

Annual Report

2005 – 2006

6,000 years of service!



In July 2005 the Trust presented long service certificates to 333 staff who together had served the local community for a total of 6,035 years.

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Your health is

THE front page of this year's Annual Report is an insight into just how much work goes into a hospital like Kettering General.

The staff pictured are part of a group of over 300 who together notched up a mind-boggling total of more than 6,000 years of service to the local community.

Every day our 3,205 staff are giving countless more hours and years of service to the population of North Northamptonshire.

But while the number of staff needed at Kettering General Hospital grows each year the size of our patient population rises even faster.

As the statistics on page 3 show the population in North Northamptonshire is set to rise by 50 per cent by 2031 – 150,000 more people.

Reading this report you will see the work the hospital is doing to prepare for this expansion.

But it will be clear that the hospital cannot simply grow in proportion to the rise in the number of local people.

We need to work in partnership with the county's new single Northamptonshire Primary Care Trust (which comes into being in October), with our colleagues in other NHS Trusts, and with the county council's social care department, to transform the way people with health problems are treated.

It makes a lot of sense to treat people with less serious problems at home, or in the local community, rather than bringing them into a hospital.

So what has the hospital done during 2005-2006 to help improve services and meet Government targets? It has:

- Ensured that 98% of A&E patients are treated and discharged – or admitted to a hospital bed – within four hours (see page 5)
- Reduced maximum waiting times for an operation to six months (see page 14)
- Reduced waits to a maximum of 13 weeks for a first outpatient appointment (see page 13)
- Expanded our bed capacity – (see page 7)
- Considerably reduced waits for diagnostic tests and scans (see page 7)
- Put significant extra work into tackling infections like MRSA and Clostridium difficile (see page 11)

The Trust managed to achieve this while making savings of £6m – playing its part in helping the local health economy to achieve the financial breakeven targets set by the Government.

This was not easy and at the end of the 2005-2006 year the Trust had to close one gynaecology ward, reduce beds on another, close a theatre and postpone some waiting list operations for three months until the start of the new financial year on April 1.

Also, at the same time, the Trust continued to see surges in demand for its emergency care with peak flows in its A&E department in November and late December/early January 2006 (see page 5).

Mission Statement

Kettering General Hospital will be an acute hospital of first choice for patients, carers and staff, playing our full role in maintaining and improving the health and quality of life of our communities by providing high quality clinical care, information and facilities in consultation with our stakeholders and in partnership with other health and social care agencies.



Despite these difficulties the Trust's staff made amazing efforts to save money while maintaining good levels of care in the face of rising demand.

And in the end, with minimum amounts of disruption, the Trust achieved financial balance.

The year ahead is proving to be even more challenging. As we write the Trust is looking to make savings approaching another £6m by the end of the year.

Already the Trust has had to postpone the opening of its £16.5m Treatment Centre until April, 2007, to help contribute to the need to achieve financial breakeven across Northamptonshire and pay back debts from previous years. (see page 15)

However, once again, our staff are rising to this challenge and the Trust is hopeful it can achieve its financial duties without unduly affecting the care received by local people.

We will still see the number of patients we have been asked to and keep waiting times low.

All of these measures will place Kettering General Hospital on a firm foundation to do even more, and to do things better, for local people in the future.

Julia Squire – Chief Executive

Hilary Buckingham – Acting Chair



Julia Squire.



Hilary Buckingham.

This is the Annual Report of Kettering General Hospital NHS Trust for 2005-2006 and has been approved by its Trust Board.

our business



Kettering General Hospital NHS Trust

- Became an NHS Trust on April 1, 1994
- Is run by a Trust board made up of five Non-Executive Directors (members of the public), five Executive Directors (hospital managers) and a Chairman
- Serves a population of an estimated 310,000 in North Northamptonshire
- Has 591 inpatient beds and 44 day case beds
- Employs 3,205 staff *
- Of those 297 are doctors, 1,563 nurses and health care assistants and 1,345 other staff including healthcare scientists, maintenance and clerical staff
- The Trust has outpatient clinics in Corby, Wellingborough and Rushden
- Had an income of £122.5 million in 2005-2006
- Its facilities are on a 33-acre site which first opened as a publicly funded cottage hospital in 1897

* All figures refer to the period April 1, 2005 – March 31, 2006, or to the number at March 31, 2006, in the case of waiting list and staff figures.

Demand is growing

- 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 are likely to increase from 300,000 to 450,000
- Experts think the growth will be uneven with some areas growing faster than others
- By 2031 it is expected the number of people living in Corby will have gone up by 94%, in Wellingborough by 52% in Kettering by 45% and in East Northants by 28%
- The number of people over 75 years old are also expected to increase, overall by about 50% but higher in some areas – eg Corby = 89%
- The hospital is expecting a 111% increase in all admissions; a 40% increase in inpatient operations; a 235% increase in day cases and a 57% increase in emergencies by 2031

Figures: Milton Keynes South Midlands Development Area Strategy



All of the towns in North Northamptonshire are growing.

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Our Patients 2005-2006

Between March 31, 2005 and April 1, 2006:

- The Trust treated 69,826 patients in Accident and Emergency – an average of 191 per day
- Admitted 47,275 patients to hospital beds as emergencies
- Saw 164,316 outpatients
- Performed 7,613 inpatient and 18,883 day case operations / procedures
- Patients had a maximum wait for a first outpatient appointment of 13 weeks from their initial GP referral
- Patients had a maximum wait for an operation of six months (post December 31, 2005 – see page 14 for details)
- On March 31, 2006, the Trust had 4,968 people on its waiting lists – 1,745 waiting for an inpatient operation and 3,223 waiting for a day case procedure



Open all hours.

Improving emergency

Accidents and emergencies

Your local A&E department

AN Accident and Emergency Department is a key part of a district general hospital like Kettering General.

The department is designed to deal with incidents where a person is seriously injured or has a serious medical problem like a heart attack.

It also deals with injuries which may be more minor, but need specialist attention, such as large burns, cuts that won't stop bleeding, and suspected broken bones.

Some people however misunderstand the purpose of an A&E department and use it for things they should really go to see their GP or local pharmacist about.

In December 2005 Kettering General Hospital took part in a national Department of Health campaign called "Get the Right Treatment".

This publicity campaign reminds people, through local newspapers and radio, how to use NHS services like A&E, their local GP, ambulance service, pharmacy and helplines like NHS Direct. Messages about A&E included:

Appropriate use ✓

- Serious medical problems such as chest pain, collapse, major breathing difficulties, or heavy blood loss.
- Limb injuries, done today, which are very painful and swollen and could be caused by a broken bone
- Deep or extensive cuts which won't stop bleeding and probably need stitches to heal properly
- Burns which are large, or deep, and need dressings

Inappropriate use ✗

- Coughs and colds
- Old injuries or joint problems
- Queries about medication
- Toothache - you need to be seen by a dentist.
- Trying to use A&E to get a 'second opinion' rather than using the GP service

Anyone in doubt about what service to use can contact the 24-hour **NHS Direct phone line on 0845-4647.**



Greet and Treat leads the way for the rest of the UK

A SYSTEM developed in the A&E department at Kettering General Hospital is transforming care in hospitals across the country.

The Greet and Treat system was developed in 2001-2002 by Kettering General Hospital's A&E consultant Dr Angela Dancocks and has since spread across the UK.

Dr Dancocks was unhappy with the traditional 'triage' system, which most hospitals at the time used, because it meant people with minor injuries could wait for many hours before being seen.

Dr Dancocks said: "It became clear to us that if we could set up a small team of experienced doctors and nurses to literally "Greet and Treat" a patient immediately on arrival many patients could be in and out of the department within 20 minutes.

"Other experienced staff then concentrate solely on the major problems and this improves care in this area too because the whole system is so much more efficient."

A top level report released in October 2004 by the Government's Emergency Care Tsar, Sir George Alberti, said the Greet and Treat system was

"An innovation that has transformed A&E departments in England. It is probably responsible for the largest overall reduction in waiting times."



Dr Angela Dancocks and Sister Tracey Gregory 'Greet and Treat' Jenny Haley.

Observation Ward improves care

ONE problem that many busy hospitals face is what to do with A&E patients who don't really need to be admitted to a ward but aren't quite ready to go home.

In the past they have waited for long periods on trolley beds in side rooms or even, in extreme cases, in hospital corridors, before being treated and sent home.

A&E Matron Elaine Rowland said: "We wanted to have a small ward area where we could keep people who we knew would probably be able to go home soon.

"Perhaps a person who may need observation overnight and a short course of treatment before they can be discharged.

"We wanted to get away from the traditional trolley wait and instead offer patients a proper bed in the same sort of comfort they would have on a ward."

The department made a successful bid to hospital management and in August 2005 contractors moved in to start work on creating a new five-bed A&E Observation Ward.



Terry Kimpton from Irthlingborough is one of the first patients in the Observation Ward. Pictured with Matron Elaine Rowland and Healthcare Assistant Neil White.

The ward opened on January 16, 2006, and by June 31 it had seen 1,568 patients – of whom 1,302 were discharged home.

care for our patients

Rising demand

THE NUMBER of people attending Kettering General Hospital's A&E department has increased considerably over the last ten years.

But while local population has grown by **10 per cent** (from 279,000 in 1995 to 310,000 in 2005) the number of people going to A&E has risen a staggering **55 per cent**.

It would appear that there are other factors at work as well as population growth.

Based on educated guesses the Trust thinks that one of the reasons might be that the A&E department has become a victim of its own success.

People are realising that waiting for many hours is becoming a thing of the past and may be using A&E as a quick way of getting health advice.

Health is also now a big topic on TV, the radio, in books and magazines, and on the internet.

This might be making people more aware of the risks of leaving health problems unattended and encouraging them to come to hospital for advice.

Whatever the reasons are the figures show that the number of people going to A&E are likely to continue to rise.



Some of the Trust's emergency care team.

A&E Attendance

Date	Annual Total	Average number of people seen per day
1995	= 45,000	= 123
1997	= 48,000	= 131
1999	= 53,000	= 145
2002	= 60,000	= 164
2004	= 66,000	= 180
2005	= 70,000	= 191

98% seen within four hours

ALL hospital A&E departments in the country have been asked to make sure they see, treat and discharge (or admit to a hospital bed) 98% of their patients within four hours.

The target is in the Government's ten year NHS Plan and has been something Kettering General Hospital has been working towards for several years.

In 2005-2006 the Trust achieved the 98 per cent target for the first time in its history. This is a milestone in the hospital's record and a major improvement in care for patients.

2002-3	78%
2003-4	86%
2004-5	93%
2005-6	98%

Pressure points during the year

EVERY hospital tries to plan ahead to ensure that its facilities provide the right level of service for its patients at all times.

