Box 18





Maidstone and Tunbridge Wells NHS Trust annual report 2000 - 2001





Maidstone and Tunbridge Wells

Content Message from the Chairman Message from the Chief Executive Introduction 20 Message from the Chairman News Reviews Changing the Way we Work 1 2 Message from the Chief Executive **Putting the Patient First** Introduction 3 Investing in our Environment 21 Service Developments Pembury and Kent & Sussex Hospitals The area we serve **Working Together** Our Board Maidstone Hospital Right People, Right Job The committees Kent & Canterbury Hospital News Reviews Our hospitals and centres Health and Safety Investing in our Environment Our services 22 **Building for the Future Building for the Future** Changing the Way we Work 7 Finance New Hospital for Tunbridge Wells and New Modernisation Board Wing for Maidstone Hospital · Putting Ideas into Practice Kent County Ophthalmic and Aural Clinical Governance Hospital (KCOAH) Booked Admissions Orthopaedics · What you told us about our services Ophthalmology at Medway Putting the Patient First 10 Finance 23 Winter planning · Financial Overview · Outpatient waiting times Management Cost Target Planned waiting times Public Sector Payment · Analysis of Trust Income 12 Service Developments · Analysis of Expenditure by Care Group Critical Care Services · Analysis of Operating Expenditure Cancer Services Financial Outlook Medical Assessment Unit (MAU) · Summary Financial Statements Gynaecology Oncology · Income and Expenditure Account Obstetric Ultrasound · Balance Sheet Rapid Response Team Gains and Losses · Medical Imaging · Cash Flow Pathology · Directors' Remuneration Pharmacy Statement of Director's Responsibility Information, Management and Controls Assurance Technology (IM&T) · Auditor's Report 15 Working Together Audit Committee Primary Care Trusts Joint Communication Clinic Web site Right People, Right Job 16 · Change Management · Care Groups Communications Recruitment Equal Opportunities Non Medical Education Training (NMET)

Arts Co-ordinatorImproving Working Lives

Volunteers

· Christmas Decoration Competition

Employee and Team of the Month Roll of Honour

Chairman's Report



The first year for our Trust has been a very significant one and we have accomplished so much during that time. At the outset I would like to convey my thanks and appreciation to everyone who has contributed to the Trust's success since April 2000, and the people who work so hard for our Trust should be proud of their achievements.

Following the creation of the Maidstone and Tunbridge Wells NHS Trust the sound development of the organisation has been achieved through the strong leadership of the Executive Team of this Trust and their encouragement to staff to think about and plan for the future of the services that we provide.

There are growing pains in any new or merged organisation and for a while things were "not like they used to be". However, much more has been achieved than would have been possible with two smaller organisations. Integrating the two former management teams created savings of more than £600,000 on management costs, which were ploughed back into clinical services. While there have been some frustrations and disappointments there have been many more successes and achievements, which I believe have given us a solid foundation on which to build over the coming years. Alongside this change, during the past year, the excellent quality of care for our patients has continued to be a high priority for our staff.

Our success and hard work has been recognised by the Health Authority and South East Regional Office of the NHS. The developments and actions outlined in this report are a tribute to the dedication and hard work of the people who work here. I believe that these achievements are all the more remarkable when you consider that they have all happened in our first year as a merged Trust.

On 15th February of this year Health Secretary, Alan Milburn, announced the approval of our plans to proceed with the building of a new and substantial hospital in Tunbridge Wells and the creation of additional facilities at Maidstone Hospital. This was a key event and one that will have a huge impact on how we plan for the future. I firmly believe that the development of health services for our local population to be accommodated in modern purpose designed buildings is an exciting prospect for everyone. There will be comprehensive consultation at frequent stages throughout the next five years through roadshows and workshops whereby people can contribute their thoughts and ideas about the schemes.

We are now entering an exciting time in the NHS with many more changes on the horizon. We have set ourselves some challenging objectives, not least the schedule for our Private Finance Initiative (PFI) scheme, but we are confident and determined that we will be able to deliver them on time.

I would like to thank all those individuals, groups and organisations including the Leagues of Friends and WRVS who have so very generously bought pieces of equipment or so tirelessly fundraise on our behalf. In addition, our volunteers are an important part of our overall team and provide a welcoming and friendly service to patients and visitors to our hospitals. Further, I would like to thank our local Community Health Councils for their support, participation and interest in the work of our hospitals.

Whilst applauding everything that we have achieved, it would be easy to become complacent and sit back. I acknowledge that there is much to be done if we are to reach the challenging targets set out in the NHS Modernisation Plan. I am, however, delighted to say that we have had an excellent start to the new year. With the focus we have on our patients and a high level of communication with our staff, I feel confident that we can work together to provide the best service possible for our patients in the future.



Amel Chapma.

Chief Executive's Report

It is remarkable, and a credit to our staff, to think that in our first year we cared for and treated more patients than ever before, while managing to carry out such major change, agreeing plans for a multimillion pound development at Tunbridge Wells and Maidstone and establishing a new merged organisation.





We believe these changes will make big differences and improvements to the way we provide services to our patients.

During our first year we undertook a number of major projects including an acute services review and women's and children's service review. Both involved a comprehensive public consultation exercise. The acute services review helped us convince Government that we had a basis of planned working to reinforce our aims for two district general hospitals and specialist-based services. We are now able to provide more specialist services in centres of excellence, which is good news for patients. The women's and children's review resulted in us recommending that core services should be retained at both Maidstone and Tunbridge Wells for the foreseeable future, but that some specialist services should be organised differently across the population we serve.

We were delighted to be given the go ahead to proceed to the next stage of our PFI scheme to build a new hospital at Tunbridge Wells and to expand Maidstone Hospital. We have given assurances to staff, patients and public that they will be consulted as the project progresses as outlined in our PFI communications strategy, and indeed our staff are already involved in the initial process of looking ahead to see how services should be organised. This is a once-ina-lifetime opportunity to make sure we get our plans and services right for this and future generations.

