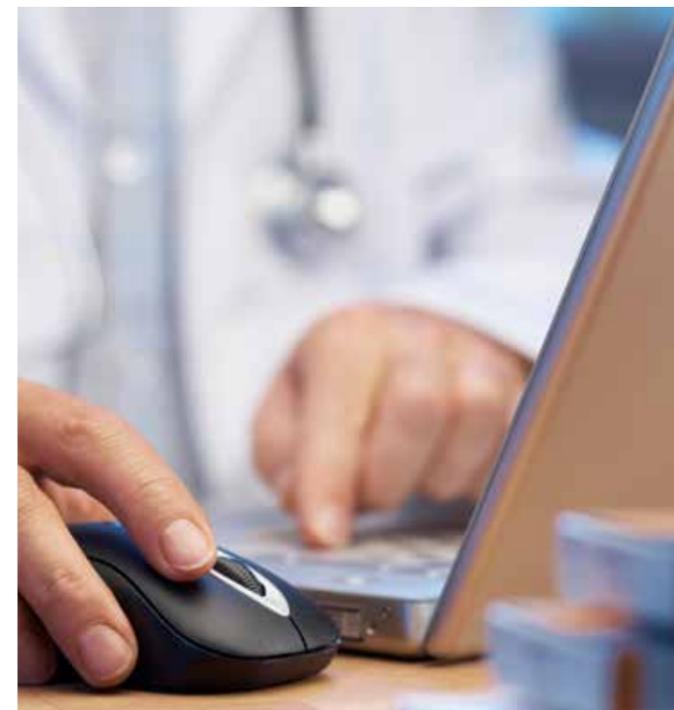
Be the Change Project: Improving weekend handover

Junior doctors providing weekend and out-of-hours care on our wards were finding it challenging to search through the (often extensive) medical notes of patients they were not always familiar with to find important details. They also felt the jobs they needed to undertake and the criteria for discharging patients over the weekend could be handed over better. To tackle this, two of our FYI doctors devised a special ward round sheet to be used on Fridays, which is a brightly coloured and easy to find summary of each patient. It was successfully trialled on Swift Ward at St Peter's Hospital and is now being rolled out to other clinical areas.



Moving to Electronic Medical Records

The commencement of our Electronic Medical Records (eMR) project is one of the biggest technology projects ever undertaken at the Trust. It has attracted £3.9 million of government funding and will see the digitisation of our medical records over the next four years. Over the last year our health informatics team have been preparing the changes to processes, building the solution and testing. Our breast service is the first to begin using Evolve (our eMR system) this summer. There is a change management team working directly with staff to educate and support them throughout the process.



Listening and acting

We continue to act on patient feedback, whether positive or negative, to make the right improvements in our hospitals and ensure patients have the best possible experience.



Staff Nurse Lina Motsi on the Day Surgery Unit with a patient

What our patients tell us

This year's National Inpatient Survey (sent to patients who had spent at least one night in hospital in the summer 2015) showed we have made significant improvement in asking patients what they think about the quality of their care. Overall, we have remained fairly static following the significant improvements achieved in the previous year and compared to other Trusts nationally, we are in a mid-range position. One thing patients did feel we were doing well on is ensuring that the hospital specialist they saw had been given all the necessary information about their condition/illness from the person who referred them.

The results of our first Children and Young Person's Survey were published in March 2015 and nationally, we scored about the same as other Trusts. The survey did flag up that children aged 0-7 needed more things to play with, so the play team set up a 'wish list' on Amazon, where the public can donate toys to the department. To date, they have received donations worth around £1500.

Keeping in touch

NHS Choices and other websites, such as Patient Opinion, remain a popular way for people to instantly share experiences and feedback. We continue to monitor and respond to these comments and both Ashford and St Peter's hospitals currently have 4.5 star ratings on NHS Choices (the highest being 5), reflecting users' experience of our hospitals.

The number of people following our Facebook page and Twitter feed has increased and this is becoming an increasingly popular way to share information of interest with patients, staff and the public.

 Follow us on Twitter @ASPHFT

 Find us on Facebook (Ashford & St Peter's Hospitals NHS Foundation Trust)

Regular feedback

Our monthly Friends and Family Test scores for inpatients, outpatients and maternity have largely remained above the national average scores. We recognise the challenges within our A&E department, for which recommendations have fluctuated above and below the national average.