But however much planning is done there will always be unusual peaks in the number of people needing a service like A&E during the year.

And while being efficient, and only using the number of staff you need to, is a good thing most of the time when a surge in demand happens it can lead to problems.

This happened at Kettering General Hospital in late November and again in late December and early January 2006.

On Monday, November 28, the hospital's A&E department saw 245 patients (65 more than normal) and this pressure continued into Tuesday with 200 patients seen.

The hospital appealed to the public to only use the A&E department if they really had to so staff could concentrate on the unusually large numbers of very sick people who were arriving.

Such surges are short and business returned to normal over the next few days.

But the Christmas Bank Holiday was to bring a second surge with 300 patients in 36 hours after Christmas Day (Sunday) (75 per cent more than normal) followed closely by another surge in the days after New Year's Day.

At the time of the surges there was no one reason for the big increases but factors included GPs being closed over Bank Holidays and cold weather aggravating some people's medical problems.



Ambulances queue outside A&E on a busy day.

Minor Injuries Unit opens in Corby

LOCAL people have benefited from the opening of a new Minor Injuries Unit in Corby run by Kettering General Hospital staff.

The Minor Injuries Unit opened at the rear of Corby Diagnostic Centre in Cottingham Road on September 5, 2005.

It is a joint venture between Kettering General Hospital and Northamptonshire Heartlands Primary Care Trust.

The unit is designed to help treat people who would otherwise have had to make the journey to Kettering General Hospital's A&E department.

It is staffed by highly trained Kettering General Hospital A&E nurses and is for people who have suffered a minor injury within the last 48 hours – for example cuts, burns, sprains and strains.

A&E consultant at Kettering General Hospital, Dr Angela Dancocks, said: "This is an exciting new service that has brought a great benefit for the people of Corby.

"We must emphasise though that this service is only for people with minor injuries and not minor illnesses. If a person has a minor injury they will be treated quickly but if they have another problem they may be directed to a more appropriate service such as their GP."

If an injury is deemed too serious to be dealt with at the unit patients may be referred to Kettering General Hospital.

Sue Wilson, Associate Director of Corby Local Health Group, said: "This new unit is about bringing better services to the people of Corby.

"Not only will it improve services for the people of Corby and surrounding area, but it will also release capacity for those patients who need the specialist services of an acute hospital. "

Between September 2005 and March 2006 the unit saw 3,000 patients - an average of about 22 per day. In June the numbers were above 30 per day.

It is open Mondays to Fridays between 8am and 6pm (except on Bank Holidays).



Minor injuries lead nurse Marisa Shrimpling treats Aaron Bryan, 7, one of the first patients in the new unit.



GP patients see right doctors straight away

A NEW unit which improves the transition from GP to hospital care opened at Kettering General Hospital on February 13, 2006.

The Clinical Decision Unit (CDU) helps to reduce waiting times for GP patients who need to see a hospital doctor.

It is based in a bay in the hospital's Middleton Assessment Unit (MAU) and has five trolley beds and several chairs.

MAU manager Jo Sharp said: "In the past patients referred to hospital by their GP could experience delays in seeing an appropriate doctor.

"If there wasn't immediate capacity in MAU a patient would be diverted to A&E to wait until a bed was free in MAU.

"This could lead to repetition, patients being seen by more than one doctor, and unnecessary waiting for decisions to be checked by a consultant. The CDU was designed to change all that and it has been very successful."

The CDU is led by a consultant who is supported by a medical nurse practitioner, senior nurses, a house officer, senior house officer, and administrative support.



Leslie Standing from Wellingborough was one of the CDU's first patients – with consultant physician Khalid Ayes and staff nurse Beena Kurian.

The system operates Monday to Friday from 8am to midnight but closes over night to ensure the bay is free for the assessment work straight away the next morning.

Between February and July some 2,500 patients have been through the unit and GP patients have not been diverted to A&E because of a lack of capacity in MAU.

More beds for patients

HOW many beds a hospital has is an important factor in how quickly patients can be cared for on arrival.

For several years Kettering General Hospital had argued that it needed to increase its bed capacity to cope with the rising demands of its growing local population.

In 2005-2006 the Trust was able to expand by developing a 40-bed new ward block aimed at improving care for older people, particularly stroke patients.

Work on the £2m ward began in August 2005 and a former car parking area was cleared to enable the foundations for it to be set.

The first 20 beds of the ward block were ready for patients in December and the second 20 opened in January.

Through the local media the Trust held a competition to name the wards.

The competition was won by Peggy Bishop, 71, from Rushden, a volunteer ward visitor, a former member of the hospital's Patient and Public Council and a hospital radio volunteer.

Peggy named the first 20 beds of the unit Naseby A and the second 20 beds, as Naseby B.

Peggy said: "I named the wards Naseby because the county is famous for the Battle of Naseby and because it is symbolic of the battle stroke patients go through to get back to normal."



Medical Matron, Isabel Vint, said: "Naseby A has been purpose built for stroke patients and has a large day room and a dedicated therapy area.

"The new wards will help us to improve services for patients who have had a stroke and for older people."

Reducing waits for diagnostic tests

THE TRUST made numerous improvements to the way it carries out diagnostic tests in 2005-2006.

The most significant of these was the opening on December 6, 2005, of a £1m new endoscopy suite extension.

An endoscopy is a procedure where a camera within a flexible tube is inserted into the body to enable internal examination of the body. It is used for the diagnosis of a wide variety of illnesses including serious problems such as bowel cancer.

The aim of the expansion was to improve the quality of service for patients and reduce waiting times for the procedure.

The new endoscopy suite extension boosts the Trust's two existing endoscopy treatment rooms with an additional treatment room, extended decontamination room, a recovery area for patients, two pre-assessment rooms, and changing rooms.



Sharon Watts, Endoscopy Unit Manager, Andrew Chilton, Lead Clinician and Tina Brooks, Nurse Endoscopist.

Working to 18-week targets by 2008

One Government target which all acute Trusts are currently working towards is ensuring that by the end of 2008 the entire patient journey will be complete within a maximum of 18 weeks.

That means your 'hospital journey' should take no more than four months in total starting from your referral to hospital by your GP, to seeing a specialist, to having any diagnostic test you need, to having your final treatment (such as an operation).

The Trust met all of the Government's diagnostic test time targets during 2005-2006 and is now working towards targets which will make the 18-week patient journey possible.

The Government targets for 2007-2008 are:

- All diagnostic tests should have a maximum wait of 13 weeks from GP referral to hospital test by the end of March 2007
- All diagnostic tests should have a maximum wait of four weeks by the end of December 2008.

Diagnostic waits in 2005-2006.

Diagnostic Test	Diagnostic Weeks Wait	
	March 2005	March 2006
Barium enema	5	10
Barium meal	0	7
IVP	3	7
Ultrasound	26	16
Echo	47	16
ECG	5	2
Upper GI Endoscopy	43	12
Sigmoidoscopy	17	12
CT scan	8	4
MRI	38	5
Colonoscopy	52	12

Dealing with Britain

Cancer Care

DEVELOPMENTS in cancer services at Kettering General Hospital are overseen by a Cancer Management Group.

The Cancer Management Group is made up of lead doctors, nurses, hospital managers and two patient representatives.

It meets every two months to discuss pertinent issues.

The Trust has lead clinicians for all major types of cancer and some types also have a lead nurse.

It also has a cancer support team and breast service team which deal with patients who need an appointment within two-weeks.

In 2005-2006 the Trust continued its work to meet some specific Government targets for patients waiting for cancer diagnosis and treatment.

They are:

2 Week Wait = To see 100% of patients urgently referred by their GP to a hospital specialist with suspected cancer within 14 days by the end of 2000 – Trust rate **99.4%***

One Month Wait = To start treatment for 100% of patients who are diagnosed with cancer within 31 days of that diagnosis by the end of 2005 – Trust rate **94.2%***

Two Month Wait = To treat 100% of patients referred urgently by their GP for treatment for all cancers within 62 days of that referral by the end of 2005 – Trust rate **89.5%***

* Percentages refer to total waits over the period April 1, 2005 – March 31, 2006. These times are inclusive of weekends and bank holidays.

The Government has acknowledged that the national targets are challenging but is urging all Trusts to continue to strive to achieve them.

Weekly meetings are held between general managers and nurse specialists to try to prevent patients having to wait longer than the target times.

Improvement work in 2005-2006

- Systems were enhanced to record the reasons why patients breached these targets in 2005-2006. This involved using members of staff who track cancer patients' progress through the system. All efforts are made to avoid patients breaching targets. Complex diagnostic pathways and resource issues remain one of the reasons for breaches.
- A patient satisfaction survey to discover what cancer patients think of their experiences within the Kettering General Hospital service was carried out as part of a region-wide project during 2005-2006. The results of this survey will be used to target improvement work.
- The Trust took part in a Cancer Peer Review for the Leicestershire, Northamptonshire and Rutland Network in February 2006 where its work with cancer patients was assessed against nationally agreed measures. The Trust was congratulated on its work but told ideally further resources are needed to strengthen this area in the future. The Trust will draw up ways of doing this in 2006-2007.



Some of the Centenary Wing Cancer Care Team, Scott Hillery, Lesley Oldershaw, Patricia Rogers and Shirley Warman.

Cancer Patient and Carer Group

ONE way the hospital tries to stay in touch with its patients' needs is through bodies like the Cancer Patient and Carer Group.

The group is made up of cancer patients, or their close relatives/friends, who have used the services at Kettering General Hospital within the last two years – or have been receiving continuing treatment for cancer.

The group was launched in September 2004 and meets on a regular basis to discuss ways of improving cancer care at Kettering General Hospital.

The Trust's Matron lead for cancer, Carolyn Ginns, said: "Cancer affects one-in-four people and can be a very serious illness.

"Therefore we want to make every effort to ensure that all of the cancer services that we provide are meeting the needs of our patients and are driven by them."

The Cancer Patient and Carer Group has been involved in a major satisfaction survey for cancer patients, taken issues to the Cancer Management Group and fed their views on broader issues into the region's cancer network.

Their work helps shape future services by giving clinicians and hospital managers a 'patient's eye' view of how their care is perceived.

All information collected through the group is strictly confidential and people will not be named when feedback from the group is given to staff involved in cancer services.

n's biggest killers!

Cardiac Care

£4.7m Cardiac Catheter Lab will improve care for heart patients

A MAJOR development for people with heart problems will be a new £4.7m Cardiac Catheter Laboratory and Procedures Unit.

The unit will, for the first time, enable cardiac catheterisation to be performed at Kettering General Hospital and will mean that certain patients don't have to travel to Glenfield Hospital in Leicester to have the procedure.

