CLEANER, SAFER, GREENER
Annual Report and Summary Accounts 2006/07

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

Honesty - Safety - Excellence

Ashford and St. Peter’s Hospitals NHS Trust
SECTION ONE

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

Chairman’s Review            Page 1-2
Chief Executive’s Review      Page 1-3
Background to Ashford and St. Peter's Page 1-4 & 1-5
Catchment Area Map            Page 1-6

In 2005 Ashford and St. Peter’s was declared a three star NHS Trust. In 2006 the Healthcare Commission rated our clinical services as good.

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
Chairman’s Review

In 2006, I predicted a difficult year for the Trust. As it turned out the year was a combination of challenge, real achievement and strategic consideration for our future.

The challenges were on finance, organisational development and clinical advancement. We started the year with a financial deficit and into turnaround. Significant savings were made, and together with the retraction of punitive NHS accounting practice, the Trust achieved a surplus of over one million pounds; this was backed by a recurring positive run rate. Much of this was supported by a major change in organisational philosophy, giving greater in-depth accountability to everyone, including clinicians. It is regrettable that 33, mostly support people lost their jobs in this clarification of the organisation. It is to the immense credit of all staff that during this period of change, all targets were met and the Trust furthered its reputation for clinical innovation.

It is disappointing that the financial achievement will not be recognised for two years by the Audit Commission’s ALE assessment systems. However, clinical recognition was significant in awards, appointments and progressive change.

At the end of the 2005-6 year, all Trusts in West Surrey were faced with significant change, or even closure. The Trust has participated in all discussions with the Strategic Health Authority and Primary Care Trust on the future of acute services. During this period the Trust formed a strong view on the future of acute services and this patient centred vision has led our strategic review. In a declining market with continuing clinical challenges the Trust Board are of the opinion that the future may be in forming a merged Trust with Frimley Park, which can offer more comprehensive services for our patients. The year 2007-8 will witness the analysis of this, and other options for the Trust’s future. It is hoped that this extended uncertainty will not deflect staff from their highly professional and committed attitude to their patients. We will ensure that patients and staff are informed and consulted during this decision process. We know that a Trust like ours does not just depend on its staff; it is its staff.

In March 2008, I will have been privileged to have been Chairman of this Trust for six years. Ashford and St Peter’s has come from an organisation suffering from fatigue after the merger, to one with a great deal of justified self-belief and having clarity of purpose based on strong clinical performance. The next stage will be to create a vibrant future for the Trust, it’s patients and staff.

Clive Thompson CBE
Chairman

September 2007
Chief Executive’s Review

The last year has seen the Trust face many challenges not least financial and organisational, and uncertainty over the future for both St Peter’s and Ashford.

During the year we faced our financial challenges head on and finished the year with a small but significant surplus. We embraced the principles of ‘Turnaround’ and, whilst uncomfortable for all of us, responded very positively. Collectively we moved the boundaries of the achievable. Having achieved so much we must ensure that we continue to deliver and not lose momentum.

Developing a new organisational structure was always going to be challenging and so it proved. I believe we are now starting to reap the benefits of our new approach into Business Units and am sure that, led by our new Clinical Directors and Business Unit Managers, we are in a good position to respond to the challenges ahead.

The ‘Fit for the Future’ debate led by the Surrey PCT has cast a shadow over all the hospitals in Surrey. I have been delighted by the mature response of our staff in dealing with the difficult issues, particularly under some provocation from outside the Trust. Hospital closure and the threats to our core services now seem to be less but we must continually strive to ensure what we provide is of good quality and responsive to our patients and GPs’ needs and wishes. Long term it is this that will guarantee our survival.

There are many services which have delivered consistently innovative, high quality care in our Trust but I should like to single out one, the Rapid Access Service led by Dr Mandal at Ashford. This service illustrated the need to be innovative, listen to the public and GPs and develop a centre of excellence.

Looking forward, we are considering whether a merger with our neighbours in Frimley Park will be in the long term interest of Ashford and St. Peter’s Hospitals and the population we serve. I can assure you that we will not recommend this unless we are convinced that the long term future of both St Peter’s and Ashford are best served by this. It also holds out a tantalising prospect of forming the basis of a major teaching hospital group for West Surrey in the long term.

Finally a big thank you for all staff who go the extra mile, to our volunteers who we depend on for so much, our Patient and Public Involvement (PPI) Forum and Patient Panel who help us keep our feet on the ground, and finally to all of you in our local community who support Ashford and St Peter’s Hospitals in many different ways.

Glenn Douglas
Chief Executive

September 2007

Glenn pictured with colleagues on Chaucer Ward at Ashford Hospital, Christmas 2006
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 1-6.

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, Wrayesbury 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 with the Primary Care Trusts (PCT) for Surrey and elsewhere overlaid. It also shows the neighbouring acute and community hospitals. In October 2006 the five PCTs for Surrey merged to form Surrey PCT.
SECTION TWO

This section looks at the changing face of healthcare, what happened at Ashford and St. Peter’s over the twelve months and some key organisations associated with the work of our two hospitals:

Looking forward to 60 years of the NHS – our timeline         Page 2-2 to 2-6

Month by Month:
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Key organisations and people who are associated with us:
- Ashford Hospital League of Friends        Page 2-21
- Friends of St. Peter’s Hospital            Page 2-22
- Hashim Welfare Hospital                    Page 2-23
- Hospital Radio Wey                        Page 2-24
- Stephanie Marks Diabetes Appeal            Page 2-25
- Volunteers                                Page 2-26

A sign of the times! The first part of the old Ramp at St. Peter’s is demolished.
APPROACHING 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>DATE</th>
<th>ASHFORD SITE</th>
<th>ST. PETER’S SITE</th>
</tr>
</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 Pyford.</td>
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<tr>
<td>Year</td>
<td>Event</td>
<td>Description</td>
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<td>--------</td>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1941</td>
<td>Female Nurses training School opened and the Hospital became known as</td>
<td>D Block and main kitchen completed.</td>
</tr>
<tr>
<td></td>
<td>Staines County Hospital.</td>
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<tr>
<td>1945</td>
<td>Hospital renamed Ashford County Hospital.</td>
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<tr>
<td>1947</td>
<td>By now the Hospital was serving Staines, Ashford and Stanwell.</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>
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<tr>
<td>5th July 1948</td>
<td>National Health Service established. Hospital renamed Ashford (General) Hospital.</td>
<td>National Health Service established.</td>
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<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>
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<tr>
<td>1963</td>
<td>The Old Workhouse is demolished.</td>
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<tr>
<td>1965</td>
<td></td>
<td>Post Graduate Education Centre opens.</td>
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<tr>
<td>Year</td>
<td>Event</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>1966</td>
<td>Ashford Hospital Hostesses established (known as ‘Shrimps’ – because of their pink uniforms) they later became part of League of Friends.</td>
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<tr>
<td>1967</td>
<td>New Physiotherapy Unit opened in July. 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>
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<tr>
<td>1970</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>
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<tr>
<td>1972</td>
<td>£1.75 million development began</td>
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<tr>
<td>1974</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>
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<tr>
<td>1981</td>
<td>New Departmental Block (pictured left) opened by Sir Geoffrey Pattie MP for Chertsey.</td>
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<tr>
<td>1986</td>
<td>Staines Cottage Hospital demolished.</td>
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<td>1988</td>
<td>Abraham Cowley Unit opened.</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. Rowley Bristow Trauma and Orthopaedic Clinic moved to St. Peter’s Hospital from Pyrford.</td>
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<tr>
<td>Year</td>
<td>Event</td>
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<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>
<td>1991</td>
<td>Blanche Heriot Unit for Genito and Urinary Medicine opened (named after the curfew bell).</td>
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<tr>
<td>1991</td>
<td>21&lt;sup&gt;st&lt;/sup&gt; birthday of Maternity Unit (see 1970)</td>
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<tr>
<td>1992</td>
<td>Ashford Hospital became an NHS Trust headed by a Management Board.</td>
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<tr>
<td>1992</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>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>
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<tr>
<td>1995</td>
<td>New Ashford Hospital fully operational. (Pictured right the new Ashford Hospital nears completion.)</td>
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</tr>
<tr>
<td>1998</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>
<td></td>
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<tr>
<td>1998</td>
<td>Ashford Hospital merges with St. Peter’s to become one hospitals NHS Trust.</td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td>St. Peter’s merges with Ashford hospital to become one hospitals NHS Trust.</td>
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<tr>
<td>2001</td>
<td>New mosaics made at entrance.</td>
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<tr>
<td>2002</td>
<td>Quadrangle garden (pictured right) opened with restored 1902 chapel window.</td>
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</table>
### 2005

- £1.5m refurbishment and expansion of Neonatal Intensive Care completed. New Unit opened by Sophie, Countess of Wessex (pictured left).

### 2006

- A&E becomes an NHS Walk-In Centre. Rapid Access Centre opened. Both sites become ‘smoke free’.
- Cases requiring emergency medical care in a full A&E moved to St. Peter’s. Aspen ward, Medical Assessment Unit and Surgical Assessment Unit open. Both sites become ‘smoke free’.

You can access an up to date version of this timeline on our website at www.ashfordstpeters.nhs.uk. If you believe that a significant event in the history of the two hospitals has been missed please contact the Trust’s Communications Team on 01932-722409 or e-mail history@asph.nhs.uk.

The two additional wards built on to the Duchess of Kent Wing at St. Peter’s were designed (picture on the left) and completed (picture on the right) by the end of 2005 for their opening in early 2006.
APRIL 2006

Official opening of New Day Surgery Unit, Aspen and Chestnut Wards by the Mayors of Runnymede and Woking.

Endoscopy suite is targeted for the second time by thieves who take around £250,000 worth of equipment.

April was the last month of trading for independent Traders who used to set up their stalls at both hospitals.

The Cardiology team is strengthened with the appointment of Consultant Cardiologist Dr Ian Beeton.

An application to build a deck on the Main Hospital Car Park (car park one) is submitted to Runnymede Borough Council.

Plans to cope with a bird flu pandemic are developed.

Consultant Colorectal Surgeon Mr Humphrey Scott is appointed Deanery Advisor for Surgery for Kent, Surrey and Sussex – one of only 11 such posts in England – jointly with the Royal College of Surgeons.

Under the leadership of Consultant Surgeon Mr Neville Menezes the Trust introduced Laparoscopic Cholecystectomy as a day case procedure for the treatment of Gall Stones. Previously patients recovered in hospital over 24 to 48 hours but now their gall stones are operated on and they are discharged home on the same day.

Consultant Urology Surgeon Brian Ellis (pictured right) is appointed a visiting professor at Middlesex University.
MAY 2006

The Trust’s ‘Living with Diabetes Day’ held at Sir William Perkins School in Chertsey is a success. Dietician Alun Willis is pictured above with Cater Link Chef Steve Action.

National Volunteers Week recognises the contribution that around 500 volunteers make to hospital life at Ashford and St. Peter’s.

The Trust announces that it needs to save £16m across two years to ensure that the organisation can meet the challenges of reducing income as the demand management schemes being put in place by PCTs start to take effect and more care is provided in the community, closer to home. The Trust’s senior management team is restructured and nine key projects (including organizational restructuring) are started in what is to become known as ‘Turnaround’.

£6,200 is presented to the Breast Unit by Cllr Isobel Napper to go towards an £8,000 Microaire machine which is used in reconstruction surgery. The money was raised through sales of the ‘2006 in the Pink’ calendar featuring 12 special models who donned an array of pink bras.

Dedicated neonatal transport is introduced across the South East Coast area which will enhance the service provided by the Trust’s Level 3 (highest) Neonatal Intensive Care Unit which cares for around 90% of premature or sick babies born in Surrey as well as some from further afield. A special £100,000 incubator is used to transport the babies. Some babies are with the neonatal unit at St. Peter’s for up to four months whilst others only require their specialist help for a few days before returning to a local hospital.