Although a smaller scheme we were also delighted to hear that we will be receiving government funding to build a new £11.3m unit at Maidstone Hospital to replace the ageing Kent County Ophthalmic and Aural Hospital (KCOAH). This scheme will be completed by 2003/04.

During the last financial year we spent more than £3.5m tackling a backlog of repairs, making service improvements and carrying out a massive health and safety programme. We spent approximately £1.8m at Kent & Sussex and Pembury Hospitals and £1.6m at Maidstone and KCOAH. This current year we will be spending more than £5.5m on our capital programme of work across all our sites including Kent and Canterbury where we provide cancer services. Of that money some £500,000 will be spent on backlog maintenance work and inevitably most of it is being spent at Kent & Sussex and Pembury Hospitals. Exciting new developments in Ophthalmology, ENT, Dermatology, Orthopaedic Surgery and Rheumatology are also planned in the next 12 months.

We were extremely pleased that KCOAH and Maidstone Hospital scored well in the Patient Environment Access Team (PEAT) report and it came as little surprise to us that Kent & Sussex and particularly Pembury Hospitals did not fare as well. The hospital buildings are well past their sell-by-date. Parts of Pembury Hospital date back to the Crimean War! However, even before the report was published we had set about improving the site as a whole. We have replaced all the signage and improved the access roads and car parking areas. The PEAT teams were set up by the Government to look at cleaning and fabric standards in hospitals up and down the country. Some people ask why we are spending all this money when we will be getting a brand new hospital. A new hospital is still some five to six years away and in the meantime we have to maintain decent standards in which to care for patients and to provide a good environment in which staff can work.

We recognise that partnership working is key to providing integrated and seamless healthcare services to the local population. This has been evident in planning for the new hospital, the Kent Cancer Collaborative and winter planning initiatives to mention but a few. We also recognise that it is our staff who have the good ideas for trying different ways of carrying out work, or for ways of communicating good practice and over the past year they have come up with some excellent ideas which we are now putting into practice. We acknowledge the frustration that patients experience while waiting for their hospital appointments and can assure them that we are continually striving to reduce waiting times. This last year we made significant improvements and will continue to examine ways by which to speed up appointment times. We managed to hit the targets we agreed with Government and this has helped us be rewarded with more money for new schemes.

Elsewhere in this report you will find information about our management of risk and our plans for improvements in clinical services. We are enthusiastic about using opportunities given to us to improve and modernise our services and will continue to work hard on behalf of our local community.

As you can see we have achieved much in our first year and I would personally like to thank all the staff and volunteers who work so hard day-in, day-out caring for our patients.

Stephen Collinson Chief Executive



Maidstone and Tunbridge Wells NHS Trust is one of England's 247 NHS Trusts.



We are a new Trust, set up on 1 April 2000 to take over the services previously run by the Kent and Sussex Weald NHS Trust and the Mid Kent Healthcare NHS Trust.

We provide a comprehensive range of 'acute' (mainly hospital-based) health services for the half a million residents of Maidstone and Tunbridge Wells and the surrounding areas including Tonbridge, Sevenoaks and parts of north east Sussex. We also provide ophthalmology services to the people of Medway, Maidstone and Tunbridge Wells and cancer services for the whole of Kent and the Hastings and Rother populations from our two bases at Maidstone Hospital and Kent & Canterbury Hospital.

In April this year the following services transferred to Maidstone and Malling Primary care Trust (PCT) - District Nursing, Continence Service, Help Store and wheelchair Department, Administration and Clerical Staff, Health Visitors and School Nurses. District Nurses and Health Visitors at Borough Green and Hadlow transferred to South West Kent PCT. Therapy Services and Child Health remain with this Trust.

Finance Initiative (PFI) to build a new, purpose-built hospital in Tunbridge Wells. The new 450-bed hospital will replace the ageing Kent and Sussex and Pembury Hospitals. The project also allows for a multi-million pound expansion of Maidstone Hospital. This is in addition to a series of other new developments across the Trust – all designed to modernise our services.

The Trust is led by a board of directors. The Chairman and four Non-executive Directors have been appointed by the Secretary of State for Health, through national advertisement. Non-executive Directors are appointed for a maximum of four years which is renewable after that time. They are members of the public who live in the area that the Trust serves. Their role is to provide independent judgement on strategic issues facing the Trust as well as to bring their individual and community experience to help the board make decisions over the running of the Trust's hospitals. At present the Trust has one Non-executive Director vacancy.

The Chief Executive was appointed to the Trust following an open advertisement with an interview and external assessment. Chief Executives may be removed from post by the Chairman.

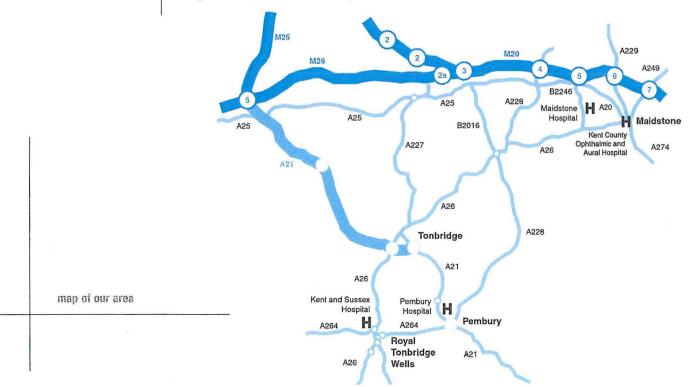
The seven Executive Directors of whom five are Board members, led by the Chief Executive, are full-time salaried members of staff and are responsible for the day-to-day running of the Trust.

