

# Annual Report and Accounts

April 1- October 31, 2008

# Your health is our business

## Chairman and Chief Executive's Report

2008 has been a major year of achievement for Kettering General Hospital culminating in our successful bid to become a Foundation Trust on November 1.

This report sets out the Trust's achievements in its final months as a standard NHS Trust between April 1 and October 31, 2008, and follows on directly from our 2007-2008 Annual Report. This report will show you how and why we achieved our Foundation Trust status success and what our development themes are for 2008-2009.

It is a legal requirement that standard NHS Trusts must produce an interim annual report to cover the period running up to the moment when they achieve Foundation Trust status. This report will be followed by a full report on the 2008-2009 year produced using the guidance given to Foundation Trusts.

Key objectives for Kettering General Hospital during 2008 have been to:

- Reduce the key healthcare associated infections C difficile and MRSA
- Achieve Foundation Trust status, develop a good level of local membership and hold elections for our first representative Council of Members
- Push ahead with a £20m plan to improve our wards and departments to a high quality standard
- Improve our overall performance and achieve an "excellent" rating for quality in the national Annual Health Check ratings produced by the Healthcare Commission

We are delighted to be able to report good progress with all of these objectives – more details of which follow later in this report (see pages 4, 6, and 8-9).

Looking ahead the Trust has launched a five-year development programme called Improving Healthcare Together which aims to address issues about the care we provide which we have identified through local market research.

The aim is to improve the quality of personal care we provide to patients by ensuring that we pay attention to details like being friendly and helpful throughout a person's time in hospital and beyond – including giving advice to people once they have left us about their recovery.

And finally the Trust recognises that all of its achievements stem from its excellent staff. So one of our aims in 2009-2010 will be to become an excellent employer as recognised by organisations such as the Health Service Journal's Top 100 best health employers. We are doing this as part of a firm commitment to further improve the working lives of our staff.

Achieving Foundation Trust status means that Kettering General Hospital has become one of the top performing hospitals of its kind in England.

We want to work together with our staff, patients, and the local community, to build on this substantial achievement in 2009-2010 and beyond.

**Steve Hone** – Chairman

**Dr Mark Newbold** – Chief Executive

# A brief history of the Trust

- Kettering General Hospital opened as a publicly funded cottage hospital in 1897 on its present 33-acre site
- It became a standard NHS Trust on April 1, 1994
- It became an NHS Foundation Trust on November 1, 2008
- From November 1, 2008, the hospital is being run by a Board of Directors and a Council of Members. The Board of Directors meets monthly and Council of Members four times a year
- The Board of Directors is made up of five Non-Executive Directors (members of the public), five Executive Directors (hospital managers) and a Chairman (who is a member of the public)
- The Council of Members is made up of 40 representatives of the local community – these are divided into 13 appointed members (eg representatives of local organisations such as district councils, 21 elected members of the public representing local areas (eg Kettering, Wellingborough, Corby etc) and 6 staff members (see page 18)
- Foundation Trusts are responsible to local people via their Council of Members and are also regulated by the independent body Monitor [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

## Our local environment

- Kettering General Hospital NHS Foundation Trust serves a population of an estimated 310,000 in North Northamptonshire and South Leicestershire
- Northamptonshire is 54% arable, 26% grassland, 9% urban, 5% wetland, 5% woodland and 1% quarry and scrub
- Despite its rural character jobs are 19.5% wholesale and retail, 19.3% manufacturing; 14% business services – agriculture only accounts for 0.2% of jobs
- Overall the population in the area served by Kettering General Hospital (North Northamptonshire) is expected to grow by 50 per cent by 2031
- This means the number of people living in local towns and villages will increase from 300,000 to 450,000
- On average Northamptonshire people live to between 72 and 82 years. The highest life expectancy is in rural areas with lower levels in towns
- There are areas of the county – such as Corby – which have higher levels of some common illnesses such as heart disease and stroke
- These issues have been identified by the NHS organisations in the county and work is being done to provide the right kind of care and advice to suit local populations.

### CONTACT US

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# We've done it - Kettering General Hospital achieves Foundation Trust status

**ON Saturday, November 1, Kettering General Hospital became Britain's 109<sup>th</sup> Foundation Trust after undergoing an intensive assessment by the independent regulator Monitor.**

To achieve Foundation Trust status it had to prove that it had excellent financial controls, good systems in place to provide patients with safe care and a very good grasp of what it plans to do in the future and how it will involve local people in that.

Achieving Foundation Trust status means that the hospital remains part of the NHS but is able to act more independently, have more control of its finances and be more accountable to local people through an elected Council of Members.

Kettering General Hospital's Chief Executive, Dr Mark Newbold, said: "Achieving Foundation Trust status is a tremendous vote of confidence in all of our hard-working staff and a seal of approval for how we run the hospital. We have passed a most rigorous test and are now very much looking forward to working with our staff and local people to make Kettering General Hospital a truly outstanding local hospital."

The Trust began its Foundation Trust journey in 2006 and carried out a public consultation in November of that year which involved approaching more than 12,000 individuals and organisations. The consultation showed that 91% of local people were in favour of the move.

The Trust then had to produce a very comprehensive five-year Integrated Business Plan outlining how it proposed to develop its services, improve care for patients and face the future challenges of things like population growth.

On July 24, 2008, the Health Secretary Alan Johnson gave the Trust's application to the green light to move on to the final stage of Foundation Trust assessment and on October 30 Monitor approved the Trust's application.

In the build up to its successful application Kettering General Hospital had to actively recruit local people, and its own staff, to become Members of the Trust.

Membership is open to all local people and it enables people to become more involved in the work of the hospital and receive more information about it.

So far about 7,000 people have become Members of Kettering General Hospital and the Trust is actively encouraging more people to join.

