



# Contents

- 03 Foreword
- 04 Our Services
- 05 Our Staff
- 06 Our Year
- 08 Our Partners
- 09 Our Governors and Directors
- 10 Our Finances
- 11 List of Governors and Directors

# Foreword

Looking back on the year ending 31 March 2005, our first year as a foundation trust, it is fair to say it was the most challenging the Trust has ever had to face.

The Trust was delighted to achieve foundation trust status in April 2004 following a long and difficult application process. It was the result of continual high performance by the Trust and its staff, and to be one of the first ten foundation trusts in the country was a tremendous achievement.

As a foundation trust we are a self-governing, public benefit organisation that reports to a locally elected Board of Governors and is regulated by Monitor, the independent regulator for foundation trusts. Within this new framework the Trust has a duty to remain solvent and reach key performance targets.

During the year the Trust performed well against its healthcare targets but the financial situation remained a key issue and the Trust ended the financial year with a £7.7 million deficit.

The major factors that led to this financial situation were: changes in the way the government paid the Trust; increased costs for drugs and a new consultant contract; establishing more career grade and junior doctors in post to ensure compliance with the European working time directive and having more registered nurses in post.

The impact of some of these factors was unforeseeable but our focus is to work within this new financial environment to ensure that at the end of this financial year we break even. To achieve this we have been implementing a financial savings plan to help the Trust run more efficiently while still maintaining a high quality of health provision and for the first quarter since April 2005 we have consistently met our key healthcare and financial targets.

Healthcare is changing rapidly. Today the Trust has higher rates of day surgery, fewer emergency admissions and lower lengths of stay than a year ago. The national picture, like our local one, is showing an increase in healthcare being provided in the community and of more and more surgery done as a day case. In short, the NHS is responding to people's wishes to stay out of hospital if they possibly can and together with our partners, the Trust is shaping its services to meet patients' needs and enable this to happen.

These are times of great change with patients, the public and staff having a greater say in their health service than ever before. The Trust is listening to what patients and communities have to say and we will continue to work closely with them and our partners to provide excellent healthcare in the region.



**Dr Clive Morton OBE,**  
Chairman, Peterborough and Stamford Hospitals NHS Foundation Trust



**Chris Banks,**  
Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust

As an NHS Foundation Trust our primary objective remains the provision of the best possible healthcare for our community, and to help people to have healthier lives.

2004/5 continued to see increasing use of our services coupled with continuous improvement and innovation in the way we deliver those services.

In Accident and Emergency, for example, we saw more than 68,000 patients, an increase on the previous year. For much of the year the Trust achieved the waiting time targets for seeing and treating or admitting A&E patients within four hours, meeting the national requirement of 98 per cent in the third quarter of the year. Due to unprecedented winter admissions, our achievement in the final quarter was 95.6 per cent, but since Easter 2005 we have consistently exceeded 98 per cent.



### Facts and Figures – Peterborough and Stamford NHS Hospital Trust

- 4,000 staff
  - 3 sites: District Hospital, Peterborough  
Edith Cavell Hospital, Peterborough  
Stamford and Rutland Hospital, Stamford
  - 232,000 new and follow up patients a year
  - 68,000 A&E attendances per year
  - 33,000 Emergency admissions
  - 22,000 Day cases
  - 10,000 Routine in-patients
- 6 service units: Woman and child  
Medicine  
Surgical  
Clinical and life support  
Facilities  
Stamford Hospital

### Listening to patients

The Trust seeks to learn from the experiences of patients and visitors expressed through complaints. Some examples of changes made in response to complaints include:

- Changes to appointment letters for endoscopies to stop confusion about timescales for procedures
- Toilets changed and redesigned to provide separate facilities for men and women
- Changes in patient booklets to depict clearer information for better understanding
- Changes made with how midwives attend to mothers pre and post-natally to improve service

The number of in-patients using the hospital also increased during the year and exceeded the numbers predicted. All waiting times targets for in-patients and for out-patient appointments were met. No one waited more than 17 weeks for their first out-patient appointment and there were reductions in the number of people waiting more than 13 weeks too. No one had to wait more than two weeks following referral by a GP for suspected cancer.

