

your
trust

Maidstone and Tunbridge Wells **NHS**
NHS Trust



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.

The Trust Communications Team would like to thank all those staff and patients who kindly agreed to appear in this year's report.

Photography: Mr Matthew Reading

Design: PB Group Ltd

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annual report 07



in touch with your health



“My stay in hospital was made more bearable and far less stressful from the wonderful care and kindness I received.”

Mrs A Wilcox

“I cannot stress enough how fantastic the staff were. Our little boy went down to theatre without a care in the world.”

Mr and Mrs G Cattermole

About MTW

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 cancer services, through its cancer centre at Maidstone and unit at Kent & Canterbury Hospital, for the whole of Kent, Hastings and Rother, about 1.8 million people. We also provide ophthalmology services to the people of Medway.

Our Staff

We employ a team of approximately 4,000 whole time equivalent staff.

Our Hospitals

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

We also provide cancer services at Kent & Canterbury Hospital in Canterbury.

Our Values

Our values ensure we invest in and transform our services year on year.

Our aim is to:

- Provide safe quality services and experience for patients, staff and the public
- Deliver services which are efficient and productive
- Ensure the effective governance of the Trust and its services
- Ensure we are a model employer in the local community and within the NHS
- Deliver financial viability and sustainability

Executive Directors



Malcolm Stewart
Medical Director



Frank Sims
Corporate Development Director



Bernard Place
Nursing & Patient Services Director



Graham Goddard
Estates Development Director



Winston Weir
Finance Director
April 2006 - December 2006



Amy Page
Acting Operations Director
from September 2006
(previously Service Improvement Director)



Jim Hope
Acting Finance Director
from December 2006
(previously Corporate Recovery Director)



Morfydd Williams
ICT Director



Paul Grant
Interim Strategic Development Director
From January 2007



Terry Coode
HR Director
From September 2006

Non Executive Directors

Jonathan Paine

Aaron Cockell

Winston Taylor
-to April 2007

Simon Ingman
-from August 2006

Bruce Sheppy
-from September 2006

Gina Jennings

Ann Munro

-to May 2006

Dr Gillian Bullock
-to August 2006

Chairman and Chief Executive's Introduction



Welcome to our annual report for 2006/07 – a year in which we have begun to tackle a number of important issues and as a result, have seen improvements in our standards of patient care.

Thanks to the efforts of our staff, who worked tirelessly throughout the year, we saw 37,000 additional patients within national waiting time standards.

It was of great concern to the Board that we experienced a serious outbreak of Clostridium Difficile at Maidstone, which has been a focus of internal review and now investigation by the Healthcare Commission.

As part of our control procedures we raised our infection control measures to include 24 hour cleaning and focused on exceptional hand hygiene. We will continue to focus on prevention of infection in the forthcoming year and work to implement any recommendations emerging from the forthcoming investigation report.

We also made significant progress throughout the year, modernising our health services and providing patients with a better hospital experience. As a result more patients:

- Had a wider choice of more specialist services closer to home
- Spent less time in hospital
- Experienced improved recovery times
- Had higher quality health outcomes

The effect of these ongoing improvements in patient care can be seen in our mortality rates. The latest information from Dr Foster shows the Trust has had consistently low mortality between 2003 and 2006 – providing patients with the best outcomes in Kent. Indeed our mortality rates are now among the best in the South East.

Our latest plans to create new centres of excellence for emergency surgery, complex general and cancer surgery, and a specialist trauma centre, have been referred to the Secretary of State for review. We believe these changes will improve life saving care for patients, provide better health outcomes and clinical safety and enable us to improve day to day care.

Major Improvements in patient care will also take centre stage in our PFI development, which received Government approval in February. The Pembury PFI development is one of Europe's most exciting healthcare facilities with 100 per cent single rooms and some of the world's most modern patient safety features, when it opens in 2010.

The future is already with us in the shape of laparoscopic keyhole surgery. Many of our patients are now benefiting from the medical advantages of minimally invasive surgery, experiencing less post-operative pain, shorter stays in hospital and faster recovery times. These advances in medical care and the development of specialist centres are helping transform the way we treat patients locally.

We recognise that no Trust can stand still. In December we launched a clinically-led scheme to improve the effectiveness of our services. Our staff came up with over 130 ideas for improvement, many of which are being implemented in 2007/08.

Our staff made £17million in savings during 2006/07 and we have now saved £40 million in the last three years. Despite this, we were unable to breakeven for 2006/07 – the first time in three years that we have not done so. This is because we saw 37,000 additional patients, but our clinical income only rose marginally from £201.2m to £203.8m.

During 07/08 we will put more resources into our frontline services and continue to improve patient care and standards and bring waiting times down further.

This will be no easy achievement as we move towards treating patients within 18 weeks of them seeing a GP. We are convinced, however, that we have the staff to overcome the many challenges that lie ahead and will significantly improve the care patients receive.

Rose Gibb

James Lee

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

Non Executive Directors are appointed by the NHS Appointments Commission together with the Chairman for a four year term.

The Chief Executive is appointed by the Chairman and the Non-Executive Directors, usually with an external assessor of Chief Executive officer status.

The Directors of the Board are appointed by the Chief Executive with the Chairman, some Non Executives and an appropriate external assessor.

The Chief Executive and Directors are not appointed for specific terms. Contracts are usually determined by a period of three months' notice either way.

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

Full details of the senior management remuneration are given on pages 28 and 29. Details of compliance with practice code targets are given on page 20.

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

safe quality services

“The excellence of care we had from the nurses and doctors has been superb, not just for our son, but also the support and reassurance they gave us was priceless.”

Mrs J Beviere

Our performance

Thousands more patients benefited from hospital care at MTW last year thanks to the efforts of our staff.

While we continue to see and treat more patients year on year we are working hard to ensure that we continue to drive up our standards in areas such as patient safety and infection control, and to develop and modernise our services.

During 2006/07

- The Trust saw 437,454 patients
- 106,355 patients were treated in our A&E departments and 98 per cent were seen within four hours
- We saw 331,099 patients in our outpatient clinics and the vast majority of these were seen within the national 13 week waiting time
- 10,021 patients underwent planned surgery and 21,112 had day surgery within the national six month waiting time
- We met all two week, 31 and 62 day cancer targets from GP referral to surgery for patients with cancer or suspected cancer

In addition:

- We delivered 5,233 babies, 353 more than last year
- 38,226 patients had emergency surgery, 1,937 more than last year
- 31,694 patients missed their appointments, 1,435 more than last year
- We carried out 2,639,729 pathology tests
- 191,391 people had radiology examinations

The Trust is currently working towards the national 18 week target where 85 per cent of patients will need to be seen and treated within 18 weeks of referral from their GP from March 2008. By December 2008 all patients must be seen within 18 weeks.

Driving up cancer care

Patients are receiving faster and better cancer care according to an independent group of experts.

In November 2006 a team of external assessors visited the Kent Oncology Centre to review how we are providing cancer services to patients in Kent and beyond.

The review focussed on a wide range of services highlighting a number of areas of good clinical practices throughout the Trust, including patient involvement, clinical leadership and team working from clinical nurse specialists to radiology, pathology and pharmacy teams.

Over the coming year improvements to our cancer services continue, as patients will benefit from faster radiotherapy treatment with maximum waiting times falling from twelve to four weeks in 2007/08.

Supporting patients with heart failure

Patients with heart failure can expect to receive the very best in clinical care according to a review by independent healthcare watchdog, the Healthcare Commission this year.

2007/08 will see more investment in cardiac services as the Trust begins working on its second cardiac catheterisation laboratory at Maidstone Hospital. This complements the Trust's cath lab at the Kent & Sussex Hospital which is already treating in excess of 1,400 patients a year.

