Welcome to our short review of the past year, giving you an overview of what’s been happening in your local hospitals.

Overall this has been another positive year for Ashford and St. Peter’s, despite an increasingly challenging environment of rising demand for NHS services and continued financial pressure on the health and social care sector.

We continue to work hard to maintain high standards of care and were delighted to be nominated for the CHKS Quality of Care Award for the third year running. We were also proud to be shortlisted as ‘Provider of the Year’ in the 2016 HSJ Awards, which is a significant achievement and great reflection on our whole team.

Our year–end position was positive where, unlike many other NHS organisations, we achieved a total surplus of £8.7m. You can read more about our detailed financial position on page 10.

We were delighted that the CQC found us fully compliant on a return visit they made earlier this year, following their full inspection in December 2014 and this is testament to the huge amount of work put in by teams across our hospitals.

We’ve made good progress in developing our clinical services; a real highlight was winning the contract from our commissioners to run a new and innovative integrated musculoskeletal service. We were also delighted to welcome a number of new teams to the Trust earlier this year, including some services at Woking and Weybridge Community Hospitals – read more about this on page 4.

Looking ahead and following the decision last November to halt our merger talks with Royal Surrey County Hospital NHS Foundation Trust we continue our work to secure the right sustainable solutions for local patients. We are a key partner within the Surrey Heartlands partnership and assisting with the development of the Sustainability and Transformation Plan.

We hope you enjoy reading this brief overview of our work and achievements over the last year. It’s been a busy year with many challenges, yet also many achievements and we remain a strong and ambitious organisation.

Aileen McLeish
Chairman

Suzanne Rankin
Chief Executive

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

- 26,500 emergency admissions
- 37,000 people admitted for planned inpatient and day case treatment
- 99,500 people seen in our A&E department
- 395,000 people treated in our outpatient clinics
- 4,000 babies delivered
- £288m income (with a surplus of £8.7m)
Our performance over the last year

All hospitals 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.

<table>
<thead>
<tr>
<th>Target 2016/17</th>
<th>Target (2016/17)</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of clostridium difficile cases</td>
<td>17</td>
<td>20*</td>
</tr>
<tr>
<td>Number of MRSA blood stream infection cases</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>% of cancer patients waiting a maximum of 2 weeks from urgent GP referral to date first seen</td>
<td>93%</td>
<td>94.8%</td>
</tr>
<tr>
<td>% of cancer patients waiting a maximum of 31 days from diagnosis to first definitive treatment</td>
<td>96%</td>
<td>97.8%</td>
</tr>
<tr>
<td>% of cancer patients waiting a maximum of 2 months from urgent GP referral to treatment</td>
<td>85%</td>
<td>83.6%</td>
</tr>
<tr>
<td>% of patients waiting a maximum of 4 hours in A&amp;E from arrival to admission, transfer or discharge</td>
<td>95%</td>
<td>90.6%</td>
</tr>
</tbody>
</table>

*out of 20 cases only six were classed as avoidable infections

Access to cancer treatment

We received over 12,000 urgent cancer referrals during the year, an overall 15% increase (33% over the last two years) and have worked with our commissioner colleagues at North West Surrey CCG to address this increase and continue to deliver compliant performance. During a number of months we experienced difficulties in meeting the target of patients waiting a maximum of two months from urgent GP referral to treatment, for a variety of complex reasons. We have put a recovery plan in place to try and improve this.

Infection control – hospital acquired infections

Whilst we exceeded our clostridium difficile infection target for the year; just six out 20 cases were considered as due to lapses in care (i.e. avoidable infections). We were pleased to record no cases of MRSA bacteraemia.

A&E four hour waiting target

Despite a continued focus on improving our emergency care pathway and much hard work put in by teams across our hospitals, we have struggled to meet the four hour waiting target this year, in a similar way to many Trusts. Mirroring last year, attendances rose by 6% in 2016/17 and our performance dipped to 88.1% in the last quarter of the year when patient flow across the system was particularly difficult. We remain committed to working with our external urgent care partners and commissioners to improve performance.
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 October 2016 we won the contract from North West Surrey CCG to provide a new integrated musculoskeletal service. This brings together a range of services including orthopaedics, podiatry, orthotics, rheumatology, chronic pain, occupational therapy, musculoskeletal physiotherapy and psychological support, working in a different way so services are tailored around the patients. The service has been well established with positive patient feedback and also won the Chief Executive’s Award at the recent Staff Achievement Awards.