During May the Trust supported Breast Feeding Awareness Month with displays and a call for mothers to donate milk to our specialist Breast Milk Bank in the Neonatal Intensive Care Unit. This is one of the few Breast Milk Banks in the country which enables premature and very sick babies to be given breast milk from a very early stage.
Cleaning services at Ashford and St. Peter’s hospitals are brought in house following a tendering process which saw an in-house bid pitched against a number of external companies. The contract has been awarded for five years. At the same time the contract for catering services was awarded to catering specialist ‘One Complete Solution’ (OCS). The development, tendering and award of both contracts was overseen by a group which included Matrons, Heads of Nursing, Dieticians and members of the Trust’s Patient Panel.

A £180,000 three month refurbishment of Chaucer Ward at Ashford Hospital was completed and Ward reopened fully equipped as a specialist rehabilitation ward for stroke patients. The 15 bed ward now has electric beds and electric chairs as well as ceiling hoists enabling patients to move around with more ease. At the opening ceremony Barclays Bank employees at Heathrow Airport donate £4,000 to the Chaucer Ward Stroke Unit at Ashford.

Sunbury Manor Golf Club members present a cheque for £1,250 to the Breast Unit at Ashford Hospital.

The Trust once again hosts the annual Surrey Sands and Compassionate Friends ceremony of remembrance for all who have lost a child, at any age.

The acute pain service is recognized with a teaching excellence award from Imperial College Medical School with whom the Trust has close ties. The awards were established in 2003 to recognize the enormous contribution of NHS staff who deliver around 80 per cent of the curriculum of the undergraduate medical course. Those involved are pictured right.
JULY 2006

Surrey and Sussex Strategic Health Authority (SHA), the regional body responsible for Ashford and St. Peter’s is dissolved and the Trust comes under the newly created South East Coast SHA which covers Kent, Surrey and Sussex.

A revolutionary new pacemaker (left) is implanted in a patient for the first time anywhere in the world at St. Peter’s Hospital by Consultant Cardiologist Vince Paul (right). The new pacemaker from German company Biotronik uses ‘Twinflex’ technology which enables the leads which send the electrical pulses to the heart from the pacemaker unit, to be almost bent over backwards on themselves without any damage to the wire or effect on the operation of the pacemaker.

In the searing temperatures of the 2006 summer Trust Chest Physician Professor Mark Britton issues public advice on how to stay fit during the heatwave.

Regulars at The Royal Oak Public House in Sunningdale present the children’s oncology ward with £4,000.

The Maternity Unit is awarded a TAMBA Gold Award by the Twins and Multiple Births Association for maternity excellence in multiple birth care. To be recognised the Trust produced a portfolio of evidence covering 38 criteria over seven areas of care. The Award was presented (see left) at the annual Twins and Multiple Births picnic which in 2006 was attended by 40 sets of twins and one set of triplets.

As part of the ‘Turnaround Programme’ to achieve financial balance by March 2007 the Trust announces that a small number of managerial and support staff at both hospitals may have to be made redundant. Front line clinical and nursing staff were not affected. At the end of the process 33 staff left the organisation – around 1% of the workforce.

Ashford and St. Peter’s Hospitals NHS Trust formally affiliates itself with the Hashim Welfare Hospital Appeal which over the previous seven years has been voluntarily supported by a variety of staff across the Trust who provide engineering and clinical expertise and support to the development of the hospital in Pindi Hashim, Pakistan. A number of Trust staff also supported the Hashim Welfare Hospital earthquake relief work following the devastating earthquake in October 2005.

Trust staff participated in the annual national ‘Bike2Work’ day. A free breakfast was provided for all participants by caterers OCS along with free bike checks courtesy of Evans Cycles of Woking and bike security advice by Surrey Police.
AUGUST 2006

The Urology Department receives a donation of £10,650 from Ashford Manor Golf Club which has been used to purchase an Electromotive Drug Administration machine. The machine enables drugs which previously were used to treat cancers on the surface of the bladder to be drawn deeper into the bladder wall and be more effective. The machine also allows a variety of other drugs, such as antibiotics, to be delivered into the bladder to treat a wider range of conditions including minor bladder operations which in the past would have required a full general anaesthetic.

Spelthorne Archers organise an evening’s archery event for the eye unit staff from Ashford Hospital.

The Children with Special Needs Foundation donates £8,000 towards a Sensory Room to be installed in the Children’s Wards.

Holiday play scheme children at St. Peter’s Hospital have a very special day with the services of an artist in residence. Every child had the opportunity to produce their own T-shirt.

Theatres Clinical Manager and former nurse Delores Thomas (below) attends a Garden Party at Buckingham Palace in recognition of her outstanding service to the Trust over the last 10 years and the NHS in a career that has spanned over 30 years.
SEPTEMBER 2006

First Steps Day Nursery at Ashford hold their summer fete which is ‘magical’ and provide an opportunity for prospective Mums and Dads to view the excellent facilities.

Consultant Urological Surgeon Bill Dunsmuir (right) spends a day fasting during Ramadan 2006 to raise funds and awareness of the Hashim Welfare Hospital Appeal which is affiliated to the Trust.

Following speculation about the future of health services in Surrey the Trust says that it’s top priority is to provide high quality, safe and accessible services to patients in the catchment area for Ashford and St. Peter’s hospitals. The Trust will play an important part in the work being undertaken by the Primary care Trust on the future of the NHS in Surrey.

The Friends of St. Peter’s announce that following the refurbishment of the Friends Shop and Café at St. Peter’s in 2005 sales have increased by 30 per cent allowing the Friends to make an even greater than usual amount available for the benefit of patients, staff and visitors. Their latest contribution to the hospital is £25,000 towards a cardiac scanner.

The Trust’s principal appeal – the Stephanie Marks Diabetes Appeal – holds a key note lecture in Weybridge focused on how diabetes care is changing with more focus on primary care and self management.

The Friends of St. Peter’s announce that following the refurbishment of the Friends Shop and Café at St. Peter’s in 2005 sales have increased by 30 per cent allowing the Friends to make an even greater than usual amount available for the benefit of patients, staff and visitors. Their latest contribution to the hospital is £25,000 towards a cardiac scanner.
OCTOBER 2006

North Surrey Primary Care Trust (PCT), which hosted and led the commissioning of services from Ashford and St. Peter's is dissolved and the new larger Surrey PCT is created.

The Trust introduces tight controls on the use of temporary and 'bank' staffing as part of it’s Turnaround Programme designed to deliver savings of £16m over two years. Staffing levels on many wards were increased to allow for improved cover for sickness and other absences.

The Department of Health’s MRSA/Healthcare Associated Infection Review Team visits the Trust. With an increased focus on infection over the previous 12 months the Trust is able to report that the number of patients with MRSA bacteraemias has steadily reduced.

The Healthcare Commission rates the Trust’s clinical services as ‘Good’ in their 2006 performance ratings.

Asthma sufferers are invited to take part in a multi-national study by staff at Ashford and St. Peter’s as part of their contribution to research into improved treatment for this respiratory disease.

The Egham United Services Ladies Darts team donate £204 to the Breast Care Fund.

Ashford Hospital League of Friends hold their Annual General Meeting at which speakers from the Surrey Air Ambulance appeal and Cancer Information and Support Centre (CREST) outlined their work along with Dr Bhaskar Mandal who outlined the work of the rehabilitation and stroke unit at Ashford Hospital. Dr Mandal is pictured right centre front row with the Rapid Access Centre staff.

The neonatal intensive care unit at St. Peter’s Hospital receives donations totaling £4,000 from Paul Mills who organised a Golf Day and runners James Preece and David Wolfe who undertook sponsored runs.
The Trust held its fifth annual Appreciation Awards ceremony to recognise the efforts and achievements of staff. Employee of the Year was awarded to Deputy Sister Gail Roberts who also received a 25 years long service award. Team Awards for excellence in team work went to the Rowley Bristow Orthopaedic Unit, Clinical Site Nurse Practitioners, the Medical High Dependency Unit, and the Oral Surgery Department. Special achievement awards went to Chaucer Ward Clerk, Lynn English and Minimal Handling Co-ordinator Sue Southey. Head of Nursing Ally Lallmahomed was awarded The Peter Adams Award for his professional and tireless work on behalf of patients. Three volunteers – Vi Molinari, Honorary Secretary of the Ashford Hospital League of Friends, Ethel Dring who volunteers in the nephrology outpatient service and Daphne Witham who helps out in the Breast Clinic at Ashford – all received awards recognising their contribution to the Trust. A total of eighteen 25 years long service awards were made to staff as well.

The Neonatal Intensive Care Unit received donations of £3,000 from comedian Tom O’Connor, patron of charity Children with Special Needs and £2,000 from Phil Boast and Stuart Chenery who completed the three peaks challenge. Phil’s daughter Daisy was born at 25 weeks with a weight of 1lb 10oz.

At the end of November 2006 the Trust’s nursing and midwifery vacancy level was 11 per cent – the lowest level on record.
DECEMBER 2006

Rainbows, Beavers, Brownies and Cubs from Addlestone, Byfleet, New Haw and Woking visited the outpatients department at St. Peter’s and helped to put up Christmas decorations.

Consultant Cardiologist Dr David Fluck lends his support to Surrey PCT plans to improve cardiology services for Surrey residents. St. Peter’s Hospital is currently the only Surrey Hospital to provide the highest level of cardiac care including primary angioplasty and provide immediate care under the care of a cardiologist for those who suffer heart attacks.

The Friends of St. Peter’s announce that they have raised more than £1m since 1999. Recent donations to the hospital have included £40,000 worth of electric beds, a £25,000 contribution to the purchase of a 3D echocardiography machine and the refurbishment of staff areas totaling approximately £11,000. At the Friends 54th AGM the Chairmanship of the Friends passed from John Evernden (right) to Jim McCall (left). Between them is former Chairman Nancy Jackson.

Ten babies were born on Christmas Day 2006 – five boys and five girls were delivered between 03:25 and 22:18hrs. This compares with nine babies born on the same day in 2005 and eight babies in 2004.
JANUARY 2007

Twelve babies were born at St. Peter’s Hospital on New Years Day 2007. Eight girls and four boys were delivered between 00:38 and 23:00 hours. This compares to only three born on the same day in 2006.

Surrey Police officers who ran the Windsor Half Marathon presented the Neonatal Intensive Care Unit with a cheque for £850.

It is announced that charitable giving during Ramadan in October 2006 has raised £30,000 for the Hashim Welfare Hospital Appeal with which the Trust is formally affiliated. The money raised will enable phase 2 of the hospital building programme to start in Pindi Hashim in rural Pakistan.

Trust Chairman Clive Thompson CBE is reappointed for a further year until March 2008.

The Trust responded to the coach crash on the M25/M4 when it received two patients with severe head injuries and two who were less seriously injured. Located on the busiest stretch of motorway in England and near to the new Terminal Five at Heathrow, St. Peter’s Hospital and Ashford Hospital in a supporting role, are ideally placed to respond to major incidents. A role that the Trust plans and practices for on a regular basis.

Speculation on the future of the NHS across Surrey continues but the Trust maintains that there is a positive future for both Ashford and St. Peter’s hospitals within the health service in Surrey.

The Royal Oak Public House in Sunningdale donates £5,200 to be split between the Neonatal Intensive Care Unit for premature and sick babies and Little Oaks Oncology Unit for young cancer patients.

