Ashford and St. Peter's Hospitals NHS
NHS Trust

ANNUAL REPORT AND SUMMARY ACCOUNTS

PUTTING PEOPLE AT THE HEART OF EVERYTHING WE DO

2008/09

OUR CATCHMENT AREA

Ashford Hospital provides:

- day-case surgery
- stroke and rehabilitation care
- elective orthopaedic surgery
- ophthalmology
- a walk-in centre and rapid access centre (from July 2009 the walk-in centre became part of Greenbrooks, an independent GP practice as part of Surrey PCT's new GP Led health centre)
- outpatients and diagnostics; X ray, ultrasound, endoscopy (using cameras to look inside the body) and MRI scans.

St. Peter's Hospital provides:

- accident and emergency services
- intensive care
- emergency surgical and medical care
- elective and day-case surgery
- orthopaedics (Rowley Bristow unit)
- specialist brain injury unit
- maternity care
- paediatric services (children's services)
- neonatal intensive care unit which provides care for acutely ill babies
- outpatients and diagnostics; X ray, ultrasound, CT scans, endoscopy and MRI scans
- pathology services.

Staff from Ashford and St. Peter's also run many specialist clinics in the community.

WELCOME TO ASHFORD AND ST. PETER'S HOSPITALS

Welcome to our annual report for 2008/09 which covers the financial year from 1st April 2008 to 31st March 2009.

About us

Ashford and St. Peter's Hospitals NHS Trust is the largest provider of acute hospital services in Surrey. Established in 1998, we serve a population of over 380,000 people living in the boroughs of Runnymede, Spelthorne, Woking and parts of Elmbridge, Hounslow, Surrey Heath and beyond. We employ 3,200 staff and in 2008/9 our turnover was £213m.

We provide a whole range of services across our two hospital sites - Ashford Hospital and St. Peter's Hospital. Much of our planned care, like day case and orthopaedic surgery and rehabilitation services is provided at Ashford Hospital, with more complex medical and surgical care and emergency services at St. Peter's Hospital in Chertsey.

In 2008/09 we:

- treated 23,000 emergency admissions
- admitted 34,000 people for planned inpatient and day case treatment
- saw 100,000 people in our A&E department and walk-in centre
- saw 300,000 patients in our outpatient clinics
- helped deliver around 4,000 babies
- managed 550 hospital beds across our two sites
- had a turnover of £213m and generated a net surplus of £5.5m.

Ashford Hospital.

St Peter's Hospital.

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INTRODUCTION

‘A year of good performance and transition and renewed focus on patient experience’

We have seen some significant changes at Ashford and St Peter’s Hospitals over the last year, particularly in terms of leadership, but what continues as a constant is a genuine commitment to providing the best possible patient care.

Over this year, we have renewed focus on quality of care and patient safety, particularly in the light of events at Mid Staffordshire Hospital, and now start each of our Board meetings with these as top agenda items. Infection control remains a priority, and although we didn’t quite meet our MRSA target (20 cases compared to our target of 18), we continue to focus on reducing these, and as we go to press we have recorded a record of 166 days without a hospital acquired infection.

In performance terms, 2008/09 has been a good year, with most key clinical and waiting time targets met. In particular patients needing non-urgent hospital treatment are seen and treated within 18 weeks of referral by their GP, and at least 98% of our patients attending A&E are seen and treated within four hours. We have also met our other waiting targets, including cancer and urgent treatment for heart attacks, which means our patients can be assured of the right treatment when they need it. It has been another year of sound financial management with a year end surplus of £5.5 million.

As well as providing high quality clinical care, we want our patients to have a first-class experience throughout the duration of their stay, and we know we have some work to do on improving the ‘patient experience’. Our patient survey highlighted a number of areas for improvement – cleanliness in some areas, noise at night, communication between staff and patients – and we are determined to put these right. A lot of work is underway, including a detailed ward improvement programme to make sure men and women are accommodated in separate areas, improved cleaning programmes and very importantly strengthening the role of our matrons.

Aileen McLeish

Andrew Liles

Dr Mike Baxter

Following the decision last year not to merge with Frimley Park Hospital, we have focused attention on our application to become a Foundation Trust. Improvements over the last few years mean we are now in good shape to make our bid and we are currently mid-way through what is a challenging application. But the benefits of becoming a Foundation Trust are very real and will allow us greater freedoms to invest and develop new services. We will also be more accountable, through our membership and a Council of Governors, to the local community.

But we couldn’t do any of this without the hard work and commitment of our staff- from front-line clinical staff, managers, administrators, support staff- to our volunteers, and we thank everyone who has made a contribution over the last year. In addition we would like to thank colleagues in primary care, at the PCTs and other NHS Trusts, as well as local voluntary and community organisations, carers, the hospital Friends, patient representatives, and local partners, not to mention all those who give up their time to raise funds for the hospital. Thank you for all your support and co-operation this year.

This report represents only a tiny fraction of the work going on across our two hospitals – more information is given on our website, www.ashfordstpeters.nhs.uk and through our membership newsletter (call 01932 723850 if you are interested in joining!)

Finally, we would like to thank all those who have helped to lead this organisation through a year of considerable change. In particular, our thanks must go to Clive Thompson, CBE, who stepped down as Chairman of the Trust last October after six and a half years to Liz Brookes CBE, Peter Field and Jenny Murray who have together completed 25 years serving as Non–Executive Directors on the Trust Board and to Paul Bentley as Acting Chief Executive.

Aileen McLeish
Chairman

Andrew Liles
Chief Executive

Dr Mike Baxter
Medical Director

Some highlights of 2008/09

July 2008: Radio 4’s Any Questions? broadcasts from St Peter’s to celebrate NHS 60 weekend, 10 years since it last did so on the 50th anniversary of the NHS!

Sister Tracey Bradshaw (left), overall winner at our Staff Appreciation Awards ceremony in November 2008, receiving her award with Trust Chairman Aileen McLeish (see p. 14 for more details).

Part of the ophthalmology (eye) team at Ashford Hospital who have performed over 5,500 cataract operations over the past two years, making this the most common day surgery procedure.

In March this year our Paediatric A&E celebrated its tenth anniversary. Pictured cutting the cake are (left) Sister Michelle Willis, and patient Manon Hagger.

LOOKING AFTER YOU

‘Quality and safety, patient experience, improving our environment’

Over the last year we have increased our focus on the ‘patient experience’ which includes cleanliness, how we communicate with you, right down to practical aspects such as car parking.

Listening to our patients

We listen to patient feedback in a variety of ways, including patient comment cards and results from a number of patient surveys. Last year our performance in national surveys of patients attending our A&E department and of those who had stayed in hospital had mixed results; most people were happy with their clinical care, but were less content with areas such as communication, noise at night and cleanliness of some areas.

The results of these surveys are very important and give us valuable information, and we are actively working on a number of improvements to address issues raised. This chapter includes some of the key improvements we have made during 2008/09.

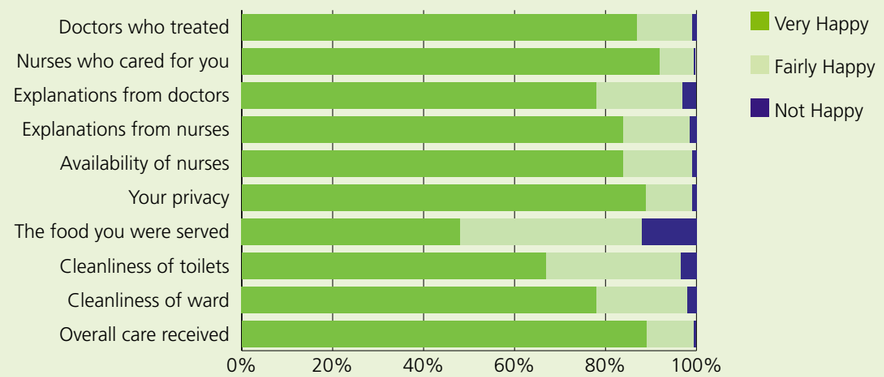
Patient Comment Cards

Patients staying in hospital are asked to fill in patient comment cards and we collate and publish the results. The tables below show results for 2008/09:

Would you recommend us to family and friends?				
Period	**Yes, definitely %**	**Yes, probably %**	**No %**	**Total Responses**
Apr 2008 -Mar 2009	80	17.8	2.2	2093

Overall results for 2008/09 for inpatient wards have given positive results overall

(responses from 2566 patients)



Hygiene and cleanliness

Since 2006 when we took our cleaning services back in-house we have more than doubled the budget from £1.3 to over £3 million/year. We have increased the number of cleaners and continue to invest in the latest technologies.

We are well on target to completing our annual deep clean for 2008-2009, (September to September) carried out by a specialist in-house team. This includes washing walls, ceilings, stripping floors and using hydrogen peroxide fogging machines to get into the nooks and crannies.

New hygiene initiatives include:

- introduction of disposable curtains
- automatic air fresheners and seat sanitisers in bathrooms and toilets
- rapid response teams to trouble shoot and clean up larger spills
- automatic towel dispensers (minimising hand to towel contact).

Food and Mealtimes

In response to patient comments we have brought back hot meals in the evenings, increasing patient satisfaction of the service from 56% in May 2008 to 84% this year. We have also introduced new training for staff serving meals, new uniforms, a more detailed menu and ambient meals for patients who have missed a mealtime.

Patient Environment and Action Team inspection

The results from this year’s inspection – which looks specifically at the environment, food and privacy and dignity issues – was one of the best the Trust has ever had:

Site Name	Environment Score	Food Score	Privacy & Dignity
St Peter’s Hospital	Good	Excellent	Good
Ashford Hospital	Good	Excellent	Excellent

Investing in the patient experience

We have begun a major programme to improve our ward areas, in particular to make sure men and women are accommodated in separate areas, with separate bathroom and toilet facilities.

