



Maidstone and Tunbridge Wells
NHS Trust



Annual
20
Report
10

your
Trust



Meeting our pledges

In last year's Annual Report we gave the following pledges:

Key measures of success for the next year will be:

- Infection rates will be the lowest in the South
- Financial break even – every month our income will be greater than our costs
- All core standards will be met
- All access (waiting times) standards will be met
- Patient feedback will be collected daily
- Staff and stakeholders will know where services are to be located
- Location of the birthing centre at Maidstone will be agreed
- Work to be started on refurbishing the Nurses' Home at Maidstone
- Laparoscopic training centre will be open
- Stroke unit at Maidstone will be fully functional
- Detailed planning for Pembury changes to be completed

We are pleased to report success with these pledges.

About Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust is a large acute hospital Trust . We provide a full range of general hospital services to around 500,000 people living in the south of west Kent and parts of north east Sussex.

Many of the people we serve live in the Maidstone and Tunbridge Wells area. In addition, the Trust provides specialist cancer services to about 1.8 million people through its flagship cancer centre at Maidstone and unit at Kent & Canterbury Hospital, for the whole of Kent, Hastings and Rother.

MTW is at the forefront of developments in minimally invasive laparoscopic surgery in the NHS and is increasing the range of other highly specialised services available locally to patients.

Our Staff

We employ a team of approximately 4,600 whole time equivalent staff.

Our Hospitals

The Trust primarily works from four clinical sites: Maidstone Hospital, Kent & Sussex Hospital, Pembury Hospital and Preston Hall (Aylesford, near Maidstone).

A new £230 million hospital with all single-room en suite bedrooms is being built at Pembury and will be completed this year (2010).

Trust vision, strategic aims, strategic priorities and values

Our Vision

Excellent health services delivered by high performing staff, to exemplary standards, providing care, comfort and dignity within a safe and efficient environment.

Our Strategic Aims

- Provide safe, quality services and experience for patients, relatives and the public
- Deliver services which are efficient and productive
- Ensure effective governance of the Trust and its services
- Create a high performance workforce, and, as an employer of choice, encourage innovation and learning
- Deliver sustainable financial performance
- Establish the Trust as a lead provider of integrated health services in the healthcare economy

Board Members



Anthony Jones

Chairman

Chair – Remuneration Committee



Phil Wynn-Owen

Non-Executive Director

Chair – Finance Committee,
Charitable Funds Committee



Sylvia Denton

Non-Executive Director

Chair – Patient Experience
Committee, Quality and Safety
Committee



Mark Worrall OBE

Non-Executive Director

From July 2009



Beverley Evans

Non-Executive Director

From April 2010



Kevin Tallett

Non-Executive Director

Chair – HR Committee



Denise Harker

Non-Executive Director

Left December 2009

Chair – Audit Committee



Glenn Douglas

Chief Executive



Nikki Luffingham

Chief Operating Officer



Paul Turner

Finance Director



Flo Panel-Coates

Director of Nursing



Paul Sigston

Medical Director

From March 2010

Other Directors and Non- executive Directors

Terry Coode

HR Director

Graham Goddard

**New Hospital
Development Director**

Sara Mumford

**Director of Infection
Prevention and Control**

Jim Lewis

Medical Director

Left March 2010

Frank Sims

**Corporate Development
Director**

Left October 2009

Chairman's and Chief Executive's Statement

Welcome to the 2009/10 MTW annual report

This is the second year that we have had the pleasure as Chairman and Chief Executive of welcoming you to Maidstone and Tunbridge Wells NHS Trust's annual report. It is also a special year for our Trust because our hospitals came together in 2000 and this year marks our 10th anniversary as an organisation.

A very great deal has changed for the better in our hospitals between the year 2000 and now. Our focus today is on patients – on the outcomes of their treatment and also the way they are treated.

Take waiting times for example. Ten years ago one could easily wait two years for an operation. That could mean two years in growing pain and immobility waiting for a hip operation; or two years gradually losing vision because you needed cataracts removed.

Now, waiting times are the shortest they have ever been, with patients having their non-urgent operations within 18 weeks of seeing their GP.

Everywhere you look the service has been transformed, and that transformation continues. Across the board the focus is on dedicated, professional care for patients by specialist teams.

Having driven the waiting times down we have also been concentrating hard on ensuring privacy and dignity for all our patients.

A key part of that this year has been the drive towards delivering same sex accommodation. We have gone from extensively mixed sex wards a year or so ago to the current position where we were able to declare at the end of March 2010, that we have virtually eliminated mixed sex wards.

Infection control has been and will continue to be a key focus for the Board and the staff. Our target is to achieve zero hospital-caused infections.

Another key theme has been the need to work much more efficiently and ensure that the resources we have are properly used to care for our patients, not wasted. That will become ever more important in the months and years ahead, as will our responsibility to prevent energy waste and reduce our carbon footprint.

There is much to look forward to. By 2011, we will have moved into our new 100% single bedded hospital at Pembury and continued the £100 million programme of major developments at Maidstone, such as the recently opened International Minimal Access Centre for Surgery. We plan to be in financial balance, and to invest in

state of the art patient care such as tomotherapy.

By 2013, we should have achieved Foundation Trust status and we want to be known for our commitment to continuous improvement in everything we do. We want to achieve university hospital status; building on our excellent links in services such as oncology and complex surgery.

You will see below some performance highlights from last year and information on how we performed against national targets where we have again made substantial progress. These and other key measures such as mortality rates (where the Trust rates of mortality are substantially below the national average) are kept under constant review by the Trust Board and Senior Executives.

We hope you find the report interesting and useful. We value your feedback. Please see the back cover for how to do that.



Anthony Jones
Chairman



Glenn Douglas
Chief Executive

PERFORMANCE REVIEW

The Trust has provided local hospital treatment and specialist care to tens of thousands of NHS patients during 2009/10. At the end of March 2010:

- Over 112,000 patients were seen and treated in our A&E departments within four hours between 1st April 2009 and 31st March 2010
- 78,500 patients saw a hospital specialist within 18 weeks of being referred to hospital by their GP
- Over 20,000 of those patients who needed operations had them in the same 18 week period



During 2009/10 the Trust:

- Saw a total of 552,000 patient contacts
- Treated 115,000 patients in its A&E departments
- Gave specialist advice to 357,000 outpatients, including follow ups
- Carried out 10,000 planned operations, 21,000 daycase procedures and 49,000 emergency procedures
- Delivered 5,000 babies
- Carried out 3,332,000 pathology tests
- Took 281,000 radiology images
- Had 34,000 missed appointments
- Took over 60,000 radiotherapy fractions

National Standards

National priority standards, including delivering 'referral to treatment' waiting times within 18 week standards and for the treatment of cancer, were met. The exception was the 62 day cancer definitive treatment target. This target is for 62 days from referral, through complex diagnosis to start of treatment and is for those patients with more difficult to treat cancers or those on very complex pathways.

Many of these patients are referred to us from other hospitals because of our expertise and skills. They are often referred late. This makes it a difficult target to achieve for a major tertiary centre such as Maidstone Hospital.

18 weeks maximum wait from referral to treatment

Over 90% of those requiring inpatient or day case treatment complete the whole process in less than 18 weeks.

The position is even better for those only requiring outpatient treatment where more than 95% are treated in less than 18 weeks.

A&E – Total time of 4 hours within A&E department

The Trust achieved the A&E standard with 98.2% of patients being treated in less than four hours throughout the year. This achievement was all the more remarkable given the very difficult winter this year. This was due to the considerable service improvement programmes undertaken throughout the Trust, in areas such as length of stay and delayed discharges.



Cancelled Operations

The Trust equalled the targeted performance of 0.8%. This has been a huge challenge but one that we have successfully achieved.

Delayed Transfers of Care

The Trust's performance has continued to improve in this area with delayed transfers of care down to 1.1% for the year. This means that the Trust now performs much better than the maximum national target of 3.5%.

Stroke Care

We are further improving our stroke services to ensure the majority of stroke patients spend at least 90% of their time in hospital on a dedicated stroke ward. This will ensure patients get the maximum benefit from the two acute stroke units at Maidstone and Kent & Sussex Hospitals.



2009/10 has been a year of major improvement for patient care in the Trust, with some excellent and unique innovations. Crucial to this has been the work of Nurses, Midwives, and Allied Health Professionals. Some of their innovatory improvements to patient care include:

Patient Real Time Feedback

We have introduced a unique system which gives our patients the opportunity to tell us how satisfied they are with the care they receive.

Patients are asked to answer questions and input their views onto an electronic touch screen. They are often helped to do so by Trust volunteers. The information received is completely anonymous and the results are available to be viewed by Ward Managers, Matrons and the Trust Board immediately.

This enables us to respond to our patients' concerns much more quickly. The system went live at the beginning of January 2010 and by March we had information from 100 patients telling us that overall patient satisfaction was 90% at Maidstone and 89% at Kent and Sussex.

Ensuring our Patients Eat Well

On 1st March 2010 we launched the Red Tray system and Protected Meal Times, both of which are designed to ensure that ward staff create a quiet atmosphere in which patients can eat their meals without interruption and staff can easily identify patients who need assistance.

Eating well is an important part of any patient's overall hospital care, and this new system of protected meal times and the red tray system improves our patients' experience and reduces the risk of malnutrition.

Privacy & Dignity and Delivering Same Sex Accommodation

We have been working hard to improve the privacy and dignity of our patients and deliver same sex accommodation. **We have:**

- increased the number of en-suite rooms and the number of toilets and bathrooms
- ensured that every bathroom and toilet door has a privacy sign
- introduced improved privacy gowns to all our X-ray departments
- designed a new gown for inpatients which we are currently piloting to ensure that our patients like them.

At the end of March 2010 we were able to post the following Declaration of Compliance on the Trust website:

We are proud to confirm that mixed sex accommodation has been virtually eliminated in all our hospitals.

A Better Environment for Patients

Our Patient Experience Matrons received £150,000 to improve the environment of wards and departments for our patients, including new chairs, tables, locker, footstools and specialised wheelchairs.

Safeguarding Adults

The Trust has set up a Multi-agency Safeguarding Adults Committee Meeting which meets monthly. Its task is to prioritise the Safeguarding Agenda and develop work plans to meet it.

The Trust is committed to ensuring all vulnerable adults are treated with dignity and respect when they use our services and they are safeguarded from any form of abuse.

Safeguarding Children

In 2009 the Trust established a committee led by the Director of Nursing which measures and reports how we meet our statutory obligations in relation to safeguarding children and young people.