If you would like to become a Member of Kettering General Hospital Foundation Trust and get involved in events and developments contact the hospital's Membership Manager Christine Harrison on 01536-492169 or email [Christine.Harrison@kgh.nhs.uk](mailto:Christine.Harrison@kgh.nhs.uk)

Kettering General Hospital will continue to be independently monitored by the regulator Monitor to ensure that it meets the high standards expected of Foundation Trusts.

# What is Kettering General Hospital NHS Foundation Trust?

**Kettering General Hospital NHS Foundation Trust is a medium-sized district general hospital which provides a wide range of services to about 310,000 people in North Northamptonshire and South Leicestershire.**

The Trust's goal is to provide the highest standards of care for all of its patients and to fully support carers and visitors.

It has developed many state-of-the-art facilities run by highly qualified staff including:

- An £18m short-stay surgery centre – The Treatment Centre – which enables the majority of operations to be done with stays of less than 48 hours
- A £4.7m Cardiac Centre providing heart-related treatments closer to people's homes

The Trust also has 600 inpatient and day case beds, a modern A&E department, a large maternity wing, 17 operating theatres, an intensive care unit, skin care centre (the Jubilee Wing), cancer care wing (the Centenary Wing) and special care baby unit.

The Trust has excellent diagnostic facilities, for example CT and MRI scanners, and carries out some 8 million tests in its pathology laboratories each year.

In 2007/8 the Trust became the NHS bowel screening centre for Leicestershire, Northamptonshire and Rutland and extended its breast screening programme to women aged up to 70.

The Trust also runs a wide range of outpatient clinics in Corby, Wellingborough and Rushden and plans to expand its outpatient facilities in 2009-2010 to bring more clinics closer to people's home and away from the main Kettering site.

At October 31, 2008 the Trust employed 3,402 staff which it considers its greatest asset. Of those:

- 343 are doctors (114 of them Consultants)
- 1,062 Qualified Nurses/Midwives
- 427 Health Care Assistants (Nursing)
- 1,575 other staff including healthcare scientists, maintenance and clerical staff

In 2007-2008 the Trust:

- The Trust treated 70,241 patients in Accident and Emergency - an average of 192 per day
- Admitted 35,400 patients to hospital beds as emergencies
- Saw 204,202 outpatients
- Performed 7,972 inpatient and 23,046 day case operations / procedures.

# The care we provide is excellent

**Kettering General Hospital improved its Annual Health Check ratings for the third year running achieving an **Excellent** rating for quality of services and a **Good** rating for use of resources.**

The **Excellent** rating puts the Trust into the top 30% of Trusts in England for quality of services and is a big improvement on its ratings of **Fair** in 2006/7 and 2005/6.

Kettering General Hospital's Chief Executive, Dr Mark Newbold, said: "We are absolutely delighted to have achieved an **Excellent** rating for quality of services.

"This is first time we have ever achieved such a high score in the very detailed assessment the Healthcare Commission carries out for all NHS Trusts - and which enables local people to see just how well their local hospital is doing.

"Our score is a reflection of just how much hard work our staff put into every aspect of patient care and also the extra resources we have put as an organisation into improving our facilities, successfully tackling infection and hitting all of our national targets.

"The score of **Good** for use of resources is also a testament to the way we have managed our finances – we have achieved breakeven, or made a surplus, for the last three years and again expect to have a surplus by the end of March 2009."

The Trust's quality of service rating was based on how well it met:

- **The Standards for Better Health core standards** – the Trust fully met the 24 standards which cover a wide range of activities including infection control, complaints handling, medicines management and wide variety of other service areas
- **Existing national standards** – the Trust fully met its ten key national targets including areas such as not making people wait more than four hours to be seen in A&E or more than two weeks before being seen by a consultant for suspected cancer
- **New national targets** – The Trust received a rating of excellent for its work towards new national targets such as encouraging breast feeding during pregnancy and achieving Government referral to treatment time waiting time targets

This year's Annual Health Check also assessed the Trust in six key areas.

- Safety and cleanliness (scored 13 out of a possible 13)
- Standard of care (scored 9 out of a possible 9)
- Waiting to be seen (scored 12 out of a possible 12)
- Dignity and respect (scored 10 out of a possible 10)
- Keeping the public healthy (scored 4 out of a possible 4)
- Good management (scored 17 out of a possible 17)

Dr Newbold said: "The Trust is determined to improve the quality of care and the quality of experience patients have when they come to Kettering General. We know things are not perfect here and we are not complacent. Achieving this **Excellent** rating is just the start for us – we are planning to do a lot of work to further improve patient experience during 2009 and beyond."

# Our performance is strong across the board

**THE TRUST is regularly measured against key performance indicators in various aspects of the care it provides.**

Performance is monitored continually and reported to monthly meetings of the Board of Directors.

Certain key performance indicators also shape the Trust's overall score in the Annual Health Check (see page 6) which enables local people to judge how well the Trust is doing overall against its many targets and standards.

Here are some of the Trust's key targets and how we performed against them at October 31, 2008.

