

annual report 2003/2004

your trust

Real life exclusive

breast cancer - how we help women deal with the uncertainties

A new hospital -

building for the future

Ophthalmology -

keeping an eye on you

It's in your hands -

infection control in your hospital

Plus

- Improving Working Lives
- Performance
- Letters



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Mission statement

Maidstone and Tunbridge Wells NHS Trust provides hospital services from three main sites. Over the next five years, we aim to redesign our acute services to reflect best practice and clinical excellence and to provide high quality facilities for treating our patients.

More complex specialist services will increasingly be provided more safely and with better results from a single site, although our preferred policy will continue to be to treat our patients as locally as possible.

Services will eventually be provided from a brand new hospital at Pembury and from our existing hospital at Maidstone, which we will continue to expand and develop.

Our aim is to build a number of centres of clinical excellence on these two sites including cancer surgery, cardiology and ophthalmology. These will complement our existing oncology centre, which has already established a reputation for excellence.

At the helm

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

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

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

The directors of the Board are appointed by the Chief Executive with the Chairman, some non executives and an appropriate external assessor.

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

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

Full details of the senior management remuneration are given on page 21. Details of compliance with better payment practice code targets are given on page 16.

Our Board

Our Board meets in public every two months. Details of these meetings or minutes from previous meetings can be obtained from Communications Manager Darren Yates by calling 01892 673700.

Rose Gibb
Chief Executive
 (Mark Davies April 2003 – Nov 2003)

James Lee
Chairman

Executive Directors

Dr Charles Unter
Medical Director

Bernard Place
Director of Nursing

Jim Hope
Acting Director of Finance

Ruth McAll
Director of Human Resources

Frank Sims
Director of Strategic Development

Graham Goddard
Director of Estates

Deborah Hallas
Service Director for Cancer, Surgery & Anaesthesia

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

Non Executive Directors

Jonathan Paine
Winston Tayler

Dr Gillian Bullock
Aaron Cockell

Ann Munro

Chairman's and Chief Executive's introduction

Whilst this has been a challenging year, it has also been one of continual improvement with achievements and significant successes shared across the Trust.

The Trust is now seeing more patients faster than ever before and is working hard to build on these improvements so that everyone benefits from the same high quality care on time, every time.

Some of our notable achievements during the year include:

- The opening of the Peggy Wood Breast Care Centre at Maidstone Hospital, that patients helped design.
- The opening of a new Clinical Decision Unit at Kent and Sussex Hospital.
- Starting work on an extension to the Kent Oncology Centre at Maidstone Hospital.
- Securing an Emergency Care Centre, which will incorporate a walk-in centre, at Maidstone Hospital.

Many of these developments are groundbreaking and build on our culture of providing centres of excellence to ensure patients are seen in the right place, at the right time, by the right people.

This year also saw the Trust receive the news everyone was waiting for that after 25 years local people are to get a new hospital in Tunbridge Wells.

The project will cost nearly £300 million and won't open its doors until 2010 but when it does it will be one of the most up-to-date hospitals in the country.

In the meantime a £70 million investment programme, predominantly at Maidstone, is helping to transform our hospital services.



The Peggy Wood Breast Centre, a state of the art centre for screening, diagnosing and treating breast cancers, opened at the end of March and our new Eye, Ear and Mouth Unit is now fully operational. We are confident that we can become one of the South East's main centres of excellence for ophthalmology.

We are also transforming the way in which emergency care is delivered. A new Emergency Care Centre is being built adjacent to A&E at Maidstone Hospital. The medical staff at the unit will include GPs working out of their normal hours and will deal with minor cases that will not necessarily lead to hospital admission.

At the same time, we are investing heavily in our people. Delivering high quality health care is not about bricks and mortar. It is about qualified, skilled, dedicated and professional staff. In the last six months alone we have appointed 12 new consultants, including several oncologists who have completed our team at the cancer centre. In nursing, we have been

building a cadre of specialist nurses and modern matrons as well as increasing our complement of staff nurses. This has not only contributed to better, more efficient care, but has also reduced our reliance on agency nursing.

The quality of care at Maidstone and Tunbridge Wells NHS Trust has remained of a very high standard. For the fourth year running we were given one of the 40 Top hospital awards by independent assessors CHKS.

We continue to face enormous financial pressures but a new top team has successfully negotiated a financial plan to tackle the underlying causes and, as a result, the Trust has two extra years to meet its statutory financial obligations.

Fortunately, the new Government policy for payment by results may benefit this Trust and the board anticipates that within the next three years we could receive a significantly higher income for the level of activity which we are currently delivering.

Although we are not happy to remain zero rated for the second year running, we recognise that the underlying problems we face will take time to tackle. Given time, we are confident that we can soon bring our waiting time performance up to the same high levels that have already been demonstrated by our clinical results.

It has not been an easy year. Our staff have had to work under some very intense pressure indeed. We thank them all for their hard work, energy and commitment. With the whole team pulling together, we are confident that they will continue to deliver even greater improvements in the coming year.

James Lee and Rose Gibb

New kids on the block...

The times are a changing at Maidstone and Tunbridge Wells NHS Trust and nowhere is this more obvious than amongst our senior members of staff.

The last 12 months have brought a sea of new faces to the Trust as we've increased the number of doctors, nurses and therapists that we employ as well as having a complete overhaul of our Trust Board.

Chief Executive Rose Gibb, who has only been at the Trust for 10 months herself, said: "It's important that we have the right people at the Trust and that includes management as well as medical and nursing staff."

Three of those people are Amy Page, Service Director for Emergency Services, Diagnostic and Women and Children's; Frank Sims, Director of Strategic Development, and Deborah Hallas, Service Director for Surgery, Critical Care and Cancer Services.

Amy, Frank and Deborah have all been appointed to the Trust Board in the past year – Amy having worked at Maidstone Hospital the previous year as the General Manager for Critical Care.

Each of them has quickly taken up the challenges of their new role.

Frank has been busy organising the public consultation process around changes to services that will allow us to build our new hospital. While at the frontline, Amy has helped the A&E staff ensure that patients visiting the Trust's A&E departments don't have to wait longer than four hours before being admitted or discharged.

Hopes for the future of the Trust are high, as Deborah points out: "I hope that we and everyone working at the Trust can make the necessary improvements for us to get the star rating the Trust deserves.

"This will not be easy because as well as maintaining the excellent levels of clinical care we already provide we will also have to meet all of the targets set out by the Government around waiting times, finance and patient satisfaction."

So, with a new hospital on the horizon it looks as though the next few years should be an exciting journey for the Trust and you, the patients who use it. We hope you'll support us along the way.



Two of the Trust's new faces, Frank Sims and Deborah Hallas



PALS officer Annie Oakley explains all to a worried patient

One person who Annie helped is 67-year-old Colin Stiles from Maidstone.

Colin found himself in hospital for the third time in short succession at the end of October 2003, having suffered a series of blackouts and cardiac arrests.

Doctors decided that he needed to have a defibrillator fitted and, as this is a specialist operation, he had to be put on a waiting list to have it done at a London hospital.

Unfortunately, while Colin was waiting for a bed to become free he suffered another cardiac arrest and his family began to fear that he would never make it home.

Colin said: "I didn't realise how serious my condition was but my family have told me that they could literally see me fading away before their eyes. They knew that if I didn't have my operation quickly then I might not make it."

Desperate for help, Colin's family headed down to the PALS office and explained their fears to Annie.

After checking with doctors Annie phoned her contacts at the other hospital's PALS team and their chief nursing officer to explain the seriousness of Colin's condition.

Thanks to Annie's calls Colin was transferred when the very next bed became free and successfully had his defibrillator fitted.



Colin Stiles

Colin added: "My family and I really can't thank Annie enough. If it hadn't been for her help then I might not be here today – her phone calls have made all the difference."

Friends till the end...

The PALS team has offered a friendly face and help and advice to thousands of patients, relatives and visitors since the service was established in 2002.

PALS Officers Annie Oakley and Karen Beesley, who run the service across all three sites, with the help of their team of willing volunteers, have been amazed at the demand for services.

Annie said: "There's never a dull moment in my job – the phone just doesn't stop ringing! One moment I could be helping someone to access their medical records, another liaising with medical staff to help someone understand their medical condition, or to resolve problems."

