

Contacts

How to contact us

Maidstone Hospital

Hermitage Lane, Maidstone, Kent, ME16 9QQ: 01622 729000 or 0845 155 1000

Kent and Sussex Hospital

Mount Ephraim, Tunbridge Wells, Kent, TN4 8AT: 01892 526111 or 0845 155 1000

Pembury Hospital

Tonbridge Road, Pembury, Tunbridge Wells, Kent, TN2 4QJ: 01892 823535 or 0845 155 1000

Homoeopathic Hospital

Church Road, Tunbridge Wells, Kent, TN1 1JU: 01892 542977

Useful numbers

Alcoholics Anonymous

(National helpline for those with alcohol addiction): 0845 76 97 555

British Red Cross

(Gives skilled and impartial care to people in need and crisis in their own homes and in the community): 01622 690011

Citizen's Advice Bureau: Maidstone

01622 752420/757882, Tunbridge Wells - 01892 538388

Cornerstone

(For drug and alcohol addiction):
Maidstone - 01622 690944, Tunbridge Wells - 01892 534422

Crossroads

(Aims to relieve stress and to provide support to families or persons who are carers): Maidstone - 01622 661896,
Tunbridge Wells - 01892 532701

Cruse

(Information, advice and counselling for anyone affected by death):
0870 167 1677

Cry-sis Helpline

(Support helpline for parents of children who cry excessively):
08451 228 669

Family Matters

(Counselling, helpline service for survivors of sexual abuse):
01474 537392

Healthcare Commission

020 7448 9200

Home-Start

(Independent voluntary home visiting scheme for families with at least one child under the age of five. The volunteers are matched with families who are experiencing a difficult or stressful time):
Freephone national information line - 08000 68 63 68,
Tunbridge Wells - 01892 524916, Maidstone - 01622 675879

Kent Counselling and Psychotherapy Service

(Comprehensive confidential counselling service. Appointments during the day or evening and there is no waiting list): 01622 754853

National Childbirth Trust:

0870 444 8707

Patient Advice and Liaison Service

(For information on local health services, when patients and relatives do not know where to turn. For when things go wrong or you want to make a comment on our services): Tunbridge Wells; Tel/Text phone - 01892 672954, Fax - 01892 672954, Email - PALS.TWELLS@mtw-tr.nhs.uk
Maidstone; Tel/Text phone - 01622 224960, Fax - 01622 224843,
Email - PALS.MAID@mtw-tr.nhs.uk

Samaritans

(Samaritans offers a 24 hour a day confidential and emotional support for people who are experiencing feelings of distress or despair; including those which may lead to suicide): Tunbridge Wells - 01892 532323,
Maidstone - 01622 674444

Stress Confidential Helpline

(Voluntary organisation aimed at giving information and self-help advice to people who live with high stress levels): 01622 717656

Tunbridge Wells Counselling Centre

(Provides professional counselling at a reasonable cost): 01892 548750

Victim Support

(Offers help to all those who have been affected by crime):
Maidstone - 01622 690103, West Kent - 01892 513969

NHS Direct

(NHS Direct operates a 24-hour nurse advice and health information service, providing confidential information on all health related matters):
0845 4647

Sexual Health

Clinics: Preston Hall Hospital, Aylesford,
Maidstone - 01622 225713, Kent & Sussex Hospital - 01892 526111



20 REASONS WHY OUR SERVICES ARE BETTER FOR YOU

ACCESS ALL AREAS

an in-depth look at our
emergency rooms

Stars

our hospitals rise in the
performance ratings

20 Reasons

Why Maidstone and Tunbridge Wells NHS Trust is better than the year before

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital trust providing a full range of general hospital services to the populations of south west Kent and north east Sussex – about half a million people.

The Trust also provides cancer services through its oncology centre at Maidstone Hospital.

We have three main hospitals – Maidstone, Pembury and Kent and Sussex, which is based in Tunbridge Wells.

The Trust was formed in 2000 following the merger of Mid-Kent Healthcare NHS Trust and the Kent and Sussex Weald NHS Trust.

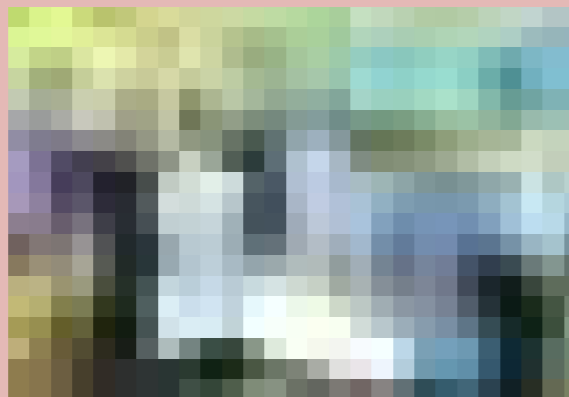
Maidstone Hospital opened its Emergency Care Centre complete with a walk-in centre for minor injuries, a majors and resuscitation area and a GP out-of-hours service **see pages 5 and 6**



Cases of MRSA fell thanks to staff efforts to tackle infection **see page 3**

Staff were recognised for their long service, marking the first in a series of events for employees **see page 13**

Both A&E departments at Kent and Sussex and Maidstone Hospitals hit their targets of seeing 98 per cent of patients within four hours **see pages 5 and 6**



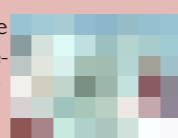
A new physiotherapy gym opened at Maidstone Hospital **see page 3**



The delivery suite at Pembury Hospital was given a £300,000 makeover **see pages 9 and 10**



Kent Oncology Centre benefited from a state-of-the-art CT scanner **see page 4**



232 car parking spaces costing £360,000 have been installed at Maidstone Hospital



£500,000 has been spent on the Pain Clinic at Pembury Hospital



Maximum waiting times for surgery were reduced to nine months

A brand new crèche opened at Maidstone hospital in January **see page 16**



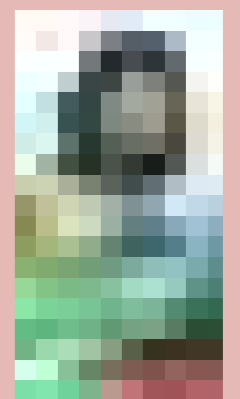
Maximum waiting times for an outpatient appointment were reduced to 17 weeks

The Trust has balanced its books for the first time in four years **see pages 17-24**

The Trust received fewer complaints **see page 12**



Waiting times at the Genito-Urinary clinic have fallen **see pages 11 and 12**



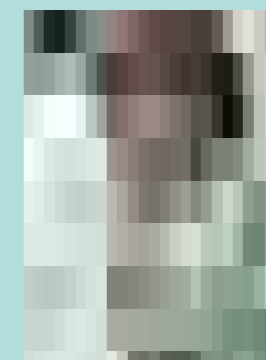
Two bidders have been shortlisted to build a new hospital at Pembury **see page 4**

The Trust received one star in the latest Government performance ratings **see page 14**

Major service improvements have been made in urology **see page 7**



More consultants have joined the Trust **see page 8**



Awards were received for innovation and research at the Trust **see pages 13 and 15**

WHO'S WHO

at Maidstone and Tunbridge Wells NHS Trust

James Lee
Chairman

Rose Gibb
Chief Executive

Executive Directors

Dr Charles Unter
Medical Director

Bernard Place
Nursing & Patient Services Director

Winston Weir
Finance & Information Director
(Jim Hope – Interim Finance Director – 02/07/04 – 08/11/04)
(Kate Stepney, Acting Finance Director – 03/01/04 – 02/07/04)

Ruth McAll
Human Resources Director

Frank Sims
Strategic Development Director

Graham Goddard
Estates Development Director

Deborah Hallas
Service Director for Cancer, Surgery & Anaesthesia

Amy Page
Service Director for Emergency Care, Women & Children's and Diagnostic Services

Non Executive Directors

Jonathan Paine

Ann Munro

Aaron Cockell

Dr Gillian Bullock

Winston Tayler

The Chairman is appointed on a four-year renewable term by the NHS Appointments Commission with the Strategic Health Authority.

Non executive directors are appointed by the NHS Appointments Commission together with the chairman for a four-year term.

The chief executive is appointed by the chairman and the non-executive directors, usually with an external assessor of chief executive officer status.

The directors of the board are appointed by the chief executive with the chairman, some non executives and an appropriate external assessor.

The chief executive and directors are not appointed for specific terms. Contracts are usually determined by a period of three months' notice either way.

During the year none of our directors has undertaken any material transaction with Maidstone and Tunbridge Wells NHS Trust.

Full details of the senior management remuneration are given on pages 23 and 24. Details of compliance with practice code targets are given on 17.

The Trust board meets in public six times each year. Details of these meetings or minutes from previous meetings can be obtained from Corporate Secretary to the Board, Gail Spinks, by calling 01622 226418.

Your letters

Each year Maidstone and Tunbridge Wells NHS Trust receives more than a thousand letters from patients full of praise for our hospitals.

Standards upheld by staff

Dear Ms Gibb

After having surgery at the Kent and Sussex Hospital on April 5, I spent the day and one night on ward 12. I would like to say how much trouble all the staff went to, firstly, to make me feel welcome and alleviate any concerns regarding the surgery. Secondly, the patience and kindness they all showed to me. They worked so hard, continuously all day long, never making anyone feel they were too much trouble.

After all the negative comments made in the press over the last few months, they must feel demoralised. Yes, there are definitely issues regarding cleanliness in some areas, but the standards of this and the care given on ward 12 were very high.

The consultant, Ms Ruth Lloyd, also was a pleasure to talk to. She is a lovely lady and fully explained procedures to me before and after surgery. I can honestly say it was a stress-free experience.

Ann Barker
Tonbridge

Food was a 'treat'

Dear Sirs

Having just spent seven days as a patient in your hospital after fracturing my hip, I wanted to thank everyone, ambulance crews especially, for their kindness shown to me. Staff on Jonathan Saunders ward were very caring and nothing was too much trouble despite the size of the ward and the hours that they work with very few breaks.

Also the food was very good and with so many people confined to bed, it was a treat.

Mrs W L de Graaff
Maidstone

Write to:
Customer Services Department
Maidstone Hospital
Hermitage Lane
Maidstone
Kent ME16 9QQ

Chairman and Chief Executive's letter

We are pleased to present the annual report for 2004/05, a year in which we believe our Trust has turned a corner. We can all be very proud of our success in making big improvements in the care of our patients.

We wish to thank our dedicated staff for their tireless efforts to achieve real change and for their commitment to patients, which together have enabled us to raise our performance to one star. More patients are being seen and treated faster than ever before and we have greatly reduced waiting times. Our work in reducing the wait in the Accident and Emergency departments received national recognition by the Prime Minister himself.

At the same time clinical care and basic standards have improved. Although our older hospitals are sometimes difficult to keep clean, we have worked continuously to improve standards and, as a result, infection from MRSA has fallen dramatically.

Our board is determined to lead the Trust to deliver safe, effective modern services, providing both general and specialist care as close as is possible to patients' own homes. This year we made some tough decisions regarding the future of hospital services and engaged with staff and the public as part of this process. We've worked with you and our health care partners to transform and improve a number of key services, including women and children's, orthopaedics and cancer surgery. These changes centralise inpatient and complex elements of care so that we can offer a greater range of specialist care with the guarantee of better quality, safety and outcome. We are continuing to review other patient services and many further changes can be anticipated both in the near future and in subsequent years.

This is an exciting time for staff and patients at MTW as we move closer to clearing the Pembury site to allow construction of the new hospital. Services began to be moved this year and the transfer will be complete by next autumn.

Our strong performance in reducing waiting times was a major achievement. The next priority is to make major improvements in the whole patient experience. We have listened to our patients and as a result we plan to launch a series of changes, which will make a difference to those aspects of care, which patients say matter most to them.