E-learning for staff regarding safeguarding children (child protection) has been developed and introduced and there has been joint education and training with health visitors to improve communication and information sharing.

A pocket size card has also been developed and designed incorporating key alerts and contact numbers and distributed to all staff.

Midwifery

During 2009 our Midwifery nursing team won both a prestigious Royal College of Midwifery award and a runner-up recognition in a separate category.

They produced a brochure about our staff, their work and their aspirations. They invited key midwives - junior and senior - from all over the Trust to write a short piece about their work which was then, along with a photograph of each person, published as a brochure.

They also organised a national advertisement promoting what makes MTW a special place to work for midwives, such as one to one care in labour and normalising childbirth, contributed to the University teaching program and encouraged a positive attitude towards the opportunities our clinical strategy will deliver in the future. By September 2009, just 8 months after they started the campaign, all the vacancies had been filled.


The Productive Ward

The Productive Ward programme uses techniques first developed in car manufacturing and the aviation industry. It helps staff on wards redesign the way they work, achieving significant and lasting improvements –extra time for patient care, better quality of care and reduced costs.

It creates calmer, happier wards, increases safety and boosts staff morale.

Every member of staff on the showcase wards report that they can do their job better.





Miles of unnecessary walking in the ward have been eliminated, giving nurses more time to care. This programme is being spread throughout all our hospital wards.

Oncology Nurses' Success

Nurses working in the Kent Oncology Centre have had significant successes throughout the year, and made important contributions to improving services to their patients.

Chemotherapy nurses were awarded the runner up prize for their nurse led services in conjunction with East Kent Hospital Trust at the Pfizer Clinical Excellence Award during 2009, and often welcome visitors to see the work being done in Nurse Led Clinics as well as taking part in national conferences and workshops.

They are also responsible for setting up and running Kent & Medway wide workshops and play an active part in a national resource group for lung specialist nurses

A pilot of the national 24 hour toolkit for competency and assessment of the management of chemotherapy enabled us to streamline our service. An in-house chemotherapy training package for staff across the Centre and MKTC has been developed.

Voluntary Services

Capitalising on the energy and enthusiasm of our volunteers brings great benefits to the Trust. We have adopted a new recruitment process for volunteers via the MTW website and all new volunteers attend the two day Trust staff induction programme.

We have also started to advertise in The Voice newspaper as part of an effort to ensure that our volunteers are representative of our community.

This year we have linked up with the Royal British Legion and government-backed schemes in the Maidstone area to help get people back to work by giving them the opportunity to volunteer at the hospital. This gives us a valuable asset and gives the volunteer the confidence to return to a working environment.

We launched a major initiative aimed at placing two volunteers on each ward carrying out non-clinical activities **such as:**

- Supporting the Red Tray initiative by encouraging patients and helping some patients at mealtimes
- Conducting in-patient surveys
- Providing company for patients who either have no visitors or who just need a distraction from their condition and some friendly company

We also started recruiting to our Welcome Host initiative, which will provide a seven day a week service to meet and welcome visitors to the hospital, advising on locations and providing wheelchair assistance for those patients who need it.

Fractured Neck of Femur Pathway

As part of our Improvement Programme, the Trauma Co-ordinators together with Orthopaedic Consultant Lee David and the rest of the team worked to streamline the Fractured Neck of Femur Pathway.



A key aspect of this is to build up patients' strength and stamina with high energy drinks before they have their operation. It also includes fast-tracking from A&E; standardising pain control; improving communication at every stage in the patient's journey; prioritising their surgery; and ring-fencing beds for admission.

Improvements in Emergency Care and Medicine

During the year we have recruited two specialist nurses to develop our respiratory nursing service. Nurse-led clinics are now well established and the new roles are impacting on length of stay in hospital.



In November 2009 the Trust opened a ward to address winter pressures. In the most severe winter for many years the team led by the charge nurse provided excellent care.

During the year a group of senior nurses in the emergency division developed a single room protocol to ensure that all patients assessed as requiring care in a single room received optimum care during their hospital stay. This is now used across the Trust.

The Productive Operating Theatre

The Productive Operating Theatre (TPOT) programme builds on the excellent work already well underway with the Productive Ward. The theatre staff at Maidstone Hospital are leading the project and chose the Ear, Eye and Mouth Unit (EEMU) as their project site.

The goals for the project are:

- increase the safety and reliability of care
- improve team performance and staff wellbeing
- add value and improve efficiency.

This will improve quality of care for patients and theatre utilisation.

New Mattresses take the Strain

From autumn 2009, the Trust introduced non-powered dynamic mattresses which use the patient's

own body weight to displace air in chambers within the core of the mattress to keep the patient comfortable and less vulnerable to skin damage.

Nursing Education

Since starting in March 2009, 123 Registered Nurses/Midwives (RNs/RMs) have completed the Registered Nurse/Registered Midwife Clinical Induction and Preceptorship Programme. To enable formal evaluation, and monitor the quality of preceptorship, the Professional Standards Team have introduced an induction/ preceptorship standard for managers and senior nurses.

The Trust continues to support nurses to return to registered practice. In March 2010 there were nine nurses undertaking a return to nursing practice programme and 14 others who expressed interest in returning to nursing later in the year.

By April 2010 a total of 203 Clinical Support Workers (CSWs) had completed the CSW Induction Programme since it started in January 2009. Twenty CSWs are being sponsored by the Trust to undertake nursing or midwifery training. We expect a further 10 CSWs will be supported to start a degree training pathway in September 2010.





INFECTION PREVENTION AND CONTROL

Infection prevention has once again been a priority area for the Trust making our hospitals as safe as possible for our patients.

Our zero tolerance approach to avoidable infections has been supported by good infection control and high cleaning standards which are monitored regularly.

In 2009/10 the Trust had 23 cases of MRSA bacteraemia and diagnosed 149 cases of C. difficile (community and hospital acquired of which 71 were hospital acquired).

Over the last seven years we have reduced MRSA blood stream infections by 60% in our hospitals but continue to work hard to reduce MRSA infections still further after a small increase early in 2010.

Building on the success of previous years we have maintained improvement in C difficile infections and achieved a further 5% reduction in the number of cases. This means that we have reduced C. difficile infection by 86% in our hospitals since 2005/6. Maidstone and Tunbridge Wells NHS Trust has one of

the lowest rates of C. difficile infection in the South East and in the country for the second year in a row.

Patients with C. difficile are now transferred to a new isolation area at Kent and Sussex Hospital where they receive specialist nursing care.

Infection can also be brought in to hospital so we have introduced strict policies to assess and isolate patients who are admitted with diarrhoea or who develop it whilst they are in hospital. This has helped to reduce C. difficile infections but has also helped us to control norovirus (winter vomiting disease) and stop it spreading through the hospitals. Although this winter saw the worst national outbreak of norovirus for some years, the number of wards and beds closed due to norovirus and disruption to services was kept to a minimum. Our visitors also helped us by responding to requests to only visit the hospitals when absolutely necessary during this time. Swine Flu also presented challenges to all staff. As part of our preparedness, the **Infection Prevention team:**

- Trained front line staff to use personal protective equipment specifically designed to protect our staff and patients from spreading influenza.
- Ensured that all staff had the opportunity to attend training on caring for swine flu patients
- Developed information packs for both staff and patients
- Assisted the operations team in developing plans for wards dedicated to caring for influenza patients

The Trust continues to have a zero tolerance approach to preventable infections.

There have been a further range of improvements in infection prevention during 2009/10. These include screening for MRSA before or on admission; better cleaning; regular use of Hydrogen peroxide fogging for decontamination; extending root cause analysis to surgical wound infections; monitoring infection rates in Caesarian section wounds; expanding the infection control training programme; and continuing to emphasise the need for scrupulous hand hygiene.





On November 30 this year the Trust will take handover of the first phase (Phase 1A) of the new development at Pembury. This is only 32 months after signing the Private Finance Initiative (PFI) contract and start on site in early April 2008. The first phase sees the Women's and Children's services vacating the top site at Pembury to move into the purpose built facilities in the new hospital.

This makes this hospital scheme one of the fastest construction programmes to have been achieved for a new hospital. This has meant that the building has been made weather tight earlier than planned and work on the internal fit out has progressed ahead of programme.

The building will be handed over on time and the contractors will use the time gained to commission and 'de snag' the hospital.

During December 2010 and early January 2011 the Trust will be commissioning and clinically cleaning the new hospital ready for the move. This involves cleaning rooms and installing computers and telephones in all the rooms.

At the same time fixed and portable medical equipment will be fitted. This will be a busy time not only for the new hospital team but also for the wards and departments getting ready to move in, and who are involved in the detailed planning

The new hospital will be the first major NHS acute hospital with all the inpatient beds in single en suite rooms. Architects were briefed to take advantage of the outstanding site at Pembury and design a hospital

providing an excellent patient experience and a safe environment, by putting the patient at the centre of the design. Patients' wellbeing is significantly enhanced by having a view from their window, control of their environment and peace and quiet.

So new ways of working are needed to make maximum use of the design features for our patients and provide a great working environment for staff. All of the clinical divisions and staff groups have been working hard during this year to develop new operational policies and review techniques and the use of technology to make sure the new hospital does what is designed for.

The Single Room Working Group has been looking at how the rooms will be nursed and how support services will be provided. The new hospital has the advantage of modern technology with cable and wireless infrastructure enabling nurses to carry out a range of duties within bedrooms that previously they have had to return to a nurse base to undertake.

As the Trust looks forward to January 2011 when the first patients move the second move is also being planned. In May 2011 the second phase of the building is handed over

and the Trust starts preparing the hospital to move the remainder of Pembury and the whole of the Kent and Sussex hospital in July.

The new hospital is already attracting national and international interest with visitors from all over the world.

At a glance

The new hospital is 65,000 square metres on plan with 3500 rooms over 6/7 storeys.

The build cost is circa £230 million

The work started on 1 April 2008 and is due to complete in September 2012.

The phases are as follows

- Phase 1A – Women's and Children's services transfer from top site Pembury in mid January 2011
- Phase 1B – Remainder of Pembury services and the Kent and Sussex Hospital services move in mid July 2011
- Phase 2 – Completion of external works by September 2012



A YEAR OF SOUND PROGRESS

By Glenn Douglas Chief Executive.

Every week in Update, my weekly newsletter, I give MTW staff my personal take on some of the things that have been happening in the Trust that week. I want here to offer the wider readership of this report my month-by-month taster of what has certainly been a year of sound progress for the Trust, with a great deal happening.

