

# **Foreword**

When considering the year ending 31 March 2006 it cannot be emphasised enough how important it was for the Trust to perform well both in healthcare terms and financially – more so than ever before.

We started the year on the back of a £7.7 million deficit amassed during the previous financial year largely due to changes in the NHS nationally. As a foundation trust we faced these issues much earlier that most NHS organisations in the UK and were already much further along in addressing them when they started to impact on the rest of the NHS and news of other trusts' much larger deficits became apparent. The scale of the difficulties across the whole of the NHS became one of the highest profiled political talking points in 2005 and remains so in 2006.

So, at the start of the financial year in April 2005 we found ourselves at something of a cross roads. It was imperative for the Trust to become much more efficient and get back on a stable financial footing while continuing to provide excellent healthcare. Failure to do so would result in our finances spiralling out of control and intervention by the foundation trust regulator, Monitor.

Throughout the year the Trust focused on increasing day surgery rates, reducing lengths of stay and improving patient pathways and a wide range of efficiency changes which benefited both patients and allowed the Trust to streamline its services.

In conjunction with our 18-24 month savings plan, Fit for the Future, these changes have helped the Trust turnaround its finances and we are pleased to report that the Trust ended the financial year with a deficit of around £900,000, £2 million better than target. This turnaround was achieved as the Trust met or bettered virtually all of the national performance targets, seen as exemplary performance.

Our on going savings plan aims to get the Trust to generating a small surplus by the end of the next financial year and it is important the Trust continues to look at how it can become even more efficient as the changes within the local and national healthcare environment continue at a great pace. More money is continuing to be invested into care in the community in response to people's wishes to stay out of hospital if they possibly can and the Trust faces increased competition from the private sector and other NHS organisations.

Although the health service is continuing to change rapidly and is still under great pressure, the Trust is in a very good position to meet the new challenges ahead and through close working with our partners we will continue to provide excellent healthcare for patients and communities in the region.

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

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

Our Performance 1 April 2005 – 31 March 2006



## A summary:

In 2005/06 the Trust saw:

- 251,000 new and follow up patients
- 69,400 A&E attendances
- 31,800 emergency admissions
- 23,700 day cases
- 9,000 elective in-patients

## Targets:

At the end of the year, the Trust was beating or meeting virtually all of the key national performance indicator targets for hospital trusts.

There are almost 40 targets, including A&E and cancer waiting times, patient booking times, infection control and financial management, set by the Department of Health and the Healthcare Commission that are audited and used as a snapshot to compare the performance of trusts around the country. The Trust also reports to the foundation trust regulator, Monitor.

The Trust draws its patients from a 35-mile wide radius of Peterborough and the targets cover the 300,000 clinic attendances (including A&E) and the 60,000 + inpatient attendances that took place in the last year.

In all of the key target areas the Trust performed well including:

- Nobody was waiting more than 13 weeks for a consultant outpatient appointment as at 31 March 2006 (80 per cent wait less that eight weeks for their appointment)
- Nobody was waiting more than six months for elective surgery as at 31 March (82 per cent wait an average of less than 12 weeks)
- A yearly average of 98.8 per cent of people attending A&E were assessed, treated and admitted or discharged in four hours or less (target is 98 per cent)
- 100 per cent of patients suspected of having cancer were seen within two weeks of their referral (target is 100 per cent)



- A yearly average of 99 per cent (since Dec 05) of cancer patients had their first treatment within 31 days of the decision to treat (target is 98 per cent)
- A yearly average of 96 per cent (since Dec 05) of cancer patients had their first treatment within 62 days of their referral
- The Trust had only nine cases of MRSA bacteraemia for the year
   placing the Trust in the top ten highest performing trusts for infection control in the country
- 100 per cent of people were allocated a bed on a ward within 12 hours following an emergency admission

Out of 39 indicators there were only two areas that dipped below the national averages, while more than 25 exceeded the national targets. The Trust's financial performance was originally rated below average by the Foundation Trust Regulator but this was upgraded following the on-going savings plan and efficiency work.

