"We're improving radiology. Waiting times for CT, MRI, Ultrasound and Cardiac Stress tests have fallen from months to weeks. By December 2008 there will be a maximum two week wait."

Jo Glaysher,
Senior Radiographer

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, 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.

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.

"Staff are clearly passionate about nursing and healthcare and passionate about making MTW the Trust they want it to be. The frontline staff I spoke to are very enthusiastic about delivering really good services..."

Christine Beasley, Chief Nursing Officer of England, April 2008

Our Staff

We employ a team of approximately 4,100 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).

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

Our Values

- We keep the patient at the heart of all that we do
- We respect and value each other
- We will use resources wisely
- We work together as a team
- We strive to be excellent in all that we do
- We take every opportunity to enhance our reputation

Executive Directors

Board members

George Jenkins
Chairman
(from October 2007)

Glenn Douglas
Chief Executive
(from October 2007)

Nikki Luffingham
Chief Operating Officer
(From January 2008)

Paul Turner
Finance Director
(from July 2008)

Jim Lewis
Interim Medical Director
(From April 2008)

Flo Panel-Coates
Chief Nurse
(From August 2008)

Other Directors

Terry Coode, Human Resources Director; Frank Sims, Corporate Development Director; Graham Goddard, Pembury Hospital Director (Formerly Estates Development Director until August 2008); Morfydd Williams, ICT Programme Director (April 2007 to August 2008); Christina Edwards, Interim Chief Nurse (From December 2007 to August 2008); Jim Hope, Acting Finance Director (From April 2007 to July 2008); Sara Mumford, Director of Infection Prevention and Control (from November 2007).

Rose Gibb, Chief Executive (From April 2007 to October 2007); Paul Grant, Performance and Delivery Director (From April 2007 to June 2007); Matthew Kershaw, Chief Operating Officer (From October 2007 to January 2008); Amy Page, Chief Nurse (Previously Service Improvement Director) April 2007 to December 2007; Bernard Place, Design & Health Planning Director (Previously Director of Nursing & Quality) April 2007 to November 2007; Hilary Walker, Acting Operations Director (July 2007 to February 2008).

Non Executive Directors

Steve Tinton
Interim Non Executive Director (From November 2007 to June 2008)

Harshad Topiwala
Interim Non Executive Director (From November 2007 to May 2008)

Phil Wynn-Owen
Non Executive Director (From March 2008)

Tony Jones
Non Executive Director (From March 2008)

Sylvia Denton
Non Executive Director (From March 2008)

James Lee,
Chairman (From April 2007 to October 2007)

Simon Ingman
Non Executive Director (From April 2007 to October 2007)

Gina Jennings
Non Executive Director (From April 2007 to October 2007)

Jonathan Paine
Non Executive Director (From April 2007 to October 2007)

Bruce Sheppy
Non Executive Director (From April 2007 to October 2007)

Aaron Cockell
Non Executive Director (From April 2007 to October 2007)

Welcome to our annual report

The past year has been a time of intense public scrutiny for our Trust, with the need to face some harsh realities and make significant changes for the better.

The findings of the Healthcare Commission's investigation into outbreaks of Clostridium difficile in our hospitals between 2005 and 2006 had a profound effect on everyone who relied on the Trust to maintain the highest standards of care – from our patients and their relatives to the public and our staff.

We both came to the Trust to build a new management team following the report's publication in October 2007.

We cannot change the past, but we are ensuring the report marks a turning point in our future. Our team of over 4,000 healthcare professionals have worked tirelessly to achieve improvements in the quality of patient care and have clearly raised the bar on infection control, safeguarding patients against infection.

In the six months since the report's publication, leading up to the end of 2007/08, the Trust has seen a steady improvement in the standards of care our patients receive. This has been confirmed independently by the Healthcare Commission.

Infection control has been transformed with a thirty-five percent reduction in incidences of C.difficile and cases of MRSA have been halved. Our rates of hospital infection are now similar to or better than other similar sized trusts nationally and the care we provide the small numbers of patients we now see with C.difficile has been adopted as national best practice by the NHS.

The culture of the organisation is also changing rapidly. Our highly skilled and innovative staff have more autonomy now to make decisions and there is greater ward to board transparency.

In the second half of the year we also started to increase the number of healthcare professionals at the frontline of patient care. This will continue throughout 2008/09 with emphasis on our wards so that our doctors and nurses have more support to care for patients the best way they know how.

We are also continuing to invest heavily in new and innovative services. You will find many examples of service improvements in the annual report that both enhance fundamental areas of patient care and provide new and more specialist services for patients that were previously only available in London.

Developing more specialist medical wards with our doctors and nurses is another priority this year. We are also working with our surgeons to create centres of excellence for emergency and general surgery. These changes offer significant improvements for patients and will be carried out with close public involvement.

We have also started to lay strong foundations for a new and exciting era of healthcare with the development of one of the most modern hospitals in the country. Building work on the new Pembury Hospital started this year and the state-of-the-art facility will open in 2011.

Maidstone Hospital is also set to become an internationally recognised training centre for laparoscopic surgery. Our specialist keyhole surgeons are already carrying out minimally invasive operations that are not available anywhere else in the NHS and training senior surgeons from other hospitals in their techniques.

These developments and many others will give the public of Maidstone and Tunbridge Wells a truly world-class hospital service.

We also ended the year with a small financial surplus and started to see encouraging signs of improvement in patient waiting times. We have taken the view, however, that we did not perform consistently well enough throughout the entire year to make any significant change to our Annual Health Check rating. We have, therefore, submitted an overall score of weak to the Healthcare Commission for 2007/08.

Our ongoing challenges this year include ensuring all of our patients are treated within 18 weeks of a GP referral by December 2008. We must also continue to use our resources as wisely and effectively as possible, to deliver the highest and safest standards of care.

We will need to become more efficient to achieve this. The improvements in waiting times and standards of care achieved at the end of 2007/08, however, show this is achievable.

We must also help restore public confidence in our services by ensuring the care we provide patients continues to be of the highest standard. We will be working alongside our staff this year to help make that happen.

Our vision is to put patients at the centre of everything we do. Clearly that was not always the case before, but it is the case now and will be in the future.

George Jenkins
Chairman

Glenn Douglas
Chief Executive

Our performance

Tens of thousands of NHS patients benefited from local hospital treatment and specialist care during 2007/08.

The Trust met some important waiting time standards for patients during the year and excelled in the treatment of cancer.

It did not consistently achieve every national waiting time standard, however, and plans are in place to further improve local access to NHS services in 2008/09.

Further measures were taken to protect patients from hospital associated infections during 2007/08. These made our hospitals safer and resulted in a major reduction in cases of Clostridium difficile and MRSA. Many of these measures are now being shared nationally with the NHS to help reduce rates of infection in other hospitals.

The Trust is working closely with local Primary Care Trusts to provide patients with faster access to higher quality, safer services this year.

By December 2008 no patient will wait longer than 18 weeks for their hospital treatment to start following a GP referral. Incidences of Clostridium difficile will be reduced by a further 40% over the next three years and our low levels of MRSA will be further reduced with no avoidable cases by 2011.

Waiting time standards in 2007/08

Areas where the Trust met national waiting times standards

- 100% of patients started their first definitive treatment for cancer within 31 days of a GP referral against a national standard of 98%.
- 99% of patients completed their first definitive cancer treatment within 62 days of a GP referral against a national target of 95%
- 100% of patients with suspected cancer were seen by a cancer specialist within two weeks of GP referral against a national standard of 100%
- 99% of patients with possible heart problems attended rapid chest pain clinics within 12 days of a GP referral, exceeding the national standard of 98%.
- 99.98% of patients waited less than 13 weeks to see a hospital specialist for the first time, following a GP referral. This is less than the national standard of 0.03% and accounts for 15 patients out of 104,802 patients seen during 2007/08.

Case study – excellence in care

Waiting times for specialist cancer treatments improved markedly for patients.