APRIL 2009

In the first week of April last year I went to view progress on our wonderful new hospital at Pembury, to mark the first anniversary of start on site with the local MP Greg Clark and others. Even then, it was well ahead of schedule.

Another ongoing big theme of the year was the focus on quality, and the drive towards single sex accommodation. We received over £500,000 to pay for more ward-based schemes to improve privacy and dignity for patients in all our hospitals, especially creating more single sex wards.

We have also been working hard in providing additional toilets and

bathrooms in some of our wards, improving ward partitioning, installing more disposable curtains to improve privacy, improve signage and carry out more staff training.

I like to get out and about, talking to people on the front line about their hopes and challenges as often as I can. On one visit I went out with Ray and Anna, two ambulance workers with the Patient Transport Service. It was very interesting doing a shift with these two caring professionals, taking patients to the hospice and to our hospitals. I was struck by the close rapport they had with their passengers, understanding well who wanted to chat and who didn't.

MAY 2009

The first week of May was exciting because it saw the official opening of our new laparoscopic surgery theatre at Maidstone. It was part of some world-class developments for this Trust, as the first phase in a £3 million development to create an International Laparoscopic Training Centre here.

The next week gave us another cause for celebration when we had the official opening of the new 3-Tesla (3T) MRI scanner by Professor Dame Janet Husband at the Kent

Oncology Centre in Maidstone Hospital.

There are only another four or five like it in the country. It gives spectacular image quality which will help us detect lesions much earlier, giving improved information to clinicians and bringing huge benefits to patients.

Pathology General Manager Nigel Leftley and his team succeeded in achieving the demanding full Clinical Pathology Accreditation (CPA) for Clinical Biochemistry in the Trust.

The fact that they we now had full CPA accreditation in all four pathology disciplines, and that we were the first Trust in Kent to achieve accreditation within exacting new standards was another credit to the Trust.

JUNE 2009

There were some sombre messages to pass on from the annual Chief Executive's Conference. The years of growth will soon be over. In the three years after 2011 the NHS will need to deliver efficiency savings in the order of £15 – 20 billion. We will all have to focus on innovation – new and better ways of doing things – to drive service quality.

We did brilliantly at the South East Coast Best of Health Awards, winning two awards and had two runners-up in what turned out to be a fantastic night for our Trust. We had more finalists than any other Trust in the South East, against a strong field.

The Core Standards report also published that week painted a picture of steady improvement. In 2007/08 we were compliant with just 24 of 43 core standards throughout the year. In 2008/09 we complied with 35 out of 44 and met seven of the remaining nine sections by the end of the year (March 31st). A big improvement.

There was another huge compliment to the Trust following the visit of the National Cervical Screening Quality Advisory Service. The feedback for the Cytology and Histology laboratories was exemplary. Probably the best ever seen by the QA team, they said.

JULY 2009

The beginning of July saw something we had long prepared for and been concerned about – the outbreak of the Swine Flu Pandemic. It turned out that nature was kind to us this time as the virus was much less virulent than had once been feared. In any case, we had all our preparations more or less perfectly in place.

I reported on The Patient Environment Action Team (PEAT)

assessment for 2009 which showed that standards of cleanliness, quality of food and privacy and dignity are on the whole either good or excellent at the Trust.

I was particularly pleased that Pembury and Maidstone had moved up from Acceptable to Good in the past year for cleanliness and environmental quality. Kent and Sussex is similarly just as clean, but is an old building in the last years of its useful life and being awarded an Acceptable environment score there is an achievement in itself. I was also pleased to see that our Food score progressed from Good to Excellent at Maidstone and K&S.

Kirsty Marshall from the Department of Health's Institute for Innovation and Improvement fed back on her visit to our Productive Ward initiative. She said, "I was very impressed with the progress I saw at MTW and will be taking their ideas back as examples of excellence to share with others."

I was able to report another key turning point in the last week of July. I had meetings with both NHS South East Coast and NHS West Kent senior colleagues. Both organisations expressed their growing Trust and confidence in us.

I spent three hours showing the pressure group Maidstone Action for Services in Hospital (MASH) around the building of the new hospital at Pembury and the following day gave

the Chief Executive and Chairman NHS South East Coast their first tour of the site.

I also had a chance to show them our new laparoscopic theatre at Maidstone and told them about the international laparoscopic training centre we were going to open later on, in 2010. Both groups were highly impressed.

I am able to talk about new innovations and efficiencies most weeks. This week it was the turn of the Pathology Team and Procurement Department to share the limelight. They came up with a new automated service for testing blood samples. It's not only faster, it's also going to save around £264,000 a year or £2.7 million in the long run.

AUGUST 2009

We had another example where we really are at the cutting-edge in healthcare. Hip fractures (fractured neck of femur) are very common in elderly and frail people, often caused by a minor fall and are associated with high death rates in that group of patients.

It's important that the patient has an operation to become mobile again as soon as possible, to reduce the likelihood of life-threatening complications. For the group of patients without other complex

medical problems, this Trust is among the best in the country at rapid and excellent treatment of these fractures.

One fractured neck of femur patient spent only 72 hours in the hospital, from admission, to treatment, to discharge when it used to be weeks. As long as I have been in the NHS it has always been 'nil by mouth' for people awaiting an operation. We now build up these patients' strength and stamina with high energy drinks before they have their op.

Other ways that we are managing to achieve these improved treatment times are by streamlining the patient pathway, including fast-tracking from A&E; standardising pain control; improving communication at every stage in the patient's journey; prioritising their surgery; and ring-fencing beds.

After months of development work and years of preparation and planning the new Stroke Unit at Maidstone came on stream at the beginning of August.

For the first time we were able to provide stroke patients, where clinically appropriate, with thrombolysing – clot-busting – drugs at Maidstone and K&S.

This treatment can reduce the level of disability stroke patients suffer if administered within three hours of the onset of a stroke. By joining forces with Darent Valley and

Medway Maritime hospitals we now also offer stroke patients a 24/7 emergency service.

I was able to give another of my 'view from the top' progress reports on how we were doing. I said we had made fantastic progress in the last few months. "Our access targets are good, we have areas of outstanding innovation, the new hospital is rapidly becoming a reality and people are thinking positively about how to make the best use of it.

"Teamwork is starting to embed itself at all levels of the Trust and finally, although we still have a long way to go, we seem to be much more in control of our financial position. All this adds up to a change in perception of the Trust by people who can influence our future. We are no longer seen as a 'basket case', rather one which increasingly does what it says it's going to do and does it well."

SEPTEMBER 2009

Work started within days of planning permission being granted to build a new cellular pathology laboratory at Maidstone Hospital, an extension to the existing microbiology department.

Cellular pathology is an important diagnostic discipline using high

powered microscopes and other techniques to identify diseases at an early stage by looking at changes in cells. Many thousands of lives have been saved by cervical smear tests or by examining the cells from breast tissue to identify any possible cancerous changes.

More praise came the following week. Women in Maidstone and Tunbridge Wells who have breast screening are receiving an "excellent service" according to a national Department of Health review of the service based at the Peggy Wood Breast Care Centre at Maidstone Hospital.

And the clinical care provided by the centre was rated in the top five out of 90 providers for the fifth year running.

Good news too from Harrogate later in the month, when our Infection Control team's poster was judged to be the best by a panel of experts, from over 60 entries.

OCTOBER 2009

Our Annual Staff Awards party at the Hop Farm was agreed by everyone to be the best ever and one of the highlights of our year. There were over 250 good quality nominations and everyone had a great time. I was compere for the evening but there was no doubt that I was put in the

shade by local celebrity (from *I'm a Celebrity – Get Me Out of Here!*) and strong NHS supporter Nancy Sorrell, who helped present the awards.

Another celebration of our great staff came later in the month with the Trust's fifth annual Long Service and Retirees Award Ceremonies Friday at Maidstone and at the Kent & Sussex.

These ceremonies are the Trust's opportunity to recognise and thank staff for all their many years of hard work, dedication and commitment to patient care and it's become one of our key highlights of the year. This year we were celebrating over 2,800 years of long service across the Trust – a tremendous achievement and one everyone there could rightly be proud of.

We have a regular stream of visitors beating a path to our door to learn from us, often but not always about how to do excellent infection control.

The Shadow Cabinet Member for Health and Wellbeing in the Scottish Parliament came on a fact-finding visit to Maidstone Hospital. She left saying she was taking lessons back which will be valuable to the Scottish health service.

I could not have hoped for a more positive and supportive tribute to the huge improvements we had all made over the previous 18 months than that given by Candy Morris, Chief Executive of NHS South East Coast, our Strategic Health Authority.

She noted the fact that it was two years since publication of the Healthcare Commission report into the two C. difficile outbreaks in 2004 and 2005 and said, "This juxtaposition in timing really brought home to me how changed MTW is in terms of its leadership, culture, confidence in itself and optimism for the future.

"This speaks of an organisation that is achieving the kind of culture change required to deliver zero tolerance on healthcare acquired infection. Even better, MTW is setting the kind of challenges for itself that high-performing organisations do, and implementing a strong organisational development programme across the depth and breadth of the Trust."

We get our fair share of media attention, though a lot less than we used to. Bad news sells papers after all! But local TV and radio are in and out of our hospitals quite frequently, often to cover some good news.

Fairly typical was a visit at the end of October when Meridian TV came in on to film on the Maidstone Stroke Unit where they spoke to satisfied patients.



NOVEMBER 2009

We announced a world first at the beginning of November. Our pioneering breast cancer team at Maidstone made a breakthrough in the detection of cancer that promises to prevent many thousands of women throughout the world from having to undergo repeat surgery.

Previously breast cancer patients had the sentinel lymph node removed from their armpit under surgery.

This established whether their cancer had spread. If the sentinel node was cancerous, patients then had a second operation to remove all the nodes.

The team at Maidstone has pioneered a method in which 'microbubbles' are injected into the breast by the radiologist. These travel to the sentinel node, which can be detected under ultrasound. A fine needle biopsy can then be performed to see if the node is cancerous or not, avoiding the need for an initial operation. This was a world first and great news for patients!

I talked about a personal priority of mine, and one for the NHS as a whole – making our services much greener and more energy efficient, and by so doing drastically reducing our output of carbon dioxide, the 'CO2 footprint'. The NHS is responsible for producing 3% of England's carbon emissions! We now know our carbon footprint so we can investigate ways of achieving our targeted reduction of 15% over five years – our developing carbon management plan. It will embrace waste, building energy, water and transport. The target reduction will make a significant saving at current energy prices and reduce our annual carbon footprint by 2400 tonnes of CO2 (currently 16060 tonnes).