Much of the work that the PALS team does helps to keep things running smoothly at the Trust – they offer advice and support to patients, family and visitors, helping to resolve any complaints 'on the spot' before they escalate any further.

Annie added: "The PALS team is definitely at the forefront of change in the Trust. We have monthly meetings with the Chief Executive where we feedback issues that have been raised by patients and their relatives.

"PALS helps to put the patient back in the driving seat, ensuring that we really are a patient centred organisation. PALS make sure that everyone's voice is heard – patient, visitor, old or young."



PALS can offer advice to all – young or old



fact file...

589 more people sought the help of the PALS team in 2003/04 than the previous year, bringing the total users to 2,800.

Still smiling after all the tears...



Clerical Officer Jane Offen and Medical Secretary for x-ray Val Cliff find past x-rays for the day's patients

Every month hundreds of women pass through the doors of the Peggy Wood Breast Centre for care, advice, surgery, screening and support.



Office Manager Lesley Bread offers advice and guidance to all patients

For most it is an uncertain time.

Some women may have been referred by their GP after finding a lump in their breast, others may have been recalled after participating in the NHS breast-screening programme in Kent. All will be facing up to the possibility that they may have breast cancer.

However, thanks to the £3.07 million purpose-built Peggy Wood Breast Centre and a team of 25 staff, these women now have access to better care than ever before.

The centre, which opened in March, houses the Maidstone and Tunbridge Wells NHS Breast Screening Service and the symptomatic service led by Dr Ali Sever and Dr Pippa Mills. It brings together a team of doctors, nurses, radiographers, radiologists and support staff who offer specialist advice and care to each of their patients.



*Left: Radiographer Kath Coombs and Superintendent Radiographer Ray Nuttall examine a patient using the prone-biopsy machine
Below: Dr Sever checks x-rays for abnormalities*

Superintendent Radiographer Ray Nuttall said: "We are able to offer patients all of their examinations, consultations and procedures in one place and on the same day. It means that patients become familiar with the clinic, they see the same staff and they don't have the added stress of wandering from one department to another."

The centre has state of the art equipment for screening, detecting and treating breast cancer in the south of England.

Dr Sever said: "We have a prone-biopsy machine that enables us accurately to target early changes within the breast that may, at a later stage, develop into invasive breast cancer. The machine is one of only a handful in the country and I'm delighted that we can now offer it to women on their doorstep."

It may be the machines that help the staff understand the conditions of patients but it is the staff that help patients understand their condition as Jillian Gilbert from Maidstone can testify.



Jillian celebrated her 60th birthday in hospital after a routine breast screen three weeks earlier showed that she had a small abnormality in her breast.

She received all her care at the Peggy Wood Breast Centre and feels that the staff made it much easier. Jillian said: "When I was told that I had a tiny lump in my breast I was terrified. It sounds silly but you just never expect it to happen to you."

"Each member of staff whom I met explained every stage of my treatment thoroughly to my husband and me, which has helped to put our minds at ease. It's such an open atmosphere here that I wasn't afraid to ask questions."

Ali, Pippa, Ray and the rest of the team believe that it is this open atmosphere that helps them to deliver such a high standard of care: "It's funny but we laugh a lot here," Ray told one of her patients as she lifted her up on the prone-biopsy table, "It's part of the way we deal with the awkward machines and uncertain prospects - a sense of humour, education, reassurance and care."

● fact file...

43,000 women are screened by the breast screening team every three years at the Peggy Wood Breast Centre as part of the NHS Breast Screening Programme. This figure is set to rise by 40 per cent over the next two years when the screening age is extended from 50 - 65 years to 70.

Cancer centre keeps it together

Local women can now receive essential cancer care on their doorstep rather than having to make a 100 mile round trip to London.

Services that had been split between Pembury Hospital and Maidstone were moved to one specialist centre at Maidstone three years ago, meaning that Maidstone and Tunbridge Wells NHS Trust can now offer women specialist surgery, radiotherapy, chemotherapy, palliative care and support services all under one roof.

The new department has allowed a team of staff, including two dedicated consultants, to offer highly specialised care to women suffering from many different types of gynaecological cancer including cervical, vulval, uterine or ovarian.

Consultant Gynaecologist Mr Andreas Papadopoulos has been at the department since it opened and was joined last year by Mr Omer Devaja.

Andreas has helped to raise the profile of the unit nationally and locally so that now patients are choosing to come to Maidstone from as far afield as Dartford.

Andreas said: "I believe that pulling all the services together under one roof has allowed us to offer the very best possible care for patients.

"Dealing with cancer is always a traumatising experience and we aim to make their journey from diagnosis, through treatment to follow up as smooth as possible.

"Now if you are diagnosed with cancer your care and carers will be designed

especially for you. This is likely to include consultants, support groups, dedicated nurses and any other specialist that you may need to treat your cancer or symptoms."

Andreas and his colleagues offer a broad spectrum of care in the

Maidstone area: "We have a rapid access clinic two days a week where we see women who have been referred urgently from their GPs with suspected cancer and we operate theatre four days a week so that women can have life saving surgery as quickly as possible."



fact file...

2.8 tonnes is how much the Trust's new MRI scanner weighs. It was delivered to us in January and is used on a daily basis for the detection of injuries, cancers and abnormalities.

Consultant Gynaecologist
Andreas Papadopoulos



Lead nurse for infection control Brenda Greatrex and infection control nurse Danny Moore teach health care assistants Helen Foster and Amanda Hutchins how to wash their hands properly

It's in your hands - Infection control at Maidstone and Tunbridge Wells

Sometimes it's the simple things in life that make a big difference and what could be more simple than washing your hands?

Each year more than 300,000

people across the country develop a hospital acquired infection, many of which could be avoided if patients, visitors and staff simply washed their hands.

The infection control team here at Maidstone and Tunbridge Wells NHS Trust have been spreading their hand-washing message loud and proud over the past year and, thanks to their hard work, the Trust has seen a significant drop in its rates of hospital acquired infections.

Lead nurse for infection control Brenda Greatrex said: "There is a team of two consultants and three nurses who work across the Trust offering advice and guidance to whoever asks, whether that's a cleaner, patient, visitor or consultant.

"We try to educate people about how to break the 'chain of infection', to stop people picking up other illnesses while they are in hospital.

"The best piece of advice that we can offer has to be 'and now wash your hands'. It's the easiest way to stop germs being transferred from person to person. Whether you're coming in to hospital to see your relative or you're a doctor doing your daily ward round, it's one way that everyone can do their little bit to help the hospital."

Over the past year the infection control team have overseen the installation of an extra 150 alcohol gel dispensers in wards, bringing the total dispensers across the Trust to approximately 500.

The team has been running staff training sessions to ensure that all healthcare workers know how to use

the gel correctly and are putting up posters and handing out leaflets to show visitors how to clean and wash their hands in the correct manner.

Their hard work seems to have paid off - over the last six months the rates of hospital acquired infection have fallen across the Trust and rates of the headline grabbing 'superbug' MRSA have fallen by 63 per cent.

However Brenda and her team are not complacent, as she says:

"We still need to do more. Improving infection control and increasing the quality of clinical care to all our patients is every healthcare worker's responsibility and that of anyone who steps onto Trust grounds."

So, once again, have you washed your hands?

● fact file... **36,009 operations were performed across the Trust in 2003/04.**

A new hospital...

building better health care for Kent

Our £300 million new hospital development on the Pembury site will bring real benefits for patients and staff with modern facilities in a modern setting.

The Government approved the initial business case for our new hospital in February 2001. However planning permission for the development, which had been granted by the Tunbridge Wells Borough Council, was the subject of a Judicial Review. This was resolved in December 2003 and the planning approval upheld.

Talking to staff and patients

We want to make sure that the hospital that we build is suited to the needs of the staff and patients who use it. Since the government gave us the green light to build our new hospital we have been busy talking to people to find out what they want or need in it.

Over the past year groups of clinicians, managers, patient representatives and non-medical staff from the Trust have met with people from other local health organisations to discuss each stage of the development.

This project is not just about new buildings. This is a real opportunity for the Trust to review services with patients and our community-based health and social care colleagues (GPs, physiotherapists, social services).