- **Overall wait** – to treat 90% of admitted patients and 95% of non-admitted patients within 18 weeks (from GP referral to treatment) – achieved
- **Inpatient wait** – no one to wait more than 20 weeks – achieved
- **Outpatient wait** – no patient to wait more than 11 weeks – achieved
- **A&E wait** – patient to spend no more than 4 hours in A&E from arrival to admission, transfer or discharge – target 98% - achieved 98.8%
- **Diagnostic wait** – no one to wait more than 6 weeks for a test or examination – achieved
- **Cancer wait** – 99.6% of patients to be seen within two weeks by a specialist following urgent referral by a GP – achieved 99.8%
- **Cancer wait** – diagnosis to first treatment with 31 days – target 98% achieved 98.8%
- **Cancer wait** – from GP urgent referral to treatment within 62 days – target 95% - achieved 95.4%
- **Cancelled operations** – less than 0.8% of patient to be cancelled on day of admission for non-clinical reasons. Achieved 0.2%.
- **Delay in transferring patient** – from an acute hospital bed to more suitable community care – target no more than 2.2% of patients delayed at any point in time – achieved 2.2%
- **Rapid access chest pain** – target of 98% of patients referred to a rapid access clinic to be seen within 14 days. Trust achieved 100%
- **Revascularisation** – No patient to wait more than three months for this procedure – achieved
- **Thrombolysis** – To ensure that at least 68% of patients have to wait no more than 60 minutes from first call to emergency services to injection of clot busting drugs – Trust achieved 66.7% which is slightly off target
- **MRSA bacteraemia** – No more than six cases to be reported at this point in the year – Trust saw six cases of this form of bloodstream infection at this stage in the year
- **Clostridium difficile** – To reduce the level of Clostridium difficile infection by 10%. This related to having no more than 112 cases at this point in the year – Trust saw 65 cases at this stage of the year (using revised guidance from the Department of Health)

As a Foundation Trust the hospital has to maintain its performance against these standard NHS targets.

# Achievements and developments April-October 2008

## March/April - Infection Control

- At March 31, 2008, the Trust managed to cut its C difficile and MRSA case totals in half following an intensive campaign to reduce infections
- This meant it achieved two important 50% reduction targets set by the Department of Health and Northamptonshire Teaching Primary Care Trust for March 31
- The Trust's £3m infection control campaign reduced C diff cases from 641 in 2006 to down to 306 in 2007-8. The MRSA 50% target was to have no more than 12 cases in 2007-8 (set against the 2004-5 total of 23 cases). The Trust had 11 cases
- The Trust undertook a huge amount of work to achieve this total including things like putting sinks in front of every ward entrance, having talking voice boxes which remind people to wash their hands, carrying out strict controls on antibiotic use (something which can reduce the incidence of C diff), buying new beds and mattresses, carrying out a deep clean of all of the hospital's wards and departments and bringing in new uniform guidelines for staff.

## May - Inpatient survey

- 95% of patients at Kettering General Hospital rated the overall care they received highly in a national Healthcare Commission Inpatient Survey released on May 14
- The survey found that 50% of patients rated overall care at Kettering General Hospital as excellent, 33% as very good, and 12% as good. Only 3% rated the overall care they received as fair and only 1% as poor
- The 95% rating puts Kettering General Hospital into the top 20% best performing Trusts in England on this survey question.

## June – High Dependency Unit opened

- Trust opened a specialist two bedded High Dependency Unit on its Labour ward on June 2 for women with problems such as high blood pressure and haemorrhage.

## July - Official opening of the Treatment Centre and NHS 60<sup>th</sup> birthday celebrations

- The Trust officially opened its £18m Treatment Centre – a kind of short-stay surgery centre - during the 60<sup>th</sup> anniversary of the NHS celebrations
- The Centre was opened on July 10 by KGH housekeeper Marie Joy – who has the same birthday as the NHS, July 5, 1948
- In its first year of operation (April 2, 2007 – April 2, 2008) the Treatment Centre saw a total of 22,448 patients; carried out 6,648 surgical procedures or treatments and saw some 15,800 women for screening or treatment in its breast unit

## July – Breast reconstruction services launched

- In July the Trust officially launched a surgical breast reconstruction service for patients being treated for breast cancer
- The new service reduces the need for women to travel to specialist centres such as Leicester Royal Infirmary or Nottingham City Hospital to have reconstructive surgery following treatment to remove cancer

### **August - £25,000 Elective Admissions Lounge**

- The Trust has developed a new way to ensure that people who are being admitted to hospital for routine operations go through a smooth, well organised and comfortable admission process while being allocated a bed
- Its new Admissions Lounge, located next to Deene A, enables people to arrive at hospital at a fixed time, receive any pre-operative checks immediately and then be allocated a bed prior to their surgery with less difficulty

### **September - £30,000 new Paediatric Assessment Unit opened**

- A specialist unit was opened to improve and speed up the way in which children are admitted to hospital
- The Unit reviews about 60 children per week who are referred to hospital by GPs
- It ensures they are assessed, treated and sent home, or admitted to hospital care, quickly and efficiently, in a child friendly environment, with good access to specialist doctors and nurses.

### **October – £1.2m cellular pathology department opened**

- The Trust completed the first phase of a £3.4m revamp of its pathology service by opening a newly built £1.2m cellular pathology department
- The redevelopment helped to improve and extend the hospital's diagnostic and testing services which perform more than 1.2 million requests - which equate to about 8 million blood, urine and other diagnostic tests for GPs and hospital staff each year. The second phase of the refurbishment should be complete by September 2009

### **October - A national report shows strength of Trust's finances**

- The Trust received an overall score of three out of a maximum of four for its use of resources in the Audit Commission's third annual Auditors' Local Evaluation (ALE) report

### **October – Trust opens £1.5m Clifford ward**

- On October 24 the Trust opened a new short-stay medical ward for people with acute illnesses as part of its overall £20m ward refurbishment programme
- The ward is called Clifford Ward in memory of Dr Guy Clifford - a physician who worked at the Trust for six years but sadly died in May 2008

# How we listen to local people and respond to their needs

**THE TRUST is committed to responding well to the needs of its local community and will be actively seeking local people's views on how best to do this in the year ahead.**

One key way will be harnessing the power of its 7,000 Foundation Trust members. Already the Trust has been communicating with its members by newsletter, telephone, email, by having a section on its website and by organising events for Members.

The largest event for members in the period April-October 2008 was the Trust's Annual General Meeting which was held at the Kettering Conference Centre in Kettering on October 1.