Fortunately our wonderful new hospital at Pembury will give us a

great head start having been designed and built to maximise the use of energy efficiency features.

DECEMBER 2009

Innovation, and finding new and better ways of doing things was the golden thread running through the Trust's progress in 2009/10, and I returned to it again in December.

Here were two examples which came about because caring and committed people, with a professional attitude, thought about a better way of doing things.

The first was a clever new way of contacting nursing bank staff. One of the biggest problems any hospital faces is making sure that there are always enough nurses and other skilled staff, with the appropriate specialist training, to care for patients. Now some of our colleagues came up with a high tech solution to the age old problem – by texting every one of around 1,000 nurses on the staff bank on a daily basis to let them know about any current vacant posts.

The other example was another DVD. Our educational trainers, working in partnership with Paediatric Intensive

Care specialists at St Thomas' Hospital in London produced a unique DVD to help train doctors, nurses and physiotherapists in caring for the critically ill child.

The first serious onset of what proved to be one of the worst winters for many years hit us just before Christmas.

A&E staff were particularly under pressure. Over one weekend the number of patients coming in with injuries caused by falls was up by over a third at Kent and Sussex and nearly quadrupled at Maidstone. I was on the local media, explaining the pressures we were under, and expressing my thanks and admiration to everyone who worked so hard. Some staff carried on working at the end of their shifts, and others had to stay overnight in the Nurses' Home at Maidstone.

People with 4-wheel drive vehicles turned out to help transport key staff into hospital and keep the show on the road.

JANUARY 2010

The winter pressures continued into the new year. On top of the atrocious weather, the worst levels of norovirus in the community for many years kept hitting our hospitals in wave after wave. It felt like being under siege sometimes.

But even in the toughest January in most people's memory there were still things to celebrate. We were acknowledged, inside and outside the NHS, for the high quality of our management, and the way we handle things, a tribute to the whole organisation and everyone in it. There were other examples too. We were shortlisted for the Management Consultancies Association annual awards for 'Change Management in the Public Sector'. (A few weeks later we took the award, against some very stiff competition.)

At the end of the month I took the opportunity to remind staff about the ongoing controversy around our plans for Women's and Children's Services. The original decisions were taken so long ago that no-one can be blamed for losing track of the ins and outs of the debate, if they ever knew.

Essentially, there is continuing opposition at the Maidstone end of the Trust to our plans to site Women's and Children's Services at the new hospital at Pembury, with a midwifery-led birthing unit at Maidstone.

I am convinced that our plans are right and necessary, but I understand people's fears and concerns and I want to persuade as many as possible that we are doing the right thing.

The changes would be less convenient for some people living in

Maidstone, but the improvements in the standards of healthcare we will be able to provide people living throughout Maidstone and Tunbridge Wells will be considerable.

The main thing to grasp is that it is not driven by finance, but by our determination to improve patient care.

FEBRUARY 2010

At the beginning of February I was glad to attend the celebratory Start on Site ceremony to mark the beginning of work on a new, state of the art £8 million Cellular Pathology Laboratory at Maidstone Hospital.

When it is completed this new laboratory will be a Regional Centre of Excellence and among the leading pathology laboratories in the country, providing clinical evaluation on 41,000 Histology and 37,000 Cytology specimens a year. It replaces old and inadequate facilities in which Kent and Medway Pathology Network staff have nevertheless carried out outstanding work for many years.

At the end of the month we celebrated the first Dignity Action Day, with promotional stands at all three sites. Simply treating people with dignity can make a huge difference to the lives of the many currently receiving care and support.

Dignity means receiving personalised care, being treated with respect and being recognised as an individual. Protected Mealtimes started that week and the Red Tray system designed to ensure that patients who need special assistance with eating always receive it.

MARCH 2010

At the beginning of the month the Trust board and divisional directors met to discuss our future strategy. It might seem a simple thing to decide where we are going as an organisation but in the uncertain times ahead for funding and shifts in provision of care out of hospital and into the community, the environment we work in has never been more complex, or indeed more open.

It reaffirmed our principles of two excellent hospitals providing complementary services but extends that thinking to consider partnerships with other providers such as we are currently planning with the Queen Victoria Hospital, East Grinstead. Also to a redefining of our role as a secondary care provider, not just a hospital provider. We will need to be flexible over the next few years and that will permeate all our lives. Clearly, money will be much tighter and we will need to be radical in our thinking and encourage innovation in a way which preserves and improves

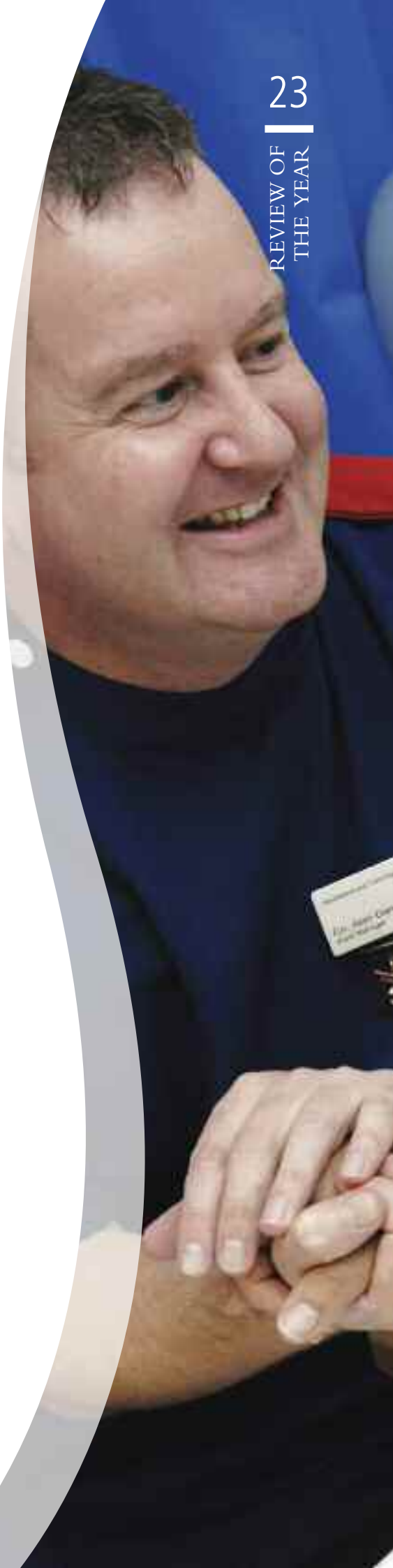
the experience of our patients whilst doing it for less money. It's a big challenge, but one which we have proved over the last year that we are capable of rising to.

Another great example of what we can do is a new project underway in Whitehead Ward at Maidstone, Operation Short Stay.

It does just what it says on the tin - introduces a rapid recovery, nurse-led discharge facility, regulated and run by clinical staff. Its purpose is to create an environment where everyone is focused on getting post-surgical patients of any speciality safely home in the shortest possible time.

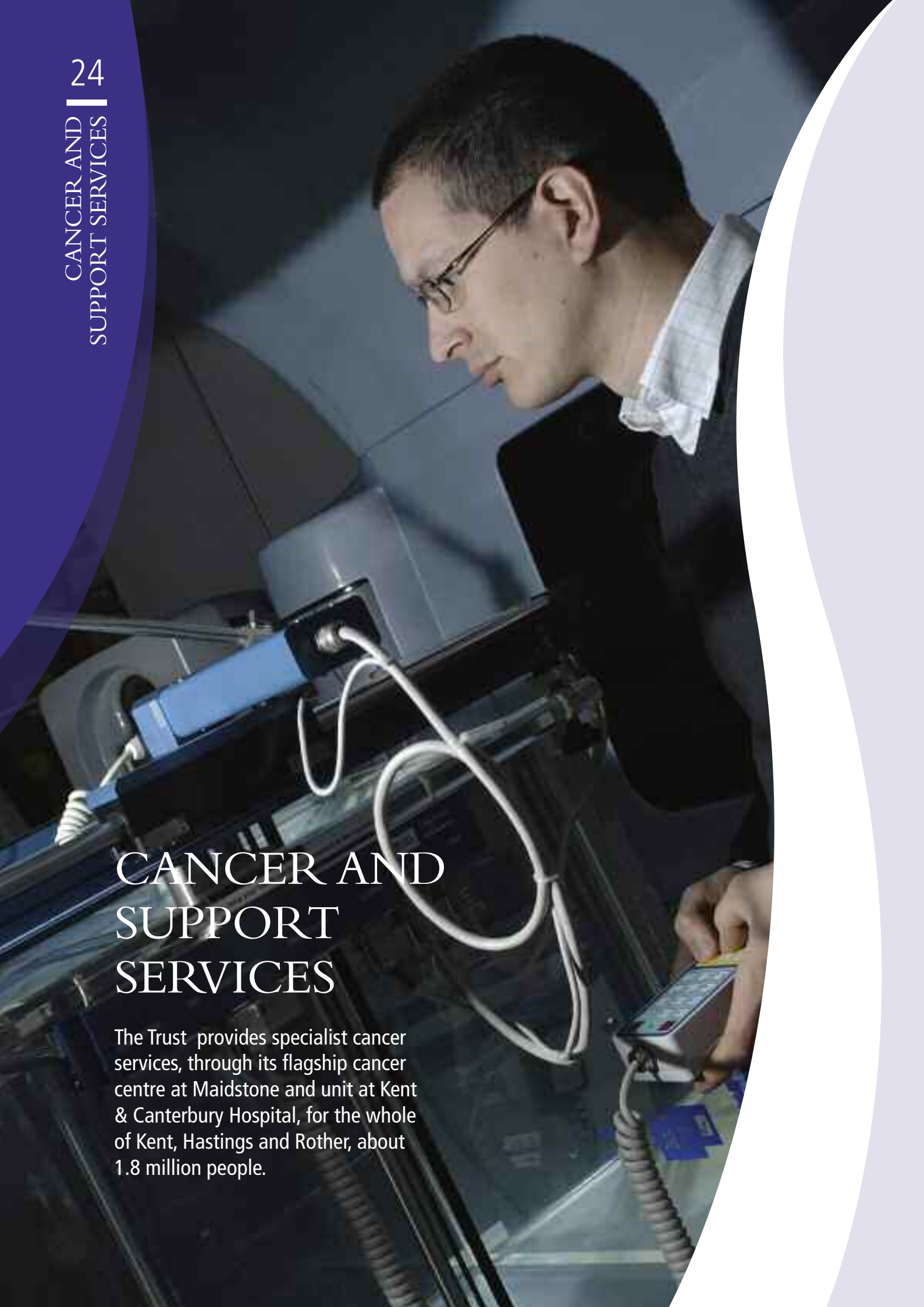
Rapid safe discharge home is good for those patients, and good for the next group of patients too because it means they can have their surgery much more quickly when the system works smoothly and efficiently.