We have done this by looking at 'patient journeys' - how patients arrive at the hospital, the departments they visit and the services that require them to wait. With this process underway

now, we are able to modernise and make service improvements in advance of the new building, and ensure that the hospital we design for the future fits the services patients will be using.

These groups comprise staff on all levels and from all professions as well as a 'patient voice' member, either from our Patient Representative Forum or one of our Patient Advisory and Liaison Service members.

PFI Clinical Skills Manager Planner Dawn Hollis has the task of co-ordinating the clinical services and function of the new hospital and making sure that the bidder's final design suits the function required.

As part of this process, Dawn has organised staff trips to hospitals across the country that are leading the way in best practice or best patient care.

Doctors and nurses visited the West Middlesex University Hospital to look at their graduated care model. This model means that a specialist team of nurses treat the most poorly patients in designated areas of the hospital so that they can receive continued high-level care without having to be continuously moved between wards.

Dawn said: "The trips are an excellent way for people to visit hospitals that are already doing things well and feed that expertise back into the function of our hospital. That way we can have a hospital that incorporates elements of good practice from other trusts across the UK."

What have we achieved?

Thanks to the site visits over the past year we now have our output specifications, essential documents that detail what we need in our new hospital. Our Private Finance Initiative (PFI) partners will use these documents as their brief when they design our new hospital.

We have also completed our Outline Business Case, a document that covers all aspects of the project from why we need a new hospital through to what the financial benefits are. This received official approval and we are now able to advertise for a PFI partner to build the new hospital.

What next?

Over the next two years we will decide which PFI partner we want to build our hospital and what its final design will be.

We hope to be opening the doors of our new hospital to patients in 2010.



An artist's impression of how our new hospital might look

Under watchful eyes

Bits of food stuck up noses, removing cataracts and testing for hearing aids are all in a day's work for the staff at the Eye, Ear and Mouth unit at Maidstone Hospital.

The £11.3m unit, which was officially opened last June, is home to a wide variety of specialties including ophthalmology, ear, nose and throat (ENT), audiology, maxillofacial and orthodontics.

The largest of these specialties is ophthalmology, a branch of medicine that deals with the anatomy, functions, diseases and treatment of the eye.

Our service boasts outpatient and inpatient clinics, a dedicated inpatient ward, a day-care ward for day case procedures and an eye emergency service.

The ophthalmology department is at the forefront of pioneering nurse-led care at the Trust and patients are now getting faster treatment that includes minor operations, post operative clinics and specialist clinics.

Now if you come to us with a simple complaint such as conjunctivitis or something in your eye you will be seen, diagnosed and treated by a trained nurse rather than a doctor.



Sister Val Tucker examines Jack Lowery's eyes with a slit lamp



Jack Lowery and Sister Val Tucker

Cataract patient Jack Lowry, 85, from Maidstone has benefited from this new nurse-led approach.

Although Jack's cataract operation was performed by a doctor two weeks before, a senior nurse, Sister Val Tucker, carried out his post operative check up in the Day Care Unit and will be keeping a watchful eye over his further progress.

Even after a fortnight Jack says that he can see much better.

"Before I had my operation I could see but some things seemed cloudy. Now I can see things much more clearly.

"Unfortunately my wife of 57 years seems to have cottoned on that I can see properly now – she keeps giving me so many tasks to do that I almost wish I hadn't had my cataract done!" joked Jack.

Jack's check up is quick and pain free. Sister Tucker asks him some questions about how his eyes have been feeling since his operation, checks that he's been taking his medication properly and then has a quick look into his eyes with a slit lamp to see how his eyes are healing.

The good news is that Jack is doing well and after a few eye drops he's free to leave.

"It's great news", Jack reports, "It means that I'll be able to enjoy my holiday in Weston-Super-Mare with my wife even more now next month. I'll need my eyesight too, I've heard that it's a long way from the coast to the sea in Weston-Super-Mare and I don't intend to get too close to the water at my age!"



fact file...

16 clinics are nurse-led in the ophthalmology department. This means that doctors are free to treat patients with more serious injuries and complaints.

Improving working lives

In a world where talent, skills and enthusiasm are in demand we are always working to make sure that our Trust is an attractive employer.

The world of work is changing – people are demanding flexible working hours, continued career development and access to childcare, and the NHS is doing its best to keep up.

Here at Maidstone and Tunbridge Wells we are matching the demands of our workforce by continuing our efforts to meet the Government's Improving Working Lives (IWL) Practice Plus standard.

Such efforts mean that it is now easier than ever before for parents to return to work; flexible working hours allow them to build their work around their family and the introduction of Busy Bees vouchers means that our staff now have access to discounted childcare.

● fact file... **1,591 more patients used our A&E services in 2003/04 than in 2002/03, 82 per cent of these 87,606 patients were seen, treated and discharged in under four hours.**

None of our patients are the same and likewise neither are our staff. We recognise that a varied workforce that encourages equality and diversity means that our hospital is not only a better place to work for our staff, but also a more welcoming environment for our patients.

We were recently awarded the 'two ticks' symbol for disability that recognises the efforts that we have made to employ, encourage and accommodate disabled workers.



We have a growing community of nurses from overseas and we now have a dedicated conversion programme that allows them to update their existing qualifications and become a Royal College of Nursing qualified nurse.

In the past year our staff have taken part in several surveys both internally and externally. These surveys allow us to find out what we are doing right and where we need to work harder to meet the needs of our staff.

In October 2003 the Commission for Health Improvement surveyed 412 members of staff from across all three of our hospitals. The results showed that the majority of our staff felt they had a good work-life balance; most felt that our Trust had a fair and effective method for reporting clinical incidents and few had suffered physical violence from patients.



Katrina Hills

In the past 12 months we have helped many people return to practice in a variety of roles across the Trust.

Katrina Hills, a staff nurse on Charles Dickens ward in oncology at Maidstone Hospital, is one of those people.

Katrina stopped nursing just before the birth of her first son nearly 20 years ago, having had a varied career working in theatres, surgery and the community.

However, when she finally decided to take the plunge and return to nursing it was oncology that appealed. Katrina said: "I had no experience of oncology nursing but the wide variety of nursing

skills that you need to use when dealing with patients appealed.

"Nurses within the oncology department may have to support someone who has gone through chemotherapy, offer palliative care or nurse someone through the final stages of their illness."

Katrina completed her 10-week return to practice course at Maidstone Hospital, with one day of lectures per week in Tonbridge. Glenda Vaughan, her mentor, gently helped her regain her nursing confidence and make it through her 150 hours of clinical practice.

Katrina said: "I was shocked at how much nursing had changed over the

However the survey also showed that less than 50 per cent of our staff had been formally appraised in the last year and of those only 22 per cent felt that their appraisal was well structured.

In response to these findings we have introduced a standardised single assessment process to measure the skills of our staff and we are working towards the new national job descriptions and appraisal standards set out in Agenda for Change.

We reviewed our communications process in January to ensure that all our staff know about any changes throughout the Trust. We now hold special staff briefings with the Chief Executive each month, rotating between each of our three hospitals. These have been well attended and any member of staff who can't attend is now able to access a dedicated staff website that gives them general information about the Trust as well as news about Trust developments.

Chief Executive Rose Gibb said: "We believe that the changes we have made in the past year mean that our staff now have more choice, support and encouragement in their jobs than ever before. This year we will be opening dedicated nurseries at Maidstone and holding our first ever staff awards ceremony. We hope that these, and other initiatives, will help to recognise and meet the demands of this Trust's greatest asset – its staff."

past 20 years. We all work much more as a team now and patients definitely seem to get a service that is more centred around their choices."

However, Katrina has never regretted her move back into nursing.

She said: "The flexible working practices mean that I can still spend time with my children and work part time doing the job that I love. I would encourage any one thinking of doing their return to practice course to go for it. It's hard work and it's tiring but it's worth every single minute."

Health and Safety

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

Working in Partnership

We have excellent working relationships with our external partners, particularly Kent and Medway Strategic Health Authority and our commissioning primary care trusts, Maidstone Weald and South West Kent PCTs.

We are currently working with Maidstone Weald and South West Kent PCTs, considering four possible service changes to help enhance the care patients receive both now and in the future.