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Annual health check

It's not only our patients who get an MOT. Each year the Trust has its own health check to assess our performance and give patients an idea of how their local hospital services measure up against other hospitals across the country.

The annual health check looks at the issues most important to patients such as the safety of our hospitals, clinical effectiveness, infection rates and the quality of our food.

In 2005/2006 the Trust received a 'fair' rating for the quality of our services, a position we expect to maintain when we submit our information to the Healthcare Commission in May this year.

Highlights of this year's annual health check include:

- the quality of our food
- access to information
- strong reporting and investigating of incidents that may affect patient safety
- joint working with partners
- consultation with patients and the general public in service planning

Rose Gibb, Trust Chief Executive, said: "This year the Healthcare Commission raised the bar in terms of its quality standards to ensure that trusts nationally demonstrate continuous improvement. We have continued to meet and exceed standards in many areas thanks to the hard work and dedication of our staff.

"In addition, we have made millions of pounds worth of investment in our hospitals to ensure our patients receive the very best care in a modern healthcare environment.

"Our aim for 2007/08 is to continue to drive up standards and our investment in specialist services bringing treatment closer to people's homes."

There are several specific areas where we have identified the need for improvement to be able to meet the core standards in full which we are addressing in 2007/2008.

Until the opening of the new hospital in 2010, the Trust will not achieve fully the standards for patient privacy and dignity due to the physical environment of some of our older hospitals, specifically the old Nightingale ward layout at Kent & Sussex Hospital.

Where we can, we have made improvements by introducing segregated single sex toilets and washing facilities in areas at the Kent & Sussex Hospital, moving beds further apart from each other and taking out some beds from balcony areas, which has helped combat the spread of infection.

Our final scores will be published by the Healthcare Commission in October 2007. Trusts will be rated separately on meeting quality standards and financial targets later in 2007.



Consulting with you on future services

When you're fit and healthy, having an operation probably isn't the first thing on your mind – but as you'd expect, it's always on ours.

In October 2006 Maidstone and Tunbridge Wells NHS Trust launched a three month public consultation to improve standards of surgical and orthopaedic care, for patients now and in the future.

The consultation outlined plans developed by the Trust's surgical teams who, unable to meet improvements in national standards of care, had become increasingly concerned for the welfare of patients. The surgical teams found that:

- patients were not always being seen by a senior surgeon in an emergency
- pre-booked operations had to be cancelled when emergencies came in
- patients were more at risk of hospital acquired infections due to emergency and pre-booked patients being nursed on the same wards

Employing additional consultants would have left specialists with too few patients on each site to see, to maintain their skills and provide high standards of care with good health outcomes.

Their solution mirrored national and international improvements in care, through the creation of separate centres of excellence for general and emergency surgery and orthopaedic (trauma) operations.

This involved creating:

- A specialist centre for emergency surgery and orthopaedic (trauma) operations at Kent & Sussex Hospital
- A specialist centre for all pre-planned inpatient operations at Maidstone Hospital

The changes reduce the risk of cross-infection, help ensure patients are seen by senior surgeons in an emergency and stop pre-planned operations being cancelled due to emergencies. They also enable more surgeons to sub-specialise and become more skilled in their area of expertise.

Further improvements were made to the proposals following concerns from local GPs and hospital doctors. While around 5,000 patients a year will now be taken by ambulance in an emergency to Kent & Sussex Hospital or other hospitals other than Maidstone Hospital for their emergency surgery, Maidstone A&E will have consultants in A&E along with senior medical doctors who will continue to see around 55,000 of the 60,000 patients a year the A&E currently sees.

There were concerns expressed publicly during the consultation that lives would be put at risk by increased ambulance journeys. This was independently looked at and found not to be the case.

The changes were subsequently agreed by West Kent Primary Care Trust and await review by the Secretary of State.

Working with patients and the public

We are fortunate to have one of the most active public and patient involvement forums (PPI) in the county. Its aim is to help us continually drive up standards and ensure that we remain focussed on what is important to patients.

This year the forum carried out a number of patient surveys including FoodWatch looking at the standard of food we provide for patients and CareWatch looking into the measures we take to address privacy and dignity.

During 2006, the Forum also published its own report on the standards of hygiene and cleanliness at the Trust's hospitals, and concluded that: "The Trust has and continues to make determined efforts to improve standards of hygiene and cleanliness. New initiatives are being introduced which must be rigorously enforced to achieve lasting improvements."

Listening to you

This year we saw a 50 per cent reduction in the number of independent reviews into complaints as we continue to improve our internal investigative procedures.

In 2006/07 we received 735 formal complaints and our customer services team dealt with more than 400 informal enquiries and requests for help via telephone or email. From this there were only 26 requests for independent review, a 53 per cent reduction from the previous year. The Trust responded to all complaints within national target times.

There was one request made to the Ombudsman during the year relating to a complaint from 2003, which was upheld.

Thanks to patient feedback the Trust introduced a number of improvements to services during 2006/07 including:

- Following several complaints about fluid balance charts, the head nurse has been working with ward sisters on the importance of completed balance charts and has established a monthly audit of these on each ward to ensure that standards are improved.
- One specific complaint resulted in clarification of the Trust's policy regarding naso-gastric feeding tubes. Our guidelines have been updated to include an escalation policy for what happens if a naso-gastric tube fails to be passed after a given period of time.
- Following several complaints and patient involvement, certain patient information within the Women and Children directorate has been altered to offer better clarification and advice.



Planning for an emergency

From dealing with major local emergencies to responding to a fire in your local hospital, you can be reassured that in the event of an emergency, we have the plans in place to safeguard our patients' health and that of the local community.

The Trust is a category one responder within the Civil Contingencies Act and we work with all local responding authorities to ensure there is a multi-agency approach to emergency planning at local level.

This year we organised and carried out two emergency scenarios including the complete evacuation of a fully operational theatre department at Maidstone Hospital and a tabletop scenario involving the evacuation of Kent & Sussex Hospital due to the discovery of an unexploded World War II bomb.

The Trust also worked with the Health Protection Agency at Exercise Black Crocus designed to test mass treatment centre plans in the event of bioterrorism.

Workforce

"I was very impressed by the care and professionalism shown to me by both the medical and nursing staff. It is the quality and dedication of the nursing staff that makes a first class hospital."

Mrs P Page

Our staff are key to our success and development; the services we provide, the level of care we offer and the calibre of specialists that work for us. 2006 was a pivotal year in the Trust's development as we turned to staff for help in securing our long-term sustainability and financial stability. Making it Happen was launched at the beginning of 2007 to lead improvements in our services for patients.

A number of project groups were established to help influence the future shape of the Trust. Through clinical engagement from the top downwards, more than one hundred ideas have been explored or implemented to improve the working lives of staff resulting in improvements to services for patients.

The 2006 National Staff Survey highlighted two key areas of strength in our workforce focusing on the support staff obtain from colleagues and team working. This is reflected in the successful employee and team of the month scheme, which celebrates nominations of support from colleagues and teams right across the Trust. In addition to this more than 120 members of staff were honoured in the annual long service awards.

During the year all ward managers undertook a development programme to give them the additional skills and resources necessary to develop further improvements in their own ward environments.

Agenda for Change, the NHS national pay reform has now been implemented across the Trust, a process which has involved all staff. The Electronic Staff Record System was implemented during the year and the Trust is now working to realise the full benefits of the new workforce information and administration system. The Trust was accredited with Improving Working Lives Practice Plus Status in October 2005 and a staff led steering group continues to lead on this to ensure we make improvements for staff wherever possible.