Members were given presentations on the Trust's end of year position and plans for the future by Chief Executive, Dr Mark Newbold, Chair, Steve Hone, and Finance Director, Marcus Thorman. Members were also able to browse a number of stands manned by staff who could give them a detailed insight into the work of the Trust.

The Trust's new Council of Members (see page 18) will also actively influence the major decisions the Trust makes.

## Patient and Public Council

The Trust also has a voluntary Patient and Public Council which is made up of patients and carers and since 2000 has been working alongside hospital managers to improve patients' experience of care.

The Council makes many improvement suggestions which are taken forward by managers – they also perform valuable audit work gathering information about things like compliance with hand washing and the supply of patient information.

## Patient surveys and research

The Trust has asked for its patients' views this year through extensive market research in the run up to its Improving Healthcare Together programme which was launched at a staff event on September 16, 2008. This five year development programme will aim to improve patients' experience of Kettering General Hospital by addressing key issues which emerged from the research work.

One of first ways the Trust is doing this is by launching ward pilot projects which will regularly ask patients for their opinions about their care, set in place improvements and see how they are received. The first two ward pilots were launched in December 2008 and January 2009.

Other ways in which the Trust learns from its patients include the Annual Health Check (see page 6), inpatient survey and other surveys carried out by the Healthcare Commission (see page 8).

## Compliments and complaints

The Trust also learns from its patients and carers by listening to both their compliments and complaints about our services.

The Trust receives many compliments via thank you letters to its wards, departments, to the Chief Executive and to its website [www.kgh.nhs.uk](http://www.kgh.nhs.uk). The Trust also pays a lot of attention to observations, issues and complaints raised via its Patient Advice and Liaison Service (PALS), which has an office at main reception, or via official complaints made to the Trust's Patient Relations Department by phone, email or letter.

## Patient Advice and Liaison Service (PALS)

The PALS service is on hand during normal office hours to help patients or carers who are seeking information or have a concern they need resolving.

The service speaks with about 800 people per year about a wide range of issues including things like individual patient care, hospital appointments, cancellations, discharge, waiting times, parking and staff behaviour. The PALS service can be contacted on 01536-493305.

## Patient Relations Department

The Trust's Patient Relations Department provides a free and accessible complaints procedure that is compliant with up-to-date guidance from the Department of Health.

The Trust's complaints procedure guides staff and complainants on the process to be followed in resolving a complaint and provides a process to enable a timely, fair, open, thorough and confidential resolution of concerns.

It also enables the Trust to improve the quality and safety of its care through lessons learned. The total number of complaints received during 2007-2008 was 355 – some 77 less than in 2006-2007. The number from April-October 2008 was 196.

Complaints are dealt with flexibly to meet the needs of the complainant wherever possible. This may involve face-to-face meetings at the hospital, telephone contact, letter or e-mail. Staff at all levels of the organisation are encouraged to deal with complaints on the spot if possible or escalate to an appropriate manager so that prompt action to be taken.

The performance on response times for 2007-2008 was 67.3% of responses completed within the 25 working day guideline. The Trust achieved 100% for the period April 1 – October 31, 2008. This considerable improvement was largely due to the decentralisation of complaints management to the Clinical Management Teams.

The Trust deals with complainants in as equitable and balanced a manner as possible taking account of the Principles of Remedy outlined by the Parliamentary and Health Service Ombudsman. Where there is loss, injustice or hardship incurred by a complainant the Trust assesses the individual case and seeks to give suitable and proportionate remedy including an apology, explanation, remedial action or compensation as appropriate.

The Trust regularly makes improvements resulting from complaints and these have included improving ward round communications in the medical assessment unit, training Harrowden B staff in the care of Parkinson's disease patients and developing nurse led clinics to improve waiting times for colposcopy.

## Spiritual and emotional support

Coming into hospital, even for a short planned visit, can be a demanding and worrying time for patients, their family and friends.

The Trust helps to support people emotionally and spiritually during these difficult times through its well-established multi-faith chaplaincy service.

The chaplaincy department actively involves members of the Hindu, Muslim, Jewish, Bahai and Humanist communities. The department's work ranges from direct patient support through to staff training and the development of policies relating to spiritual care. Some 30 Chaplaincy Volunteers, specifically trained to work in the hospital, also assist in the department's work. The department can be contacted on 01536-492609.

## Working with disability and sensory impairment

Ensuring the needs of people with a disability or sensory impairment are met is important to Kettering General Hospital

For many years the Trust has had an active Disability and Sensory Impairment Working Group (DSIWG) which oversees practical measures to achieve this goal.

The group is made up of representatives from local community organisations, disability and sensory awareness associations, and health professionals and managers.

In 2007-2008 the Trust introduced a 'Disability Equality Scheme' (DES) and the DSIWG has helped to oversee an action plan to further improve services.

Work done in 2008 has included fitting extra hearing loops, providing additional staff training on dementia care and learning disability, purchasing extra wheelchairs and ensuring appropriate modification work is carried out in places like ward bathrooms.

Other improvements have included a ramp and disabled parking in four Trust car parks and significant input into the Trust's ward improvement programme. (see page 9)

The Trust's Disability and Sensory Impairment Facilitator, Joanne Taylor, can be contacted on 01536 493340 or by email on [Joanne.taylor@kgh.nhs.uk](mailto:Joanne.taylor@kgh.nhs.uk)

## Making sure we are prepared for an emergency

During 2008 the Trust progressed work to ensure that it has plans in place to deal with any major incident and its aftermath.

The Trust has an Emergency Planning department and an Emergency Planning Group to take the emergency planning agenda forward.

It now carries out an annual review of its ability and capacity to respond to an emergency and addresses any weaknesses identified.

The Trust's Emergency Planning Group has also, where appropriate, formed sub-groups to take particular issues forward. Examples include further developing its Major Incident Plan and fine-tuning its plans for Pandemic Flu, CBRN and Business Continuity.