Changes include the relocation of inpatient beds from Pembury to Kent and Sussex Hospital, the centralisation of all inpatient gynaecology beds at Pembury with some beds remaining at Maidstone, the transfer of inpatient paediatric surgery from Kent and Sussex to Maidstone until our new hospital is built at Pembury and the transfer of inpatient clinical haematology beds from Kent and Sussex to the Kent Oncology Centre at Maidstone.

The Trusts are also working together on a wider programme of service developments that span primary and community care and hospital services. This work will look at developing new service models for the future in all settings including hospitals, for intermediate care, chronic disease management, ambulatory care and women and children's services.

The Trust is due to go out to public consultation around these proposed changes in November 2004.

Major incidents

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

Over the past year the Trust ran a number of exercises that were designed to test our emergency plans including Exercise Vitriol in November 2003 which tested our new chemical decontamination equipment.

fact file...



900 - The number of volunteers working across the Trust helping things to run a little smoother.

Our volunteers help out in nearly every single ward, department, shop and restaurant.

Tim Samuelson is a volunteer at Maidstone Hospital. He works during the week taking a hot drinks trolley round to the clinics for staff and patients.

If you would like to become a volunteer at the Trust please call Linda Wiffen on 01622 224277.

Aiming for the stars

Maidstone and Tunbridge Wells NHS Trust is a better performing organisation now than it was a year ago, but we know we still need to do more.

In July the Trust was awarded a zero star rating by the Healthcare Commission when it met just one of the nine key targets set out by the Government.

But as well as the key targets, indicators were grouped into three other areas including clinical focus, patient focus and capability focus. In these the Trust was placed in the top band of performance for clinical care.

Chief Executive Rose Gibb said: "It is important for patients to know that they will receive good quality care in our hospitals. The star rating focuses firstly on performance rather than quality, but the Commission acknowledged that the quality of care provided by the Trust is in the top band of performance.

"This is also an indication of the tremendous job our staff do at all levels to ensure patients receive the best quality care and I would like to thank them all for doing so much to make sure patients are well cared for."

Star ratings do not give the whole picture. Over the past year we have made many changes and improvement for patients. The Peggy Wood Breast Centre opened its doors, we handed more power back to our most senior nurses by introducing 21 modern matrons across the Trust and refurbished many wards so that patients have nicer environments to recover in.

The Trust is also making progress in eradicating its £8.9 million cumulative deficit over the next two years and aims to achieve financial balance at the end of March 2005 (further information about this can be found in the finance section at the back of the report).

However, the patient survey that formed part of our star rating assessments showed that our patients feel that we need to do more, particularly in the way that we communicate with them when they are in hospital.

Chief Executive Rose Gibb said: "Clearly we are disappointed with the results of our patients survey for 2003/04.

"We have listened to the concerns expressed by our patients and over the next year we will be holding focus groups and training with our staff to look at areas where negative feedback has been given."

- By the end of March 04 the Trust was working to a maximum wait for inpatient routine pre-planned operations of nine months. That compared to 12 months at the end of March 03 and 15 months at the end of March 02. In March 03 70 per cent of patients were waiting less than six months for treatment. By March 04 this had improved to 83 per cent. (The England average is 90 per cent).

- At the end of March 04 the Trust was working to a maximum 17 week wait for a first outpatient appointment following GP written referral. That compared to 21 weeks at the end of March 03 and 26 weeks at the end of March 02. A total of 76 per cent of patients waited less than 13 weeks last year (England average 80 per cent).

- In 2002/03 70 per cent of patients spent less than four hours in A&E. In 2003/04 the figure rose to 86 per cent.

- A total of 161 people waited over 12 hours in A&E to be admitted on to a ward in 2002/03. That figure fell to 151 in 2003/04. (As at mid August no patient has waited over 12 hours in 2004/05).

- The percentage of patients admitted into hospital in less than four hours has leapt from 57 per cent in 2002/03 to 82 per cent in 2003/04. Progress has continued into 2004/05 with recent percentages being in the 90 per cent range.

- Due to the age of our building stock we have 11 Nightingale wards, some of which are mixed sex. We applied for funding from Kent and Medway Strategic Health Authority to enable us to refurbish these wards, but unfortunately our application was unsuccessful. It is planned as part of the upcoming service reconfigurations to ensure that the wards are in the main single sex. The Trust is reviewing its block capital allocation to see how privacy and dignity can be addressed locally. The new hospital will be fully compliant with current guidance on privacy and dignity and will incorporate 50 per cent single rooms and single sex bays.

- Operations cancelled for non clinical reasons amounted to 1.17 per cent of total elective admissions in 2002/03 and 1.4 per cent in 2003/04.



Nathan Mannering has his mouth injury examined in A&E

Letters page

Here at Maidstone and Tunbridge Wells we place a lot of importance on the letters that we receive from patients.

Here are just two of the letters we have received:

Dear Chief Executive,

I am writing to thank you most sincerely for the marvellous operation you performed on my left knee on June 18th 2003.

My progress has surprised two physios and all my neighbours and friends who were expecting a long haul to fitness. The pain has lasted only six weeks and sometime ago the physio told me to walk on soft and hard surfaces for two hours at a time. This has been successful.

My neighbour pointed out sometime ago that my joint is now perfectly normal, in fact thanks to you it is more than normal. Your straightening of my leg means that for the first time in my life my knees touch each other (a great source of merriment for the training corporals when I did my national service). I know that the straightening is going to make a lot of difference in the future.

Thank you for your expertise.

Regards,

Michael Rowe

Dear Chief Executive,

It has been a year since I was first diagnosed with breast cancer and now that the treatment has finished I would like to thank all the departments for the care, compassion and treatment that I received during this worrying time.

When I was first told that I had breast cancer I was very scared and nervous of all of the procedures, but with the caring and professional manner in which Dr Weeks and Dr Sever conducted the investigation, I began to feel in 'good hands'.

This feeling continued as I was in the kind and capable knowledge of the surgeons Peter and Sue Jones and Oncologists Mary O'Brien and Dr Jyothirmayi. The chemo team of nurses were caring and compassionate as were the team of radiographers.

In the nicest possible way I hope not to see them again but I do feel that we are very lucky to be served in this part of Kent by a marvellous team of doctors and nurses and for this I thank you all so much.

Yours sincerely,

Georgina Foster

Your letters help to show us not only things that we need to improve on but also where we have done well.

Last year we got 1,336 letters, cards or donations from patients who wanted to thank us for the care they received whilst in hospital.



fact file...

89,201 – The number of first appointments with a consultant across the Trust. These were followed by a total of **201, 559** follow-up appointments.

Although we like being told where we are doing things well we also appreciate it when you tell us how we could do things better.

Last year we received 745 formal complaints - 67 fewer than last year - and 402 enquiries - 12 fewer than last year.

Of these complaints, 99 per cent were acknowledged within two days and 73 per cent of formal complaints were responded to within 20 working days.

Thirteen patients were not happy with the management of their complaints and asked for an independent review, of which:

- One is still being considered
- One went before an independent review panel in June
- One proceeded to the Ombudsman's office.

We do listen to what you tell us and over the last year the following actions have been taken following the receipt of a complaint:

Patient letters - Several people complained about the wording of letters sent to validate appointments or missed outpatient's appointment. A patient letters working group has been set up and reviewed this.

Long waits for some appointments - Radiology staff have worked hard and done extra hours in order to reduce the waiting times for scans following a number of complaints from patients.

Hospital cleaning - There have been several complaints about poor cleaning across all the hospitals. As a result a thorough clean was undertaken on one of the wards at the Kent & Sussex Hospital. There are also plans to use some Patient Environment Action Team (PEAT) money to upgrade the decoration on the ward. The matrons across the Trust now monitor cleaning standards and meet regularly with the domestic services team.

Appointments for hearing tests - Complaints about long waits for hearing tests and aids resulted in a new person being appointed to look



into problems surrounding the long waits in audiology. Extra funding was secured from the PCTs in order to provide digital hearing aids and extra staff were trained to programme the new digital aids.

Trust-wide car parking - Car parking problems intensified following the opening of The Eye, Ear and Mouth Unit at Maidstone Hospital, resulting in extra car parking spaces being created at Maidstone.

If you would like to tell us something we've done well or we could do better then please write to Complaints, Maidstone and Tunbridge Wells NHS Trust, Pembury Hospital, Tunbridge Wells, Kent, TN2 4QJ.