We also welcomed a number of new teams to the Trust in April this year; the Bradley Unit at Woking Community Hospital which provides specialist neuro–rehabilitation services; the Early Supported Discharge Team who look after patients who have had a stroke in the community; a number of Multiple Sclerosis and Parkinson’s specialist nurses; and community physiotherapy colleagues from Weybridge and Woking Community Hospitals.

Improving stroke care in Surrey

We have been working with our local Clinical Commissioning Groups to look at how we can improve stroke care across West Surrey, which includes proposals to expand and improve our specialist stroke unit at St. Peter’s Hospital. By consolidating hyper–acute and acute stroke services (specialist hospital care during the first week of someone suffering from a stroke) into larger units, we can save more lives and help reduce disability caused by a stroke.

A public consultation, led by Guildford and Waverley and North West Surrey CCGs, closed in April this year with a decision on the way forward expected later this Autumn.

Expansion of lithotripsy service

Lithotripsy is a procedure that uses shock waves to break up stones in the kidney, bladder or ureter and last year we purchased a new, state-of-the-art, lithotripter machine. This has enabled our urology team to perform the procedure with just oral painkillers, rather than intravenous sedation, which is a better experience for the patient. As a regional specialist stone unit we perform over 200 lithotripsy treatments a year and also see a growing number of patients referred to us from Royal Surrey County Hospital.

New ‘Corneal Cross–linking’ service

Our Ophthalmology team, including Clinical Fellow Cornea, Francesco Sabatino and Consultant Ophthalmologist, Mr Vinod Gangwani (pictured here) now offer an exciting new ‘Corneal Cross–linking’ service to treat a rare condition of the eye known as Keratoconus, which can lead to serious vision deterioration in young people.
Going ‘inner space’ to diagnose patients with small bowel conditions

Endoscopy made an exciting advance last year with the launch of a new procedure known as Capsule Endoscopy, which involves the patient swallowing a pill sized camera. The device travels through the stomach and intestine taking many pictures and diagnosing abnormalities in the small bowel, where traditional endoscopes and colonoscopes cannot reach. Pictured here are Gastroenterologists Dr Majumdar and Dr Naik, showing Chief Executive Suzanne Rankin one of the new capsule cameras.

SimMom, the life-like birthing simulator, helping to reduce stillbirth

In May 2106, following the award of a £30,000 government grant to improve safety in maternity and reduce stillbirth, our maternity team bought a new life-like birthing simulator – known as ‘SimMom’. The realistic mannequin has accurate anatomy and functionality, complete with a ‘baby bump’ and birthing baby inside, so the team can practice different labour and birth scenarios and how they would respond in an emergency.

Reduction in Pressure Ulcers

We are delighted to have seen a significant reduction in the overall number of patients suffering from hospital acquired pressure ulcers, generally known as bed sores, which was recognised by an article in the Nursing Times publication in July 2016. The Tissue Viability Team was also invited to present their work in reducing pressure ulcers at an event for NHS staff across Kent, Surrey and Sussex in May last year.
Delivering an excellent patient experience

It is well known that dementia patients struggle in environments that offer limited visual stimulus, making it challenging for them to find their way around, so last year we created two ‘dementia–friendly’ bays on Swift and Holly Wards at St. Peter’s Hospital. We changed the existing décor into something more visually enhancing and each ward now comprises a dedicated bay and side room, with striking art pieces above each bed and a dining area for patients to eat together and socialise.

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Pictured above: We officially opened the new bays in July 2016; with special guest Tommy Whitelaw, a tireless campaigner for better dementia care and Cllr Alan Alderson, Mayor of Runnymede in 2016/17.
National recognition of our quality improvement projects

We were delighted that two of our quality improvement projects were recognised and shortlisted at the 2017 Patient Experience Network Awards. Our Breast Care mobile app was shortlisted in the ‘Innovative Use of Technology / Social Media’ category and our ‘Adopt a Grandparent’ scheme, which brings non-clinical staff into contact with older aged patients on the wards to provide social interaction and company, was also shortlisted in two categories – ‘Personalisation of Care and Staff Engagement’ and ‘Improving Staff Experience’.

Safer test introduced for pregnant women

In 2016 we introduced a pioneering new test for expectant mothers to evaluate whether a pregnancy is at risk of certain chromosomal conditions, including Down’s syndrome. The SAFE test is non-invasive and can be used for most women instead of Amniocentesis or Chorionic Villus Sampling (CVS), both of which carry a small (1%) chance of miscarriage.