Waiting times and other similar statistics are important. They show that we are improving our services, but they don't tell the whole story. Our patients want to know that they are receiving quality care as well as efficient care.

In that sense too, 2004/5 was a good year for the Trust. The case studies in this document give a flavour of the service improvements we have introduced during the year. Some of these improvements come through changing the way we work. Others require direct investment.

### Major investments during the year include

- Medical service unit – £263,000 on replacement equipment
- Woman and child services – £181,000 on equipment
- Stamford Hospital – £100,000 for various projects
- Clinical and life support – £1 million on X-ray equipment, radiology computer system and intensive care unit transport ventilator
- Cleanliness – £400,000 on upgrading and replacing plant for cleaning and sterilising medical equipment

### Speaking my language

Earlier this year, the Trust launched a new initiative to benefit patients and their carers who speak little or no English.

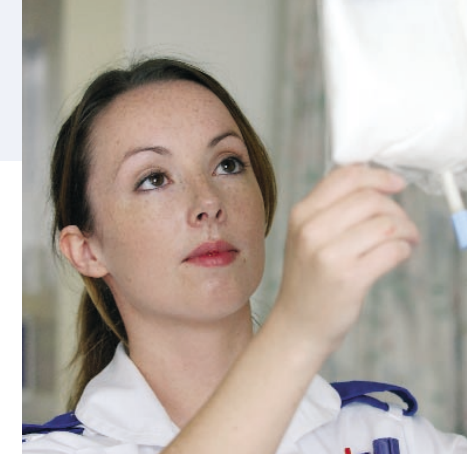
The Trust teamed up with Language Line to offer interpretation and translation services. Language Line's skilled over-the-phone interpreters are available 24 hours a day, while face-to-face services can be booked in advance.

Becoming an NHS Foundation Trust also brought a new focus on our staff. As a Foundation Trust we not only have staff on the Board of Governors, giving our workforce an important role in shaping the future of the Trust, but we also have the freedom and flexibilities to develop and reward our staff according to our priorities, not central government's.

An example of this new role in practice is the start of a refurbishment of a room at Stamford Hospital. Brought about by a staff governor on behalf of some staff members, it will have computer equipment providing access to online library services, allowing staff to update their practice regularly to the benefit of the patients in their care.

This reflects a concerted effort by the Trust to pursue an ambitious learning and development strategy that will enhance patient care and service delivery while also providing individual staff with structured programmes of learning. A key component of our strategy has been based around the challenges of implementing the knowledge and skills framework for all staff. These programmes are designed to ensure that staff can attain and develop the target skills level appropriate to their role with confidence and assurance. We also support our staff with their individual training requirements and this year has seen a number of staff, clinical and non-clinical, gain NVQ and degree level qualifications.

We have also made significant progress in modernising pay. We have introduced the new consultant contract for more than 96 per cent of our consultants and have ensured that our medical staffing rotas are compliant with the European working time directive. These new arrangements have, however, had a significant impact on our finances – despite a reduction of 1.5 per cent in total staff numbers, our staff costs rose by 12.8 per cent during the year.



### Back from Hungary

During 2004, Trust resuscitation officers Kylie Higgins and Julie Wood attended the 7th Scientific Congress of Resuscitation in Budapest, Hungary. Funding for the trip was supported by a bursary from Aurum Pharmaceuticals and the Council for Professionals as Resuscitation Officers (CPRO).

Kylie said: "Attendance at these types of events increases the knowledge and awareness of our resuscitation trainers and officers in the most recent advances within the science of resuscitation."

### Picture Perfect

During the year, the Trust's maternity unit became the first to benefit from the art in hospital project.