Dealing with issues and complaints

Over the past year our Patient Advice and Liaison Service (PALS) received 1481 concerns, which is a reduction of 18% compared to last year. There has also been a significant (27%) decrease in formal complaints, as well as a decrease in follow-ups received (where the complainant declares they are not satisfied with the initial response from the Trust) – with 35 received this year, compared to 127 the previous year.

We take all complaints very seriously and have a clear system in place for dealing with them. We regularly meet patients face-to-face to discuss their concerns and wherever possible, act on the feedback in a continuous cycle of listening and learning.

Investing in the environment

Improvements to our imaging service

Over the past year we've made some big improvements to our imaging service at the Trust. We have replaced the CT scanners at both Ashford and St Peter's Hospitals with new, state-of-the-art scanners, which enable much higher quality images and also new types of specialist scans to be performed. An additional CT scanner has been installed at St Peter's Hospital, and the two scanners are housed in a purpose built suite to provide a better and more spacious environment for patients.

The Interventional Radiology Suite at St Peter's Hospital has been re-located to a more suitable and spacious location and now incorporates a three bedded recovery area, which means that patients do not have to move to day surgery after their procedure to recover.



Members of the CT team at St Peter's Hospital (L-R) Susanna Wyers, Adam Nowak, Paul Matthews and Andrew Mani

Updating theatres

We've also made some positive changes in our theatres over the past year, refurbishing two operating theatres at Ashford Hospital and purchasing a wide range of other new equipment, such as theatre tables, anaesthetic machines, monitoring equipment, beds and trolleys.



In partnership with Alliance Medical, we acquired a new GE Signa Explorer MRI scanner at Ashford Hospital last year. Pictured here, along with Regional Manager Director for Alliance Medical Russell Trenter and Chief Executive Suzanne Rankin, special guest Sarah Ayton OBE, a former Olympic medallist and World Champion sailor, attended an event last November to officially open the new scanner. This was part of a £1.4 million investment to improve MRI services for patients. The old scanner was housed in a mobile unit on the Ashford site, whereas the new scanner is located in a larger, purpose built modular unit attached to the main hospital building, which makes access much easier.

What our patients say

Our Patient-Led Assessments of the Care Environment (known as PLACE) inspections were carried out in March 2015 at Ashford Hospital and April 2015 at St Peter's Hospital. As in previous years we received broadly good scores, particularly for cleanliness and food.

Areas	Ashford Hospital	St Peter's Hospital	National Average
Cleanliness (of hospital areas)	99.23%	99.52%	97.57%
Food	93.29%	95.62%	88.49%
Privacy, Dignity and Wellbeing	75.66%	88.03%	86.03%
Condition, Appearance and Maintenance	87.39%	88.29%	90.11%
Dementia	70.98%	72.63%	74.51%

We are looking at how we can address our lower scores – for example, we have a rolling programme of painting and refurbishment and continue to identify areas in our hospitals that can be improved in terms of condition and appearance. The dementia measure is new and we hope to see significant improvements as our dementia strategy is implemented.

Our Quality Account

Each year hospital Trusts are required to produce a Quality Account, which is a detailed report to the public about the quality of services that we deliver. This is just a brief summary of our achievements over the past year and our priorities for the year ahead and if you would like to read the full account, you can find it on our website.

How we did in 2015/16

Reducing avoidable harm

Using a national measuring programme, the Safety Thermometer, we continue our drive to eradicate 'avoidable harm'. This includes reducing new pressure ulcers, catheter associated urine infections, hospital-acquired blood clots and falls. Over the past year we have maintained our Safety Thermometer performance above the national average, which is a good achievement. Specifically, we have exceeded the target of assessing 97% of adult inpatients for venous thromboembolism (VTE – blood clots), scoring over 98%.

We have also implemented the new Maternity Safety Thermometer and began to introduce the Medication Safety Thermometer, allowing these teams to take a 'temperature check' on harm and identifying where improvements in patient care and experience can be made.



Deputy Sister Preshma Percy is pictured here with Lead Falls Nurse Cecilia Chapman on Swift Ward, demonstrating the yellow socks and blankets introduced last year to help staff quickly identify those patients at greater risk of harming themselves through falling.