We are also improving car parking - at Ashford Hospital we are resurfacing the parking areas in front of the hospital, including 14 disabled bays, 144 public spaces and increasing the number of parking bays for staff.

At St. Peter’s Hospital we plan to demolish some of our older office buildings (known as the Ramp) and hope to replace these with additional parking, subject to planning permission.

Treating patients with dignity and respect

We want all our patients to be treated with dignity and respect. This year our focus has included:

- introducing magnetic eyes and ears – signs to help patients who have hearing or visual impairments placed on the patient's headboard to alert staff (funded by both hospital Leagues of Friends).
- dedicated training for staff to care for patients with dementia, including a communications study day, monthly dignity training, a specialist course in dementia care and the introduction of the Let's Respect (Care Services Improvement Partnership) toolkit.

The productive ward – 'releasing time to care'

An innovative programme to help clinical staff on the wards find more time for direct patient care.

Staff taking part have been given dedicated time away from their day to day job to look at the way the ward works, and to devise solutions that save time, make things more organised and reducing waste - simple solutions such as tidying and reorganising storage areas have really worked.

As a result we've seen improved patient safety (for example a reductions in falls), patients being treated with more dignity and respect, improved staff morale and team relationships. We are now applying these principles to other areas.

Measuring performance

By measuring exactly what nurses do we can help to improve care in a very systematic way. Our matrons and sisters hold fortnightly performance meetings where information on specific topics is measured and benchmarked across different areas.

This has produced very tangible results including a reduction in falls, improved hand-washing and reduction in hospital acquired infections and pressure ulcers.

We are also working with the Strategic Health Authority and other local hospitals to provide information on agreed nursing metrics so we benchmark across organisations and learn from each other. This includes hospital acquired pressure ulcers, drug administration errors, complaints and patient falls.

HSE inspection

We were re-visited earlier this year by the Health and Safety Executive (HSE), to follow up an enforcement notice about our use of latex gloves. Latex gloves are now considered to be a significant health hazard causing skin and other health problems, and the HSE want them replaced. The inspectors were impressed with the steps we have taken so far to move to non-latex products.

"I feel that I was helped and supported at all stages and remain grateful to all the staff of St. Peter's hospital and their expert aftercare team"

Infection control

We are doing all we can to keep hospital acquired infections down to a minimum. At the year end we recorded 113 cases of clostridium difficile, against a target of 214 which is a tremendous achievement. For MRSA bacteraemia we have recorded a total of 20 cases for the year, against a target of 18. Although 10 of the 20 cases were acquired before the patient came into hospital, this is still above the target set by the Healthcare Commission (now the Care Quality Commission).

The Trust's Infection Control Team continues to promote a whole range of initiatives including:

- our 'Clean Your Hands' campaign
- 'talking frames' near ward and clinical areas, activated by movement to remind people to clean their hands
- updated antibiotic prescribing guidelines
- isolating patients with clostridium difficile quickly
- introducing infection control 'outbreak packs' to help staff quickly implement additional measures when required
- ongoing education programme to all staff.

Healthcare Commission Improvement Notice

Last year we were issued with an improvement notice relating to a special pressure relieving air mattress decontamination room and a risk assessment on a bench top steriliser, both at Ashford Hospital. Acknowledging these observations the Trust took immediate action to resolve the issues and the notice was lifted in October 2008.

Going Green...

Requirement: to reduce carbon emissions by 26% by 2020, based on 1990 levels.

Our energy saving initiatives include:

- Being a pilot site for the Carbon Trading Scheme – after April 2010 if we exceed our agreed carbon allowance we will have to purchase 'carbon credit' to the value of the excess we have used. To understand more we have put ourselves forward as a pilot.
- Installing sensor controlled lighting whenever we upgrade
- Introducing plate heat exchangers which provide almost instantaneous hot water to replace older inefficient water tanks
- Looking at introducing low energy natural gas units to keep our wards cool in the heat of summer.

Let's get recycling!

100 new mixed recycling bins were introduced in March in a joint collaboration between ourselves, Coca-cola Enterprises and Surrey County Council. Part of a larger waste plan, they will help us reduce our spend on misplaced clinical waste by 40% within the first year - that's around £5,000 per month – and reducing the amount of waste sent to landfill.

DEVELOPING CLINICAL EXCELLENCE

We are recognised in a number of specialist areas such as neonatal intensive care, cardiovascular treatment and trauma and orthopaedics. Over the past year we have continued to develop services to ensure our patients continue to receive the best possible clinical care.

We have introduced new ways of working to ensure we meet our 18 week target (patients being seen and treated within 18 weeks of a GP referral), and our strategy is to develop more services closer to people's homes. This includes more specialist care (bringing patients back from London), and additional outpatient clinics in the local community.

We also had the lowest standardised mortality rate in Surrey in 2008/09 (73% based on an average of 100), and one of the best in the country*.

*Number of deaths that would be expected if the population was of standard composition - age, gender, health and so on. Source: Dr Foster.

Clinical developments – a snapshot

- Our stroke and falls and bone health services were rated amongst the top 25% of trusts in the country in recent audits.
- We continue to develop trauma and orthopaedics, enhancing our position as an emergency centre, and have increased the number of trauma and orthopaedic consultants.
- We have invested in additional theatre capacity and consultant staff, particularly in anaesthetics, to help achieve the 18 week target.
- We are increasing our levels of day surgery – better for patients and contributes to the 18 week target.
- Our intensive care unit is the first in an NHS hospital to install the latest technology to bring piped Heliox gas directly to the patient.
- We are increasing the range of outpatient clinics held in community hospitals and larger health centres – for example last December we opened an ophthalmology 'one-stop shop' in the new Heart of Hounslow polyclinic.

Two new Heliox ventilators were donated to the intensive care unit by the St. Peter's Hospital League of Friends. Until recently the 79% helium and 21% oxygen, used to help patients with respiratory conditions, was delivered from gas cylinders.

The opening of our new acute stroke unit at St Peter's Hospital, which has made significant contributions to improving care for our stroke patients.

- We have strengthened our on-call arrangements for acute medicine, with an on-call consultant presence on site 7 days a week, 8am – 8pm. We also have a second consultant present on Saturday and Sunday mornings for ward rounds and facilitating discharge.
- We are changing junior doctor rotas so there are more junior doctors on at peak times and at weekends.
- Our cancer services now provide local care for the majority of common cancers, working closely with the Royal Surrey County Hospital for more specialist input.
- Pathology services have gained full (unconditional) accreditation with CPA (the Clinical Pathology Accreditation body), joining a single other Trust as the only providers within the local area of eight Trusts with fully accredited services.

- Our cytology (cervical screening) service has been selected as one of 10 pilot sites for an NHS improvement project aiming to deliver results to patients within 14 days - we are routinely delivering 100% of results back to patients within this timescale.

Emergency Services

At least 98% of patients who come through our Accident and Emergency department are seen, treated or admitted within 4 hours. The flow through our Emergency Services department into other areas of the hospital is vital to making sure things run smoothly. Our Medical and Surgical Assessment Units play a key role, and we are constantly reviewing how these areas best support each other. Developing new roles can also help; for example new Emergency Support Technicians are able to take bloods, arrange X-rays and other tests to avoid any unnecessary delays.

Centre of excellence for pelvic cancer surgery

We are the Surrey centre for complex pelvic cancer surgery, with a particular speciality in advanced bladder cancer. In December 2008, the unit successfully performed their 100th cystectomy operation (removal of the bladder which is a very complex operation) and in March 2009, the Trust held their first Bladder Cancer Awareness Day which highlighted the links between smoking and the disease.

11th March, National No Smoking Day – promoting the links between smoking and bladder cancer

Developing surgical services

We continue to develop our surgical services including:

- undertaking major urological procedures using laparoscopic techniques (keyhole surgery) which reduce recovery times and length of stay in hospital. These include removal of the bladder and prostate.
- appointing a full time bariatric surgeon to strengthen our obesity service
- provision of a sacreal nerve stimulation service at St Peter's, reducing the need for patients to travel to London
- bidding to be the provider of a national aortic screening programme which would strengthen our position as a major vascular unit.

Continuing investment

Over the last year we have continued to invest in the latest equipment including:

- a 2nd C-arm scanner to support interventional radiology and our vascular service
- digital mammography machine, now part of a one-stop shop service at Ashford hospital

- agreed funding for a lithotripsy service (treating kidney stones) at St. Peter's providing a local service for patients who currently have to travel to London
- new DXA bone scanner machine now planned for Ashford Hospital (thanks to contributions from West Surrey Osteoporosis Society).

Our new state of the art 64 multi-slice CT scanner, delivered in May 2008. The new machine uses much improved technology to provide better diagnosis of conditions such as stroke, pulmonary embolism and cerebral perfusion.

"I had a very positive experience and was given good clear information throughout my labour."

Maternity services – continuing to improve

Last year's Healthcare Commission survey of maternity services (based on evidence from 2006/07) gave us a "least well performing rating". Since then, we've made many improvements including:

- increasing numbers of our midwives and maternity assistants
- more staff on duty on the postnatal ward
- daily baby care and parenting classes on the ward
- a 24 hour midwifery triage service
- an additional ensuite birthing room
- dedicated elective caesarian section lists
- dedicated monthly training time for all clinical staff
- introducing postnatal drop-in clinics in the community
- twice daily housekeeper rounds on the postnatal ward.

A new mothers' survey conducted during the summer 2009 shows much improved results.

Award-winning:

- In July 2008 we received a National All Party Parliamentary Award for "Services to Disadvantaged Groups and Communities" for the work with women in Bronzefield prison
- We have just received our second Gold award from the Twins and Multiple Births Association for support for parents expecting more than one baby, and are the only unit in the country to have received two of these awards.