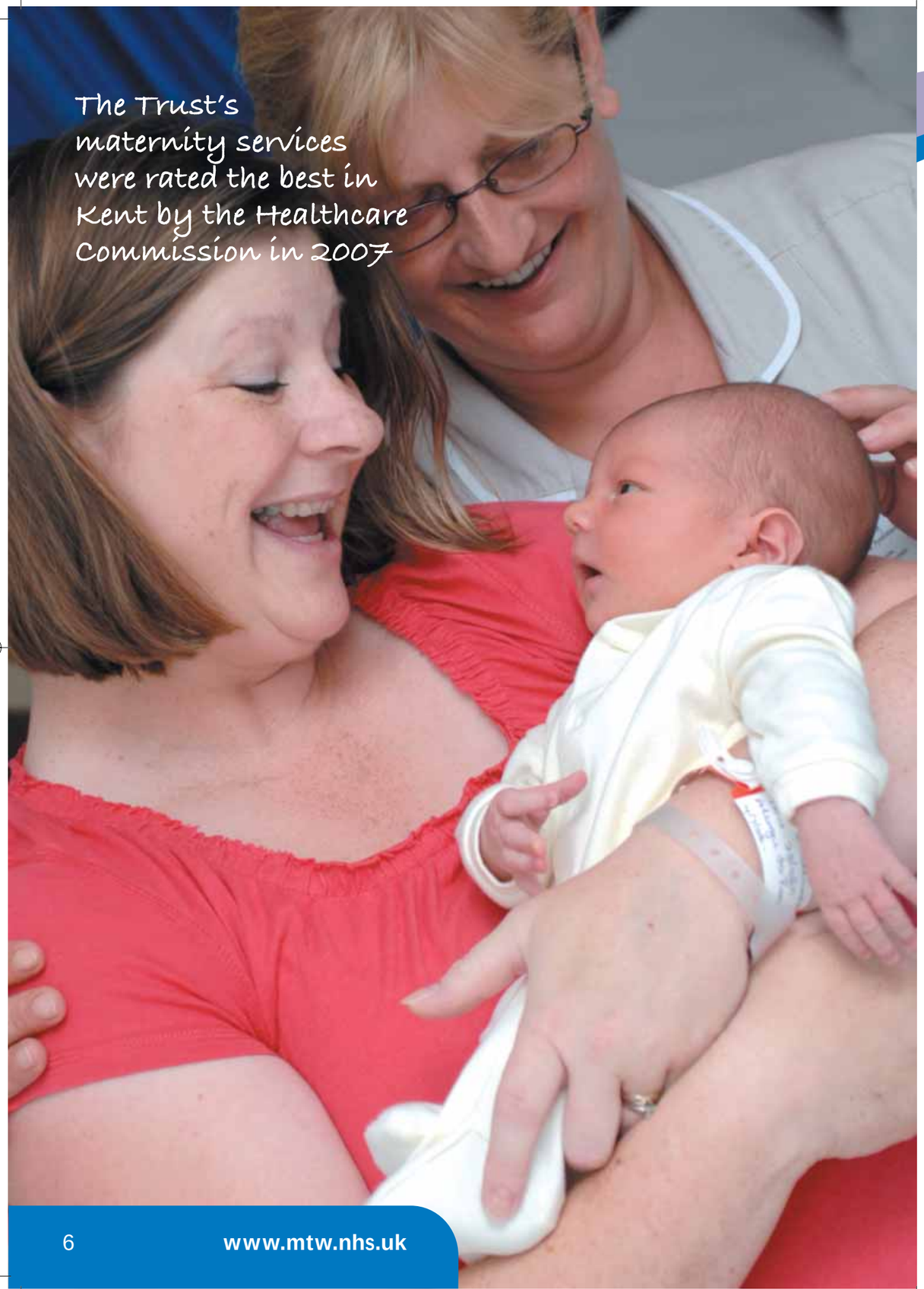
Following a £1 million investment in patient care, the Trust reduced the maximum waiting time for radiotherapy to four weeks for all cancer patients. Previously, breast cancer patients were waiting up to 15 weeks for radiotherapy following surgery and/or chemotherapy.

Patients start specialist treatment within days or a few weeks, if clinically necessary, where radiotherapy is their first definitive treatment.

Focus for improvement in 2008/09

- 92% of A&E patients were seen, treated, admitted or discharged in under four hours during 2007/08, compared to the national standard of 98%.
- The Trust cancelled 3% of pre-planned operations in 2007/08 against a target of 0.8%
- At the end of March 2008*, 63% of inpatients were waiting no longer than 18 weeks for treatment following GP referral against a nationally agreed standard of 85%.
- At the end of March 2008*, 70% of patients who needed treatment, which did not involve a hospital stay, waited no longer than 18 weeks to be seen, against a nationally agreed standard of 90%
- 5.5% of the Trust's total beds were taken up in 2007/08 by patients waiting to be discharged compared to the national standard of 3.5%

*This is a measured improvement from April 2007 when less than 30% of inpatients were waiting no longer than 18 weeks for their planned care and 20% of patients who needed treatment, which did not involve a hospital stay, were waiting no longer than 18 weeks to be seen.



Case study
Delayed transfer of care initiative

The Trust is working in partnership with local Primary Care Trusts, Social Services and local mental health trust in 2008/09 to reduce delayed transfers of care. This initiative will look at ways of reviewing the future care needs of patients on an ongoing basis while they are in hospital, so that a personalised package of care is always ready for them when they are discharged.

During 2007/08 the Trust saw:

- A total of 484,224 patients
- Treated 104,819 patients in it's A&E departments
- Gave specialist advice to 331,199 outpatients (including follow-ups)
- Carried out 10,865 planned operations, 20,258 day case procedures and 17,083 emergency operations
- Delivered 5,164 babies
- Had 31,578 missed appointments
- Carried out 2,806,048 pathology tests
- Took 195,730 radiology images

Independent reviews

The services we provide patients are independently and publicly reviewed by local and national organisations.

The reviews are used by the Trust to help develop action plans for shaping long-term improvements in patient care.

The Trust also has its own systems for monitoring the standard of it services.

These were heavily improved towards the end of 2007/08 to include daily, weekly and monthly monitoring of the quality, safety and standard of patient care. The information is presented at Trust Board meetings to ensure ward to board accountability.

Independent reviews of the Trust's hospital services during 2007/08 are publicly available.

In October 2007 the Healthcare Commission published a report into outbreaks of Clostridium difficile at the Trust during 2005/06.

The report highlighted serious concerns about the quality of care patients with C.difficile received at the time and made wide-ranging recommendations to improve infection control at the Trust.

A new board was appointed to the Trust following the report, including a new Chief Executive, Chairman and Director of Nursing.

The Trust's new leadership team apologised to patients and relatives following the report and put an action plan in place to address the Commission's recommendations. Relatives and patients were also offered the opportunity to go through individual aspects of care with the Trust or via independent means.

A team of inspectors from the Commission carried out checks to ensure improvements were being made and sustained in December 2007 and January 2008. Inspectors visited wards and spoke to staff.

The Commission reported that the Trust had made good progress on infection control and must maintain this improvement. Further checks will be made during 2008/09 and publicly reported.

The Healthcare Commission report and the Trust's action plan are available to view on the Trust's website **www.mtw.nhs.uk**

Levels of healthcare associated infections at the Trust in 2007/08 and actions taken to improve patient safety can be seen on pages 17 to 20 of this annual report.

Following the introduction of a new leadership team at the Trust in October 2007, ongoing action plans were developed to provide high quality, safe services that are also good value for money.

The Trust's performance against key standards in the Annual Health Check improved towards the end of 2007/08 as these plans started to take affect.

While the ongoing improvements in areas such as waiting times and infection control are unlikely to change the Trust's next rating in 2007/08, they will be reflected in future reviews.

Areas of good practice were highlighted in other national reviews during 2007/08.

The Trust's maternity services were rated the best in Kent by the Healthcare Commission in 2007.

A total of 91% of women rated the care they received during labour and birth as excellent, very good or good.

The Trust is looking to improve the experience women have after labour this year after 80% of women rated the care they received after birth as excellent, very good or good.

The Healthcare Commission's annual patient survey showed further areas of good practice and patient satisfaction last year.

Eighty-eight percent of patients surveyed at the Trust said the overall care they received was excellent, very good or good. The same patients said more could be done, however, to improve communication, privacy and dignity and waiting times.

The Trust repeated the patient survey in April 2008 as part of its own monitoring systems, focusing on privacy and dignity, food and nutrition and standards of hygiene.

Catering departments at Maidstone and Kent & Sussex hospitals both received hygiene awards from the environmental health departments at our local councils during 2007. They serve over 2,400 meals to patients and staff ever day.

The Trust also reports regularly to Kent County Council Health Overview and Scrutiny Committee and the health scrutiny committees of three borough councils on standards of patient care and service developments.

Maidstone and Tunbridge Wells Patient and Public Involvement Forum (PPI) inspected standards of care at the Trust throughout 2007/08 and reported regularly to the Trust Board.

PPI Forums were replaced by Local Involvement Networks (LINks) at the end of March 2008. The Trust will be working closely with members of its local LINk during 2008/09.

Listening to you

We are constantly trying to improve services to give every one of our patients the very best experience possible.

If patients do not receive the standards of care we would all expect to see our Customer Services Department will investigate any formal complaints.

The Trust had 733 complaints in 2007/08, compared to 735 the previous year.

We responded to just over half of these complaints within 25 days.

The Trust received 11 requests for independent reviews. Two were upheld and a decision is pending on four others.

The Trust is leading good practice in customer services in 2008 after being chosen to be an early implementer site for a new NHS complaints process. We are also placing far greater focus now on learning from complaints in order to improve our services and help raise standards of patient care.

Our PALS officers also helped over 3,000 people with a range of questions and enquiries during 2007/08.

Here are some of the changes we made through out PALS service to improve our services after listening to what patients had to say:

- We introduced a new process for admission of children for ophthalmology treatment at Pembury Hospital
- We stopped our automated appointment confirmation system following patient concerns about confidentiality
- We made improvements to our urology clinic appointment system to ensure patients were not waiting a long time for their appointments once in clinic
- Implemented training courses for staff to track patient notes and avoid delays for patients.
- Changed the wording on letters from the nuclear medicine department to ensure clarity for patients
- Made changes to one of our ophthalmology reception desks to prevent patients giving out their personal details in public
- Changed the chairs in one of our outpatient departments to make them safer.

Emergency Planning

Planning for major emergencies is all in a day's work for the Trust's emergency planning and resilience team. The team who cover the whole of West Kent work closely with emergency services, local authorities and other NHS organisations to ensure the local NHS is ready for a major emergency. Over the last year the trust led the way with a series of exercises with partner agencies in Tunbridge Wells which looked at evacuation following the discovery of an unexploded WWII bomb at the hospital. The exercises which took place with over 15 other agencies demonstrated the importance of working together with other services including the independent sector.