Developing a positive safety culture

We want to do everything we can to assure our community of the very good care that goes on every day in our hospitals and part of this is about being open and transparent when things go wrong. Following recommendations from the Francis Review, all healthcare providers and professionals are subject to a statutory Duty of Candour and it's something we've worked hard to embed throughout our hospitals. We have developed an animated video for staff to promote Duty of Candour with an accompanying e-learning package; this proved to be so useful that other hospitals have asked us to share it with them which we have, of course, done in the spirit of shared learning across the NHS.

We also continue our work in using the Manchester Patient Safety Framework – a tool to help NHS organisations and healthcare teams assess their progress in developing a safety culture.

Recognising and treating sepsis

Recognising the signs and symptoms of sepsis, also referred to as blood poisoning or septicaemia, early and providing prompt treatment can save lives and this has been one of our quality priorities over the past year. The target has been to screen all appropriate patients for sepsis and to start intravenous antibiotics within one hour for those patients who have suspected severe sepsis. Whilst we've made some excellent progress (and now screen over 90% of all patients coming into the majors' area of A&E) we did not meet our target overall and it is an area we continue to focus on.



September is Sepsis Awareness Month and last September our team of sepsis champions, comprising consultants in A&E, intensive care and medicine, members of the Outreach team and junior doctors embarked on a campaign to raise awareness. Donning highly visible red t-shirts they visited many wards to spread the word and hand out leaflets and information cards.

Reducing readmissions

This two year project has continued, with the aim of reducing the number of patients who are readmitted as an emergency within 30 days to less than 12.2%. We did not manage to meet this target (with an overall rate of 14.4%) but have made some good progress nonetheless.

Our care of the elderly team is actively involved in the Woking Locality Hub project, which aims to provide a one stop service to help elderly patients manage long term and complex conditions and prevent admission to hospital whenever possible.



Diagnosing and treating diabetes

Diabetes is a common health condition and we are seeing a growing number of patients coming into hospital with this condition – either diagnosed or undiagnosed. Our goal is to diagnose over 98% of eligible patients for diabetes. Whilst we did not manage to meet this target over the past year, we have made some positive progress, under the guidance of our specialist diabetes nurse. We are also looking at how we can improve other care pathways for patients with diabetes – for example, working with podiatry and vascular surgery to provide better and more joined-up foot care.

Improving the experience of vulnerable patients

We have recently undertaken a lot of work to improve the experience of vulnerable patient groups, specifically those with dementia (and their carers) or mental health issues. We've made some really positive improvements for patients with dementia; including, the introduction of the forget-me-not scheme, where a blue flower symbol is placed above the bed of patients so staff can identify those with memory problems or dementia quickly and a detailed training programme to help staff care for these patients in a more personalised way. We have achieved excellent rates of screening patients for dementia and in June 2016 works began to create two dementia-friendly bays for patients on Swift and Holly Wards at St Peter's Hospital.

Work is ongoing to develop a new training programme about the Mental Health Act, specifically suited to different staff roles.



Consultant Dr Keefai Yeong in an outpatient's clinic at St Peter's Hospital.



From L-R, Dementia Lead Nurse David Sills, Dementia Occupational Therapist Layla Hibbs, Occupational Therapy Technician Sarah Davison and Dementia Occupational Therapist Diana Sheridan.

Better care, better discharge

We know that we can provide the best possible care for our patients when we get them to the right ward for their condition straight away and minimise transfers between wards. This ensures better continuity of care and recently we have been looking carefully at the journey our inpatients take – when and why they are moved from one ward to another and ways we can minimise this. We are also working on ways of keeping patients more informed, so if they do need to be moved, they understand when and why it is happening.

Alongside this our discharge team have been working to improve the processes for getting patients home in a safe and timely way. In particular they have been looking at the way we discharge patients to care homes and identified ways of improving this. They have since spoken at care home groups and other local events to share learning.

Feedback from our outpatients

One of our goals last year was to improve the experience of patients using our outpatient's service and we've made some really positive progress. An electronic system for communicating waiting times in our outpatient departments is now in place and we have been gathering feedback from patients, via a questionnaire, to guide further improvements in the future.