The Trust also had a below average score for fractured hip readmissions but this is being investigated because an independent assessment by the NHS Institute for Innovation and Improvement (University of Warwick) had shown the service has the highest clinical standards in the country. It is believed that there is an anomaly in the way the data is processed.

The Trust is continuing to meet or better the existing national targets and is confident it will meet the new targets that will come into effect in the near future – mainly that all patients waiting for elective procedure will wait no more than 18 weeks by April 2008.

# Our Year

## April 2005

#### Improving Travel

The Trust's Travel Options consultation closed in April. The Trust had asked its 3,600 staff members and 5,100 public foundation trust members for their views on the Travel Options initiative.

The Travel Options scheme went on to win a Cambridgeshire and Peterborough Work Place Travel Plan Award in August.

## May 2005

#### Magic wand for knee surgery

Patients suffering with knee injuries are now benefiting from a revolutionary new piece of equipment at Stamford Hospital.

Launched in May, the ArthroWand is being used by consultants at the hospital to treat people whose knee joints have worn out or sustained an injury. It enables doctors to remove damaged soft tissue, such as cartilage, with heat-producing radio waves rather than traditional surgical techniques. This results in a less painful and quicker healing process for patients.

#### Beds to Bangladesh

Two charities in Bangladesh and Iraq received two container lorries filled with hospital beds and mattresses donated by the Trust.

Following an upgrade of the Trust's beds there were 100 older beds surplus to requirements and the Trust was very pleased to give them to two worthy causes.

#### June 2005

#### Glaucoma screening

The Trust's new glaucoma community screening service set up jointly with the Greater Peterborough Primary Care Partnership was hailed a success.

The scheme was launched in February at three optometrist practices who screened patients on their premises, saving them a visit to the hospital. Fifty patients were seen in the first few months alone.

## July 2005

#### Star Ratings

The Trust was awarded a two-star performance rating for 2004/05.

The rating was based on nine key targets and more than 30 performance indicators. The Trust met six out of eight key targets and also scored highly on the stroke care, child protection, six month inpatient waiting times and patient complaints performance indicators.



#### **Equipment** Amnesty

Crutches, zimmer frames, wheelchairs, nebulisers and pumps were just some of the essential pieces of equipment totalling more than £10,000 that were returned to the Trust as part of July's equipment amnesty.

## August 2005

#### New scanner

Stamford Hospital took delivery of a new £6,000 bladder scanner.

The high-tech scanner, used to assess if there is a problem with a patient's bladder and to monitor a patient's bladder following surgery, is available to medical and nursing staff across the hospital but is especially in demand on the Greenwood Day Surgery Unit. It will be used on more than 150 patients every year.

## September 2005

#### Protected mealtimes

As part of a national initiative Peterborough and Stamford Hospitals NHS Foundation Trust launched the Protected Mealtimes scheme.

Since October wards in all three of the Trust's hospitals have periods when all non-urgent clinical activity stops. During these times patients are able to eat without being interrupted and staff will offer assistance.

## October 2005

#### Top 100 employer

The Trust was named as one of the best places to work as a nurse in the UK by the first ever Nursing Times' Top 100 Employers survey – it was the only Trust in the county to feature.

Trusts that entered the awards were questioned on themes including; equal opportunities, family-friendly policies, flexible working, healthiness of workplace, facilities, level of staff involvement, training and development, and mentorship and induction.

The judging panel said: 'This is a visionary trust which motivates people to maintain high standards of care, according to its staff. They say training and development opportunities are well supported and that senior managers are approachable and recognise the achievements of the nursing teams.'







## November 2005

#### New X- ray suite

A new X-ray facility at the Edith Cavell Hospital officially opened at the end of November.

The state-of-the-art angiography suite - officially opened on 21 November by Peterborough United FC owner, Barry Fry, members of staff, the Trust Executive team and Trust governors - is equipped with an X-ray machine that will allow medical teams to take images of intricate blood vessels of the heart – to assess people with suspected heart conditions - and also to provide therapeutic treatment for other patients with illnesses such as cancer.

#### Savings Plan launched

In November the Trust launched a new financial savings plan to make sure it is in a good financial position in the future following major changes to national policy within the NHS.