It is announced that the number of cases of MRSA at Ashford and St. Peter’s Hospitals has reduced significantly. There were 12 cases in the period June to December 2006 compared with 27 cases in the same 6 months in 2005. The Trust attributes this to a number of factors including the introduction of Visitor Partnership Guidelines (see back page) in February 2006 which set out visiting hours, request visitors to refrain from visiting if they don’t feel well, not to bring flowers in and to not sit on beds. The guidance stresses the need for good hand hygiene measures on entry and exit from any ward.

Chelsea Football Club and Sir Ian Botham support the Stephanie Marks Diabetes Appeal with the auction of signed sporting memorabilia.

The Trust announced plans to vacate the West Wing at Ashford Hospital and for its sale. The move of services from the building was completed by the end of May 2007 with the majority of services relocated into refurbished areas of the main buildings. The West Wing was built in two stages in the 1960s and was suffering from damp and structural defects which made it unsuitable for modern day healthcare.

The visit of three fundraisers to the Breast Unit at Ashford Hospital marks the £10,500 raised over the last two years by regulars at the Wheatsheaf and Pigeon and The Angler’s Retreat along with the 2006 ‘In the Pink’ calendar.
FEBRUARY 2007

The Medical High Dependency Unit at St. Peter’s Hospital celebrates its first year of operation. The four bedded unit is staffed by 13 nurses, of which nine are critical care specialists, and a designated medical team.

Planning permission is received from Runnymede Borough Council for barrier controls on car parks and the building of a deck over car park one out side the main entrance to St. Peter’s Hospital. This would provide an additional 150 spaces. Car parks near to the St. Peter’s site at Homewood Park and Murray Road, Addlestone have been promoted to staff. Other transport measures introduced during 2006 to improve travel arrangements for both patients, visitors and staff included promotion of Surrey Car Share scheme and cycling to work with an investment in new bicycle shelters. Existing car parks have been redesignated to clear up confusion between staff and public parking areas. Bus routes were improved and the ‘Hospital Hopper’ service between Ashford and St. Peter’s had extra trips timetabled.

Eileen Nolan (pictured right holding the baby) joins the Trust as Associate Director for Maternity Services bringing more than 30 years of nursing and midwifery experience to her new role where she has responsibility for the delivery of over 4,000 babies each year.

The Trust highlights the work of volunteers during Student Volunteering Week. Around 500 active volunteers support the work of Ashford and St. Peter’s Hospitals, a number of whom are young people.

Following significant delays in the turnaround time for clinical correspondence the Trust introduced a system using medical typists in India. Around 300 clinicians at Ashford and St. Peter’s hospital are dictating their clinical correspondence and it is then sent electronically with a unique reference number to India. The typed correspondence is returned to the hospital within 48 hours and using the unique reference number a medical secretary ‘tops and tails’ the letter with the patient’s details before it is checked and signed by the clinician. Over 1.5 million lines of dictation are transcribed each year which on average equals 75,000 letters.

Consultant Chest Physician Dr Mark Britton warns electricians, plumbers and carpenters in the building trade of the need to be vigilant to reduce the risk of developing Mesothelioma – a type of cancer that has no cure. Professor Britton’s advice booklet written for the British Lung Foundation was highly commended by the British Medical Association.

Improvements to MRI scans at Ashford and St. Peter’s means that no one now waits more than eight weeks (a reduction from 20 weeks) for a routine scan. For ‘soon’ examinations the wait is no more than four weeks and for ‘urgent’ examinations no more than two weeks. ‘Emergency’ examinations usually take place the same day.

A match football signed by the Cobham based Chelsea FC team raises £3,000 for the Stephanie Marks Diabetes Appeal.

£8,000 is donated to the Breast Clinic at Ashford Hospital after a very successful ‘Pink Ball’ organised by local residents Barbara Cosgrove and Angela Smith.
The Trust publishes its Spring 2007 ASPire Magazine (left) which is circulated to 136,000 households in the catchment area for Ashford and St. Peter’s Hospitals.

The NHS Walk-in Centre at Ashford Hospital celebrates its first birthday. The centre has seen on average 70 – 80 patients each day - around 29,000 in the first year. The service is nurse led 07:30 to 22:00hrs and GP led 22:00hrs to 07:30hrs and can handle a variety of minor injuries and ailments. Pictured below is Health Minister Ann Keen MP visiting the centre during Summer 2007.

In the light of continuing speculation about the future of health services in Surrey and the Fit for the Future programme the Trust highlights, in a letter to all local newspapers and radio stations, the need for a rationale debate about the future of Surrey’s health services to coincide with the Institute of Public Policy Research (www.ippr.org.uk) paper ‘The Future Hospital’ (below).

The T5 Charity – a collection of workers, suppliers and companies working on the new Terminal 5 at Heathrow airport - donates £10,000 to the Neonatal Intensive Care Unit at St. Peter’s Hospital which cared for over 500 babies in the previous year.
MARCH 2007

The Moffat Leg Ulcer Clinic held its last session at Ashford Hospital. The service, which had been at Ashford Hospital for the last 16 years is now being provided in a variety of locations including the new Heart of Hounslow Health Centre and Ashford Clinic.

Staff from Ashford and St. Peter’s support the NHS Together Rally held in Woking.

Consultant Physician in Respiratory Medicine Dr Mark Britton is appointed a visiting Professor by the University of Surrey. The Trust’s respiratory department under the leadership of Professor Britton has been a leading site for the development of several new drugs for both asthma and Chronic Obstructive Pulmonary Disease (COPD). Apart from teaching at the University Professor Britton will advise their clinical trials unit.

Author Robin Rendell makes another donation, this time of £500, to the Breast Unit at Ashford Hospital from the sale of his local history books.

Staff from Royal Caribbean Cruise Line based in Addlestone visit Ashford Hospital to give one of the gardens and decorating some rooms.

The Pathology Department takes part in National Science and Engineering Week to explain to local schools the role of hospital pathology departments in the identification of waterborne and water related diseases.

The Trust launched a Black and Minority Ethnic (BME) Network.

Staff and the nurseries at both hospitals take part in the 2007 Red Nose Day raising over £1,000 from book and cake sales, raffles, Wacky Hair and Red Toy days, and a sponsored walk.

Consultant Gynaecologist and specialist cancer surgeon Mr Anil Tailor raises awareness of ovarian cancer outlining the key facts and symptoms. Ashford and St. Peter’s provides cancer treatment to around 90% of its local population.

The Trust supports the 2007 National No Smoking Day and says that it is looking forward to the national ban on smoking in all public buildings. Smoking – which kills 106,000 people each year – is not allowed anywhere in both hospital buildings or in the grounds.
A ‘Lunch for Life’ fundraiser by the Wentworth Club and Lorna Ponti raises £15,000 for the Breast Unit at St. Peter’s Hospital. Lorna Ponti (right) is pictured (left) with Sunita Shrotria (left) and Glenn Douglas.

A Surrey based charity, TALK, starts sessions at Ashford Hospital to help people recovering from stroke to improve their speech.

Ashford and St. Peter’s welcomes the publication of the Clinical Options Report facilitated by the Matrix Consultancy for Surrey PCT as part of the ‘Fit for the Future’ programme. This report which outlines the views of clinicians from all three west Surrey acute hospital trusts indicated that over time it might be beneficial if the three Trusts were to move towards a single organisational entity. The report and more ‘Fit for the Future’ material can be found on the Surrey PCT website at www.surreypct.nhs.uk.

Knitted chicks filled with a crème egg by Hersham hairdresser Carol Kavanagh raise £2,100 for the Stephanie Marks Diabetes Appeal.

Hashim Welfare Hospital Appeal Chairman and urological surgeon Dr Idrees Awan returns to the UK from Pindi Hashim in rural Pakistan to report on the next stage of the building of the Hashim Welfare Hospital using plans developed by Trust engineer Mick Hickman. Ashford and St. Peter’s is formally affiliated to the charitable hospital.
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, the tea bar – until recently in the West Wing and now in the Main Entrance, the Atrium Café and its greetings card and small items area. Profits are supplemented by the Annual Summer Fete and some substantial donations approaching £800,000 have been made as a result over the years. Recently the Friends have provided special beds, chairs, a ventilator and other items of equipment. The League of Friends can be contacted on 01932-783550.
FRIENDS OF ST. PETER’S HOSPITAL

The Friends of St. Peter’s have been supporting the hospital for 55 years. Their recent major refurbishment of the Friends Cafeteria and Shop has increased sales by 30%, and they expect to build on this success year-on-year. In the past 12 months they have made donations totaling more than £100,000 which have been used to purchase equipment and refurbish staff rooms in x-ray, pharmacy, operating theatres and the porters lodge.
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.

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, Fasialabad 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 £ 500) 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

The Stephanie Marks Diabetes Appeal “Centre of Excellence” to become a reality!!!
A momentous year for the Appeal

Diabetes has been described as a major escalating but silent epidemic, driven by lifestyle factors, ethnicity and genetics. 24,000 patients per annum with the condition were predicted to be seen at ASPH by 2010 – that number has already been reached!!!!

The Stephanie Marks Diabetes Appeal was launched in memory of Stephanie Marks, who sadly at age 17 died of Type 1 diabetes complications just days after completing her AS levels. Born at St. Peter's Hospital, Steph was so inspired by the treatment she received that her dream was to become a doctor.

The Project has just reached a most exciting stage. The ASPH Board has approved using part of the £540k already raised to modify, refurbish and equip the Croft, a residence on the St. Peter’s Hospital site. This is a much more cost-effective and expedient strategy. Our Design Group of professionals from the built environment and future users, (medical personnel and patient representatives), is in place to create a state-of-the-art ‘Centre of Excellence’ which will provide integrated diabetes treatment education and research.

As a chronic condition, the majority of carers are the patients themselves or their family and friends and not medical specialists. In line with the shift to care in the community, Phase II of the Project will be to link the Resource Centre to a network of satellite clinics. Located throughout the Ashford & St. Peter’s Hospitals NHS Trust catchment area, these clinics will be linked by a sophisticated IT system.

The Appeal has enjoyed overwhelming support throughout the past year from sporting icons Chelsea Football Club, cricketing legend Sir Ian Botham (Patron) schools, businesses and individuals from all parts of the community. Professor Simon Howell, Chair, Board of Trustees, Diabetes UK led an impressive line up of speakers at the annual Living with Diabetes Patient Day. Professor Stephanie Amiel and other contributors impressed & informed medical professionals at the Stephanie Marks Lecture.

Patron Sir Ian Botham

Funds are still needed to make Phase II a reality so please continue to lend your support to the Appeal.

Please make your cheque payable to The Stephanie Marks Appeal and post it to Val Marks, Fundraising Manager, The Studio (SDU), St. Peter’s Hospital, Guildford Road, Chertsey, Surrey, KT16 0PZ. To discuss any ideas or for more information contact Val on 01932 722330 or val.marks@asph.nhs.uk or visit www.stephaniemarks.org.uk
VOLUNTARY SERVICES

More than 500 volunteers work in our two hospitals, and we cannot thank them enough for all that they do. Our volunteers have a huge variety of skills and talents that are put to good use every single day of the year – and some evenings too! Some work behind the scenes in offices and others enjoy the patient contact with ward work or reception duties – the scope for them is enormous. There are very few aspects of hospital life that do not benefit from the support of a volunteer. The WRVS, the Red Cross, Hospital Radio Wey and the two Leagues of Friends at Ashford and St. Peter’s are the backbone of our volunteering service and at this special time of year we like to thank them all publicly for their unstinting support.

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 723239.
SECTION THREE

This section sets out key facts and figures about the Trust's key areas of operation and human resource issues.