The aims of the PCTs are to

- improve the health of the local community
- improve the quality of primary care
- purchase hospital services for the local population
 - provide community health services

Our team of 5,000 staff includes more than 400 doctors and 1,500 nurses. Together, our staff provide care for more than 430,700 patients in our hospitals every year. We have 952 beds and provide in-patient, day cases and out-patient care. Our annual budget last year was around £150 million. This year the budget is £153 million after the transfer of community services to Maidstone and Malling Primary Care Trust.

In February 2001, we received excellent news. The Secretary of State for Health, Alan Milburn, gave the Trust the go ahead to proceed to the next stage in our Private



Our Board



lan Nash



Chairman
Non-executive Director
Non-executive Director
Non-executive Director
Non-executive Director
Chief Executive
Medical Director
Director of Finance and IM & T
Director of Service Development
Director of Nursing
Director of Operations
Director of Human Resources

Anne Chapman
Peter Cox
Ian Nash
John Cartwright
Dr Gillian Bullock
Stephen Collinson
Dr Charles Unter
Paul Darling
Lynne Clemence
Bernard Place
Val Thompson*
Chris Wilson

Val Thompson was also acting Director of Nursing from September 2000 – February 2001.

Details of the Directors' remuneration can be found on page 25. The salaries of the Directors are determined by the Remuneration Committee.

The Board meets in public each month. Dates of meetings are available on the Trust's web site which can be accessed through www.NHSKent.org.uk or by telephoning Head of Corporate Services Judith Clabby on 01892 823535 ext. 3095. You can also call this number for a copy of the agenda for the next meeting or for minutes of previous meetings.

A Register of Board Members' Interests is kept by the Head of Corporate Services, and can be inspected on request.

The Trust Board has established a number of committees to ensure that its stewardship of public funds is properly regulated and staff appropriately paid.

Committees



John Cartwright joined the

Dr Bullock joined the Trust

Trust in July 2000

in March 2001

Anne Chapman is Chairman of the Remuneration Committee, Private Finance Initiative (PFI) Board, Modernisation Board, Governance and Risk Management Committee and Charitable Funds Committee Ian Nash is Chairman of the Audit Committee John Cartwright is Chairman of the Performance Sub Group Peter Cox is Chairman of the Human Resources Sub Group John Cartwright, Peter Cox and Dr Gillian Bullock are members of the Remuneration Committee and Convenors under the NHS Complaints' Procedure.

The Trust's external auditor is PricewaterhouseCoopers.

Our Hospitals and Centres

The Trust runs four hospitals and our headquarters are at Pembury Hospital. We also run services from Kent & Canterbury Hospital at Canterbury, the Homeopathic Hospital in Tunbridge Wells, Preston Hall in Aylesford, Churchill Centre in Aylesford, Coxheath Clinic at Coxheath, Foster Street Clinic in Maidstone and the Children's Centre in Maidstone.

Kent and Sussex Hospital Mount Ephraim, Tunbridge Wells, Kent TN4 8AT Telephone: 01892 526111

Pembury Hospital, Tonbridge Road, Pembury Tunbridge Wells, Kent TN2 4QJ Telephone: 01892 823535

Kent and Sussex Hospital is in the centre of Tunbridge Wells. It is a district general hospital with an A&E Department. Pembury Hospital is on the outskirts of the town centre and provides women's and children's services, medical and rehabilitation wards for the elderly, dermatology, ophthalmology, rheumatology and diagnostic services.

Maidstone Hospital, Hermitage Lane, Maidstone, Kent ME16 9QQ Telephone: 01622 729000

Maidstone Hospital is just a few miles outside the town centre on a large greenfield site. A district general hospital with an A&E Department it opened in 1983. Since then, additional wings have been added and the specialist Kent Oncology Centre opened in 1993. It provides very similar services to the Kent and Sussex and Pembury Hospitals.

Kent County Ophthalmic & Aural Hospital (KCOAH)* Church Street, Maidstone, Kent ME14 1DT Telephone: 01622 673444

The Kent County Ophthalmic and Aural Hospital (KCOAH) provides ophthalmic, ear, nose and throat (ENT), oral surgery and orthodontics services. These services will transfer to Maidstone Hospital in spring 2002*.

We also provide specialist services at the Kent Oncology Centre, which is based at Maidstone Hospital and Kent & Canterbury Hospital and a number of other specialist services at the Homeopathic Hospital and Presion Hall.

Our Services



Our services are provided by eight care groups.

- surgical services
- · critical care
- · women's and children's services
- emergency services
- · diagnostic and clinical services
- cancer services
- primary care
- clinical governance

Non clinical services are provided by the Finance and IM&T, Human Resources, Estates and Facilities and Trust Management Departments.

Surgical Services Care Group

This care group is responsible for the management of inpatient, out-patient and day case services in the specialties of general surgery, vascular, urology, ear, nose and throat (ENT), ophthalmology and trauma and orthopaedics.

Contacts:

Associate Medical Director Mr Kenneth Tuson

General Manager Chris Davison

Main telephone contact for Surgical Services Care Group – 01622 224227 (Maidstone Hospital)



This care group is responsible for the Trust's operating theatres, day surgery (including endoscopy), intensive therapy units (ITU), high dependency units (HDU), coronary care unit (CCU) and pain control.

The Trust has 16 operating theatres: 6 at Kent and Sussex Hospital, 3 at Pembury Hospital, 4 at Maidstone Hospital and 3 at Kent County Ophthalmic and Aural Hospital.

There is also a day theatre at Maidstone Hospital and labour ward theatres at Pembury and Maidstone Hospitals. ITU and HDU are run at Kent and Sussex and Maidstone hospitals providing a total of 13 beds.

Contacts:

Associate Medical Director

Dr Andy Pyne

General Manager Mavis Williams

Main telephone contact for Critical Care Group – 01892 526111 ext. 2310 (Kent & Sussex Hospital)

Women's and Children's Services Care Group

This care group provides an integrated maternity service, with a fully developed community element, to ensure as much patient choice as possible regarding location and type of ante-natal care and birth. The gynaecology services include in-patient and day case surgery, outpatient care, colposcopy and laser treatment. It also includes paediatrics and the special care baby unit (SCBU).