More surgery is being done as a day case and our commissioning primary care trusts are continuing to spend more money in providing care in the community rather than in hospitals. The three-year savings plan is responding to these and other changes in healthcare to ensure our hospitals are fully fit for the future

#### Art in the hospital

The second phase of the Art in the hospital project saw 76 stunning photographs of Greater Peterborough, its people and its wildlife, hung along two of the busiest corridors in the Edith Cavell Hospital for the benefit of patients, visitors and staff.

The photographs have been donated by members of the Peterborough Photographic Society and the Deepings Camera Club.

#### Finances

The Trust was pleased to return a much improved year end figure for its 2005/06 accounts.

The final accounts were presented to the Foundation Trust regulator, Monitor, in June and then to Parliament in July and are publicly available in the Trust's Annual Report.

The Trust reported a deficit of £951,000 compared to £7.7m for the year ending April 2005. The turnaround is the result of the Fit for the Future three year savings plan that has reduced costs by around six per cent.

The improvement was achieved while the Trust met or exceeded virtually all of the major national performance benchmarks. The Trust was also singled out by Monitor as an example of best practice for its financial turnaround



## February 2006

#### **Excellent MRSA performance**

The Trust again performed very well in the Department of Health's national report on MRSA bacteraemia figures.

The Trust is among the ten best performing hospital trusts in the country following just nine cases of MRSA bacteraemia cases within its hospitals for the year.

### March 2006

# Community Centre for Stamford Hospital

The Trust announced that the Stamford Hospital Community Centre, would launch on 1 April 2006.

The newly created community centre will be independent of the Trust and will operate in the existing premises on hospital grounds and will provide a valuable community resource and will be widely used by other clubs and organisations.

#### Scooter scheme launched

Users of powered scooters can now enjoy the same level of mobility at the Edith Cavell Hospital thanks to an innovative pilot scheme.

The Trust announced that from May 2006, users of powered mobility scooters that are attending the Edith Cavell Hospital as a patient or a visitor will be able to call ahead and book a specially adapted scooter free of charge.

## April 2006

#### On target

The Trust announced that, at the end of the previous financial year (1 April 2005 – 31 March 2006), it was beating or meeting virtually all of the key national performance indicator targets for hospital trusts

There are almost 40 targets, including A&E and cancer waiting times, patient booking times, infection control and financial management, set by the Department of Health and the Healthcare Commission that are audited and used as a snapshot to compare the performance of trusts around the country.





Finances

A full version of the

Trust's Annual Report

and Accounts for the

financial year ending 31 March 2006 can be

website or a hard copy can be requested from

the company secretary.

found on the Trust's

Our financial situation for the year ending 31 March 2006 was much improved on the previous year and the Trust ended the period with a deficit of £951,000 compared to £7.7 million for 2004/05. The turnaround was the result of on-going service improvement work and the Fit for the Future three year savings plan and represents a reduction in costs of around six per cent.

The Trust began an initial savings programme in July 2005 and in November 2005 the Fit for the Future savings plan was launched which, if all goes according to plan, will see the Trust make a small surplus by 31 March 2007 with larger surpluses following year on year to pay back our deficit.

The Fit for the Future savings plan includes a reduction across the Peterborough hospitals of approximately 60 beds during the next two years as the trend towards more day case surgery continues, lengths of stay in hospital are reducing and there is a reduction in patient referrals from GPs as PCTs continue to invest more in care in the community.

A great deal of work has also been taking place to improve systems and procedures in order to increase efficiency and further reduce costs. One of the system changes will be the creation of a centralised admissions booking centre so that patients receive a much faster and reliable service.

As part of the savings plan 185 posts were identified as being at risk, approximately 85 from management, support and administration areas and 100 clinical posts.

The Trust continues to work hard in partnership with trade union colleagues to limit the impact on staff. The vast majority of members of staff affected by the programme so far have been redeployed into other suitable posts within the Trust, with the number of compulsory redundancies being kept to single figures.

It is worth noting that the financial improvement has been achieved while the Trust has met or exceeded virtually all of the major national performance benchmarks and was singled out by Monitor as an example of best practice for our turnaround.