Clinical Governance – a learning experience

Put simply Clinical Governance is doing the right thing to the right patient at the right time and in the right way.

It means that we, as a hospital, are accountable for the delivery of a high quality service that is continuously improving.

Naturally one major focus for clinical governance within the Trust has been our response to the CHI review in December 2002. A comprehensive action plan was developed by the Trust in consultation with CHI and the Kent & Medway Strategic Health Authority and significant progress has been made on all the major recommendations.

Improvements include:

- We have significantly reduced the number of patients who become infected with MRSA during their admission, from an average of 36 a month during the first seven months of 2003 to just 19 a month since. To put those figures into context we admit approximately 2,000 inpatients each month and another 1,800 people as day cases.
- Over the past 12 months we have worked closely with our patient information steering group to develop or update leaflets for patients diagnosed with both common and complex conditions. Eleven Trust-wide leaflets have been developed and distributed to relevant wards and clinics. Topics include post-natal depression, removal of gall bladder and cardio-pulmonary arrest - choices about resuscitation.
- Purchasing practices for lignocaine, sodium chloride and water for injection have been amended. These medicines for injection were supplied in similar ampoules, which offered the potential for mistakes to occur.

The development of 'clinical indicators' for each clinical area and the Trust's aim to develop a culture where risks are freely reported and lessons learnt in order that recurrences are prevented, has led to improved incident reporting.

- We noted a 12 per cent increase in incident reporting. Approximately 2000 incidents (excluding patient falls) were reported between April 2003 and March 2004.
- Near miss reporting now accounts for 15 per cent of all clinical incident reports and demonstrates a commitment to learning from incidents.
- Root cause analysis of incidents resulting in harm or risk of serious harm is being regularly undertaken. This is a tool for finding out what the contributory factors to the incident were and what can be done to prevent it happening again.
- Sub groups to review medication incidents and medical device incidents have been developed.
- Monthly review of clinical incident management by the Clinical Risk Management Group continues.

Through reflective practice and the review of information gleaned from incidents, risk assessments and audits, areas in improvement in practice have been identified and acted upon, thereby ensuring that clinical standards are based upon best practice and staff are trained to ensure they have the competency and skills to implement these standards:

- Guidance on risk assessment was reviewed to be more user friendly to clinicians. An example of major change affected by risk assessment was the introduction at Pembury Hospital of an out of hours courier service for clinical specimens.

- The Trust reviewed its management of patients having intrathecal chemotherapy in line with the national guidance (Nov 2003). This is to safeguard patients receiving some cancer treatments following a number of high profile national incidents.
- The Trust continues to produce quarterly issues of Risk Matters – a Trust clinical risk management newsletter for all staff, which highlights key risk issues and learning as well as risk management updates.
- A number of new clinical risk policies were introduced including Medicines Management, Medical Devices/Medical Devices Training and Self Harm.

From an organisational perspective, the new Chief Executive's arrival at the end of 2003 saw the introduction of changes to clinical governance. The Trust now has a Clinical Governance subcommittee of the Board, whose function is to monitor progress on clinical governance and provide assurance to the Trust Board. The Trust's Medical Director, Dr Charles Unter, leads on clinical governance at board level.

Each Care Group has identified one or more members of clinical staff to coordinate their clinical governance activities. These are generally senior nursing and midwifery staff or allied health professionals, with support from consultant medical staff.

All new staff joining the Trust have their duties under clinical governance specified in their job descriptions.

Each clinical care group has a programme of clinical governance activities including clinical audit, complaints management and patient involvement. However, towards the end of the year it became apparent that a complex reporting structure did not support care group delivery of clinical governance. Instead we are currently reviewing a framework for clinical governance in care groups that will consolidate development across all the components of clinical governance.



Biomedical scientist Hassan Hussien

Research & Development

It was a busy year in the Research & Development Department, with 39 new research studies started. We continue to participate in a large number of national and international studies investigating new medicines and new treatment strategies.

Approximately 70 per cent of our research is cancer related and includes treatments, management, care and service provision.

Approximately 60 per cent are non-commercial externally funded studies where we work in partnership with the Medical Research Council and the major charities such as Cancer Research UK.

Approximately 15 per cent of research studies are led by our staff as part of Higher and Further Education Studies, e.g. PhD, MSc studies, and we continue to build our partnerships with the local education providers – the University of Kent, Canterbury Christ Church University, University of Greenwich, University of Brighton and University of Westminster.

A number of new procedures have been introduced, including a new form for project proposal and approval, and new financial arrangements for research and development.

The Research & Development Department continues to promote and facilitate research studies and has hosted a number of 'Learn at Lunchtime' sessions covering the R&D application processes, literature searching, critical appraisal skills,

systematic reviews and analysis. Further sessions are planned for 2004/05.

Research governance has now been implemented across the Trust and will be monitored by the Kent and Medway Strategic Health Authority via controls assurance standards. The amount of regulation continues to increase and 2004/05 will see the implementation of the new Medicines for Human Use (Clinical Trials) Regulations 2004. Nevertheless, the level of innovative and research activity across the Trust remains high, and has been recognised by the Department of Health, with a substantial increase in our Support for Science funding.



What do we plan to do next year?

The last year has been a time of great change for the Trust, particularly around clinical governance and the management of risk. We have built on what worked well and are looking forward to achieving an even higher rate of success and achievement in 2004/05.

Key plans include:

- establishing firm systems for the management and introduction of national clinical guidance including NICE.
- reviewing our Patient & Public Involvement Strategy.
- appointing a new Patient and Public Involvement Manager to support Trust staff in involving patients in all aspects of work and to lead on the implementation of the Trust Patient and Public Involvement Strategy.
- the development of a clinical audit and effectiveness strategy.
- the greater integration of risk and clinical governance with more robust identification and reporting of trends found in complaints, claims, incidents and PALS work - though the use of our new risk management database called Datix.
- working cohesively with partner Trusts on key issues such as patient and public involvement and the development of our new hospital.
- enhanced IT use across the Trust including the development of sharing of information through websites to support clinical governance.
- building on safer systems for the management of safety alerts.
- the review of our Research and Development Strategy.

FINANCIAL OVERVIEW

The 2003/04 year proved as challenging as expected, and ended with an income and expenditure deficit of just over £8.9 million. Whilst the deficit can be attributed to variances on a number of income and expenditure categories including temporary staff and drugs, a sizeable part of the deficit can be linked to a less than robust Financial Recovery Plan which identified £3 million less savings than necessary to restore balance. A further factor which has undoubtedly contributed to the position is the levels of senior personnel turnover either just prior to April 2003 or during the year.

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

1. BREAK EVEN DUTY

The Trust is required to break even on Income and Expenditure taking one year with another. This duty is usually measured by assessing performance over a three-year period, due to the Trust having a deficit for the third year, the Strategic Health Authority has agreed to extend the breakeven period to five years, allowing the Trust to avoid breaching any of its statutory duties. The Trust had an operating deficit of £8,968,000 for the year ending 31 March 2004, representing 4.65% of turnover. The operating deficit for the year ended 31 March 2003 was £4,040,000 (2.28% of turnover) and the operating deficit for the year ended 31 March 2002 was £4,153,000. There was an operating surplus for the year ended 31 March 2001 of £104,000. Since merging on 1 April 2000 the Trust has reported a deficit over 4 years totalling £17,057,000.

It should be noted that under the Department of Health's Resource Accounting rules, the £8.1million cumulative deficit in the Trust's Accounts at the 31 March 2003 was deducted from the Maidstone Weald PCTs Resource Limit in 2003/04. The PCT managed £4million of this and deducted the remaining £4million from the Trust's income. The £8.95million deficit reported in 2003/04 is therefore after the repayment of the £4million. Essentially, this means that the £8.1million cumulative deficit as at 31 March 2003 will be discounted when measuring the breakeven duty despite the fact that it remains in the Trust's Balance Sheet.

2. CAPITAL COST ABSORPTION DUTY

The Trust is required to make a return each year on the net capital assets shown on the balance sheet. The rate is set by the Treasury and for 2003/04 was 3.5%. This rate changed on the 1 April 2003 from 6% to 3.5%. The rate is calculated as the percentage that dividends paid on public dividend capital, totalling £4,638,000, bears to the average relevant net assets of £110,521,000, that is 4.2%. The Trust therefore exceeded the 3.5% target by 0.7%. This in the main represents the difference between the estimated capital values in the capital charge estimates submitted in the summer of 2002 and the actual charges in the 2003/04 accounts.