Services are based at Pembury Hospital and Maidstone Hospital and provide high quality obstetric, midwifery and gynaecology services.

Contacts:

Associate Medical Director

Dr Tony Hulse

General Manager

Pat Graves

Main telephone number for Women's and Children's Care Group — 01622 224246 (Maidstone Hospital)

Emergency Services Care Group

This care group provides 24 hour, 7 days a week accident and emergency services at the Kent and Sussex and Maidstone Hospitals. Immediate assessment and care is provided for patients suffering from recent injuries and sudden illness.

The care group also provides care of elderly and rehabilitation services.

The accident and emergency departments at Kent & Sussex and Maidstone Hospitals are designated major injury centres — prepared to cope with major incidents. There is a helipad at Maidstone Hospital next to the accident and emergency department, which is often used by the Kent Air Ambulance.

The directorate also runs a minor injuries unit at the Kent and Sussex Hospital.

Contacts:

Associate Medical Director

Dr Paul Reynolds

General Manager

Karen Deacon

The main telephone contact number for the Emergency Care Group — 01892 823535 ext. 3211 (Pembury Hospital)



Diagnostic and Clinical Services Care Group This care group provides radiology, pathology and pharmaceutical services for the Trust.

A comprehensive diagnostic radiology service for the Trust's hospital-based services as well as local GPs is provided. This includes:

- · CT (Computerised Tomography) scanning
- Ultrasound
- MRI (Magnetic Resonance Imaging)
- · Digital subtraction angiography
- Mammography
- Interventional techniques

There are X-ray departments at the Kent & Sussex, Maidstone and Pembury Hospitals.

The pathology service provides a high quality, comprehensive analytical and advice service within the Trust, to our local GPs and local independent hospitals.

Contacts:

Associate Medical Director Dr Graeme Calver

General Manager

General Manage Graham West

The main telephone contact number for Diagnostic and Clinical Services Care Group — 01622 224332 (Maidstone Hospital).



This care group provides highly specialised cancer services for the residents of Kent. These services are based at two dedicated cancer centres — Maidstone Hospital in the west and the Kent & Canterbury Hospital in the east of the county. Five other hospitals in Kent — Darent Valley, Medway, Kent & Sussex, Ashford and Margate - offer initial assessment and early treatment. Only the cancer centres provide specialised treatment such as radiotherapy and complex chemotherapy.

Considerable work is underway in Kent to meet new national standards for cancer patients and to improve the quality of their care.

Contacts:

Associate Medical Director Prof Roger James

General Manager Jo Yardley

The main telephone contact number for the Cancer Care Group – 01622 225011 (Maidstone Hospital)

Primary Care and Community Services Care Group

Until 1 April the Trust provided Community Nursing, Health Visitors, School Nursing and Family Planning, Community Rehabilitation Services, Services for Children with Special Needs and in and out-patient therapy services for both hospitals at Maidstone and Tunbridge Wells. It continues to provide therapy services and child health care at Maidstone and in-patient therapy services at Kent and Sussex and Pembury Hospitals.

Contact:

General Manager Vanessa Walker

The main contact telephone number for Primary Care - 01622 225666 (Preston Hall)

Clinical Governance Care Group

Clinical Governance is the term adopted by the NHS to cover systems and processes for monitoring and improving clinical services. The purpose of clinical governance is to ensure that patients receive the highest quality of NHS care possible. It makes clear that the Trust and its entire staff are accountable for the quality of care.

For clinical governance to be effective we must accept that it is an ongoing process of improvement. That we learn from our mistakes and clinical errors. We must adopt a patient centred approach that includes treating patients courteously, involving them in decisions about their care and keeping them informed.

The Clinical Governance Care Group provides leadership and direction for the clinical governance agenda of the Trust. It guides and supports the other Care Groups in the development of their programmes. Clinical Audit, Infection Control and Library and Information Services are managed within the Care Group, which also provides the lead for research, clinical risk and patient information.

Contacts:

Associate Medical Director Dr Wilson Bolsover

General Manager Lynne Clumpus

The main telephone contact number for the Clinical Governance Care Group – 01622 224816 (Maidstone Hospital)



Changing the Way we Work



There is only one group of people who can transform the way we work and improve patient care and that is the people who work in the organisation. It is the frontline staff who are key to delivering change and it is the responsibility of the managers who lead change to engage those staff. We have made a good start but we know we need to go further and quicker.

Modernisation Board

We felt that the best way to meet the challenges of the NHS Modernisation Plan, which is designed to improve patient care, was to establish a Trust Modernisation Board. We knew that if we were going to implement all the changes and get involved in working with other agencies this work needed to be central to our development plans. We wanted to improve our services and plan for the future. The role of the Modernisation Board is therefore to move forward the change agenda, to co-ordinate and encourage the various change projects, many of which were already underway, and to encourage good practice by learning from elsewhere.

The Trust's Modernisation Board is currently overseeing: -

- · Implementation of the orthopaedic collaborative
- · Booked admissions pilot schemes
- Cancer collaborative
- Primary Care collaborative (being led by the Primary Care Trust)
- Putting Ideas into Practice
- NHS Modernisation Plan compliance
- · Patient and public involvement
- Actions on cataracts
- National Patient Access Team guidance

Our Trust Modernisation Board includes representatives from the Primary Care Trusts, the Community Health Councils (the independent watchdogs for NHS care) as well as staff representatives across professions and grades.

There is a strong Trust-wide commitment to constantly improve services and many staff are already working on a whole range of projects to improve patient care, and their own areas of work - not just in clinical practice. They, together with patients, are the experts on what needs to change. Everyone in the Trust has a part to play in delivering better services to patients, of keeping links with local GPs strong, of promoting the Trust's record in education, training and research. Wherever a member of staff works, and whatever their skills, they have ideas on how to make services we provide to patients more effective and successful.