It's worth repeating that 10 years ago when this Trust was born nearly everyone would have thought that what we achieved in 2009/10 would be out of the question - a fantastic dream. We've come a long way, and we will keep on striving to be excellent in everything we do, making best use of the resources available to us.



CANCER AND SUPPORT SERVICES

The Trust provides specialist cancer services, through its flagship cancer centre at Maidstone and unit at Kent & Canterbury Hospital, for the whole of Kent, Hastings and Rother, about 1.8 million people.



New Radiotherapy Machines

On 27 March this year the Kent Oncology Centre took delivery of the first of two state-of-the-art radiotherapy machines at its Maidstone site. The second was delivered to the Kent and Canterbury Hospital on 1 May 2010. Both these machines are capable of delivering fast, highly accurate treatments using a technique known as "Rapid-Arc™" and cost £1.5 million each.

As well as the therapy beam a diagnostic quality x-ray set is incorporated into the design to give the best possible confirmation of the treatment position. The acquisition of this equipment will build on the other modern equipment in the Centre and means that the people of Kent have access to the very best in cancer care. It will also attract new members of staff to the department and facilitate income generation.

Clinical Trials

The Kent Oncology Clinical Trials Unit work in close collaboration with the National Cancer Research Network (NCRN) and the international pharmaceutical industry to ensure that Clinical Trial delivery of innovative treatments can be offered to patients with cancer at different trajectories of their diagnosis and pathway of care.

The expertise of the clinical trials staff, both clinical and non clinical, enables the team to address the specific challenges and pressures faced in successfully delivering NCRN and industry-led trials within the Trust to sustain a portfolio of studies enabling "tomorrow's treatment today".

During 2009-2010 the unit has often been among the top recruiting centres for a number of national trials.

Macmillan Cancer Information and Support Centre

The Macmillan Cancer Information and Support Centre has been developed as a joint venture between Macmillan Cancer support and Kent Oncology Centre in Maidstone Hospital to ensure that our Cancer services treat the patient, not just the tumour, throughout the cancer journey.

We have listened to patients, who have highlighted the need for tailored information at the various stages of their cancer journey and the need for increased practical and emotional support.

The Centre has seen over 1,200 patients since its opening in February 2009, providing access to good quality, comprehensive and appropriate information and support to people affected by cancer.

Its priority is to reduce the impact of cancer on the community by providing up-to-date information in a warm, friendly and confidential environment accessible to patients and carers at whatever time they are ready and seeking information about their cancer how best to live with it, to help patients cope with the cost of cancer, including advice on benefits and returning to work; and empowering them to adjust and manage large scale changes in their lives.

The Centre has recruited and trained volunteers who have all had an experience of cancer, either first or second hand. A pilot project is also planned using trained volunteers to meet some of the unmet needs of people affected by cancer for practical, information and psychological support in their homes. It is expected to be implemented by the early autumn.

Patient and Public Involvement Group

Jointly with the Kent and Medway Cancer Network patient and public involvement group for Kent Oncology has been set up, who will influence the planning, development and monitoring of Cancer Services in the local area.

The Kent Oncology focus group meets quarterly and makes a real difference to patient care and services now and in the future.

Breast Radiotherapy DVD

Breast Radiotherapy DVD

The Centre has produced a short information DVD about the use of radiotherapy treatment for breast cancer patients. The DVD is shown to patients as part of the formal verbal consultation and consent process with doctors, nurses and radiotherapists about post-operative



radiotherapy. It includes information about the radiotherapy centre, images of the machines used, professionals involved, and what to expect as some of the side effects patients might encounter whilst on treatment.

Pharmacy

Work has continued throughout the year planning the new Pharmacy Department in the new hospital at Pembury, led by the Pharmacy Decant Project Group. The existing Pembury Pharmacy Department will relocate to the new hospital in January 2011. The new dispensary will be fully automated with a new "double headed" design of dispensing robot and a secure pneumatic tube system enabling medicines to be rapidly sent to the wards. This technology will reduce dispensing errors and improved the efficiency of the supply of discharge medicines.

These innovations, together with the Electronic Discharge Notification system will enable ward based pharmacy staff to improve their speed of response and support the NPSA medicine reconciliation standards. Options for wireless electronic devices

are currently being evaluated with the PFI IT team which would enable systems to be accessed by the bedside to maximise efficiency within the all single room wards.

Electronic Discharge Notification (EDN) enables an electronic discharge summary to be sent automatically to the patient's GP at the time of discharge eliminating delay and illegible handwritten documents. As of March 2010 the system is fully operational at Kent & Sussex Hospital and rolled out to the rest of the Trust during May/June 2010.

Pharmacy currently has two independent prescribers for general medicine and antimicrobial therapy. A third Pharmacist will enrol on the prescribing course in 2010 to prescribe in acute medical admissions.



Microbubbles

Pioneering clinicians at Maidstone and Tunbridge Wells NHS Trust have developed a revolutionary radiological technique that uses tiny bubbles to help detect cancer.

The breakthrough in diagnostic care will prevent thousands of breast cancer patients in the UK – tens of thousands of women worldwide – from having to have repeat surgery. The test only takes a few minutes to perform and has transformed care for patients.

Normally, while undergoing surgery to remove breast cancer, surgeons routinely recommend that patients also have an operation to remove glands in their armpit to check if they are cancerous.

The so called “sentinel lymph node” is the first to be affected if the cancer

has spread. It is found during the operation with the aid of a coloured dye and is removed for testing. If the nodes are found to be cancerous a second operation is required to remove all the remaining glands in the armpit.

The procedure, which was pioneered by the specialist breast cancer unit at Maidstone Hospital in Kent, allows the sentinel lymph node to be located and tested without surgery.

To do this, microbubbles – minute bubbles - are injected by the radiologist in a tiny amount of fluid into the patient’s breast. The bubbles

travel to the sentinel lymph node and can be spotted using ultrasound. A fine needle biopsy can then be performed to see if the node is cancerous. If the test is positive, patients have just one operation to remove all the lymph glands at the same time as their main operation.

The use of ultrasound with microbubbles to detect the sentinel lymph node is unique and something that will benefit breast cancer care around the world..

About 25% of breast cancer patients are found to have cancer in the sentinel lymph node and go on to need a second operation.

The results of the team’s work are being shared worldwide at international health conferences and have been published in the British Journal of Surgery.

CLINICAL GOVERNANCE



During 2009-2010 the Trust has directed energy and resource to improve complaint management both corporately and across all patient services. As a result of complaints and concerns raised, it has been possible to make changes to many services following a complaint benefiting current and future patients.

The Trust has also worked successfully with the Ombudsman's office on a number of complaints, and has managed to adopt a more robust style of investigation and response by:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

The new policy underpinning this work is gradually becoming embedded in principle and staff from the complaints team work closely with PALS colleagues. Clinical managers also work closely with the corporate teams in order to resolve problems for patients at the time they are raised.

Serious Untoward Incident Panel

During 2009-2010 the Trust has developed a robust management system for the investigation and review of serious untoward incidents with three executive and one non-executive director on the panel. This process has enhanced the learning from incidents and actions taken to reduce the risk of such incidents happening again.

Care Quality Commission Registration

We have continued to make substantial progress in improving compliance with the core standards during 2009/2010. In 2007/08 we were in a position where 20 standards were not met, this moved

to 11 standards being not met in 2008/09 and our position at the end of March 2010 is such that we declared three standards as not met for the full year but that all had been met by the end of March 2010.

Progress has continued to improve standards of compliance and provide the Trust Board with assurance of how these have been met – this has included the embedding of the new governance structure and policy by which assurance is provided. These processes have been reviewed by our internal auditors and continue to be reviewed by the Audit Commission. We have worked in partnership with our commissioners to ensure that we

are working collaboratively when required and openly for standards for which their scrutiny has helped to provide assurance.

We have continued to develop our relationships with other health economy partners and also patients and the public, especially through the Patient Experience Committee and liaison with the local LINKS.

With the new requirement of needing to register hospital services from April 1st 2010 with the Care Quality Commission we have received conformation that we are registered to provide the following activities:

- Treatment of Disease, disorder or injury
- Surgical procedures
- Diagnostic and screening procedures
- Maternity and Midwifery Services
- Termination of pregnancies
- Transport services

Each service was registered without any conditions being applied.

Quality Accounts

From June 2010 all organisations providing NHS healthcare must publish their Quality Accounts. This document will be made available on our Trust website and the NHS Choices website.

Providing safe, high quality services and experience for patients, staff and the public is one of our core objectives and we have made significant improvements in key quality measures over the last year.

Quality and governance processes have been revised and are being embedded across the organisation, and there is a robust committee structure to support this. This is the structure through which the Trust Board is informed about the progress of improving quality measures.

This Trust has worked hard to improve the quality of care delivery for our patients in 2009/10. There have been a number of important quality initiatives such as those to reduce infection rates, reduction in the length of stay in hospital for patients, and setting up stroke units at both Kent and Sussex and Maidstone hospitals. We have also virtually eliminated mixed sex sleeping and bathroom facilities. We are actively seeking the views of our patients on the quality of our

services through electronic real time collection of patient views and feedback.

There is always room for continuous improvement in this area and plans are in place to achieve this.

The five key priorities for the Trust for 2010, which have been consulted on with patients, members of the public and other organisations are:

- Continuing to reduce the number of hospital acquired infections
- Reducing the number of ward to ward moves for patients
- Improving communication with patients and carers
- Improve the quality of information given to patients and the public
- Help deliver improved quality through local and national quality targets (CQUIN measures). These include the following patient groups:
 - stroke patients
 - acute myocardial infarctions
 - heart failure
 - reducing the number of patients who develop blood clots following surgery
 - hip and knee replacements
 - reducing the number of patient incidents in relation to falls

Further details about these will be published in our comprehensive Quality Accounts document following the completion of consultation with patients, service users, commissioners and from staff feedback.