3. EXTERNAL FINANCING LIMIT DUTY

This duty is a measure of the Trust's ability to manage its cash. The External Financing Limit set by the NHS Executive for the year was £16,100,000. The Trust achieved its duty to remain within the EFL as the actual was £16,098,000.

The Trust also had a Capital Resource Limit target of £23,151,000; the charge against this limit was £22,568,000. This represents a planned under-spend agreed with the Strategic Health Authority.

4. MANAGEMENT COST TARGET

The Trust's Management Costs for the year were £6,760,000 compared to £6,282,000 in 2002/03. The Trust has continued to marginally reduce its management costs as a percentage of related income from 3.9% in 2002/03 to 3.87% in 2003/04.

5. BETTER PAYMENT PRACTICE CODE TARGET

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

	2003/04 Number	2003/04 £000	2002/03 Number	2002/03 £000
Total bills paid in the year	80,894	97,926	88,104	85,121
Total bills paid within target	63,183	81,361	59,053	64,217
Percentage of bills paid within target	78%	83%	67%	75%

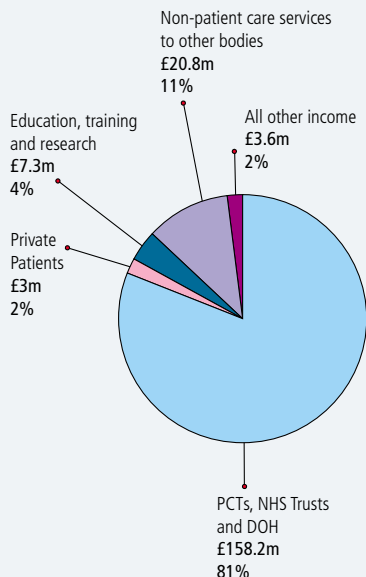
The Trust has therefore paid 11% more invoices by number within 30 days in 2003/04 compared to the previous year and continually strives to improve this performance.

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

ANALYSIS OF TRUST INCOME FOR 2003/04

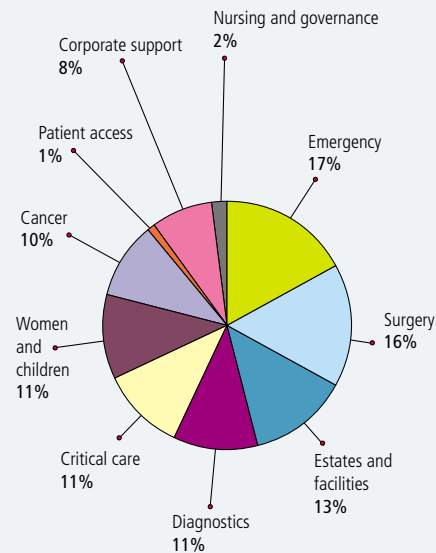
The majority of the Trust's income, just above 80%, comes from the provision of direct patient care. However the Trust also receives income for staff education and for the provision of services to other NHS organisations in the locality.

TRUST INCOME 2003/04



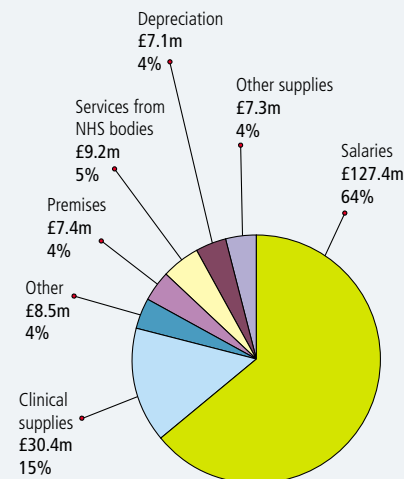
EXPENDITURE ANALYSIS BY CARE GROUP (PATIENT SERVICE) 2003/04

EXPENDITURE BY CARE GROUP 2003/04



ANALYSIS OF OPERATING EXPENDITURE BY EXPENSE TYPE FOR 2003/04

EXPENDITURE BY CARE GROUP 2003/04



Staff is the key to delivering high quality healthcare to patients. The Trust employs over 4,100 whole time equivalent staff including 438 doctors, 1,747 nurses and midwives and 498 therapeutic, scientific and technical staff.

FINANCIAL OUTLOOK FOR 2004/05

A robust Financial Recovery Plan totalling £17.9 million has been worked up for the local health economy in partnership with Maidstone Weald and South West Kent Primary Care Trusts. The plan is monitored and reviewed by the Financial Recovery Committee, which meets monthly and has Director and Non Executive Director representation from within the Trust and its Primary Care Trust partners.

Executives are also working within Care Groups and Corporate Directorates to operationally manage initiatives within the Financial Recovery Plan to help ensure targets are met and work up contingency measures to compensate for scheme slippage or replacement.

The Trust is also working with the Strategic Health Authority and its host PCT on both the National and local Kent and Medway cash rebasing exercises and in making a case to the NHS Bank for support during the year. This will be over and above the £6.6 million already agreed with the Strategic Health Authority as part of the LDP settlement for the year.

SUMMARY FINANCIAL STATEMENTS

The following Summary Financial Statements are extracted from the audited Annual Accounts of the Trust. Copies of the full Annual Accounts are available from the Director of Finance, Trust Headquarters, Pembury Hospital, Tonbridge Road, Pembury, Tunbridge Wells, Kent, TN2 4QJ Telephone 01892 823535 ext 3800.

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

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

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

Date 22 July 2004

 Chief Executive

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

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

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

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

By order of the Board

Date 22 July 2004

 Chief Executive

Date 22 July 2004

 Finance Director

STATEMENT OF DIRECTORS' RESPONSIBILITY IN RESPECT OF INTERNAL CONTROL

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

I have met with the Strategic Health Authority on a monthly basis since my arrival at the Trust to review the Trust's performance against agreed targets during the year and implemented actions as agreed.

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

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,

- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.
- The system of internal control has not been in place in Maidstone and Tunbridge Wells NHS Trust for the whole year ended 31 March 2004, but was partially in place by 31 March 2004 and fully in place at the date of approval of the annual report and accounts.

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

The strategy is underpinned by a training programme, whereby the Risk and Clinical Risk Managers coordinate training for all relevant managers, investigators and risk assessors to enable them to carry out their duties and responsibilities for risk management. Risk management is also incorporated in the Trust's induction programmes and individual training needs are identified through routine staff appraisal.

A risk management folder is held in all areas, which is readily available to staff together with information on the Trust's intranet.

The Trust has a risk register that identifies risks in a structured way across the organisation. Risks are considered under the following headings:

- Financial Impact
- Service delivery & quality
- Reversibility (or not) of a realised risk
- Quality and reliability of evidence
- Impact on the organisation

Risk Assessors have been identified to review risks in each of the Care Groups and contingency plans are recorded in the risk register. A new electronic risk register is planned from June 2004 to enhance the monitoring and management of the Trust's risks, which will be an integral part of the performance management process.

Identified risks are used to inform the setting of budgets, capital and revenue, as well as the annual audit plans of both internal and external auditors.

The Trust Board has adopted a Corporate Governance Assurance Framework, which is overseen by the Audit Committee. This includes, inter alia, a Clinical Governance Committee and a Risk Management Committee. In addition a high-level risk assessment has been presented to the Board based on the Trust's key objectives. This identified the indicators considered in assessing the risk, in terms of people, policies and processes, together with the internal and external areas from which the Board derives its assurance. During this

process, gaps in control were identified in HR, estates and information as well as some clinical areas.

Staffing levels within the finance department were also considered to be inadequate. In addition, gaps in assurance were identified in HR, information and estates. The Trust also failed to achieve Risk Pooling Scheme for Trusts (RPST) accreditation; however, I am expecting this to be remedied in the near future when a reassessment visit is planned. Action plans have been developed in the new financial year for the identified gaps together with the indicators of effectiveness to complete the framework.

The Trust is also actively involved with the Patients' forum and has a PALS officer on each site.