Training and development

Our investment in staff development improves our clinical and non-clinical expertise to enable us to continually offer patients the highest standards of care. This year the Trust supported more than 220 nurses, midwives, allied health professionals, and scientific and technical staff through education, training and development. This was provided through our external and established partnerships with Canterbury Christchurch University College, Greenwich University, the University of Brighton and West Kent College. In addition, our in-house training team supported learning opportunities for staff in a variety of training courses including statutory and mandatory training, conflict resolution training, IT training, assertiveness skills and people management skills for supervisors.

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Jane Donn with one of her patients

Jane's Story

Jane Donn is a Clinical Nurse Specialist in acute pain. She has worked for the Trust for nine years.

Over the past few years legislative changes within the NHS has meant that nurses and pharmacists with Jane's experience are now able to qualify as fully independent prescribers. In February 2006 Jane began the non-medical prescribing course at master's level with Greenwich University at Medway.

This year Jane received notification of her registration as an independent prescriber from the Nursing and Midwifery Council. In March she returned to the university to collect her certificate and received the first ever Medway School of Pharmacy prize for achievement, after averaging a pass mark of 90 per cent for the course.

"Becoming an independent prescriber has transformed my pain management practice and undoubtedly improved the timelines in which my patients receive appropriate analgesia. I am now able to use my specialist skills, training and knowledge in a more patient centred way."

"I hope that I am a good example of how Clinical Nurse Specialists are seizing opportunities to change the way we deliver patient care in a difficult financial climate whilst maintaining and often improving standards of practice"

Jane Donn

Disability

During 2006 the Trust implemented and launched a new disability equality scheme, and holds the Jobcentre Plus 'Positive about Disabled People' symbol. The Trust has its own Access Group, which continues to meet on a regular basis.

Equality and Diversity

The Trust is proud to employ a diverse workforce. This is recognised in the Trust's Managing Diversity and Race Equality Schemes. The Trust employs a greater proportion of people over age 40-60 than the local population (2001 census).

The proportion of the workforce from ethnic minorities is four times greater than the proportion in the South East England economically active population (2001 census).

During the year, the Trust implemented new age discrimination legislation including rights for employees to work beyond normal retirement age if they wanted to.

Religion and belief training continued throughout the year attended by executives and senior managers across the Trust.



“Applying for the sponsorship scheme is the best thing I have ever done and I can’t wait to qualify. To become a staff nurse is my ultimate lifetime goal and I am eternally grateful to the Trust and all the staff who have supported me.”

Laura Gough considers herself to be very lucky – she is currently working hard towards her dream of becoming a staff nurse, thanks to the financial and on the job support she is receiving from the Maidstone and Tunbridge Wells Trust.

Laura’s desire to help and care for people started early on in her life. At the age of 18, she secured the role of Trainee Health Care Assistant on Mercer Ward at Maidstone Hospital, fulfilling the basic needs of patients such as assisting with personal hygiene, toileting needs, maintaining a healthy diet and, most importantly, listening to the patient’s needs. Four years later, she became a fully trained Health Care Assistant after completing an NVQ 2 in Nursing.

In 2005, with a new qualification under her belt and the encouragement of her colleagues, Laura applied for one of the highly sought after places on the Trust’s sponsorship secondment scheme. Each year, the Trust sponsors a number of nursing staff to undertake a three-year Adult Nursing Diploma by providing financial assistance for academic studies and by utilising its most precious resource, the knowledge and skills of its workforce, for on the job training.

Laura said: “I applied for the sponsorship after it was recommended to me by a friend. During the four years I had worked at the hospital, I had gained a lot of experience and following the completion of the NVQ 2, I felt academically ready to take the next step.

“I can clearly remember the day when I heard that I had been awarded a place - I felt fantastic and was extremely grateful to have been selected.”



Laura Gough

Efficient and Productive services

“A development which will have major significance for healthcare for generations to come.”

Andy Burnham, Health Minister

At Maidstone and Tunbridge Wells NHS Trust we are constantly striving to provide our patients with state-of-the-art healthcare, as well as investing in new services and people.

During 2006/07 we introduced many new services, supported by new developments and technology, which are transforming the way we care for patients.

A new era in healthcare for Kent

Plans for one of Europe’s most modern hospitals took a giant step closer this year as the Trust received Government backing for the new PFI development at Pembury.

Reflecting the very latest in hospital designs, the circa £225 million hospital boasts one hundred per cent single rooms designed to address key issues such as privacy, dignity and infection control.

The 512 bed hospital is being built in partnership with Equion Consortium, comprising international companies John Laing, Laing O’Rourke and Interserve.

With one hundred per cent single rooms (all with en-suite facilities) the hospital includes planned and emergency surgery, orthopaedics, Women and Children’s zone, day case theatres and outpatient services. Other key highlights include:

- patient safety and infection control procedures designed at the heart of clinical environments, e.g. rooms are designed to minimise slips, trips and falls.
- clinical processes designed around the patient such as separating planned and emergency processes, which reduces the risk of infection
- building design maximises its location with views over the surrounding landscape where possible

- Innovative Women and Children’s zone, including maternity and children’s services, which incorporates the current best practice in healthcare provision
- Separating the different flows of patients to address issues of patient privacy and dignity



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Improving services

Some of the highlights this year include:

- £1million on maintaining and improving the state of our hospitals for patients to address issues such as privacy and dignity, and generally improve the quality of the physical environment
- £7million pathology, microbiology and pharmacy build at Maidstone Hospital
- £2.5million Cardiac Catheterisation Laboratory at Kent & Sussex Hospital with a further £3.2million earmarked for a new facility at Maidstone over the coming year
- £1.3million towards the new haemato-oncology facility at Maidstone Hospital
- Two new radiotherapy machines worth in excess of £2million as part of the linear accelerator (linacs) replacement programme to treat cancer patients in Kent
- £300K towards a new urology investigation unit at Maidstone Hospital
- £260K medical devices library at Kent & Sussex Hospital
- £92K refurbishment and relocation of PALs as well as the League of Friends cafe and shop

We would also like to acknowledge the contribution made by the League of Friends, which this year totals more than £230K.

Investing in new services

Heart patients no longer have to travel great distances to benefit from cardiac treatment. But this wasn't always the case.

This year our new Cardiac Catheterisation Laboratory was officially opened by broadcaster, Gloria Hunniford, at Kent & Sussex Hospital. It's the first of two units to be developed at the Trust to treat patients with heart disease who previously had to endure long journeys to London for their treatment.

The unit will see around 1,400 patients with heart disease in its first year and will carry out procedures such as:

- Angiography – an x-ray examination of the heart to see if there is any narrowing or blockage and how the heart is functioning
- Implanting devices such as pacemakers
- Cardio version – using a mild electrical charge under anaesthetic to return the heart beat back to its normal rhythm
- Transoesophageal echocardiogram – a special test that uses sound waves and a computer to look at your beating heart

The service is run by six cardiologists and support staff and plans to offer patients coronary angioplasty, which is a therapeutic procedure for patients with coronary heart disease.

Plans are now underway for a unit at Maidstone Hospital that will open later in 2008.



Danny La Rue with staff in the new Urology Department which will see more than 200 patients a week.

New urology unit at Maidstone

Legendary entertainer, Danny La Rue, gave the Trust a helping hand in March 2006 when he opened our brand new urology investigation unit at Maidstone Hospital.

The unit is a one-stop-shop service which diagnoses and treats patients with diseases of the urinary tract as well as the male reproductive system including bladder problems, kidney stones, prostate problems and cancer of the prostate.

Improving Services through technology

Advances in technology over the coming years will mean further investment in services for patients and staff through easier, faster and more secure access to information, as well as improved infrastructures to support our clinical decisions and practices.