Cardiac catheterisation is an investigation which involves pumping a dye into the heart's arteries to enable doctors to see any narrowing of the arteries and be able to decide whether patients require further treatment.

The unit will also – in its second year – allow doctors to go on to perform other life changing modern procedures such as Percutaneous Coronary Intervention (PCI) which involves expanding arteries using a balloon and a small metal sleeve called a stent.

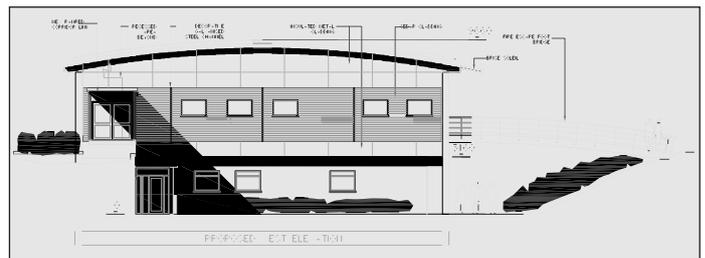
The Trust was granted the money to proceed with the project by the Leicestershire, Northamptonshire and Rutland Strategic Health Authority in October 2005.

Contractors Medicing Simons began work on the project with an official turf-cutting ceremony on July 21, 2006.

Facilities within the new development, which should be completed by mid 2007, will include the lab itself, a cardiac procedures room, pre-assessment and consultation rooms and an eight-bed recovery/admission area.



Consultant cardiologist, James Cullen, at the turf-cutting ceremony with Medicing Simons operations director, Colin Sergeant, and Acting Trust Chair, Hilary Buckingham.



Other developments in cardiac care

SERVICES for people with heart problems have continued to be improved at Kettering General Hospital during 2005-2006.

For the first time patients who needed a cardiac investigation, or needed to go to a rapid access chest pain clinic, have been able to **choose and book** a convenient date and time for their hospital visit. (see also page 13)

A new Heart Failure Assessment Clinic was set up in early 2006 to look after patients who have become breathless, possibly due to heart failure.

GPs can refer directly to the new clinic which is held twice per month in the hospital's cardiac investigation department.

The service is an improvement for patients because they are seen quickly and do not have to wait for a long time on medication which may, or may not, be the most appropriate sort for them. The clinic saw its first patients in April.

Other developments have included:

- A Post Myocardial Infarction Clinic set up in Spring 2006 (by cardiology consultant Dr Kai Hogrefe) to help improve care for patients who have had a heart attack
- An additional GP, with a special interest in cardiology, Kevin Williams, has joining the Rapid Access Chest Pain Clinic. This now means there are three GPs with a special interest in cardiac care working each week in the hospital's Rapid Access Chest Pain Clinic.

This has helped the Trust to meet a target whereby a person with a possible heart problem is seen in a specialist clinic within 14 days of GP referral.

A Tomcat software programme has also been installed on the Trust's computer system to enable a patient's full cardiac history to be available electronically without an immediate need for paper notes.

Cardiac Patient Council



A CARDIAC Patient Council at Kettering General Hospital has grown during 2005-2006.

The Council was established in January 2005 and is made up of members of the public who must have experienced heart problems or who support people who have heart problems.

In 2005 it had five members but that number increased to 11 by early 2006.

The Council looks at hospital care, and proposed cardiac developments, from a patient's perspective to help improve services for future generations of patients.

During 2005-2006 the Council has been involved in important work giving their views on the proposed Cardiac Catheter Laboratory development (above) and other issues such as introducing a patient journal to the coronary care unit so patients can record their experience of hospital care.

Cardiac Patient Council member Steve Thompson, 58, from Wellingborough, said: "What the council members do is use their collective experience of their treatment for a heart condition to help the hospital build up and improve its services."

Return of the Matron

WHEN the public were asked what they would most like to see in hospitals they enthusiastically responded with – “Give us back Matrons!”

Matrons were re-introduced at Kettering General Hospital in 2002 as part of a national initiative.

The return followed research which showed that many people wanted to see the return of an authoritative figure who would concentrate on basics such as cleanliness and responding to patients' needs.

Because modern hospitals are so large there is a team of matrons at Kettering General Hospital who all work together to improve standards.

Recent improvements have included:

- Overseen the introduction of alcohol gel on the entrance and exit to all wards, and by each inpatient bed, in relation to the management of MRSA
- Standardised the way steam cleaning is carried out on wards to improve cleanliness
- Ensured patients who need extra help with eating receive assistance by introducing a 'Red Meal Tray' system to highlight this
- Introduced a teddy bear shaped sign on the children's wards to show a bed is clean and ready for use by another child
- Introduced adapted cutlery for use by stroke patients (in partnership with the Trust's Disability and Sensory Impairment Group) and nutritional supplements for relevant surgical patients to aid recovery
- Developed a "Matron's Quality Check List" – a document which is used by staff and patients to report on the quality of patient care
- Introduced a Trust wide programme of education and training for all Ward Managers strengthening clinical leadership and care standards.

The Matrons plan to continue their close working relationships with staff and patients in the year ahead.

Some plans include carrying out a review to see whether more cleaning staff are needed across the Trust; working with the Patient and Public Council (see page 16) to improve core standards in line with Department of Health directives (see page 17); continuing to strengthen infection control measures (see page 11) and developing more robust patient feedback systems guiding service improvement (see page 16).



The Trust's Matrons with a new patient information board in main reception.



Liaising with the wards – Matron Tracey Brigstock chats with Maria Lagmay, Sara Rawbenheimer and Sue Totten.

Other Developments

OTHER developments in nursing and patient care during 2006 at Kettering General Hospital have included:

- **Improving the discharge process for patients** – In close collaboration with Northamptonshire Heartlands Primary Care Trust (PCT) the Trust has completed a project looking at safely and effectively managing a patient's journey through the Trust from admission and treatment to a planned co-ordinated discharge.
- **Improving care for older people** – Work has involved improving care for stroke and falls patients and ensuring that the Trust does not discriminate on the grounds of age when it organises services for patients. A stroke steering and operational group is working closely with the nursing and medical team on the stroke ward (Naseby Ward) and with representatives from the Primary Care Trust to develop defined ways stroke patients should be treated (care pathways). Falls risk assessments and care plans have been introduced across the hospital to help prevent older or infirm patients from falling over.
- **Ward Managers Development Programme** – A highly successful five-day ward managers development program was delivered for the first time. The program covered all aspects of the ward manager's role. It is planned that the program will be run twice yearly.

Karen is Midlands and East Nurse of the Year

ONE of the Trust's nurses won the prestigious 'Nurse of the Year' Award for the Midlands and East Region.

Karen Roberts, a Sister in the hospital's Coronary Care Unit, won the award for her patient-centred approach to modernising a service for people with heart rhythm problems.

The nursing award is one category in the Department of Health's massive annual Health and Social Care Awards – sometimes called the 'Oscars' of the health and social care sectors.

Karen was presented with her award at a ceremony in Birmingham on July 6, 2005, and went through to a national final in December where she was runner-up for the national Nurse of the Year Award.

Karen won the award for transforming the cardioversion service at Kettering General Hospital making it better for patients.

Cardioversion is a form of electric shock therapy used to help patients who suffer from atrial fibrillation (heart flutter – palpitations).

Over five years Karen and her team improved the service in many different ways including reducing waiting times, developing a dedicated multi-disciplinary team, giving patients more information and making their whole journey through the service less stressful.

Karen said: "This was a real team effort. We have made a lot of improvements to the service and have listened to patients and tailored our work to suit their needs."



Sister Karen Roberts – Nurse of the Year for Midlands and East.

Infection Control is a top priority

KETTERING General Hospital has well developed systems to monitor and control infections.

The Trust's Infection Control Committee meets four times per year and works to an annual plan, reviewed at each meeting, to ensure the correct strategies are in place to deal with particular infection issues.

The hospital signed up to the Government's 'Saving Lives' infection control delivery programme during the reporting year. This is a programme designed to reduce healthcare associated infections and involves the Trust assessing its infection control procedures and using nationally recognised methods to further reduce infection.

It built on the Trust's existing well-established infection control procedures including working with the Government's 'Winning Ways' guidelines set up in 2003 by the Chief Medical Officer.



Some of the Trust's Infection Control Team.

MRSA figures are low

THE current national targets in relation to infection control centre on the control of a bacterium called methicillin-resistant staphylococcus aureus (MRSA).

MRSA is a type of bacterium normally found on skin and in areas such as the inside of the nose.

It is not usually harmful unless it gets inside the body through a break in the skin where it can go on to create more serious infections.

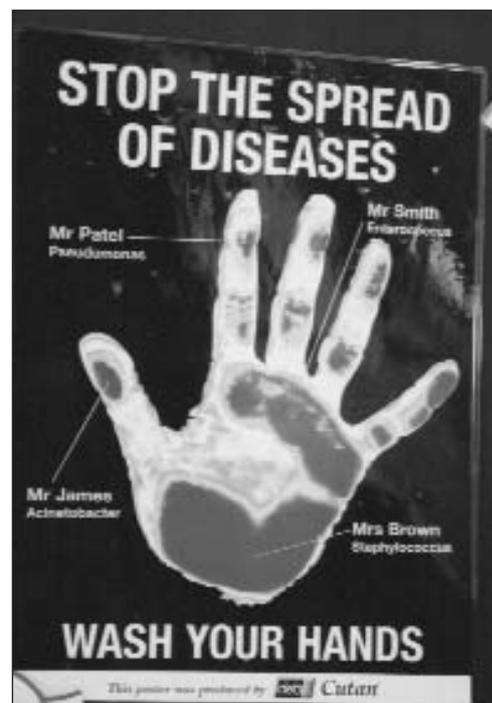
Kettering General Hospital's MRSA rate is worked out using a formula based on the number of occupied bed days the Trust has compared to the number of cases. Only a small number of cases of MRSA bacteraemia (blood infections) are recorded at Kettering General Hospital each year.

The Trust's rate has been below the national average of 0.17 per 1,000 bed days for the last five years.

The Government wants all Trusts to reduce MRSA bacteraemia rates by 50% by 2008. This relates to reducing the Trust's annual number of cases to 12 by 2008.

Date (April 1 to March 31)	Number of cases	Rate
2001-2002	16	0.100
2002-2003	22	0.123
2003-2004	20	0.117
2004-2005	23	0.135
2005-2006	21	0.122

Because the Trust started with a low rate of infection when the target was introduced it will be difficult for the Trust to achieve such a low rate.



An infection control poster.

Work being done to combat C difficile

IN recent years one infection has become more common at hospitals around the country.

The infection is called *Clostridium difficile* (*C difficile*) and is a bacterium which can grow in the gut and create problems for patients – usually diarrhoea of varying severity.