We want to be able to promise you that we will honour your admission date, keep you in hospital for as short a time as possible and agree with you the date that you go home. We want you to be able to take ownership of your treatment when you choose to come to our hospital. We will make sure everyone who is booked for admission has a full pre-assessment to allow an informed discussion about their care plan and other needs.

As part of our financial turnaround we broke even this year. We can now accelerate the pace of change to allow us to deliver a safe, modern, high quality health service within the limits of our available income.

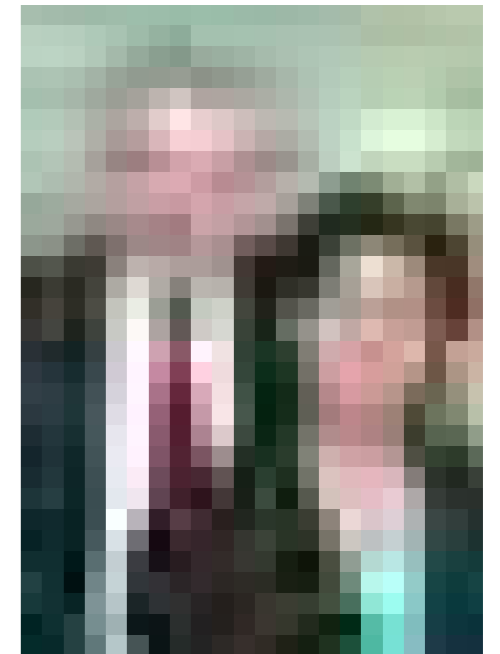
Once again, a huge thank you to all our staff for your outstanding and energetic commitment to high quality patient care.



James Lee
Chairman



Rose Gibb
Chief Executive



"This is an exciting time for staff and patients at MTW"

Improving the patient experience

Our aim is to provide patients with an experience where we promise:

- to provide an environment where you are treated in privacy and with dignity
- to agree and keep appointments with you
- to agree the date when you go home before you come into hospital
- to only bring you into hospital when it's absolutely necessary.

Winning the war on infection

From October 2004 – March 2005 there were 20 cases where patients were found to have MRSA bacteraemia – when someone has acquired the infection in their bloodstream – compared to 33 between April and September.

One in three people carry the MRSA bug naturally. Out of the 20 cases the Trust saw between October and March, seven patients had acquired MRSA before they came into hospital.

Lead Infection Control Nurse, Brenda Greatrex, said: "We have come a long way in a short time. We have made real improvements in reducing MRSA and are working hard to do even better."

"We want every patient to receive the same high standards of care at Maidstone and Tunbridge Wells NHS Trust. It has to be right for every patient and we will keep on going until it is."

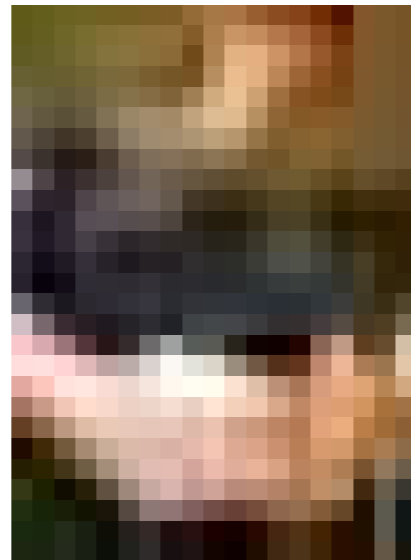
She added that the Trust was on course to reduce its MRSA bacteraemia rate in line with the Government target of a 60 per cent reduction in three years (2005-2008).

The fight against infection

The successful campaign to reduce infection has included:

- The introduction of 'talking walls' at the entrances of Kent and Sussex and Maidstone Hospitals and at the Kent Oncology Centre reminding people to clean their hands. Brenda said: "In the past, notices reminding people to clean their hands have failed to attract people's attention as there are so many other notices on display. However, when people are asked to wash their hands, they are willing to oblige, so we came up with the idea of talking walls."
- Taking part in the national Cleanyourhands campaign where patients are encouraged to challenge staff about washing their hands, as well as taking part themselves. Brenda said: "When people are coming into hospitals they are going to be touching the person they are visiting and we do not know what their hands are contaminated

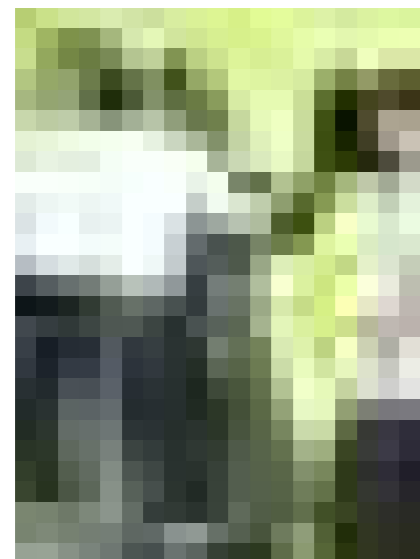
In the battle of the bugs the Trust's actions has caused MRSA to retreat with cases of the infection being halved in the second half of the year.



with. Plus, if they are visiting many people they will be passing infections from one to the other. Hand hygiene is therefore one of the most important infection control measures to minimise the risk of healthcare-associated infections."

- Alcohol gel at every bedside.
- £20,000 on fitting new or replacement wash basins on wards.

Gym keeps patients upbeat



Patients receiving rehabilitative care are now receiving their physiotherapy in an uplifting environment following the opening of a new gym.

The New Leaf Therapy Centre, costing £150,000, has been paid for by sponsorship from the King's Fund, the Trust, Kent and Medway Strategic Health Authority, Maidstone Weald Primary Care Trust and the League of Friends.

It has been decorated with an outdoor theme, to create an invigorating mood for patients, with the ceiling raised and painted with a blue-sky effect with large sails stretched across, built-in ventilation, variable lighting controls and an audio system.

The BBC has also agreed to provide film footage for new television screens showing someone running in the countryside and rowing down the River Medway, which speed up as your exercise pace quickens on the equipment.

The work was part of the King's Fund Enhancing the Healing Environment programme.

Project lead, Matron Denise Welstead, said: "Through this project, we have been given the knowledge and understanding of how much difference a change of colour can enhance a patient's experience in the hospital. The work we have carried out will not only help patients recuperate faster but also boost the morale of staff working in this department."

CT scanner is a 'first' for Maidstone Hospital

A state-of-the-art CT scanner costing nearly £1 million is helping to detect cancer early.

The 64-slice Siemens machine, which is only the third in the country and the first at a district general hospital, was installed within the x-ray department at Maidstone Hospital in March to help cope with the increasing number of cancer patients coming to the Trust.

It was paid for with money from the New Opportunities Fund and a £200,000 donation from Gallagher's construction company allowed the Trust to upgrade the machine from 16 to 64 slices.



Lyn McKay, Radiology Services Manager, said: "The CT scanner provides more detailed scans due to its additional number of slices per rotation. From a cancer perspective this is really good news as it enables us to see really minute lesions which can help catch cancers early."

"It is also less invasive than other procedures as colonoscopies, for example, can be carried out without the need of a camera."



New hospital progress

What's happened this year?

The final two bidders vying to build Kent's flagship £300million hospital in Tunbridge Wells have been chosen.

International developers Carillion and Equion have reached the final shortlist to build the new state-of-the-art hospital on the Pembury site.

Rose Gibb, Chief Executive of Maidstone and Tunbridge Wells NHS Trust, said: "We are extremely pleased to have such strong companies bidding for the new state-of-the-art hospital at Pembury."

"This will mean that the Trust will be in a position to select from two world-class designers for the new hospital in the New Year."

The Trust will be keeping the public informed about the movement of services from the Pembury Hospital site. While it is possible for some services, such as children's and maternity wards, to stay on site while the new hospital is built, other services will move off site including

medical beds moving to Kent and Sussex Hospital and some community hospitals.

The Trust has also won £10,000 from the Arts Council for art projects in the new hospital.

Patient and Public Involvement (PPI)

Working groups have been set up for patients and staff to work with the two remaining bidders to ensure the new hospital is built meeting patient and staff requirements.

There will be a variety of groups that will focus on clinical and non-clinical areas. Several meetings will take place between patients, staff and the bidders from August to October, focusing on:

- Emergency Care Centre (Accident and Emergency)
- Wards and Arrivals-Discharge Lounge
- Theatres
- Medical Day Unit
- Outpatients
- Renal Dialysis
- Women

- Children
- Imaging
- Therapies.

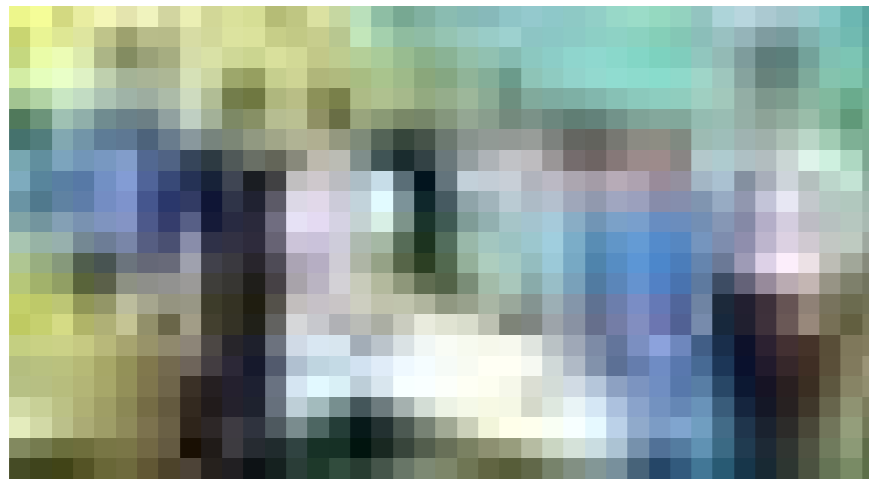
The non-clinical working group looking at the patient environment will include issues such as site access, parking, communal and waiting areas.

"Patient and Public Involvement is all about ensuring that health services are developed around patients' needs and preferences," said PPI Manager, Karen Beesley. "We want to ensure that the state-of-the-art new hospital is built with patients at its heart."

Future improvements

Carillion and Equion will be working alongside the Trust over the coming months to develop even more detailed designs for the new hospital. Their revised bids will be submitted to the Trust early in the New Year when a decision will be made as to which bidder should design and ultimately build the new hospital.

Building work is expected to commence in July 2006 and will be finished four years later in 2010.



On the frontline

Behind the scenes of Accident and Emergency

Patients are now being seen quicker at the Trust's two Accident and Emergency departments at Maidstone and Kent and Sussex Hospitals, with 98 per cent of people being seen within the four-hour target.

Changes in the way treatment is delivered and a cash injection of £2million to combine primary and secondary emergency care at Maidstone has also meant that the patient experience of emergency care is now one of the best in the country.

Case study 1 Maidstone's Emergency Care Centre (ECC)

Unique in its design, the ECC includes a walk-in centre for minor injury and illness, a majors and resuscitation area for those with life-threatening conditions, a Clinical Decision Unit and a GP out-of-hours service. It also employs emergency care practitioners whose aim is to reduce the number of patients needing to attend A&E by seeing and treating them at home or at the site of an accident.

These six new practitioners have helped towards the achievement of the 98 per cent target for patients waiting four hours or less at A&E despite the centre now seeing about 10 per cent more patients. Staffing has also been increased with the introduction of two new consultants, three more doctors and an ECC manager.

Clinical Director of the ECC, Dr Julian Webb, said: "I am delighted the centre is up and running. We have a unique opportunity here to produce a truly novel way of delivering healthcare. I would also like to say thank you particularly to all the staff who have continued to work on through all the building work."