Cardiac Care
Neonatal Intensive Care Unit
Rowley Bristow Orthopaedic Centre
Greening our progress
A&E Attendances
Emergency Admissions
Outpatient Attendances
Elective (planned) in-patient operations
Wound Management
Day Case Operations
Total Admissions and Day Cases
Births
Maternity Cases and Maternity
In patient Waiting List
Patients Waiting Over 13 weeks
Diversity & Inclusion:
  Ethnic Origin: New A&E Attendances
  Ethnic Origin: New Outpatients
  Ethnic Origin: Admissions
Staff Overview
Diversity & Inclusion
  Trust Staff – Full time Employed
  Trust Staff – Age Bands
  Trust Staff – Head Count
  Ethnic Origin of Staff
  Job Applications by Religious Belief
Occupational Health
CARDIAC CARE

The cardiology department at Ashford and St. Peter’s offers a full range of services including:

- Full echocardiography service
- Coronary angioplasty and coronary angiography.
- Cardiac rehabilitation service
- Permanent pacemaker follow-up including bi-ventricular pacing for heart failure
- ICD implantation and follow-up

Ashford and St. Peter’s was the first Trust in Surrey to offer primary angioplasty saving patients a journey into London and in 2006/07 were the first in the world to implant a new type of pacemaker. We also offer a comprehensive, multi-phased cardiac rehabilitation service. Cardiac patients are seen by our team of nurse specialists, who then follow them through their recovery period. Patients receive individual advice and are invited to attend our outpatient programme which includes education, risk factor management, clinical assessment, relaxation and a graduated and individual exercise supervised exercise programme. GPs and practice nurses can refer direct to our service at either hospital site by written referral to our rehab office at SPH.
NEONATAL INTENSIVE CARE UNIT

The number of admissions to the NICU jumped by 39% from 390 in 2005 to 544 in 2006. The numbers of preterm babies surviving have improved over the last couple of years – 75% of babies born at 24 weeks; 83.3% at 25 weeks and 90.9% at 26 weeks are surviving to discharge or transfer back a referring hospital or for further specialist treatment.

Around 90% of the very premature and ill babies born in Surrey are referred to the Trust’s Level 3 (highest) Neonatal Intensive Care Unit (NICU). Many are transported in a dedicated neonatal transfer ambulance with some babies staying just a few days, others for several months. The Unit had a £1.5m refurbishment and expansion programme which was completed in 2005.

The Unit is staffed by five Consultant Neonatal Paediatricians, seven Senior House Officers, four middle-grade clinical grade specialist fellows and four specialist registrars. There are 56 nurses led by a Matron. The Unit has seven intensive care, four high dependency and 12 special care cots.
ROWLEY BRISTOW ORTHOPAEDIC CENTRE

The Rowley Bristow Orthopaedic Centre at St. Peter’s Hospital is known throughout the UK and wider afield for being where the first Ilizarov operation was done in the UK in 1989. Since than hundreds of Ilizarov operations have been carried out at St Peter’s.

The main indications are following severe acute trauma, in the treatment of non-union surgery, bone infection, for limb lengthening purposes and in the management of congenital bone deformities. Of course, other methods of fracture treatment are also utilised in the management of patients who often have complex problems.

Our referral base includes our local population but we are also able to provide this service at a regional level and occasionally, at a national level. Over the years, we have gained enormous experience and we continue to refine our techniques to give the best quality treatment for our patients.

We have a dedicated team of surgeons, nurses and therapy staff who not only understand about living with a frame and are extremely helpful.

The Trust is an associate member of the UK wide Specialist Orthopedic Alliance (www.soe.me.uk).

This is just one part of the work of the Orthopaedic Centre which is conveniently located above the A&E Department at St. Peter’s and deals with many joint replacements in addition to the more minor fractures and problems with limbs.
GREENING OUR PROGRESS

As a major local employer with a turnover of £174m the two hospitals create 417 tonnes of domestic waste and 514 tonnes of clinical waste each year. Although Ashford and St. Peter’s Hospitals has over the years had a number of ‘green’ initiatives, in the light of recent concerns it has decided to made a clear commitment to ‘go green’.

In recent years the hospitals Trust has contributed to improving the local environment and reducing the Trust’s ‘carbon footprint’ through:

- the development of Homewood Park on old NHS land;
- development of a new boiler house (pictured right) which is more efficient and reduces emissions;
- establishing a recycling scheme;
- continuing a programme of recycling and helping others through the donation of equipment and supplies which would be regarded as obsolete in the UK but are gratefully received by developing nations; and
- promoting the use of alternatives to travel by car, such as the Trust’s own ‘Peterbus’ and ‘Hospital Hopper’ services, improved bike shelters and participating in a Car Share Scheme.

Following discussions with The Carbon Trust, Ashford and St. Peter’s has invested in new technology to reduce energy consumption and costs. Each year the energy bill for the two hospitals is around £2m. By implementing recommendations from The Carbon Trust including:

- regulating temperatures throughout Trust buildings;
- improving the control of air conditioning units (such as in Theatres pictured right); and
- encouraging staff to take responsibility for energy conservation

The Trust is hoping to make progress towards meeting the government target of a reduction in energy usage of 15 per cent and estimates that its investment programme of £155,000 which started in late 2006 will produce savings of £260,800 over three years.

In 2006 the Trust looked at a number of recycling schemes to reduce our large Landfill needs (40 tonnes a month). The scheme chosen was “mixed recyclables” in partnership with our waste contractor Grundon’s. This involved the segregation of paper, mixed cardboard, cans and plastic bottles. This was trialed at St Peters from December 2006. The Portering department with the vital assistance of staff at St. Peter’s segregated the waste and transferred it to key collection points around the site. The results from the last 6 months demonstrate an increase in recycling from 15% in December 2006 to 43% in May. When taking into account confidential paper and other cardboard the figure for May was 48% (19.8 tonnes) of all domestic waste and a considerable reduction in the amount of waste sent to landfill. Due to the success of the trial recycling was rolled out to Ashford in July 2007.
OUR PROGRESS IN FIGURES

The last few years has seen (below) a marked increase in the number of people accessing our emergency services – the A&E at St. Peter’s and the NHS Walk-in Centre at Ashford (since 1st February 2006) although the numbers appear to have peaked in 2006 at 113,000.

Some of the increase in emergency attendances (below) at A&E is reflected in emergency admissions through A&E although this appears to have declined slightly in 2006/07 which may reflect the introduction of the Rapid Access Centre at Ashford.
Over the years there has been a marked increase in the number of outpatient appointments (below). Some of this has been tied to initiatives to reduce waiting lists, particularly around 2003/04 and 2005/06. In the latest year, 2006/07, there has been a slight reduction which the Trust expects will continue as demand management schemes in primary care take effect and more care is transferred from acute hospitals into community settings.

As medical practice has changed and waiting list initiatives have come and gone the number of patients treated as inpatients on a scheduled or ‘elective’ basis has changed. With an increasing number of operations done as day case surgery there has been a gradual decline over recent years in the numbers of patients who need to spend one or more nights with us.
Good wound management is an important area of developing nursing practice which helps ensure that patients make a speedy recovery. During 2006/07 the Trust’s Senior Specialist Nurse in Wound Management had 641 episodes of patient care - an increase of 193 episodes on the previous year. Over 125 Registered Nurses have attended the Trust Wound Management Core Study Day and Pressure ulcer training has been delivered on the Health Care Assistant Induction Programme. Formal wound management training has been delivered to 2nd and 3rd year medical students on an on going basis.

The Trust annual pressure ulcer audit took place on the 17th October 2006. The prevalence for pressure ulcers was 10.07% demonstrating a continuing year on year reduction and the Trust audits static foam mattresses on an annual basis. A pressure reducing Cushion exhibition took place on the 30th November 2006.

Sue Harris, the Trust’s specialist wound management nurse is just one of many staff who undertook university level training during the course of the year, successfully completing a BSc (Hons) in Tissue Viability at the University of Hertfordshire. In addition Sue achieved a ‘Highly Commended’ in the Wounds UK Awards in the category of Innovations in Hospital Wound Care and was invited to become a member of the Global Wound Infection Institute and attended the inaugural meeting in Budapest.

Medical advances and new ways of treating patients have meant that more can be done for people without the need for them to stay in hospital overnight. Although the numbers fluctuate there has been an increasing trend for patients to be treated as day cases (below).
In 2006/07 admissions and day cases (below) at Ashford and St. Peter's totalled 70,654; the 70,000 level was reached in 2003/04 having steadily increased over the preceding five years.

More and more parents are planning to have their babies at Ashford and St. Peter's. Although the number of births declined in the early part of this decade the number of deliveries at St. Peter's is now approaching 1999 levels (below).

The number of deliveries in a maternity service does not fully reflect the whole service and the chart below shows how many maternity cases are handled each year by Ashford and St. Peter's.
In 2003 we completed the £1.1 million remodeling of our maternity unit to improve the environment for women and families. Work to recruit and retain staff meant that we had no vacancies in 2006/07 and with an increase in work received approval to recruit more midwives in 2007/08.

To improve access for patients and the environment for women in labour the opening hours of the maternity day unit have been extended so that the labour ward is reserved for women in labour. In this way all women get better urgent access to the services they need.

Maternity Services achieved CNST Level 2 demonstrating good progress in embracing evidence based practice, continual staff updating and other clinical governance indicators of safe care provision.

A more natural child birth experience is now available to women with the provision during the remodeling programme of two ‘Home-from-Home’ rooms on the labour ward and the re-opening of the water pool. In 2002 there were no births in water; now around seven women a month make use of the pool and there were more homebirths in 2006/07. Changes to the policy for the induction of labour enabled more women to avoid intervention at the end of pregnancy – down from 33% in 2003 to 18% in 2006.

As part of the changes to Ashford Hospital the Topaz Suite at Ashford has been developed. This provides a base for the Topaz community midwifery team. With Consultant Midwife clinics now held at both Ashford and Woking Children’s Centre pregnant women don’t have to travel as far to their appointments. Pregnancy Ultrasound is now available at the Topaz Suite and a Consultant Obstetrician pregnancy clinic is run at HMP Bronzefield. Breastfeeding support clinics are run on both the Ashford and St. Peter’s sites. Postnatal midwifery clinics in the community are offered as an alternative to a home visit. These initiatives make maternity care more accessible and more local for women and minimise the need for women to come to the acute site, hence reducing stress and emissions!
Much work has been done in the health service over the last ten years to reduce the number of people waiting and the length of time they have to wait for operations or to see a consultant. The chart below shows the dramatic reductions made in the number of people on our waiting lists since 1999.

Now no one waits more than three months to see a consultant for the first time and many are seen more quickly.

The Trust is now working towards the government’s 18 week target which aims to see all patients treated within 18 weeks of being referred to hospital by their GP or other health professional.
Diversity and Inclusion

To enable the Trust to meet the needs of service users we maintain details of ethnic origin of our patients. The following charts provide a snapshot of our service users.

### Ethnic Origin: New A&E Attendances

![Chart showing ethnic origin of New A&E Attendances]

### Ethnic Origin: New Outpatient Appointments

![Chart showing ethnic origin of New Outpatient Appointments]
Ethnic Origin: Admissions

- **Any other White background**
- **British White**
- **Irish**
- **White Caribbean**
- **African background**
- **Indian**
- **Pakistani**
- **Bangladeshi**
- **Chinese background**
- **Any other Asian background**
- **Any other mixed background**
- **White & Asian mixed**
- **White & Black African mixed**
- **White & Black Caribbean mixed**
- **Not given**

The diagram shows the distribution of ethnic origins among admissions, with **Irish** having the highest count, followed by **Any other White background** and **White Caribbean**. The other categories have much lower counts.
Staff Overview

“2006/07 was another demanding but achieving year for our staff,” writes Paul Bentley, Director of HR, pictured centre at the launch of the Trust’s Black and Minority Ethnic (BME) Group. “In my first year as Director of Human Resources, the challenges faced by staff, and moreover, their ability to respond to them, has been immense. The early part of the year was dominated by achieving the turnaround programme, and whilst this was primarily financial, we have seen significant improvements in the quality of patient care through the reduction and reliance on temporary staff. Continuity of care provided by staff who know the hospital and are familiar with the environment ensures better care for patients. We saw a reduction of more than sixty per cent in the amount of money spent on temporary staff when compared with the same period in the previous year. An example where reducing the amount of money spent has improved patient care.