Our Quality Priorities for 2016/17

- Improve harm-free care
- Embed and measure the safety culture
- Improve diagnosis rates for diabetes
- Improve the sharing and learning of information from national audits and guidelines
- Improve the experience of patients with dementia and mental health problems
- Gather patient feedback on their outpatient experience
- Improve the experience of inpatients
- Promote the involvement of patients in research opportunities

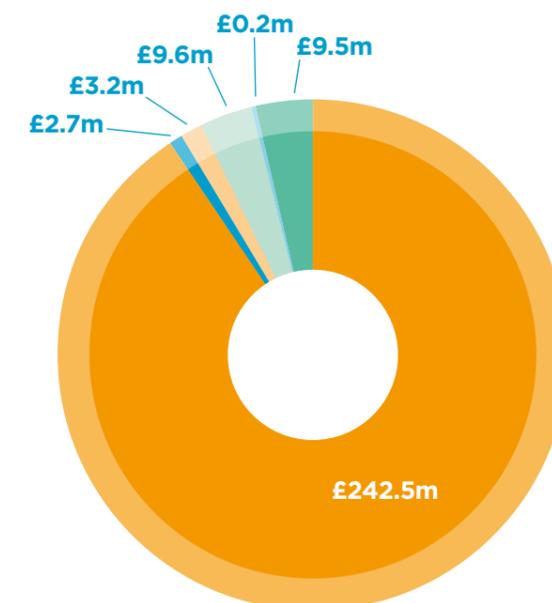
Spending your money wisely

In 2015/16 we had a turnover of £268 million and finished the year with a breakeven position (before merger costs) and a deficit of £0.6 million (after merger costs).

The Trust delivered savings of £13.7 million during the year and this money was re-invested to support the ongoing demand for services throughout the organisation.

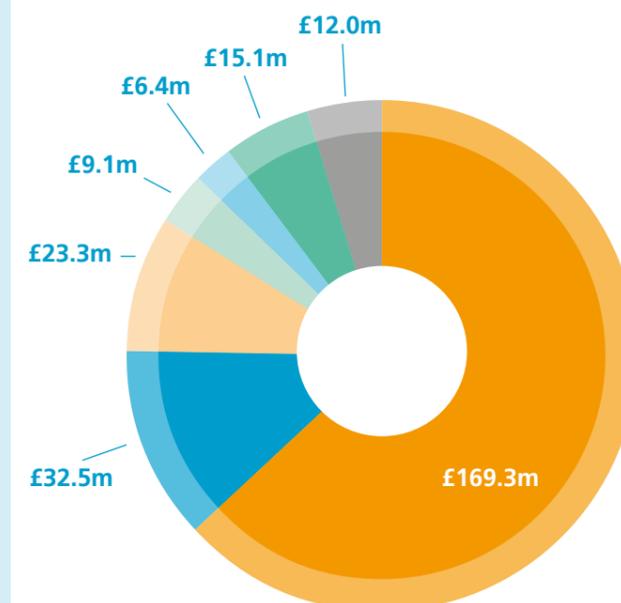
Income

Clinical - NHS	£242.5m
Clinical - private	£2.7m
Clinical - other patient care activities	£3.2m
Education, training and research	£9.6m
Charitable and other contributions	£0.2m
Other income - other operating activities	£9.5m
Total income	£267.7m



Expenditure

Staff Pay	£169.3m
Clinical supplies and services	£32.5m
Drug costs	£23.3m
Premises	£9.1m
Purchase of Healthcare	£6.4m
Other expenditure	£15.1m
Depreciation, impairments, dividends and net interest	£12.0m
Total Expenditure before merger related costs	£267.7m
Surplus pre merger related costs	£0.0
Merger costs	£0.6m
Deficit post merger related costs	-0.6m





How our organisation is run

Our board comprises the Chairman, seven Non-Executive Directors and six Executive Directors. Over the past year, there have been some changes to our board and we would like to thank Non-Executive Director Carolyn Simons who stepped down in June 2015.

More recently (June 2016) four further Non-Executive Directors have decided to step down after many years of service and we would like to thank Philip Beesley, Peter Taylor, Sue Ells and Clive Goodwin for their hard work and dedication. An announcement of the new Non-Executive Directors taking up these posts from July will be made shortly.