Work continues on the proposed new hospital as part of the Great Peterborough Health Investment Plan and it is hoped financial close will be reached in the autumn of 2006. As the Trust has to gain approval for the scheme from the Department of Health and Monitor it is vital to maintain a strong financial position.

For the year ending 31 March 2006 the Trust invested around £4 million in healthcare facilities and equipment for patient care. Some of the major projects included the new angiography suite (opened in November 2005) and the new Clinic G (opened in July 2006).

While the local and national healthcare picture continues to change rapidly the Trust is in a good position to face the new challenges ahead and we believe our position was strengthened with the confirmation that Peterborough would retain its own Primary Care Trust.

So far in the new financial year the Trust has performed very well against its financial targets and plans to end the financial year with a small surplus.



# List of Governors and Directors\*

### **Board of Governors**

#### Chairman

Dr Clive Morton OBE

#### **Public Governors**

Mrs Moira Beattie OBE

Mr Arthur Critchley

Dr Dennis Guttmann

Group Captain Michael Jenkins

Mrs Sarah Dixon

Mr Kenneth Craig

Mr Ken Wright

Mr Keith Smith

Mrs Rosemary McCulloch <sup>1</sup>

Mrs Maria Stafford

Mrs Susan Mahmoud

Mr John Dawson <sup>2</sup>

Mr John Horrell CBE TD DL <sup>3</sup>

Mr Bob Wooley

#### **Staff Governors**

Dr Roger Moshy, Consultant Radiologist

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

Mrs Jane Porter, Head of Midwifery and Deputy General Manager Woman and Child Services <sup>4</sup>

Mrs Elizabeth Phillips, Assistant General Manager Medical Inpatients

Miss Katrina Wilson, Stroke Unit Project Nurse until June 2005 then Neurology Development Manager <sup>5</sup>

Mr Robert Donlevy, Clinical Auditor Facilitator



#### **Partner Governors**

Air Commodore Paul Evans, Ministry of Defence

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

Councillor John Holdich <sup>6</sup>, Peterborough City Council

Councillor Graham Murphy <sup>7</sup>, Peterborough City Council

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

Mrs Angela Barr, Greater Peterborough Primary Care Partnership

Mr Martin Whittle, Lincolnshire South West Teaching Primary Care Trust

### **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 <sup>8</sup>

Mr Jonathan Radway <sup>9</sup>

#### **Executive Directors**

Mr Chris Banks, Chief Executive

Mr Alan Turner, Medical Director 10

Mr John Randall, Medical Director 11

Mrs Chris Wilkinson, Director of Nursing

Mr Christopher Hall, Finance Director

Mr Bill Stevenson, Director of Operations <sup>12</sup>

Mrs Christine Tolond, Director of Human Resources

Mr St Clair Armitage, Project Director

#### **Company Secretary**

Miss Jane Pigg

\*Listing all those with terms of office during 1 April 2005 - 31 March 2006

- 1 Mrs McCulloch resigned on 20 January 2006
- 2 Mr Dawson sadly passed away on 4 May 2006
- 3 Mr Horrell sadly passed away on 17 December 20054 Mrs Porter resigned with effect from 3 June 2005
- 5 Miss Wilson became MS Nurse Specialist with effect from 19 June 2006
- Councillor Holdich was in post until 24 May 2005.
   Cllr Murphy's portfolio was reassigned with effect from 22 May 2006. He was replaced by Cllr Diane Lamb.
- 8 Dr Raper resigned with effect from 31 March 2006. Mr Andrew Burroughs was appointed to fill the vacancy and started on 24 April 2006.
- 9 Mr Radway started in post on 30 August 2005 replacing Mr Keith Pearson who resigned with effect from 31 March 2005.
- 10 Mr Turner resigned from the Trust with effect from 30 September 2005
- 11 Mr Randall became Medical Director from 1 October 2005 following Mr Turner's retirement from the Trust.
- 12 Mr Stevenson retired with effect from 31 March 2006. He was replaced as Director of Operations by Mrs Paula Gorst on 24 April 2006.



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