It is related to the use of certain antibiotic drugs which can reduce the amount of normal bacteria in the gut allowing *C difficile* to take hold.

The bug is infectious and can be spread between patients. It is best tackled by isolating patients and carrying out comprehensive cleaning and infection control measures.

In July 2006 national rates for *C difficile* were published for Trusts across the country and Kettering General Hospital was found to have the highest rate in England for the illness. The Trust had 497 cases of *C difficile* in 2005 (January to December) a rate of 5.24 per 1000 bed days for patients aged over 65.

The Trust was aware it had some problems with *C difficile* in 2005 with cases rising to a peak in early 2006. The Trust took the advice of the Health Protection Agency on how to reduce the incidence of *C difficile*. Work done has included issuing guidelines to doctors on the prescription of antibiotics, greater isolation of patients, extra deep cleaning of wards and increased focus on the importance of hand washing for staff.

A *C difficile* steering group and a task group was set up in July 2006 to further drive forward these initiatives and check that they were proving effective.

About 20 per cent of the *C difficile* infections tested by Kettering General Hospital's laboratories come from the local community (GP samples, community hospital and care home samples). At the time of the publication of this annual report it is not clear how much this affected the Trust's rate in the national indicators because some Trusts do not test for community infections.

Fetal Health Unit is refurbished

FORMER world snooker champion Peter Ebdon officially opened Kettering General Hospital's refurbished Fetal Health Unit on Friday, January 27, 2006.

The £60,000 expansion has helped substantially improve facilities for mothers who need further scans, tests and support in early and late pregnancy.

Money for the revamp came from the Kettering and District Charitable Medical Trust (£35,000), WRVS (£5,000) and individual donations given to the Department's Maternity and Gynaecology Charitable Fund (£20,000).

Mr Ebdon was happy to open the Unit because he is an active supporter of its work and because his wife, Deborah, had all of the couple's four children at Kettering General Hospital.

Sister in charge of the unit, Julia Jackson, said: "The new facilities are a great improvement. We have four individual assessment rooms and a larger improved counselling room. We have two scanning rooms instead of one and two new ultra sound scanners which provide better pictures and make diagnosis easier."

Associate Medical Director for Women and Child Health, Mr Paul Wood, said: "The improvements have helped us to make the service more sensitive to patients' needs and enhanced their dignity and privacy when they visit us.



World Snooker Champion Peter Ebdon, whose children were born at Kettering General Hospital, signs an autograph for Leah Hunting at the official relaunch.

"It will also help us to accommodate the ongoing expansion in the Unit's workload and help us to continue to develop and strengthen the service."

Work on the revamp began in September 2005 and was completed in December 2005. The service continued to run throughout the refurbishment period.

Play in Hospital Week

STAFF from Kettering General Hospital's children's wards visited local schools and Kettering town centre during a national awareness week in 2005.

Play specialists also held a "Well Teddy Bear Clinic" in the hospital during national Play in Hospital Week (September 17-24).

The aim was to help children feel more comfortable and reassured should they ever need to go to hospital.

Play in Hospital Week is an event promoted by the National Association of Hospital Play Specialists but run locally by the Trust's own staff.

Trisha Brigden, Play Co-ordinator at Kettering General Hospital, said: "The week helped us to raise awareness of the work of play specialists.

"We work within the hospital, and the local community, to help children to feel more comfortable and reassured when they visit hospital.

"Hospital play specialists are usually qualified nursery nurses who have undergone a year of specialised training to enable them to work in a hospital environment."



Mr Mudge celebrates Play in Hospital Week with Lee Connelly, and Leah Stock.

Baby Hearing Screening set up

THE parents of all babies born at Kettering General Hospital are now being offered the opportunity to have their baby's hearing screened shortly after birth.

In February 2006 the Trust announced it was one of 122 sites across the country that have implemented the NHS Newborn Hearing Screening Programme to aid the early identification of hearing impairment in babies.

The screening test usually takes only a few minutes and can be done at the bedside when the baby is asleep.

It involves placing a small soft tipped ear-piece in the outer part of the baby's ear and playing quiet clicking sounds into the ear.

Maternity Facts

- In 2005-2006 there were **3,562** babies born at Kettering General Hospital – 100 more than the year before
- That's 296 per month, 68 per week, or nearly 10 every day
- In December 2005 the Trust was awarded the Clinical Negligence Scheme for Trusts (CNST) level 2 Status which is an excellent achievement. CNST is an independent assessment of eight core quality standards of safe maternity care
- The Trust continued to hold its regular free Baby Roadshows in 2005-2006. This is a public event, held twice a year, where parents-to-be visit the hospital and speak to staff and baby experts in a very wide range of fields to help them prepare for their big day.

The organ of hearing (the cochlea) should then produce sounds in response that are recorded by the screening equipment.

It is not always possible to get clear responses from babies using this test, especially if the baby is very young. In these cases another screening test will be carried out which involves three small sensors being placed on the baby's head.

Kettering General Hospital's Newborn Hearing Screening Co-ordinator, Helen Martin, said: "Early identification of hearing impairment can play a valuable role in helping babies to develop their communication and social skills. It gives parents the opportunity to access support and advice as early as possible and helps them to minimise the effects of a hearing impairment."



Screening in progress.

See your GP then 'Choose and Book'

PATIENTS are delighted that they can choose convenient hospital appointments through a programme called "Choose and Book".

Mrs Tracy Folwell, of Corby, is just one of 14,000 patients who have benefited from the initiative since its launch in September 2005. (*see footnote)

Mrs Folwell said: "Before Choose and Book if you needed to see a hospital specialist your GP would send a letter to the hospital and you would eventually get a letter back offering you an appointment.

"Now, instead of that, the GP surgery prints out a sheet and gives you a hospital phone number and a password that relates only to you.

"When I got home I phoned up and I was offered various options of dates and times and was able to book my appointment straight away on a date and time that suited me.

"I like the new system because you know exactly where you are with it. I think the title "Choose and Book" just sums it up. I think it's great."

Assistant Manager of North Northants Service Improvement Team, Fiona Barber, is one of the staff who is overseeing the introduction of Choose and Book.

She said: "We are really pleased with the results of the Choose and Book service, staff in both primary and secondary care have worked very hard to set it up.

"Patients are now able to book their appointment immediately they leave their GP practice and can choose from up to six different regional hospitals for their first outpatient appointment and any Foundation Trust hospital.

"All of the 35 GP surgeries in North Northamptonshire are now offering the service and by October all of the hospital's specialities will be using Choose and Book."

(*Note: Refers to the number of people who have used the system between September 2005 and July 2006)



Tracy Folwell is delighted with Choose and Book.

And we were first in the region

THE first Kettering General Hospital patient to use the new Choose and Book system was referred to the Trust on September 7, 2005.

The gynaecology patient was referred by their GP and had their appointment booked via the hospital's Appointments Centre.

The Trust was congratulated by Chris Kerrigan, Director of Performance and Modernisation for the Strategic Health Authority, for being the first Trust in the Leicestershire, Northamptonshire and Rutland area to achieve a successful booking under the new system.

A crew from BBC East Midlands visited the Trust shortly afterwards to illustrate to local people how the Choose and Book system was working.

Staff in the Appointments Centre demonstrated how a booking was taken under the new system.



Yvonne Tall, clerical officer, is filmed making a booking by BBC East Midlands Today. Cameraman Mark Heathcote.

Outpatient waits now down to 13 weeks

KETTERING General Hospital hit a landmark in its quest to reduce waiting times for outpatient appointments in 2005.

On December 31, 2005, the Trust achieved the Government target of ensuring that no patient would wait more than 13 weeks for their first outpatient appointment.

This means that after a GP refers a person to hospital they are seen by a consultant, doctor, or specialist nurse within three months of that referral.

The Trust has effectively halved the amount of time patients have to wait in only four years. It has consistently maintained the 13-week wait since December 31, 2005.

Falling waiting times for first outpatient appointments

- 2001 = 26 weeks
- 2002 = 21 weeks
- 2003 = 17 weeks
- 2004 = 16 weeks
- 2005 = 13 weeks

The number of outpatients being seen at Kettering General Hospital has grown slowly over the last five years.

In 2001-2002 there were 160,000 outpatient appointments (new and follow-up combined) seen at the Trust's outpatient clinics.

In 2003-2004 this rose to 163,000 and in 2005-2006 to 164,000.

Kettering General Hospital currently runs outpatient clinics at:

- Main outpatients department at Kettering General Hospital site
- Isebrook Hospital, Wellingborough
- Rushden Memorial Clinic, Rushden
- Nuffield Diagnostic Centre, Corby.



Tim Samples checks in with Jacqueline Miller in outpatients.

Wait for an operation falls to a maximum of six months

THE maximum waiting time for an operation at Kettering General Hospital has fallen to six months.

On December 31, 2005, the Trust succeeded in hitting a key Government target of reducing its waiting times for a routine operation to a maximum of six months.

That is now the shortest overall maximum waiting time for an operation in the hospital's recorded history.

It means all routine (non-emergency) inpatient and day case procedures are now being done within six months of specialist referral – and the majority are seen much sooner than this.

By comparison in 2001 the maximum wait for a routine inpatient/day case operation was **17 months**.

This fell to **12 months** in 2003, to **nine months** in 2004 before finally dropping to **six months** by the end of 2005.

This reduction in waiting times comes at a time when the Trust's overall workload has been increasing significantly.

Overall the number of inpatient and day case operations and procedures, including emergencies, done by the Trust has increased by **16.5 per cent** in six years. * (see footnote)

Kettering General Hospital's Chief Executive, Julia Squire, said: "Achieving the six month target is a milestone in the hospital's history.

"The achievement is a tribute to our staff who have pulled together and worked harder – and smarter – to ensure that we give local people the fast, efficient and effective hospital services they deserve.



Consultant orthopaedic surgeon, Mr Satya Biswas, performs a knee replacement operation.

"These waiting times are just the beginning though. Next we have to concentrate on improving the quality of our care and reducing the overall waits in the NHS system.

"Our aim is to ensure that by the end of 2008 no one waits more than 18 weeks for their complete NHS patient journey.

"That means even the most complicated sequence of care won't take more than 18 weeks from initial hospital referral (usually by a GP) to final treatment/operation – including any diagnostic tests needed." (also see page 7)

(In 2000-2001 the Trust saw 51,140 patients who needed an operation or procedure. In 2005-2006 it saw a total of 59,554 patients as either as an inpatient, day case or emergency.)

Operating theatre revamped with latest technology

THE Trust has spent £175,000 refurbishing one of its operating theatres using the most modern 'ultra clean' laminar flow technology.

The theatre – one of 14 at Kettering General Hospital – was out of operation for six weeks to enable the upgrade to take place and reopened on September 5, 2005.