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

The Assurance Framework is being developed and has provided some evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by the following:

- External Audit reports and opinion
- Clinical Governance reports
- Clinical Audit
- CHAI review
- CNST accreditation
- RPST accreditation
- Royal College accreditation
- Complaints procedures
- Health and Safety Executive
- Strategic Health Authority Review

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

The Trust Board – in agreeing the strategic and policy framework for the Trust and the monitoring of progress on its implementation;

The Audit Committee – through its scrutiny of the Trust's systems and processes;

The Clinical Governance Committee – in its scrutiny and review of the Trust's clinical systems to ensure, monitor and improve the quality of healthcare outcomes and standards provided for and delivered to patients;

The Risk Committee – in its continuous identification and prioritisation of risks and their appropriate management;

Owing to the frequency of meetings the advice from the Clinical Governance and Risk Committees has been supported by Director reports in the second half of 2003/04. Both of these Committees are now scheduled to meet on a regular basis throughout 2004/05.

The Management Board – for its role in operational decision-making;

The Internal Auditors – for their reports and opinion on a risk based approach;

The Executive Team – who are collectively responsible for providing the systems, processes and evidence for assuring corporate governance. The Board agreed the Directors' individual portfolios;

I have completed a risk assessment, together with my Executive Team, on each of the Trust's key objectives and presented a gap analysis to the March 2004 Board meeting.

This identified the Director responsible for preparing the detailed action plans in the New Year. A high level plan to address weaknesses and ensure continuous improvement of the system is in place.

The following were identified as significant internal control issues in 2003/04:

● Achievement of the Break even Duty

The Trust failed to break even on Income and Expenditure for the third consecutive year. The Strategic Health Authority has formally agreed to extend the break even period to five years following agreement of a financial recovery plan. A financial recovery committee has been established within the Trust and the PCTs to oversee the delivery of the plan.

- The management of HIS/LIS under "hosting" arrangements on behalf of the Kent & Medway Community

Significant weaknesses were identified in the management and governance arrangements established under the hosting arrangements. I am agreeing new management arrangements with Chief Executives throughout Kent and Medway with direct accountability to me. I am also fully integrating the service into the Trust's corporate governance arrangement and assurance framework.

The Trust's Assurance Framework was adopted by the Trust Board as at 31 March 2004, but was not embedded and operational and did not therefore provide the required evidence on the effectiveness of the internal control. Nevertheless, on signing the Accounts the framework is sufficiently developed and operational to do so.



Chief Executive Officer
(on behalf of the Board)

Date 22 July 2004

INDEPENDENT AUDITORS' REPORT TO THE DIRECTORS OF MAIDSTONE & TUNBRIDGE WELLS NHS TRUST ON THE SUMMARY FINANCIAL STATEMENTS

We have examined the summary financial statements set out on pages 16 to 21.

This report is made solely to the Board of Maidstone & Tunbridge Wells NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors

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

Basis of opinion

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

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which we have issued an unqualified opinion.

Date 8 September 2004

PricewaterhouseCoopers LLP

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

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

	NOTE	2003/04 £000	2002/03 £000
Income from activities: Continuing operations	3	162,265	157,679
Other operating income Continuing operations	4	30,705	19,327
Operating expenses: Continuing operations	5-7	(197,390)	(174,245)
OPERATING (DEFICIT) / SURPLUS Continuing operations		(4,420)	2,761
(Loss) / Profit on disposal of fixed assets	8	(12)	(7)
(DEFICIT) / SURPLUS BEFORE INTEREST		(4,432)	2,754
Interest receivable		187	246
Interest payable	9	(29)	(31)
Other finance costs - unwinding of discount		(56)	(102)
(DEFICIT) / SURPLUS FOR THE FINANCIAL YEAR		(4,330)	2,867
Public Dividend Capital dividends payable		(4,638)	(6,907)
RETAINED DEFICIT FOR THE YEAR		(8,968)	(4,040)

NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

	NOTE	2003/04 £000	2002/03 £000
Retained (deficit)/surplus for the year		(8,968)	(4,040)
Financial support included in retained (deficit)/surplus for the year		0	(520)
Retained (deficit)/surplus for the year excluding financial support		(8,968)	(4,560)

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2004

	NOTE	2003/04 £000	2002/03 £000
(Deficit)/Surplus for the financial year before dividend payments		(4,330)	2,867
Unrealised surplus on fixed asset revaluations/indexation		11,357	14,785
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets		870	368
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets		(509)	(596)
Total recognised gains and losses for the financial year		7,388	17,424
Prior period adjustment - Pre-95 early retirement		0	(609)
Total gains and losses recognised in the financial year		7,388	16,815

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2004

	NOTE	31 March 2004 £000	31 March 2003 £000
OPERATING ACTIVITIES Net cash inflow from operating activities	18.1	3,812	14,342
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE: Interest received		185	262
Interest paid		(29)	(31)
Net cash inflow/(outflow) from returns on investments and servicing of finance		156	231
CAPITAL EXPENDITURE Payments to acquire tangible fixed assets		(14,882)	(17,619)
Receipts from sale of tangible fixed assets		1	378
(Payments to acquire)/receipts from sale of intangible assets		(547)	(102)
Net cash (outflow)/inflow from capital expenditure		(15,428)	(17,343)
DIVIDENDS PAID		(4,638)	(6,907)
Net cash (outflow)/inflow before management of liquid resources and financing		(16,098)	(9,677)
MANAGEMENT OF LIQUID RESOURCES Purchase of current asset investments		(32,000)	(124,500)
Sale of current asset investments		32,000	124,500
Net cash inflow/(outflow) from management of liquid resources		0	0
Net cash (outflow)/inflow before financing		(16,098)	(9,677)
FINANCING Public dividend capital received		16,155	14,012
Public dividend capital repaid (not previously accrued)		0	(4,300)
Net cash inflow/(outflow) from financing		16,155	9,712
Increase/(decrease) in cash		57	35

summary financial statements 2003/2004

BALANCE SHEET AS AT 31 MARCH 2004

	NOTE	31 March 2004 £000	31 March 2003 £000
FIXED ASSETS			
Intangible assets	10	688	258
Tangible assets	11	154,912	127,655
Investments	14.1	0	0
		155,600	127,913
CURRENT ASSETS			
Stocks and work in progress	12	3,099	2,602
Debtors	13	16,252	14,761
Investments	14.2	0	0
Cash at bank and in hand	18.3	562	581
		19,913	17,944
CREDITORS: Amounts falling due within one year	15	(39,795)	(29,900)
NET CURRENT ASSETS (LIABILITIES)		(19,882)	(11,956)
TOTAL ASSETS LESS CURRENT LIABILITIES		135,718	115,957
CREDITORS: Amounts falling due after more than one year	15	(168)	(247)
PROVISIONS FOR LIABILITIES AND CHARGES	16	(3,199)	(2,264)
TOTAL ASSETS EMPLOYED		132,351	113,446
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital		116,722	100,567
Revaluation reserve	17	28,172	17,666
Donated asset reserve	17	3,609	3,100
Income and expenditure reserve	17	(16,152)	(7,887)
TOTAL TAXPAYERS EQUITY		132,351	113,446

The financial statements on pages 1 to 37 were approved by the Board on 13 July 2004 and are signed on its behalf by:

Signed:



(Chief Executive)