To achieve this redesign of services, the centre also underwent an internal rebuild, which was started in May 2004 and was carried out in phases without the unit having to be shut. Matron at the ECC, Denise Welstead, said: "The redesign of the Emergency Care Centre has been an enormous benefit to both staff and patients. Staff can now carry out their work in a much more pleasant environment and the changes to the way services are delivered allows them to carry out their work effectively, resulting in patients being seen and treated more quickly."

The ECC is a collaboration between the Trust, Maidstone Weald Primary Care Trust, Kent Ambulance Trust and On Call Care Limited – the GP out-of-hours provider.

Case study 2 Kent and Sussex Hospital's Accident and Emergency

The anticipated move to a new hospital in Pembury in 2010 is spurring on the Accident and Emergency Department at Kent and Sussex Hospital to drive-up standards and ensure it becomes a centre of excellence for patients.



Staff at the department are hitting targets of seeing 98 per cent of patients within four hours on a daily basis, the patient experience is being improved through changes in the way staff work and morale is up thanks to the efforts of senior managers in training their employees.

Directorate Nurse Manager at Kent and Sussex's Accident and Emergency, Christine Steele, said: "The aim is to develop the standards of care and staff in the department prior to the move into the new hospital in Pembury. We are looking to develop a centre of excellence."

One of the key changes introduced to achieve this has been the appointment of Practice Development Nurse, Liz Champion. Liz's role is to look after the development of staff and ensure the Department of Health's Essence of Care benchmarks are achieved. Essence of Care was launched in February 2001 and reinforces the importance of 'getting the basics right' and improving the patient experience. It covers areas such as food and nutrition, privacy and dignity and record keeping.

Liz said: "We piloted the Essence of Care last year and from our findings we have already started improving nutrition and looking at staff communication."



"In addition to the Government's nine benchmarks we have also added two of our own – the safety of patients with mental health needs and looking after children – which brings the total to 11."

"We are looking to develop a centre of excellence."

Efforts have been made to improve nutrition by increasing the frequency of food service so patients who have been admitted and may have just missed a meal are not left waiting for a long time. Staff have also been sent on courses to develop their skills or interests, which has helped improve staff morale.

Senior Sister, Sarah Matthews, was seconded to carry out training on how to care for mental health patients. She now attends regular meetings with the police and mental health services so when patients are detained they are cared for appropriately.

She said: "We have had really positive feedback from mental health services and they have been sending some of their staff over here so that we can learn from each other. Mental health is also about looking after the mental state of our own staff and offering them the right support as they all work in a stressful environment."

Two other major developments are the introduction of Lead Emergency Nurse Practitioner at the Minor Injuries Unit, Hilary Abbott, and the appointment of Extended Scope Physiotherapist, Dee Lynn.

Hilary has been in post since January and is looking to extend the opening hours of the unit, recruit more staff and ensure patients are treated in the most appropriate place.

Her colleague, Dee, who started physiotherapy care at the unit as part of a pilot study in October 2004 – one of only 30 Trusts in the country - has now had her hours increased since May due to the success of the project.

She said: "Patients are very happy about it. It's stopped people coming back with the same complaint because they are getting the right advice in the first place. So far we have had a 40 per cent reduced reattendance rate."

Plans are also afoot to add six extra beds to the Acute Assessment Unit next year, which will relieve pressure on Accident and Emergency.

All these measures are contributing to better care and towards attracting and retaining staff.

Emergency care – At a glance

2004/5 has seen numerous improvements in this area, including:

- 98 per cent of patients seen within the four-hour target
- A new Emergency Care Centre at Maidstone combining primary and secondary care
- The employment of emergency care practitioners
- More consultants – more doctors
- Physiotherapy care based within the emergency units
- The employment of a Practice Development Nurse at Kent and Sussex looking after the development of staff.



Taking a fresh look at delivering care

Changing the way Maidstone and Tunbridge Wells NHS Trust delivers its services has helped improve patient care and ensures doctors are given the very best training. Urology, orthopaedics and women's and children's are just three areas, which have been examined to see how they can best be provided in the Trust's three hospitals. And this change process doesn't stop here – for the Trust to provide healthcare, which is fit for the 21st century, it needs to constantly evolve and upgrade.

Here Consultant Urologist, James Lewis, explains how his department has taken this on board...

"November 4 2004 was a landmark day for Maidstone and Tunbridge Wells NHS Trust when urology inpatient services were centralised at Maidstone Hospital with the formation of a unified Department of Urology. When the Trust was formed in April 2000, there were separate urology departments at each end of the Trust. Urology has become the first clinical service to merge its inpatients onto one site while continuing to provide all other services across the Trust.

"There have been a number of driving forces leading to the reconfiguration of the urology service. These have included NICE guidelines – an independent body responsible for promoting good health - for improving outcomes for urological cancer; development of sub-specialties within urology, a new training programme for junior urologists and the Trust's desire to maximise the potential of split-site departments. Many of these demands can be met by the rationalisation of small urology units into larger ones staffed by four or more urologists. These larger units will have the population base to justify sub-specialisation and improved training for junior doctors. All of this will result in improved patient care.

"The integration of patient care at multiple sites has been possible because of the extended roles of the nurses in the Urology Nursing Team. The Team has been expanded and now consists of a urology nurse specialist, a urology nurse practitioner and two urology support sisters. The volume of inpatient surgery has also required the development of a specialist ward nursing team based on Pye Oliver ward at Maidstone.

"The last year has been a significant one but there is still work required to refine and develop the service. The exciting goal is a first class urology centre based at Maidstone Hospital, which will provide a high standard of care for urology patients."



Future improvements

A dedicated orthopaedic unit for patients

Patients requiring hip and knee replacements can be sure of their surgery taking place in future with the development of a dedicated orthopaedic unit at Kent and Sussex Hospital.

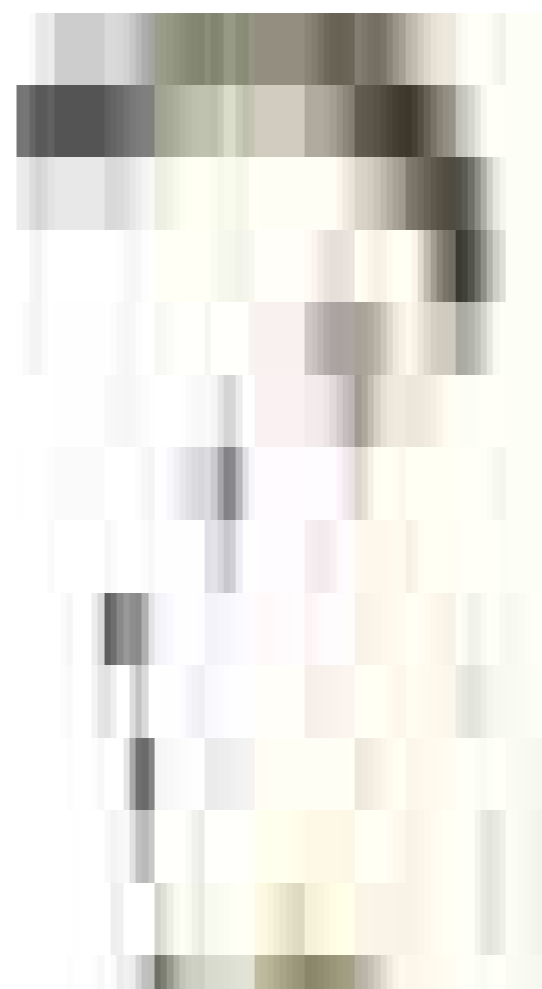
The unit was approved following a five-month consultation with the public and our three local primary care trusts between February and May 2005.

At the moment, up to one in five orthopaedic operations are cancelled at the last minute.

Rose Gibb, Chief Executive of Maidstone and Tunbridge Wells NHS Trust, said: "The days of our orthopaedic patients being prepped for theatre only to have their operation cancelled at the last minute will soon be a thing of the past.

"By developing a dedicated unit with its own beds, theatres and skilled team of orthopaedic surgeons, we can ensure every patient receives the same high quality care and no-one has to face the lottery of having their operation cancelled."

The new unit will be up and running by July 2006.



New consultants by specialty

Oncology – Justin Waters, Mathilda Cominos, Catherine Harper-Wynn

Accident and Emergency – Wendy Chapman, Angela Feazey

Histopathology – Saad Rassam

Palliative Care – Dag Rutter

Ophthalmology – Ejaz Ansari

Obstetrics and Gynaecology – Mohamed Mossa

Cellular Pathology – David Fish

Neurology – Robert Hadden

General Surgery – Haythem Ali

Future improvements

Communicating with you

- New offices for the Patient Advice and Liaison team are to be built at Maidstone Hospital to improve confidentiality and privacy for those with concerns.
- A review of patient information is undertaken by the Patient Communications and Information group, which includes the public and staff. Priority is given to developing patient information on high risk or high volume procedures. In the future we will be working towards providing electronic patient information.

The Experts

Twelve consultants working in a range of specialties have started work at the Trust in the past year. Here are profiles of three consultants and what expertise they have brought to Maidstone and Tunbridge Wells...

David Fish – Consultant in Cellular Pathology

Age: 47

Start date: January 1

Job specification: David looks at disease tissues and has a particular interest in breast cancer.

Previous employment: Before coming to work at Preston Hall, David was a specialist breast pathologist at East Surrey Hospital for 12 years.

Why Maidstone and Tunbridge Wells NHS Trust? The Trust's established breast screening unit and oncology centre attracted David to this Trust as it would allow him to explore his specialism further.

How to contact him? Via email at d.fish@nhs.net

Rob Hadden – Consultant Neurologist

Start date: Rob became a permanent employee at the Trust in February this year after working as a locum since February 2004.

Job specification: Three days per week of Rob's time are spent at Maidstone and two at King's College Hospital in London – one of the largest neurology centres in the country.

Current projects: Rob is developing a neurology website for the west Kent area with Dr Gerry Saldanha at Tunbridge Wells. The website is a joint venture with Dartford and Medway to provide patients with information about their disease, tests and what to expect from their treatment. It is also for GPs and doctors, giving them guidelines on the management of diseases and medication.

Specific interest: Peripheral neuropathy – the functional or pathological changes in the peripheral nervous system.

Previous employment: Rob worked at Charing Cross Hospital and the National Hospital for Neurology and Neurosurgery, both in London.

How to contact him? By telephone on 01622 224567.

Catherine Harper-Wynn – Consultant Oncologist

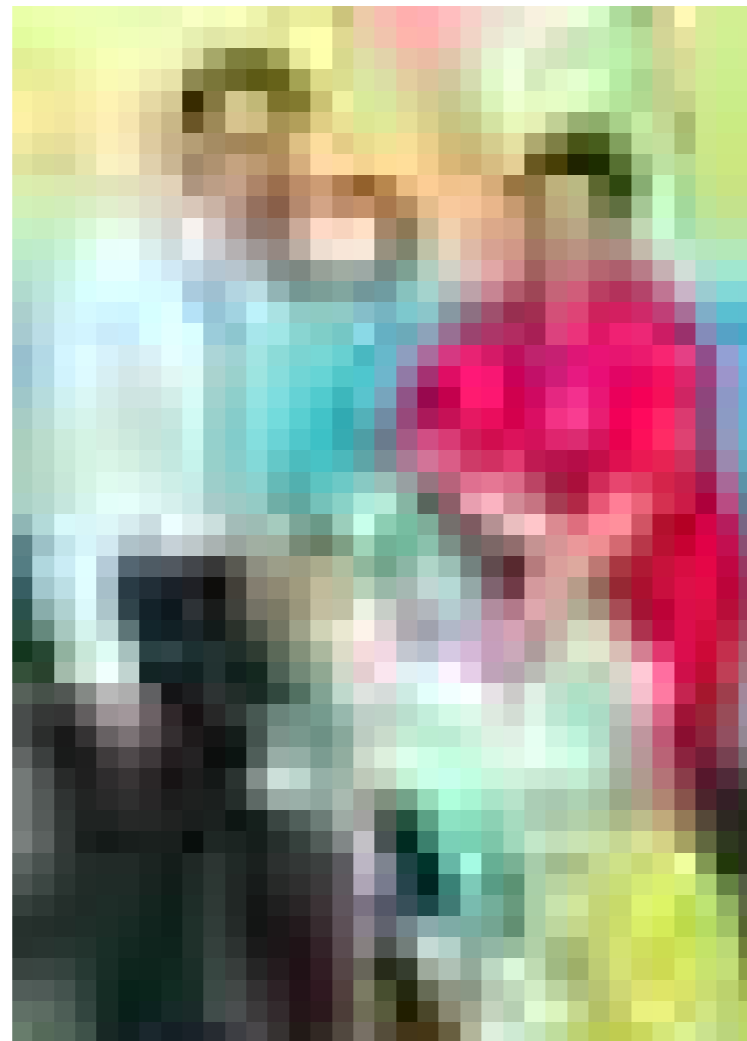
Start date: Summer 2004

Job specification: Catherine works in breast and colorectal cancer.