The team also provides training including training for key staff in management of chemical incidents and staff are being trained in the very latest chemical protection suits. Throughout West Kent a team of over 100 staff are available to deal with the effects of a chemical emergency. The same team also trains in radiation monitoring and decontamination. In addition over 100 managers also attended management of major incidents training.

Although the team work closely to ensure resilience of the NHS to deal with terrorism and transport accidents to name but a few they are also working hard to plan for an influenza pandemic which experts suggest could hit the country in the coming years.

There were a few firsts during the year as well. The team became the first in Kent to gain the new Diploma in Health Emergency Planning from the Royal Society for Health. In addition, new Mass Casualty packs are now pre deployed across West Kent in a strategy to ensure equipment is available at key locations.

Other improvements planned at Maidstone Hospital during 2008/09 include:

- Opening of a dedicated medical ward for cardiology linked to a Coronary Care Unit and new Cardiac Catheterisation Laboratory, providing seamless integration of specialist cardiology care with daily cardiology ward rounds.
- A dedicated medical ward for specialist respiratory and diabetes patients who have complex needs and benefit from dedicated specialist care.
- A dedicated specialist gastroenterology and rheumatology ward to provide high quality care to patients with specific specialist needs.
- A new dedicated stroke unit to provide specialist care for stroke patients.

These developments will help improve standards of patient care because:

- The specialist wards will have dedicated specialist staff on with related competencies and skills matched to the patients they are caring for.
- They help minimise the risk of cross infection by reducing staff and patient movement.
- They help increase efficiency with regards to patient care through more multi-disciplinary meetings, streamlined patient discharge and better team working.

Ward improvement works were also started in 2007 and continue into 2008 to improve the patient experience at Kent & Sussex Hospital.

As part of our Clinical Strategy a new surgical ward was opened at Kent & Sussex Hospital, the day unit was completely refurbished and a new 17-bedded orthopaedic ward was developed.

The hospital's pre-assessment unit was also moved and improved. This move also created space for two more CCU beds that will enable the Trust to carry out angioplasty at the hospital this year.

Clinical Strategy

The Trust continued to develop its Clinical Strategy with staff during 2007/08 to ensure the patients we see both now and in the future receive the highest and safest standards of care.

The Trust held a workshop for over 100 doctors, nurses, managers and other health workers in March this year to help shape and improve the future of its services. A follow-up event is being held in July to gain further staff input.

Plans to create centres of excellence for pre-planned and emergency surgery were agreed by the Secretary of State for Health, Alan Johnson, during 2007 following a detailed review by the Independent Reconfiguration Panel.

The IRP stated that the changes will provide local people with access to high quality, safe and sustainable services. Consultant-led A&E services will continue at both Maidstone and Kent & Sussex hospitals.

By the end of 2008/09:

- Patients who need emergency general surgery and emergency orthopaedic surgery will be treated at Kent & Sussex Hospital or their nearest emergency surgical centre.
- Patients who need pre-planned inpatient operations will be treated at Maidstone Hospital (planned orthopaedic operations will continue at both hospitals)

The changes will:

- Create a safe, modern trauma service covered by specialists 24 hours a day at Kent & Sussex Hospital
- Ensure patients requiring emergency surgery are seen sooner and by the right specialist
- Patients waiting for pre-booked operations will no longer have their operations cancelled due to an emergency
- Infection control will be further improved with unscreened emergency patients being separated from screened patients having pre-planned procedures.

Specialist medical wards are also being created at Maidstone Hospital during 2008 to achieve further excellence in patient care and minimise possible cross-infection.

Nursing Care

Friday might be seen as the traditional end to the working week, but at MTW it has an altogether different meaning.

The Trust's nursing budget was increased by £1.3 million in the second half of 2007/08 as part of a sea change in nursing care.

Physical and cultural changes included the start of an ongoing recruitment drive to employ more nurses, creation of additional matron posts, more support for our frontline staff, improved monitoring of patient care standards and greater ward to board accountability.

The Trust's Chief Nurse, assistant chief nurse and senior matrons now spend every Friday morning working alongside ward staff to experience working conditions and patient care standards firsthand.

Interim Chief Nurse Christina Edwards said: "One of our key priorities is to support staff, work together on changes that improve patient care and help drive them through.

"Our clinical Fridays are an important part of helping make that happen. We are also developing a new quality assurance framework so that our wards can measure patient care against key performance indicators and share best practice to improve patient care."

To improve the standard and quality of patient care further during 2008/09 the Trust is:

- Developing dedicated medical wards where patients with the same conditions can be nursed by staff with specific skills relating to their illness.
- Continuing to employ more nurses up to nationally recommended levels set by the Healthcare Commission
- Employing more Matrons to support specific areas of patient care. Two new Matrons are being appointed to oversee care of the elderly and a new Matron is being employed to support care of vulnerable adults.
- Starting the national Making Time to Care – Productive Ward programme on selected wards, to increase nursing time with patients.
- Running study days for nurses on care of the elderly, privacy and dignity, age discrimination, nutrition, reducing falls in hospital and care of patients with dementia.
- Developing a workforce plan for 2009/10 based on patient dependencies.
- Having dedicated HR business managers work alongside wards to improve staff support.

The Chief Nursing Officer of England toured Maidstone and Kent & Sussex Hospitals in April this year.

Christine Beasley, who is also the Department of Health's lead director for Reducing Health Associated Infections, praised staff for working hard to improve patient care.

"Staff are clearly passionate about nursing and healthcare and passionate about making MTW the Trust they want it to be," said Mrs Beasley.

She added: "The frontline staff I spoke to are very enthusiastic about delivering really good services. They are doing a fantastic job and are committed to making sure that people in Kent who use their hospitals have the best possible experience."

Mrs Beasley spent the day at Kent & Sussex and Maidstone hospitals visiting wards and talking to frontline staff. She told staff that quality and patient safety were at the centre of the NHS nationally, alongside care and compassion.

She added: "Money and activity matter, but high quality care for patients is really what it's all about and nurses are at the frontline in this."

Mrs Beasley was accompanied on her tour by the Trust's interim Chief Nurse, Christina Edwards and also met with Chief Executive Glenn Douglas.

Mrs Edwards said: "We were really grateful that the country's top nurse was able to spend the whole day with us and to see the improvements we are making."

The Trust has highly skilled and dedicated staff whose clinical expertise within the NHS is matched only by their willingness to help others less fortunate than themselves.

Many of our staff gave presentations to national and international conferences during 2007/08 on new clinical procedures they have developed.

Upper GI Consultant Amir Nisar and his team set up a unique national laparoscopic training course for surgeons to learn new techniques in minimally invasive surgery. Senior surgeons from Addenbrookes and other leading NHS hospitals attended the course to study techniques honed at our Trust.

Consultant Nurse Specialist in Ophthalmology Margaret Gurney presented her work to a national conference in Ireland.

Our diabetes specialists also shared their research at four national conferences during the year, bringing new thinking to the treatment of some rare diseases. These are but a few examples of the acclaimed work at MTW that is helping shape patient care nationally and internationally.

Mr Nisar (centre) and colleagues

The Trust's Haematology and Blood Transfusion Service Manager Jane Leftley and Transfusion Practitioner Angela Green invented a new blood labelling system that will help save patients' lives nationally

Members of our Colorectal Multidisciplinary team also had their work recognised at an international level at the World Congress in Gatrointestinal Cancer.

Our staff also went that extra mile to help others outside of their normal working day.

Midwife Adriana Perrera was part of a team from Kent that went to Ethiopia to teach midwives neonatal resuscitation techniques. Over 240 healthcare staff received training.

Husband and wife team Sue and John Willington help run a scheme for the homeless in Tunbridge Wells. Sue is a lead theatre system administrator at Kent & Sussex and John works for our patient transport department.

Clinical Nurse Educator at Kent & Sussex Hospital's ICU department Sophia Thomas also completed the London to Paris bike ride in aid of Breast Cancer Awareness.

Eye Specialist Carole Jones's efforts to improve patient care won her a South East Coast Innovations award in 2007. The Consultant Ophthalmologist invented new surgical instruments and devices to improve the assessment and treatment of certain eye problems.

The Trust's radiology general manager Lyn McKay was also chosen to help co-ordinate a national accreditation scheme for assessing standards of radiography and radiology care within the NHS.

The Trust honoured its staff at its annual employee and team of the year ceremony. Ward Sister at Kent & Sussex Hospital Joyce Swinchatt was employee of the year and the team of year went to the Trust's Service Improvement Team.

The Trust also celebrated more than 3,700 years of long service in 2007. We presented awards to 174 staff who had all clocked up between 15 and 30 years with us.

Our team of Diana Nurses met Prince William and Prince Harry at a special luncheon in celebration of Princess Diana's life. Our Diana nurses provide specialist nursing care to sick children and their families.

"We believe in quality. Education is about using your mind to pull the pieces together. It's about seeing how you can do your best for patients, reduce risk, use your knowledge to give greater clinical care and justify why you are doing it".

Andrew Southgate, Practice Placement Facilitator

Training and Development

The Trust doubled the number of training courses available to its staff during the year and saw an instant uptake. Staff attended over 1,000 courses covering key topics ranging from infection control and health and safety to conflict resolution and appraisal skills.