Date 22 July 2004

Salary and Pension entitlements of senior managers

Name and Title	Age	Salary (bands of £3000)		Other Remuneration (bands of £5000)		Golden hello/compensation for loss of office		Real increase in pension at age 60 (bands of £2500)		Total accrued pension at age 60 (bands of £5000)		Benefits in kind (Rounded to the nearest £100)	
		£000	£000	£000	£000	£000	£000	£	£	£	£	£	£
2003/04													
Non Executive Directors													
Miss A Chapman, Chairman	44	5-10	0	0	0	0	0	0	0	0	0	0	0
Mr J Lee, Chairman	61	15-20	0	0	0	0	0	0	0	0	0	500	0
Mr I E Nash	51	0-5	0	0	0	0	0	0	0	0	0	1300	0
Mr J C Cartwright	70	0-5	0	0	0	0	0	0	0	0	0	300	0
Dr G Bullock	68	5-10	0	0	0	0	0	0	0	0	0	1000	0
Mr P C Cox	58	0-5	0	0	0	0	0	0	0	0	0	1400	0
Mr W J Tayler	54	5-10	0	0	0	0	0	0	0	0	0	300	0
Miss A V Munro	45	0-5	0	0	0	0	0	0	0	0	0	0	0
Mr A C Cockell	36	0-5	0	0	0	0	0	0	0	0	0	0	0
Mr J Paine	51	0-5	0	0	0	0	0	0	0	0	0	0	0
Senior Managers													
Mr M Davies, Acting Chief Executive	45	75-80	0	0	5.0-7.5	30-35	8700	0	0	0	0	0	0
Ms R Gibb, Chief Executive	Note 1	50-55	0	0	Note 1	Note 1	0	0	0	0	0	0	0
Ms N Bowden, Consultant Director	45	85-90	0	0	0	0	13500	0	0	0	0	0	0
Dr C E M Unter, Medical Director	53	45-50	90-95	0	0-2.5	20-23	4000	0	0	0	0	0	0
Mr P G Darling, Director of Finance	44	70-75	0	21	0	20-25	3600	0	0	0	0	0	0
Mrs K Stepney, Acting Director of Finance	55	25-30	0	0	0	0	1400	0	0	0	0	0	0
Mr M Bull, Acting Director of Finance	43	55-60	0	0	7.5-10.0	20-25	2000	0	0	0	0	0	0
Mr B Place, Director of Nursing & Quality	48	75-80	0	0	0-2.5	15-20	3000	0	0	0	0	0	0
Mrs B M Musselwhite, Director of Strategic Development	40	70-75	0	0	0-2.5	10-15	0	0	0	0	0	0	0
Mr R Pepper, Director of Estates and Facilities	55	60-65	0	0	0-2.5	5-10	2300	0	0	0	0	0	0
Mr G Goddard, Director of Estates and Development	47	0-5	0	0	0-2.5	25-30	0	0	0	0	0	0	0
Mrs R McAll, HR Director	Note 2	75-80	0	0	0-2.5	15-20	0	0	0	0	0	0	0
Mrs A Page, Service Director, Emergency Care	42	5-10	0	0	2.5-5.0	15-20	100	0	0	0	0	0	0

Chief Executive
Mr M Davies held the post of Acting Chief Executive from 1/4/03 to 2/11/03
Ms R Gibb held the post of Chief Executive from 3/11/03 to 31/03/04

Chairman
Miss A Chapman held the post of Chairman from 1/4/03 to 30/6/03
Mr J Lee held the post of Chairman from 1/7/03 to 31/3/04

Non Executive Directors
Mr I E Nash held the post of NED from 1/4/03 to 30/11/03
Mr J C Cartwright held the post of NED from 1/4/03 to 30/11/03
Mr P C Cox held the post of NED from 1/4/03 to 30/11/03

Director of Finance
Mr P Darling held the post from 1/4/03 to 31/12/03
Mr M Bull held the post of Acting Director of Finance from 1/4/03 to 02/01/04
Mrs K Stepney held the post of Acting Director of Finance from 5/01/04 to 31/03/04
Miss A V Munro held the post of NED from 1/1/04 to 31/3/04
Mr A C Cockell held the post of NED from 1/12/04 to 31/3/04
Mr J Paine held the post of NED from 1/1/04 to 31/3/04

Director of Estates, Facilities and Development
Mr R Pepper held the post of Director of Estates and Facilities from 1/4/03 to 31/03/04
Mrs B M Musselwhite held the post of Director of Strategic Development from 1/4/03 to 29/2/04
Mr G Goddard held the post of Director of Estates Facilities and Development from 8/3/04 to 31/3/04

Other Directors
Mrs A Page Held the post of Service Director for Emergency Care from 1/3/04 to 31/03/04, there was no previous post holder
Mrs R McAll held the post of HR Director from 7/4/03 to 31/3/04

Medical Director
Dr C E M Unter holds the post of both Medical Director and Consultant Paediatrician this is shown separately under other remuneration

Notes:
1 - Ms R Gibb - Withheld her age and pension
2 - Mrs R McAll - Withheld her age
Benefits in Kind consist of Travel and Taxation thereon for Non-Executive Directors, Lease cars for Executive Directors and Senior Managers. Accommodation, Council Tax and Water Rates were paid for the Acting Chief Executive and the Assistant Chief Executive.

Employee costs and numbers

Employee Costs	2003/04 £000	2002/03 £000	Management Costs	2003/04 £000	2002/03 £000
Salaries and wages	103,245	90,022	Management costs	6,760	6,282
Social Security Costs	7,999	6,205	Income	174,668	161,421
Employer contributions to NHSPA	5,748	5,096			
Other pension costs	0	0			
Agency and contract staff	10,110	9,635			
Seconded-in staff	236	205			
	127,338	111,163			

Average number of employees	2003/04 Number	2002/03 Number
Medical and dental	438	411
Ambulance staff	2	2
Administration and estates	1,327	1,029
Healthcare assistants & other support staff	426	466
Nursing, midwifery & health visiting staff	1,747	1,645
Nursing, midwifery & health visiting learners	0	0
Scientific, therapeutic and technical staff	498	492
Social care staff	0	0
Other	2	1
Total	4,440	4,046

Constitution of the Audit Committee
The Directors now forming the Audit Committee are Mr Jonathan Paine (Non-Executive Director and Committee Chairman), Mr Aaron Cockell (Non-Executive Director) and Ms Gillian Bullock (Non-Executive Director). Other board members who served during the year were Mr John Cartwright (Non-Executive Director), Mr Ian Nash (Non-Executive Director and previous Committee Chairman) and Mr Peter Cox (Non-Executive Director).

The Trust's External Audit services for the financial year 2003/04 were provided by Pricewaterhouse Cooper LLP. Costs in relation to this audit work can be categorised as follows;

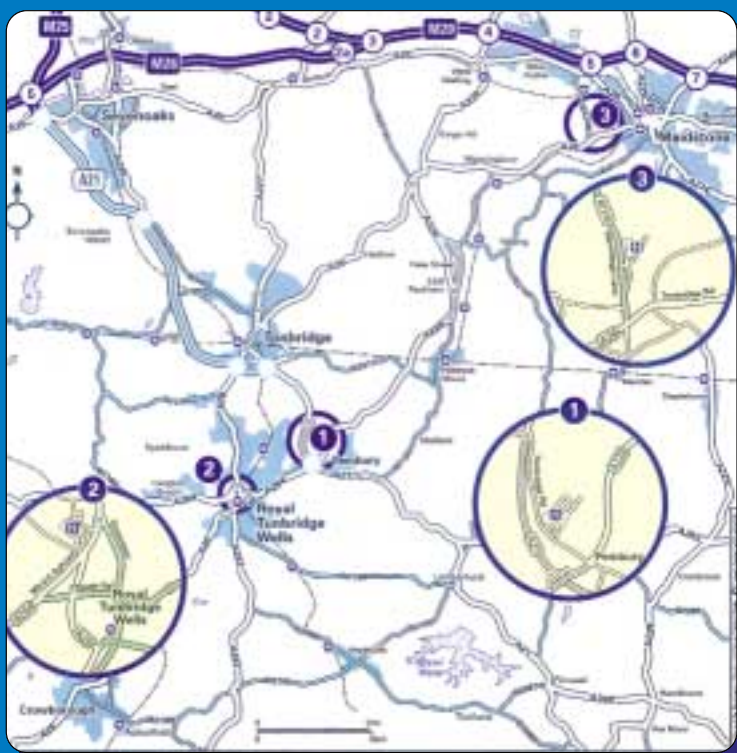
	£000's
Audit Services	226k
Further Assurance Services	0
Other Services	0

'Audit services' relates to the Annual Accounts and the Financial aspects of corporate governance £123k. The remaining £103k relates to other work carried out in relation to the statutory audit such as the data quality review, acute hospitals portfolio review and the performance audit.

Maidstone and Tunbridge Wells NHS Trust is an acute hospital Trust that provides general hospital services to around half a million people living in west Kent and northeast Sussex.

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

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



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Maidstone Hospital

Hermitage Lane
Maidstone
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ME16 9QQ
Tel: 01622 729000
Website: www.kentandmedway.nhs.uk

Maidstone and Tunbridge Wells



NHS Trust