Paediatrics

Rated as "good" by the Healthcare Commission in 2005, a follow up review of children's services this year rated us as consistently high performing on six out of 19 indicators, improved on seven but performing less well on six. Our paediatric A&E services were rated very highly; areas that performed less well related to the training and experience of staff dealing with children in other areas of the hospital.

Developments have included:

- new paediatric consultant
- looking at developing a more appropriate hospital environment for teenagers, particularly those aged between 16-18
- improving our child protection programme, and working closely with social services to provide an integrated child protection service.

Recognising innovation

The Trust had one overall winner and one finalist in the South East Coast Best of Health Awards, which recognised innovation and good practice across the region over the last year.

Lynn Parker, Bereavement Sister on our neo-natal intensive care unit won a South East Academy Award for establishing a bereavement service for families who have lost a baby.

Sister Lynn Parker on the neonatal intensive care unit.

Sister Tracey Bradshaw and the coronary care nursing team for transforming our cardioversion, a service to correct an irregular heartbeat - from a doctor-led to a nurse-led service now performed in day surgery. This has significantly improved the patient experience as the procedure is much less likely to be subject to delay or cancellation now it has moved from the coronary care unit to day surgery.

OTHER DEVELOPMENTS

Opening additional beds at Ashford

In February 2009 we re-opened Fielding ward as a specialist orthopaedic rehabilitation ward, refurbished to the very highest standards to meet the latest guidance on infection control and achievement of single sex accommodation.

The newly refurbished ward has 22 beds with four side rooms with ensuite facilities and can accommodate bariatric patients. The increased bed numbers form part of our overall plans to improve bed reconfiguration across the Trust and gives valuable additional capacity.

Transfer of therapy staff

Earlier this year therapy staff working at the Trust transferred over from NHS Surrey and are now directly employed and managed by Ashford and St Peter's. This involved physiotherapists, some physiotherapy technicians and an occupational therapist.

This move will help to enhance the patient experience with multi-disciplinary staff working in closer collaboration, improving accountability and also rationalising previously complicated financial arrangements.

New multi-faith centres

Over the course of the last year, we have opened new multi-faith centres at both our hospitals to reflect the growing diversity of our local community and staff. The work of our chaplaincy team goes from strength to strength, accommodating the many faiths and cultures represented in our hospitals.

New mortuary

In April 2009, we opened our new mortuary building at St Peter's, representing a major investment to the hospital. The new building is furnished with the very latest equipment and is situated just outside the main hospital building.

The new Brooklands building, which houses the new mortuary.

WORKING IN PARTNERSHIP

Actively involving patients and the public is key to 'putting people at the heart of everything we do'. We continue to develop our engagement programme, working closely with patient groups, partner organisations and other local stakeholders.

Working with our Patient Panel

Our Patient Panel comprises 15 patient representatives who are involved in 35 groups and committees across the Trust including:

- Clinical Governance
- Infection Control
- Complaints Monitoring Group
- Patient and Environment Action Team (PEAT)
- Foundation Trust Project Board.

The work of the panel is invaluable in helping us to improve services and ensuring that new developments are considered from the patient's perspective right from the start.

Patient views also continue to be represented at the highest level within the organisation with a patient panel representative being an active member of the clinical governance committee and the Chair of the Patient Panel sitting as an observer at the Trust Board. For further information please contact the Head of Customer Affairs on 01932 723497.

Public accountability

We work with the Health Overview and Scrutiny Committee at Surrey County Council, whose elected members have the powers, through the committee, to review and scrutinise planning, provision and operation of local health services and to make recommendations for improvement. We also link with the Hounslow Health Overview and Scrutiny Committee which represents patients in the London Borough of Hounslow.

LINKs

From 1st April 2008, the Patient's Forum was replaced by LINKs (Local Involvement Networks) which represent patients for both health and social care. We have maintained our links with this important patient body and meet regularly with local representatives.

We continue to develop strong links at borough level across our catchment area, and are an active member of the Runnymede and Spelthorne local strategic partnerships.

Patient Advice and Liaison Service (PALS)

PALS provides confidential advice and support to patients, their relatives and carers, helping to resolve both simple and complex problems as quickly as possible.

In 2008/09 the service received 1,118 contacts, an increase of 7.5% from last year, with 81% of people able to resolve their concerns quickly through informal meetings with relevant staff, supported by PALS.

As a direct result of PALS contacts, we have:

- installed a Braille machine
- introduced wheelchairs for patients to use in outpatients
- improved access to the Hearing Aid Repair Clinic through the Appointments Centre.

Learning from complaints

All feedback helps us to continually improve services and this includes complaints. This year we received 401 complaints, (against 450,000 patient contacts) a decrease of 8% compared to last year. We have responded to 99.9% within the 25 day timescale, with just one missed deadline.

As a direct result, we have taken a number of actions, for example around discharge arrangements and the wait for transport home for elderly patients, including:

- updating ward welcome packs with all the relevant information about discharge
- review of admission and discharge documentation
- detailed training and assessment for nurses - a 'discharge competency'
- better liaison with Surrey Health and Social Care Joint Training Partnership.

Referrals to the Healthcare Commission/ Ombudsman during 2008/09

There were six referrals to the Healthcare Commission for second stage review during the year, four of which were subject to a full review. The Healthcare Commission did not review the last two cases as they were outside their remit.

There were three cases referred to the Ombudsman for review during 2008/09. Two of these were passed over just before the end of the financial year for review under the new regulations. The third cases is still under further investigation.

Changes in legislation

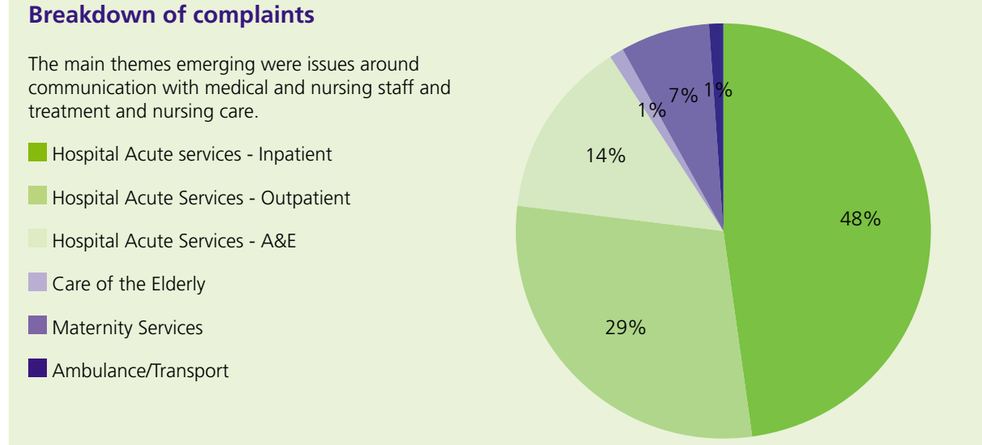
On 1st April 2009 new NHS complaints regulations came into force, allowing organisations more flexibility to resolve complaints with better involvement of the complainant in the process, and through agreeing outcomes with them. In addition, the Healthcare Commission (now the Care Quality Commission) no longer carries out the second stage review. A person who is unhappy with the Trust's attempts to resolve their concerns can now refer their complaint directly to the Parliamentary and Health Service Ombudsman for review.

Compliments

The Trust received over 650 compliments and gifts during 2008/09.

Breakdown of complaints

The main themes emerging were issues around communication with medical and nursing staff and treatment and nursing care.



OUR THANKS...

...to all our hospital volunteers, the Friends of our two hospitals and to all those who so generously give their time and energy to raise valuable funds.

Our volunteers

We are extremely lucky to have more than 500 volunteers working in our 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 is enormous.

A new role is the nutrition support volunteers, who help feed patients on the wards. There are very few aspects of hospital life that do not benefit from the support of a volunteer, including the WRVS, the Red Cross, Hospital Radio Wey and of course our two Leagues of Friends at Ashford and St. Peter's.

Funding from both hospitals' Leagues of Friends enabled the Trust to introduce 'magnetic eyes and ears' on the wards to indicate patients with hearing or visual impairment.

From left to right: Healthcare Assistant Emma Jenkins, Treasure for St Peter's League of Friends Alan Gibbs, Lead Nurse Practice Development Carole Webster, Chairman for Ashford League of Friends John Belstead and Elaine Holmes.

Our Friends – in a league of their own

The Friends of Ashford Hospital have been raising funds for the hospital for the past 46 years. Over the last year, funds raised have provided specialist chairs for patients recovering from stroke, fleeces for inpatients at Christmas and have contributed to the refurbishment of the faith centre, staff areas in the operating theatres and the oral surgery department.

Volunteers from the Friends help run the Atrium Café which provides light refreshments in the Outpatients department. They also staff a tea bar at the main entrance and a trolley that takes toiletries, sweets and biscuits on the wards.

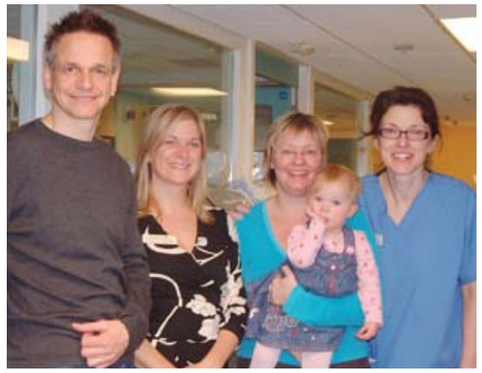
For more information contact the Chairman, John Belstead, on 01784 251367 – more volunteers are always welcome!