During the year the Trust started working towards delivery of the National Programme for IT under the Connecting for Health umbrella.

During 2006 the Trust also successfully implemented the new digital Picture Archiving and Communication System (PACS), making hard copies of X-rays and scans a thing of the past. Now all wards and departments have switched from X-ray films to digital images; enabling patients to receive a more efficient, speedier service with faster test results and diagnosis as well as significant cost savings and efficiencies for staff.

Environmental impact

From our biggest building developments to turning light switches off when we leave a room, the Trust endeavours to consider its environmental impact wherever possible.

This year we have been working alongside the Carbon Trust, the government body set up to provide funding for reducing carbon emissions, to change the way we use power at Maidstone Hospital.

The Trust has also been looking into the feasibility of a number of staff ideas including introducing a wind turbine on the Maidstone site and installing a bore hole.



Developing tomorrow's treatment today

Once again this year our research activity has grown and the Trust approved 76 new research trials, 20 per cent more than 2005/06. This year the Trust's orthopaedic team was the only team in the south east to win a first award for research for a randomised study into Carpal Tunnel Syndrome (median nerve damage). The team has been granted £20K to add a new component to the treatment of the syndrome to prove if it will aid the spread of pain relief.

The Trust's research and development team supports national trials, as well as the local research infrastructure and fosters partnerships with well-respected educational establishments. Its annual research conference attracts a variety of well-respected experts in their own fields, and highlights of the 2006 event included research and evidence on the topical subject of breast cancer drug, Herceptin, stem cell research and sentinel lymph node sampling.

The team works closely with the Kent and Medway Cancer Network in making cancer trials available to patients across Kent.

New NHS Treatment Centre opens at Maidstone Hospital

Ten thousand patients a year will benefit from the new Mid Kent NHS Treatment Centre that opened at Maidstone Hospital in November. A partnership between Maidstone Hospital, Weald Primary Care Trust, Maidstone and Tunbridge Wells NHS Trust and Partnership Health Group (PHG), the facility provides services for day case patients and some outpatient chemotherapy procedures.

Developing centres of excellence

In 2006/07 the Trust joined a handful of leading hospitals nationally to provide brachytherapy, a unique method of treating prostate cancer.

The first patients to receive this type of treatment were seen in October. Until then brachytherapy was not available in Kent.

Brachytherapy is a minimally invasive form of radiotherapy treatment whereby radiation is delivered directly to the prostate gland through the surgical insertion of radioactive seeds (usually 60 – 120 per patient) using ultrasound guidance. These seeds emit a low dose of radiotherapy over a long period of time and kill the tumour cells.

The treatment is carried out as a day case or overnight stay and takes just one to two hours under a light general anaesthetic.



John's story

John Knox was one of the first patients to receive brachytherapy at Maidstone Hospital in October 2006. He received the radiotherapy on a Wednesday, was discharged the following day and was back at work on Monday.

He said: "I did not want surgery but after discussing the options with my doctor, she said that the hospital would be starting a new treatment called brachytherapy. This appealed to me because it is less intrusive, you still get the same treatment, but it is more localised in targeting the cancer and does not affect other nearby organs when you receive the dose of radiotherapy.

"There was no pain at all and slight bruising where the needle was inserted into the prostate, but you would not have known that you had received this treatment unless someone had told you.

"Brachytherapy came along at the right time for me and it is definitely the way to go. If Maidstone had not offered this 10 minutes down the road from where I live I would have had to have gone to Guildford in Surrey."

“It is less invasive than other types of treatment, and patient discomfort and recovery time is greatly reduced. It enables the Urology and Oncology Departments at Maidstone Hospital to offer the most modern forms of treatments, which also include surgery and conventional radiotherapy aiming to cure early prostate cancer”

Dr Sharon Beesley



Our clinical expertise

We are now leading the way in Kent in keyhole surgery as we develop the very latest and most up-to-date care possible for patients.

Our surgeons provided countywide care in 2006/07 in keyhole, laparoscopic, procedures for a number of major gastro-intestinal illnesses.

Consultant Gastro-Intestinal Surgeon Amir Nisar said: "We have taken things one step further and are one of a handful of centres in the country, and the only one in the south east, to offer keyhole surgery for general surgical procedures and for a range of gastro-intestinal conditions."

Under laparoscopic procedures, surgeons make a small incision into the patient's body, which means the recovery time of the patient is much quicker and less time is spent in hospital.

Mr Nisar continued "In non-laparoscopic procedures a patient would not be able to return to work until four to six weeks of undergoing the operation. Whereas with keyhole surgery the patient can be back at work in one week to 10 days."

"The quick intervention by the medical and nursing staff saved my husband's life. A&E staff were courteous, kind and very professional. We found the hospital's level of cleanliness in all areas exceptional. Infection control awareness and protocol was considered by staff to be a priority."

Mrs B Acutt

Groundbreaking surgery shapes the future of women's health in Kent

Women in Kent are benefiting from pioneering keyhole surgery into the treatment of a variety of gynaecological cancers and other complex surgery.

The specialist team at Maidstone and Tunbridge Wells NHS Trust, led by Consultant Gynaecologist's Mr Andreas Papadopoulos and Mr Omer Devaja, is the only centre in the south east using the latest technology to diagnose different types of gynaecological cancers, including endometrial and ovarian disease.

Mr Papadopoulos said: "We're only one of a handful of centres across the country undertaking this type of work.

"By drawing upon the expertise of our specialist pathologists and using some of the latest equipment, we are able to find out the result of a biopsy while the patient is under anaesthetic, which means we can undertake the necessary procedure there and then.

"This is far less stressful and intrusive for our patients where they would have previously had to endure more than one operation before ascertaining the results."

Mr Devaja added: "We're really keen on minimal access surgery as the benefits to patients are endless. With this type of surgery patient recovery time is much quicker, and the procedure carries a lower risk of infection and post operative complications."

Effective Governance

"My recent surgery was flawless followed by Nursing Care of the highest quality, as for the hygiene, this was flawless."

J Matthews

Clinical governance is the framework in which we strive to maintain the highest standards of care for patients and ensure we achieve quality in everything we do. We have continued to make a number of improvements to our clinical practices under the umbrella of clinical governance.

Clinical audits

We have a wide programme of clinical audits each year where our nurses and clinicians review their practice against a set of national standards.

During the course of the year 159 audits were undertaken across the Trust. Audit results confirmed the high standard of care we provide to patients and 38 audits indicated some areas where improvements needed to be made.

- Patient information leaflets have been updated and improved incorporating additional information requests identified by patients.
- New protocols setting out procedures to manage patient care have been developed. For example anaesthetists have developed a protocol to monitor patient temperature during surgery and the availability of additional blankets. This will reduce the risk of patients developing hypothermia, as well as promote the recovery and healing process.
- Additional training sessions have been developed to further improve patient care.
- Oncology staff introduced signs for patients who are admitted for breast cancer surgery to alert staff not to use the affected limb, reducing the risk of patients developing swelling or lymphoedema following surgery to remove lymph nodes.

Interventional procedures

The Trust has a formal process for the introduction of new interventional procedures. This year we approved the introduction of:

- Urodynamic studies to test the function of the bladder
- Laparoscopic Radical Prostatectomy (removal of the prostate through keyhole surgery)
- Groshong lines insertion by nurses for intravenous delivery of blood, medicines or drugs
- Selective laser trabeculectomy used in the treatment of glaucoma
- Percutaneous Intradiscal electrothermal therapy (IDET) used in the treatment of chronic back pain

Investing in a pro-security culture

Patient and staff security was placed firmly at the top of our agenda this year with the appointment of a security specialist to manage the security of our patients, staff and hospitals.