Using some of the £3,000 raised at the 2004 Peterborough Dragon Boat Festival, a total of 22 prints depicting local scenes have taken pride of place on walls around the unit.

The photos were taken by members of the Deepings Camera Club and Peterborough Photographic Society.



2004

The last financial year was an exceptionally busy period for the Trust and like every hospital and trust around the country, there were highs and lows.

This is a brief look back at the key moments for the Trust for the year from the beginning of April 2004 to the end of March 2005.

**In April 2004...** the Trust was formally granted Foundation Trust status – one of the first ten in the country. Gaining foundation status was a huge achievement and based on the Trust's continual high performance. It gives the Trust greater independence from the Department of Health and means the local community can have a greater say in healthcare provision in Greater Peterborough and Stamford.

**June 2004...** saw an £18,000 donation from the Friends of Peterborough Hospitals to buy cardiac monitors. The monitors allow patients a more comfortable stay in hospital.

**In July 2004...** the Trust was one of only four hospitals in the country to be awarded more than £400,000 to set up a pioneering community-based glaucoma screening service. The scheme sees patients being monitored for glaucoma by opticians – who have received further training from the Trust – rather than attending an outpatient clinic.

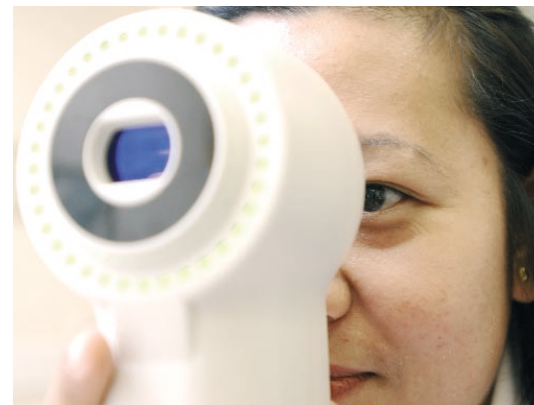
The Trust was disappointed to lose one of its three stars from the Healthcare Commission. The Trust was awarded a two star rating due to its performance on consultants' appraisals and progress on reducing hours worked by junior doctors. These issues have since been addressed.



**August 2004...** saw hundreds of people attend the Trust's summer open day. People had a behind-the-scenes look at the kitchens, boiler rooms, operating theatres and hospital wards.

**October 2004...** saw the Trust receive its third £100,000 award in a row for continuing good performance in A&E waiting times – seeing 95 per cent of patients within four hours. The Trust was disappointed to just miss out on achieving the 98 per cent target for the year ending 31 March 2005 due to an unprecedented level of emergency admissions during the Christmas and New Year period.

**December 2004...** saw £4 million pledged for new equipment and facilities in all three hospitals. The spending included a commitment to the new angiography suite at Edith Cavell and £2.9 million worth of equipment for theatres, endoscopy and maternity services.



/05

**February 2005...** saw the launch of a 'clean your hands' campaign in Peterborough and Stamford hospitals. The Trust was one of the first to take part in this national initiative led by the National Patient Safety Agency. The aim of the campaign is to reduce infection rates in hospitals by raising the profile of good hand hygiene.

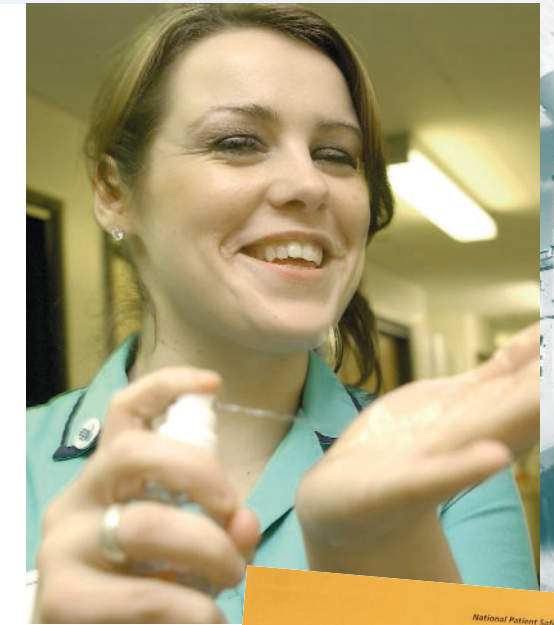
February also saw the Trust named by the government as being the second best Trust in the country for MRSA infection rates.