Information Governance related SUIs

The Trust declared five Serious Untoward Incidents as a result of breaches of the principles of the Data Protection Act 1998 in the 2009/10 financial year as follows:

Date of Incident (month)	Nature of Incident	Nature of Data Involved	Number of People Potentially Affected	Notification Steps
April	Insecure disposal of paper documents	Name Date of Birth Clinical Condition Planned Investigations	32	Individuals not notified
Further action on information risk	Staff members were reminded of the responsibilities relating to confidential and data protection under the principles of the Data Protection Act 1998.			
June	Loss of inadequately protected electronic storage device	Name Date of Birth Hospital Number	33	Individuals notified by post
	<p>Maidstone & Tunbridge Wells NHS Trust continues to monitor and assess its information risks, in light of the events noted above, in order to identify and address any weaknesses and ensure continuous improvement of its systems.</p> <p>The Chief Executive Officer, as Accountable Officer, for the data controller, has undertaken to comply with the terms of the following undertaking:</p> <p>The data controller shall, as from the date of this undertaking and for so long as similar standards are required by the Data Protection Act or other successor legislation, ensure that personal data is processed in accordance with the Seventh Data Protection Principle in Part I of Schedule 1 of the Act, and that in particular that:</p> <ul style="list-style-type: none"> • The data controller shall ensure, within six months, that any personal data held on a laptop computer or other removable media by the data controller is identified and encrypted so as to provide effective protection against unauthorised access; • The data controller shall implement such security measures as it deems appropriate to ensure that personal data is more effectively protected from theft and implement any other measures to ensure against unauthorised or unlawful processing, accidental loss, destruction and/or damage. 			

August Date of Birth	Unauthorised disclosure	Name	41	Individuals not notified
Further action on information risk	A fault on an internal fax machine resulted in patient proformas being sent to the wrong NHS organisation. The machine was taken out of service until the fault was remedied. No staff fault found.			
August	Unauthorised disclosure	Name Address Date of Birth Hospital Number Clinical notes	1	Individual notified by telephone
Further action on information risk	<p>Clinical records held by patient found to contain records relating to another patient.</p> <p>Staff member acknowledged administrative error and underwent Information Governance training.</p>			
October	Loss of paper documents from outside secured NHS premises	Name Address Date of Birth Hospital Number	20	Individuals not notified
Further action on information risk	Medical staff member, no longer employed by the Trust, referred to the General Medical Council.			

EMERGENCY PREPAREDNESS

Maidstone & Tunbridge Wells NHS Trust is a Category 1 responder under the Civil Contingencies Act 2004 and is a key partner in multi agency emergency planning and response in West Kent. The Trust is part of partnership across West Kent using a team approach to Emergency Planning and resilience with Dartford & Gravesham NHS Trust and NHS West Kent.

During the year the Trust took part in a major national counter terrorism exercise with multi agency partners across South East England simulating a radiological bomb. Maidstone Hospital received simulated casualties that required monitoring and decontamination. The Trust received a good report on its performance and lessons identified are being taken forward to review our emergency plans.

A further exercise was held in the summer to test Business Continuity Plans and the exercise was held with other NHS organisations in West Kent and partners to look at the effects of water failure in West Kent. This exercise allowed the organisation to test its ability to keep services running under pressure.

The WHO declared a Flu Pandemic during the year and the Trust was able to respond quickly with its fully tested plans. An exercise was held to test the plans prior to the pandemic and so when it started the Trust was in an excellent position. Although the pandemic was not as serious as first thought our Critical care services did come under pressure but coped very well.

The Trust was also visited by the RAF in a training exercise to test landing of Sea King Search and Rescue Helicopters.

Severe winter weather, the worse since the 1970s tested our abilities during both December and January. The Trust worked hard with partner agencies calling on support from volunteer 4 x 4 groups and Borough Council colleagues to help. At one point 3 feet of snow blocked car parks at Maidstone.

CARBON MANAGEMENT PROGRAMME

Detailed work and study in 2009 and 2010 led to the development of the Trust's Carbon Management Programme (CMP) The carbon footprint, derived from building energy use, business travel and waste is now known and is currently 18950 tonnes a year.

The CMP comprises a list of 30 capital and revenue projects and to reduce our carbon footprint Trust-wide by 10% by 2015 as required by the Climate Change Act and the NHS Sustainable Development Unit. At the end of the programme we should see a reduction of 20% at Maidstone Hospital and Laundry.

The new hospital at Pembury, actually 40% larger than the hospitals being closed, will be much more energy efficient by embracing new technologies. One of these technologies is a wood burning (biomass boiler. Coppiced wood will be processed into small pellets and incinerated in a water heating boiler. This wood fuel will be carbon neutral; carbon emitted by this boiler will be offset by replacement trees absorbing carbon.

A programme of energy efficiency projects was developed at Maidstone Hospital for 09/10 and heating ventilation and air conditioning systems and adjusted for optimum efficiency and a laundry heat recovery system installed. These actions will reduce carbon emissions by 200 tonnes per year.

VALUING OUR STAFF

Our success during the year is largely due to the professionalism, skill and dedication of our staff, from housekeepers to doctors, from administrators to nurses. It is our staff who provide the high quality and safe care to our patients that we are so proud of, ensuring that the experience of patients and their relatives is as pleasant as possible.

We therefore value our staff.

Developing our people

Our investment in staff training and development continues. Programmes to develop our leaders and to engagement staff have been rolled-out and the prospectus of the learning and development programmes available to staff is bigger than ever.

The introduction of leading edge care also provides important development opportunities for our staff, for example, the development of minimally invasive surgery is a being accompanied by a Masters Degree programme accredited by the University of Kent.

We will celebrate the learning achievements of our staff in an award ceremony to be held on 21 May 2010 and achievements will range from NVQ and BTEC to Degrees and Professional qualifications.

Diversity

The Trust has Race, Gender and Disability equality schemes in support of its commitment to equality and these are under review to ensure that they reflect our strong commitment.

Our workforce is diverse: 75% are female, 8% are aged over 60 years, 21% are from ethnic minorities and a wide range of religions are represented. We are proud of the diversity of our workforce.

The Trust's Black and Minority Ethnic Network and the Disability Action Group are developing as voices to improve diversity practice in the Trust and a LGBT group is being established.

All new Trust policies or service developments go through an equality impact assessment process.

The Trust Board continues to monitor equality and diversity in the employment through regular workforce reporting, feedback from staff and other external reviews.

Communicating with our staff

We work hard to communicate with, and involve, staff in key issues relating the performance and development of the Trust.

Each week the Chief Executive's "Update" to all staff gives a personal briefing on key developments, achievement and issues to address. Many of the successes shared in this annual report were shared with staff as they occurred with the aim of inspiring further success.

The Trust Joint Consultation Forum and Joint Medical Staff Committee have met throughout the year and provide an important opportunity to debate service and employment issues with staff representatives in the spirit of partnership.

Directors of the Trust aim to be as visible and accessible to staff as possible and a new "Back to the Floor" scheme has ensured that Directors have good insight into the world of front-line service delivery.

Staff survey

The Trust received generally encouraging feedback from staff through the national staff survey with improvements in a number of areas. Staff were particularly positive about the quality of patient care they are able to provide, the receipt of relevant job related training and use of flexible working options.

An action plan is being developed to address priority areas where improvements are required such as: the bullying and harassment of staff by patients/relatives, involving staff more in important decisions and further improving communications across the Trust.

Healthy staff

Our Occupational Health specialists provide services from two hospital locations giving staff good access to the advice and support available.

Take up of seasonal flu and pandemic flu immunisation was amongst the highest in the region and prepared us well in the event of a pandemic outbreak. Our Occupational Health team have developed the "Live Well, Be Well" healthy lifestyles programme which is being roll-out across the Trust and is a core component of our approach to health promotions and health education.

Pensions

Past and present employees of the Trust are covered by the provisions of the NHS Pension Scheme.

FINANCIAL

View from the Finance Director

The Trust has made significant progress over the last 18 months both in terms of financial performance and the quality and safety of its services to patients.

The Trust started 2009/10 with a large underlying deficit of £27m. It finished the year in financial balance as a result of an effective efficiency improvement programme, which was approved by the Trust Board in June 2009. The Trust will therefore start the new financial year in financial balance.

Highlights for the Year

(Note references which are shown in brackets refer to the full accounts which are available on request)

Breakeven Duty (Note 39.1)

The Trust is required to achieve break-even on an income and expenditure basis and would normally plan and be expected to achieve this each and every year. Formally, the statutory 'break-even' duty is measured over a 3 year period, or 5 years if agreed by the Department of Health.

The Trust has achieved break-even in each of the last two years, but has a cumulative deficit in the previous 2 years of £3m. The Department of Health has agreed that the break-even duty will be measured over the 5 years to March 2011 and the Trust is aiming to achieve a surplus in 2010/11 in order to comply with its break-even duty over that period.

Capital Cost Absorption Duty (Note 39.2)

The Trust is required to achieve a rate of return on capital employed of 3.5% and has fully met that target, achieving a return of 3.5% for the year to March 2010.

External Finance Limit (Note 39.3)

The Trust is required to demonstrate that it has managed its cash resources effectively by achieving an agreed limit on the amount of cash drawn from the Department of Health. In 2009/10, the External Finance Limit was set at £11.2m as a result of an agreed Capital Investment Loan of £11m paid to the Trust by the DH in March 2010. The Trust ended the year with an under shoot of £8.4m. This was agreed in advance with the DoH on the basis that the capital projects financed by the loan were, through necessity, undertaken late in the year due to the back-ended approvals process. It was also acknowledged that a high proportion of the cash payments would fall into 2010/11.

Capital Resource Limit (Note 39.4)

The Trust is also expected to achieve an agreed level of capital expenditure, known as the Capital Resource Limit. In 2009/10, the Capital Resource Limit was agreed at £26.2m and the Trust again fully met this target, achieving a planned underspend of £0.97m.

Prudential Borrowing Loans

The Trust has taken out a loan of £11m in March 2010 to provide the required additional funding for the Trust's total capital investment programme of £26m. The loan is repayable over 15 years at a fixed interest rate of 3.91%

Better Payment Practice Code (Note 13)

The Trust is required to pay its suppliers promptly in accordance with the Better Payment Practice Code which requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. In 2009/10 and 2008/09 the Trust achieved in the following level of compliance with the Code:

	2009/10 Number	2009/10 £000	2008/09 Number	2008/09 £000
Total bills paid in the year	89,984	124,537	87,389	113,821
Total bills paid within target	79,503	107,241	76,358	94,948
% paid within target	88%	86%	87%	83%

The Trust was not required to pay any interest during the year under the 'Late Payment of Commercial Debt Act'.