Training: The Royal Marsden Hospital in Fulham, London, was where Catherine carried out her training and where she completed her research thesis into preventing breast cancer.

Why Maidstone and Tunbridge Wells NHS Trust? Catherine came to the Trust because she said she found it a young, forward-thinking department, which is interested in moving patient care forward as a team.

Creating a centre of excellence for women and children



It's been a busy year for the women's and children's team.

It has agreed with the public and our healthcare partners on how care will be provided in the future following a three-month consultation. We have undertaken a £300,000 revamp of the delivery suite at Pembury and started training 11 maternity support workers - and these are just a few of the changes that have been made.

Following a three-month public consultation in October to December 2004, an agreement was reached in January into how women's and children's services would be provided.

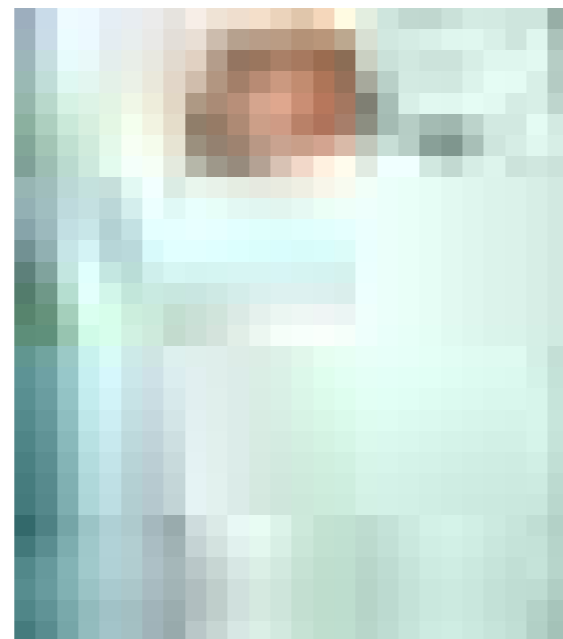
The current provision of care had become unsustainable due to a number of factors including the hours junior doctors can work, their recruitment and training and national standards in children's care and labour ward cover.

Now patients will receive higher quality care under the agreed plans for:

- A midwifery-led birthing unit in Maidstone opening in 2008
- More children to be cared for and treated in their own homes by community paediatric nurses,

or be treated and return home on the same day in day care units at their local hospitals, reducing the need for unnecessary overnight stays.

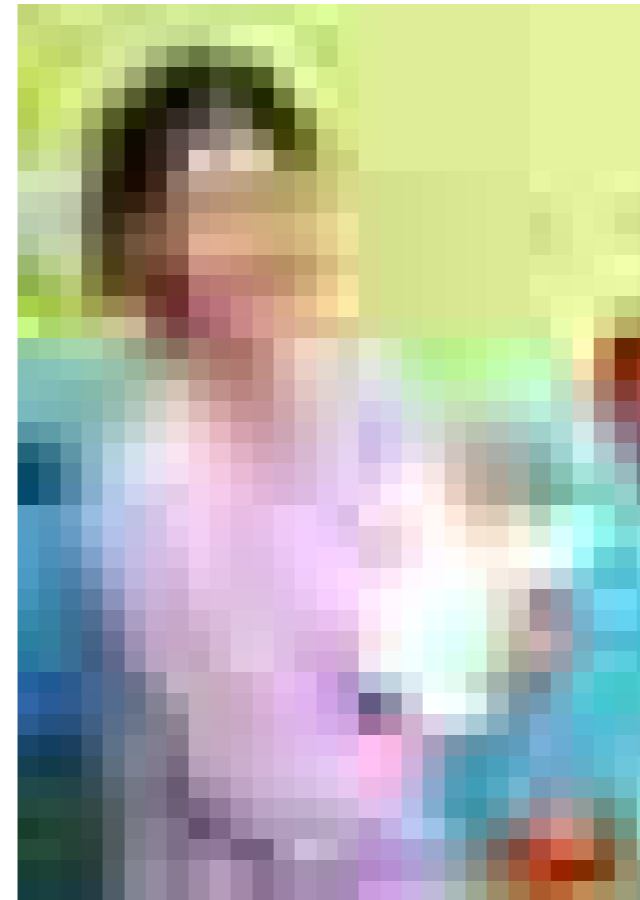
- All obstetric services and inpatient children's care to be moved from Maidstone to a centre of excellence in the new £300m hospital at Pembury, when it opens in 2010.
- Children's day care units to be opened at Maidstone and Pembury Hospital by 2007. These will eventually see around 80 per cent of children who currently come into hospital for their care.
- A midwifery-led birthing unit will also be developed at the new Pembury Hospital.



Pregnant women and children will still have their outpatient appointments, diagnostic tests and other routine procedures at their local hospitals in future.

Associate Director of Women's and Children's Services, Mary Tunbridge, said: "The best solution for our patients came from this consultation. These plans will allow us to provide women and children with the care they deserve. Without them, our services would have become unsafe and unsustainable, whereas now we will be able to create centres of excellence.

"We are also very excited about being able to develop a birthing centre at Maidstone, which will closely involve mothers and staff in its development."



"It is also about building a local workforce that works and lives in this area."

The proposals were agreed by members of the Joint Health Board of the South of West Kent and East Sussex Health Community.

Having a top team to deliver care also goes hand in hand with these improvements and to provide this the unit has taken part in a pilot project run by the Modernisation Agency.

This will involve the development of 11 maternity support workers who are at the level of a health care assistant but are given extra training as the needs of maternity are different to other departments in the hospital.

Mary said: "The idea is that these valued members of staff can then have the opportunity to become nurses or midwives in the future, helping us with our recruitment difficulties in this area - something which is a nationwide problem.

"It is also about building a local workforce that works and lives in this area."

Delivering babies in a better environment

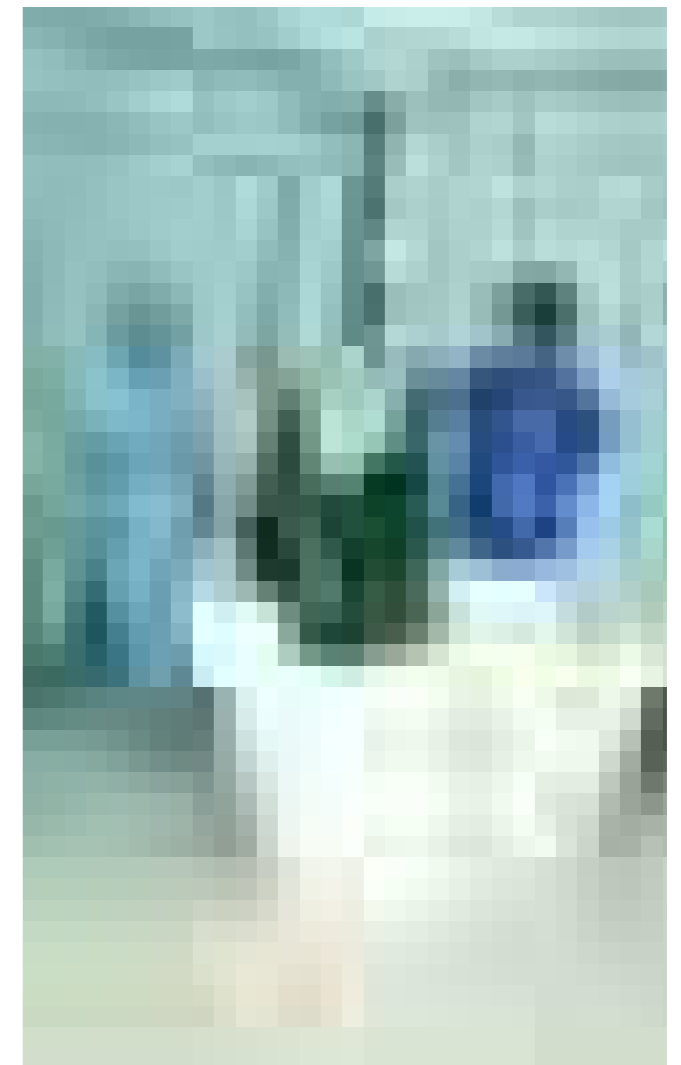
Pregnant women and new mums are to benefit from a £300,000 revamp of Pembury Hospital's Delivery Suite.

The building, which was erected at the hospital in the 1960s, has been given a complete overhaul. Work has included a new roof, windows and flooring.

It now has a superb new birthing pool, air conditioning, dimmable lighting and a complete re-decoration. All of which contribute to providing a welcoming and homely environment for women.

Inpatient Midwifery Manager, Hilary Thomas, said: "The delivery suite was built in the 1960s with a lifespan of 10 years so this work was long overdue.

"The feedback from women has already been excellent and the new environment has had a really positive effect on staff morale. It is something we can be proud of and will see us through to the building of the new hospital!"



Future improvements

Two new consultants specialising in high risk obstetrics start at the Trust in September 2005.

Taking the crisis out of sexual health

Soaring rates of sexually transmitted diseases

Clinics unable to cope with the demand

'Silent' infections increasing among the young

These are all headlines that have featured in national newspapers as the country gets to grips with its sexual health crisis.

And the Genito-urinary medicine department at Maidstone and Tunbridge Wells NHS Trust is no different.

Tucked away in annexes of Kent and Sussex Hospital and Preston Hall, members of its small team were forced to turn patients away in the past because they could not cope with the numbers.

But instead of being weighed down by this looming 'crisis', the team has taken up the challenge and in the past year reduced its waiting times from five weeks to two while continuing to see emergency cases straight away.

An additional doctor and nurse to boost the team of five's resources has helped cope with the numbers of new patients, but it is also thanks to a change in culture within the department that the sexual health service runs so smoothly.

In the past all examinations and tests were carried out by the lead consultant, Dr Joseph Wincelous, who runs the service across the two sites.