“In a similar vein we have already achieved a reduction in junior doctors’ hours in advance of the full implementation of the European Working Time legislation, which will cap the number of hours junior doctors can work. Although full implementation is scheduled for 2009, in the last year, the Trust has made significant progress and achieved greater than eighty five per cent compliance, with full compliance expected soon. This has reduced the number of hours and in some cases the intensity with which those hours are worked. We have to acknowledge this has been a trying year as the switch in the educational model of development for junior doctors towards the full implementation of Modernising Medical Careers has led to a great deal of uncertainty, although at the time of writing the uncertainty seems to be easing.

“During the course of the year we also moved to change the way we manage the Trust, we sought to better integrate the Clinical Director roles with the existing general management model with the establishment of business units and business centres. Regrettably, in Autumn, 2006, this change in our management structure led to redundancy of a number of staff in managerial and support roles. Redundancy is always painful and we should not underestimate the upset these changes will have caused to those individuals adversely affected or indeed to those members of staff who were placed at risk of redundancy. However, initial feedback certainly bears out that the business centre model, incorporating business units, has led to an improved and more efficient way of managing the organisation. One of the major challenges we face in the year ahead is to allow appropriately skilled ward sisters and managers to run their own areas, by transferring the responsibility for decision making back to frontline, clinical staff.

“We have also seen considerable changes to central and back office functions, with all of the support services reducing the numbers of staff that we employ in an attempt to be more efficient; Estates, Finance, Information & Technology, and Human Resources. Within HR we have transferred resource from the central HR directorate to clinical directorates with the appointment of two divisional HR Business Partners. This has been successful as we continue to put resource into frontline areas. It is undoubtedly the case that the pace of change and the nature of how we deliver care will continue to iterate throughout 2007/2008. However, I am confident that our staff are more than able to rise to the demands of change and that the future looks optimistic particularly given the challenges we have already faced and addressed this last year.

“The Trust continues to be an attractive place in which to work, learn and care for patients and long may it continue.”
Diversity and Inclusion

Increasingly the Trust is considering the changing needs of the local population based on its diversity. Specific areas of diversity which we are focusing on include ethnicity, age, gender, religion and belief, disability and sexual orientation and our aim is to shape our services, facilities and environment to improve access to services, meet the diverse needs of all the population that we serve while promoting inclusion.

This means that we need excellent data in order to make appropriate decisions and we are seeking to improve both the means of data collection and analysis to support our decision making.

One example of our efforts to improve data collection is the development of a training and awareness programme to increase our data on patient ethnicity. Other areas which we will focus on include improving our information about the special needs of people with long term conditions or disabilities and how we communicate prior to appointment or admission taking into account any impairment or feeding requirements.

The Trust has published a single Integrated Equality Scheme and Disability Action Plan. Earlier this year the local Black, Minority and Ethnic (BME) Network was launched to support both our local agenda and that of the South East Coast BME Network.

A key element of assessing whether our services, facilities, policies and procedures support diversity and inclusion is the implementation of Impact Assessment. This will ensure that we involve service users in developing our services, policies and practices and will help us to identify and address any areas where there may be institutional discriminatory practices.

All of the objectives in relation to Diversity and Inclusion are applicable to both service users and staff. Our staff represent almost seventy nationalities across the world which means that we have a pool of talent rich in diversity. One of our key objectives is to increase the number of high level posts held by staff from BME backgrounds so that it is representative of the overall staff group. We will be working closely with our BME network to develop an action plan which will help us achieve this and other aims.

The diversity of our staff is also reflected in the number of religion/beliefs which are represented and we are in the process of providing a multi faith centre which we hope will promote an environment for service users and staff which is inclusive of all religion/beliefs or none.

We will be producing a Gender Equality Scheme later in the year and this means that we are just beginning to consider what the challenges may be in working towards this important agenda, particularly in healthcare where the workforce is historically predominantly one gender.

Current research indicates that one in twenty of the population is either gay, lesbian or bisexual. While we recognise that sexuality is a very personal matter, it is important that we provide an inclusive environment for our services user which does not impede access to care, for example, because people are reluctant to disclose their sexual orientation. This means that we need to develop an inclusive environment for both staff and patients and the trust has begun the process of collecting data.

Our information technology systems are continually improving and this will assist us to improve future data but some illustrative examples of the current data available are shown below:
Trust Staff - Full Time Employed

- Male, 699, 26%
- Female, 2036, 74%

Trust Staff - Age Bands

Trust Staff - Headcount

- Male, 744, 24%
- Female, 2,419, 76%
The Trust maintains details of the ethnic origin of staff in relation to those actually working for the Trust and their position in the organisation and in relation to recruitment e.g. who is applying for jobs at the trust.

### Ethnic Origin of Staff

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>White - Irish</td>
<td>49.83</td>
</tr>
<tr>
<td>White - British Directors</td>
<td>12</td>
</tr>
<tr>
<td>White - British</td>
<td>1620.99</td>
</tr>
<tr>
<td>White - Any other White background</td>
<td>201.7</td>
</tr>
<tr>
<td>Mixed - White &amp; Black Caribbean</td>
<td>6.13</td>
</tr>
<tr>
<td>Mixed – White &amp; Black African</td>
<td>10</td>
</tr>
<tr>
<td>Mixed - White &amp; Asian</td>
<td>5</td>
</tr>
<tr>
<td>Mixed - Any other mixed background</td>
<td>7</td>
</tr>
<tr>
<td>Chinese</td>
<td>30.7</td>
</tr>
<tr>
<td>Black or Black British - Caribbean</td>
<td>25.94</td>
</tr>
<tr>
<td>Black or Black British - Any other Black background</td>
<td>33.21</td>
</tr>
<tr>
<td>Black or Black British - African</td>
<td>125.31</td>
</tr>
<tr>
<td>Asian or Asian British - Pakistani</td>
<td>44.71</td>
</tr>
<tr>
<td>Asian or Asian British - Indian</td>
<td>232.62</td>
</tr>
<tr>
<td>Asian or Asian British - Bangladeshi</td>
<td>8.29</td>
</tr>
<tr>
<td>Asian or Asian British - Any other Asian background</td>
<td>180.9</td>
</tr>
<tr>
<td>Any Other Ethnic Group</td>
<td>150.4</td>
</tr>
</tbody>
</table>

### Job Applications Received by Religious Belief - Jun '06 to Mar '07

- Atheism: 4%
- Buddhism: 1%
- Christianity: 7%
- Hinduism: 2%
- Islam: 4%
- Janism: 1%
- Judaism: 1%
- Sikhism: 22%
- Other: 20%
- Undisclosed: 40%

Further information is available from the Human Resources Department or on our website.
OCCUPATIONAL HEALTH

2006/07 was a challenging year for the Occupational Health Department. During the course of the year, two of the nursing staff have graduated with an MSc in Occupational Health, improving the quality of our services. In addition to providing a full Occupational Health service to the Trust, external contracts have been maintained and income generation targets achieved. Occupational Health continues to deliver a variety of Occupational Health services to an additional 8,000 external employees.

A total of 3,113 employees attended the department of which 57% were Trust employees, 18.6% PCT employees and the remainder from external contracts. 1,273 trust staff were seen by Occupational Health advisors and 513 by the Occupational Health consultant.

During the course of the year 49 staff attended Occupational Health with work related, muscular skeletal issues, ranging in origin from back, upper limb, lower limb problems. There were 53 referrals to physiotherapy. Although there has been a general increase in the number of people seeking help for stress the number of work related cases reduced.

The Trust makes available to all staff, their family and volunteers the support and services of confidential advisors PPC under our Employee Assistance Programme. The number of staff accessing their services to discuss pressure at work has reduced to 26.7% (down from 35.6%). The national NHS staff survey results for 2006 also reflect a fall in this area to 32% (down from 43%) at its lowest point since 2003.

During the course of the year a total of 769 seasonal flu vaccines were given to Trust Staff.

Stress Management

Following the launch of the new Workplace Pressure Policy the Workplace Pressure Awareness Training has commenced. Occupational Health continues to provide support to any member of staff wishing to discuss issues relating to pressures at work that may be affecting their health. Subsidised complementary therapy treatments have been promoted with employees being offered a range of therapies from aromatherapy, reflexology, Indian head massage to holistic massage.

Life Style Assessment

Occupational Health Services has devised Lifestyle clinics for staff to attend. The assessment involves a questionnaire, and an assessment of BP, BMI, capillary cholesterol blood level and urinalysis and the opportunity to discuss issues that may be affecting your life in or out of work. It also allows the opportunity to take time out to review both physical conditions as well as your lifestyle, to ensure continued health and well being of the workforce. It provides a detailed picture of how healthy an individual is and enables an individual to take control their health for the future. They have resulted in 100% attendance of the promoted clinics. These clinics were devised to support research findings in relation to ageing workforce, Department of Health, and Health and Safety Executive, Health, Work and Wellbeing – Caring for our future guidance.

Further information is available from the Occupational Health Manager on 01932-722404.
SECTION FOUR

In this section we outline some of the way in which we aim to continuously improve the quality of care we provide, including:

- Infection Control
- Governance and Risk Management
- Safety Culture & Risk Management
- Standards for Better Health
- Complaints
- Healthcare Commission Review and Ombudsman Review
- Managing and Reviewing Risk
- Compliments
- Patient Advice and Liaison Service
- Patient and Public Involvement Strategy
- Health and Safety
- Violence and Aggression
- Manual Handling
- Staff Falls
- Inoculation Injuries

Rated as ‘Good’ for clinical services by the Healthcare Commission in 2006
INFECTION CONTROL

The Infection Control Team consists of three Consultant Microbiologists, one of whom acts as the Director of Infection Prevention and Control (DIPC), a Nurse Consultant in Infection Control, an Infection Control Nurse and Trainee Nurse in Infection Control. The Associate Director of Nursing is also part of the Team. The Trust’s Infection Control Committee is chaired by the Director of Infection Prevention and Control.

There is mandatory surveillance of the following infections:
- meticillin resistant Staphylococcus aureus (MRSA) bacteraemias;
- glycopeptide resistant enterococcus (GRE) bacteraemias; and
- Clostridium difficile infections.

Until the end of March 2007 the Clostridium difficile infections reported were in patients over 65. Since April 1st 2007 individual cases in all patients over 2 years are reported on a Health Care Associated (HCAI) Data Capture System website. The Infection Control Team report all the above to the Health Protection Agency and feed back the figures to the Control of Infection Committee, Clinical Governance Committee and Management Board among others.

MRSA bacteraemias

There were 31 cases of MRSA bacteraemias in 2006-7, a 40% fall from 2005-6 when there were 52. There were only 4 cases in April to July 2007, which is encouraging. The number of cases secondary to intravenous lines has been falling since last year. There were 14 in 2005-6 but only 4 in the last 12 months. Overall during 2006/07 the level of infections fell indicating that the actions taken by the Trust to control infections were effective.

All cases are subject to root cause analysis including a meeting with the patient’s clinician, matron and ward sister as well as members of the Infection Control Team. The findings from the analysis are forwarded to the Strategic Health Authority who pass the data to the Department of Health, as well as being fed back to key staff members within the Trust.
The Department of Health’s MRSA Improvement Programme Team who visited the Trust in October 2006 made a return visit on 6th July 2007, together with representatives of the Strategic Health Authority (SHA) and Primary Care Trust (PCT). The Team were pleased with the progress that the Trust had made since their 2006, in particular the introduction of High Impact Interventions (the Savings Lives audit tools) on the wards, and the increased evidence of Trust-wide involvement in Infection Control. They signed the Trust off from the Department of Health’s programme. The SHA continues to monitor the Trust’s progress.