Capital Expenditure

The Trust continues to make major investment in local services. In 2009/10 it invested £26m as part of its 5 year programme to improve hospital facilities at both Maidstone and Tunbridge Wells.

Valuation of land and Buildings

In 2009/10 the Trust had its Land, Buildings and Dwellings assets revalued on a Modern Equivalent Assets (MEA) basis in accordance with International Financial Reporting Standards (IFRS). This resulted in a net impairment to the estate value of £27m, £14.6m of which impacted on the income and expenditure position as a technical adjustment, the remaining impact was covered by revaluation reserve.

Management Costs

The Trust's Management Costs for the year were £12.3m compared to £12.2m in 2008/09.

Counter Fraud

The Trust Board is committed to maintaining high standards of honesty, openness and integrity within the organisation. It is committed to the elimination of fraud within the Trust, and to the rigorous investigation of any suspicions of fraud or corruption that arise. The Trust has procedures in place that reduce the likelihood of fraud occurring. These include Standing Orders, Standing Financial Instructions, a system of authorised signatories, the development of documented procedures, procurement procedures, Standards of Business Conduct, disclosure checks and the NHS Code of Conduct for Managers.

The Trust revised its Counter Fraud Policy in November 2009 and is continuing to support the development of an open and transparent anti fraud policy.

Accounting Issues

The accounts were prepared in accordance with guidance issued by the Department of Health and in line with **International Financial Reporting Standards ('IFRS')**.

The accounts were prepared under the "Going Concern" concept.

Other Key Issues

Constitution of The Audit Committee

The Audit & Governance Committee is constituted by the Board as a Non-Executive Committee of the Board. The Committee has no executive powers.

The Committee members are appointed by the Trust Board from amongst the Non-Executive Directors of the Trust and consists of not less than three members. All non-executive Directors are deemed to be full members of the Committee when in attendance at meetings.

The Chairman of the Trust is not a member of the Committee.

Denise Harker was Chair of the Committee from April 2008 to December 2009. Kevin Tallett was appointed Acting Chair in January 2010.

The following individuals routinely attend meetings of the Committee:

Director of Finance
Deputy Director of Finance
Head of Quality & Governance
Internal Audit Manager and other appropriate representatives
District Auditor and other appropriate representatives
Local Counter Fraud Specialist

The Chief Executive is invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Statement on Internal Control. Other Executive Directors are invited to attend when the Committee is discussing areas of risk or assurance that are the responsibility of that Director and it is felt that their attendance is necessary to fully understand or address the issues.

External Auditors

The Trust's External Auditors are the Audit Commission; their charge for the year was £229,000.

FINANCIAL OUTLOOK FOR 2010/11 AND BEYOND

Over the next two years the Trust will complete the new hospital at Pembury, have moved from three sites to two and have largely completed a major capital programme, including the relocation of key services and a major refurbishment of Maidstone Hospital.

The Trust's outline improvement programme plan for 2010/11 and beyond indicates, in broad terms, that further opportunities exist in efficiency improvements and cost reductions to deliver financial improvements of around 5% per year. Although challenging, this should be achievable through continued focus on key performance indicators and continued improvement in efficiency and productivity.

However, the Trust notes with concern that this will be insufficient to address the likely scale of the financial challenges, which could be faced by the Trust over the next 3 years:

- real rate reduction in tariffs of 4% to 5% per year as a result of the squeeze on public sector expenditure
- the completion of the new hospital in 2010/11 which will increase recurring Trust costs by £28m (10%) and generate non-recurring costs of £15m over the next two years
- Kent and Medway PCTs' commissioning intentions which may reduce income by £10m (5%) in 2010/11 followed by similar reductions in the following two years.
- commissioners stated intention to significantly reduce local tariffs for radiotherapy activity and chemotherapy activity

The Board remain absolutely committed, especially given the recent history of the organisation, to maintaining the highest standards of patient quality, safety and care. They will not approve any action which compromises the improvements achieved over the last two years.

Although further financial savings through efficiency and productivity improvements may be achievable, the scale of these financial challenges indicates that more radical solutions across the local health community are required to sustain financial viability. The Trust will continue to work towards additional savings to mitigate the financial impact but other approaches will and are being explored. These include:

- Service development and repatriation of healthcare services primarily from London hospitals
- Vertical integration with local community services
- Strategic alliances with other acute providers
- Acquisition and exploitation of the independent Mid Kent Treatment Centre, located in The Maidstone Hospital when the current contract expires in 2012
- Development of Private Patient services in the new Pembury hospital, independently or in partnership with the private sector
- Commercial sponsorship deals linked to the new hospital

In addition, the Trust intends to submit a case to the South East Coast Strategic Investment fund for funding to support the non-recurring costs associated with completion of the new hospital at Pembury in 2010/11 and 2011/12, (£6.2m and £8.9m respectively).

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The Directors are required under the National Health Service Act 2006 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, recognised gains and losses and cash flows for the year. In preparing those accounts, 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 requirements 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

7 June 2010 Date

Chief Executive

7 June 2010 Date

Finance Director

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

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the Trust
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place; and
- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs, as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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.

Signed

Chief Executive

Date 7 June 2010

SUMMARISED STATEMENT ON INTERNAL CONTROL 2009/10

1.Scope of responsibility

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.

2.The purpose of the system of internal control

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 has been in place in Maidstone & Tunbridge Wells NHS Trust for the year ended 31 March 2010 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

The Board has adopted and the Trust is committed to an integrated Risk Management Policy and Strategy, covering both clinical and non-clinical activities, which supports the Trust in meeting its business objectives. The strategy defines the accountabilities and responsibilities for risk management throughout the organisation and requires managers at all levels to comply with the standards of corporate and clinical governance. The strategy is reviewed annually and was assessed in December 2009, as part of the NHSLA Risk Management Standards, and found to be compliant and fit for purpose. The strategy was approved by the Board in February 2009 and again in January 2010.

There are many types and sources of risk throughout the Trust and these are managed through a committee structure that is embedded within the organisation to enhance reporting lines, monitor and escalate risks and ensure all types of risks are managed effectively. These committees are ultimately accountable to the Board. The structure has been reviewed by the internal auditors during the year and awarded significant assurance.

I, as Accountable officer, carry overall responsibility for risk management and governance, though the day to day responsibility

for the management of risk is delegated to individuals throughout the organisation. Responsibilities for specific areas of risk management have been delegated to Executive Directors and, through them to managers.

Trust staff are expected to be risk aware at all times and ensure that line managers are notified of hazards and risks that they see in the workplace.

4. The risk and control framework

Risk Management

Risk Management within the Trust is structured around the Trust's strategic objectives. All risks are identified, analysed and controlled in accordance with the Trust's Risk Assessment Policy and Guidance Documents.

The risk register identifies risk in a structured and co-ordinated way across the organisation. Risks held on the risk register inform the Assurance Framework and also inform the setting of budgets, capital and revenue expenditure, as well as the annual audit plans. The risks are also mapped against the Trust's corporate objectives. Risks are reviewed at least bimonthly and reported to the Quality & Safety Committee (overarching risk committee) and the Trust Board.

The Trust Board has adopted an Assurance Framework which provides assurance on the management of key strategic risks.

The Board has approved an Information Security Management Plan, which describes the Trust's intent to adopt policies and procedures in line with the guidelines and best practice as described in the Information Governance Toolkit and the Information Security Management: NHS Code of Practice.

The Trust has established a Patient Experience Committee and invited members of the public from the communities it serves to be members. The Trust also works proactively with groups and charities representing specific patient groups in identifying and mitigating specific risks.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

As an employer, with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with.

5. Review of effectiveness

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 and this year concluded that *"Significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk"*.

Significant Control Issues

The Trust has complied with 21 of the core standards for better health in 2009/10. Three standards have been declared as 'Not Met', but were compliant by the end of the year:

The Trust did not achieve the target for the number of incidents of MRSA, although achieved the target for much of the year. The target was particularly challenging in 2009/10 given it was based on the incidents reported in the previous year, which were very low. Infection control risk is included in the 2010/11 Assurance Framework and will be closely managed through the Quality and Safety Committee.

The Trust did not achieve against the cancer target for 62 day wait first definitive treatment and under achieved the cancer 2 week wait target for breast symptoms. A major factor was the late referrals received from other Trusts and the Trust is working with these organisations to address the issues. The Trust under achieved against the target for the % of patients spending 90% time in a stroke unit. Action plans have been developed for all these areas and the Trust performance management arrangements have been strengthened for 2010/11.

There was 5 Serious Untoward Incidents (SUIs) as a result of breaches of the principles of the Data Protection Act 1998. Each incident was robustly investigated and policies and procedures reviewed and amended to reduce the risk of similar incidents occurring in the future.

In line with the Health and Social Care Act 2009, the Trust has been registered without condition by the Care Quality Commission, effective from 1st April 2010.

With the exception of the internal control issues, that I have outlined in this statement, my review confirms that Maidstone & Tunbridge Wells NHS Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives and that those control issues are being addressed.

A copy of the full statement of Internal Control can be obtained by contacting my office at Trust Management, Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ, Telephone; 01622 729000.



Glenn Douglas
Chief Executive

Statement of Comprehensive Income

For the Year ended 31 March 2010

	2009/10 £000s	2008/09 £000s
Revenue from patient care activities	271,101	246,354
Other operating revenue	40,788	51,534
TOTAL REVENUE	311,889	297,888
Operating expenses	(320,904)	(289,177)
Operating surplus (deficit)	(9,015)	8,711
Finance costs:		
Investment revenue	24	473
Other gains and (losses)	(913)	(15)
Finance Costs	(56)	(37)
Surplus/(deficit) for the financial year	(9,960)	9,132
Public Dividend Capital – dividends payable	(7,117)	(9,163)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	(17,077)*	(31)

* The Trust achieved an overall surplus of £189k for the year ending 31 March 2010. The reported deficit of £17,077k, includes a technical adjustment of £17,266k relating to impairments from our Modern Equivalent Asset Valuation and a review of the Trust's long life, high value medical equipment.