We also supported over 300 nurses, midwives, allied health professionals and scientific and technical staff to undertake accredited programmes of learning as part of their continuous professional development.

Ten senior nurses piloted a new online learning disability awareness course in partnership with the University of Greenwich. The course is being rolled out in 2008/09 so that staff are better equipped to care for people with a learning disability.

Providing the highest possible standards of care is good for our patients – and it's good for our students too.

There are up to 280 student nurses and midwives in training at the Trust each year from Canterbury Christ Church University.

The pre-registration students spend 20 weeks in hospital each year, for three years, learning the practical side of patient care.

Andrew Southgate, Practice Placement Facilitator, said: "We believe the quality of the learning environment students train in is reflective of the quality of care patients receive.

"The training and mentorship our students receive is high and meets clearly defined standards. Newly qualified students are keen to work for the trust after their training and we want them to work here."

Mr Southgate said student training was just as beneficial for staff who need to ensure their own skills are up-to-date and modern.
Mr Southgate added: "Our students are hungry to learn from the specialist knowledge our staff have.

"We believe in quality. Education is about using your mind to pull the pieces together. It's about seeing how you can do your best for patients, reduce risk, use your knowledge to give greater clinical care and justify why you are doing it."

The Trust sponsors 12 students a year through their three-year course. Many of these places are taken up by the Trust's Clinical Support Workers who want to train as registered nurses.

The Trust runs study days for its students. These can be tailor-made to meet the Trust's policies and procedures or to the needs of its students.. It arranged a study day on wound care in 2007, presented by one of its specialist nurses, following a request from students.

The Trust also shares its best practise in training and development and learns from others. It is a member of the Local Health Community Education Commissioning Partnership and shares ideas and new training initiatives that lead to more highly trained staff and improved patient care.

Our Clinical Support Workers (CSW) play a fundamental role in the care and recovery of our patients.

The Trust has NVQ training centre status. We train all of our CSWs to Level 2 standard in Health and Social Care, or higher.

The Trust introduced study days for its CSWs in September 2007 to further support staff and enhance their knowledge and skills in key areas of patient care such as nutrition, continence and privacy and dignity. The training also covered caring for patients with pressure areas and monitoring the patient's condition.

A total of 130 CSWs attended study days between September and March 31 2008. The Trust's Training and Development team are working with wards to measure improvements and plan further programmes.

Elaine Cheney, CSW training co-ordinator, said: "Clinical Support Workers play a big part in the care our patients receive – from helping them with their personal hygiene needs to helping them eat and drink – and are a vital part of the team.

"Feedback from the study days has been positive. The study days help to ensure our Clinical Support Workers feel supported and valued. We are seeing improved confidence and skills in key areas."

Mrs Cheney added: "Training is so important. As a patient you want to be looked after by a healthcare professional with up-to-date knowledge and skills that are based on research and evidence, not by someone who hasn't done any training in 10 years."

The Trust also provides work experience placements for students from the Nuffield Foundation who are training to be tomorrow's young scientists and medical staff.

Disability

The Trust has a 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.

In accordance with the Trust policy of Employing People with Disability, the Trust welcomes applications for employment from disabled people. The Trust is also committed to retaining the employment of staff that become disabled and will take the advice of occupational health services and specialist disability organisations to identify the aids and adaptations to work requirements and work environment that will make this possible. Similarly opportunities for training, development and career progression are open to all staff irrespective of disability.

In July 2008 the Trust will launch a Disability Action Group and this will provide advice to the Trust in the future development of policies and practices that support disabled people in employment.

Service Improvement Scheme

Staff working in all areas of the trust were involved in clinically-led service improvement schemes during the year.

Further staff-led improvement schemes are being developed during 2008/09 to help deliver safe, sustainable services. The Trust will ensure schemes benefit patients, improve clinical standards and provide value for money.

In 2006/07 12% of bed days were taken up by patients waiting in hospital for pre-booked operations. We reduced this figure to 9% in 2007/08 by admitting more patients into hospital on the day of their operation. Fewer patients now spend time needlessly in hospital when they can be at home. This also freed up 800 extra bed days which are now put to better use treating other patients.

Other smaller, but equally important schemes, have helped improve disabled access to the Trust's hospitals and improved car parking for patients and staff.

Staff Survey

The Trust is running staff focus groups during 2008/09 to help improve the working lives of our team of over 4,000 healthcare professionals.

The groups' goal is to look in detail at the feedback we received from our latest annual Staff Survey and help turn the views of our staff into actions that lead to improvements in the workplace.

Our staff said in the annual survey that we do particularly well in areas such as staff performance reviews, effective training and personal development plans. We also had a low rate of work related injury.

Our staff want us to give them more support this year around work pressures, relatively high levels of abuse from patients and improving their work life balance.

Communicating with our staff

The Trust believes in open and honest communications with staff and their representatives as well as in engaging staff in issues relating to the performance and development of the Trust.

Regular formal and informal meetings are held with staff representatives and such representatives are engaged in review meetings and development projects. During 2007/8 the Trust entered into a Partnership agreement with the recognised Trade Unions and freely shares information about quality of service and financial performance.

Great importance is placed in communication to and the engagement of Trust staff. Weekly briefings from the Chief Executive feature in a range of communication arrangements that also includes regular "walks and talks" by Directors of the Trust. In addition managers and staff will be directly consulted with, for example, changes to policy, or the development of strategy to ensure that staff are engaged and that issues are properly understood and informed.

Healthy staff, healthy patients

Our Occupational Health team helped improve the wellbeing of our staff with a programme of visits to wards and departments. The visits gave staff a chance to discuss any concerns and ask for advice on risk assessment or Trust policies.

Other initiatives included the launch of a blood pressure clinic to help protect the health and wellbeing of staff.

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 has also established a Black and Minority Ethnic staff Network led by Dr Khalid El-badawi. Part of the group's remit this year is to establish some key actions to ensure equitability of BME staff across the Trust.

Staff Pension

Past and present employees of the Trust are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pension website at www.pensions.nhsbsa.nhs.uk.

Further details can be found in Note 1.12 of the Trust Annual Accounts, which is obtainable from the Finance Director, Trust Headquarters, Maidstone Hospital, Hermitage Lane, Maidstone, ME16 9QQ

Maidstone and Tunbridge Wells NHS
NHS Trust

Infection Control

One of Maidstone and Tunbridge Wells NHS Trust's key priorities is to ensure its hospitals are as safe as possible for patients.

The Trust significantly reduced cases of Clostridium difficile and MRSA in 2007. Its infection rates now compare well with or are better than many other similar sized hospitals nationally*.

These lower levels of infection have continued into 2008. Work is continuing to reduce rates even further this year and ensure the Trust's hospital environment remains safe for all the patients it sees. Infection control and hospital cleaning will continue to be at the forefront of patient care throughout 2008 as part of a zero tolerance approach to any avoidable infection.

In 2007/08 the Trust had 24 cases of MRSA bacteraemia and diagnosed 290 cases of C.difficile (community and hospital acquired of which 220 were hospital acquired). The Trust saw over 400,000 patients last year and the overall risk to patients of contracting an infection is low.

Dr Sara Mumford, Director of Infection Prevention and Control, said: "Patients can be reassured that the measures we are taking to prevent healthcare associated infections are working. But even one avoidable infection is still one too many and we are working hard to build on these improvements.

"We are embedding infection control into every aspect of the Trust's work. That way we can carry on driving down our C.difficile and MRSA infection rates with the ambition of being one of the best and safest trusts in the country."

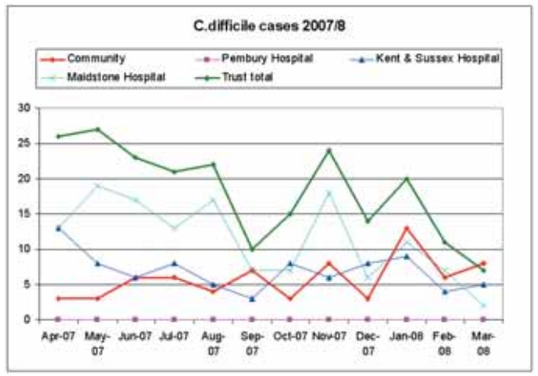
The Trust opened isolation wards at Maidstone Hospital in November 2007 and Kent and Sussex Hospital in April 2008 to improve infection control. Patients with C.difficile at Kent and Sussex hospital are transferred to the specialist isolation unit at Maidstone Hospital.

It also produced a strict policy for the care and treatment of patients with C.difficile, which has been adopted by the Department of Health MRSA improvement team as an example of best practice.

Improvements in hospital cleaning, which included the national deep clean initiative, have also been made. All of these improvements formed part of a £1 million plus investment in additional staff, equipment and ward refurbishment during 2007/08 that contributed to the single largest reduction in infection rates the Trust has seen.

Dr Mumford added: "One of the most effective ways of reducing infections and protecting patients is good hand hygiene. We are constantly encouraging staff, patients and visitors to use gels thoroughly and wash their hands before and after they have had contact with patients.

"Adhering to the Trust's hand hygiene policy is now a strict condition of every job description in the trust – from the Chief Executive right the way through the organisation."