The upgrade means the hospital now has three 'ultra clean' laminar flow theatres.

Laminar flow theatres, though expensive, are especially useful for orthopaedic surgery – such as the replacement of hip and knee joints – because they provide an especially sterile environment.

Director of Facilities and Estates, James Hayward, said: "This newly refurbished operating theatre is a welcome upgrade to our existing facilities.

"While orthopaedic operations can be done in a variety of operating theatres it is considered best for the most major surgery to be done in laminar flow theatres.

"Laminar flow is a term used to describe a process whereby specially filtered air is pushed down over an operating area from above.

"This process ensures bacteria is pushed away from patients to the floor and then into vents.

"It creates a more sterile environment which is especially important for some sorts of surgery – such as orthopaedic work – where artificial joints are being introduced into the body."



A surgical team in the newly refurbished operating theatre.

Treatment Centre nears completion

THE TRUST'S new short-stay surgery centre became a concrete and glass reality in 2005-2006.

Foundation work on the £16.5m Treatment Centre began in January 2005 with a ceremonial laying of the first brick at the entrance six months later on June 27.

By early July 2006 work on a large part of the centre was well underway and - as this picture shows - from the outside at least it was getting close to completion.

On July 28 however the Trust had to call an extraordinary Board Meeting to decide whether or not to open the centre in the autumn.

Financial difficulties in the north Northamptonshire health economy had led to the Trust having to save more money in order to contribute to a county debt that had grown to £34m.

In order to save money the Trust had to decide to open the centre in April 2007 rather than October 2006 as it would have liked to.

Once completed and fully online the Treatment Centre will comprise:

- Three floors entered through a glass-fronted main reception area accessed from the hospital's rear car park
- A pre-operative assessment area and integrated breast care unit on the ground floor
- Four dedicated operating theatres and two dedicated treatment rooms along with associated recovery areas and changing rooms on the first floor
- 28 beds for patients - on the second floor



The Treatment Centre in July, 2006.

It is estimated that when the centre is fully up and running the Trust will be able to do more than 80 per cent of its waiting list surgery on a short-stay (less than 48 hours) basis.

More involved surgery - such as orthopaedic hip replacements - will still take place in the hospital's main theatres.

Clinical and Dental Skills labs open

THE TRUST opened a new Clinical Skills Laboratory and a revamped Dental Skills Laboratory on June 3, 2005.

The skills labs were part of the first phase of a £3.4 million Education Centre project which is improving training facilities for the hospital's staff. (see page 18 for more information on the Education Centre)

The Clinical Skills Lab is a new area which allows medical students and junior doctors and nurses to train on a very realistic 'mock-up' four-bed ward.

Project co-ordinator Kim Mellon said: "This development will mean that Kettering General Hospital is one of the only hospitals in the region to have a purpose built Clinical Skills Laboratory.

"The laboratory itself is basically a place where clinical staff can go to practice the essential skills of their job - such as setting intravenous drips, taking blood and other minor procedures using sophisticated dummies.

"This enables junior clinical staff to practice these techniques thoroughly in a safe environment."



Medical Devices Co-ordinator Shaun Thompstone with student nurse Margaret Miller in the new Clinical Skills Lab.

The Trust had already hosted a dental skills laboratory in the postgraduate centre but the improvement work enhanced it considerably.

It is used by dentists across the north of the county for training in a variety of skills - and by the Trust's own dental and maxillo-facial specialists.

Crazy Hats Appeal supports breast service

THE TRUST is fortunate to have the support of an amazing local charity called the Crazy Hats Appeal which has pledged more than £100,000 to improve breast services for local people.

Many of these services will be based in a purpose-built breast care centre within the Trust's new £16.5m Treatment Centre.

In April 2006 the Trust received a donation of two gamma probes worth £22,500 from the Appeal for use in the treatment of early breast cancer.

The Appeal itself was launched in 2002 by Glennis Hooper, a breast care patient at Kettering General Hospital, who wanted to support the team who had looked after her.

Since then the appeal has gone from strength to strength and so far has raised in excess of £220,000 to improve breast care facilities at Kettering General Hospital, Northampton General Hospital and Leicester Royal Infirmary.



Crazy Hats Appeal founder Glennis Hooper and chair Heather Smith hand over a cheque for £22,500 to breast service clinicians Margaret Paragreen, Robert Stewart and Nikki Miller.

Robert Stewart, consultant surgeon at Kettering General Hospital, said: "Thanks to the continuing overwhelming generosity of the public, and the relentless campaigning by the Crazy Hats Appeal charity, we are in a position to purchase two new gamma probes for use in a technique called sentinel lymph node biopsy for patients being treated for early breast cancer."

Inpatients happy with KGH care

THE HOSPITAL received a positive report from a national monitoring body on inpatient care during 2005.

The survey – by the Healthcare Commission – showed that the Trust performed in the top 20 per cent of Trusts in the country in 23 out of 53 areas of inpatient care.

Inpatients are patients who come to hospital to have an operation or procedure and generally stay in hospital for at least one night.

The survey looked at 53 aspects of inpatient care at Kettering General Hospital during 2005. In 25 areas the hospital was rated in the middle 60 per cent of Trusts and in five areas on a borderline with the lower 20 per cent of Trusts.

Some of the areas of good care highlighted by patients included:

- Time spent waiting to get to a bed on a ward
- Hospital food
- Getting answers they understood from doctors
- Nurses did wash or clean their hands between touching patients
- Being treated with dignity and respect while in hospital

The five areas the Trust was on the lower borderline – and where it will aim to continue to improve its care – were:

- Being given enough privacy in A&E
- How long a person waits to be admitted to hospital
- Admission date being changed by the hospital
- Did your family, or someone close to you, have enough opportunity to talk to a doctor
- Did you receive copies of letters sent between hospital doctors and your family doctor

Kettering General Hospital's Chief Executive, Julia Squire, said: "The survey results are really pleasing for local people and for our staff. Work to improve the lower scoring areas is already underway."

The results of the survey will go towards the Trust's rating in the Government's new Annual Health Check – which will replace the previous star rating system from autumn 2006. (see page 17)

Patient Advice and Liaison Service

THE Trust's Patient Advice and Liaison Service (PALS) continued to listen and respond to patient concerns during 2005-2006.

At Kettering General Hospitals PALS is based next to main reception and is on hand during office hours to respond to the needs of patients and carers.

The service:

- Advises and supports patients their families and carers
- Provides information on NHS services
- Listens to concerns, suggestions and queries
- Helps sort out problems quickly

Since its launch in 2002 the service has become better known and demand for its help has increased by 22 per cent from 557 inquiries dealt with in 2003-2004 to 715 in 2005-2006 PALS volunteers dealt with 320 of these inquiries.

The types of issues dealt with include helping people who have inquiries about appointments, cancellations, patient care, discharge, waiting times, parking and the behaviour of staff in particular situations.

The service works closely with the Trust's Patient and Public Council and helps co-ordinate some of its volunteer services.

The service is working towards seven core standards set out by the Department of Health based around the service being identifiable, sensitive, confidential, providing good access to information and improving the involvement of patients and carers in the development and delivery of hospital services.

The service can be contacted on 01536-493305.

Patient and Public Council

KETTERING General Hospital was one of the first hospitals in the country to set up a Patient and Public Council in July 2000.

The Council is made up of up to 16 current and former patients and carers who want to support staff to bring about change for the benefit of patients.

The Council members highlight issues that are important to patients and enable the Trust to meet its statutory obligations to involve patients and the public in developing and improving its services.

During 2005-2006 Council members were involved in 24 different services/departments at the hospital. Some of the work done includes:

- Working with Matrons to develop quality checklists and cleanliness work (see page 10)
- Helping develop processes in the new Treatment Centre (see page 15)
- Developing ideas to improve ward areas
- Developing patient information and feedback tools such as the Patient Comment Card
- Providing information in main reception about the importance of handwashing and infection control.

Members make links with key staff in departmental areas, look at the way services are being developed and make suggestions for improvements from a 'patient's perspective'.

Patient Comment Cards introduced



PALS Manager Flavia Defreitas discusses comment cards with Sister Jayne Hancock.



Healthcare assistant Samantha Spriggs explains the comment card to Peter Gibson.

PATIENT Comment Cards were issued to all wards during 2005-2006.

Comment Cards have been developed by the Department of Health for patients to comment on NHS services.

The cards were circulated to all wards and departments by the Trust's PALS manager and members of the Patient and Public Council.

Patients use the cards to comment on the service they have received and make suggestions for improvements.

The Trust plans to study the comment cards regularly to see which suggestions can be put into action.

Working for patients

OTHER work done during 2005-2006 which has benefited patients and visitors has included:

- A Patient Journal initiative developed by the Trust was expanded in 2005-2006 and is now successfully working in two wards. The journal enables patients to record their experience of care and enables staff to scrutinise what patients consider to be most important
- Re-opening a public coffee shop (Aspens) on September 5, 2005, near the hospital's main reception. The coffee shop had been closed temporarily in 2003 to enable it to be used as a temporary discharge lounge for patients
- Created a £150,000 permanent discharge lounge in June 2005 complete with comfortable chairs, a television and toilets and changing facilities
- From April 1, 2006, Kettering General Hospital, and all of its grounds, became smoke free as part of the Government's plans to make all NHS premises smoke free by the end of 2006
- A major £1.5 million revamp of patient car parking at Kettering General Hospital went live on September 1, 2005. It meant patients and visitors benefited from 150 extra car parking spaces but had to begin using new barrier controls and pay a slightly increased car parking charge.



Laura Beeby, catering assistant, with Evening Telegraph reporter, Ruth Williams, and catering manager (operations), Sue Landon at the re-opening of Aspens Café.

Your views help us to improve

KETTERING General Hospital is committed to open, honest and informative local resolution of complaints.

Each year patients or their carers make complaints about aspects of the services the hospital provides.

The Trust seeks to learn from these complaints, and where appropriate, make improvements to its services as a result of them.

The total number of complaints received for the year 2005-2006 is 511 which is 101 complaints more than in 2004-2005.

Complaints are dealt with flexibly using face-to-face meetings at the hospital, telephone, letter and visits to people's homes. These may involve meetings with the staff involved, with hospital directors and by gathering independent second opinions on clinical care.

The performance on response times for the year is 50% of responses completed within the 20 working day guideline.

This is a disappointing response rate this year (previous years have been as high as 85%) and is a reflection of the increasing workload in all departments at the Trust.

Responding to complaints represents a considerable workload for staff alongside the demands of everyday work.

Fifteen complainants wrote to the Healthcare Commission requesting an Independent Review (IR) of their complaint. One case was supported by the Healthcare Commission and an independent review panel was held.