Director of Finance and Information Simon Marshall, Non-Executive Director Terry Price, Non-Executive Director Nadeem Aziz, Deputy Chief Executive Valerie Bartlett, Non-Executive Director Sue Ells, Chief Executive Suzanne Rankin, Chairman Aileen McLeish, Non-Executive Director Peter Taylor, Interim Chief Operating Office Lorraine Knight, Non-Executive Director Philip Beesley, Director of Workforce Transformation Louise McKenzie, Chief Nurse Heather Caudle and Medical Director David Fluck (absent from this photo is Non-Executive Director Clive Goodwin).

Our Council of Governors – representing the local community

As a Foundation Trust we are accountable, via elected representatives on our Council of Governors, to our members who are patients, staff and residents in our community.

The Council of Governors, which also includes appointed governors from our partnership organisations and staff governors – is responsible for holding the Board to account and has a number of statutory obligations.

Over the course of the year our Governors have continued their

involvement with the work of the Trust, offering fair challenge to the board over a number of issues. They have been actively involved in helping us develop our Annual Plan for 2016/17, participating in two workshops, and were also heavily involved in the planning for our proposed merger with Royal Surrey County Hospital (which is currently paused). They have also been involved in agreeing our quality priorities.

Our particular thanks to those governors who have stepped

down this year – Margaret Lenton (Public Governor for Windsor and Maidenhead), Jean Pinkerton (Appointed Governor for Spelthorne), Bhupendra Vyas (Public Governor for Hounslow) and Tracy Ward (Public Governor for Runnymede).

We have welcomed Lilly Evans (Public Governor for Runnymede and Windsor & Maidenhead), Bhagat Singh Rupul (Public Governor for Hounslow and Richmond-upon-Thames) and Maureen Attewell (Appointed Governor for Spelthorne).

Looking to the future

Throughout the last year we spent time developing our merger plans with Royal Surrey County Hospital NHS Foundation Trust, as we believe that bringing the two organisations together could create the scale needed to ensure a sustainable future and deliver a number of patient benefits. Whilst the rationale for merger is still strong, our Board and the Board of Royal Surrey County Hospital made a joint decision to pause the merger work in March 2016.

This was due to the deteriorating financial position at Royal Surrey County Hospital and to allow them

time to focus on resolving these financial difficulties. Currently the Boards of both Trusts are waiting on the 2016/17 Quarter two performance data and the outcome of the NHS Improvement investigation taking place at Royal Surrey County Hospital, before deciding upon the next steps in relation to the merger.

In the meantime we are looking at other ways of ensuring we have a sustainable and successful future and are part of a project called Surrey Heartlands. This is looking at how healthcare services are organised and delivered across a wider geographical

area, led by North West Surrey, Surrey Downs and Guildford and Waverley Clinical Commissioning Groups and focusing on six key areas of healthcare – urgent and emergency care, musculoskeletal services, cardiovascular services, cancer, mental health and maternity and paediatrics. Bringing together clinicians, managers and representatives from other organisations (e.g. local authorities and the voluntary sector) the group will be developing a five year 'Sustainability and Transformation Plan' which will be submitted to NHS England.



HeartBeat is one of many local organisations who help us by supporting patients experiencing heart problems and their families, on the wards and at home. Pictured here is HeartBeat Chair and Staff Governor for Volunteers Richard Docketty, who volunteers on the Birch Acute Coronary Unit, with Staff Nurse Charlotte Hopkins and Ward Liaison Officer, Francis Riordan.

Thank you to our partners and friends

We would like to publicly thank everyone who has made a contribution to our hospitals over the last year; to our 3700 members of staff and 400 volunteers. Also to our members, NHS colleagues, our partners in social care, local voluntary and community

organisations, carers, the Ashford Hospital League of Friends, the Friends of St Peter's Hospital, Radio Wey, and all those who have raised invaluable funds to help enhance our services. **Thank you.**

Our values

- Patients first
- Personal responsibility
- Passion for excellence
- Pride in our team



This review just gives a snapshot of the work we have been doing on behalf of our patients over the last year. For a copy of our full Annual Report and Accounts, see our website at www.asph.nhs.uk.

This report was produced by our Communications Team, based at St Peter's Hospital, Guildford Road, Chertsey, Surrey, KT16 0PZ.

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If you require this document in any other format please contact our Patient Advice and Liaison Team on 01932 723553.

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