April to June 07	July to Sept 07	October to Dec 07	Jan to March 08
89	70	67	64
April to June 06	July to Sept 06	October to Dec 06	Jan to March 07
164	94	94	87

*You can independently compare rates of hospital associated infections in Kent, the South East and nationally at the Health Protection Agency website **www.hpa.org.uk**

Last year Maidstone and Tunbridge Wells NHS Trust:

- Reduced cases of MRSA bacteraemia by 41% (41 cases in 2006/07 compared to 24 cases in 2007/08)
- Reduced cases of Clostridium difficile by 34% (439 cases in 2006/07 down to 290 cases in 07/08)

The number of cases of C.difficile in hospitals is reported nationally by the Health Protection Agency every three months. The number of patients over the age of 65 with C.difficile fell in every quarter of 2007/08 at the Trust. Every quarter was also significantly less then the corresponding quarter for the previous year. The rate of infection is now 1.95 cases per 1000 bed days which is equivalent to the average rate for England.

The Trust also achieved the national target of reducing MRSA incidence by at least half from 2003/04 to 2007/08. For every 10,000 days patients spent in our hospitals in 2003/04 we had 2.06 cases of MRSA bacteraemia. This dropped to 0.99 cases of MRSA last year. The Trust had an average of 2 cases of MRSA a month in 2007/08.

The Trust's next target is to achieve another 40% reduction in cases of C.difficile by 2010/11 or sooner and further reduce the possibility of any patient contracting MRSA.

Infection control improvements

The Trust made a range of improvements to infection control and hospital cleaning during 2007/08 to safeguard patients against infection.

Cases of Clostridium difficile dropped markedly as a result of these improvements. Patients are being better cared for and protected against healthcare associated infections as a result.

Improvements in infection control during 2007/08 included:

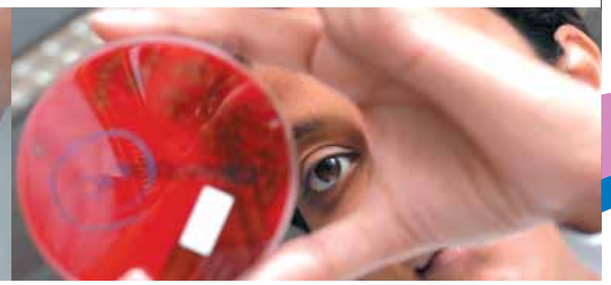
- Specific care pathway developed for patients who have C.difficile
- Infection control updates at every Board meeting to ensure ward to board accountability.
- Heightened awareness of need for scrupulous hand hygiene
- Strict monitoring and restricted use of antibiotics that can contribute to infections
- Improvement in the isolation of patients with infections such as C.difficile
- Improved spacing between beds at Kent & Sussex Hospital
- More sinks fitted on to wards at Kent & Sussex Hospital to increase hand washing facilities
- Deep clean of all priority areas and the launch of a new rapid response cleaning team
- Appointment of a dedicated Director of Infection Prevention and Control
- Twice daily C.difficile testing with results now available on the same day
- Introduced disposable microbiologically resistant curtains on wards
- Started rapid risk assessment and isolation of patients admitted into hospital with diarrhoea
- Employed more nurses and cleaners

Planned improvements in 2008/09

More improvements are planned this year to further reduce healthcare associated infections and keep patients safe.

The Trust is:

- Separating elective and emergency patients to improve infection control
- Extending the national deep clean programme to become a regular feature
- Employing two more infection control nurses
- Screening all patients for MRSA by September 2008 before their pre-planned operations
- Opening a new isolation ward at Kent & Sussex Hospital (April 2008)
- Appointing an additional consultant microbiologist
- Reviewing the need for an MRSA isolation ward in the Trust
- Investigating the use of disposable window blinds on wards
- Continuing to emphasise the need for scrupulous hand hygiene
- Employing a lead antibiotic pharmacist to improve compliance and monitoring of antibiotic policy
- Providing information for patients and visitors on infection rates on every ward.



For some patients the Trust's infection control work begins before they even reach hospital.

Around 3% of healthy adults carry the Clostridium difficile bacteria harmlessly in their gut.

Some antibiotics can cause the bacteria to grow rapidly and produce toxins. The toxins cause potentially serious and sometimes life-threatening illness.

The Trust has seen a decline in C.difficile by restricting the use of these `broad spectrum' antibiotics.

Some illnesses can only be treated effectively by using these antibiotics, however, and C.difficile is a potential side-effect of treatment. The Trust is working closely with GP practices and primary care trusts to ensure these antibiotics are only used when absolutely necessary.

Patients who have been treated with broad spectrum antibiotics have serious underlying illnesses, are usually elderly and are at greatest risk.

Patients who are admitted into hospital with a possible C.difficile infection are nursed in a side-room. If test results are positive, they are moved to the Trust's C.difficile isolation ward and given specialist care and treatment. This also helps stop the spread of infection to other patients.

C.difficile spores can be spread on the hands of healthcare staff who have been in contact with an infected person or touched a surface contaminated with C.difficile. Scrupulous hand hygiene and cleaning of the patient environment is therefore imperative at all times.

The infection control procedures used and the care that patients with C.difficile receive – called a Care Pathway – at the Trust's hospitals is now seen as best practice and is being shared with other hospitals nationally.

About a third of healthy people also carry the MRSA germ harmlessly on their skin or in their nostrils.

Currently, all orthopaedic and cardiology patients and patients coming from a continuing care (care home) environment are screened for MRSA before having pre-planned operations at the Trust. By the end of September 2008 all patients will be screened before their pre-planned operations.

Patients who are found to have MRSA before they come into hospital are given treatments that either remove the MRSA altogether or reduce the amount of MRSA to a much lower, and safer, level.

The Trust will close wards and/or bays to new admissions as necessary when patients have Norovirus, a diarrhoea and vomiting illness that lasts around 48 hours. Norovirus is a common virus in the community and is extremely infectious, spreading rapidly from person to person. Wards remain closed for up to 72 hours after the last patient's symptoms have stopped. During ward outbreaks of Norovirus visiting is restricted to protect both patients and visitors. This is national best practice.

How you can help us

Patients, relatives and visitors can all help reduce the risk of infection by adhering 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 and also on the way in and out of the hospital.
- Please only visit if absolutely necessary and adhere to visiting times
- If you are going to visit a patient but feel unwell, postpone your visit because you'll end up passing your illness on to them and other patients.
- Where possible, children should not visit.
- Please remove any non-essential property that isn't needed by the patient as this reduces the spread of infection
- Restrict visitor numbers to two per bed and sit on the chairs provided.
- Avoid sitting or putting outside coats and bags on the patient's bed.
- If you're concerned about any hygiene issues contact ward staff immediately.

Modern, efficient services

Maidstone and Tunbridge Wells NHS Trust spent over £24 million on improving services for patients during 2007/08.

The improvements ranged from ward improvement schemes through to the development of several major new services that provide patients with specialist care closer to home.

Foundations were also laid for the development of world-class services for our patients both now and in the future.

Work started in 2007/08 on a new cardiac catheterisation laboratory at Maidstone Hospital. The new facility is due to open this summer and will improve care for heart patients.

The Trust also saw the official opening of its new £4.5 million microbiology department. The lab is one of the most advanced of its kind in the country and has helped speed up test times, which means treatment can be started sooner.

Patients also benefited from new pre-assessment units at Kent & Sussex and Maidstone hospitals.

Highlights of the Trust's investment programme for 2007/08 include:

- £90,000 on improving the ward environment for patients on wards 7, 8, 9, 10, 11 and 12 at Kent & Sussex Hospital.
- £1.7m replacement of a Linear Accelerator
- £2.4m Cardiac Catheter Laboratory at Maidstone
- £1.1m on Pathology
- £900,000 on a new Paediatric Outpatient Department
- £1.2m on backlog maintenance
- £5.7m in PFI preparatory works

The Trust's substantial investment in services is set to continue into 2008/09.

Schemes being concluded this year include the cardiac catheterisation laboratory at Maidstone, ward improvements to help manage infection control and IT infrastructure upgrades

New schemes for 2008/09 include a potential decant ward/rehabilitation ward at Maidstone and an international laparoscopic theatre and training centre.

The first of two new acute stroke units is also due to open at Kent & Sussex Hospital this summer. A similar facility is being opened at Maidstone Hospital at the end of the year.

The Trust is also providing inpatient angioplasty for the first time this year at Kent & Sussex Hospital. Heart patients will no longer need to go to London for this specialist care.

The Trust's capital programme for 2008/09 is likely to exceed £13 million.

Case study

Our Trust is at the forefront of developments in minimally invasive laparoscopic surgery for NHS patients.

Plans are being developed to open an international laparoscopic training centre at Maidstone Hospital in 2008/09. The centre will provide training in specialist surgical techniques for surgeons throughout the NHS and Europe, modernising patient care locally, nationally and internationally.

Mr Amir Nisar, Consultant Upper GI Surgeon, said: "The vision of clinicians and management at Maidstone Hospital is not just to have a clean and safe environment for patients and an average district general hospital – we want to go many steps beyond that.

"We want to provide a centre of excellence at Maidstone with facilities provided for patients that are offered at very few selected hospitals in Britain.

"The laparoscopic training centre will be known in the UK and across Europe. Already our techniques in some specialties are so well advanced that only a few centres in the world are doing what we are doing."

The training centre plans to have live links-up with other world renowned training centres in Europe, America and Hong Kong.