**In March 2005...** the Trust announced its preferred bidder for the £300 million Greater Peterborough Health Investment Plan. Consortium Progress Health was chosen to deliver the new 'super' hospital, mental health unit and integrated care centre. The project was submitted for planning permission in August 2005.

**Financial performance...** the Trust ended the financial year with a £7.7 million deficit, with the Trust accounts being presented to Parliament in July 2005. The Trust has been implementing a financial savings plan to ensure it breaks even at the end of the next financial year. See page 10 for further information.

On 1 March the Trust launched its Travel Option consultation. Members of the Trust were invited to comment on what measures should be introduced to tackle the growing problem of parking congestion at Trust sites and the order in which these measures should be introduced. The Trust has subsequently won an award for its travel options scheme.

Also in March, the Trust's new £400,000 CT scanner suite opened at the District Hospital. The CT scanner takes several images of the body and uses a computer to put them together helping medical staff to diagnose patients quickly and accurately. The Trust performs around 800 CT scans every month.



As we strive to develop our services, working with partners, both in the voluntary, private and public sectors, becomes more and more important.

The work of the Friends of Peterborough Hospital and the Friends of Stamford Hospital continues to boost the Trust's efforts to improve services and provides us with a strong link to our patients and our communities. The Friends of Peterborough Hospitals celebrated a record breaking fundraising year. In the 12 months to July 2004 their efforts led to a massive £75,000 being spent on equipment for areas of the Trust.



## Stamford has great friends

During the year the Friends of Stamford Hospital raised enough money to fund the purchase of specialist eye equipment in the form of a visual field analyser. In addition the Friends are raising money for:

- The creation of a multi-faith room
- The refurbishment of the mortuary chapel viewing area
- The purchase of a digital camera for use in the minor injuries unit and outpatients department

We also continue to build a strong and productive relationship with our key commissioning partners – the primary care trusts (PCTs). Many people are not aware that it is the PCTs that decide which services they want our hospitals to provide and then pay us accordingly. We work very closely with both our main PCTs – Greater Peterborough Primary Care Partnership and Lincolnshire South West Teaching Primary Care Trust – both in planning and delivering those services and also more widely in promoting health improvement campaigns and new services.



## Working in partnership: Diabetes team wins national acclaim

The Trust's diabetes team received national recognition for its contribution to innovation and improvement in the NHS, winning second place in the National Health Service Journal Awards' chronic disease category.

In partnership with the Greater Peterborough Primary Care Partnership, the Trust created a new role of diabetes care technician to improve the care given in a patient's annual check for diabetes complications. The role was tested in hospital clinics, GP practices, independent sector nursing homes and the private retail sector.

Peterborough's two technicians, Kerri Ellis and Jane Masters, have proved so successful that Peterborough is leading the way in rolling out the project to other diabetes networks in the country.

## Record breaking year for the Peterborough Friends

Recent purchases made possible through the donations of the Friends of Peterborough Hospitals have included:

- Four patient controlled epidural anaesthetic monitors, allowing more patients to be treated with this form of pain relief on the wards
- A new patient trolley for use in endoscopy
- Specialist urology equipment
- Furniture to brighten up Ward 6X
- New seating for the waiting area in Sutton wing
- New seating for the MRI waiting area

## Greater Peterborough Health Investment Plan

The creation and implementation of the Health Investment Plan is another example of the Trust's close relationship with its key partners in the Greater Peterborough Primary Care Partnership, Peterborough City Council and the Cambridgeshire and Peterborough Mental Health Trust. Progress Health has now been appointed to take forward the development of the new hospital, mental health unit and integrated care centre.