Improvements resulting from complaints

- Centralising the management of its cleaning services to help improve cleaning standards across the Trust
- In staff training there has been a frequent use of complaint case studies highlighting particular aspects of patient experience
- Established a reporting system for missed fractures and missed diagnoses
- Relaunching a system of assessment of acutely ill patients called the Kettering Early Warning System (KEWS)
- Piloting a project which allows patients to be in control of taking their own medication while in hospital (surgical wards)

Many concerns raised refer to specific incidents, which are unlikely to occur again, and are not possible to plan against.



Staff nurses Diane Bailey and Eileen Cutcliffe with Henry Green.

Achieving high quality standards

NEW Government standards were introduced in 2005-2006 to ensure that the public receive the very highest quality of care at Kettering General Hospital.

They are called The Standards for Better Health and form part of a new Annual Health Check.

The Annual Health Check will replace the former hospital "star ratings" system from October 2006.

The first stage of the extensive new standards is an area called "core healthcare standards".

On May 3, 2006, the Trust submitted a declaration that core healthcare standards are in place at Kettering General Hospital.

It follows a detailed self-assessment by the Trust of how it performs in a variety of areas of patient care.

This work was done by Trust staff working in partnership with the Patient and Public Involvement Forum and was monitored by the Trust Board.

The information supplied by the Trust will be cross-checked by the Healthcare Commission and comments on it have been received from bodies such as the Trust's local Patient and Public Involvement Forum, the Strategic Health Authority and Northamptonshire Overview and Scrutiny Committee.

The declarations are available to the public on the Trust's internet site and will be used by staff of all levels to prioritise work and plan for the future.

The Trust declared 22 standards fully compliant at the final declaration stage. The remaining two, infection control and emergency preparedness standards, were declared as 'limited assurance'.

Work continues to attain full compliance with these two standards and to maintain full compliance with the remainder by April 2007.

No of Allegations for YEAR	Clinical Judgement	Hospital Systems	Waiting, Delays and Cancellations	Staff Attitude	Hospital Environment	Other (including Transport)	Patient Care	TOTAL NUMBER OF COMPLAINTS
2002/2003	81	119	159	46	33	0	77	529
2003/2004	70	119	106	39	29	1	70	434
2004/2005	84	72	98	49	28	0	79	410
2005/2006	124	71	126	51	35	4	100	511

Impact on the environment

IN 2005-2006 the Trust carried out an Environmental Assessment Report in line with Government requirements in respect of the sustainable development White Paper – A Better Quality of Life.

Although the Trust does not have a formal environmental management system it has done considerable work in this area.

Areas covered have included:

- Developing an Environment Policy which looks at sound and responsible environmental management including initiatives such as recycling
- Having a Waste Management Strategy based on a comprehensive waste management manual and annual independent audit
- Having an Energy Consumption Strategy – to the standard set by the National Energy Foundation
- Reducing water consumption – The Trust has succeeded in reducing its water consumption by 40% since 1984 regardless of increased activity on site.

Other work has centred around effluent disposal, transport, use and distribution of asbestos, use of CFCs, and emissions to the air from boilers.

Emergency Plans

DURING 2005-2006 the Trust progressed work to ensure that it has plans in place for any major incident and its aftermath.

The Trust tested its Major Incident Plan on September 13, 2005, during an exercise at the Hunting Lodge Hotel in Cottingham, near Corby.

Staff used an Emergo applications process – a special system which helps organisations to better cope with emergencies.

More than 50 key staff took part in the event and the exercise enabled the Trust to identify strengths and weaknesses in its approach and change its procedures accordingly.

The Trust will continue to review and upgrade its Major Incident Plan during 2005-2006 in response to Government guidelines and the core standards outlined in Standards for Better Health (above).



A&E Matron Elaine Rowland runs an emergency planning exercise.



New Education Centre opens

WORK on the Trust's new £3.4m multi-disciplinary staff Education Centre was substantially completed during the reporting year.

And the centre – called the Prince William Education Centre – was officially opened on June 26, 2006.

The Centre is a significant improvement to onsite education and training facilities for the hospital's 3,200 staff.

Facilities in the new centre include:

- **An expanded library** – equipped with all the latest technology and learning resources
- **An IT suite** – which enables the Trust to expand the number of personal computers available for staff, through the library service, from 13 to 32
- **Three new seminar rooms** (able to host about 25 people each) are available on the first floor of the extension fitted with the latest audiovisual equipment

The Education Centre was paid for by the Leicestershire, Northamptonshire and Rutland Healthcare Workforce Deanery with £200,000 coming from the Trustees of the Prince William Postgraduate Education Centre.



The Trust's £3.4m Education Centre is now open. L-R Dr Andrew Steel, Julia Squire, Hilary Buckingham, Dr Stewart Peterson and Prof Derek Gallen.

The Trustees' money was used to fund clinical skills and dental skills laboratories – the first phase of the development – which opened on June 3, 2005. (see page 15)

Improving Working Lives 'Practice Plus' achieved

STAFF were complimented for their friendliness and commitment by external assessors who awarded the Trust the Improving Working Lives (IWL) top standard.

Improving Working Lives is a national initiative which aims to improve the quality of the working life for all NHS staff.

In January 2006 the Trust was awarded the top standard called Practice Plus after completing lower levels of accreditation (Pledge level in March 2001 and Practice level in April 2003).

Practice Plus indicates 100 per cent compliance with a series of seven standards based around such areas as human resource management, equality and diversity, communication and staff involvement, flexible working, healthy workplace, training and development, flexible retirement and childcare support.

An external Improving Working Lives validation team – who visited the Trust in November 2005 – said they were particularly impressed by the openness and commitment of staff at all levels and the friendliness of the Trust.

A certificate was presented to Chief Executive, Julia Squire, on January 24, 2006, by Trish Knight, Director of Workforce and Commissioning for the Leicestershire, Northamptonshire and Rutland Strategic Health Authority.

IWL lead Peter Reeve said: "This is great news and is a recognition of all of the staff and managers who have been involved in IWL for the last three years."



The Trust has achieved the Improving Working Lives 'Practice Plus' standard.

Agenda for Change

WORK on moving towards Agenda for Change – a new national pay and conditions system – came to a conclusion during the reporting year.

It involved moving 2,700 non-medical staff employed by the Trust from their existing pay and conditions of services to new national pay and conditions arrangements based on job evaluation principles.

This was a huge exercise and the Trust had to establish a dedicated team of staff drawn from its workforce to implement the change.

Most posts were able to be matched to pre-agreed national profiles. Where no profile was available staff were job evaluated locally.

A new competency based appraisal scheme – the Knowledge and Skills Framework – was introduced simultaneously with the grading arrangements.

This requires the continuing assessment of skills acquired against agreed competencies for each role with the necessity of demonstrating that agreed levels of competency have been achieved before being allowed to pass through designated 'gateways' in the new pay ranges.

The Trust managed to achieve one of the best outcomes in England delivering the project on target with a minimal level of staff requesting grading reviews.

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 Sex Discrimination, Disability Discrimination, Human Rights, Race Relations – and Race Relations (Amendment) – Acts.

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" programmes and the launch of an online e-learning programme.

Equality monitoring is routinely carried out to ensure fair and effective employment practice are applied in all aspects of employment including recruitment and selection of staff.

A Race Equality Scheme has been introduced to give effect to the requirements of the Race Relations (Amendment) Act 2002. This is a joint scheme covering employment and service provision.

Staff Involvement

THE Trust places considerable importance on staff consultation and involvement.

Good healthcare can only be delivered through the staff the Trust employs. Involving staff in all aspects of the way in which healthcare is organised and delivered remains a central aim. The views of staff are formally expressed in various ways including arrangements such as a joint staff and management committee (Joint Staff Consultative and Negotiating Committee) and an annual staff opinion survey. Staff views are also expressed informally through numerous working meetings and working groups.

Close working arrangements were developed with the staff side (unions) during the implementation of Agenda for Change and Improving Working Lives initiatives and the Trust will continue to build on the partnership principles developed when delivering those projects. Robust routine communication arrangements include a staff newsletter (Acute News) an e-newsletter, (Newsflash) and departmental Teambriefing arrangements.

Trust is publicly accountable

KETTERING General Hospital – like most public health organisations in Britain - is a National Health Service Trust.

That means it is run by a Trust Board composed of five Executive Directors, five Non-Executive Directors and a Chairman.

The Trust Board makes major decisions about the way the hospital is run and how it plans to improve its services for patients.

Executive Directors are paid hospital managers whose job is to organise the day-to-day running of the hospital and include such people as the Chief Executive, Medical Director, Director of Nursing and Midwifery and Finance Director.

Non-Executive Directors are members of the public with a special interest in health service matters. They are employed part-time, are paid a small salary, and work alongside managers to ensure that the needs of patients are met.

The Trust Board meets in public on a bimonthly basis and members of the public are welcome to observe the meetings.

The meetings are usually held at 9am on the first Friday of the month in the Trust Board Room in Glebe House at Kettering General Hospital. For more information phone 01536-492605.



Trust Executive Directors and Non-Executive Directors work together to set the hospital's strategic direction.

Trust Board Members

Chairman

Mrs. Hilary Buckingham (from 21.11.05) – Acting Chair
Mr. Trevor Hunwicks (08.06.05 – 31.01.06)
Mr. Dinesh Kotecha (09.04.05 – 09.06.05) – Acting Chair
Dr. Brian Silk (up to 08.04.05)

Non-Executive Directors

Mrs. Hilary Buckingham
Mr. John Tate
Mr. Dinesh Kotecha (up to 31.10.05)
Mrs. Julia Faulkner (up to 31.10.05)
Mrs. Kathy Slater (up to 30.06.05)
Mr. Ian Russell (from 01.11.05)
Mr. Abhai Rajguru (from 01.11.05)
Mr. Chris Saunby (from 01.11.05)

Executive Directors

Mrs. Julia Squire Chief Executive
Ms. Nerissa Vaughan Deputy Chief Executive/Director of Operations (from 09.01.06)
Dr. Brendan O'Malley Medical Director
Mrs. Denise McMahon Director of Nursing & Midwifery (formerly White)
Mr. Bob Hazell Director of Finance (up to 16.04.05)
Mr. Vince Doherty Locum Director of Finance (from 06.04.05) (Substantive from 01.05.05)
Mr Alan James Director of Human Resources and Communications/ Trust Board Secretary (to 09.01.06)

Non-Voting Members

Mr. Alan James Director of Human Resources and Communications/ Trust Board Secretary (from 09.01.06)
Mr. James Hayward Director of Facilities & Estate Development
Mr. Mike Smeeton Director of IM&T and Performance
Ms. Debra Smith Director of Corporate Planning & Development (up to 06.11.05)
Mr. George Briggs Director of Operations (unplanned care) (up to 30.06.05)
Mr. Mark Henry Director of Operations (planned care) (up to 31.12.05)