Mr Haythem Ali, Consultant Upper GI Surgeon, added: "We are lucky to have at Maidstone world-leading laparoscopic surgery that is performed in only a few centres around the world and where we are able to train surgeons in these techniques."

Pembury Hospital

Building work has started on one of the most advanced hospitals in the country.

The new state-of-the-art Pembury Hospital will open in three years time after receiving final Government approval in March 2008.

The £225 million hospital incorporates some of the most innovative safety features from healthcare facilities around the world

It also sets new standards in infection control - Pembury Hospital is the first acute NHS hospital in the country to have all single inpatient rooms with their own bathrooms.

Trust Chairman George Jenkins said: "This development is the start of something new and exciting in NHS care and we are delighted that the people of West Kent and East Sussex will be at the forefront of that."

Staff and patients were involved in the design of patient areas within the 512-bedded hospital.

Design elements include separate planned and emergency areas to reduce the risk of infection, inpatient bedrooms designated to minimise falls and the separation of inpatient and outpatient facilities to address issues of patient privacy and dignity.

The hospital is being designed, built and financed by the John Laing Consortium which includes John Laing, Commonwealth Bank of Australia and Interserve.

ICT – Information Communications Technology

Miles of fibre optic cables encased in protective plastic coatings may not, at first glance, appear to add any significant value to standards of patient care.

When they help transport important patient information to a doctor at light speed it's a different matter.

The Trust carried out a huge programme of works in 2007/08 to modernise its ICT infrastructure – helping improve patient care at the touch of a button!

The work, which cost £1.5 million, has paved the way for the Trust to install more specialist clinical systems for staff this year and improve access to patient information.

The new systems will make it possible for our doctors and nurses, for instance, to access different kinds of information about patients from one system in one go – instead of logging into four or more separate computer software programmes.

The infrastructure improvements included laying miles of new fibre optic cables which speed up access to information, improve security and strengthen the resilience of our computer systems.

The Trust is also installing new technologies to support other areas of clinical care such as theatres, diabetes and endoscopy during 2008/09.

All of these advances are patient-focused and part of a modern, efficient NHS.

Partnership working

The Trust worked in partnership with East Kent Hospitals NHS Trust during 2007/08 to develop life-saving services for renal patients locally.

The trusts opened a new £3 million kidney dialysis unit at Maidstone Hospital in December 2007. The unit has increased the number of patients who can have their treatment locally.

More patients can now see specialists at the unit instead of travelling to other hospitals in Kent and London for appointments.

Further developments are planned for next year which will enable the unit to see twice the number of patients it sees. Kidney transplant patients will also be able to have their follow-up consultations locally too in the future.

Consultant Nephrologist and Renal Head of Department, Dr Ian John, said: "These facilities will allow people with kidney disease to receive these specialist services closer to their home and make a significant difference to their quality of life."

Research and Development

The Trust's research and development activity has increased steadily year by year and 2007/08 has been no exception. The research enables us to help support new developments in the treatment and care of patients and by doing so we aim to provide new knowledge and answers to fundamental questions in the development of treatments.

In 2007/08 the research and development team supported several applications submitted to the National Health Institute for Research (NIHR) through its Research for Patient Benefit funding stream.

The Trust approved 63 new research projects during 07/08 in addition to the 132 existing ongoing projects, supporting our own staff led studies and both commercial and non-commercial national trials. The team work closely with the Kent and Medway Cancer Network in making cancer trials available to patients across Kent.

With identified leads from the Trust for Speciality Interest Groups in cancer, ophthalmology, rheumatology and surgery this raises further potential for quality research focused where it is needed.

It was also a successful year for the Trust who were selected from an open bid to host the Kent and Medway Comprehensive Local Research Network. The Trust R&D department work closely and collaboratively with the CLRN ensuring our researchers and their teams are supported with the necessary resources to participate in NIHR Portfolio Research.

We continue to foster partnerships with academic establishments both locally and nationally.

Case study

The Kent Oncology Centre was selected to take part in international clinical trials of new treatments for breast cancer in 2007.

The Oncology Centre's clinical trials unit is one of the most active clinical trials units in Kent, carrying out around 90 national and international clinical trials a year, with a further 140 trials in post-implementation follow-up.

The breast cancer trial is investigating the effectiveness of new medicines in treating breast cancer and/or test whether or not these medicines can prevent cancer from returning or spreading.

Environmental impact

The Trust is reducing its carbon footprint by designing into future projects ways and means of reducing energy consumption. This has included:

- Additional insulation on outside walls when refurbishments take place
- Fitting air handling units with heat recovery from exhaust air.
- Installing high efficiency light fittings

Energy usage can be materially affected by factors such as the climate and expansion of the trust's floor area. The Trust therefore prefers a method of measuring energy efficiency based on the usage per floor area which addresses the changes in the Trust estate.

A summary of the energy used expressed in giga joules per 100 m^2 for each of the main hospital sites is set out below;

	Pembury	K&S	Maidstone
2007/08	75	81	55
2006/07	84	78	66

The median for a large acute Trust is 68.7; this clearly shows that the older estate at Pembury and K&S consumes far higher rates of energy, than the more modern estate at Maidstone. This therefore can be attributed to the age of the buildings.

Other Energy Saving Initiatives

The Trust's main heat exchangers at Maidstone Hospital are to be replaced with a more efficient system. This will not only save a significant amount of energy but reduce maintenance costs.

Future Strategy

The Trust is using a specialist consultancy with financial assistance from the Carbon Trust and has made bids against the Department of Health Energy and Sustainability Fund for financing the following projects:

- Installation of a wind turbine at Maidstone Hospital.
- Use of a Combined Heat and Power unit (CHP) to generate our own electricity and use exhaust heat to generate steam.
- Replacing all existing lighting with high efficiency luminaries

Clinical Governance

The purpose of Clinical Governance at MTW is to ensure that patients receive the highest quality of care possible. This is achieved by ensuring that those providing services work in an environment that is supportive and which places the safety and quality of care at the top of the organisation's agenda.

Effective clinical governance relies on a culture of innovation, learning and development. To support this, the Clinical Governance team has undergone some changes to ensure it continues to provide the highest level of support to the wider organisation. This has included recruiting to vacant posts across the Directorate.

Quality & Safety

Delivering services that are high quality and safe for patients, carers and staff is a priority for the Trust. Meeting these priorities is supported by the following;

Clinical Audit

The Trust continues to support an active clinical audit programme and the Clinical Audit department at MTW makes a major contribution to monitoring of the quality of services at MTW and highlighting any deficiencies against standards of best practice. Through action planning and use of audit cycles the department provides a powerful tool supporting best use of local NHS resources.

Risk Reduction

The Trust has worked hard to minimise risk to patients and successfully achieved level 1, against Standards for Acute Trusts. However we recognise that further achievement is needed and so continue to work with staff across the organisation to develop strategies aimed at effective early assessment and management of potential risk.

Reporting Standard 1

The Directors of the Trust believe this Operating and Financial review has moved the Trust closer to full compliance with the disclosures required by Reporting Standard 1.

Provision of Information to Auditors

In preparing this Annual Report and Accounts

- so far as the directors are aware, there is no relevant information of which the Trust's auditors are aware; and
- the directors have taken all steps that ought to have been taken as directors in order to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information

Information Governance

In accordance with DH guidance the Trust is required to declare data loss incidents. These are set out in the tables below;

Table 1.

Summary Report of Serious Untoward Incidents Involving Personal Data 2007/08 as reported to the Information Commissioner's Office

Date of Incident	Nature of Incident	Nature of Data Involved	Number of People Potentially Affected	Notification Steps
October	Loss of inadequately protected electronic storage device	Name Address DOB Diagnosis	250	Letters and follow-up telephone call to all affected patients
Further action on information risk	The Trust Board approved a Remote Access policy which permits staff only to use data sticks which are issued by the Trust. These sticks comply with the NHS encryption standards. Staff wanting to use a data stick must apply to the Data Protection Act Officer.			

Table 2.

Category	Nature of Incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured premises	3
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside NHS secured premises	2
III	Insecure disposal of inadequately protected electronic equipement, devices or paper documents	0
IV	Unauthorised disclosure	2
V	Other	0

As stated within the tables the Trust has approved a Remote Access Policy, which restricts the use of data sticks unless issued by the Trust's Data Protection Policy. The impact of this revised policy is being monitored through the Trust's integrated Governance agenda.

View from the Finance Director

The past year has been very challenging for the Trust, an anticipated difficult financial year was compounded the impact of the HCC Report and the subsequent changes in senior personnel.

It is with this background that staff throughout the Trust must be thanked for all their efforts during this turbulent year. The financial outcome of this was that the Trust delivered all of its financial duties including a surplus of income over expenditures of £131,000.

This is an excellent achievement and has been built on the back of cost savings delivered of £14.5m (unaudited) which is 82% of the target set during the planning for the year.

In the second half of the financial year, £1.3m above the original budget was invested in Nursing within the Trust to respond to some of the points raised in the Healthcare Commission reports. This was managed within the resources provided by Primary Care Trust as was a spend of some £4.2m in the private sector, mainly for trauma and orthopaedic activity

At the end of the financial year the Trust completed the approval process for the PFI development at Pembury Hospital. The net impact on the Trust's financial position in 2007/8 has been neutralised due to related impairments funded by the PCT. This is the start of a significant change for the Trust's services and it is recognised that these developments will have a major impact on the Trust's accounts and on its financial position over the medium and long term that will need to be managed by the Trust management team, working closely with the local health community.