It also regularly takes part in regional work carried out by local emergency planning forums – for example the Northamptonshire Pandemic Flu Group and Local Resilience Forum.

During 2008 the Trust attended various emergency exercises and also hosted a multi-agency pandemic flu exercise, which helped it to develop a new more detailed pandemic flu plan

The Trust will continue to review and upgrade its Major Incident Plan during 2008-2009 in response to Government guidelines and the core standards outlined in Standards for Better Health.

It is working towards full compliance within the core standard C024, Civil Contingencies Act 2004, BS25999 and NHS Emergency Planning Guidance 2005 and supporting guidance.

# Working to reduce our Carbon Footprint

**THE TRUST has continued to work to reduce the impact its business has on the environment in line with national initiatives on sustainability.**

As part of its sustainable development strategy the Government encourages both companies, and public bodies, to disclose their sustainability and environmental performance through their Annual Reports.

During the period April 2008-October 31, 2008 the Trust has:

- Successfully applied for £240,000 from the Department of Health Carbon Fund for energy efficiency measures was successful. Energy saving measures introduced have included replacing inefficient heating and hot water generators. The new installations are performing well and the Trust is on target to achieve the predicted reduction of 290 tonnes of carbon dioxide per year
- In light of this success further business cases have been submitted. The predicted benefit being a CO<sup>2</sup> reduction of a further 120 tonnes per year
- Work continues to reduce waste. Air jet hand driers have been installed replacing paper hand towels in a number of areas. This has produced environmental and financial benefits
- A whole site waste management service is at the tender analysis stage. It is believed that this will present increased re-cycling opportunities, thus reducing landfill demand
- To encourage a “green approach” to personal transport further cycle shelters have been provided on site
- The main Ward Blocks have had bed head lighting replaced as part of a Deep Clean exercise. The opportunity was taken to install more energy efficient units which are also easier to keep clean
- The NEAT assessment tool (NHS Environmental Assessment Tool) used to assess a Trust’s energy and operational efficiency has been replaced with the more prescriptive BREEAM programme (Building Research Establishment Environmental Assessment Method). A site wide reassessment is being undertaken.

The Trust has complied with the “Displayed Energy Certificate” requirements. These are located in the main entrance to the building to which they refer. The Trust is assessed as having an ‘average’ performance.

# Working to become a top employer

The Trust performed well in a national NHS Staff Survey released on April 8, 2008.

The Trust achieved high levels of performance (in the top 20% of Trusts in England) in 6 key areas (out of 26) and was close to this high level in a further two areas.

It was in the middle 60% of Trusts in 16 areas and in the lowest 20% of Trusts in two areas.

The NHS Staff Survey is a national survey carried out each year by the Healthcare Commission and is designed to help Trusts to improve the working lives of their staff by identifying areas in need of further development.

( [www.healthcarecommission.org.uk/staffsurveys](http://www.healthcarecommission.org.uk/staffsurveys) )

The survey was carried out at Kettering General Hospital in October 2007 and surveys were sent to a random selection of 839 of the hospital's 3,180 staff. The results are based on 441 completed surveys. The results form part of the Trust's Annual Health Check rating (see page 6)

The Trust has an ambition to become known for being both an excellent employer and a Trust which provides exemplary care for its patients. The Trust feels both ambitions are very much interlinked as its staff are its greatest asset.

## Staff development and consultation

The Trust is one of the largest employers in Northamptonshire and is constantly looking for new ways to develop the skills, and improve the working lives, of its workforce.

The Trust has 3,402 staff employed across a very wide range of departments including doctors, nurses, midwives, healthcare assistants, healthcare scientists, chefs, cleaners, porters, computer experts, administration workers, accountants, switchboard staff, diagnostic testing and human resources staff.

In 2007-2008 the Trust carried out an audit to monitor how many of its staff have had an appraisal and a national Knowledge and Skills Framework outline developed around their role. Actions are now in place to ensure that staff undertake an annual appraisal.

A number of groups have now been established to take forward these plans and staff from across the Trust will be encouraged to participate and contribute their ideas.

## Existing staff communication and consultation channels

The Trust has developed a comprehensive workforce strategy as part of its work to become a Foundation Trust. This strategy is closely linked to the Trust's plan to deliver high quality healthcare for its local population.

Work programmes have included staff involvement and communication; recruitment and retention; new ways of working; developing a healthy workplace and actions related to the staff survey.

The new workforce strategy work is in addition to the existing channels of communication the Trust's management has with its staff which include arrangements such as a joint staff and management committee (Joint Staff Consultative and Negotiating Committee) and an annual staff opinion survey.

Close working arrangements have been developed with the staff side (unions). The Trust has robust routine corporate communication arrangements in place including a staff newsletter (Acute News) an e-newsletter, (Newsflash) a staff intranet and regular face-to-face Chief Executive drop-in sessions.

There are plans to further develop these areas during 2009-2010.

## Equality and diversity

The Trust aims to provide fair and equitable treatment to, and value diversity in, its staff, patients and visitors.

In doing so it aims to ensure that its actions and working practices comply with both the spirit and intention of the Human Rights Act (1998) and the current Equality Bill which aims to consolidate all legislation relating to the six strands of diversity i.e. race, gender, disability, religion/faith, sexual orientation and age.

The Trust has continued with its programme of ensuring all staff are trained in recognising and responding positively to equality and diversity issues through its "Appreciating Difference" and "Managing Diversity" programme, the former being standard at staff induction.

Equality monitoring is routinely carried out to ensure fair and effective employment practices, including recruitment and selection.

In March 2007 the Trust formed a Community Diversity Group which now comprises of representatives from the local Scottish, Muslim, Polish and Hindu community.

The group consults with the Trust on policies, health care needs, and patient services.