The Friends of St Peter's Hospital have been supporting the hospital since 1951 and are responsible for the management of the Friends Café and the shop in the main entrance at St Peter's. In March 2009, the Friends celebrated their 500th meeting with a small reception attended by members past and present and hospital staff.

Over the past year they have made over £200,000 worth of donations to the hospital, raised principally through the proceeds of the shop and café, including endoscopy ultrasound equipment, a specialised operating table, chest compression units, 'manikin' training dummies and ventilators for patients with breathing difficulties.

For more information, contact Chair Jim McCall on 01932 723867.

"Everybody from A&E, Ambulance, to wards has been extremely helpful, friendly, happy and professional and efficient".



A £10,000 donation was made last year to the neonatal intensive care Early Births Fund by a local Addlestone family, pictured above, whose daughter was born at St Peter's Hospital with complications. This is one of so many generous donations the Trust receives, and we are always extremely grateful.

Fundraising from the local community

Our thanks must also go to all those in the local community who fundraise on our behalf and also to everyone who supports those fundraising efforts – over the last year we have been lucky enough to receive around half a million pounds from external donations which we have been able to use to buy additional valuable equipment.

Eve Weir, volunteer
Ashford Day Surgery

Sir Ian Botham, Patron of the Stephanie Marks Appeal, and former Trust Chairman Clive Thompson CBE (right) at the site of the new Diabetes Resource Centre at St Peter's with the first brick.

Stephanie Marks Appeal reaches its target

All the hard work undertaken by the Stephanie Marks Diabetes Appeal over the past five years came to fruition in January as building finally began on the new Diabetes Resource Centre at St Peter's. Once operational the centre will act as a one-stop shop for patients, with outpatient and nurse-led clinics, structured patient education, insulin pump services and a space for support groups to meet.

The appeal was launched in June 2003 following the tragic death of 17 year-old Stephanie Marks from diabetes complications. The appeal has raised just over £1 million and our thanks go to everyone involved, and in particular to the local community. Now the building work has started, the appeal has officially come to a close.

Stephanie Marks Appeal
Making a mark on diabetes

LOOKING AHEAD

Following the decision not to merge with Frimley Park Hospital, the Board agreed our preferred option was to pursue an application for Foundation Trust status in our own right.

This resolution was formally tabled at a Board meeting in May 2008, with approval from the Strategic Health Authority.

Since then, we have moved forward with our application, working closely with the Strategic Health Authority and Surrey PCT to develop an integrated business plan for the next five years, and entering into public consultation with our staff and the local community (1st June – 23rd August 2009) on our plans.

Becoming a Foundation Trust is not an end in itself, but will give us the framework and freedoms to be accountable to the community we serve as we develop our services and invest any financial surpluses we make directly back into patient care. The benefits of having more accountability to our staff and the local community will also help us continue to improve the patient care.

Bidding for the Surrey renal centre

Surrey is the only county in England which does not have a specialist kidney treatment (renal) unit. NHS Surrey is planning to commission such a unit within the county, and in partnership with St. George's and Epsom and St Helier University Hospitals, we are preparing a bid for St Peter's Hospital to be considered as the site for the new unit.

Working with our commissioners

We want to develop and provide more specialist services at our hospitals for the most seriously ill patients (for example those with very serious injuries, or cardio-vascular problems). This will mean many patients currently treated at specialist centres in London could receive their treatment more locally, at Ashford or St Peter's hospitals. We also plan to provide more of outpatient clinics and services in the local community – at health centres and community hospitals – still delivered by our staff. This supports NHS Surrey's strategy to deliver more care close to people's homes.

We continue to develop good working relationships with our commissioners. Over the past year, 87% of our clinical income has come from NHS Surrey and 8% from Hounslow. Part of our future plans will be to increase our market share in some service areas to ensure sustainability and growth for the future.

Future activity

Over the next few years our challenge, working closely with our commissioners, will be to manage continued levels of demand in a difficult economic climate. In order to keep activity levels in areas such as A&E and outpatients as stable as possible, we are likely to see more activity undertaken within community settings. Over time we expect to see increases in cardiac and renal activity delivered locally, not outside the county, which fits with our own strategy to provide more of the specialist services currently available in out of county teaching hospitals.

Our strategic aims over the next five years:

- To achieve the highest possible quality standards for our patients in terms of outcome, safety and experience
- To recruit, retain and develop a high performing workforce to deliver high quality care
- To deliver the Trust's clinical strategy, redefining our market position to better meet both our patients' and commissioners' needs and increasing our business
- To improve productivity and efficiency in a financially sustainable manner, within an effective governance framework.

WORKING WITH PRIMARY CARE

We have continued to develop our relationship with local GPs and our business development team now undertakes regular visits to over 100 practices within our wider catchment area.

Our Spotlight Seminars for GPs – lunchtime events focusing on a clinical specialty with talks from consultants – provide another way of engaging GPs in genuine issues. We also hold regular clinical interface meetings, which are helping to improve communication. Issues raised by GPs are acted on and reported back, either through practice or clinical interface meetings or through our monthly newsletter, 'GP News' sent to around 700 local GPs.

Bi-monthly practice manager meetings take place within Woking allowing these senior staff to have input into process development and giving administrative feedback to the Trust. This group was particularly involved in the development of our GP extranet, created last year, which includes guidance on referrals. Our Service Directory which is distributed to GPs continues to grow and become more intuitive as we work with practices to make sure we supply the information they need.

Choose and Book (CAB)

Choose and Book (CAB) accounted for nearly half the referrals to the Trust in 2008/09 (46%) and GPs are being incentivised to increase this proportion. We remain one of the top performers locally, and have more services available on CAB than any other acute Trust in Surrey and the second highest in the South East Coast Strategic Health Authority region.

During the latter part of the year, Hounslow NHS put some focused work into Choose and Book, increasing their referrals from 8% to 39% on the system by March 2009.

A recent GP Spotlight Seminar, bringing together local GPs and clinical staff from the Trust, including consultants, specialist nurses and other members of multi-disciplinary teams.

MAKING ASHFORD AND ST. PETER'S A GREAT PLACE TO WORK

'Putting people at the heart of everything we do'

We want to be the organisation of choice for staff working in acute healthcare in Surrey and the wider area. We employ around 3,200 staff, an increase of around 100 over the past year, mainly due to the transfer of therapy and health informatics staff from NHS Surrey. Of these staff, 69% work on a full time basis, 31% on part time contracts, and we operate a number of flexible employment policies to support our staff.

Engaging and communicating

We keep our staff up to date with regular newsletters – our Aspire bulletin – and daily e-bulletins. This year we have seen a real step-change in communications, re-establishing a monthly team briefing for all managers and introducing monthly staff briefing sessions, both encouraging a two-way dialogue. A weekly message also goes out from the Chief Executive to all staff.

We have also introduced a new monthly newsletter, Foundations which keeps staff up to date with our Foundation Trust application.

Relationship with unions and staff engagement

We enjoy good working relationships with our Staff Side and union representatives. Our Employee Partnership Forum now meets monthly and provides an opportunity to discuss concerns in a formal setting and exchange views and opinions on a wide range of issues. In addition, Staff Side representatives are invited to attend other groups and committees to fully develop partnership working, e.g. the Terms and Conditions Group. The Trust also has an active Local Negotiating Committee which is supported by the British Medical Association.

Recruitment

Overall our vacancy rates are falling (8.9% in March '09 against 9.7% in March '08), although there is substantial variation across different staff groups. Most groups are showing small but steady decreases in vacancies with the exception of non-registered nurses – including maternity assistants and health care assistants. Over the past year, we have continued active recruitment drives for both registered and non-registered nurses and other clinical staff groups with positive results.

You tell us ….

Results of the last staff survey were published in March and showed that overall our staff are happier in their work environment than they were the previous year. Answers were grouped into 32 different areas, with improvements in 14. However, there is a lot more to do. Staff are our biggest, and most important resource, and we will be doing all we can to make sure they remain happy and want to continue working with us.

Following the previous survey results, we have introduced measures to reduce work-related stress (now below the national average) and levels of bullying and harassment, and have increased the numbers of staff receiving regular appraisals.

Some of the main headlines in the March results were:

Doing well …

65% of staff feel satisfied with the quality of work and patient care they deliver, compared to 62% nationally, with good improvements on infection control issues and overall job satisfaction.

Could do better on …

- greater support and feedback from some managers
- reducing injuries to staff at work (higher than average)
- offering equal opportunities for career progression or promotion
- staff believing they can contribute towards improvements at work.

Through the Employee Partnership Forum we have drawn up an action plan of improvements.

A more recent staff survey undertaken by the Trust during the summer of 2009 has shown further improvements.

Supporting equality and diversity

Approximately 30% of our staff are from a minority ethnic origin. Whilst we are committed to being an organisation where all staff can develop meaningful careers, we know we need to improve equal opportunity across all our staff, from whatever background. We have an established BME (black and minority ethnic) forum, and we are introducing a number of training aids for staff to encourage their career progression and equal opportunity.

Workforce planning

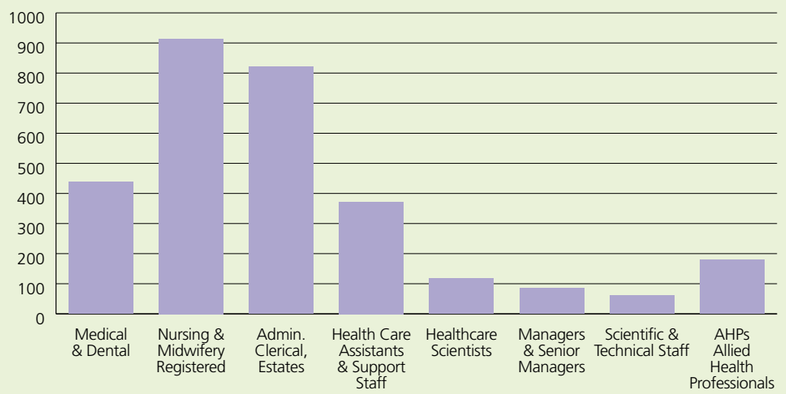
Ensuring we have the right workforce to deliver the right care to our patients is critical. Over the last year we have been working with NHS Surrey and the Strategic Health Authority to develop workforce planning expertise within our organisation. We will continue to develop efficient work practices going forward, such as the Productive Ward, which is now widespread across the Trust.