**Clostridium difficile associated diarrhoea cases**

The numbers of Clostridium Difficile (C. diff.) cases in inpatients aged over 65 has fallen from 351 cases in 2005/06 to 311 cases in 2006/07.

For further information please see the Director of Infection Prevention and Control’s Annual Report or telephone 01932-723423.

**GOVERNANCE AND RISK MANAGEMENT**

Clinical governance is aimed at ensuring the continuation and improvement of high standards of clinical care. NHS organisations should have clinical and managerial systems, procedures and working practices to ensure patients receive the best possible care. Integrated governance is a coordinating principle that pulls together existing governance arrangements, including making links between finance, workforce, clinical and activity reports. The Trust is working towards integrated governance and the first action in recognising this was to rename the Governance Advisory Committee, the Integrated Governance Advisory Committee.

The Medical Director and Director of Nursing and Operations are jointly accountable as clinical governance leads within our organisation. The Trust Clinical Governance Committee reports to the Integrated Governance Advisory Committee which monitors the working arrangements for clinical governance and non clinical risk and the implementation of the Quality and Risk Management Strategy.

The Clinical Governance Committee translates and oversees the strategy at Business Centre and committee level. Part of the strategy for developing clinical governance systems and capacity at Business Centre level has been achieved through the support of Clinical Governance Leads and Clinical Governance Support Officers and Managers.
These posts provide effective and efficient support for doctors, nurses and others working within these areas to manage risk and undertake other initiatives in support of best quality patient care and services.

**Safety Culture and Risk Management**

Patient and staff safety is at the heart of what we do, it is therefore vital that we learn from incidents and take actions to reduce the risk of a similar event happening in the future. 2006/07 saw the introduction of a revised incident form and the promotion of incident reporting.

All staff have a responsibility and are encouraged to identify and eliminate or manage risk. The Trust encourages staff to report incidents – these could be accidents, near misses, unexpected clinical outcomes or a concern.

The most severe incidents (grade 3 and 4) are fully investigated using Route Cause Analysis (RCA) techniques. These techniques are taught on the regular in house RCA training days. All incidents of MRSA bacteraemia are also now subject to a RCA investigation. Trends of all incidents are also reviewed in order to identify any underlying risks to Staff, patients or the organisation.

These investigations have lead to, and will continue to lead to, changes in practice, including the review and updating of Trust policies, as well as, the introduction of training events.

Implementation of Risk Management and the promotion of a safety culture within the trust is championed by the Quality Department, with the Clinical Risk Manager, Non Clinical Risk Manager and Health and Safety Advisor working with other key staff that have specialist risk expertise.

Learning from incidents helps us to continually improve the quality of care for patients.

Incidents are the result of something happening or nearly happening. The Trust Risk Register provides a database that holds a record of all identified risks that present a continuing threat to the Trust's objectives and operations together with any actual or potential gaps in controls or assurances. Each risk assessment is assessed, graded and prioritized with an action plan drawn up to set in place controls which either reduce or eliminate the risk totally. Where total elimination is not possible the Trust can choose to tolerate the risk, as long as all practicable controls to reduce the risk are in place. Risks may be identified at ward or departmental level, through committees, via the business planning system or external assessments.

**Standards for Better Health**

Standards for Better Health form a key part of the performance assessment by the Healthcare Commission of all healthcare organisations – the Annual Healthcheck.

In 2006 the Trust undertook a self assessment against the 25 core standards and 2 developmental standards. The standards describe the level of quality that health cares organisations, including Foundation Trusts, and private and voluntary providers of NHS care are expected to meet in terms of safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities and public health.

A lot of work was undertaken following the 2005/06 declaration, enabling the Trust to declare itself "compliant" against 43 of the 44 standards. However, it was felt that further work was required around standard C7e “Healthcare organisations challenge discrimination, promote equality and respect human rights” and declared “insufficient assurance” for this standard. This is an improvement from the 2005/06
declaration when the Trust declared itself: “Compliant” against 40 standards, “Insufficient assurance” against 2 standards and “Not met” against 2 standards.

In 2006/07 the Trust also had to declare against two developmental standards (Safety and Clinical and Cost Effectiveness). The Trust declared “Fair” against both these standards. In May 2007 the Trust submitted and published our final self declaration of compliance against all 24 Core Standards and the 2 developmental standards. The full declaration is available on the Trust’s web site and we anticipate that the Healthcare Commission will publish its 2007 Healthcheck in October 2007.

For further information please contact the Head of Quality and Integrated Governance on 01932-723647.

Compliments and Complaints

During 2006/07 the Trust received 405 formal complaints which represents a complaint rate of less than half a per cent against the 300,000 plus patients whose care we handle every year. The Complaints Department achieved a 99.5% response rate within the Department of Health deadline, this reflects only three missed deadlines.

During 2006/07 the NHS Complaints Regulations have been updated and the Trust Complaints Policy has been reviewed and amended to reflect the new guidance which now states that the timescale for responding to Complaints is 25 working days. Information available to patients in both leaflet form and on the Trust website upon how to make a complaint has also been reviewed to help inform patients of the different ways in which they may make a formal complaint.

<table>
<thead>
<tr>
<th>Complaints related to service areas as follows:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Acute services (inpatient)</td>
<td>178</td>
</tr>
<tr>
<td>Hospital Acute Services (outpatient)</td>
<td>118</td>
</tr>
<tr>
<td>Hospital Acute Services (A&amp;E)</td>
<td>58</td>
</tr>
<tr>
<td>Elderly Geriatric Services</td>
<td>1</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>36</td>
</tr>
<tr>
<td>Community Hospital Services</td>
<td>5</td>
</tr>
<tr>
<td>Ambulance Services</td>
<td>4</td>
</tr>
<tr>
<td>Walk in Centre</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>405</td>
</tr>
</tbody>
</table>

The main themes emerging from complaints were issues around communication, discharge and clinical decisions and treatment.

<table>
<thead>
<tr>
<th>Breakdown of complaints by Business Centre:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td>27</td>
</tr>
<tr>
<td>Medicine</td>
<td>26</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>18</td>
</tr>
<tr>
<td>Children &amp; Women’s Health</td>
<td>11</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>10</td>
</tr>
<tr>
<td>Facilities</td>
<td>4</td>
</tr>
<tr>
<td>Imaging &amp; Endoscopy</td>
<td>1.5</td>
</tr>
<tr>
<td>Therapy Services</td>
<td>1.5</td>
</tr>
<tr>
<td>Information</td>
<td>0.4</td>
</tr>
<tr>
<td>Pathology</td>
<td>0.4</td>
</tr>
<tr>
<td>Theatres, Anesthetics &amp; Critical Care</td>
<td>0.2</td>
</tr>
</tbody>
</table>
Healthcare Commission Review and Ombudsman Review

During 2006/07 the Trust was notified of 28 referrals to the Healthcare Commission for independent review. Fourteen (14) cases dated back to previous years and 14 cases were from the current year 2006/07; this represents a referral rate of 3.4% in comparison with the national average of 8%. There has been no notification from the Ombudsman of new cases to review within the year 2005/06. One long standing Ombudsman’s case has been closed and at present the Trust has no complaints under review by the Ombudsman.

Managing/Reviewing Risk

The Trust has a newly formed group – PICC (PALS, Incidents Complaints and Claims) which meets monthly to provide detailed analysis in the form of an aggregated report upon the issues and trends displayed through informal and formal complaints, claims and incidents. The PICC Group’s quarterly report feeds into the Trust Integrated Governance and Advisory Committee.

Complements

The Trust received 673 compliments during 2006/07.

For further information please contact the Complaints Manager on 01932-722859.

Patient Advice and Liaison Service

PALS is a confidential service which advises and supports patients, their relatives and carers and provides information on NHS services. PALS listens to concerns, suggestions and queries and helps sort out problems quickly on the behalf of patients.

The Patient Advice and Liaison Service (PALS) Manager covers both Ashford and St Peter’s Hospitals and is based at the St Peter’s Site, traveling on the Hospital Hopper between sites as necessary. PALS benefits greatly from the support of some excellent and committed Volunteers and the Team have now been joined by a PALS Officer on Wednesday and Thursday mornings. PALS users will benefit greatly from this welcome addition to the PALS Team. The number of contacts with the service during 2006/07 was:

<table>
<thead>
<tr>
<th></th>
<th>Q1 Apr – Jun ‘06</th>
<th>Q2 Jul – Sep ‘06</th>
<th>Q3 Oct – Dec ‘06</th>
<th>Q4 Jan – Mar ‘07</th>
<th>Total 2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALS Contacts</td>
<td>269</td>
<td>233</td>
<td>241</td>
<td>296</td>
<td>1,039</td>
</tr>
</tbody>
</table>
The table below shows how the 1,039 contacts break down into the main areas of concern:

<table>
<thead>
<tr>
<th>Percentage of overall concerns</th>
<th>Type of concerns Raised by users</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Waiting time; this includes appointments, admission, test results and follow up.</td>
</tr>
<tr>
<td>24</td>
<td>Communication; this includes both verbal and written communication.</td>
</tr>
<tr>
<td>21</td>
<td>Treatment &amp; care; this includes a variety of issues around medical and nursing care.</td>
</tr>
<tr>
<td>28</td>
<td>A mixture of issues including admission process, discharge arrangements and hotel services.</td>
</tr>
</tbody>
</table>

Of the 1,039 contacts 882 PALS users had concerns about their experiences, care and treatment at Ashford and St Peter’s NHS Trust. 62% of the concerns were resolved through PALS which is an improvement over the previous year, where 47% of concerns were resolved.

Where concerns were not resolved, 195 were referred to a more appropriate person or the remaining users were given further information. 8% of users raising concerns were given information about the NHS Complaints Process and 3% were referred directly to the formal Complaints Process.

**Positive outcomes**

The prompt response of staff approached for help with a PALS concern has been and will continue to be invaluable in helping to achieve early resolution of concerns. The following highlights some of the positive outcomes that have followed users’ raising their concerns through PALS:

- Following two concerns about dispensing of medications in Day Surgery Unit (DSU), one in relation to expiry dates and the other in relation to the dispensing restrictions. The dispensing system in DSU was reviewed and medication expiry dates are now checked in the last week of every month and labeling will changed to allow nurses in DSU to dispense tablets in line with the amount required by a prescription;

- Patient experiences and problems with the Choose and Book System have been fed back to the Marketing and Planning Manager and will inform improvements in the written information sent to patients. This work is ongoing; and

- Following a GP referral of a patient who is over 65 and had chest pain, information was included in a GP Newsletter clarifying the age that patients with chest can access the Walk in Centre at Ashford Hospital.

For further information please contact the Trust’s PALS Manager on 01932-723553.

**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. This 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.
Highlights of the year include:

- The continued work of the established Patient Panel is chaired by Maurice Cohen (pictured left).

- We have 17 patient representatives involved in 31 groups or committees across the Trust including:
  - Clinical Governance;
  - Infection Control;
  - Complaints Monitoring Group;

- Patient’s views also continue to be represented at the highest level within the organisation with the Chair of both the external Patient and Public Involvement Forum and the internal Patient Panel sitting on the Trust Board.

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

**Health and Safety**

Health and Safety awareness within the Trust has been raised by the introduction of a new risk assessment tool and the use of a new Trust incident report form. A number of road shows to highlight the importance of reporting incidents and the consequent effect on staff and patients' safety were carried out at both sites.