Improvements this year have included:

- supporting staff in the reporting of incidents and as a result there has been a substantial increase in the number of security incidents reported, particularly incidents of violence and abuse
- advising on security measures for the new Pembury Hospital and other developments at Maidstone Hospital
- undertaking a number of crime reduction surveys with local managers to address physical security across our sites
- working with local partners to address issues of public disorder which affect the operational activity of our hospitals.

www.mtw.nhs.uk



How we're tackling infection

This year the Trust worked closely with the Healthcare Commission who are independently investigating our levels of C Diff following an outbreak at Maidstone Hospital during 2006. As a result we have already identified and implemented a number of actions. The final results of the investigation will be publicised during the latter part of 2007.

Here are just some of the things that we've introduced this year in tackling infection, much of which is down to direct feedback from you. We've improved:

Training, education and communication

- We have improved the quality and availability of our literature and patient information with more advice and guidance for patients, relatives, visitors and staff on stopping the spread of infection. This encourages patients to feel more empowered to challenge practices.
- We've introduced regular protected time for our link nurses to focus on infection control issues. This raises the profile of infection control procedures at ward level, empowering our link nurses to share information with colleagues as well as incorporate the latest guidance and information into their daily working practices.
- We've introduced regular training with a wide cross section of staff across the Trust from allied health professionals to nursing staff and doctors using light boxes to highlight the importance of correct hand washing procedures.
- We're routinely spot checking our staff on a weekly basis through hand hygiene compliance audits. These are carried out across our hospital sites on a rolling basis to audit and monitor good practices, as well as highlight and address any bad hand hygiene.

Awareness raising

- We've invested £20K in visual reminders that it's everyone's responsibility to adhere to good hygiene practices. This year the Trust introduced more than 400 signs across its three hospital sites in Maidstone, Pembury and Kent & Sussex Hospital. The signs which say, "where you see these signs stop and clean your hands," can be found at the entrances and exits to every ward and outpatient department.
- We've even plastered the front of one of our hospitals. The Trust has painted the front entrance to Maidstone Hospital as a reminder to everyone who enters the site to maintain good hygiene practices.



Investing in cleanliness

- We're now spending one million pounds more than we were three years ago on cleaning. Over the past year we have introduced 24/7 cleaning at both Maidstone and Kent & Sussex Hospital representing an additional investment of approximately £270,000.
- This year we started using the latest in high tech equipment to clean our hospitals including ride-on cleaning machines, which provide deeper and more effective cleaning, and can cover wider areas. We've also introduced new micro fibre mop heads, which are more effective against germs and bugs.

How you can help us

The Trust asks that patients, relatives and visitors adhere to the following good practices when visiting our hospitals:

- Thorough hand washing used in association with alcohol hand rub before entering and on leaving the wards (found on the wall at the ward entrance)
- Please only visit if absolutely necessary and adhere to visiting times
- Where possible, children should be left at home
- Please remove any non-essential property that isn't needed by the patient as this reduces the spread of infection
- Restrict numbers of visitors to two per bed and sit on chairs provided
- If you're concerned about any hygiene issues contact ward staff immediately

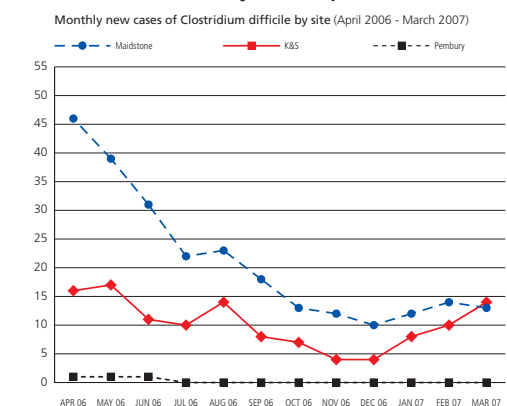
The Trust reports its C Diff and MRSA figures to the Department of Health on a regular basis. Through the year our C Diff and MRSA figures have shown a consistent reduction in levels at both Maidstone and Kent & Sussex Hospital thanks to a sustained focus to combat infection.

MRSA/C Diff figures

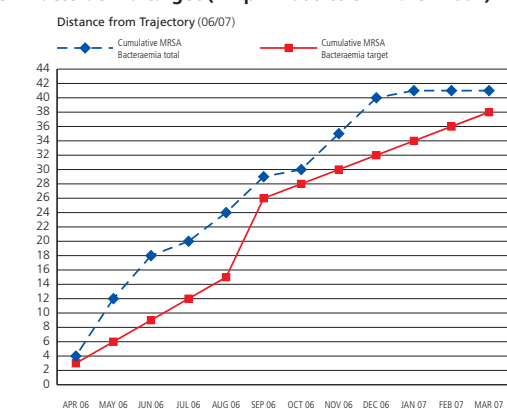
In October 2006 the Trust worked with the MRSA improvement team on recommendations for improvements in levels of the bacteraemia. Throughout the year there has also been a significant decrease in the number of patients the Trust is seeing with MRSA.

Nationally MRSA bacteraemia continues to challenge hospital trusts as the target rates continue to fall. This year the Trust did not meet its target by just three cases and will continue to put in place mechanisms to address this over the coming year.

Cases of Clostridium difficile by site (1 April 2006 to 31 March 2007)



MRSA Bacteraemia target (1 April 2006 to 31 March 2007)



Financial Overview

The Trust has reported a deficit of £4.9m in 2006/07 despite achieving the full savings target of £16.8m (unaudited) for the year. A number of new challenges have faced the Trust in the financial year including tighter commissioning resulting in the non-payment of overperformance, and the need to guarantee patient safety and quality whilst treating more patients in new ways. This has resulted in deterioration in the Trust's reported financial performance.

Throughout the financial year the Trust has suffered from the general difficulties with cash in the NHS which has affected its approach to NHS debtors and creditors. With respect to Non NHS creditors the Finance department has made payments without the need for material restrictions. This is demonstrated by the improvement in the performance against the Better Payment Code mentioned below.

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

1) Break-even duty

The Department of Health's announcement in March 2007 confirmed that the Resource Accounting rules (RAB) with the double deficit impact is to be discontinued. The Trust has, in accordance with Department of Health Guidance, reversed the impact of RAB on the cumulative deficit.

The original impact of the rules was that the £8.1m cumulative deficit in the Trust Accounts at 31 March 2003 was deducted from the Maidstone Weald PCT's resource limit in 2003/04. The PCT managed £4.1m of this and deducted the remaining £4m from the Trust's income. The £4.1m absorbed by the PCT effectively reduced the resources that would have otherwise been available to fund the Trust's identified cost pressures, including the additional cost of meeting access targets, by at least that value, which means that the Trust has suffered the full effect of the RAB deductions in 2003/04. The £8.968m deficit reported for financial year 2003/04 was deducted from Maidstone Weald PCT's resource limit and the Trust's income in 2004/05. The Trust's view is that this means that the Health Economy has repaid in full the Trust's deficits arising from 2001/02, 2002/03, 2003/04 and therefore, it should be credited for the funds withdrawn in earlier years.

The 2006/07 reported a deficit of £4.9m which with the cumulative deficit issue resolved, will be required to be addressed within the statutory 3 year breakeven period. This outturn was after the Trust delivered Financial Recovery measures of £16.8m (unaudited). The Trust intends to apply to the Department of Health for permission to apply the prior period adjustment relating to partially completed spells (£1.5m) to the 2006/07 deficit in respect of the cumulative breakeven duty.