In addition to the investment in three new facilities, a new hospital, a new integrated care centre and a new mental health unit, there will also be investment in expanded services, six more operating theatres, a second MRI scanner and new cancer services. The way healthcare services are provided will also be modernised to make them more effective and responsive to patients' needs.

Since April 2004, as an NHS Foundation Trust, the Trust has both a Board of Governors and a Board of Directors.

The Board of Governors is made up of 14 public governors, six staff governors, six partner governors and, currently, one co-opted adviser. The Board of Directors is made up of seven non-executive and seven executive directors. A list of the current Boards can be found on page 11.

Elections for public and staff governors were held in March 2004 with the successful candidates announced later that month.

The duties of the Governors include:

- To ensure that the NHS Foundation Trust operates in line with its terms of authorisation
- To work with the Board of Directors on long term planning and future service improvements
- To be consulted about all major developments
- To represent the interests of members and partners
- To support strategic plans agreed by the Board of Directors and the Board of Governors

One of the roles of the Board of Governors is to appoint the non-executive directors and in January 2005, the Trust was able to announce two new appointments under this new system.

## New non-executive directors appointed

**Susan Gray** has 25 years' international healthcare experience. She has worked in health and social care in the UK and abroad in the private, public and voluntary sectors. She was previously director of strategy and modernisation at Bedfordshire and Luton Community NHS Trust.

**Dr Sarah Raper** is a qualified doctor who has experience in the commercial property sector as well as her work on regeneration in Liverpool and Corby. Sarah undertook her medical training at King's College London and Bromley Hospital, Kent.

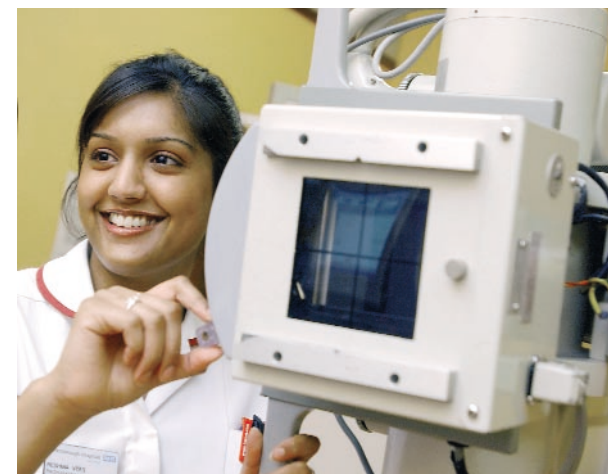
## Katrina Wilson – staff governor



**Katrina Wilson** is neurology development manager and was elected as a staff governor in March 2004. Her main duties are to represent the interests of staff members of the Trust, regularly feeding back information about the Trust, its vision and its performance.

Katrina said: "There have been a few agenda items to get our teeth into during the course of the first year. We have discussed the Greater Peterborough Health Investment Plan, consultant contracts and the formation of sub-committees to concentrate on specific development areas such as patient and public involvement and how to communicate with members of the Trust."

"There is so much going on at the moment – the new hospital, state of the art equipment, even further integrated services – the list is endless. Sure, there are plenty of challenges ahead, but they are the same challenges everywhere you look. That is not to say that we should be complacent or become apathetic at the perceived inevitability of it all. As staff governors we are here to make a difference."



A full version of the Trust's Annual Report and Accounts for the financial year ending 31 March 2005 can be found on the Trust's website, or a hard copy can be requested from the company secretary.

Our financial situation has been the subject of much management focus and public attention during the course of the year. During the financial year we incurred a deficit of £7.7 million. Although our income did increase by 8 per cent, our costs increased by 13 per cent.