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

Medical Advisory Committee Chairman

Mr. Satya Biswas Consultant Orthopaedic Surgeon

Associate Medical Directors

Dr. Anwar Hussain Medicine, Medicine Specialties, Urgent/Emergency Care
Dr. Gwyn McCreanor Clinical Support Services
Mr. Paul Wood Women & Children
Dr. Judith Luthman Ambulatory Care/Anaesthetics
Mr. Philip Latham Surgery & Surgical Specialties

Audit Committee = Mr John Tate, Mr Ian Russell, Mr Abhai Rajguru

Remuneration Committee = All Non-Executive Directors

Declaration of Trust Board Members' Interests

Hilary Buckingham, Acting Chair (from 21.11.05) / **Non-Executive Director**
Husband is Corby GP

Trevor Hunwicks, Chairman (08.06.05 – 31.01.06)
Director & 100% shareholder – Strategic Futures International Ltd.
Governor/Chairman – Northampton College (Member of Corporation)
Director – Corcol Ltd (A subsidiary of Northampton College Trading as Powerdriver)

Dinesh Kotecha, Acting Chair (09.04.05 – 09.06.05) / **Non-Executive Director** (up to 31.10.05)
Member of Northamptonshire Racial Equality Council

Brian Silk, Chairman (up to 08.04.05)
Member of Northamptonshire Racial Equality Council

John Tate, Non-Executive Director
Member, Northamptonshire Probation Area Board
Member, Peterborough City Trust Board

Julia Faulker, Non-Executive Director (up to 31.10.05)
Chair – Northampton Probation Board

Kathy Slater, Non-Executive Director (up to 30.06.05)
Nil

Ian Russell, Non-Executive Director (from 01.11.05)
Member Northamptonshire Probation Board

Abhai Rajguru, Non-Executive Director (from 01.11.05)
Nil

Chris Saunby, Non-Executive Director (from 01.11.05)
Partner, Tollers – solicitors

Julia Squire, Chief Executive
Nil

Nerissa Vaughan, Deputy Chief Executive/Director of Operations (from 09.01.06)
Nil

Brendan O'Malley, Medical Director
Nil

Denise McMahon (formerly White), Director of Nursing & Midwifery
Husband is Wellingborough GP

Bob Hazell, Director of Finance (up to 16.04.05)
Brother is Chief Executive of Warwickshire Ambulance Service Trust

Vince Doherty, Director of Finance (from 01.05.05)
Director – Achara Consulting Ltd.

Alan James, Director of HR & Communications/Trust Board Secretary
Nil

James Hayward, Director of Facilities & Estate Development
Nil

Mike Smeeton, Director of IM&T & Performance
Nil

Debra Smith, Director of Corporate Planning & Development (up to 06.11.05)
Nil

George Briggs, Director of Operations (unplanned care) (up to 30.06.05)
Nil

Mark Henry, Director of Operations (planned care) (up to 31.12.05)
Nil

Financial Review 2005-2006

The Trust's performance against its key financial targets is summarised below:

❖ *To achieve an income and expenditure balance*

The last year has been one of the most financially challenging. However the Trust finished the year with a small retained operating surplus of £3,000 (Compared to a deficit of £1.7m in 2004/05) and met its key financial targets.

This is very significant improvement in terms of financial performance as the Trust had overspent in the previous two years.

The Trust achieved its financial targets, and other performance targets, while seeing 7% more emergency patients than forecast and 8% more patients needing planned treatments.

The Trust also had to tackle an underlying financial overspend of over £6m. Staff and management from departments across the whole Trust rose to the challenge and managed to successfully control costs, in particular by reducing the number of temporary staff used and cost of covering work outside normal hours.

The Trust succeeded in identifying and delivering savings of some £6m (5% of budget) – an exceptional achievement considering the increased demand on services and the fact that the Trust's costs have historically been 15% lower than the national average hospital cost.

Under the new financing system of Payment by Results, (PbR), the Trust was paid for the number of planned treatments patients received according to a national tariff or average cost. As a result, around 25% of the Trust's money came directly from the number of patients seen and the treatments they received.

While the Trust received additional income under the PbR system for treating more planned patients, for emergency treatment it had to provide care within a fixed sum of money. As it treated more patients in total, it also had additional costs in providing the service such as providing extra beds (Naseby Ward) and employing more doctors to meet capacity needs. Complying with National Institute for Clinical Excellence (NICE) guidance also meant increased drug costs and the Trust had to spend more on medical consumables because it treated more patients. It also had to deal with the costs of meeting national initiatives which were far higher than expected, including:

- Agenda for Change, the new national pay and conditions system for all NHS staff (excluding doctors). This was fully implemented in 2005-2006.
- Consultant Contract – Aiming to appropriately reward consultants so that more NHS patients benefit from their time and skills

- Delivering waiting time target for patients – Ensuring that no-one waited more than 6 months for an operation or waited more than 13 weeks for an outpatient appointment or waited more than 4 hours to be seen in A&E.

Cumulative planned support of £7.7m was provided to the Trust. The Trust is planning to deliver a balanced plan in future years as well as repay the cumulative planned support.

❖ *To achieve a capital cost absorption duty of 3.5%*

The required capital cost absorption duty of 3.5% is calculated as the percentage that interest paid on debts plus dividends (£2.361m) bears to net assets (£65.84m). The Trust achieved a rate of 3.6%.

❖ *Manage within the External Financing Limit (EFL)*

The EFL is a cash flow target whereby Trusts are required not to exceed a stated cash drawing requirement. This target is achieved by meeting revenue and capital expenditure targets and fine-tuned by increasing or reducing payment of creditors. The Trust achieved its EFL (£13.302m).

❖ *Manage within the Capital Resource Limit (CRL)*

The Trust underspent against its CRL of £19.405m by £2.7m, after taking account of disposed assets and donated funds. This under spend related to the Treatment Centre scheme and is carried forward to 2006/07.

In total over £16m was spent on strategic investment within the Capital Programme. This included:

- Progressing the construction of the new Treatment Centre and the new Prince William Education Centre
- Developing a Full Business Case for the Cardiac Catheterisation Laboratory
- Building an additional 40-bed ward.

■ Management Costs

The Trust continued to review its management costs. Using the Department of Health's definitions, as a percentage of total income, the Trust's management costs stood at 3.78% compared to 3.86% in 2004/2005.

■ Better Payment Practice Code

During the year, 91.35% of trade bills were paid within 30 days of receipt of goods or valid invoice, marginally below the CBI prompt payment code of practice of 95%.

Vince Doherty
Director of Finance

Chief Executive's Statement

I acknowledge the summary financial statements, which have been prepared and certified by the Director of Finance as the summary financial statements, which the Trust is required to include in the Annual Report.

J Squire
Chief Executive Date : 5th July 2006

Director of Finance's Statement

I certify that the financial statements set out here are consistent with the full financial statements and are in accordance with the accounting standards and policies for the NHS as approved by the Secretary of State.

V Doherty
Director of Finance Date : 5th July 2006

Independent auditor's report to the Directors of the Board of Kettering General Hospital NHS Trust

I have examined the summary financial statements set out below.

This report is made solely to the Board of Kettering General Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditors

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

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006 on which I have issued an unqualified opinion.

Ian Sadd
Audit Commission
1st Floor
Bridge Business Park
Bridge Park Road
Thurmaston
Leicester
LE4 8BL

Date: September 11, 2006

A full set of the Annual Accounts including the Chief Executive's Statement on Internal Control is available from the Director of Finance, Glebe House, Kettering General Hospital, Rothwell Rd, Kettering, Northants, NN16 8UZ.

The Trust's external auditor is the Audit Commission. Audit fees for 2005-2006 were £151,985, which all related to work carried out under the Code of Audit Practice.

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

KETTERING GENERAL HOSPITAL NHS TRUST

INCOME AND EXPENDITURE ACCOUNT for the Year Ended 31st March 2006

	2005/06 £000	2004/05 £000
Income from activities:		
Continuing operations	109,829	98,368
Other operating income	12,737	12,589
Operating expenses:		
Continuing operations	(120,345)	(110,655)
OPERATING SURPLUS (DEFICIT)		
Continuing operations	2,221	302
Profit (loss) on disposal of fixed assets	(7)	(4)
SURPLUS (DEFICIT) BEFORE INTEREST	2,214	298
Interest receivable	201	147
Interest payable	(10)	0
Other finance costs-change in discount rate on provisions	(41)	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	2,364	445
Public Dividend Capital dividends payable	(2,361)	(2,166)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	3	(1,721)

NOTE TO THE INCOME AND EXPENDITURE ACCOUNT

	£000
Retained surplus/(deficit for the year)	3
<i>Cumulative Financial support included in retained surplus/(deficit) for the year – Internally Generated</i>	<i>(7,700)</i>
Retained surplus/(deficit) for the year excluding financial support	(7,697)

Financial support is income provided wholly to assist in managing the Trust's financial position. Internally generated financial support is financial support received from within the local health economy, consisting of the area of responsibility of Leicester, Northampton, and Rutland Strategic Health Authority. The Trust received planned support of £7,700k from the SHA to cover the prior year deficit and forecast current year deficit.