The Trust has trained 252 staff in race impact assessments to ascertain that there is no adverse impact within its policies. More than 760 documents had been assessed at October 31, 2008.

This work, which relates to the Race Equality Scheme, was followed in 2007 by attention to the Disability Equality Scheme and, in March 2008, to the Gender Equality Scheme.

The three schemes are now being drawn together into a single Equality Scheme.

In December 2008 the Trust initiated staff training in all six strands of diversity, as well as human rights, to ensure that it takes account of these factors in everything that it does.

Where appropriate equality impact assessments will include public consultation to ensure that the Trust invests its resources in line with the spirit and intention of Government policy on patient centred quality care.

The Government's new Equality Bill will inform the Trust's further progress in this area. The national aim is to bring in a new Act of Parliament which will streamline current legislation across the equality field.

### **Sickness Absence**

The Trust monitors its sickness absence rates and they are reported to its Board of Directors' meeting on a monthly basis. The rate at October 31, 2008, was 4.14% as a rolling average for the year. In the in month rate itself was 4.62%. The rolling average at December 2007 was 4.62%. The rolling average at December 2008 was 4.36% against the Trust's own target of 4%.

# Trust Board Members April – November 1, 2008

Kettering General Hospital became a standard NHS Trust in April 1994 and remained one until it completed its successful bid for Foundation Trust status on November 1, 2008 (see page 4).

A standard NHS Trust Board is made up of five Executive Directors (senior managers), five Non-Executive Directors (Members of the public) and a Chairman (who is a member of the public). The Trust Board members listed below were responsible for the leadership, direction, control and risk management of the organisation from April 1, 2008- November 1, 2008.

## **Chairman**

Mr Steve Hone

## **Non-Executive Directors**

Mr Abhai Rajguru

Mr Ian Russell

Mr Chris Saunby

Mr John Tate

Mr Frank Walsh

## **Executive Directors**

Dr Mark Newbold

Chief Executive

Mr Vince Doherty

Finance Director (left May 2008)

Mr Marcus Thorman

Interim Finance Director (from April 2008)

Mrs Denise McMahon

Director of Nursing & Quality (left May 2008)

Mr Doug Charlton  
2008)

Acting Director of Nursing & Quality (from May 2008 – September

Mrs Liz Libiszewski

Director of Nursing & Quality (from September 2008)

Dr Brendan O'Malley

Medical Director

Mrs Jayne Tunstall

Chief Operating Officer

## **Directors (attend Board meetings but do not have voting rights)**

Mr James Hayward

Director of Estates

Mrs Claire Matthews

Director of Human Resources (left May 2008)

Mr Byron Currie  
2008)

Deputy Director of Human Resources (From May – October

Mr Mike Smeeton

Director of Strategy & Partnerships

Mrs Sharan Madeley

Trust Board Secretary

All Executive Directors, including the Chief Executive, were appointed in accordance with national NHS procedures, with permanent tenure.

## **Audit Committee**

Mr John Tate, Mr Ian Russell, Mr Abhai Rajguru

The Audit Committee determines a plan of work for each year and the plan for 2008-2009 was approved in October 2008. Key activities of the Committee include:

- Reviewing in detail the Trust's Annual Accounts and that of its Charitable Fund
- Considering the Annual Audit Letter
- Monitoring the Assurance Framework (the Trust's strategic objectives and business risks)
- Developing audit arrangements in line with the best practice in the Audit Committee handbook.

## Remuneration Committee

Mr Steve Hone, Mr A Rajguru, Mr Ian Russell, Mr Chris Saunby, Mr John Tate, Mr Frank Walsh.

## Audit Information

The Trust's Directors can confirm individually, and as a group, that there is no relevant audit information of which the auditors of this annual report are unaware. The Directors have taken all reasonable steps to make themselves aware of any relevant audit information and to disclose that information to the auditors.

## Information Governance

The Trust is required to disclose, and include in its annual report, any loss or unauthorised disclosure of personal data classified as a serious untoward incident. The Trust had no such incidents during the period April – October 31, 2008.

## Register of Interests

At the time of their appointment, all Directors are asked to declare any interests on the Register of Interests. This register is reviewed on a monthly basis and maintained by the Trust Board Secretary. The register is available for inspection by members of the public. Anyone who wishes to see the Register of Interests should make enquiries to the Trust Board Secretary at the following address:

- Trust Board Secretary, Kettering General Hospital NHS Trust, Glebe House, Rothwell Road, Kettering, NN16 8UZ. A copy of the register (as at October 31, 2008) is listed below.

## Declaration of Trust Board Members' Interests

**Steve Hone** – Chairman - Managing Director and Owner of Steve Hone Consulting

**Chris Saunby** – Non-Executive Director - Partner, Tollers Solicitors, Directorships held at Tollers Services Ltd and Tollers Ltd. Trustee of the William and Patricia Venton Charitable Trust

**Abhai Rajguru** - Non-Executive Director - Directorships held with SimplyHealth Group Ltd; SimplyHealth Access Ltd and Advana Capital LLP.