Workforce information

The table below gives our workforce figures for the year ending 31st March 2009.

Workforce Information

Figures for the year ending 31st March 2009.



Learning and development

It is vital our staff keep their knowledge and skills up to date.

We continue to offer undergraduate and student placements for medical and nursing staff and have had positive feedback through visits from the undergraduate medical school. We also run comprehensive postgraduate training centres at both Ashford and St. Peter's, offering more training posts for junior doctors than any other Trust in Surrey. Earlier this year, the South Thames Foundations/Kent Surrey and Sussex Deanery report highlighted a number of areas as particularly good practice, including:

- mapping of teaching to the curriculum
- pre-employment interviews
- mid-point reviews with the Head of Medical Education
- careers fair
- various weekly forums for junior doctors.

Both our undergraduate and postgraduate programmes are supported by two Health Science libraries at both Ashford and St Peter's.

We have also committed to the Skills Pledge which is the development of staff in bands 1-4 to be supported to gain a qualification at Level 2 or above. Over the last year we have widened access to NVQ programmes for staff delivering direct care and those in support services.

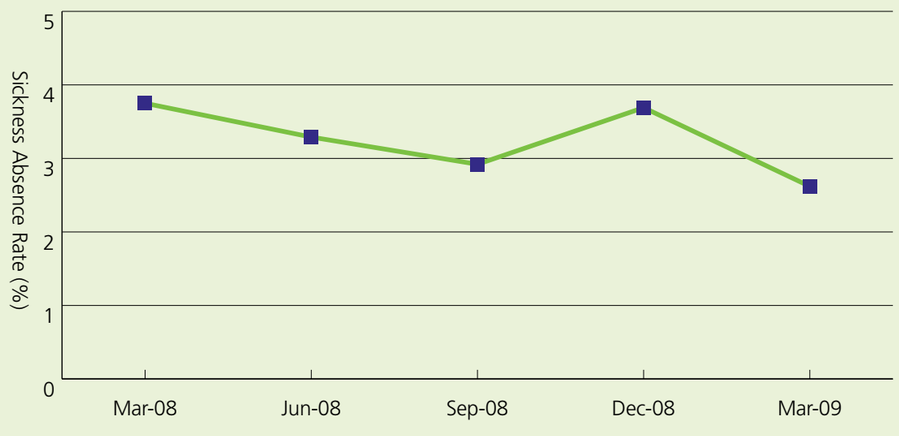
Sickness absence

Sickness absence rates are monitored by staff group and department. Good progress has been made in 2008/9 to reduce sickness rates, despite a spike in November and December 2008 due to last year's flu outbreak.

Overall Trust sickness absence rate

Our target for sickness absence is 2.5%. Business Centre Managers, Matrons and team leaders have agreed a work programme to achieve this reduction. Progress is managed at monthly Performance Management meetings led by the Chief Operating Officer. We have an agreed sickness absence management policy used by line managers supported by HR professionals and the Occupational Health Department to manage sickness absence.

Sickness Absence Rate



HOW ARE WE PERFORMING?

All NHS Trusts are assessed through the Care Quality Commission's (formerly the Healthcare Commission) Annual Health Check, based on measuring performance on a wide range of areas, which helps to drive improvements. Overall our performance has been good with the majority of targets and standards met thanks to the hard work and drive of our staff.

Annual Health Check explained

The Annual Health Check looks at a wide range of issues, from the overall 'quality' of care to how we make best use of our resources such as finance, our buildings, IT and workforce.

Each NHS trust receives two scores, one for quality of services and one for use of resources, made up as follows:

Quality of services

- Health Commission core standards
- Existing NHS Plan targets
- New targets

Use of resources

- Auditor's local evaluation (ALE) which looks at the way we use our resources (e.g. financial, staffing) to ensure value for money and good practice.

Core standards

Like all NHS Trusts, we declared our self-assessment for the core standards set by the Care Quality Commission.

Declaration 2008/9	Number of standards
Compliant	40
Insufficient assurance/ non compliant	4

We are declaring two standards as not met but resolved by the end of the year. These relate to the decontamination of reusable medical devices: refers specifically to an improvement notice regarding decontamination of mattresses which was subsequently lifted, and the provision and use of information relating to our BME (Black and Minority Ethnic) staff, which has been addressed.

We are also declaring two standards as not resolved by year end which relate principally to privacy and dignity issues around men and women sharing the same accommodation. We now have firm plans in place to eliminate mixed sex accommodation and a major programme of work has started.

At year end we had reported a total of 20 cases of MRSA bacteraemia of which 10 were community acquired. This exceeds our target for the year of 18. The Trust continues to take infection control extremely seriously and is doing everything possible to keep these cases to a minimum.

The Care Quality Commission will publish our final rating later in the year for both Quality of services and Use of resources.

Summary of key targets

The following table gives a summary of our end of year performance across some of our key targets. More information can be found on our monthly performance reports on our website at www.ashfordstpeters.nhs.uk.

Indicator	Target	Result	Outcome
No one waiting more than one month from diagnosis to treatment for all cancers	98%	100%	√
No one waiting more than 62 days for cancer treatment	95%	98.1%	√
No-one waiting more than 2 weeks for their first outpatient appointment following urgent GP cancer referral	98%	99.9%	√
% of cancelled operations	0.8%	1.24%	Underachieved
Delayed transfers of care reduced to a minimum	3.5%	5.1%	Underachieved
No-one waiting more than 26 weeks for their planned operation	0.03%	0.026%	√
No-one waiting more than 13 weeks for an outpatient appointment	0.03%	0.00%	√
% of people suffering heart attack who receive thrombolysis (clot busting drug) within 60 minutes of calling for help	68%	93.6%	√
No-one waiting over 4 hours in A&E	98%	98.15%	√
No-one waiting more than 2 weeks for rapid chest pain clinic following GP referral	98%	100%	√
Access to genito-urinary clinic within 48 hours	100%	100%	√
No of cases of chlostridium difficile	279	118	√
No of cases of MRSA bacteraemia	18	20	Not achieved
Patients requiring an operation are seen and treated within 18 weeks following GP referral	90%*	Jan - 91.0% Feb - 91.1% Mar - 93.1%	√
Non-admitted patients are seen and treated within 18 weeks following GP referral	95%*	Jan - 96.5% Feb - 96.2% Mar - 96.9%	√

*Trusts had to achieve the 18 week target for each consecutive month of the last quarter

GOVERNANCE AND RISK

Risk management

Risk management is the way we manage risk across the organisation. We need to identify and prioritise risks continually, evaluating their likelihood and assessing potential impact.

Our Integrated Governance Assurance Committee (IGAC), monitored by the Audit Committee, identifies and manages both clinical and non clinical risk and meets six times a year. Through the work of the committee, we can assure the Board and our stakeholders that we are well managed and delivering our objectives.

Over the past year we have consolidated our processes for risk management and have undertaken a detailed analysis of key risks as part of our Foundation Trust planning, putting in place a number of appropriate mitigating actions to manage downside risks.

Our key systems for identifying, managing and monitoring risk are:

- robust corporate risk register
- Board Assurance Framework (BAF)
- identification of risks using a Risk Assessment Tool
- devolution of responsibility and accountability for risk assessment and management
- robust adverse incident event reporting and investigations.

All our board members and senior managers have received risk management training.

The Trust achieved NHS LA Level 2 in January 2008 under the new risk management standards and is Level 2 CNST for maternity services.

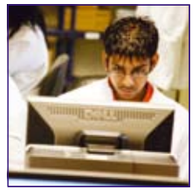
Clinical governance

Clinical governance is about ensuring the care we give our patients is high quality and safe. We have strengthened our clinical governance committee which is now responsible for implementing a performance framework for clinical governance. Clinically led, chaired by the Medical Director, the committee focuses on safety, service to patients and clinical developments, and reports into the IGAC (see above). Each of our Business Centre Managers attends the committee twice a year to report on their area, demonstrating compliance with Core Standards.

Each business centre now has a lead clinician who is the designated Clinical Governance lead and who acts as a 'risk champion', and a Clinical Governance Manager. Each centre operates its own local clinical governance meetings, and feeds into the Trust wide clinical governance committee.

Leading Improvements in Patient Safety (LIPS)

We are taking part in this programme, initiated by the Institute for Innovation and Improvement, which focuses on building capacity and capability within hospital teams to improve patient safety. We are still in the initial data collection stage, and will use this as part of the programme to influence the way we continue to improve safety for our patients once we move to the next stage.



Information Management and Technology (IM&T)

We have a strong IM&T vision, determined by our own strategic goals and business plan, as well as the National Programme for IT. The services provided by our IM&T teams are comprehensive, with expertise in specialist fields such as Clinical Coding and Information Analysis, and resources in place to ensure data management is of a very high standard.

We have over 60 IT systems, with a comprehensive portfolio in place detailing system administration and Information Governance standards. Among the principle systems are Patient Administration System (PAS), PACS (Picture Archiving and Communication System), Choose and Book, Electronic Staff Record, Health Roster, Performance Accelerator, 18-week tracker and the data warehouse.

Information Governance

There is an established Information Governance framework within the Trust with the role of Caldicott Guardian being undertaken by the Medical Director.