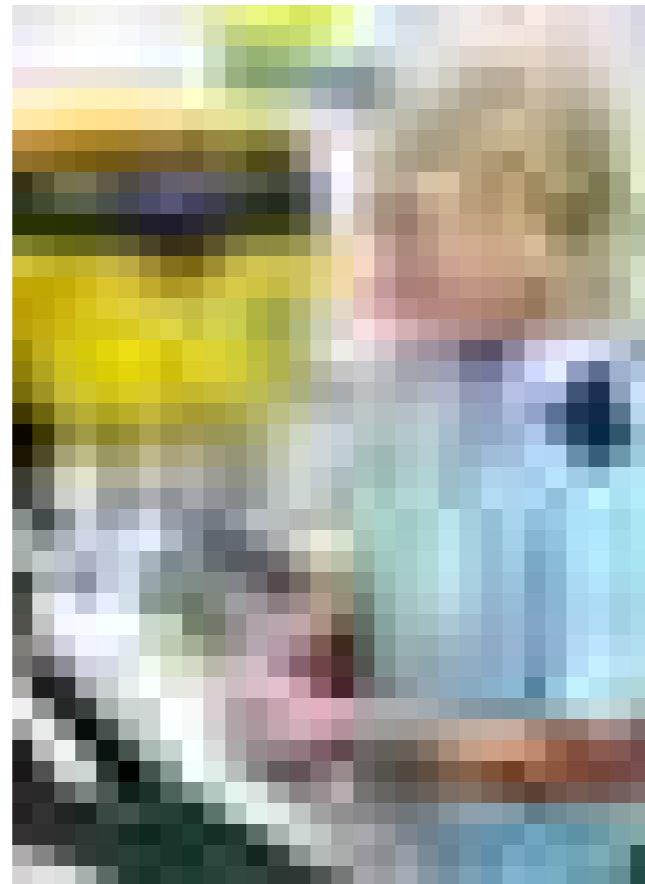
Now, nursing roles have been changed so instead of the consultant carrying out all of the clinical work, nurse-led clinics have been introduced where nurses provide health advice, undertake screenings and follow-up appointments.

Dr Wincelous said: "We have now got together a buoyant team who are very supportive and want to see progress.

"Nurse-led clinics have helped to take the pressure off and they are standing up to good scrutiny and audit. Moreover, patients who have used the service have been very positive about it."

Sister Rita Joseph encourages her team to take-up training opportunities which will further expand their skills.

Staff Nurses Caroline Wilson and Cherry Ashton have spent time outside of the hospital networking with other Genito-urinary nurses. Earlier this year they spent two days at Chelsea and Westminster Hospital's sexual health clinic in London.



Her colleague, Health Care Assistant, Rita Smith, who has done training in the correct use of condoms, said: "We feel very fortunate that we have got someone like Rita (Sister) who treats everyone as part of the team. This has been noticed by the patients and we are getting positive feedback."

The clinic is currently seeing an increase in all cases of sexually transmitted infections (STIs), in particular chlamydia and genital warts. To try and tackle the rise in STIs, the team educates its patients and health colleagues within and outside of the hospital. In March, the team ran a Sexually Transmitted Infection Foundation course for GPs and nurses in the community with limited experience in sexual health to encourage them to start doing some of the screening work at their practices. As a result a number of surgeries have started to carry out this work.

This year the department has also exceeded its target for HIV testing. Sister Joseph said: "This test is offered routinely to all patients attending our service. Our uptake of HIV testing is more than 90 per cent."

The sexual health service at a glance

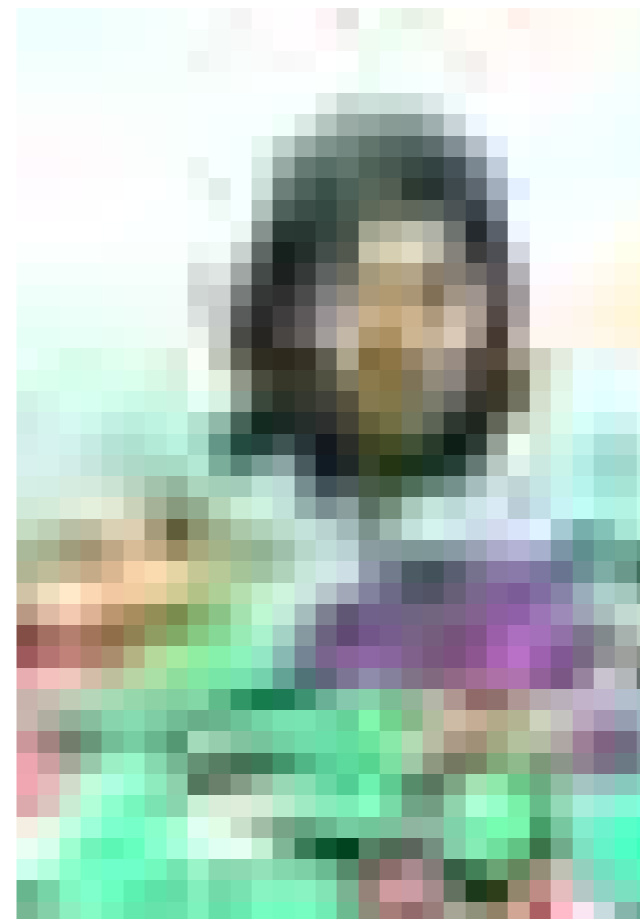
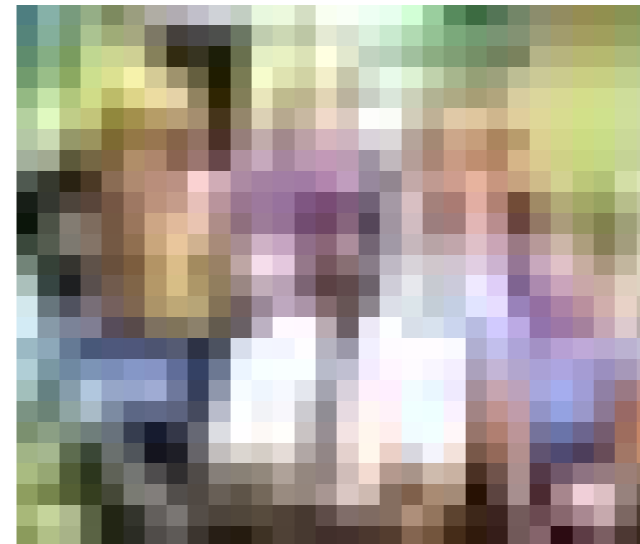
Maidstone and Tunbridge Wells NHS Trust runs an appointment-only service.

Opening times:
Tuesdays and Thursdays at Preston Hall
Mon/Weds/Thurs evening (a consultant-only service) and
Fridays at Kent and Sussex Hospital

Did you know?

In 2004, 240 people were diagnosed with chlamydia at Kent and Sussex Hospital – a rise of 81 since 2000.

Across England the rates of this infection increased by just over 50% from 2000 to 2004.



Future improvements

In the future, the sexual health team wants to be able to offer a young people's afternoon or evening clinic as most people of this age attend the consultant-only service on a Thursday evening at Kent and Sussex Hospital.

Sister Rita Joseph, said: "We want young people to know that we are meeting them at a point of need in a safe, non-judgmental environment."

Your Complaints

The number of complaints received by the Trust in the past 12 months is its lowest in four years.

From 2004/5, 678 formal complaints were lodged with the Trust compared to 745 in 2003/4 and 713 in 2000/1.

A large number of these grievances were concerned with the length of waiting times and access to services.

Complaints at the Trust are dealt with by a customer services team based at Maidstone Hospital. A total of 99 per cent of written complaints in the past year were acknowledged within two days and 68 per cent were responded to within 20 working days.

Ten patients were unhappy with how the Trust had managed their complaints and asked for an independent review by the Healthcare Commission, of which:

- One was accepted for investigation and a report with recommendations was issued regarding the phlebotomy service. The Trust has invited the complainant to work with us in implementing the commission's findings.
- One was turned down without further investigation.
- Five are still being considered.
- One was sent for further investigation.
- One Ombudsman's enquiry was held at Maidstone Hospital in March about a complaint in 2003.
- The Ombudsman is considering another complaint.

But there have also been positive changes as a result of your complaints.

They include:

A redesign of the Cardio Version Service

The Patient Advice and Liaison team identified that a number of complaints had arisen from patients being booked onto the Coronary Care Unit for treatment, which was then cancelled when there were no beds available on the day. Patients are now booked onto a ward where the bed is secure and are no longer sent home without treatment.

Improvement of the appointments system

A number of patients received the wrong appointments following the introduction of a new appointments line. This was reported to the management team and resulted in improvements made to the service.

Reduction in waiting times and improvements in patient care in A&E

There were 65 complaints about long waits and clinical care in A&E. This number is significantly reduced upon previous years thanks to a programme of work led by senior A&E nurses to address the issues.

Shorter waiting times for hearing tests

A number of people had complained about long waits for hearing tests and aids. This resulted in a private company being appointed to carry out tests on 600 patients to reduce the waiting time. Extra funding was also secured from primary care trusts to provide digital hearing aids, with extra staff being trained to programme them.

Long-service Oscars reveal the Trust's glitterati

Our hospitals hold a wealth of expertise, with this year more than 70 employees passing the 30-year mark of service at the Trust. In the first of what will now become an annual event to celebrate long service, over 700 staff who have together dedicated more than 14,000 years of their working lives to the Trust were honoured.



October 1961 was the date John Bagason started working at Pembury Hospital as a student in pathology. Forty-four years later he is still there, but now he is the Chief Bio-Medical Scientist.

In June, John received a platinum award for his service along with 69 others, including nurse Augusta Taylor who came to work at the Trust in 1975 after moving to Britain from Africa.

The platinum awards were handed out to people with more than 30 years service, while gold awards went to staff who had notched up 25 years. Staff with 20 to 25 years service received silver awards and those with 15 to 20 years were given bronze awards. There were also accolades for educational achievements and for employees who have retired.

Chief Executive, Rose Gibb, said: "These events are about saying thank you, recognising achievement and remembering those who are retired. I think it takes a great amount of dedication to work in the health service and it is humbling to see the amount of time staff have taken to getting patient care right time and time again."

" These events are about saying thank you, recognising achievement and remembering those who are retired."

The platinum winners received plaques and certificates, while badges and certificates were given to those who had made significant educational achievements.

Senior Staff Nurse at Maidstone Hospital's Boxley ward and an NVQ Assessor, Divine Cooper, received an award for her help in the training of student nurses. She said: "It was nice to be recognised after the hard work we have been doing."

About 200 people attended the ceremonies, but all 700 received certificates and gifts.

An award-winning idea

Innovation at our hospitals hit the headlines when a consultant surgeon at Kent and Sussex Hospital was recognised in a top competition.

Thanks to Consultant Orthopaedic Surgeon, James Nicholl, patients with a painful and debilitating hand complaints are now being diagnosed and treated faster.

Mr Nicholl has set up a one-stop clinic for patients with Carpal Tunnel Syndrome (CTS).

Patients with CTS suffer pain, aches and tingling in their fingers. They can also have difficulty holding on to objects and writing can become difficult. Around 85 per cent of patients are successfully treated after an operation.

Mr Nicholl streamlined the way patients with CTS are treated by developing a one-stop clinic. His patients now have a brief single visit to hospital where they are diagnosed with CTS and treated on the same day, instead of attending several outpatient appointments and then waiting for surgery.

Mr Nicholl's idea was so good it won him second place in this year's NHS Innovations South East Competition 2005. The competition seeks out innovative practices in the NHS that markedly improve patient care. His idea will be shared around the country as an example of good practice.

The consultant, who is based at Kent and Sussex Hospital, said improving patient care was the inspiration behind his idea.

He added: "I wanted to provide a better service for CTS patients and to win an award for my work is very gratifying. The best thing to come from this, however, is that patients are receiving a better quality service and the whole of the NHS can share the benefits of the good practices we are developing locally."

Did you know?

There are 4,414 employees working at Maidstone and Tunbridge Wells NHS Trust.

Of them, 170 are Indian, 47 are African, 27 are Chinese, 20 are from the Caribbean and 8 are Bangladeshi.

On the way to a starry future

A one-star rating for our hospitals in July was recognition of the big improvements we have made in areas such as hospital cleanliness and A&E waiting times.

It is also evidence of the dedication and hard work of our staff in helping to remove the Trust from its zero-star ranking and the bottom of the Healthcare Commission's performance tables.