Putting Ideas into Practice - PIP

To make sure we capture ideas from staff and patients and ensure we share best practice throughout the organisation and the wider local health economy we introduced a scheme called Putting Ideas into Practice (PIP). Staff and patients complete a PIP postcard with their suggestions about what they think works well and their ideas for improving the part of the hospital and clinic in which they work or are treated.

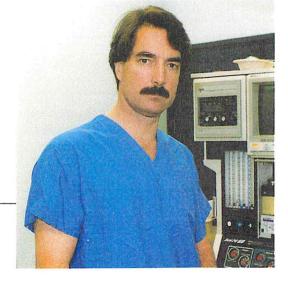
These ideas are then grouped into three areas.

- an idea that an individual or a single professional group wants to introduce that has minimal impact on others outside the group
- · ideas that link between Trust departments
- ideas that cross boundaries between Trust and outside agencies

We believe that if we are to change the way we work to improve services it has to start with the patients we treat and with the staff and their ideas. We know that staff have a lot of excellent ideas and since we launched this scheme in April we have received more than 150 ideas. Each one has been acknowledged, discussed and, in one way or another, taken forward.

The NHS is one of the world's largest employers and recruits some of the most talented staff. Yet when we try to get something done differently lots of obstacles suddenly rear their ugly heads and get in the way. To be honest not all of those blocks are to do with money, many are to do with changing attitudes and outlooks which is why this Trust is looking at changing the way it works.





There is a strong Trust-wide commitment to constantly improve services and many staff are already working on a whole range of projects to improve patient care.

Changing the Way we Work

Clinical Governance

The creation of a new Trust with a new management structure provided an ideal opportunity to re-evaluate how clinical governance was to be achieved. It was recognised that within a modern and responsive NHS Trust the underlying themes of clinical governance should be built into normal working patterns, which implied that the management structure should facilitate or even emphasise those themes.



This was done in a number of ways.

- First, the profile of clinical governance was ensured by creating a dedicated separate care group. The Associate Medical Director Dr Wilson Bolsover and General Manager Lynne Clumpus are full members of the Trust's management team.
- Secondly, a firm emphasis was put on devolving clinical governance activity to clinical care groups, where it could be effective. This will include not just the monitoring of performance but also the production of patient information, the establishment of clinical audit programmes, the assessment of complaints and the introduction of clinical risk management.
- Thirdly, a multi-disciplinary clinical governance committee
 was established. It has the dual roles of overseeing a
 number of specialised sub-committees, detailed in the
 supplementary report, and more importantly of ensuring
 that there is cohesion and purpose behind the clinical
 governance activity undertaken by the clinical care groups.
- Finally, the Trust has endorsed the importance of clinical governance by setting aside half a day each month when all routine activity stops so that clinical and other staff can meet to review and act upon audit findings and adverse events, disseminate evidence-based practice guidelines and develop useful patient information.

Of necessity this first year has seen us concentrating on establishing a structure for clinical governance within the Trust. We are beginning to see that structure work, and during the next year we must ensure that it continues to develop. We must also begin to build on our links with others, for example Primary Care Trusts and patients, in order to become responsive to the wider health economy.

Booked Admissions

We are currently taking part in the national programme for the implementation of booked admissions. The scheme started in 1998 and is now in its third wave. The purpose of the scheme is to replace waiting lists with booking systems that allow patients to choose the day and time of their treatment.

All Trusts throughout the country are now booking patients in at least two specialities. Our specialities are Ophthalmology and Chronic Pain. We have recently submitted a further bid to Government to allow us to continue the work in a much wider range of services. The project works towards the goals set out in the NHS Modernisation Plan and we are working towards full booking systems in place by March 2005. This work is extremely exciting and is about providing better services to patients by offering wider choice and making them the focal point of the service.





The creation of a new Trust with a new management structure provided an ideal opportunity to re-evaluate how clinical governance was to be achieved.

Changing the Way we Work

What you told us about our services



We frequently receive comments from people using our services and are happy to say that the vast majority of these are complimentary about the service and, particularly, about the staff giving the care.



Sadly, things do not always go to plan and sometimes we are asked to investigate what went wrong and let the complainant know how we intend to improve the service for other patients.

In the last year we received 713 formal written complaints from amongst the hundreds of thousands of patients we treated.

We believe that the investigation and response to complaints needs to involve the staff who have provided the care and who can make changes to improve services, where these are indicated, and so have changed the way in which we handle complaints. This reorganisation has adversely affected our response times, which we will improve over the coming months. Thirty-five percent of the formal complaints received last year were answered within 20 working days.

We use complaints and suggestions from users of our service to monitor the quality of the service and these form part of the clinical governance agenda for the Trust.



Where a complainant is not satisfied with the response they receive from the Trust's Chief Executive they may ask for an independent review of the case. Last year we received thirteen such requests. Of these two were accepted for review and eleven either turned down or sent back to the Trust for further investigation.

These are just a few of the improvements in our services we have made as a result of our investigations into complaints:

- To install the pneumatic transportation system (similar to those used in co-operative stores for sending money and change to and from the accounts department in the 50s and 60s) at Maidstone Hospital. This will speed up the currently lengthy process of sending bloods for analysis.
- Consideration to withdrawing the validation system (patients needing to confirm appointments in advance) and instead delay making the appointment until six weeks prior to the intended date of the appointment. Patients would then be asked to telephone the hospital to book a convenient appointment within a specified time limit, which they would then be expected to keep.
- Additional disabled parking bays have been created across all sites.
- The Infection Control Team has introduced many changes across the Trust regarding (MRSA) Methicillin Resistant Staphylococcus Aureus which include:

Trust-wide audit

Trust-wide hand hygiene initiative

Wall mounted hand antiseptic gel

Colour coded aprons for isolation procedures

MRSA record charts

Purchase of isolation trolleys

Trust-wide MRSA and hand hygiene policies

 Allergies to certain drugs are marked up in the patient's notes and in addition staff are considering the feasibility of a board by the drug cupboard where patients' names and allergies are documented on a daily basis.