Following recent national concerns relating to the security of identifiable personal information, we have put in place a range of actions to improve the security of personal data. This year we have encrypted all Trust laptops and PDAs as a further measure of security should those portable devices become lost or stolen.

During 2008/09 we reported no serious incidents regarding data loss. However, we did identify 25 cases of misfiled patient notes within the hospitals, all of which were quickly retrieved and accounted for and are recorded in the following table:

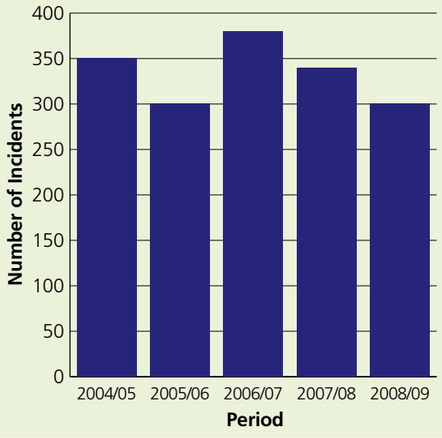
Summary of other personal data related incidents in 2008/09

Category	Nature of incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	0
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	0
IV	Unauthorised disclosure	0
V	Other	25

Health and Safety

Protecting the Health and Safety of our staff is important, and over the last three years we have seen a gradual reduction in staff incidents, as indicated in the table below:

Staff Incidents 2004/5 - 2008/9



All staff receive key health and safety training on induction, including infection control, manual handling and fire safety. We also hold regular refresher training and regularly review health and safety issues through relevant groups and committees.

Over the past year, new initiatives include:

- 266 new electric beds bought to minimise manual handling
- CCTV upgraded to digital
- fire detection system at St Peter's upgraded
- stress awareness training included in managers toolkit
- business case developed for safety canulas
- additional transit equipment purchased for bariatric patients
- 100 personal attack alarms purchased for lone workers.

Major incident planning

The Trust's Major Incident Committee oversees planning for major incidents and meets regularly throughout the year. The Major Incident Plan sets out the responsibilities of individual roles in the event of a major incident. Every NHS major incident receiving hospital is required to undertake a full unannounced test of its major incident plan every 3 years. In September 2008, we held a full scale major incident exercise, with 'live' casualties and representatives from the local media. In addition, the Trust also conducts a full table-top exercise every year, and six monthly communications exercises. The exercise went well with good learning points to take forward.

The Trust is also a member of the Surrey Local Resilience Forum, which makes sure all the key agencies are working together to understand their individual and collective responsibilities. We continue to develop our emergency and business continuity plans, particularly in the light of the current Swine Flu pandemic.

Major incident exercise, based on a fictitious coach crash on the M25 with over 70 casualties

OUR BOARD

The business of the Trust is governed by our Board of Directors, who are responsible for making sure we are fulfilling our key objectives. The Board is also accountable for ensuring the organisation is well governed in terms of patient safety and quality, finance, our performance, staff and public engagement and future direction of the Trust.

2008/09 was a year of change and transition on the Board with the appointment of a new Chairman, Chief Executive, and four non-executive and four executive directors.

Clive Thomspon CBE
Chairman

In October 2008, Clive Thompson CBE finished his term of office as Chairman of the Trust after six and a half years' service. We would like to publicly record the Board's thanks to Clive for his outstanding commitment to the Trust, and for his expert stewardship during some challenging times.

We would also like to thank Jenny Murray, Liz Brooks CBE and Peter Field, all of whom stood down as Non-Executive Directors during 2008/09.

Our current board

Non-Executive Directors

Aileen McLeish
Chairman

Norman Critchlow
Non-executive Director

Phillip Beesley
Non-executive Director

Sue Ells
Non-executive Director

Terry Price
Non-executive Director

Peter Taylor
Non-executive Director

Observers to the Board

- Maurice Cohen, Chairman of the Patient Panel
- Jonathon Morgan, Non-executive Director, NHS Surrey

Executive Directors

Andrew Liles
Chief Executive

Paul Bentley
Director of Strategy

Raj Bhamber
Head of Workforce and Organisational Development

Valerie Howell
Chief Operating Officer

Dr Mike Baxter
Medical Director

Caroline Becher
Chief Nurse

John Headley
Director of Finance and Information

In this year of transition, our thanks go in particular to those members of staff who stepped in to take on acting positions, helping to steer the Trust through a period of change but still maintaining performance and ensuring the continuity of high quality care to our patients.

These included Paul Doyle as Acting Director of Finance, Ruth Lallmahomed, Acting Director of Nursing and Quality, Petra Cunningham, Acting Director of HR and Dr Paul Crawshaw as Acting Medical Director.

We would also like to extend our thanks and appreciation to previous Executive Directors, Keith Mansfield, Michaela Morris and Ian Mackenzie.

Previous members of the Board during 2008/09

Non executive directors

Clive Thompson CBE
Chairman

Jenny Murray
Non-executive Director

Peter Field
Non-executive Director

Liz Brooks CBE
Non-executive Director

Executive directors

Keith Mansfield
Director of Finance

Michaela Morris
Director of Nursing and Operations

Ian Mackenzie
Director of Performance, Information and Facilities

Formal business is conducted through the Board and its sub-committees. The Executive Directors undertake day to day management of the organisation and meet weekly to discuss operational issues and report to the Board.

Board Committees

Finance Committee - responsible for reviewing the annual budget, monitoring financial performance and consideration of major finance issues, savings plans and investments.

Audit Committee - overall responsibility for governance, risk management and internal control including internal and external audit and financial reporting.

Integrated Governance Assurance Committee - actively manages risk across the Trust, via the Clinical Governance Committee and Non-Clinical Risk Management Committee.

Remuneration Committee - key responsibility to determine remuneration and terms of service of Chief Executive and Executive Directors.

In fulfilling their roles, all non-executive directors are active participants in Board committees – full details of membership available on request.

Declaration of interests

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

Trust Executive Committee

The Trust Executive Committee (TEC) comprises all Executive and Clinical Directors and is chaired by the Chief Executive. The purpose of the committee is to ensure Clinical Directors are involved in major operational decision-making, particular around issues relating to quality and safety, new business developments, risk and finance. The committee has recently restructured and agreed new Terms of Reference to make its purpose clearer. Much of the official day to day business decisions are made by TEC, which reports formally into the Board.

Clinical Directors

Miss Susan Bateman
Women's Health

Mr Elliot Chisholm
General Surgery and Urology

Dr Heather Clark
Emergency Services

Dr Paul Crawshaw - Children's Health (and Associate Medical Director)

Dr Peter Finch
Imaging and Endoscopy

Dr David Fluck
Medicine (and Associate Medical Director)

Mr John Hadley
Specialist Surgery

Dr Andrew Laurie
Pathology (and Associate Medical Director)

Dr Fiona Lloyd Jones
Aneasthetics and Theatre

Dr Barry Sellick
Critical Care
(formerly Dr Mark Russell)

Mr Chris Schofield
Trauma and Orthopaedics

Dr Peter Martin - Head of Postgraduate Education (and Consultant Paediatrician)

ACTIVITY

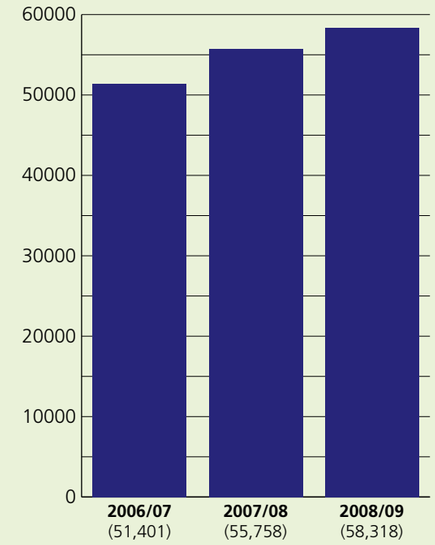
During 2008/09 activity continued to increase across most specialties, except for the number of births which can be partly explained by the publication of low satisfaction rates in the most recent maternity survey (see page 13)*.

Severe winter pressures experienced from the middle of December until around the end of February has certainly contributed to increased activity, particularly around emergency admissions. In addition, the Trust has worked hard to achieve the 18 week target for elective services which has meant increased activity across many areas in order to reduce waiting times.

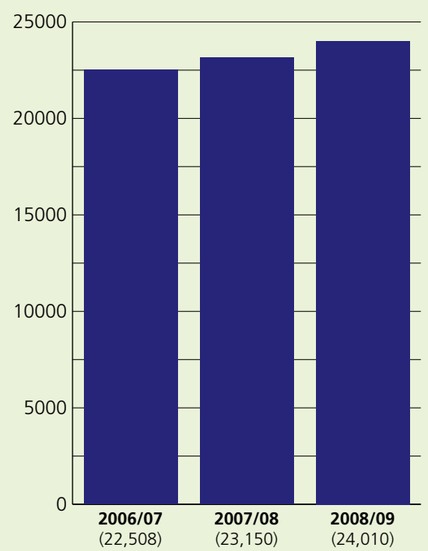
* Activity levels for maternity services for the new financial year are beginning to increase following significant improvements made to the service, evidenced by improved results in a new mothers' survey conducted during summer 2009.

Inpatient total activity 2006 to 2009

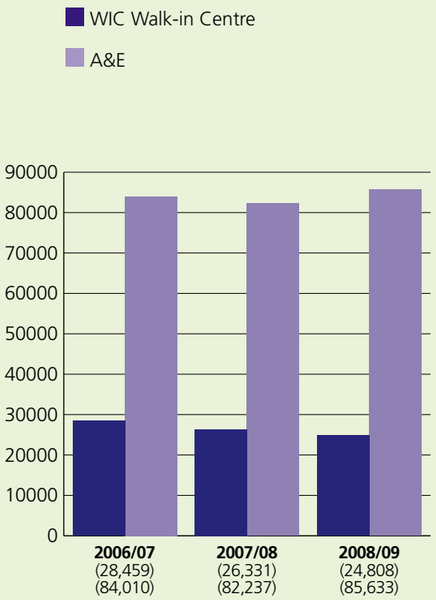
Includes: electives, day case and emergency admissions.