Trust Chief Executive Rose Gibb, who has just had her first full year in charge, said she was delighted for every single one of her staff who had worked tirelessly to turn the Trust around.

Ms Gibb said: "The improvements we're making are just the start. We're continuing to improve our services, investing heavily in our wards and hospital environment and creating new roles to provide a more patient-led service."

"We've had further to come than most Trusts, but at the same time we're going to go further to ensure every patient receives the same high standards of care that will be hard to beat anywhere in the country."

The Trust passed six out of the Healthcare Commission's eight key performance targets for last year. In contrast, it passed just one of the same targets the year before when it was zero-starred.

Although the Trust saw and treated more than 99.7 per cent of its patients faster than ever before last year, it missed out on the chance to get two stars because 44 out of 24,374 inpatients waiting for routine operations, and 21 out of 55,350 patients waiting for their first outpatient appointment, were seen outside waiting time targets (nine months and 17 weeks respectively).

Trust Chairman James Lee said: "The Trust has really turned a corner in the last year with its performance thanks to our hard working staff.

"Two stars were well within our reach and we shouldn't underestimate the very real improvements behind this year's star rating that patients are benefiting from throughout the Trust."

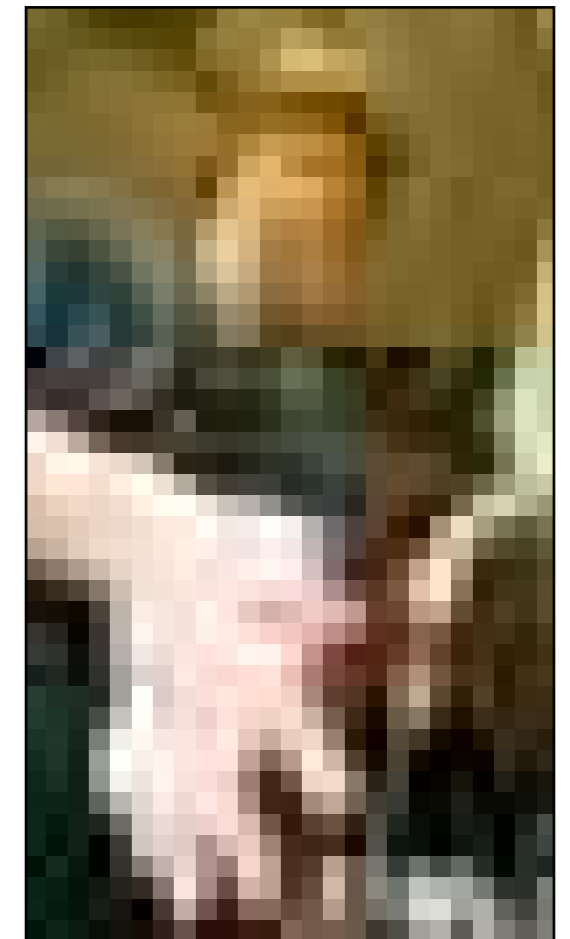
The six out of eight targets we achieved

- Ensured no patients waited more than 12 hours for admission from A&E into a hospital bed
- Ensured 99 per cent of patients with suspected cancer were seen in two weeks by a specialist
- Ensured hospital cleanliness was acceptable
- Achieved financial balance for the first time in five years
- Treated and discharged 98 per cent of patients in A&E in under four hours
- At least 67 per cent of inpatients and outpatients were given a choice last year of when to see a specialist or have their routine operation carried out.

And where we fell short

Although we narrowly missed the key targets for inpatient and outpatient waiting times last year, standards have risen considerably since then and:

- At the end of June this year, 91 per cent (5,892) of patients were waiting less than six months for a routine operation out of a total of 6,313.
- At the end of June this year, 99 per cent of patients (11,640) were waiting less than 13 weeks for their first outpatient appointment out of a total of 11,732.



Future Improvements

Improving the patient experience

Improving the patient experience is at the top of the Trust's agenda. Our Patient Advice and Liaison Service team will work with staff and patients to deal with concerns and encourage people to resolve issues locally

Research & Development

Research activity within the Trust continues at a high level. In the period April 2004 to March 2005 the Trust initiated 47 new research studies (a 20 per cent increase over 2003/04). Approximately 55 per cent are multi-centre non-commercial clinical trials, 10 per cent are commercial, 10 per cent are related to education and 20 per cent are partnerships with other external researchers e.g. universities.

Research topics include the priority areas of cancer, children's services and children's medicines, emergency care, older people, capacity building, chronic neurological disease and stroke. Other areas of research include obstetrics and rheumatology.

The Trust continues to develop the systems of research facilitation and governance, and this year has delivered key processes to fulfil the requirements of the new Medicines for Human Use (Clinical Trials) Regulations 2004. A Trust-wide initiative, requiring the commitment of a number of key research staff from clinical, nursing and pharmacy disciplines has developed systems of risk assessment, review, approval and monitoring.

The first 'Own Account' clinical trial, under the new legislation was approved in January 2005.

Our work continues with our research partners including the Kent & Medway Cancer Research Network (KMCRN). The KMCRN aim is to make a broad range of research trials available to the cancer patients of Kent and Medway. In conjunction with the KMCRN the Trust is able to recruit patients into epidemiology trials and haemato-oncology trials from all three hospital sites. In addition, the Trust's Oncology Centre is able to recruit patients into specialist chemotherapy and radiotherapy trials for the treatment of brain, breast, colorectal, gynaecological, lung, upper gastrointestinal and urology cancers.

Your Health

Maidstone and Tunbridge Wells NHS Trust works alongside its partner primary care trusts to ensure the health needs of its local population including areas of deprivation are addressed.

More patients opt to take part in clinical trials

A boost in the number of patients taking part in clinical trials saw the Kent Oncology Centre Research team reach the finals of a top NHS competition.

Between April 2004 and March 2005, the team increased the number of cancer patients who took part in the trials from 2.4 to 8.7 per cent.

This success led to them being shortlisted for a NHS Health and Social Care Award despite them narrowly missing out on winning the coveted title.

Dr Mark Hill, clinical lead for Kent and Medway Cancer Research Network, said: "This is part of a national initiative to increase the involvement in clinical trials. This work helps us improve treatments for our patients and those who take part may have better outcomes."

To encourage more patients to take part, the team spent time with patients communicating the benefits and risks, which was helped by the recruitment of more nurses and administration staff.

Mark said: "We wanted to help people understand that the trials are ethical and that they would help us move towards finding those 'magic bullets' to improve care.

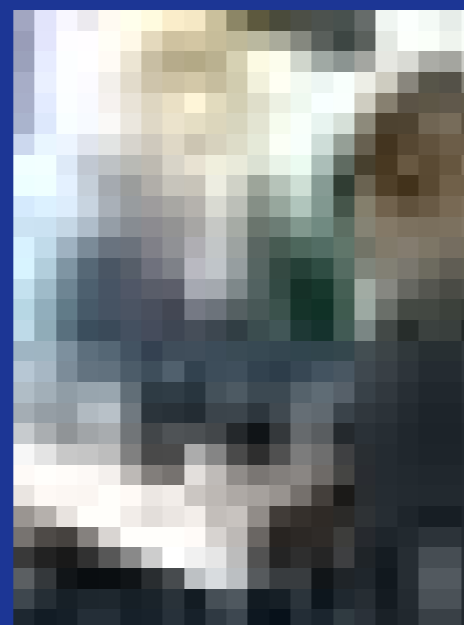
"The work we do also means that we are able to offer the local population a better service and more options.

"It's tomorrow's treatment today."

At present, many more men and women are asking to take part in clinical trials.

Team leader at the Oncology Clinical Trials Unit, Claire Ryan, said: "Because of the media and the wide use of the internet, people are reading about treatments and looking at them online and then coming in to enquire about whether they can have them."

Most patients seen at the centre are eligible for the trials, but they are given an opt-out clause if they do not want to take part.



Did you know?

The Kent Oncology Centre treats about 5,000 new cancer patients a year.

Improving working lives

Issues raised in the 2004 Staff Opinion Survey have been addressed by the Trust including working towards the achievement of the Improving Working Lives (IWL) Practice Plus.

These include:

- Communicating with staff through regular newsletters and IWL updates.
- Increasing annual staff appraisals and developing personal development plans.
- Creating the right work/life balance through flexible working and the opening of a new nursery at Maidstone Hospital.
- Improving staff morale; recognising long service and educational attainment.
- Introducing a new pay system, Agenda for Change, ensuring staff benefit from fair pay for work done, improved holiday leave and in many cases reduced hours of working.
- Delivering a staff development programme for senior professional staff across the Trust to support and invest in the leaders of today and tomorrow.
- Tackling workforce 'hot spots' by holding job fairs to attract the local community to work with us, working with local schools to make us the employer of choice and using international and other recruitment approaches to ensure we have enough staff to provide safe and efficient services to our patients.
- Developing new ways of working. We have developed the Maternity Support Worker role having been selected to be part of the national programme and helped to maintain high standards of cleaning with the development of ward housekeepers.

Staff consultation

We work in partnership with staff organisations working within the Trust Partnership Agreement. A Joint Consultative Forum is held between senior Trust managers and staff representatives to ensure key NHS and local service priorities

are considered, such as Agenda for Change, Improving Working Lives and putting in place service models following full consultation.

Disability

We have a policy for the employment of staff with a registered disability, which incorporates the requirements of the Disability Discrimination Act (1995 - amended 2003).

Equality and Diversity

Our equal opportunities policy incorporates legislative requirements. We use regular monitoring of the Trust workforce profile to ensure diversity of the workforce reflects our local community.

Our key achievements include implementing a Race Equality Scheme, holding disability awareness training, achieving the two ticks standard, establishing a Equality and Diversity focus group to lead on action planning and setting up a Dignity at Work policy.

Health and Safety

The Trust complies with all health and safety and occupational health and statutory requirements.

Major incidents

The organisation has a major incidents plan in place which is fully compliant with the Department of Health's 'Handling major Incidents – an operational doctrine' and accompanying NHS guidance on major incident preparedness and planning.

Emergency plans were activated this year following a major chemical incident at a factory which tested the decontamination procedures at Maidstone Hospital, after a complete power failure and following heavy snow in March.

A specialist team of staff have been trained to manage chemical and radiation incidents. The Trust shares an Emergency Planning Officer with the local Primary Care Trusts.

Clinical Governance

Maidstone and Tunbridge Wells NHS Trust has been ranked, for the fifth year running, as one of the country's top 40 hospitals.

This rating by the CHKS – the leading independent healthcare monitoring organisation – is evidence of our high quality clinical services.

The Trust has also made progress in a number of areas, including:

- The development of a NICE guidance management strategy which provides a comprehensive way of implementing best practice.
- A more responsive Patient and Public Involvement Strategy following public consultation.
- The appointment of a new Patient and Public Involvement Manager to support staff in involving patients in all aspects of work.
- More robust identification and reporting of trends found in complaints, claims, incidents and PALS through the use of a new risk management database called Datix.
- A clinical governance intranet site has started for staff and plans are in place to develop this further for patients about the services we provide.

The Trust has started staff training in the management of violence and aggression after a member of staff was attacked. A review group has been set to scrutinise the way medicines are administered, which has led to positive changes on the wards.

Director of Nursing, Bernard Place, has taken over the responsibility for clinical governance from Medical Director, Dr Charles Unter, who represented this area throughout 2004.

FINANCIAL OVERVIEW

The Trust ended the year with a surplus of £87,000. The Trust's break-even performance in 2004/05 was supported by Trust generated savings of £11m. Within the position, the Trust was able to successfully manage significant additional cost pressures, which included the implementation of the new consultant contract, rises in energy costs and EU working time directive. It should be noted that the Trust's position was underpinned by non-recurring support from the Kent & Medway Strategic Health Authority totalling £9.7m.