Putting The Patient First

In line with the NHS Modernisation Plan we have been redesigning services and the way we work around the needs of the patient. We have been set a number of targets by the Department of Health and are well on the way to putting systems in place so that we meet them.



- By 2004 no one should wait more than four hours in A&E from arrival to admission, transfer or discharge.
- As an outpatient you can expect to wait no more than 26 weeks. As an inpatient you can expect to wait no more than 15 months by April 2002.
- We always try to respect your privacy and dignity and are sensitive to and respect your religious, spiritual and cultural needs.

Much has already been done and there have been a number of excellent developments coming on stream. However, we know we still have much to do.

Winter Planning

The Trust's winter planning policy proved very successful and it is credit to everyone that it worked so well. There were also a number of schemes that were funded within the south of west Kent Whole Systems Group, which helped us achieve our targets. The following examples explain what we did:

- Over a six month period which included the winter months
 we introduced an intermediate care ward at Pembury
 Hospital which helped release more beds for elective
 admissions at Kent & Sussex Hospital to reduce
 cancellation of planned operations and helped reduce
 waiting times in A&E.
- The Primary Care Group (now the PCT), which covered the Maidstone area, introduced a number of schemes including District Nurse-led clinics in GP surgeries over Christmas and New Year and a community intravenous antibiotic therapy project providing treatment for patients in the home.
- We have introduced a bed management policy and there is a team of three staff on each of the acute hospital sites who will ensure bed allocation and discharge arrangements. These teams help monitor discharge arrangements and identify specific areas and reasons where bed problems develop.

Much has already been done and there have been a number of excellent developments coming on stream. However, we know we still have much to do.

- The resuscitation area at Maidstone Hospital was converted into a ward area which helped ease pressures in A&E and bed allocation to patients, and mirrored the observation ward which is at Kent & Sussex Hospital.
- We took an early decision to increase the mortuary capacity by 32 at Maidstone Hospital and 20 at Kent & Sussex Hospital bringing the total to 121 to ensure the dignity of the deceased was maintained.
- The Whole Systems Group examined ways of providing more flexible discharge arrangements of patients to nursing and residential homes, although the shortage of homes in the Trust's catchment area remains a problem.

Outpatient Waiting Times

From September we introduced a policy of partial booking for outpatient appointments. This ensured that the people who had waited the longest for an outpatient appointment were seen 'in turn'. It also meant we have been able to bring down the overall waiting times across all specialties.

Between April 2000 and March 2001, the number of patients waiting more than 13 weeks for their first appointment significantly improved from 3246 to 2459, a reduction of 787. But we are working to reduce this further.





Putting The Patient First



30 Minute Outpatient Waiting Times

planned admission.

Each week approximately 5,600 patients attend one or more outpatient clinics run by the Trust. Of those 86.5 percent are seen within 30 minutes. Just over 10 percent are seen between 31 and 60 minutes and only three percent have to wait more than 60 minutes.

The shortfall in the waiting time standards with patients waiting 30 minutes or more for their outpatient consultation is being addressed in the Outpatient Improvement Plan, which has been agreed within the Trust. This reviews each clinic profile and updates it in line with the current work patterns of the medical staff. This will ensure that the availability of the medical staff truly reflects the start and finish times of the clinics. In addition communication links and planning for staff absences have been improved.

Elective Waiting Times

Our long-term policy, in line with the NHS Modernisation Plan, is to reduce the waiting time for patients waiting for planned operations to six months by 2005. The drive has been to reduce the numbers of patients waiting for admission, the longest waiting times and, where possible, to introduce booked admissions.

The number of patients on our waiting list was reduced from 10928 to 9826 – an improvement of 1102 and the patients waiting more than 12 months decreased from 347 to 287 - an improvement of 60.

on to the Rest REALT.

We recognise that every figure represents patients waiting for treatment and are committed to bringing these numbers down with the help of our partner organisations in the NHS and Social Services.

Cancelled Operations

Last year we had 31,071 patients scheduled to have an operation. Of that number 2 percent had to be postponed at the last minute. We try very hard to admit those patients within the following month, which is the target set in the NHS Modernisation Plan. However, in some cases it is not convenient or acceptable to the patient or the consultant has had to make a decision to treat more urgent cases.

Emergency Admissions

The number of patients needing emergency admission to hospital was 14,754. Of those 5,381 patients were admitted within two hours of the decision taken to admit, 3,826 were admitted between 2 and 4 hours and 5,547 were admitted after four hours.

The Trust is formalising a modernisation agenda for its A&E Departments. We are also discussing with the whole local community the problems around shortage of nursing and residential home places which has resulted in bed blocking problems at all our hospitals.

Single Sex Wards

Maidstone Hospital, now almost 16 years old, was designed with six-bed bay wards and dedicated toilet facilities. This means it allows for single sex accommodation. However, at Kent and Sussex and Pembury Hospitals where the wards are mainly Nightingale style it is not always possible, when under extreme pressure, to provide single sex wards. This was one of the arguments put forward in the Trust's submission to Ministers to build a new hospital for Tunbridge Wells so that dignity and privacy of patients could, when the new hospital is completed, be protected.

By March 2002 no patient will wait more than 15 months for The NHS is a constantly changing environment and nothing stays the same for too long. There are always better and or more efficient ways of working and providing services, which meet the patients' needs rather than the service needs.



There are many new developments coming on stream – too many to mention in this report. However below are just a few examples of what we have achieved or have been working towards during the past year.