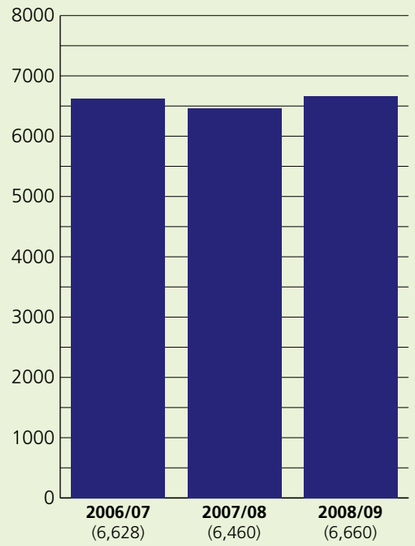
Emergency Admissions 2006 to 2009



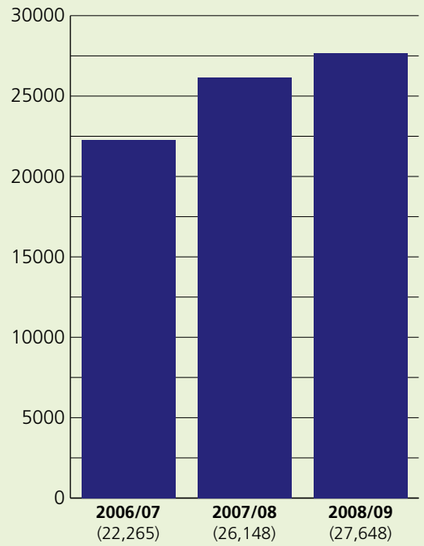
A&E & WIC Attendances 2006 to 2009



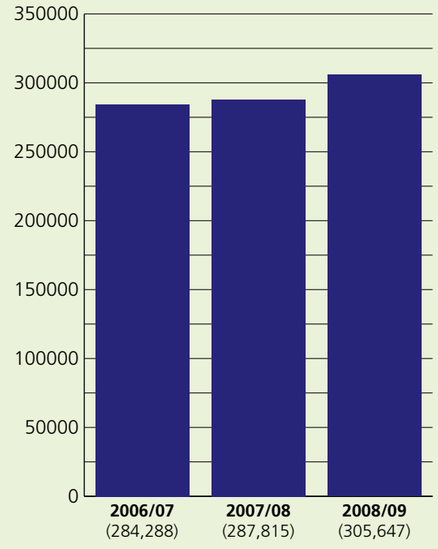
Elective/Scheduled Operations 2006 to 2009



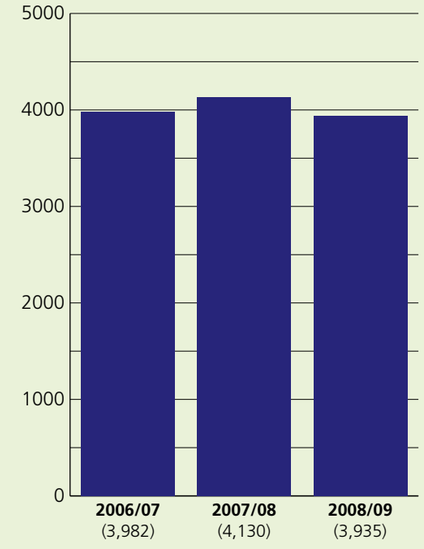
Daycase Operations 2006 to 2009



Outpatient new attendances 2006 to 2009



Births 2006 to 2009



FINANCIAL REVIEW

In this section of the Annual Report, we set out the key features of the financial performance of the Trust during 2008/09.

Annual Accounts

The summary financial statements that follow are a summary of the Annual Accounts for the financial year 2008/09. The accounts have been prepared in accordance with the 2008/09 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.

These summary financial statements may not contain sufficient information for a full understanding of the Trust's financial position. A full set of Annual Accounts for the Ashford and St. Peter's Hospitals NHS Trust are available from the Director of Finance and Information by telephoning 01932 723387.

Summary Financial Statements

The Trust's financial performance for 2008/09 is summarised as follows:

	2008/09		2007/08	
	Target £'000 %	Actual £'000 %	Target £'000 %	Actual £'000 %
Breakeven - surplus	5,513	5,513	2,450	2,450
Capital Cost Absorption Rate	3.5%	3.6%	3.5%	3.3%
External Financing Limit	(2,387)	(2,387)	(15,823)	(15,823)
Capital Resource Limit	9,893	9,756	8,251	7,070

The Trust faced a significant challenge in reaching the dual requirements of achieving its planned financial position along with meeting service delivery targets, especially the national 18 week milestones and A & E four hour target, for the year ending 31st March 2009. It is pleasing to report that as well as meeting its service delivery targets the Trust made a surplus £5.5m in the financial year on operating expenditure of £201.1m.

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on Public Dividend Capital, totalling £6.4m bears to the average relevant net assets of £177.6m, that is 3.6%. The target Capital Cost Absorption Rate is 3.5% and Trusts are permitted a tolerance of 0.5% either side of this.

Summary Financial Statements, continued

The External Financing Limit (EFL) was met. This is a limit on the amount of external finance that the Trust may access in any one year. With a negative EFL the Trust is targeted with reducing its borrowing position or increasing cash balances. It met the EFL in 2008/09 by repaying instalments on a loan (£2.4m), increasing cash balances (£0.1m) net of a receipt of Public Dividend Capital (£0.1m).

The Capital Resource Limit sets the maximum that Trusts can spend on their capital programme in the year and is set at the beginning of each financial year. In 2008/09 a total of £9.8m was spent against a limit of £9.9m

The Trust was granted an extension from three to five years to achieve its cumulative breakeven duty by 31st March 2005 however this was not achieved and the Trust has failed this duty. A further deficit was incurred in 2005/06 prior to three years of financial surplus and the cumulative breakeven deficit stands at £2.4m at 31st March 2009.

The Trust is planning to generate a surplus of £4.8m in 2009/10 and hence will eliminate the remaining breakeven deficit balance of £2.4m.

Capital expenditure of £9.8m was incurred in 2008/09 with the largest cost being the new Mortuary at St. Peter's Hospital - £3.8m was spent in 2008/09. Other areas with significant expenditure were new Gamma Cameras (£0.5m), Digital Mammography Unit (£0.4m) and the opening of Fielding Ward at Ashford Hospital (£0.3m).

2009/10

The Trust has agreed contracts with all of its main commissioners for 2009/10 and as mentioned above the Trust is planning for a surplus of £4.8m in 2009/10.

The Trust aims to become a Foundation Trust during the 2009/10 financial year.

Income and expenditure account for the year ended 31st March 2009

	2008/09 £'000	2007/08 £'000
Income from activities	**193,344**	173,376
Other operating income	**19,922**	18,274
Operating expenses	**(201,104)**	(182,883)
OPERATING SURPLUS	**12,162**	8,767
(Loss) on disposal of fixed assets	**(12)**	(80)
SURPLUS BEFORE INTEREST	**12,150**	8,687
Interest receivable	**334**	290
Interest payable	**(632)**	(789)
SURPLUS FOR THE FINANCIAL YEAR	**11,852**	8,188
Public dividend capital dividends payable	**(6,339)**	(5,738)
RETAINED SURPLUS FOR THE YEAR	**5,513**	2,450

(For a commentary on the retained surplus and the current financial position please see the previous page).

Balance sheet as at 31st March 2009

	31/3/09 £'000	**£'000**	31/3/08 £'000
FIXED ASSETS			
Intangible assets		**2,125**	2,499
Tangible assets		**185,414**	184,269
TOTAL FIXED ASSETS		**187,539**	186,768
CURRENT ASSETS			
Stocks and work-in-progress	**2,956**		2,176
Debtors	**21,459**		25,043
Cash at bank and in hand	**522**		450
TOTAL CURRENT ASSETS		**24,937**	27,669
CREDITORS: Amounts falling due within one year		**(22,056)**	(27,517)
NET CURRENT ASSETS/(LIABILITIES)		**2,881**	152
TOTAL ASSETS LESS CURRENT LIABILITIES		**190,420**	186,920
CREDITORS: Amounts falling due after more than one year		**(7,350)**	(9,800)
PROVISION FOR LIABILITIES AND CHARGES		**(1,205)**	(883)
TOTAL ASSETS EMPLOYED		**181,865**	176,237
FINANCED BY: TAXPAYERS' EQUITY			
Public dividend capital		**85,706**	85,571
Revaluation reserve		**92,588**	94,068
Donated asset reserve		**1,066**	842
Income and expenditure reserve		**2,505**	(4,244)
TOTAL TAXPAYERS' EQUITY		**181,865**	176,237

Andrew Liles
Chief Executive, Ashford and St. Peter's Hospitals NHS Trust
8th June 2009

Statement of total recognised gains and losses for the year ended 31st March 2009

	2008/09 £'000	2007/08 £'000
Surplus for the financial year before dividend payments	**11,852**	8,188
Fixed asset impairment losses	**(244)**	-
Unrealised surplus on fixed asset revaluations / indexation	**-**	12,875
Increases in the donated asset reserve due to receipt of donated assets	**402**	48
Total recognised gains and losses for the financial year	**12,010**	21,111
Prior period adjustment	**-**	-
Total gains and losses recognised in the financial year	**12,010**	21,111