The Trust has three key statutory financial duties and two key financial performance targets set by the Department of Health. Performance in each of these areas is described below.

BREAK-EVEN DUTY

The Trust is required to break-even on Income and Expenditure taking one year with another. This duty is usually measured by assessing performance over a three-year period.

Due to the Trust having a deficit after the third year to March 2004, the Strategic Health Authority agreed to extend the break-even period to five years to March 2006 to give the Trust time to put plans in place to avoid breaching any of its statutory duties.

The financial performance of the Trust since its inception is shown as follows:

	2000/01	2001/02	2002/03	2003/04	2004/05
	£000	£000	£000	£000	£000
Surplus / (Deficit)	104	(4,153)	(4,040)	(8,968)	87
Cumulative Surplus / (Deficit)	104	(4,049)	(8,089)	(17,057)	(16,970)

The table above shows that the Trust has a cumulative deficit since merger on 1 April 2000 of £16,970,000 to recover in 2005/06 in order to meet its statutory duty.

Under the Department of Health's Resource Accounting rules, the local Health Economy has repaid in full the Trust's deficits arising from 2001/02, 2002/03, 2003/04. The cumulative deficit of £16.970m remains on the Balance Sheet as at 31 March 2005. The Trust is seeking a resolution of the cumulative deficit balance in discussions with the Strategic Health Authority and the Department of Health.

CAPITAL COST ABSORPTION DUTY

The Trust is required to make a return each year on the net capital assets shown on the Balance Sheet. The rate is set by the Treasury and for 2004/05 was 3.5%. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £5,573,000, bears to the average relevant net assets of £148,175,000 that is 3.8%. The Trust therefore exceeded the 3.5% target by 0.3%. This in the main represents the difference between the estimated capital values in the capital charge estimates submitted in the summer of 2003 and the actual charges in the 2004/05 balance sheet.

EXTERNAL FINANCING LIMIT DUTY

This duty is a measure of the Trust's ability to manage its cash. The External Financing Limit set by the NHS Executive for the year was £29,681,000. The Trust achieved its duty to remain within the EFL as the actual was £29,585,000.

The Trust also had a Capital Resource Limit target of £16,568,000; the charge against this limit was £15,630,000. This represents a planned under-spend agreed with the Strategic Health Authority.

MANAGEMENT COST TARGET

The Trust's Management Costs for the year were £7,340,000 compared to £6,760,000 in 2003/04. The Trust has continued to reduce its management costs as a percentage of related income from 3.87% in 2003/04 to 3.67% in 2004/05.

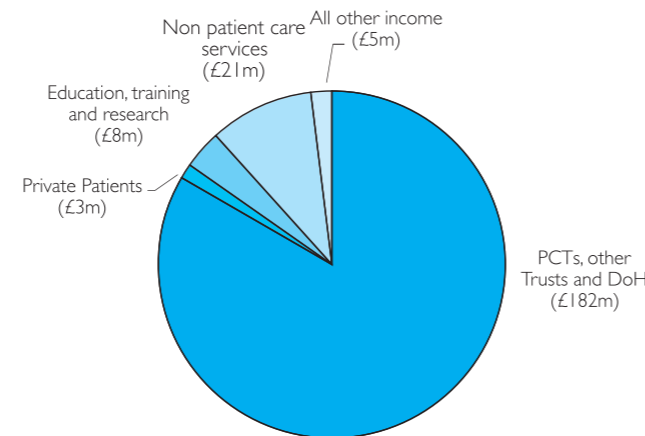
BETTER PAYMENT PRACTICE CODE TARGET

The Confederation of British Industry (CBI) sets a target to pay all trade creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. The Trust's compliance with this is as follows:

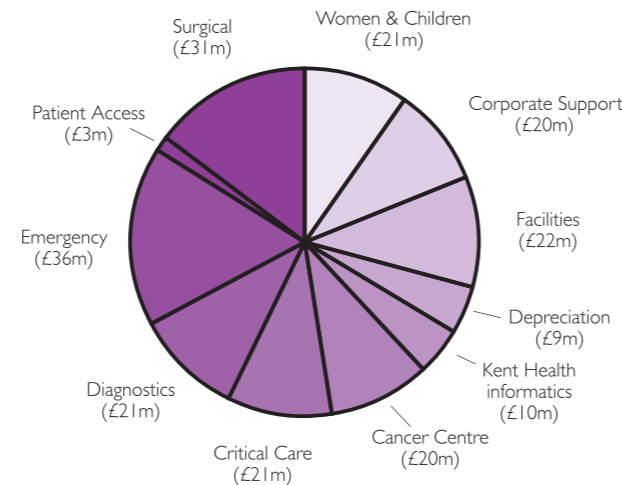
	2004/05 Number	2004/05 £000	2003/04 Number	2003/04 £000
Total bills paid in the year	71,806	99,553	80,894	97,926
Total bills paid within target	51,792	78,971	63,183	81,361
Percentage of bills paid Within target	72%	79%	78%	83%

The Trust did not make any payments to Trade Creditors under the Late Payment of Commercial Debts (Interest) Act 1998.

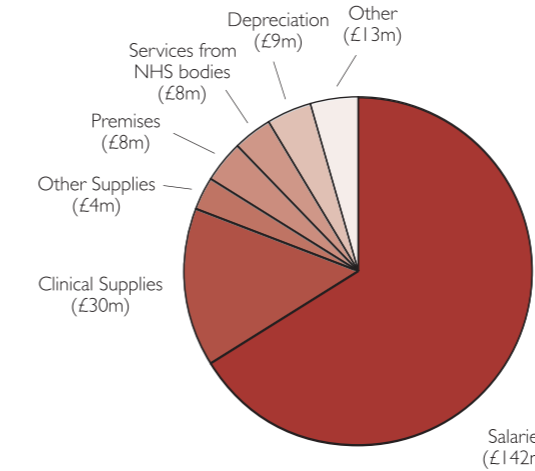
INCOME BY SOURCE (2004/05)



EXPENDITURE BY DIRECTORATE



OPERATING EXPENSES BY TYPE



Staff are the key to delivering high quality healthcare to patients. The Trust employs over 4,400 whole time equivalent staff including 485 doctors, 1,722 nurses and midwives and 510 therapeutic, scientific and technical staff.

FINANCIAL OUTLOOK FOR 2005/06

The new financial year will again be very challenging given 2005/06 is the final year of the Trust's extended five year break-even duty. A Financial Recovery Plan has been identified and agreed with the Strategic Health Authority (SHA) totalling £11.5m. An important element of the plan is to streamline care pathways and processes operating both within the Trust and the community through closer working with PCT partners and other healthcare providers. This will significantly improve the patient experience and make better use of existing resources. Following agreement of £4m support with the SHA, a key aim and objective for 2005/06 is to ensure that the Trust breaks-even.

In the future, the Trust will be reimbursed for the activity it undertakes on a published national tariff basis as part of the Payment by Results (PbR) development, which underpins the Department of Health's Patient Choice initiative. The 2005/06 financial year is the first year of the four year phased implementation of PbR. This development represents both an opportunity and a risk to the Trust. To this end, extensive work is being undertaken to improve the costing and pricing systems operating within the Trust, which will enable better financial planning and identification of efficiencies through more detailed comparisons with other Trusts. This will be linked to improving the patient experience which will be essential in the provision of Choice and the delivery of more services locally.

The site rationalisation programme, service reconfiguration, including the provision of more services locally, and redevelopment of facilities with PFI will have a significant bearing on financial performance in future years. These developments are being incorporated in the Trust's integrated clinical, estates and financial strategies.

SUMMARY FINANCIAL STATEMENTS

The following Summary Financial Statements are extracted from the audited Annual Accounts of the Trust. Copies of the full Annual Accounts, that include details of the full range of Trust policies, are available from the Director of Finance, Trust Management, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ Telephone 01622 729000 ext 6422.

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

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

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

12 July 2005 Date Chief Executive
(Rose Gibb)

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates, which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with the requirement outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board
12 July 2005 Date Chief Executive
(Rose Gibb)

12 July 2005 Date Finance Director
(Winston Weir)

STATEMENT ON INTERNAL CONTROL 2004/05

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I have met with the Strategic Health Authority (SHA) on a monthly basis throughout the period of this statement to review the Trust's performance against agreed targets during the year and implemented the actions as agreed.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Maidstone & Tunbridge Wells NHS Trust for the year ended 31 March 2005 and up to the date of approval of the annual report and accounts.

The Board has adopted a risk management strategy and policy to ensure that the risks that threaten the Trust's ability to meet its objectives, including clinical, organisational and financial risks, are identified and managed. These define the accountabilities and responsibilities for risk management throughout the organisation and require managers at all levels to comply with the standards of corporate and clinical governance.

- The Director of Nursing and Governance takes the Executive Lead on my behalf for risk management and this is discharged through an operational risk committee which involves managers across the organisation.
- The operational risk committee reviews all risks (clinical and non clinical) and corporate risks which are recorded and scored on the risk register.
- The risk management strategy is underpinned by a training programme whereby the Risk and Clinical Risk managers co-ordinate training for all relevant managers, investigators and risk assessors to enable them to carry out their duties and responsibilities for risk management. Risk management is also incorporated in the Trust's induction programmes and individual training needs are identified through routine staff appraisal.

The Trust has a risk register that identifies risk in a structured and co-ordinated way across the organisation. Risks are considered under the following objectives:

- To meet statutory duties
- To ensure that the organisation recruits, retains and develops its staff
- To deliver high quality healthcare.

Risk assessors have been identified to review risks in each of the Care Groups and corporate directorates. Contingency plans are recorded on the risk register.

Identified risks have been used to inform the setting of budgets, capital and revenue, as well as the annual audit plans in 2004/05.

The Trust Board has adopted a Corporate Governance Assurance Framework, which provides regular assurance on the management of key strategic risks. The Assurance Framework is subject to independent scrutiny by the Audit Committee.

A high level risk assessment has been presented to the Trust Board following Executive Director review of the risks against the Trust's key objectives (as stated above). The Trust has mapped the risks to Healthcare Commission Standards.

The Assurance Framework has identified gaps in control and assurance in the areas of

- Human Resources: storage/security of human resource records
- Information Management: adequacy of number of information staff, some areas of data quality
- Clinical Systems: procedures and policies, training in the use of these systems.

The Trust has detailed action plans to address the issues identified in the control gaps.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The head of internal audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.

Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the following:

- External Audit Reports
- Clinical Governance Reports
- Clinical Audit Reports
- CNST Accreditation
- RPST Accreditation
- Royal College Accreditation
- Complaints procedure
- Health & Safety Executive
- Strategic Health Authority Reviews.

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the following:

- Board
- Audit Committee
- Risk Committee
- Clinical Governance Committee
- The Management Board
- The Executive Team.

The following were identified as significant internal control issues in 2004/05:

- Achievement of the break-even duty
- IM&T management within the Trust and HIS.

Achievement of the break-even duty

The Trust failed to break-even on its cumulative break-even duty for the fourth year though achieved a surplus of £87k for 2004/05.

It should be noted that under the Department of Health's Resource Accounting rules, £8.96m income was deducted from Maidstone Weald's resource limit and taken from the Trust's income in 2004/05. The Trust's break-even performance in 2004/05 was supported by Trust generated savings of £11m and Strategic Health Authority financial assistance amounting to £11m.

The Trust had been granted an extension to the break-even duty, normally measured over a three year period to a five year period ending 31 March 2006 on the basis of a health economy wide recovery plan.

A financial recovery committee has been established within the Trust and the PCTs to oversee the delivery of a financial recovery plan to achieve break-even in the fifth year being 2005/06.

During 2004/05, the Trust achieved financial savings amounting to £11m and the financial recovery plan was managed on a "Health Economy" basis with the South West Kent and Maidstone Weald PCT's thus formalising risk sharing and plan delivery.