**John Tate** – Non-Executive Director - None

**Ian Russell** – Non-Executive Director - Member Northamptonshire Probation Board, Hospital Manager, Northamptonshire Healthcare NHS Trust

**Frank Walsh** - Non-Executive Director - None

**Dr Mark Newbold** - Chief Executive - None

**Vince Doherty** - Finance Director – None (Left May 2008)

**Marcus Thorman** Acting Finance Director - None (from April 2008)

**Denise McMahon** Director of Nursing and Quality – Husband GP in Wellingborough (left May 2008)

**Doug Charlton** Acting Director of Nursing and Quality – None (from May 2008 – September 2008)

**Liz Libiszewski** Director of Nursing & Quality – None (from September 2008)

**Brendan O'Malley** Medical Director – None

**Jayne Tunstall** Chief Operating Officer - None

**James Hayward** Director of Estates – None

**Claire Matthews** Director of Human Resources – None (left May 2008)

**Byron Currie** Deputy Director of Human Resources – None (from May 2008)

**Mike Smeeton** Director of Strategy & Partnerships – None

**Richard Cook** Associate Director Strategy & Marketing – Wife is nurse at Northamptonshire Healthcare Trust

**Daljit Athwal** Associate Director Governance – Vice Chair of Rainbows Children's Hospice

**Sharan Madeley** Trust Board Secretary - None

# Foundation Trust Council of Members

Part of the process of becoming a Foundation Trust involves establishing a Council of Members to work alongside the Executive Directors to establish the Trust's direction and influence major decisions.

Kettering General Hospital has established a 40-seat Council of Members which will meet four times a year to discuss important issues facing the Trust. It is made up of three types of Members:

**Appointed Members** – These Members have been chosen by the Trust to have representation on our Council of Members. They represent local organisations which have an important stake in how the Trust operates. The organisation itself nominates which person to send to sit on our Council of Members

**Elected Public Members** – In August 2008 the Trust asked for nominations from its 7,000 public members for people to sit on the Council of Members representing their local area. The Members with the most votes from their fellow Members have been elected to the Council

**Elected Staff Members** - Similarly the Trust asked for staff Members to nominate themselves for seats on the Council representing either doctors, nurses or non-clinical staff. Those with the most votes have been successful.

<b>APPOINTED MEMBERS</b>	
Chris Pallot <i>Northamptonshire Teaching Primary Care Trust</i>	Sir Patrick Walker <i>North Northants Development Company</i>
Cllr Barbara Ainge <i>Wellingborough Borough Council</i>	Cllr. Rosemary Bromwich <i>Northamptonshire County Council</i>
Dr Sue Allen <i>The University of Northampton</i> (Member to be appointed) <i>University of Leicester Medical School</i>	Pat Jackson <i>Northamptonshire Local Involvement Networks</i>
Rosemary Hadaway <i>Nene Valley Community Action (Voluntary Sector)</i>	Mags Maguire <i>Corby VCS Ltd</i>
Cllr Maurice Bayes <i>Kettering Borough Council</i>	Cllr Mark Pengelly <i>Corby Borough Council</i>
Cllr Andy Mercer <i>East Northamptonshire Council</i>	Cllr Alistair Swatridge <i>Harborough District Council</i>
<b>ELECTED STAFF MEMBERS</b>	
Andrew Steel <i>Medical Practitioners &amp; Dental Practitioners</i>	Paul Fantini, Geoffrey Sergison <i>Non Clinical Staff</i>
Margaret Paragreen, Jonathan West, Carolyn Ginns <i>Nursing, Midwifery &amp; Other Clinical</i>	
<b>ELECTED PUBLIC MEMBERS</b>	
Frank Adams, Elizabeth Cairney, Priscilla Davies, Alexander Gordon, David Moody, Glenda Weston <i>Kettering</i>	Marian Holloman, Eunice Jones, Jim Morrison, Sheila White, Emma Wilson. <i>East Northamptonshire &amp; Bedford</i>
Gordon Reynolds, Kenneth Elms, David Bradford, James McKechnie <i>Corby</i>	Paul Bell, Dr Martin Adams, Jennifer Dixon, Katherine Forsdyke <i>Wellingborough</i>
Peter Radcliffe <i>Harborough District</i>	Ian Pridding <i>Daventry &amp; Northampton</i>

# Financial Review – October 2008

## Summary Financial Performance

The Trust and its staff have performed well financially for the period ending 31 October 2008, with a surplus of £3.4million. This reported position includes an impairment of £1.4million, which is a non-cash, non-operational charge relating to the downward valuation of the Trust's building assets. If this item was excluded then the reported financial position of the Trust would be a surplus of £4.8million.

The Trust's cash balance as at 31 October 2008 was £6.3million the majority of which is already committed by the Trust to fund the future capital investment programme.

## Trust Income

The majority of the income for the period (£84.8million or 89% of total income) was earned by providing clinical services to NHS patients, under Service Level Agreements (SLA) with Commissioners, principally Primary Care Trusts (PCTs).

The Trust has seen growth against the plan for the period against all points of delivery. The elective growth is due to the investment in the Cardiac Centre, whereas the non elective and A&E growth is due to the population increases within the Kettering General catchment area. There was significant growth in GP referrals during the period which increased the outpatient income.

The Trust also earned a total of £4.1million from the Strategic Health Authority for providing teaching for undergraduate medical students and to provide further training for post-graduate doctors as well as training for other clinical staff.

## Trust Expenditure

The Trust incurs costs that are predominantly associated with the provision of clinical activity. The largest category of expenditure is pay which accounts for 68% of the total. Pay expenditure for the period was under planned levels due to the number of vacancies within the directorates.

Drug expenditure is the main non pay item and the Trust had an increase in these costs against the plan. The drug cost increase is due to activity changes both volume and case-mix, but is also linked to the increase use of NICE drugs the majority of which are funded through the SLA with the PCT.

## Delivering Value for Money

The national tariff had an implied efficiency of 3% and other contracts utilised this amount too. Therefore the Trust had an annual savings target of £4.5million to achieve in order to deliver the planned surplus for the year. Performance to deliver savings is closely monitored by the Trust and the key themes for this period were:

- Savings from efficiency and productivity reviews
- More effective procurement
- Increasing Trust income

## Management Costs

	As at October 2008 £000	2007/08 £000
Management costs (Excluding CEAC staff)	3,668	5,964
Income (Excluding CEAC income)	93,140	143,589
<b>Management costs as a % of income</b>	<b>3.91%</b>	<b>4.15%</b>

## Accounting Policies

The accounts have been prepared in accordance with guidance issued by Monitor, and in line with UK GAAP (Generally Accepted Accounting Principles). So far as the Directors are aware, there is no relevant information of which the auditors are unaware.