Improving care for our older patients

At the end of 2016 we opened a new Older Person’s Short Stay Unit – named Cherry Ward – specifically to care for patients over the age of 75. The unit has proved to be very successful, ensuring that patients receive a comprehensive assessment soon after being admitted to hospital by a highly specialised multi-disciplinary team, receive good continuity of care and are discharged more quickly.

The Care of the Elderly team, pictured here, also promoted a ‘Time to Move’ project, educating patients and their carers / families on the importance of physical activity whilst in hospital. Essentially the message is ‘sit up, get dressed and keep moving’, all things which help patients stay mobile, independent and able to recover and get home more quickly.
Our ambition is to be recognised as a great place to work and be the local employer of choice. We want to ensure our staff feel at the centre of decision-making, develop a culture which generates a sense of ownership and empower our people to listen, learn and improve. Over the last year we have been working hard to build levels of confidence, resilience and engagement amongst our staff and this was reflected in our 2016 National Staff Survey results which presented an improving picture.

Pictured: Some of our outpatients team at Ashford Hospital

Developing our staff

We approved our Leadership and Talent Management Strategy last year and have established a variety of leadership programmes and qualifications to support this. Our Library Services team has organised a series of excellent Leadership Lectures, open to all staff, exploring best in class and bringing inspiration from approaches elsewhere.

We have also launched our Managers’ Toolkit, which is a range of programmes aimed at motivating teams and people, addressing performance issues, as well as enabling managers to successfully recruit and develop people.
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.

Our new Health and Wellbeing Steering Group has been busy introducing and driving a number of initiatives, including the recent ‘Fit & Lean in 17’ project where numerous teams and individuals signed up to a weight loss challenge. The group have also introduced circuit training, Zumba, yoga and Futsal for staff, enabling colleagues to socialise together whilst maintaining an active lifestyle.

A further area of focus has also been the mental and emotional wellbeing of staff and we have introduced ‘Mental First Aiders’ to help colleagues support each other.

Wellbeing and resilience

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Thank you to our volunteers

We are very proud and appreciative of our volunteer workforce which has risen in number to 420 in the last year. Volunteers enhance the patient and family experience and support staff in over 50 different locations across both sites. They offer services such as guiding visitors, helping with patient mealtimes and listening support, fundraising, gardening and administration. We would like to highlight the invaluable work of Radio Wey, Heartbeat Woking (providing support to cardiology patients) and of course the Friends of St. Peter’s Hospital and Ashford Hospital League of Friends.
The Trust ended the year with a total surplus of £8.7 million*, having achieved £10.3 million cost savings; this benchmarks us well compared to our peers.

*(Our underlying surplus was £1.1m; in delivering our financial and operational performance targets for the first three quarters of the year, we secured £6.3m of the available £8.4m of sustainability and transformation funding. We also reported £1.3m of unrealised gains from asset revaluations resulting in an overall surplus of £8.7m).

Savings 2016/17

- Revenue generation, net: £3.0m
- Pay expense savings: £3.7m
- Drug expense savings: £0.9m
- Clinical supplies expense savings: £2.0m
- Non-clinical supplies expense savings: £0.1m
- Misc. other operating expenses: £0.6m

Over the year we have achieved £10.3 million of cost savings and net revenue generation, split across areas as follows:
Improving delivery of our quality payments

Commissioning for Quality and Innovation (CQUIN) is a quality improvement initiative run by NHS England, whereby a proportion of a Trusts’ income is linked to achieving certain quality outcomes.

Over the last year this equates to £4m of our income and overall we have achieved 60% of our CQUIN goals. This includes projects to improve the timely identification and treatment of sepsis, implement a programme of health and wellbeing initiatives and improve discharge from our Emergency Department to support patients and GPs.

Increasing demand

The total number of referrals to the Trust rose again, with a 9% increase in 2016/17 compared to the previous year. The specialties with the highest referral levels continue to be musculoskeletal (MSK), dermatology and ophthalmology services.

We continue to work with our commissioners to develop new services; such as our new ‘stable chest pain’ pathway in cardiology and the introduction of physiotherapy services within four local prisons.