Other Comprehensive Income

For the Year ended 31 March 2010

	2009/10 £000s	2008/09 £000s
Impairments and reversals	(26,339)	(21,050)
Gains on revaluations	12,923	823
Receipt of donated/government granted assets	887	174
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)	0	0
Net gains/(losses) on available for sale financial assets	0	0
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(564)	(461)
- On disposal of available for sale financial assets	(136)	0
Total comprehensive income for the year	(30,306)	(20,545)

Statement of Financial Position

As at the 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
Non-current assets:			
Property, plant and equipment	210,666	229,038	247,020
Intangible assets	1,290	2,269	472
Trade and other receivables	671	715	722
Total non-current assets	212,627	232,022	248,214
Current assets:			
Inventories	5,939	5,369	5,023
Trade and other receivables	16,205	17,229	26,806
Other current assets	0	0	0
Cash and cash equivalents	9,511	1,196	769
	31,655	23,794	32,598
Non-current assets held for sale	0	0	0
Total current assets	31,655	23,794	32,598
Total assets	244,282	255,816	280,812
Current liabilities:			
Trade and other payables	(30,767)	(24,314)	(26,172)
Other liabilities	0	0	0
DH Working capital loan	0	0	0
DH Capital loan	0	0	0
Provisions	(1,460)	(719)	(320)
Net current assets/(liabilities)	(572)	(1,239)	6,106
Total assets less current liabilities	212,055	230,783	254,320
Non-current liabilities:			
Borrowings	0	(129)	0
DH Working capital loan	0	0	0
DH Capital loan	(11,000)	0	0
Trade and other payables	0	(9)	0
Provisions	(4,635)	(4,134)	(2,943)
Other liabilities	0	0	(27)
Total assets employed	196,420	226,511	251,350
Financed by taxpayers' equity:			
Public dividend capital	168,238	168,023	172,317
Retained earnings	(41,338)	(21,700)	(21,936)
Revaluation reserve	66,627	77,196	97,700
Donated asset reserve	2,419	2,992	3,269
Government grant reserve	474	0	0
Total Taxpayers' Equity	196,420	226,511	251,350

The summarised financial statements were approved by the Board on 2nd June 2010 and signed on its behalf by:



Signed:

Date: 7 June 2010

Statement of Cash Flow

As at 31 March 2010

	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Operating surplus/(deficit)	(9,015)	8,711
Depreciation and amortisation	14,229	14,169
Impairments and reversals	17,266	532
Net foreign exchange gains/(losses)	0	0
Transfer from donated asset reserve	(564)	(461)
Transfer from government grant reserve	0	0
Interest paid	(9)	(18)
Dividends paid	(7,117)	(9,163)
(Increase)/decrease in inventories	(570)	(346)
(Increase)/decrease in trade and other receivables	1,068	9,584
(Increase)/decrease in other current assets	0	0
Increase/(decrease) in trade and other payables	1,392	1,456
Increase/(decrease) in other current liabilities	0	0
Increase/(decrease) in provisions	1,195	1,571
Net cash Inflow/(outflow) from operating activities	17,875	26,035
Cash flows from investing activities		
Interest received	24	473
(Payments) for property, plant and equipment	(21,015)	(20,977)
Proceeds from disposal of plant, property and equipment	0	3
(Payments) for intangible assets	(542)	(813)
Proceeds from disposal of intangible assets	0	0
(Payments) for investments with DH	0	0
(Payments) for other investments	0	0
Proceeds from disposal of investments with DH	0	0
Proceeds from disposal of other financial assets	0	0
Revenue rental income	0	0
Net cash inflow/(outflow) from investing activities	(21,533)	(21,314)
Net cash inflow/(outflow) before financing	(3,658)	4,721
Cash flows from financing activities		
Public dividend capital received	215	4,131
Public dividend capital repaid	0	(8,425)
Loans received from the DH	11,000	0
Other loans received	0	0
Loans repaid to the DH	0	0
Other loans repaid	0	0
Other capital receipts	887	0
Capital element of finance leases and PFI	(129)	0
Cash transferred to NHS Foundation Trusts	0	0
Net cash inflow/(outflow) from financing	11,973	(4,294)
Net increase/(decrease) in cash and cash equivalents	8,315	427
Cash (and) cash equivalents (and bank overdrafts) at the beginning of the financial year	1,196	769
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year	9,511	1,196

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

I have examined the summary financial statement for the year ended 31 March 2010 which comprises the Statement of Comprehensive Income, Statement of Financial Position and Statement of Cash Flows.

This report is made solely to the Board of Directors of Maidstone and 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 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of

any misstatements or material inconsistencies with the summary financial statement. The other information comprises only the unaudited part of the Remuneration Report and the View from the Finance Director.

I conducted my work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of my opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of Maidstone and Tunbridge Wells NHS Trust for the year ended 31 March 2010. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements on 10 June 2010 and the date of this statement.



A Mack
Engagement Lead. Audit Commission
16 South Park, Sevenoaks, Kent

REMUNERATION REPORT

In accordance, with Section 234b and Schedule 7a of the Companies Act, as required by NHS Bodies. This report includes details regarding "senior managers" remuneration. In the context of the NHS this defined as:

'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments.'

The Trust has established a Remuneration Committee to advise and assist the Board in meeting its responsibilities to ensure appropriate remuneration, allowances and terms of service for the Chief Executive and Directors and other key senior posts. Membership of the committee consists of Trust Chair and all Non-Executive Directors.

The Chief Executive and Directors remuneration is reviewed annually by the Remuneration Committee and decisions are based on market rates, national pay awards and performance. Reward is primarily through salary adjustment, although non-recurrent awards can be used to recognise exceptional achievements.

Pay rates for Non-Executive Directors of the Trust are determined in accordance with national guidelines. Remuneration for the Chair is set by the Independent Appointments Commission.

Salaries for other senior managers are determined in accordance with national pay arrangements.

The Directors are normally on permanent contracts and subject to a minimum of 3 months notice period; the Chief Executives notice period is 12 months. Contract, interim and seconded staff will all have termination clauses built into their letters of engagement, which will be broadly in line with the above.

Termination arrangements are applied in accordance with statutory regulations as modified by Trust or National NHS conditions of service agreements, and the NHS pension scheme. The remuneration Committee will agree any severance arrangements following appropriate approval from Strategic Health Authority and Treasury as appropriate

The figures included in the tables below show details of salaries, allowances, pension entitlements and any other remuneration of senior managers i.e. non recurrent awards etc.

Salary benefits of Senior Managers (Audited)

Salary	2009/10		Benefit in Kind		Salary	2008/09		Benefit in Kind
	Other Remun (bands of £5000)	£000s				Other Remun (bands of £5000)	£000s	
£000s			£00s		£000s			£00s

In Post at 31 March 2010

A Jones – Chairman	a	40 -45	-	-	10 -15	-	-
P Wynn-Owen – Non Executive Director	b	Waived	-	-	Waived	-	-
K Tallett – Non Executive Director	b	5 - 10	-	-	0 - 5	-	-
S Denton – Non Executive Director	b	5 – 10	-	-	5 -10	-	-
M Worrall – Non Executive Director	c	0 - 5	-	-	-	-	-
G Douglas - Chief Executive	b	190 - 195	-	77	190-195	-	34
N Luffingham – Chief Operating Officer	b/h	125 - 130	-	-	120 –125	-	7
P Turner – Finance Director	b	125 - 130	-	-	90 -95	-	-
F Panel-Coates – Nurse Director	b	105 -110	-	-	55 - 60	-	-
T Coode - Human Resources Director	b	90 - 95	-	-	90 – 95	-	-
P Sigston – Medical Director	d	0 - 5					

Left Post In Year

D Harker – Non Executive Director	e	0 - 5	-	-	0 - 5	-	-
F Sims – Corporate Development Director	f	70 - 75	-	-	85 - 90	-	1
J Lewis – Medical Director	g	105 - 110	-	-	95 - 100	-	-

The following Directors have been appointed to posts since the 31st March 2009

M Worrall – Non Executive Director	Perm
Beverley Evans	Non Executive Director
P Sigston – Medical Director	P/T

Note 1

Benefits in kind are recorded in hundreds of pounds, whereas other figures are recorded in thousands and relate to the non-cash benefit of a lease car.

Note 2 Date post held

- a** In post in 2008/09 as Non Executive Director until 31.12.08 and Chairman from 1.1.09
- b** Full Year
- c** From 1 July 2009
- d** From 15 March 2010
- e** To 31 December 2009
- f** On Secondment from 5.10.09 to 28.1.10. Left Trust 28.1.10
- g** To 12 March 2010 - not on payroll.
- h** Salary 2008/09 restated

Pension Entitlements of Senior Managers (Audited)

	Real Increase in pension and related lump sum at age 60 (bands of £2,500) £000s	Total accrued pension and related lump sum at age 60 at 31 March 2010 (bands of £5,000) £000s	Cash Equivalent Transfer Value at 31 March 2010 £000s	CETV at 31 March 2009 Note 2 £000s	Real increase In CETV Note 3 £000s	Employers Contributions to Stakeholder Pension (To nearest £100) £000s
Mr T Coode - Human Resources Director	5-7.5	30 - 35	165	131	34	0
Mr F. Sims - Director Modernisation, Strategic Development	5-7.5	90 - 95	437	389	48	0
Mr G Douglas – Chief Executive	12.5 - 15	255 - 260	1291	1120	171	0
Mr P Turner – Finance Director	10 - 12.5	110 - 115	670	562	108	0
Ms F Panel-Coates – Director Of Nursing & Patient Services	12.5 - 15	65 - 70	223	171	52	0
Ms N Luffingham – Chief Operating Officer	15 - 17.5	155 - 160	756	644	112	0

Note 1

As Non-Executive Directors do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Directors. Interim Directors will have their pension details recorded in their host organisations.

Please see accounting policy note 1.12 in full set of accounts for further details of the treatment of pension liabilities.

Note 2

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 disclosure applies. The CETV figures and 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.

Note 3

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.

How to contact us:

Maidstone Hospital

Hermitage Lane, Maidstone, Kent ME16 9QQ
Tel: 0845 155 1000

Kent & Sussex Hospital

Mount Ephraim, Tunbridge Wells, Kent TN4 8AT
Tel: 0845 155 1000

Pembury Hospital

Tonbridge Road, Pembury, Tunbridge Wells,
Kent TN2 4QJ
Tel: 0845 155 1000

This annual report is also available in large print and can be produced in different languages on request.

Your views are important to us. Please tell us what you thought about this Annual Report. Contact **darren.yates@nhs.net** or **paul.bryden@nhs.net**
Tel: **01622 226428/9**

This report is also available in large print and can be produced in different languages on request.