The Trust has made a significant commitment to investing in Health and Safety by:
- Purchasing 100 new electric beds;
- Agreeing to the development of new state of the art endoscopy sterilisation facilities on both sites; and
- Approving the building of a brand new £4.89m mortuary facility at St. Peter’s (pictured right).

A new training programme for non clinical staff has been introduced to include all the mandatory Health and Safety training. A version of this was presented to the executive directors.
Violence and Aggression

The Trust now has a fully trained Local Security Management Specialist (LSMS) who is responsible for creating a positive security culture. In addition the LSMS will follow up incidents of assault on staff and liaise with the police on possible sanctions. During 2006/07 two members of the public who threatened Trust staff were arrested by the police and received custodial sentences. A third was ordered to pay compensation for damaging equipment. As the chart below shows violence and aggression against staff has fallen over the last five years.

![Violence and Aggression Chart]

Manual Handling

The Manual Handling team are back to full strength after recruiting a new trainer. They have carried out training throughout the Trust on the 100 new electric beds to ensure staff are familiar with the beds and are able to operate them safely (see picture right). 580 washable slide sheets have been bought together with 3 new wash dryers to assist with their laundry. In addition equipment has been provided to assist with the mobilisation of patients over 20 stone 127kg.

Staff Falls

Staff from the housekeeping department have attended a Health and Safety Executive road show for reducing falls as a result of cleaning operations. Cleaning staff now use microfibre cloths which do not leave floors wet and slippery. A Trust staff falls policy was developed and ratified during the year giving general guidance on how to avoid injuries from slips, trips and falls.

Inoculation Injuries

Inoculation injuries to staff is an area where a great deal of work has been carried out by the Occupational Health Department to understand how accidents occur and how they can be prevented. Issues have been raised with those responsible for doctors’ training and the use of safer needles and canulas has been reviewed. Work continues on reducing the number of inoculation injuries to staff.

Further information about this area can be obtained from the Health and Safety Manager on 01932-722227.
Policy for the Management of Violence, Potential Violence and Aggression

THIS TRUST OPERATES A ZERO TOLERANCE POLICY FOR VIOLENCE AND ABUSE AGAINST STAFF

The Trust will always support staff who are subject to an actual or threatened physical or verbal assault

WE WANT TO CARE FOR PATIENTS LET US DO OUR JOB
SECTION FIVE

The Trust is managed by a Board of Directors. This section sets out the arrangements for corporate governance and accountability:

Corporate Governance  
The Board and Board Committees  
Declaration of Interests  
Organisation and Accountability  
Board Profile – Non-Executive Directors  
Board Profile – Executive Directors  
Board Meetings

Page 5-2
Page 5-2
Page 5-2
Page 5-2
Page 5-3
Page 5-4
Page 5-5

In 2005 Ashford and St. Peter’s was declared a three star NHS Trust. 
In 2006 the Healthcare Commission rated our clinical services as good.
CORPORATE GOVERNANCE

Led by the Chief Executive Glenn Douglas, 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.

The following organisations are 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

Where Board Members have declared interests these are shown at the end of each biography. 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.

Liz Brooks CBE, Deputy Chairman and Non-Executive Director
Liz was appointed as a Non-Executive Director in 2000. As Deputy Chairman her role has been to spend time at both hospital sites. 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.

Aileen McLeish, Non-Executive Director
Aileen was appointed in November 2005 and lives in Hampton. 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.

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
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, a professional advisor to the Hashim Welfare Hospital Appeal and sits on the Board of the Stephanie Marks Appeal.

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.

Paul Bentley, Deputy Chief Executive and Director of Human Resources
Paul joined the Trust in July 2006. 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.

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 11 and 6 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.
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 in 2008 are:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>29\textsuperscript{th} November 2007</td>
<td>2.00p.m.</td>
<td>Education Centre, Ashford Hospital</td>
</tr>
<tr>
<td>24\textsuperscript{th} January 2008</td>
<td>2.00p.m.</td>
<td>Lecture Room, Ramp, St. Peter's Hospital</td>
</tr>
<tr>
<td>27\textsuperscript{th} March 2008</td>
<td>2.00p.m.</td>
<td>Education Centre, Ashford Hospital</td>
</tr>
<tr>
<td>22\textsuperscript{nd} May 2008</td>
<td>2.00p.m.</td>
<td>Lecture Room, Ramp, St. Peter's Hospital</td>
</tr>
<tr>
<td>24\textsuperscript{th} July 2008</td>
<td>2.00p.m.</td>
<td>Education Centre, Ashford Hospital</td>
</tr>
<tr>
<td>25\textsuperscript{th} September 2008</td>
<td>2.00p.m.</td>
<td>Lecture Room, Ramp, St. Peter's Hospital</td>
</tr>
<tr>
<td>27\textsuperscript{th} November 2008</td>
<td>2.00p.m.</td>
<td>Education Centre, Ashford Hospital</td>
</tr>
</tbody>
</table>

Further information about Board meetings and copies of the agenda papers can be found on the Trust's website at [www.ashfordstpeters.nhs.uk](http://www.ashfordstpeters.nhs.uk).
Patient Information

Being open with our patients

Staff work hard to deliver the highest standards of healthcare to all patients at Ashford and St. Peter's Hospitals NHS Trust.

We provide safe and effective care to many thousands of people every year but sometimes, despite our best efforts, things can and do go wrong.

If a patient is harmed while in our care, we believe that they, their family or those who care for them, should receive:

- an apology
- an open and honest explanation
- an account of what action we are taking
- a named person as a point of contact
- the results of any investigation.

If you have a concern about your care please ask to see your Consultant or the Matron for your area. Please also see the Patient Information Noticeboards for details of our Patient Advice and Liaison Service (PALS).

Putting people at the heart of everything we do

This sign was produced by the Communications Department ext. 2163
SECTION SIX

This section sets out the Trust’s financial performance during 2006/07:

Financial Performance Summary  Page 6-2
Summary Financial Statements  Page 6-3
Income & Expenditure Account for the Year Ended 31\textsuperscript{st} March 2007  Page 6-4
Balance Sheet as at 31\textsuperscript{st} March 2007  Page 6-5
Statement of Total Recognised Gains and Losses for the Year Ended 31\textsuperscript{st} March 2007  Page 6-5
Cash Flow Statement for the Year Ended 31\textsuperscript{st} March 2007  Page 6-6
Salary and Pension Entitlements of Senior Managers  Page 6-7
Management Costs  Page 6-1
Public Sector Payment Policy  Page 6-11
Directors’ Statement  Page 6-12
Independent Auditors’ Report to the Directors of Ashford & St. Peter’s Hospitals  Page 6-12
NHS Trust on the Summary Financial Statements
FINANCIAL SUMMARY 2006/2007

2006/2007 was a very tough year for the Trust as we were one of the organisations placed into the Department of Health’s high profile ‘Turnaround Programme’. The Trust agreed a plan to save £11.3m in the year, while still meeting the national service delivery targets for 2006/07. With a huge amount of effort and commitment from all staff and a well managed Turnaround plan, the Trust has delivered on both fronts by meeting its service delivery targets and making a surplus £1.1m. The majority of the savings plans are recurring savings, which has had a beneficial impact on the budget for 2007/08.

NHS Trust’s have four financial targets to achieve each year. The statutory duty is to break even as discussed above. The other three are shown below, and were either met in full or within accepted tolerance:

- The External Financing Limit (Cash limit control) was met
- The Capital Resource Limit (Capital control) was within accepted tolerance.
- Capital Cost Absorption Rate (Return on net assets) was within accepted tolerance.

The Trust also spent £5.1m on Capital items in 2006/07. The larger schemes included:

- Theatre 8 St Peter’s Hospital £548,000
- Surgical Assessment Unit St Peter’s £474,000
- New mortuary design/fees £289,000
- Care Records System/IT £563,000
- Control of Infection measures £247,000
- Ashford Hospital improvements £365,000
- Environmental improvements £155,000
- New/replacement Medical equipment £275,000
- Electronic Beds £170,000
SUMMARY FINANCIAL STATEMENTS

The Trust’s financial performance for 2006/07 is summarised as follows:

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</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</td>
<td>1,060 surplus</td>
<td>1,068 surplus</td>
</tr>
<tr>
<td>Capital Cost Absorption Rate</td>
<td>3.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>External Financing Limit</td>
<td>(696)</td>
<td>(696)</td>
</tr>
<tr>
<td>Capital Resource Limit</td>
<td>5,955</td>
<td>3,130</td>
</tr>
</tbody>
</table>

The Trust faced a significant challenge in reaching the dual requirements of achieving financial balance along with meeting service delivery targets for the year ending 31 March 2007. It is pleasing to report that as well as meeting its service delivery targets the Trust made a surplus £1.1m in the financial year on operating expenditure of £179.5m, exceeding its target.

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 this years surplus. The Trust is planning to generate a surplus of £2.45m each financial year starting from 2007/08 and on this basis the cumulative breakeven duty is expected to be met in 2011/12.

Capital expenditure of £5.1m was incurred in 2006/07 with three project costing £0.5m each, namely the completion of an eighth theatre and surgical assessment unit at St. Peter’s Hospital and IT expenditure in preparation for the new care records system.

2007/08

The Trust has agreed contracts with all of its main commissioners and although there has been some investment to enable the 18 week target to be met, there are significant reductions in income as PCT’s anticipate demand management schemes reducing workloads in acute settings. The Trust is in the process of identifying further measures to achieve the required level of expenditure reduction to achieve financial balance in 2007/08. A robust Turnaround Plan was introduced in 2006/07 to save a projected £16m over the two financial years 2006/07 and 2007/08.

The Trust is required to plan for a surplus of £2.45m in each of the six financial years 2007/08 to 2012/13 in order to enable repayment of a working capital loan of £14.7m. This loan has been taken out for six years at an interest rate of 5.4%

Annual Accounts

The summary financial statements that follow are a summary of the Annual Accounts for the financial year 2006/07. The accounts have been prepared in accordance with the 2006/07 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.
### INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2007

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £’000</th>
<th>2005/06 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from activities</td>
<td>163,317</td>
<td>151,552</td>
</tr>
<tr>
<td>Other operating income</td>
<td>16,205</td>
<td>17,459</td>
</tr>
<tr>
<td>Operating expenses</td>
<td>(179,552)</td>
<td>(171,836)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS/(DEFICIT)</strong></td>
<td>1,253</td>
<td>(2,825)</td>
</tr>
<tr>
<td>Profit on disposal of fixed assets</td>
<td>5,530</td>
<td>159</td>
</tr>
<tr>
<td><strong>SURPLUS/(DEFICIT) BEFORE INTEREST</strong></td>
<td>6,783</td>
<td>(2,666)</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>268</td>
<td>238</td>
</tr>
<tr>
<td>Interest payable</td>
<td>(30)</td>
<td>(3)</td>
</tr>
<tr>
<td>Other finance costs – change in discount rate on provisions</td>
<td>-</td>
<td>(20)</td>
</tr>
<tr>
<td><strong>SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR</strong></td>
<td>7,021</td>
<td>(2,451)</td>
</tr>
<tr>
<td>Public dividend capital dividends payable</td>
<td>(5,953)</td>
<td>(5,109)</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</strong></td>
<td>1,068</td>
<td>(7,560)</td>
</tr>
</tbody>
</table>

### NOTE TO THE INCOME AND EXPENDITURE ACCOUNT

**£’000**

- Retained surplus/(deficit) for the year: 1,068 (7,560)
- Financial support included in retained surplus/(deficit) for the year – NHS Bank: - -
- Financial support included in retained surplus/(deficit) for the year – Internally Generated: - (5,000)
- Retained surplus / (deficit) for the year excluding financial support: 1,068 (12,560)

Financial support is income provided wholly to assist in managing the Trust’s financial position. Internally generated financial support is financial support received from within the local health economy, consisting of the area of responsibility of South East Coast Strategic Health Authority.