Be the Change

Our ‘Be the Change’ scheme continues to grow and over the last year we’ve seen an increasing number of staff engaged in Quality Improvement projects and training. Examples of projects leading to demonstrable improvements include:

- Clerking of surgical patients on admission
- Monitoring and replacing electrolytes in patients at risk of ‘refeeding’ (a potentially life threatening syndrome which can occur when patients start to eat again after a prolonged fast)
- Handover of medical patients to weekend teams
- The patient experience of surgical ward rounds

Digital transformation

The Electronic Medical Records (eMR) project was successfully implemented on time, within budget and with minimal disruption. The roll-out plan was ambitious, moving from an early adopter clinic in June to the whole Trust fully live by early November. The planning and preparation that went into the project prior to go-live was meticulous and the team did a great job.

In other developments the IT Project Team introduced a ‘single sign on’ solution, enabling clinicians to access multiple systems more easily; and Vital Signs, which enables nurses to record their clinical observations electronically on mobile devices, was extended into Maternity and A&E.
Ashford and St. Peter’s Hospitals NHS Foundation Trust

Listening and acting

The views and opinions of our patients provide valuable insight into what we do well and what we need to do better. We collect feedback in a range of different ways to enable us to plan improvements.

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. Both hospitals are also rating ‘among the best’ for food choice and quality.

Regular feedback

We are delighted that the percentage of patients recommending our services through the ‘Friends and Family Test’ is above the national average in all areas. Gathering feedback in A&E is particularly challenging, but recommendations for the department have been steadily rising since August 2016.

Dealing with issues and complaints

Over the past year our Patient Advice and Liaison Service (PALS) received 2179 requests for information and responses to concerns, which is a significant increase (32%) from last year.

There were 445 new complaints received during the year, which is a slight increase of 4% on the previous year. There was, however, a fall in follow-up complaints, where the complainant has not been satisfied with the initial response. The most common issues raised through complaints are around treatment and care and communication and information.

What our patients say

Our Patient–Led Assessments of the Care Environment (known as PLACE) inspections were carried out in March 2016 at St. Peter’s Hospital and April 2015 at Ashford Hospital. As in previous years we received broadly good scores, particularly for cleanliness and food.

We were particularly pleased to see scores above the national average for ‘dementia’ and ‘disability’ as both are relatively new measures. We continue to identify areas for improvements where our scores were lower – such as condition, appearance and maintenance.
Investing in the environment

Our new Multi-Faith Centre at St. Peter’s Hospital was officially opened in March 2017 and was well attended by several local prominent faith leaders, pictured here together at this special event. Building a new centre enabled us to make some positive changes, creating a space which welcomes those of different faiths and those of none. It is divided into three areas – the Chapel, Quiet Room and Prayer Room with ritual washing facilities for those of Muslim faith.

A&E Reconfiguration

Our Urgent Care Centre has vastly improved the way we prioritise patients, meet increasing demand and better organise patient flow.

We have also made some changes in our main A&E department; by using the space vacated by the relocation of the Multi-Faith Centre to expand the Clinical Decisions Unit. Patients can stay in the unit for a period of time for further observations or treatment and the expansion enabled us to install six extra beds (making a total of 12) and to segregate the unit into single sex accommodation for male and female patients.

In 2016, thanks to the children’s charity Momentum, supported by The Wisley Foundation in partnership with The Lockwood Charitable Foundation, we saw a major transformation in our children’s oncology unit at St. Peter’s Hospital. The newly refurbished unit creates a calm and friendly atmosphere which is imperative to help relieve the stress and anxiety which families inevitably feel when their children are being treated for cancer.
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 achievement over the past year and priorities for the year ahead. If you would like to read the full account, you can find it on our website.

How we did in 2016/17

Improving harm free care

Using a national measuring programme, the Safety Thermometer, we continue our drive to eradicate ‘avoidable harm’. Over the last year we have maintained our Safety Thermometer performance above the national average, which is a good achievement, but know we have more work to do to improve our Maternity Safety Thermometer performance.

We did not manage to meet our target of reducing falls by 20%, achieving 8%, but have some new initiatives planned for the coming year, which include updating the doctors’ risk assessment form and spreading our ‘Baywatch 24/7’ campaign, to ensure a member of staff is present in each bay around the clock.

We were also unable to meet our target to reduce stage two and above hospital-acquired pressure ulcers and have planned improvements for the year ahead, including our ‘heel SOS’ campaign – different ways to keep patient’s heels ‘strictly off surface’ and reduce the risk of developing pressure ulcers, as well as the use of a new wedge foot protector.