Cash flow statement for the year ended 31st March 2009

	2008/09		2007/08
	£'000	£'000	£'000
OPERATING ACTIVITIES			
Net cash inflow/(outflow) from operating activities		**19,271**	29,452
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE			
Interest received	**358**		286
Interest paid	**(638)**		(780)
Net cash inflow/(outflow) from returns on investments and servicing of finance		**(280)**	(494)
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets	**(10,069)**		(7,343)
Receipts from sale of tangible assets	**1**		-
Payments to acquire intangible assets	**(197)**		(54)
Net cash (outflow) from capital expenditure		**(10,265)**	(7,397)
DIVIDENDS PAID		**(6,339)**	(5,738)
Net cash (outflow) before management of liquid resources and financing		**2,387**	15,823
MANAGEMENT OF LIQUID RESOURCES			
Purchase/sale of investments		**-**	-
Net cash inflow / (outflow) from management of liquid resources		**-**	-
Net cash (outflow) before financing		**2,387**	15,823
FINANCING			
Public dividend capital received	**135**		5,000
Public dividend capital repaid (not previously accrued)	**-**		(18,457)
Loan principal repaid to Department of Health	**(2,450)**		(2,450)
Net cash inflow from financing		**(2,315)**	(15,907)
Increase/(decrease) in cash		**72**	(84)

Management costs

	2008/09	2007/08
	£'000	£'000
Management costs	9,251	8,234
Income	211,943	190,097
Management costs as a percentage of income	4.36%	4.33%

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

Better Payment Practice Code

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 2008/09 is as follows:

	2008/09		2007/08	
	Number	£'000	Number	£'000
Total non-NHS trade invoices paid in the year	54,934	71,626	50,905	53,938
Total non-NHS trade invoices paid within target	49,926	64,013	26,404	30,466
Percentage of non-NHS trade invoices paid within target	90.9%	89.4%	51.9%	56.5%
Total NHS trade invoices paid in the year	2,584	23,433	2,487	25,855
Total NHS trade invoices paid within target	1,490	14,115	234	2,251
Percentage of NHS trade invoices paid within target	57.7%	60.2%	9.4%	8.7%

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.

REMUNERATION REPORT
31 MARCH 2009

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, Aileen McLeish.

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

Salary and pension entitlements of senior managers for 2008/09

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

Name and Title	2008-09			2007-08		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (Rounded to the nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in Kind (Rounded to the nearest £100)
	£000	£000	£00	£000	£000	£00
EXECUTIVE TEAM						
Andrew Liles						
Chief Executive (from 5 January 2009)	40-45	-	7	-	-	-
Paul Bentley						
Director of Strategy (from 22 January 2009)	25-30	-	12	-	-	-
Acting Chief Executive (to 4 January 2009)	145-150	-	36	60-65	-	23
Director of Human Resources (to 30 September 2007)	-	-	-	45-50	-	23
Glenn Douglas						
Chief Executive (to 7 October 2007)	-	-	-	80-85	-	22
Keith Mansfield						
Director of Finance	120-125	-	69	105-110	-	66
Paul Doyle						
Acting Director of Finance (from 1 December 2008 to 18 March 2009)	25-30	-	-	-	-	-
John Headley						
Acting Director of Finance (from 19 March 2009)	0-5	-	-	-	-	-
Dr Mike Baxter						
Medical Director/Deputy Chief Executive	55-60	135-140	22	40-45	135-140	-
Dr Paul Crawshaw						
Acting Medical Director (from 10 November 2008)	5-10	60-65	-	-	-	-
Petra Cunningham						
Acting Director of Human Resources	90-95	-	-	25-30	-	-
Michaela Morris						
Director of Nursing & Operations (to 8 March 2009)	90-95	-	60	90-95	-	62
Jeremy Tozer						
Interim Director of Delivery (from 28 August 2008)	105-110	-	-	-	-	-
Ruth Lallmahomed						
Acting Director of Nursing & Governance (from 1 September 2008)	45-50	-	-	-	-	-
Ian Mackenzie						
Director of Performance, Information & Facilities (to 31 December 2008)	80-85	-	40	85-90	-	51

A) Remuneration (continued)

Name and Title	2008-09 Salary (bands of £5,000) £000	2008-09 Other Remuneration (bands of £5,000) £000	2008-09 Benefits in Kind (Rounded to the nearest £100) £00	2007-08 Salary (bands of £5,000) £000	2007-08 Other Remuneration (bands of £5,000) £000	2007-08 Benefits in Kind (Rounded to the nearest £100) £00
CHAIRMAN AND NON-EXECUTIVES						
Clive Thompson						
Chairman (to 30 September 2008)	10-15	-	-	20-25	-	-
Aileen McLeish						
Chairman (from 1 October 2008)	10-15	-	-	-	-	-
Non-Executive Director (to 30 September 2008)	0-5	-	-	5-10	-	-
Liz Brooks						
Non-Executive Director (to 15 July 2008)	0-5	-	-	5-10	-	-
Peter Field						
Non-Executive Director (to 15 July 2008)	0-5	-	-	5-10	-	-
Jenny Murray						
Non-Executive Director (to 13 September 2008)	0-5	-	-	5-10	-	-
Norman Critchlow						
Non-Executive Director	5-10	-	-	5-10	-	-
Peter Taylor						
Non-Executive Director (from 28 July 2008)	0-5	-	-	-	-	-
Philip Beesley						
Non-Executive Director (from 28 July 2008)	0-5	-	-	-	-	-
Terry Price						
Non-Executive Director (from 14 September 2008)	0-5	-	-	-	-	-
Sue Ells						
Non-Executive Director (from 9 February 2009)	0-5	-	-	-	-	-

Notes

a Amounts shown under Other Remuneration relate to Dr Mike Baxter and Dr Paul Crawshaw for their medical work as Consultants at the Trust.

b Keith Mansfield took early retirement at the end of the financial year and Ian Mackenzie left following a restructure of Board posts.

c Benefits in kind relate to benefits for lease cars.

d No remuneration was waived by directors, no allowances were paid in lieu and there were no payments in respect of 'golden hellos'.

B) Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Real Increase in Cash Equivalent Transfer Value £000	Employer's Contribution to Stakeholder Pension (to nearest £100) £00
EXECUTIVE TEAM								
Andrew Liles Chief Executive (from 5 January 2009)	0.0-2.5	0.0-2.5	20-25	65-70	327	231	15	-
Paul Bentley Director of Strategy (from 22 January 2009) /Acting Chief Executive (to 4 January 2009)	15.0-17.5	45.0-47.5	45-50	135-140	704	364	232	-
Keith Mansfield Director of Finance & Information	2.5-5.0	7.5-10.0	40-45	120-125	950	653	196	-
Paul Doyle Acting Director of Finance (from 1 December 2008 to 18 March 2009)	0.0-2.5	0.0-2.5	5-10	25-30	141	110	6	-
John Headley Acting Director of Finance (from 19 March 2009)	0.0-2.5	0.0-2.5	0-5	-	7	-	1	-
Dr Mike Baxter Medical Director/Deputy Chief Executive	10.0-12.5	32.5-35.0	55-60	170-175	1,270	767	338	-
Dr Paul Crawshaw Acting Medical Director (from 10 November 2008)	0.0-2.5	0.0-2.5	40-45	125-130	778	588	48	-
Petra Cunningham Acting Director of Human Resources	5.0-7.5	20.0-22.5	15-20	50-55	266	129	94	-
Michaela Morris Director of Nursing & Operations (to 8 March 2009)	0.0-2.5	5.0-7.5	25-30	75-80	401	287	70	-
Jeremy Tozer Interim Director of Delivery (from 28 August 2008)	-	-	-	-	-	-	-	-
Ruth Lallmahomed Acting Director of Nursing and Governance (from 1 September 2008)	2.5-5.0	12.5-15.0	30-35	90-95	486	369	44	-
Ian Mackenzie Director of Performance, Information & Facilities (to 31 December 2008)	0.0-2.5	5.0-7.5	25-30	85-90	501	350	75	

Note

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

Cash Equivalent Transfer Values

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

Real Increase in CETV

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

Directors' statements

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers' Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place
- annual statutory Accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

Andrew Liles
Chief Executive
Ashford and St. Peter's Hospitals NHS Trust
8 June 2009

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 2008/09. The following significant control issues arose during 2008/09:

- The Trust has had significant difficulties in providing single sex facilities for our patients and recognises this as an issue which compromises our patients' privacy and dignity. The Trust is taking significant steps to eradicate mixed sex bays. This will be complete by March 2010.

Auditors' remuneration

The Trust's auditors, KPMG LLP, charged £108,000 for Audit Services in 2008/09. There was no remuneration for Further Assurance Services or any Other Services. Audit Services included:-

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

Independent auditors' statement to the Directors of the Board of Ashford and St. Peter's Hospitals NHS Trust

We have examined the summary financial statements which comprises the Balance Sheet, Income & Expenditure account, Statement of Recognised Gains and Losses, Cashflow Statement, Better Payment Practice Code and Management Costs.

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

Respective responsibilities of directors and auditors

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

Basis of opinion

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

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of Ashford & St Peter's Hospitals NHS Trust for the year ended 31 March 2009.

We have not considered the effects of any events between the date on which we signed our report on the statutory financial statements (11 June 2009) and the date of this statement.

June Awty
KPMG LLP

Chartered Accountants
London
15 September 2009

Ashford and St. Peter's Hospitals NHS
NHS Trust

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اگر نیاز به ترجمه دارید، لطفا با شماره 01932 723553 تماس بگیرید.

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اگر آپ اس کا اُردو زبان میں ترجمہ چاہتے ہیں، تو براہِ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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This report was produced by:
Communications team, Ashford and St Peter's Hospitals NHS Trust, Guildford Road, Chertsey, Surrey, KT16 OPZ. Printed September 2009

01932 872000
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