For a commentary on the retained deficit and the current financial position please see the previous page.
### BALANCE SHEET AS AT 31 MARCH 2007

<table>
<thead>
<tr>
<th></th>
<th>31/3/07 £'000</th>
<th>31/3/06 £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>2,652</td>
<td>2,781</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>172,763</td>
<td>170,515</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td>175,415</td>
<td>173,296</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and work-in-progress</td>
<td>2,307</td>
<td>2,293</td>
</tr>
<tr>
<td>Debtors</td>
<td>35,100</td>
<td>19,771</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>534</td>
<td>400</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>37,941</td>
<td>22,464</td>
</tr>
<tr>
<td><strong>CREDITORS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts falling due within one year</td>
<td>(25,822)</td>
<td>(18,463)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS/(LIABILITIES)</strong></td>
<td>12,119</td>
<td>4,001</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS LESS CURRENT LIABILITIES</strong></td>
<td>187,534</td>
<td>177,297</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>(12,250)</td>
<td>-</td>
</tr>
<tr>
<td><strong>PROVISION FOR LIABILITIES AND CHARGES</strong></td>
<td>(753)</td>
<td>(1,228)</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS EMPLOYED</strong></td>
<td>174,531</td>
<td>176,069</td>
</tr>
</tbody>
</table>

**FINANCED BY:**

**TAXPAYERS' EQUITY**
- Public dividend capital: 99,028, 114,290
- Revaluation reserve: 82,499, 71,768
- Donated asset reserve: 966, 807
- Income and expenditure reserve: (7,962), (10,796)

**TOTAL TAXPAYERS' EQUITY**
- 174,531, 176,069

G Douglas, Chief Executive
Ashford and St. Peter’s Hospitals NHS Trust
19 June 2007

### STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2007

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £’000</th>
<th>2005/06 £’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus for the financial year before dividend payments</td>
<td>7,021</td>
<td>(2,451)</td>
</tr>
<tr>
<td>Fixed asset impairment losses</td>
<td>-</td>
<td>(4,347)</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations / indexation</td>
<td>12,530</td>
<td>4,357</td>
</tr>
<tr>
<td>Increases in the donated asset reserve due to receipt of donated assets</td>
<td>325</td>
<td>279</td>
</tr>
<tr>
<td><strong>Total recognised gains and losses for the financial year</strong></td>
<td>19,876</td>
<td>(2,162)</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>19,876</td>
<td>(2,162)</td>
</tr>
</tbody>
</table>
### CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2007

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £'000</th>
<th>2005/06 £'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>10,750</td>
<td>(8,076)</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>257</td>
<td>237</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(10)</td>
<td>(3)</td>
</tr>
<tr>
<td><strong>Net cash inflow/(outflow) from returns on investments and servicing of finance</strong></td>
<td>247</td>
<td>234</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to acquire tangible fixed assets</td>
<td>(3,316)</td>
<td>(13,875)</td>
</tr>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>-</td>
<td>1,701</td>
</tr>
<tr>
<td>Payments to acquire intangible assets</td>
<td>(1,032)</td>
<td>(1,978)</td>
</tr>
<tr>
<td><strong>Net cash (outflow) from capital expenditure</strong></td>
<td>(4,348)</td>
<td>(14,152)</td>
</tr>
<tr>
<td><strong>DIVIDENDS PAID</strong></td>
<td>(5,953)</td>
<td>(5,109)</td>
</tr>
<tr>
<td><strong>Net cash (outflow) before management of liquid resources and financing</strong></td>
<td>696</td>
<td>(27,103)</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><strong>Net cash inflow / (outflow) from management of liquid resources</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash (outflow) before financing</strong></td>
<td>696</td>
<td>(27,103)</td>
</tr>
<tr>
<td><strong>FINANCING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New public dividend capital received</td>
<td>-</td>
<td>27,095</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(15,262)</td>
<td>-</td>
</tr>
<tr>
<td>Loans received from Department of Health</td>
<td>14,700</td>
<td>-</td>
</tr>
<tr>
<td><strong>Net cash inflow from financing</strong></td>
<td>(562)</td>
<td>27,095</td>
</tr>
<tr>
<td><strong>Increase / (decrease) in cash</strong></td>
<td>134</td>
<td>(8)</td>
</tr>
</tbody>
</table>
REMUNERATION REPORT - 31 MARCH 2007

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 defining, and the level of, 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 twelve months for the Chief Executive and six months for other Directors.

Salary and pension entitlements of senior managers for 2006/07

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>2006-07</th>
<th>2005-06</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (£000)</td>
<td>Other Remuneration (£000)</td>
</tr>
<tr>
<td>Executive Team</td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td>Glenn Douglas Chief Executive</td>
<td>135-140</td>
<td>-</td>
</tr>
<tr>
<td>Keith Mansfield Director of Finance</td>
<td>95-100</td>
<td>-</td>
</tr>
<tr>
<td>Joyce Winson Smith Director of Nursing (to 31 October 2006)</td>
<td>50-55</td>
<td>-</td>
</tr>
<tr>
<td>Dr Mike Baxter Medical Director</td>
<td>35-40</td>
<td>125-130</td>
</tr>
<tr>
<td>Paul Bentley Director of Human Resources (from 3 July 2006)</td>
<td>65-70</td>
<td>-</td>
</tr>
<tr>
<td>John Macey Acting Director of Human Resources (to 30 June 2006)</td>
<td>20-25</td>
<td>-</td>
</tr>
<tr>
<td>Sian Thomas Director of Human Resources (to 30 November 2005)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Antonia Ogden-Meade Director of Business Development (to 25 February 2007)</td>
<td>70-75</td>
<td>-</td>
</tr>
<tr>
<td>Micheala Morris Director of Nursing &amp; Operations</td>
<td>80-85</td>
<td>-</td>
</tr>
</tbody>
</table>
### Remuneration (continued)

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2006-07</th>
<th></th>
<th>2005-06</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Salary (bands of £5,000)</td>
<td>Other Remuneration (bands of £5,000)</td>
<td>Benefits in Kind Rounded to the nearest £100</td>
<td>Salary (bands of £5,000)</td>
</tr>
<tr>
<td><strong>Executive Team (continued)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ian Mackenzie, Director of Performance, Information &amp; Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jayne Connelly, Director of Strategic Development (to 31 July 2005)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chairman and Non-Executives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clive Thompson, Chairman</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liz Brooks, Non-Executive Director</td>
<td>5-10</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Peter Field, Non-Executive Director</td>
<td>5-10</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Jenny Murray, Non-Executive Director</td>
<td>5-10</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Aileen McLeish, Non-Executive Director</td>
<td>5-10</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Norman Critchlow, Non-Executive Director</td>
<td>5-10</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Michael Bailey, Non-Executive Director (to 31 October 2005)</td>
<td>0-5</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
<tr>
<td>Mary Riley, Non-Executive Director (to 31 October 2005)</td>
<td>0-5</td>
<td>-</td>
<td>0-5</td>
<td>-</td>
</tr>
</tbody>
</table>

**Notes**

a) Benefits in kind relate to benefits for expense claims and lease cars.

b) No remuneration was waived by directors, no allowances were paid in lieu and there were no payments in respect of ‘golden hellos’.

c) Antonia Ogden Meade and Michaela Morris were appointed substantively to their Board positions on 1 November 2006.

d) Aileen McLeish and Norman Critchlow were appointed to their Board positions on 1 November 2005.
### 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 2007 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2007 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 31 March 2007</th>
<th>Cash Equivalent Transfer Value at 31 March 2006</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>£00</td>
</tr>
<tr>
<td>Glenn Douglas Chief Executive</td>
<td>2.5-5.0</td>
<td>7.5-10.0</td>
<td>35-40</td>
<td>115-120</td>
<td>562</td>
<td>497</td>
<td>37</td>
<td>-</td>
</tr>
<tr>
<td>Keith Mansfield Director of Finance &amp; Information</td>
<td>0.0-2.5</td>
<td>2.5-5.0</td>
<td>30-35</td>
<td>100-105</td>
<td>590</td>
<td>545</td>
<td>22</td>
<td>-</td>
</tr>
<tr>
<td>Joyce Winson Smith Director of Nursing (to 31 October 2006)</td>
<td>0.0-2.5</td>
<td>2.5-5.0</td>
<td>30-35</td>
<td>95-100</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>-</td>
</tr>
<tr>
<td>Dr Mike Baxter Medical Director</td>
<td>2.5-5.0</td>
<td>7.5-10.0</td>
<td>30-35</td>
<td>100-105</td>
<td>548</td>
<td>476</td>
<td>42</td>
<td>-</td>
</tr>
<tr>
<td>Paul Bentley Director of Human Resources (from 3 July 2006)</td>
<td>0.0-2.5</td>
<td>5.0-7.5</td>
<td>20-25</td>
<td>60-65</td>
<td>257</td>
<td>205</td>
<td>33</td>
<td>-</td>
</tr>
<tr>
<td>John Macey Acting Director of Human Resources (to 30 June 2006)</td>
<td>0.0-2.5</td>
<td>0.0-2.5</td>
<td>5-10</td>
<td>20-25</td>
<td>63</td>
<td>42</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Antonia Ogden-Meade Director of Business Development (to 25 February 2007)</td>
<td>0.0-2.5</td>
<td>5.0-7.5</td>
<td>15-20</td>
<td>55-60</td>
<td>204</td>
<td>168</td>
<td>22</td>
<td>-</td>
</tr>
<tr>
<td>Michaela Morris Director of Nursing &amp; Operations</td>
<td>2.5-5.0</td>
<td>7.5-10.0</td>
<td>15-20</td>
<td>55-60</td>
<td>230</td>
<td>186</td>
<td>28</td>
<td>-</td>
</tr>
<tr>
<td>Ian Mackenzie Director of Performance, Information &amp; Facilities</td>
<td>5.0-7.5</td>
<td>17.5-20.0</td>
<td>20-25</td>
<td>70-75</td>
<td>328</td>
<td>232</td>
<td>63</td>
<td>-</td>
</tr>
</tbody>
</table>

**Note**

Under the scheme regulations there is no CETV for Joyce Winson Smith.

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>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management costs*</td>
<td>7,810</td>
<td>7,249</td>
</tr>
<tr>
<td>Income</td>
<td>176,847</td>
<td>165,330</td>
</tr>
</tbody>
</table>

*Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en.

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 2006/07 is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid in the year</td>
<td>46,494</td>
<td>54,080</td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid within target</td>
<td>30,071</td>
<td>12,554</td>
</tr>
<tr>
<td>Percentage of non-NHS trade invoices paid within target</td>
<td>64.68%</td>
<td>23.21%</td>
</tr>
<tr>
<td>Total NHS trade invoices paid in the year</td>
<td>2,397</td>
<td>2,948</td>
</tr>
<tr>
<td>Total NHS trade invoices paid within target</td>
<td>758</td>
<td>231</td>
</tr>
<tr>
<td>Percentage of NHS trade invoices paid within target</td>
<td>31.62%</td>
<td>7.84%</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’ STATEMENT

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 2006/07. No significant control issues arose during 2006/07 and those issues arising during 2005/06 have been resolved.

AUDITORS’ REMUNERATION

The Trust’s auditors, KPMG LLP, charged £91,000 for Audit Services in 2006/07. 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’ REPORT TO THE DIRECTORS OF THE BOARD OF ASHFORD AND ST. PETER’S HOSPITALS NHS TRUST

We have examined the summary financial statements set out in Section 6, pages 6-2 to 6-12.

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 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.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007.

KPMG LLP
Chartered Accountants
London
June 2007
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. 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.</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 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>
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