We exceeded our target to risk assess 97% of adult inpatients for Venous Thromboembolism (VTE), achieving 97.56%, and were delighted to be awarded VTE Exemplar Centre status by NHS England in August 2016.

A culture of safety

Duty of Candour is the legal responsibility all health professionals have to inform and apologise to patients if there have been mistakes in their care that have led to serious harm. We’ve worked hard to educate and support staff in their Duty of Candour requirements and we’ve seen communication improve, with the Trust contacting patients and their families in a timely way when things do go wrong.

We have also created a new ‘Freedom to Speak-up Guardian’ role – an independent and impartial source of advice and support to staff who want to raise a concern. They ensure the concern is addressed, feedback to the member of staff who raised it and safeguard the interests of the individual.

We have successfully piloted a new tool to measure the safety culture of our organisation and as part of this introduced group safety huddles; where staff gather without hierarchy to discuss specific episodes or themes around patient harm and how these can be avoided in the future. This has seen good uptake on our wards and departments, including A&E.

Pictured above: Our Patient Safety team have run some innovative campaigns this year to highlight the importance of reporting incidents and speaking up about safety concerns. They created a cartoon version of each member of their team for use in short films and on posters and adverts, to really bring the messages to life.
Keeping up-to-date

From April last year a new system of Revalidation was introduced for all nurses and midwives in the UK who wish to retain their registration with the Nursing and Midwifery Council. This was quite a change from the old requirements and we employed a Revalidation Lead Nurse to support our nurses and midwives in understanding the new requirements and to assist with producing their portfolios. The new system is now well embedded within the Trust and to date all those due to revalidate have done so.

Improving the experience of vulnerable patients

We continue to focus our efforts on improving the experience of vulnerable patient groups, such as those with dementia and / or mental health problems. We have reviewed our Mental Health Act training and now implemented a designated training day around the theme of Safeguarding.

For dementia patients we have introduced a new ‘Forget-me-Not-Scheme’, whereby a blue forget-me-not flower symbol is placed above the patient’s bed or on their information board, to help staff recognise when someone is experiencing memory problems or confusion.

We are also using a ‘This is Me’ passport, which is completed jointly with patient’s families, to help staff understand more about the patient’s support needs and identify ways of providing more personalised care.

Diagnosing diabetes

Diabetes is a growing problem, but early diagnosis can really help the management of this disease and prevent difficult complications arising. Our goal is to screen 98% of eligible patients, via blood glucose testing, within 24 hours of admission. Last year we achieved 93%, which is higher than the previous year (91%) but still short of our target. We continue trying to improve our performance.
Feedback from our outpatients

One of our goals for the year was to capture and publish feedback for individual clinicians. This has been enabled through our iWantGreatCare service, where patients can directly ‘rate’ and feedback about the doctors and nurses treating them. Going forward we want to encourage our clinicians to seek and invite more patient feedback and to engage with it by replying to comments on iWantGreatCare.

Better experience for inpatients

We’ve done a lot of work over the last year to try and improve the experience of our inpatients. In particular we’ve put better systems in place to let patients know in advance if they will be moving wards and the rationale behind the move, but there is still more to do on this.

Whilst we struggled to meet our A&E four-hour target overall we did well in our Urgent Care Centre; with 98.7% of patients seen within four hours against a target of 95%. Streaming our emergency patients in this way enables us to provide better and more efficient care and saves the facilities in our main A&E department for the most seriously ill patients.

Our Quality Priorities for 2017/18

- Improve harm-free care
- Caring for patients in a safe way, without delay
- Reduce variation in quality of care
- Become a pilot site for the new ‘Nursing Associate’ role
- Improve diagnosis for patients with diabetes
- Improve dissemination of learning when things go wrong
- Improve the experience of patients with dementia, learning disability and autism
- Promote patient empowerment
- Improve patient experience, particularly around communication
- Continue increasing the recruitment of patients to research studies
- Actively work with our Surrey Heartlands partners to sustainably transform local health services

Involving patients in research

Over the last year we’ve worked hard to promote the research opportunities available to patients at the Trust. We have a thriving research department and a large number of studies underway at any given time; many of which link up with other hospitals in the UK and across the world. We aim to increase the recruitment of patients to clinical research studies by 20% every year and this year achieved this goal. We’ve also done a lot of work to highlight and signpost staff to the studies available, so they can encourage their patients to take part.