Key Points of the Year

(Note References refer to the full accounts which are available on request)

Breakeven Duty (Note 23.1)
The Trust is required to "breakeven year on year" and shows a balanced position on the income and expenditure reserve in its balance sheet.

At the end of 2007/8 the Accounts show an accumulated deficit of just over £2.9m Further detail can be found in Note 23 of the full Accounts. At the current time the Trust has not breached of its breakeven duty owing to an agreement with the Strategic Health Authority that the duty is measured over a five year period which ends in 2011.

Capital Cost Absorption Duty (Note 23.2)
The Trust is required to achieve a rate of return on capital employed of 3.5%. This is measured as the percentage the dividend paid to the Department of Health (£8.5m) is compared with the value of the balance sheet after deducting the donated asset reserve and cash held in Government bank accounts.. In 2007/8 the Trust achieved a return of 3.5% which is viewed as fully meeting this target.

External Financing Limit - EFL (Note 23.3)
This is the Department of Health's measure on how well the Trust manages its cash resources. In 2007/8 the EFL set by the Department of Health was £7.7m The Trust undershot this target with an actual EFL of; £3.7 The £3.9m undershoot is almost entirely related to an agreed undershoot to protect funds for the PFI enabling works. There was also a small increase in the Trust's cash balances.

Capital Resource Limit - CRL (Note 23.4)
The CRL is the Department of Health's control mechanism for capital expenditure. The Trust was set a year end CRL of £27.1m.

Owing to slippage on the PFI enabling works and the Cardiac Catheter project the Trust achieved a CRL of £22.7m. The balance relates to capital income received at the end of the year. Again the Trust is viewed as meeting its CRL.

Better Payment Practice Code - BPPC (Note 7) The BPPC 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 2007/8 and 2006/7 the Trust achieved.

	2007/08	**2007/08**	2006/07	2006/07
	Number	**£000**	Number	£000
Total bills paid in the year	92,152	140,544	79,649	123,619
Total bills paid within target	71,504	113,566	62,465	98,378
Percentage of bills paid				
Within target	78%	81%	78%	80%

No late payment interest was paid, during the year.

Public Finance Initiative

During March the Secretary of State for Health Alan Johnson gave the new Pembury Hospital development final approval to go ahead.

This will be the country's first large NHS hospital to have all inpatient single rooms with en-suite facilities.

The 512-bedded circa £225 million PFI hospital is being designed and built by Equion. It will have state of the art facilities throughout when the first phase opens in 2010 with the second phase in 2011

Capital Expenditure

The Trust continues to make major investment in local services. In 2007/8 it invested over £24m including £1.4m in its Clinical Strategy, £5.7m in PFI preparatory works, general estates projects including £1.2m backlog maintenance, £1.7m replacement of a Linear Accelerator, £2.4m Cardiac Catheter Laboratory at Maidstone, £1.1m on the Pathology Reconfiguration and £0.9, on the Paediatrics Outpatient Department.

In addition £3m was invested in Information Technology with a further £5.1m on planned and emergency replacement of Medical Equipment.

Finance

Counter Fraud

The Trust Board is committed to maintaining high standards of honesty, openness and integrity within the organization. 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

During 2007/8 it has issued its revised Counter Fraud Policy and is seeking to develop an open and transparent anti fraud policy in which all staff can participate in eliminating such losses.

Management Cost Target

The Trust's Management Costs for the year were £8,299,000 compared to £7,897,000 in 2005/06.

Accounting Issues

The accounts were prepared in accordance with guidance issued by the Department of Health and in line with UK GAAP (Generally Accepted Accounting Principles).There was no significant changes accounting practices during the year. They were prepared under the "Going Concern" concept.

Other Key Issues

Constitution of the Audit Committee

The membership of the Audit Committee comprises of both Executive and Non Executive Directors.

The Executive Directors were J Hope Finance Director, A Page Nurse Director (up until resignation) and F Simms Corporate Development Director

Up until their resignation in October 2007 the Non Executive members were A Cockell (Committee Chairman), G Jennings, J Paine, and B Sheppy.

With effect from the 14 November 2008 to the end of the financial year, the Non Executives members were S Tinton (Committee Chairman) and H Topiwala

External Auditors

The Trust's External Auditors are appointed by the Audit Commission, as with previous years the services for the financial year 2007/8 were provided by Pricewaterhouse Cooper LLP, their charge for the year was £213,000 .Other services relating to a review of the Trust's governance arrangements, to the value of £35,000 were received during the year. The Board was satisfied that the Terms of Reference for this additional work did not generate a conflict of interest.

Financial Outlook for 2008/9

The year ahead is likely to be another challenging year for the trust finances as the trust seeks to consolidate its financial position after achieving breakeven in the current financial year.

Targets for efficiency savings has been set at £7.5m which have been allocated to departments measured as a 3% target. The Divisional targets will be supported by the work of the Innovation Team to identify opportunities for service improvements and costs reductions.

The Trust has agreed a five year plan to reach the statutory breakeven duty. The Trust is therefore working with a financial framework to meet its statutory breakeven duty by 2011.

The main Service Level Agreement was signed with the Trust's major Primary Care Trust's in February 2008. This links the Trust's income with the delivery of the 18 week target, further work led by the Corporate Development director will be necessary to ensure the income estimates are fully met.

The signing of the PFI contract at the end of 2007/8 signals the start of substantial changes to the Trust's finances. These changes will start to have major impact in 2008/9, which will continue until the new Pembury Hospital opens in 2011/12. The accounting for the ongoing PFI contract will continue until the end of the 34 year contract with the private sector partners, at which point the hospital reverts to the Trust's ownership. At the time of drafting this report the actual accounting arrangements for PFI projects in the public sector is still yet to be agreed by the Treasury. The outcome of their deliberations will need to be resolved for the 2008/9 Final Accounts.

This uncertainty presents the Trust with some significant risks that must be dealt with in its financial planning. However, this is not just the Trust's risk but the PFI development affects the health of West Kent residents and must be dealt with as a health economy issue with the full involvement of West Kent Primary Care Trust and the Strategic Health Authority.

In the 2007/8 KLOE exercise the Trust's performance was rated as a 2 (adequate) which is an improvement on the inadequate rating achieved in 2005/6 and 2006/7. This should be considered a significant achievement during a difficult year. Improving these assessments will be a major objective for 2008/9.

These challenges will be taken on by the new substantive Finance Director who will be joining the Trust in summer 2008. After providing temporary support for the Trust during the recent turbulent years I would wish to thank all of the Trust staff for their support and their substantial achievements in reaching breakeven for three of those four years. I am sure you will give your support to Paul Turner the new Finance Director.

Jim Hope
Finance Director
16 May 2008

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 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

19 June 2008.....Chief Executive

19 June 2008 .....Finance Director

Summarised Statement on Internal Control (SIC) 2007/08

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, it can therefore only provide reasonable and not absolute assurance of effectiveness.

During 2007/08 it was apparent that the system has not been operated in a way that gives full assurance. The Trust therefore has rated its Assurance Framework (AF) as not complete enough to meet the requirements of this SIC or to provide reasonable assurance for the full financial year. This is also reflected in the internal control score achieved in the Audit Commission's 2007/8 Key Lines of Enquiry (KLOE) exercise.

3 Capacity to handle risk

The Board has adopted a risk management strategy and has a comprehensive AF, which aims to deal with issues within directorates in a timely and effective manner.

In 2007/8 the many changes in senior staff has impacted on capacity of the Board to be fully engaged with the whole AF, it has focused on key issues The structure and processes exist within the Trust but it is necessary to ensure they are fully embedded and operating in the way required to provide an acceptable level of assurance. The refocus of the structure, processes and setting of clear responsibilities is an ongoing action for the new management team

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 Trust's Corporate Objectives:

As stated above, this is supported by a directorate structure. Bi monthly the Executive Directors review the risks against the Trust's corporate objectives

The Trust as an employer with staff entitled to membership of the NHS Pension scheme has mechanisms in place to ensure all its employer obligations 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 draws from a number of sources and discussions at the various Trust committees

During 2007/8, the Trust has had to deal with a number of major issues including the Healthcare Commission report into Clostridium difficile and concern on the arrangements adopted to agree the ex -Chief Executive's termination package.

My new management team has also felt it necessary to declare 19 Healthcare Commission Core Standards as unmet. This has also led to an initial assessment that Internal Control and Value for Money be rated as weak under KLOE methodology. To date there has been significant progress which is expected to continue throughout 2008/9.

The Trust has a substantial structure to support internal control. However elements of this have not operated as well as planned. This provides the Trust with a number of control issues which must be addressed in the current year. It requires the whole governance structure to be updated. This will ensure the Trust is able to address weaknesses and ensure continuous improvement of the system is in place.

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
19 June 2008
Chief Executive.

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, during my period of office I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

19 June 2008.....Chief Executive

Income and Expenditure Account for the year ended 31 March 2008

	2007/08	2006/7
	£000s	£000s
Income from Activities	**226,709**	209,484
Other Operating Income	**46,230**	33,734
TOTAL INCOME	**272,939**	243,218
Operating Expenses	**(264,266)**	(240,714)
OPERATRING SURPLUS	**8,673**	2,504
Loss on disposal of fixed assets	**(481)**	(193)
SURPLUS BEFORE INTEREST	**8,192**	2,311
Interest Receivable	**498**	236
Other finance Costs – unwinding of discount	**(30)**	(70)
SURPLUS FOR THE FINANCIAL YEAR	**8,660**	2,477
Public Dividend Capital – dividends payable	**(8,529)**	(7,409)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	**131**	(4,932)

Notes

All income and expenditure is derived from continuing operations, therefore these accounts have been prepared using the "going concern" concept. This means the Trust is expected to continue in its current format for the foreseeable future.