Critical Care Services

Successful management of the critical care service requires appropriate discharge of the patient to an appropriate location. The following are initiatives that have contributed to this process.

· HDU Beds

In the lead up to winter planning we were successful in attracting additional funding for Critical Care which provided:-

- two additional high dependency beds at Kent & Sussex Hospital
- four step up/step down beds for dependent patients at Maidstone Hospital
- a nurse educator at Maidstone Hospital
- nursing outreach team at Kent & Sussex Hospital

· Outreach Service

An Outreach Service has been set up at Kent & Sussex Hospital to promote optimum care for critically ill patients on the wards by supporting ward staff in the monitoring of these patients, so that any deterioration is quickly recognised and early medical intervention secured. The team consists of three experienced intensive care nurses who work closely with anaesthetists, physiotherapists, dieticians, nurse specialists and the junior nurses and doctors on the wards. Their role is to enhance ward care by teaching, co-ordinating, advising and facilitating. The aim is to ease the patient's progression into and out of the Intensive and High Dependency Units.



· Surgical Enhanced Care Area (SECA)

The SECA initiative at Maidstone Hospital offers a higher level of care to those patients who are at risk of their condition deteriorating, or to those recently relocated from the Intensive Care Unit. The SECA is situated in Foster Clark Ward at Maidstone Hospital and consists of specially trained nursing staff who care for patients who require higher levels nursing care and observation, such as close monitoring or frequent airway care. Care of these patients is improved by offering a 'step up' and 'step down' facility, reducing the number of patients who do not require admission to the Intensive Care Unit, and reducing cancellation of major surgery due to the non-availability of an Intensive Care bed.

· Clinical Nurse Educator Role

This new role helps to address the requirements outlined in the Department of Health document, Comprehensive Critical Care (2000).

The Clinical Nurse Educator is responsible for clinical skills development and the provision of co-ordinated core training and education of staff caring for the critically ill patient in the Intensive Care and High Dependency Units. A training programme has been running throughout the year and has been very well attended and evaluated by the SECA and ward staff.

Cancer Services

· Cancer Networks

The most notable national change is the emergence of Cancer Networks in the country. Cancer Networks are the nationally agreed organisational models for implementing the Government's National Cancer Plan (Published Sept 2000). Kent was one of the first of 34 localities to introduce a network approach.

The purpose of Cancer Networks is to bring together Health Service Commissioners (Health Authorities and Primary Care Trusts), and Providers (Hospital Trusts and Voluntary Organisations). This ensures that the needs of the patient and their pathway through care, holds the balance of influence in decision making and not the needs of any one organisation.

Service Developments



The Kent Cancer Network is clinically Lead by Professor Roger James (Medical) and May Bullen (Nursing and Allied Professions) with the agenda for change in Kent being managed by Chief Executives of all the relevant organisations. Our Trust currently hosts the Network, with Chief Executive Stephen Collinson acting as Lead Chief Executive. Together they determine how new cancer money should be used and how by working together we can achieve improvements in cancer care.

Disease Orientated Groups

The boundaries between organisations have been further broken down by the establishment of Disease Orientated Groups (DOGs). These groups meet regularly to review patient care pathways and have both professional and lay representatives. Membership includes professionals working in the same specialties across Kent. The Centre's Macmillan Palliative Care Nurse specialists are involved with the Kent Cancer Network through DOGs. They also work closely with the radiotherapy department and the Macmillan Information Radiographer.

Kent Oncology Centre

Contributing to the work of Kent's Cancer Network is the Kent Oncology Centre. This Centre, based on two sites at Maidstone Hospital and Kent and Canterbury Hospital provides tertiary care. Tertiary treatments include specialist Radiotherapy, and Chemotherapy.

The Oncology Centre employs specialist staff including doctors (Oncologists), nurses, radiographers, physicists and many other support workers. Despite staffing difficulties this year, we saw and treated 6,000 new patients and Maidstone Hospital provided 25 percent more Chemotherapy drug treatments than last year. We were successful in our bid to become a pilot site for skill mix in therapy radiography.

Palliative Care

The two Macmillan Palliative Care Nurse Specialists employed by the Trust are based in the Oncology Centre at Maidstone. One has a responsibility for the surgical and gynaecology wards and the other covers the medical wards with an emphasis on lung cancer. Both nurses cover the orthopaedic wards. Their roles are to:-

- provide symptom control advice for nurses and medical staff
- Provide information and support for patients, carers and staff
- · Liaise with other agencies such as hospices, primary care and voluntary organisations
- Arrange Trust/Kent-wide staff education programmes

The Government has recognised the increased demand for contemporary treatments and has invested additional money in both radiotherapy facilities and cancer drugs. This year more than £1.2million has been added to the Cancer Drugs budget.

· Patient Involvement

As well as the specialist irealments offered, the centre intends to increase its concentration this year on patient involvement activities. This includes more "Art for Health" workshops following our very successful pilot project and greater patient involvement in Clinical Governance projects, again prompted by the patient transport survey and other encouragements to change the way we work.

Medical Assessment Unit (MAU)

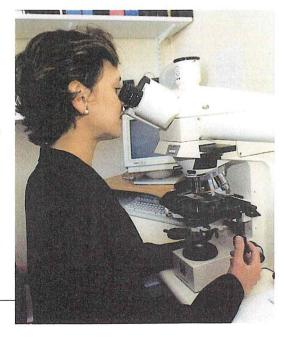
The MAU at Kent & Sussex Hospital is a real success story. In less than 12 weeks staff working in the Emergency Care Group established a new MAU. Ward 9 was converted into the MAU providing direct access to GPs to refer patients into hospital, without passing through A&E and also fast track access to A&E for patients. Each month approximately 50 patients are admitted and of those about 30 percent need to stay in hospital for more than one day. The project has proved so successful that a similar MAU has opened at Maidstone Hospital.