The Trust's Financial Recovery Plan for 2007/08 includes a new savings programme of £10m to deliver break-even for the year. Also a Financial Strategy has been developed that anticipates the Trust will ensure break-even on a recurrent basis by the end of the financial year.

2) Capital Cost Absorbtion Duty

The Trust is required to absorb the cost of capital at a rate of 3.5% of average relevant net assets. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £7.4m, bears to the average relevant net assets of £223.8m that is 3.3%.

3) External Financing Limit Duty & Capital Resource Limit

This duty is a measure of the Trust's ability to manage the cash it receives. The External Financing Limit set by the NHS Executive for the year was £12.85m. The Trust achieved its duty to remain within the EFL as the actual was £12.82m.

The Trust also had a Capital Resource Limit target of £23.2m; the charge against this limit was £19.3m Of the underspend of £3.848m, it was agreed with the Strategic Health Authority that the Trust would underspend by £3.830m, which will be made available to the Trust in 2007/08.

4) Management Cost Target

The Trust's Management Costs for the year were £7,897,000 compared to £7,946,000 in 2005/06. The Trust has continued to reduce its Management Costs as a percentage of related income from 3.87% in 2003/04, 3.67% in 2004/05, 3.63% in 2005/06 and 3.5% in 2006/07.

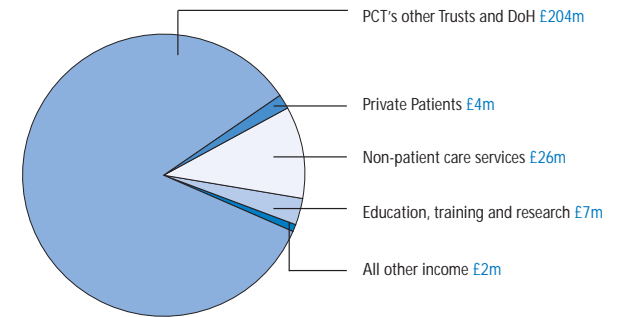
5) Better Payment Practice Code Target

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

	2006/07 Number	2006/07 £000	2005/06 Number	2005/06 £000
Total bills paid in the year	79,649	123,619	77,860	111,365
Total bills paid within target	62,465	98,378	48,006	79,813
Percentage of bills paid within target	78%	80%	62%	72%

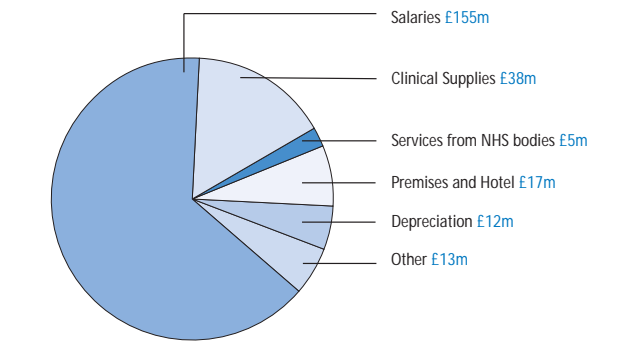
The financial year showed a significant improvement in both value and number of invoices paid within CBI target.

Income by source



The majority of the Trust's income, just above 80%, comes from the provision of direct patient care. However the Trust also receives income for staff education and for the provision of services to other NHS organisations in the locality.

Operating expenses by type



Staff are the key to delivering high quality healthcare to patients. The costs of staff for the year together with a breakdown of staffing by type can be seen in the table below. It should be noted that the staff fully moved to the new Agenda for Change payscales in 2006/07 and this has made comparisons by staff group to the previous year more complex.

Staff costs

	2006/07 £000	2005/06 £000
Salaries and wages	131,212	130,750
Social security costs	10,320	9,978
Employer contribution to NHSPA	14,001	13,535
Other pension costs	0	0
	155,533	154,263

Average number of persons employed

	2006/07 Number	2005/06 Number
Medical and dental	541	520
Ambulance staff	0	3
Administration and estates	1,126	1,191
Healthcare assistants and other support staff	821	696
Nursing, midwifery and health visiting staff	1,420	1,543
Nursing, midwifery and health visiting learners	0	0
Scientific, therapeutic and technical staff	598	571
Social care staff	0	0
Other	21	1
Total	4,527	4,525

Financial outlook for 2007/08

The Trust is gearing up to meet a higher level of demand in the new financial year to achieve the 18 week referral to treatment pathway. Reviews of Directorate plans to address capacity issues have been a key component of the business planning and budget setting process. These plans have been developed with the further aim of improving the safe and effective provision of care to ensure best possible clinical outcomes, which is a top priority for the Trust. This is the root cause driving the reconfiguration of surgical and orthopaedic services.

Although additional income will accompany the extra activity planned, the Trust is required to embark on a challenging Financial Recovery Plan (FRP) which targets savings of £10m for 2007/08. Key to delivering sustainable change in the Trust, a different approach has been applied to the processes of developing FRPs, setting budgets and formulating the detail to Service Level Agreements (SLAs) with PCTs. A far greater degree of clinical engagement has been undertaken than ever before to secure the best possible representation of clinical views in preparing the SLAs, to secure ownership of budgets at cost centre level by clinical leads and to see Directorate Clinical Management Teams work together to identify and deliver challenging FRP targets.

At every point in the development of the plan, patients have been at the heart of all considerations in terms of safety, clinical outcomes, access and the overall experience. Financial recovery has been focussed on productivity and efficiency and is being delivered through the development of an integrated cost improvement, savings and service change programme known as 'Making It Happen'.

Constitution of the Audit Committee

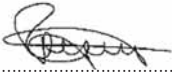
The Directors now forming the Audit Committee are Mr Aaron Cockell (Non-Executive Director and Committee Chairman), Mrs Gina Jennings (Non-Executive Director), Mr Jonathan Paine (Non-Executive Director), and Mr Bruce Sheppy (Non-Executive Director).

The Trust's External Audit services for the financial year 2006/07 were provided by Pricewaterhouse Cooper LLP, their charge for the year was £232,000.

Statement of the Chief Executive's responsibilities as the accountable officer of the Trust

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

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer, except for the responsibility to put in place arrangements to ensure that its spending matches its available resources.

19th June 2007..........Chief Executive

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 of the trust for that period. In preparing those accounts, the directors are required to:

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

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction 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

19th June 2007.....Chief Executive

19th June 2007.....Finance Director

Statement on internal control 2006/07

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.

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

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 is based on an ongoing process designed to:

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

The system of internal control has been in place in Maidstone & Tunbridge Wells NHS Trust for the year ended 31 March 2007 and up to the date of approval of the annual report and accounts.

3. Capacity to handle risk

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

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

4. The risk and control framework

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

- To provide high quality safe, clinically effective local services.
- To be the centre locally and beyond, for tertiary cancer services and a range of specialist services e.g. cardiology, pain services, ophthalmology.
- To promote a high quality corporate identity fostering pride in working for MTW.
- To recognise and reward innovation and best practice.
- To continually invest in and improve services.
- To integrate services between hospital sites within the trust or with partners where there is a benefit to patient care.
- To work closely and openly with partners, patients and the public.
- To increase knowledge through research, training and practical learning.
- To make the best use of resources, and make the most of every pound we spend.
- To perform in the top 10% of hospitals in England.

Risk assessors, co-ordinators and leads have been identified to review risks in each of the Clinical and Corporate Directorates. Contingency plans are also recorded on the risk register.

All risks are scored using a 5 X 5 framework assessing impact and likelihood, the result of which inform the Assurance Framework. The results are also used to inform the setting of budgets, capital and revenue, as well as the annual audit plans in 2006/07.