While the Trust did attempt to cut costs and make savings by running more efficiently, the savings were unfortunately not enough to offset the additional cost commitments. These costs were driven largely by policies out of the Trust's control and included superannuation increases, the European working time directive and the cost of pay modernisation through the new consultant contract, and new pay scales for non-medical staff.

The Department of Health also withdrew central funding for the costs of our new hospital project, which amounted to nearly £1.9 million that year. This funding has now been resumed for 2005/6, but last year's shortfall has not been reimbursed to the Trust.

An initial financial recovery plan was put in place in autumn 2004. Since then a number of other factors, including national policy developments and a net reduction in our funding from our two main commissioning bodies, the Greater Peterborough Primary Care Partnership and the Lincolnshire South West PCT, have meant that this recovery plan has had to be speeded up. We agreed a new plan with Monitor, the independent regulator for foundation trusts, in July 2005, under which immediate savings were made through the closure of Hurst Ward in Stamford Hospital and a medical and a surgical ward in Peterborough.

The Trust Board acted quickly and decisively to avoid any further deterioration in the finances and believes that the ward closures, while regrettable, were wholly necessary. We cannot afford to run services at a level we are not funded for. They will deliver significant savings and will allow us to continue to operate without compromising services.

The service improvements also reflect issues that are affecting hospitals around the country, not just in Peterborough and Stamford, as the NHS strives to become more efficient. We are already seeing signs that our actions are working. The deficit in the current year is significantly less than at the same time last year. We continue to work to get back into a financially balanced position and to deal with all emergencies and routine operations as normal.



## Board of Governors

### Chairman

Dr Clive Morton OBE

### Public Governors

Mrs Moira Beattie OBE

Mr Arthur Critchley

Dr Dennis Guttman

Group Captain Michael Jenkins OBE

Mrs Sarah Dixon

Mr Kenneth Craig

Mr Ken Wright

Mr Keith Smith

Mrs Rosemary McCulloch

Ms Maria Stafford

Mrs Susan Mahmoud

Mr John Dawson

Mr John Horrell CBE TD DL

Mr Bob Woolley

### Staff Governors

Dr Roger Moshy, Consultant Radiologist

Mr N A (Dan) Anandan, Associate Specialist at Stamford Hospital

Mrs Elizabeth Phillips, Assistant General Manager Medical Inpatients

Miss Katrina Wilson, Neurology Development Manager

Mr Robert Donlevy, Clinical Audit Facilitator

Mrs Jane Porter, Deputy General Manager Woman and Child

### Partner Governors

Air Commodore Paul Evans, Director of Healthcare, Defence Medical Services Department

Mrs Heather Hanlon, Volunteers of Peterborough Hospital and the Volunteers of Stamford Hospital

Councillor John Holdich OBE, Peterborough City Council

Mr Mike Lilliman, The Friends of Peterborough Hospitals and the Friends of Stamford Hospital

Mr Chris Town, Greater Peterborough Primary Care Partnership

Mr Martin Whittle, Lincolnshire South West Teaching Primary Care Trust

### Young Persons' Adviser

Mr Greg Lee, adviser with young persons remit, competition winner, King's School in Peterborough



## Board of Directors

### Chairman

Dr Clive Morton OBE

### Deputy Chairman

Mr Geoffrey Clubbe

### Non-executive Directors

Mr Martin Hindle

Mr Raza Rahim

Ms Susan Grey

Dr Sarah Raper

Mrs Gloria Milne

### Executive Directors

Mr Chris Banks, Chief Executive

Mr Alan Turner, Medical Director

Mrs Chris Wilkinson, Director of Nursing

Mr Christopher Hall, Finance Director

Mr Bill Stevenson, Director of Operations

Mrs Christine Tolond, Director of Human Resources

Mr St Clair Armitage, Project Director

### Company Secretary

Miss Jane Pigg

\* Correct as at 31 March 2005

NB. Full details of Directors and Governors can be found in our full Annual Report and Accounts 2004/05 available on our web site.