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

KETTERING GENERAL HOSPITAL NHS TRUST

BALANCE SHEET

as at 31st March 2006

	2005/06 £000	2004/05 £000
FIXED ASSETS		
Intangible assets	295	259
Tangible assets	77,063	63,183
	<u>77,358</u>	<u>63,442</u>
CURRENT ASSETS		
Stocks and work in progress	1,935	1,695
Debtors	5,754	5,229
Investments	0	0
Cash at bank and in hand	32	32
	<u>7,721</u>	<u>6,956</u>
CREDITORS : Amounts falling due within one year	(7,468)	(6,576)
NET CURRENT ASSETS (LIABILITIES)	<u>253</u>	<u>380</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	<u>77,611</u>	<u>63,822</u>
CREDITORS: Amounts falling due after more than one year	0	(353)
PROVISIONS FOR LIABILITIES AND CHARGES	(996)	(881)
TOTAL ASSETS EMPLOYED	<u><u>76,615</u></u>	<u><u>62,588</u></u>
FINANCED BY:		
TAXPAYERS EQUITY		
Public dividend capital	52,055	38,753
Revaluation reserve	21,136	20,471
Donated Asset reserve	3,823	3,774
Government grant reserve	0	0
Other reserves	0	0
Income and expenditure reserve	(399)	(410)
TOTAL TAXPAYERS EQUITY	<u><u>76,615</u></u>	<u><u>62,588</u></u>

J Squire
Chief Executive Officer
Date: 5th July 2006

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

KETTERING GENERAL HOSPITAL NHS TRUST

CASH FLOW STATEMENT for the Year Ended 31st March 2006

	2005/06 £000	2004/05 £000
OPERATING ACTIVITIES		
<u>Net cash inflow from operating activities</u>	5,035	3,639
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	194	141
<u>Net cash inflow/(outflow) from returns on investments and servicing of finance</u>	194	141
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(16,281)	(4,810)
Receipts from sale of tangible fixed assets		
(Payments to acquire)/receipts from sale of intangible assets	(109)	(131)
<u>Net cash inflow (outflow) from capital expenditure</u>	(16,390)	(4,941)
DIVIDENDS PAID	(2,361)	(2,166)
<u>Net cash inflow/(outflow) before financing</u>	(13,522)	(3,327)
FINANCING		
Public dividend capital received	13,302	3,178
Public dividend capital repaid (not previously accrued)	0	0
Public dividend capital repaid (accrued in prior period)	0	0
Loans repaid	0	0
Other capital receipts	220	149
<u>Net cash inflow (outflow) from financing</u>	13,522	3,327
<u>Increase (decrease) in cash</u>	0	0

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

KETTERING GENERAL HOSPITAL NHS TRUST

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES for the Year Ended 31st March 2006

	2005/06 £000	2004/05 £000
Surplus (deficit) for the financial year before dividend payments	2,364	445
Fixed asset impairment losses	(709)	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	1,453	(81)
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets.	220	149
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets.	0	(210)
Total gains and losses recognised in the financial year	3,328	303

	2005/06 £000	2004/05 £000
TOTAL MANAGEMENT COSTS		
Management costs	4,552	4,205
Income (Excluding CEAC income)	120,280	108,932
Management costs as a % of income	3.78%	3.86%

BETTER PAYMENT PRACTICE CODE – MEASURE OF COMPLIANCE

The NHS Executive requires that Trusts pay their NHS and trade creditors in accordance with the CBI Better Payment Practice Code and government accounting rules. The target is to pay NHS and trade creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed with the supplier.

The measure of compliance is:

	2005/06 Number	2005/06 £000	2004/05 £000
Total Non –NHS trade invoices paid in year	35,992	40,895	26,300
Total Non-NHS trade invoices paid within target	32,880	37,901	24,279
Percentage of bills paid within target	91.35%	92.68%	92.32%
	2005/06 Number	2005/06 £000	2004/05 £000
Total NHS trade invoices paid in year	1,513	24,866	N/A
Total NHS trade invoices paid within target	1,332	22,514	N/A
Percentage of bills paid within target	88.04%	90.54%	N/A

The Late Payment of Commercial Debts (Interest) Act 1998

The Trust has received no claims for payment from suppliers under the above Act during 2005/2006.

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

Salary and Pension entitlements of senior managers

Remuneration Name and Title and Start Date			2005/06			2004/05		
			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)
			£000	£000	£00	£000	£000	£00
Mrs H Buckingham (Previously a Non-Executive Director)	Acting Chairman	21st Nov 2005	10-15			5-10		
Mrs J Squire	Chief Executive	14th Jan 2005	115-120		9	35-40		
Mr V Doherty	Director of Finance	1st May 2005	80-85		1			
Dr B O'Malley	Medical Director	1st Oct 2004	80-85	55-60		35-40	100-105	
Mrs D McMahon	Director of Nursing & Midwifery	1st Jan 2002	80-85		8	65-70		8
Mr A James	Director of HR & Communications	> 5 years	80-85		10	65-70		9
Mr J Hayward	Director of Facilities & Estate Development	> 5 years	75-80		8	65-70		8
Mr M Smeeton	Director of Information Mgmt & Technology	1st Feb 2001	75-80		8	60-65		8
Miss EN Vaughan	Deputy Chief Executive/ Director of Operations	9th Jan 2006	15-20					
Miss D Smith *	Director of Corporate Development		45-50		2	55-60		3
Mr A Rajguru	Non-Executive Director	1st Nov 2005	0-5					
Mr I Russell	Non-Executive Director	1st Nov 2005	0-5					
Mr C Saunby	Non-Executive Director	1st Nov 2005	0-5					
Mr J Tate	Non-Executive Director	1st Nov 2004	5-10			0-5		
Senior managers who have left the Trusts' employment								
Dr B Silk	Chairman	8th Apr 2005	0-5			15-20		
Mr T Hunwicks	Chairman	8th Jun 2005- 31st Jan 2006						
Mr R Hazell	Director of Finance	16th Apr 2005	0-5			75-80		2
Mr D Kotecha	Non-Executive Director	31st Oct 2005	5-10			5-10		
Mrs J Faulkner	Non-Executive Director	31st Oct 2005	0-5			0-5		
Mrs M Switzer	Non-Executive Director	31st Oct 2005	0-5			0-5		
Mrs K Slater	Non-Executive Director	30th Jun 2005	0-5			0-5		

*D Smith on secondment at Heartlands PCT from the 7th November 2005.

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 and Non-Executive Directors are appointed for four 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

SUMMARY FINANCIAL STATEMENTS AND CERTIFICATES

Pension benefits

Name	Title	Real increase in pension and related lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2006 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31 March 2006 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real Increase in Cash Equivalent Transfer Value
		£000	£000	£000	£000	£000	£000
Mrs J Squire	Chief Executive	37	28	84	319	257	62
Mr V Doherty	Director of Finance	N/a	22	65	269	N/a	N/a
Dr B O'Malley	Medical Director	41	55	164	981	785	196
Mrs D McMahon	Director of Nursing & Midwifery	27	29	87	386	284	102
Miss N Vaughan	Deputy Chief Executive/ Dir of Operations	N/a	15	46	169	N/a	N/a
Mr A James	Director of HR & Communications	29	40	117	728	584	144
Mr J Hayward	Director of Facilities & Estate Development	16	29	87	460	384	76
Mr M Smeeton	Director of Information Mgmt & Technology	16	15	46	154	111	43
Miss D Smith	Director of Corporate Development	5	21	63	282	257	25

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.

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.

NOTICE OF ANNUAL GENERAL MEETING

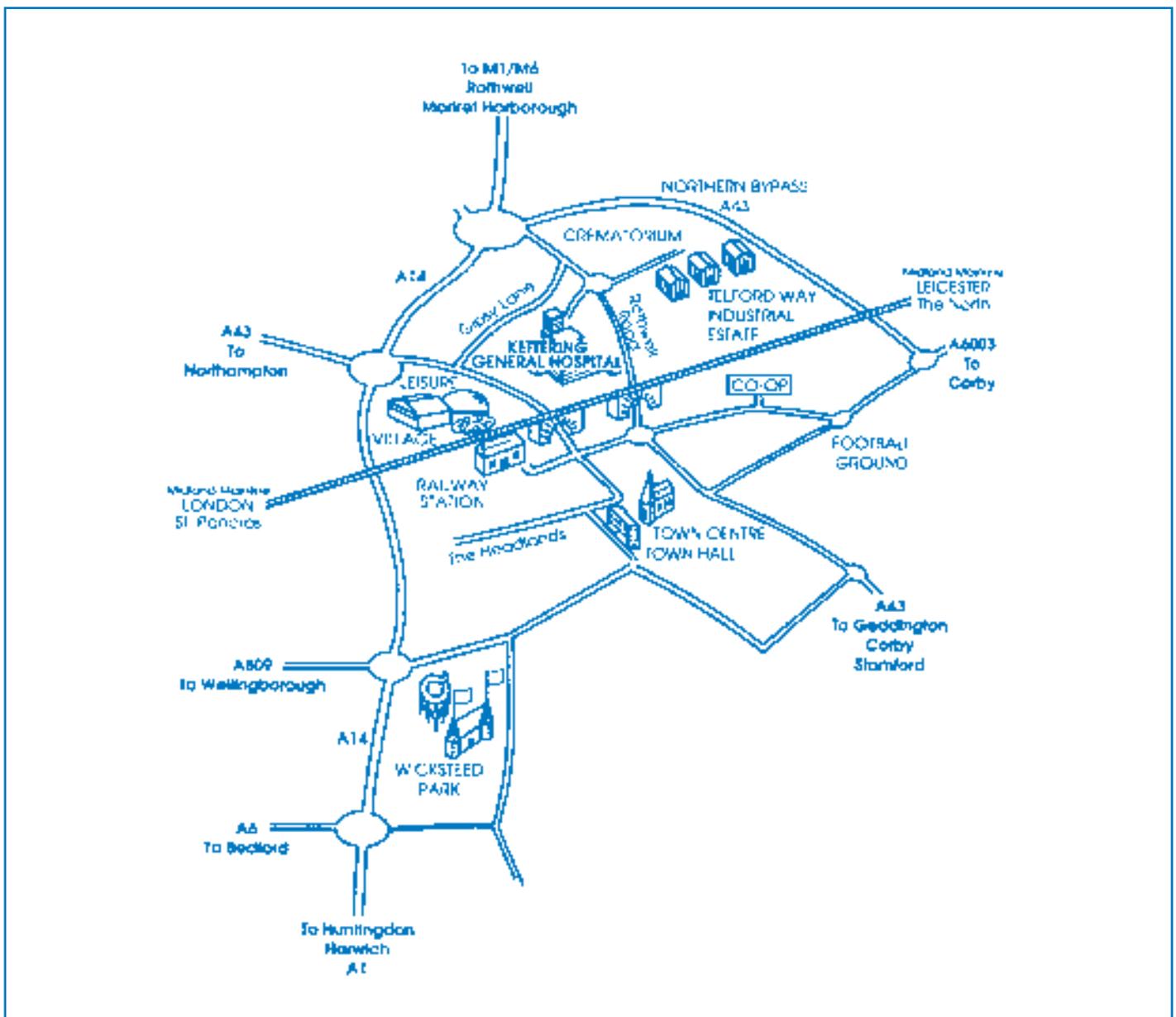
The 12th annual general meeting of Kettering General Hospital NHS Trust will be held on Monday, September 25, 2006, at 6pm in the Prince William Education Centre at Kettering General Hospital.

Members of the hospital's Trust Board will outline the achievements of 2005-2006 and members of the public are invited to ask questions.

Anyone with an interest in the hospital and health issues, especially members of the public, staff, general practitioners, patients and relatives, are welcome to attend.

The map shows the location of the hospital and the Postgraduate Medical Education Centre is sign posted within the hospital grounds.

Light refreshments will be provided.



Further copies of this report are available from David Tomney, media and communications manager, Kettering General Hospital NHS Trust, Glebe House, Rothwell Road, Kettering, Northamptonshire, NN16 8UZ. Telephone 01536-493509. Fax 01536- 493767 and e-mail david.tomney@kgh.nhs.uk.