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

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

The top ten risks and plans/progress in mitigating these risks are reported to the Board and the Audit Committee on a regular basis. Training has been set up for the Board Members and Senior Managers to ensure risks are effectively identified and dealt with in accordance with best practice.

The Assurance Framework has identified a gap in control and assurance in the following area:

- Information Communication Technology – work is ongoing to improve the quality of information governance and this is been identified as a key priority for 2007/08.

Significant Control Issues

The following were identified as significant control issues within the assurance framework:

- Infection Control – much work has been undertaken during the year and this is being further strengthened in 2007/8.
- Clinical Care and Supervision – work continues to strengthen policies and procedures and ensure clinical care is evidenced as adhering to policies.
- Human Resources – the human resources directorate is being restructured to better meet the needs of the organisation. The staff appraisal system and development of personal development plans for all staff being fully embedded within the Trust.
- Patient Privacy & Dignity – although the Trust continues to mitigate the risks pertaining to Patient Privacy and Dignity. It will not achieve compliance with this core standard until the Private Finance Initiative Hospital is built at Pembury and commissioned in 2010.
- Ensuring the full implementation of the new integrated governance framework and key performance indicators in order to deliver the board assistance required; and
- Improving controls to ensure the delivery of the Annual Health Check Standards.
- Achievement of in-year break-even.

Achievement of in-year break-even

The outturn for 2006/07 has been achieved with the successful delivery of a financial recovery plan with income and expenditure measures totalling in excess of £16.8m (unaudited). However, due to issues pertaining to over-performance and non-payment of activity undertaken in relation to the Service Level Agreement, the Trust declared a deficit of £4.9m in the year 2006/07.

The Trust has sought greater clinical and staff engagement within financial management processes and believes that the measures taken will lead to tighter financial management within Directorates enabling the Trust to meet its obligations within the available funding and, in line with the Board approved financial strategy, create an in-year surplus to assist in the reduction of the accumulated deficit.

In mitigating these risks the Trust has continued progress aimed at embedding a culture of risk management within the Trust. This is being achieved through the Corporate Assurance Framework, training and the adoption of a system of integrated governance.

The Trust is developing a proactive risk culture, working on future risks so that it can develop a pre-emptive strategy rather than solely a reactive strategy. This will ensure risks are managed in a more integrated manner and more closely aligns with its strategic direction.

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. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with further assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the following:

- Annual Health Check
- Auditors Local Evaluation / Key Lines of Enquiry
- Clinical Governance Reports
- Clinical Audit Reports
- CNST Accreditation
- Complaints procedures
- External and Internal Audit Reports
- Foundation Trust Diagnostic
- Health & Safety Executive
- Peer Review Process
- Royal College Accreditation
- RPST Accreditation
- Strategic Health Authority Reviews
- Turnaround Assessment

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

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

A plan to address weaknesses and ensure continuous improvement of the system is in place.

6. Compliance with NHS Pension Scheme Regulations

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. This includes ensuring that deductions from salary, employer's contributions and payments in to the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Rose Gibb Chief Executive

Independent auditors' statement to the Directors of the Board of Maidstone and Tunbridge Wells NHS Trust

We have examined the summary financial statements for the year ended 31 March 2007 which comprise the Income and Expenditure Account, the Balance Sheet, the Statement of Total Recognised Gains and Losses, the Cashflow Statement and the related notes. We have also audited the information in the Trust's Remuneration Report that is described as having been audited.

This report, including the opinion, has been prepared for and only for the Board 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 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission. We do not, in giving this opinion, accept or assume responsibility for any other purpose or to any other person to whom this statement is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report, including the Remuneration Report. Our responsibility is to audit the part of the Remuneration Report to be audited and to report to you our opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. We also read the other information contained in the Annual Report and consider the implications for our statement if we become aware of any apparent misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our audit opinion on those financial statements and on the information in the Remuneration Report to be audited.

Opinion

In our opinion:

- the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

PricewaterhouseCoopers LLP Southwark Towers
32 London Bridge Street London SE1 9SY

25th June 2007

Summary financial statements

The following Summary Financial Statements do not contain sufficient information to allow as full an understanding of the results of the Trust and state of affairs of the Trust & of its policies and arrangements concerning Directors' remuneration as would be provided by the full Annual Accounts and Reports. Where more detailed information is required a copy of the full Annual Accounts are available, free of charge, from the Finance Director, Trust Management, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ Telephone 01622 729000.

Income and expenditure account for the year ended 31 March 2007

	2006/07	2005/06
	£000	£000
Income from activities	209,484	206,187
Other operating income	33,734	33,558
Operating expenses	(240,714)	(233,363)
OPERATING SURPLUS	2,504	6,382
Profit (loss) on disposal of fixed assets	(193)	289
SURPLUS BEFORE INTEREST	2,311	6,671
Interest receivable	236	230
Interest payable	00	
Other finance costs - unwinding of discount	(70)	(46)
Other finance costs - change in discount rate on provisions	(0)	(112)
SURPLUS FOR THE FINANCIAL YEAR	2,477	6,743
Public Dividend Capital dividends payable	(7,409)	(6,631)
RETAINED (DEFICIT) SURPLUS FOR THE YEAR	(4,932)	112

All income and expenditure is derived from continuing operations

Note to the income and expenditure account for the year ended 31 March 2006

	2006/07	2005/06
	£000	£000
Retained (deficit)/surplus for the year	(4,932)	112
Financial support included in retained surplus/ (deficit) for the year - NHS Bank	0	0
Financial support included in retained surplus/ (deficit) for the year - internally generated*	0	4,000
Retained (deficit)/surplus for the year excluding financial support	(4,932)	(3,888)

Financial support is income provided wholly to assist in managing the NHS Trust's financial position. Internally generated financial support is financial support received from within the local health economy, consisting of the area of responsibility of South East Coast Strategic Health Authority.

Balance sheet as at 31 March 2007

	31 March 2007	31 March 2006
	£000	£000
FIXED ASSETS		(Restated)
Intangible assets	605	426
Tangible assets	235,285	213,779
Investments	0	0
	235,890	214,205
CURRENT ASSETS		
Stocks and work in progress	3,778	3,845
Debtors	25,904*	22,942
Investments	0	0
Cash at bank and in hand	729	703
	30,411	27,490
CREDITORS: Amounts falling due within one year	(24,872)	(22,004)
NET CURRENT ASSETS (LIABILITIES)	5,539	5,486
TOTAL ASSETS LESS CURRENT LIABILITIES	241,429	219,691
CREDITORS: Amounts falling due after more than one year	(90)	(101)
PROVISIONS FOR LIABILITIES AND CHARGES	(2,075)	(2,118)
TOTAL ASSETS EMPLOYED	239,264	217,472
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	168,579	155,729
Revaluation reserve	84,079	71,328
Donated asset reserve	3,877	3,866
Income and expenditure reserve	(17,271)	(*13,451)
TOTAL TAXPAYERS EQUITY	239,264	217,472

* The 2005/06 Debtor balance and income and expenditure reserve have been restated to increase the reported figure due to the prior period adjustment amount of £1,584,000 in respect of partially completed spells.

The summarised financial statements were approved by the Board on 19th June 2007 and signed on its behalf by:

19th June 2007.....Chief Executive

Statement of total recognised gains and losses for the year ended 31 March 2007

	2006/07 £000	2005/06 £000
Surplus for the financial year before dividend payments	2,477	6,743
Fixed asset impairment losses	0	0
Unrealised surplus on fixed asset revaluation / indexation	14,044	4,639
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	228	404
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(398)	(463)
Total gains and losses recognised in the financial year	16,351	11,323
Prior period adjustment*	1,584	0
Total gains and losses recognised in the financial year	17,935	11,323

* Prior period adjustment is in relation to partially completed spells.