Pictured above: Consultant Ophthalmologist Dr Gangwani with Staff Nurse Melody Field at Woking Community Hospital
Spending your money wisely

In 2016/17 we had a turnover of £282 million and finished the year with a breakeven underlying surplus of £1.1m and £8.7m after accounting for Sustainability and Transformation funding and a gain on revaluation.

The Trust delivered savings of £10.3m during the year and this money was re-invested to support the ongoing demand for services throughout the organisation.

### Income
- Clinical – NHS: £254.5m
- Clinical – private: £2.7m
- Clinical – other patient care activities: £3.6m
- Education, training and research: £10m
- Charitable and other contributions: £0.2m
- Other income – other operating activities: £11m
- Total income: £282m

### Expenditure
- Staff Pay: £177.2m
- Clinical supplies and services: £31.4m
- Drug costs: £24.4m
- Premises: £8.8m
- Purchase of Healthcare: £7.8m
- Other expenditure: £18.7m
- Depreciation, impairments, dividends and net interest: £12.6m
- Total Expenditure: £280.9m

- Underlying Surplus: £1.1m
- Sustainability and Transformation Funding: £6.3m
- Reversal of Impairment on Revaluation: £1.3m
- Reported Surplus: £8.7m
How our organisation is run

Our board comprises the Chairman, seven Non–Executive Directors and seven Executive Directors.

Our current Chairman, Aileen McLeish, decided to step down this year and we would like to thank her for many years of dedicated and outstanding service. We have appointed Andy Field (pictured left) as our new Chairman and he will take up the role in September 2017.

There have been many other changes to our board and we would also like to thank Philip Beesley, Nadeem Aziz, Sue Ells, Clive Goodwin and Peter Taylor; all of whom have stepped down over the last year as Non–Executive Directors after many years at the Trust.

We would like to welcome Chris Ketley, Prof. Hilary McCallion, Keith Malcouronne, Meyrick Vevers, Prof. Mike Baxter and Neil Hayward who all joined us in July 2016 as new Non–Executive Directors, bringing a wealth of fresh knowledge and experience.

We would also like to congratulate Tom Smerdon and James Thomas who have been made joint Executive Directors for Operations in the area of Unplanned Care and Planned Care respectively.

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 includes appointed Governors from our partnership organisations and Governors who represent different groups of staff.

In addition to the role of listening to, and reflecting back, the views of the membership to the Board and vice versa, the Council of Governors has a number of statutory duties and recently they have agreed the appointment of our new Chair from September 2017. The Governors have also been consulted on the development of the Annual Plan for 2017/18 and been involved in agreeing our quality priorities.

Our particular thanks to those governors who have stepped down this year – David Frank, Lead Governor and Public Governor for Surrey Heath, Roderick Archer, Public Governor for Elmbridge, Cllr Hugh Meares and Cllr Michael Smith, Appointed Governors from Runnymede Borough Council and Woking Borough Council respectively, Dr Ann Gallagher and Prof Jill Shawes, Appointed Governors from University of Surrey; Samantha Lamb and Paul Darling-Wills, Staff Governors. In their stead we welcome John Collins, Roberta Swan, Cllr Mark Maddox, Cllr David Bittleston, Dr Melaine Coward, John Sermon and Matthew Stevenson.

Pictured left: Denise Saliagopoulos, Governor for Spelthorne with Aileen McLeish, Chairman and Cllr Maureen Attewell, Appointed Governor for Spelthorne.
Like most healthcare providers across the NHS our key challenge is that of continuing to deliver high quality care for our patients, whilst underlying demand for our services increases and funding continues to be challenging. Similarly, recruitment and retention of staff is also a challenge and we will be placing further emphasis on strategies to improve this.

We are committed to working with our partners across the local health system to improve access to urgent and emergency care and to develop alternative pathways of care for our older, frail patients, many of whom don’t need to be in an acute hospital. We continue our work to secure the right sustainable solutions for local patients, exploring a range of strategies. We are looking at opportunities for joint working with the new community services provider for North West Surrey – CSH Surrey and are a key partner within the Surrey Heartlands partnership.

Within Surrey Heartlands we are working closely with our local commissioners, North West Surrey CCG, and other health and social care organisations to develop the wider Sustainability and Transformation Plan.

There is no doubt that collaboration will be increasingly important in meeting many of the challenges we face, but as an organisation we remain a strong and successful Trust and will continue to develop for our patients and the communities we serve.

Thank you to our partners and friends

We would like to publically thank everyone who has made a contribution to our hospitals over the last year; to our 3800 members of staff and 420 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.
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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