These 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 and 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 Trust's last full accounts and reports are obtainable free of charge from the Finance Director, Trust Management, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ Telephone 01622 729000.

The summarised financial statements were approved by the Board on 16th June 2008 and signed on its behalf by:

23 June 2008.....Chief Executive

Balance Sheet as at the 31 March 2008

	31 March 08 **£000s**	31 March 07 £000s
FIXED ASSETS		
Intangible assets	**472**	605
Tangible assets	**248,027**	235,285
	248,499	235,890
CURRENT ASSETS		
Stocks and wotk in progress	**4,859**	3,778
Debtors	**27,528**	25,904
Cash at bank and in hand	**769**	729
	33,156	30,411
CREDITORS:		
Amounts falling due within one year	**(25,217)**	(24,872)
NET CURRENT ASSETS (LIABILITIES)	**7,939**	5,539
TOTAL ASSETS LESS CURRENT LIABILITIES	**256,438**	241,429
CREDITORS:		
Amounts falling due after more than one year	**(27)**	(90)
PROVISIONS FOR LIABILITIES AND CHARGES	**(2,078)**	(2,075)
TOTAL ASSETS EMPLOYED	**254,333**	239,264
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividened capital	**172,317**	168,579
Revaluation reserve	**94,287**	84,079
Donated asset reserve	**3,269**	3,877
Income and expenditure reserve	**(15,540)**	(17,271)
TOTAL TAXPAYERS' EQUITY	**254,333**	239,264

Statement of Total Recognised Gains and Losses for the ended 31 March 2008

	2007/08	2006/07
	£000	£000
Surplus for the financial year before dividend payments	**8,660**	2,477
Unrealised surplus on fixed asset revaluations/indexation	**11,995**	14,044
Increases in the donated asset due to receipt of donated assets	**174**	228
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	**(969)**	(398)
Total gains and losses recognised in the financial year	**19,860**	16,351
Prior period adjustment (Partially Completed Spells	**0**	1,584
Total gains and losses recognised in the financial year	**19,860**	17,935

Cashflow Statement for the year ended 31 March 2008

	2007/08	2006/07
	£000	£000
OPERATING ACTIVITIES Net cash inflow from operating activities	**24,864**	13,847
Returns On Investments And Servicing Of Finance: Interest received (Net)	**498**	236
Net cash inflow from returns on investments and servicing of finance	**498**	236
CAPITAL EXPENDITURE (Payments) to acquire tangible fixed assets	**(22,040)**	(19,376)
Receipts from sale of tangible fixed assets	**1,589**	206
(Payments) to acquire intangible assets	**(80)**	(328)
Net cash (outflow) from capital expenditure	**(20,531)**	(19,498)
DIVIDENDS PAID	**(8,529)**	(7,409)
Net cash (outflow) before management of liquid resources and financing	**(3,698)**	(12,824)
FINANCING Public dividend capital received	**7,700**	12.850
Public Dividend Repaid	**(3,962)**	0
Net Cash inflow from financing	**3,738**	12,850
Increase in Cash	40	26

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 2008 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 2008; 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
Date: June 2008

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 disclosures in the report relating to named individuals can only be made with the prior consent of the individuals concerned. Where consent has been with held 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.

Generally the Trust does not operate any system of performance related pay, however in a limited number of cases a non recurrent payment may be made in recognition of high performance. Such payments to senior managers have been included in the following tables. 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 Directors are normally on permanent contracts and subject to a minimum of 3 months notice period, the Chief Executive, 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.

Payments to the former chief executive relate to salary and the contractual payment lieu of notice. At the balance sheet date no further payments have been made pending the outcome of ongoing legal proceedings

As at the 31st March 2008 the Finance Director, Chief Operating Officer and the Chief Nurse post holders are interim appointments. 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 overleaf show details of salaries, allowances and any other remuneration and pension entitlements of senior managers.

Chief Executive and Accounting Officer
19 June 2008

Salary and Benefits of Senior Managers

		2007/08			2006/07		
In Post at 31 March 2008		**Salary (Bands of £5000)** £000s	**Other Remun. (Bands of £5000)** £000s	**Benefits in kind** £00s	**Salary (Bands of £5000)** £000s	**Other Remun. (Bands of £5000)** £000s	**Benefits in kind** £00s
G. Jenkins – Interim Chairman	a	10 – 15	-	-	-	-	-
S. Tinton – Non Executive Director	b	0 - 5	-	-	-	-	-
H. Topiwala – Non Executive Director	b	0 - 5	-	-	-	-	-
S. Denton – Non Executive Director	c	0 - 5	-	-	-	-	
A. Jones – Non Executive Director	c	0 - 5	-	-	-	-	-
P. Wynn-Owen – Non Executive Director	c	Waived	-	-	-	-	-
G. Douglas – Interim Chief Executive	d	115 - 120	-	-	-	-	-
T. Coode – Human Resources Director	e	85 - 90	-	-	45 - 50	-	-
G. Goddard – Estates Development Director	e	95 - 100	-	8	85 - 90	-	8
F. Sims – Corporate Development Director	e	90 - 95	-	2	85 - 90	-	12
C. M Stewart – Medical Director	e	145 - 150	-	-	80 - 85	100 - 105	-
M. Williams – ICT Director	e	75 - 80	-	41	75 - 80	-	42
C. Edwards – Interim Chief Nurse	f	Seconded	- no cost	8	-	-	-
J. Hope – Acting Finance Director	e	95 - 100	-	97	90 - 95	-	98
N. Luffingham – Interim Chief Operating	g	10 - 15	-	-	-	-	-
Left Post in Year							
J. Lee – Chairman	i	10 – 15	-	-	20 – 25	-	14
A. Cockell – Non Executive Director	j	0 - 5	-	-	5 – 10	-	5
S. Ingman – Non Executive Director	j	0 - 5	-	-	0 – 5	-	-
G. Jennings – Non Executive Director	j	0 - 5	-	-	0 – 5	-	-
J. Paine – Non Executive Director	j	0 - 5	-	-	5 – 10	-	-
B. Sheppy – Non Executive Director	j	0 - 5	-	-	0 – 5	-	-
R. Gibb – Chief Executive	j	160 - 165	-	38	140 - 150	-	50
M. Kershaw – Chief Operating Officer	n	0 - 5	-	-	-	-	-
A Page – Chief Nurse (2006/7 Service Improvement Director)	e	55 - 60	20 - 25	8	85 - 90	-	17
B Place – Design & Health Planning Director (2006/7 Director of Nursing and quality)	l	95 - 100	-	19	90 - 95	-	44
H Walker Acting Operations Director		50 - 55	-	-	-	-	--

The following Senior Managers have been appointed to posts since the 31st March 2008

G Douglas – Chief Executive	Perm	N Luffingham -Chief Operating Officer	Perm
P Turner – Finance Director	Perm	F Panel-Coates Nurse Director	Perm
		J Lewis – Interim Medical Director	Fixed Term

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.

Note 2 Date post held

a From 15 October 2007

b From 14 November 2008

c From 1 March 2008

d The Salary quoted reflects the charges made by Ashford and St Peters NHS Trust for providing management services to MTW from 1 Oct. 2007 to 31 Mar 2008. During this period G Douglas acted as Chief Executive for both organisations. The comparable disclosure would have been within the £85,000 to £90,000 banding.

e Full Year

f From 14 December 2007

g From January 2008

h From 10 Dec 2007

i To 15 October 2007

j To 5 October 2007. The salary sum includes the Chief Executives salary and a £75k payment in lieu of notice.

k To 16 December 2007, then seconded.

l From 1 April 2007 to 2 November 2007

m On secondment to 22 June 2007

n From October 2007 to January 2008

o 1 July 2007 to 29 February 2008

m On secondment to 22 June 2007

k To 16 December 2007, then seconded.

Pension Entitlements of Senior Managers

	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 2008 (Bands of £5000) £000S	Cash Equivalent Transfer Value at 31 March 2008 £000S	CETV at 31 March 2007 Note 1 £000S	Real Increase in CEVT Note 2 £000S	Employers Contribution to Stakeholder Pension To nearest £100
Mr J. Hope - Acting Finance Director	7.5 - 10	130 - 135	546	496	50	0
Dr C.M. Stewart - Medical Director	N/A	N/A	N/A	N/A	N/A	0
Mr G. Goddard - Estates and Facilities Director	5 – 7.5	145 - 150	616	572	44	0
Mr T. Coode - Human Resources Director	2.5 - 5	20 - 25	82	63	19	0
Mr F. Sims - Director Modernisation, Strategic Development	5 – 7.5	80 - 85	271	247	24	0
Ms Morfydd Williams – ICT Director	2.5 - 5	60 - 65	188	172	16	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

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

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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
This annual report is printed on stock from 100% sustainable source

Maidstone and Tunbridge Wells NHS
NHS Trust

annual report 2008

your trust

in touch with your health