## Going Concern

The Trust has completed a five year financial plan which under pinned its submission to Monitor to become a Foundation Trust. Therefore the Trust Board have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

## External Auditors

The Trust's external auditor is the Audit Commission. Audit fees for the period to 31 October 2008 were £80,580 in relation to work carried out under the Code of Audit Practice.

## International Financial reporting Standards

The NHS Trust is required to adopt the International Financial Reporting Standards from the 1<sup>st</sup> April 2009. To prepare for this change the Trust set up a project group within the finance department. All the relevant standards have been reviewed and changes to the Trust accounting policies have been proposed and approved by the Board. The Trust is prepared for the introduction of the new standards.

## SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS REMUNERATION REPORT

			April to October 2008			2007/08		
			Salary (bands of £5000)	Other Remun'tion (Bands of £5,000)	Benefits in kind( travel /lease benefit) (Rounded to the nearest £100)	Salary (bands of £5000)	Other Remun'tion (Bands of £5,000)	Benefits in kind( travel /lease benefit) (Rounded to the nearest £100)
Name	Title	Start date	£000	£000	£00	£000	£000	£00
Mr S Hone	Chairman	1 <sup>st</sup> Dec 2006	12-15		2	15-20		8
Dr M Newbold	Chief Executive	3 <sup>rd</sup> Sep 2007	80-85		3	80-85		1
Mrs J Tunstall	Chief Operating Officer	12 <sup>th</sup> Nov 2007	50-55		18	25-30		14
Mr M Thorman	Finance Director	7 <sup>th</sup> April 2008	45-50					
Dr B O'Malley	Medical Director	1 <sup>st</sup> Oct 2004	35-40	50-55	6	80-85	65-70	8
Mrs L Libiszewski	Director of Nursing & Quality	1 <sup>st</sup> Sep 2008	10-15					
Mr J Hayward	Director of Estates	1 <sup>st</sup> Dec 1989	45-50		1	75-80		9
Mr M Smeeton	Dir of Strategy & Partnerships	1 <sup>st</sup> Feb 2001	45-50		1	75-80		8
Mr A Rajguru	Non-Executive Director	1 <sup>st</sup> Nov 2005	0-5		1	5-10		4
Mr F Walsh	Non-Executive Director	1 <sup>st</sup> Aug 2007	0-5			0-5		
Mr I Russell	Non-Executive Director	1 <sup>st</sup> Nov 2005	0-5		2	5-10		2
Mr C Saunby	Non-Executive Director	1 <sup>st</sup> Nov 2005	0-5			5-10		
Mr J Tate	Non-Executive Director	1 <sup>st</sup> Nov 2004	0-5		1	5-10		5
<b>Senior managers who have left the Trusts' employment</b>		<b>Leaving date</b>						
Mr V Doherty	Director of Finance	23 <sup>rd</sup> May 2008	15-20			100-105		1
Mrs D McMahon	Director of Nursing & Midwifery	11 <sup>th</sup> May 2008	5-10			80-85		8
Mrs C Matthews	Director of HR & Communications	31 <sup>st</sup> May 2008	10-15			75-80		
Mr D Charlton	Director of Nursing	11 <sup>th</sup> May to 1 <sup>st</sup> Sep 2008	20-25			5-10		
Mr F Sharp	Director of HR	1 <sup>st</sup> June to 31 <sup>st</sup> Oct 08	35-40					

Mr F Sharp was an external contractor and invoice values will include some travel costs, commission etc

The Trust's policy on the remuneration of senior managers for current and future years, the duration of contracts, termination and notice arrangements are all governed by the Trust's Remuneration Committee. Chairpersons' are appointed for 5 years and Non-Executive Directors for 3 years. The Trust does not have performance-related salaries and the terms and conditions of contracts for its senior managers are subject to the normal terms and conditions of other NHS staff. The Trust's pension policies are detailed in paragraph 1.12 on page nine of the Trust's published annual financial statements (accounts).

## **PENSION BENEFITS**

Name	Title	Real increase in pension at age 60 (bands of £2500)	Real increase in lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 <sup>ST</sup> October 2008 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31 October 2008 (bands of £5000)	Cash Equivalent Transfer Value at 31 October 2008	Cash Equivalent Transfer Value at 31 March 2008	Real Increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000	£000
Dr M Newbold	Chief Executive	(5-7.5)	(20-22.5)	40-45	130-135	790	732	58
Mr V Doherty	Director of Finance	0-2.5	2.5-5	25-30	80-85	459	344	115
Mr J Hayward	Director of Estates	0-2.5	2.5-5	30-35	95-100	684	519	165
Mrs C Matthews	Director of HR	(2.5-5)	(10-12.5)	20-25	70-75	386	386	0
Mrs D McMahon	Director of Nursing & Midwifery	2.5-5	7.5-10	30-35	100-105	598	427	171
Dr B O'Malley	Medical Director	0-2.5	2.5-5	65-70	195-200	n/a	1191	n/a
Mr M Smeeton	Director of Strategy & Partnerships	0-2.5	0-2.5	15-20	50-55	239	187	52
Mrs J Tunstall	Chief Operating Officer	0-2.5	5-7.5	20-25	70-75	382	283	99
Mr M Thorman	Finance Director	N/A	N/A	10-15	35-40	146	N/A	N/A
Mr D Charlton	Director of Nursing	N/A	N/A	10-15	40-45	233	N/A	N/A
Mrs Libiszewski	Director of Nursing & Quality	N/A	N/A	20-25	70-75	411	N/A	N/A

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

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. There will be no CETV for employers aged 60 or above.

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.