The Trust's recovery plan for 2005/06, agreed by the Strategic Health Authority, includes a new savings programme of £11.5m and aims to achieve in year break-even in 2006/07. The Trust assumes a permanent cash brokerage of £28m in 2004/05 and therefore not repayable in 2005/06.

The statutory break-even requirement is that the Trust would have to generate a surplus of £16.97m in 2005/06. In order to meet the statutory duty, the Trust would need to generate a total savings/recovery plan of £28.5m in 2005/06 as set out in the table below.

	2005/06 Target £'000
Clinical Directorate Savings Schemes	6,749
Corporate and central financial recovery schemes	<u>4,797</u>
Trust Existing Financial Recovery Plan	11,546
Savings/support requirement to achieve statutory target	16,970
Total savings required to break-even	28,516

The Trust Board does not believe that it can deliver savings/financial recovery plans amounting to £28.5m in 2005/06 and deliver NHS Plan targets and ensure safe services without external assistance. The Trust is in discussion with the Strategic Health Authority and Department of Health to determine what could be done in order to avoid a breach of its statutory duty.

IM&T management within the Trust and HIS

The Trust has established director leadership and committee structures to move the IM&T agenda forward, linking this to the NpFIT programme via structures crossing the local health economy (Family Board) and reporting to the Programme Board led by the SHA.

The HIS has developed significantly with progress tracked via management action plans, internal and external audit, showing significant improvement in 2004/05.

Rose Gibb
Chief Executive
12 July 2005



Independent Auditors' report to the directors of Maidstone & Tunbridge Wells NHS Trust on the summary financial statements

We have examined the summary financial statements set out on pages 21-24

This report is made solely to the Board of Maidstone & Tunbridge Wells NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 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. Our responsibility is to report to you our opinion on the consistency of the summary financial statements with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which we have issued an unqualified opinion.

Signature:



Date: 5 September 2005

PricewaterhouseCoopers LLP

Southwark Towers, 32 London Bridge Street, London, SE1 9SY.

For larger text please contact Communications Manager, Darren Yates, on 01622 226429

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED
31 March 2005**

	2004/05 £000	2003/04 £000
Income from activities	186,504	162,265
Other operating income	32,438	30,705
Operating expenses	(214,190)	(197,390)
OPERATING SURPLUS (DEFICIT)	4,752	(4,420)
Profit (loss) on disposal of fixed assets	655	(12)
SURPLUS (DEFICIT) BEFORE INTEREST	5,407	(4,432)
Interest receivable	331	187
Interest payable	(23)	(29)
Other finance costs - unwinding of discount	(55)	(56)
Other finance costs - change in discount rate on provisions	0	0
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	5,660	(4,330)
Public Dividend Capital dividends payable	(5,573)	(4,638)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	87	(8,968)

**BALANCE SHEET AS AT
31 March 2005**

	31 March 2005 £000	31 March 2004 £000
FIXED ASSETS		
Intangible assets	557	688
Tangible assets	201,648	154,912
Investments	0	0
	202,205	155,600
CURRENT ASSETS		
Stocks and work in progress	3,751	3,099
Debtors	20,170	16,252
Investments	0	0
Cash at bank and in hand	658	562
	24,579	19,913
CREDITORS: Amounts falling due within one year	(21,572)	(39,795)
NET CURRENT ASSETS (LIABILITIES)	3,007	(19,882)
TOTAL ASSETS LESS CURRENT LIABILITIES	205,212	135,718
CREDITORS: Amounts falling due after more than one year	(132)	(168)
PROVISIONS FOR LIABILITIES AND CHARGES	(3,210)	(3,199)
TOTAL ASSETS EMPLOYED	201,870	132,351
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	146,403	116,722
Revaluation reserve	67,251	28,172
Donated asset reserve	3,858	3,609
Income and expenditure reserve	(15,642)	(16,152)
TOTAL TAXPAYERS' EQUITY	201,870	132,351

**CASH FLOW STATEMENT FOR THE YEAR ENDED
31 March 2005**

	2004/05 £000	2003/04 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	(5,199)	3,812
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	331	185
Interest paid	(23)	(29)
Interest element of finance leases	0	0
Net cash inflow from returns on investments and servicing of finance	308	156
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(21,546)	(14,882)
Receipts from sale of tangible fixed assets	2,477	1
(Payments) to acquire intangible assets	(52)	(547)
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash (outflow) from capital expenditure	(19,121)	(15,428)
DIVIDENDS PAID	(5,573)	(4,638)
Net cash (outflow) before management of liquid resources and financing	(29,585)	(16,098)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of current asset investments	0	(32,000)
Sale of current asset investments	0	32,000
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash (outflow) before financing	(29,585)	(16,098)
FINANCING		
Public dividend capital received	30,000	16,155
Public dividend capital repaid (not previously accrued)	(319)	0
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow from financing	29,681	16,155
Increase in cash	96	57

**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED
31 March 2005**

	2004/05 £000	2003/04 £000
Surplus (deficit) for the financial year before dividend payments	5,660	(4,330)
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	39,945	11,357
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	321	870
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(515)	(509)
Total recognised gains and losses for the financial year	45,411	7,388
Total gains and losses recognised in the financial year	45,411	7,388

NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2005

	2004/05 £000	2003/04 £000
Retained surplus/(deficit) for the year	87	(8,968)
Financial support included in retained surplus/(deficit) for the year - NHS Bank	0	0
Financial support included in retained surplus/(deficit) for the year - Internally Generated*	9,700	0
Retained surplus/(deficit) for the year excluding financial support	<u>(9,613)</u>	<u>(8,968)</u>

* Internally generated financial support is planned financial support received from within the local health economy, consisting of the area of responsibility of Kent and Medway Strategic Health Authority.

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

A) REMUNERATION

Name and Title	2004-05			2003-04		
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100 £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Benefits in Kind Rounded to the nearest £100 £000
Mr J. Lee - Chairman	20-25	0	2,800	15-20	0	500
Dr G. Bullock - NED	5-10	0	1,600	5-10	0	
Mr A. Cockell - NED	5-10	0	800	0-5	0	0
Miss A. Munro - NED	5-10	0	0	0-5	0	0
Mr J. Paine - NED	5-10	0	0	0-5	0	0
Mr WJ. Taylor - NED	5-10	0	700	5-10	0	300
Ms R. Gibb - Chief Executive	125-130	0	6,700	50-55	0	0
Mr W. Weir - Director of Finance and Deputy CEO (N1)	35-40	0	3,400	0	0	0
Mrs K. Stepney - Acting Director of Finance (N1)	40-45	0	2,200	25-30	0	1,400
Mr J. Hope - Acting Director of Finance (N1)	55-60	0	5,800	0	0	0
Dr C. Unter - Medical Director	60-65	100-105	4,800	45-50	90-95	4,000
Mr B. Place - Director of Nursing & Patient Services	75-80	0	4,000	75-80	0	3,000
Mr G. Goddard - Director of Estates and Development	75-80	0	0	0-5	0	0
Mrs R. McAll - Director of Human Resources	75-80	0	0	75-80	0	0
Mr F. Sims - Director Modernisation, Strategic Development (N3)	70-75	0	0	0	0	0
Mrs A. Page - Service Director Emergency Care	75-80	0	900	5-10	0	100
Miss D. Hallas - Service Director Cancer Surgery Anaes (N2)	70-75	0	0	0	0	0

N1: Director of Finance

Mrs K. Stepney held the post of Acting Director of Finance from 01/04/04 to 15/07/04
Mr J. Hope held the post of Acting Director of Finance from 05/07/04 to 08/11/04
Mr W. Weir held the post of Director of Finance and Deputy CEO from 08/11/04 to 31/03/05

N2: Service Director of Cancer, Surgery and Anaesthesia

Miss D. Hallas held the post of Service Director for Cancer, Surgery and Anaesthesia from 26/04/04 to 31/03/05

N3: Director of Modernisation and Strategic Development

Mr F. Sims held the post of Director of Modernisation and Strategic Development from 10/05/04 to 31/03/05

Benefits in kind consist of Travel and Taxation thereon for Non-Executive Directors, Lease cars for Executive Directors and Senior Managers. Accommodation, Council Tax, Water rates and Gas bills were paid for Mr J. Hope (Acting Director of Finance). Removal expenses were paid to Mr W. Weir (Director of Finance).

REMUNERATION COMMITTEE

The Trust remunerates the Chair and Non-executive Directors in accordance with instructions issued by the Secretary of State. The Remuneration Committee advises the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Committee receives an overview of performance of all senior managers annually to enable consideration for application of annual pay award.

MEMBERSHIP

• Chair of Trust		James Lee
• 3 NEDs	Chair of Governance & Risk Committee	Aaron Cockell
	Member of Audit committee	Gillian Bullock
	NED	Ann Munro
• Chief Executive		Rose Gibb
(for all elements other than Chief Executive remuneration and terms and conditions).		

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS

B) PENSION BENEFITS

Name and title	Real increase in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2005 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2005 £000	Cash Equivalent Transfer Value at 31 March 2004 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension To nearest £100
Ms R. Gibb - Chief Executive	5.0-7.5	110.0-115.0	376	335	32	0
Mr W. Weir - Director of Finance and Deputy CEO	0	15.0-20.0	51	0	0	0
Dr C. Unter - Medical Director	25.0-27.5	105.0-110.0	467	340	117	0
Mr B. Place - Director of Nursing & Patient Services	2.5-5.0	65.0-70.0	248	222	20	0
Mr G. Goddard - Director of Estates and Development	5.0-7.5	115.0-120.0	450	401	38	0
Mrs R. McAll - Director of Human Resources	5.0-7.5	80.0-85.0	293	253	33	0
Mr F. Sims - Director Modernisation, Strategic Develop	12.5-15.0	65.0-70.0	198	149	45	0
Mrs A. Page - Service Director Emergency Care	32.5-35.0	95.0-100.0	299	184	11	0
Miss D. Hallas - Service Director Cancer Surgery Anaes	12.5-15.0	35.0-40.0	88	53	34	0

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 from 2004-05 the 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.

STAFF COSTS

	2004/05 £000	2003/04 £000
Salaries and wages	121,033	113,591
Social Security Costs	9,077	7,999
Employer contributions to NHSPA	12,278	5,748
Other pension costs	0	0
	<u>142,388</u>	<u>127,338</u>

MANAGEMENT COSTS

	2004/05 £000	2003/04 £000
Management costs	7,340	6,760
Income	203,088	174,668

AVERAGE NUMBER OF PERSONS EMPLOYED

	2004/05 Number	2003/04 Number
Medical and dental	485	438
Ambulance staff	2	2
Administration and estates	1,244	1,327
Healthcare assistants and other support staff	449	426
Nursing, midwifery and health visiting staff	1,722	1,747
Nursing, midwifery and health visiting learners	0	0
Scientific, therapeutic and technical staff	510	498
Social care staff	0	0
Other	2	2
Total	<u>4,414</u>	<u>4,440</u>

CONSTITUTION OF THE AUDIT COMMITTEE

The Directors now forming the Audit Committee are Mr Jonathan Paine (Non-Executive Director and Committee Chairman), Mr Aaron Cockell (Non-Executive Director), and Ms Gillian Bullock (Non-Executive Director).

The Trust's External Audit Services for the financial year 2004/05 were provided by Pricewaterhouse Cooper LLP. Costs in relation to this audit work can be categorised as follows:

£000's	
Audit Services	178k
Further Assurance Services	0
Other Services	0

'Audit Services' relates to the Annual Accounts, the financial aspects of corporate governance and the PFI £101k. The remaining £77k relates to other work carried out in relation to the statutory audit such as the data quality review, acute hospitals portfolio review and the performance audit.