Cash flow statement for the year ended 31 March 2007 Operating Activities

	2006/07 £000	2005/06 £000
Net cash inflow from operating activities	13,847	13,470
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	236	230
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow from returns on investments and servicing of finance	236	230
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(19,376)	(18,247)
Receipts from sale of tangible fixed assets	206	1,912
(Payments) to acquire intangible assets	(328)	(15)
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash (outflow) from capital expenditure	(19,498)	(16,350)
DIVIDENDS PAID	(7,409)	(6,631)
Net cash (outflow) before management of liquid resources and financing	(12,824)	(9,281)
MANAGEMENT OF LIQUID RESOURCES		
(Purchase) of current asset investments	0	0
Sale of current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash (outflow) before financing	(12,824)	(9,281)
FINANCING		
Public dividend capital received	12,850	9,326
Public dividend capital repaid (not previously accrued)	0	0
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	0	0
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow from financing	12,850	9,326
Increase in cash	26	45

Remuneration Report

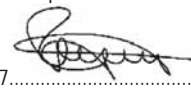
This report includes details regarding "senior managers" remuneration in accordance with Section 234b and Schedule 7a of the Companies Act. The disclosures in the report relating to named individuals can only be made with the prior consent of the individuals concerned. Where consent has been withheld this is indicated in the report.

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 determined on the basis of reports to the remuneration committee taking account of any independent evaluation of the post, national guidance on pay rates and market rates. Pay rates for other senior manager posts is determined in accordance with Agenda for Change job evaluations. Pay rates for the Chair and Non-Executive Directors of the Trust is determined in accordance with national guidance.

The Trust does not operate any system of performance related pay and no proportion of remuneration is dependant on performance conditions. The performance of Non-Executive Directors is appraised by the Chair. The performance of the Chief Executive is appraised by the Chair. The performance of Trust Executive Directors is appraised by the Chief Executive. Annual pay increases are implemented in accordance with national pay awards for all other NHS staff.

The Chief Executive and Directors are normally on permanent contracts and subject to a minimum of 3 months notice period, with the exception of the Chief Executive, whose notice period is 6 months. As at the 31st March 2007 the Finance Director, Strategic Development Director and the Chief Nurse post holders are interim appointments, the first two being a fixed term contract the latter an internal secondment. Termination arrangements are applied in accordance with statutory regulations as modified by national NHS conditions of service agreements (specified in Whitley Council/Agenda for Change), and the NHS pension scheme. Specific termination arrangements will vary according to age, length of service and salary levels. The Remuneration Committee will agree any severance arrangements.

Tables attached show details of salaries, allowances and any other remuneration and pension entitlements of senior managers. No significant awards have been made in the past to senior managers. No compensation is payable to former senior managers and no amounts included in the above are payable to third parties for the services of senior managers.

19th June 2007..........Chief Executive & Accounting Officer

Salary and pension entitlements of senior managers

A) Remuneration

Name and Title	2006 - 07			2005 - 06		
	Salary	Other	Benefits in	Salary	Other	Benefits in
	(Bands of £5000)	Remun. (Bands of £5000)	kind	(Bands of £5000)	Remun. (£500 band)	kind £00
	£000	£000	£	£000	£000	£
Mr J Lee - Chairman	20 -25	0	1,400	20 -25	0	2,100
Dr G Bullock - NED (To 31 August 2006)	0 - 5	0	500	5 -10	0	1,600
Mr A Cockell - NED	5 - 10	0	300	5 -10	0	700
Mr S Ingman - NED (From 30 August 2006)	0 - 5	0	0	0	0	0
Ms G Jennings - NED (From 1 June 2006	0 - 5	0	0	0	0	0
Miss A Munro - NED (To 14th May 2006)	0 - 5	0	0	5 - 10	0	0
Mr J Paine - NED	5 - 10	0	0	5 - 10	0	0
Mr B Sheppy - NED (From 1 September 2006)	0 - 5	0	0	0	0	0
MR W J Taylor - NED (To 15th April 2006)	0 - 5	0	400	5 - 10	0	300
Ms R Gibb - Chief Executive	140 - 150	0	5,000	140 - 150	0	5,000
Mr G Goddard - Director of Estates and Development	85 - 90	0	800	85 - 90	0	0
Mr T Coode - Director of Human Resources (from 18 September 2006)	45 - 50	0	0	0	0	0
Mr P Grant - Interim Strategic Development Director (from 29th January 2007) Seconded from South East Coast Ambulance NHS Trust*	Secondment	0	0	0	0	0
Mr J Hope - Corporate Recovery Director Acting Finance Director (From 10 January 2007)	90 - 95	0	9,800	0	0	0
Mr F Sims - Corporate Development Director	85 - 90	0	1,200	70 -75	0	900
Mrs A Page - Service Improvement Director	85 - 90	0	1,700	75 - 80	0	200
Mr B Place - Director of Nursing and Quality	90 - 95	0	4,400	75 - 80	0	1,100
Dr CM Stewart Medical Director	80 - 85	100 -105	0	40 - 45	0	0
Mr W Weir - Director of Finance and Deputy CEO (To 10 January 2007)	80 - 85	0	0	100 - 105	0	0
Ms J Williams - Operations Director (To 30 September 2006)	65 - 70	0	0	15 - 20	0	0
Ms M Williams - ICT Director	75 - 80	0	4,200	0	0	0

Note 1
Benefits in kind consist of Travel and Taxation thereon for Non-Executive Directors, Executive Directors and Senior Managers including Lease cars, travel and relocation costs. * There is no financial information included for Paul Grant as a seconded post fully funded by South East Coast Strategic Health Authority.

Salary and pension entitlements of senior managers

B) Pension Benefits

senior managers		2006 - 07		2005 - 06			
B) Pension Benefits		Real increase in pension and related lump sum at age 60	Total accrued pension and related lump sum at age 60 at 31 March 2007	Cash equivalent transfer value at 31 March 2007	Cash equivalent transfer value at 31 March 2006	Real Increase in cash equivalent transfer value	Employers contribution to stakeholder pension
Name and Title	(bands of £2,500)	(bands of £5,000)					To nearest £100
	£000	£000		£000	£000	£000	£100
Ms R Gibb - Chief Executive	10.0 - 12.5	145 - 150		507	456	51	0
Mr J Hope - Acting Finance Director	N/A	120 - 125		496	N/A	N/A	0
Dr CM Stewart - Medical Director	22.5 - 25.0	295 - 300		N/A	N/A	N/A	0
Mr B Place - Director of Nursing and Quality	5.0 - 7.5	85 - 90		342	307	35	0
Mr G Goddard - Director of Estates and Development	7.5 10.0	140 -145		572	526	46	0
Mr T Coode - Director of Human Resources	N/A	15 - 20		63	N/A	N/A	0
Mr P Grant - Interim Strategic Development Director*	N/A	N/A		N/A	N/A	N/A	N/A
Mr F Sims - Director Modernisation, Strategic Development	5.0 - 7.5	75 - 80		247	222	25	0
Mrs A Page - Service Director Emergency Care	7.5 - 10.0	110 - 115		375	332	43	0
Mr W Weir - Finance Director (to 10 January 2007)	0 - 2.5	40 - 45		117	97	20	0
Ms J Williams - Operations Director (to 10 January 2007)	0 - 2.5	50 - 55		152	144	8	0
Ms Morfydd Williams - ICT Director	N/A	55 - 60		172	N/A	N/A	0

* There is no financial information included for Paul Grant as a seconded post fully funded by South East Coast Strategic Health Authority.

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which 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.

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.