Gynaecology Oncology

From the autumn we will be running gynaecology oncology inpatient services at Maidstone Hospital serving the West Kent population. Nine inpatient beds are being created on Mercer Ward fully supported by two consultants, a team of nurses, an Oncologist and laboratory staff and imaging. The service will operate on a hub and spoke model.

Obstetric Ultrasound

Moving the obstetric ultrasound to within the antenatal clinic at Maidstone Hospital, mirroring the service provided at Pembury Hospital, now provides a much better service and suitable environment for pregnant mothers.





Service Developments



Rapid Response Team

Rapid Response Team

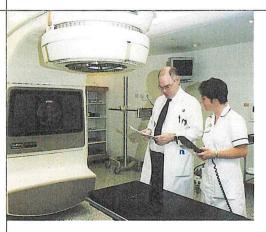
Until April this year when it moved across to the Primary Care Trust (PCT) the Rapid Response Team at Maidstone was based within the Trust. It is a multi-disciplinary team providing a rapid response service in the home, which offers rehabilitation and nursing care to prevent patients with short-term illness being admitted to hospital. The team works closely with district nurses and the evening and night nurse service providing a short-term intensive package of care for the patient in their own home.

Medical Imaging

A project in mapping patient care-pathways within the Radiology Department has been successful in identifying a number of areas for improvement. This has led to a reduction in ultrasound waiting times at Maidstone Hospital specifically for GP requests by bringing in a new ultrasound machine and increasing the roles and responsibilities of the Superintendent Ultrasonographer. Improvements in processing barium enema requests are also likely to reduce waiting times.

Pathology

The key major development for pathology during the year 2000-2001 was the transfer of the Blood Transfusion Department from Pembury Hospital to Kent & Sussex Hospital. The difficulty of having a Transfusion Department sited at a different hospital to the major trauma and operating theatres has been a concern for some time. Blood will now be cross-matched and provided on the principle user-site with appropriate support retained for the operating theatres at Pembury Hospital.



In addition to transfusion, urgent haematology can also be carried out on the Kent & Sussex site. This will significantly reduce the time from blood sample collection to haematology result, and will provide a much improved service to the Departments requiring very urgent results such as A&E.

The Maidstone Haematology Department has also purchased a new multi-functional analyser. This will enable continued throughput of the ever increasing demands on this Department, whilst there are difficulties in staffing.

Pharmacy

The Pharmacy Department has continued to develop the new Patient Pharmacy Service in line with recommendations laid down in the NHS Modernisation Plan. This has involved putting clinical pharmacy teams onto the wards who coordinate the supply of medication, take patient drug histories, organise the use of the patient's own medication and help to streamline discharge. It is hoped to extend the service to surgical wards in the coming year 2001-2002.

Plans to extend and develop the Pharmacy Department in the Kent Oncology Centre are well advanced. The expansion will allow for faster turn-round of anti-cancer medication and a reduced wait for patients. It is hoped that work will be completed before the end of 2001.

IM8T

The Information, Management and Training (IM&T) agenda has been dominated by working with Information for Health and Local Implementation Strategy (LIS) projects. One major project undertaken has been the networking of a number of departments, most notably the A&E Department at Maidstone Hospital, increasing the network outlets from 12 to 298. This network system when fully commissioned will be able to carry voice (telephone & transcription), video and data.

The department will be quite busy as the Trust currently receives an average of around 20 virus attacks a week from other Trusts sending e-mail via NHSNet. In addition the Trust has around 30 requests a day for copies of medical records based on the access provisions of the Data Protection Act 1998. These are also handled by staff working in the embryonic IM&T Security Department. A formal training course in IT security and data protection is currently being planned.

Working Together

Putting the patient at the heart of everything we do means that there have to be more joint methods of working within the local health economy and with outside agencies such as social services, local councils and voluntary organisations.

There have been a number of significant changes and initiatives, which have brought with them closer working relationships to provide seamless care for patients.



Primary Care Trusts (PCTs)

This is an exciting time for the Maidstone and Malling and South West Kent Primary Care Trusts to emerge, especially with plans being formulated for the new hospital at Tunbridge Wells and extension wing at Maidstone Hospital coming on-line. Kent Weald Primary Care Group (PCG) and Maidstone and Malling PCT are currently consulting over the possibility of merger.

We have been working closely with both PCTs on the plans for our new buildings and expansion. They and we need to know that what we will be submitting in our Outline Business Case to Government in November for these hospital developments is right for the health needs of the local communities we all serve.

On 1 April many of the community-based staff who worked for this Trust transferred to the Primary Care Trusts. The majority transferred to Maidstone and Malling PCT and a smaller number to South West Kent PCT. Both the Trust and the PCTs worked very hard in keeping staff informed of the pending changes to ensure an almost seamless changeover.

The bulk of support services such as payroll, human resources, estates and facilities and transport will continue to be provided by this Trust.

Joint Communication Clinic

A new multi-disciplinary clinic involving health visitors, school nurses and doctors' speech therapists, educational psychologists, head teachers, GPs and consultants has been set up to improve the diagnostic assessment of children who may have social communication disorders. The joint health and education diagnosis clinic would assess autistic spectrum disorders including autism, Asperger's Syndrome, and semantic pragmatic language disorder.

Web site

At the beginning of NHS Week we, together with members of the local health economy launched our web site www.NHSKent.org.uk

Our site is accessed through the above web site address which is the West Kent Health Authority portal site.

Over the past 12 months the communication leads of all local NHS organisations have been gathering information for their respective web sites. The information is patient focused and has been designed to provide answers to the many questions people have about their health service from hospital parking charges to surgery opening times. By logging on, patients can find out what they need to take with them when being admitted into hospital or attending an outpatient clinic. Soon people will be able to apply on line for jobs in the Trust.

The most often asked questions are about benefits — 'what can I claim?' and 'how do I get my money while I'm in hospital?' — so we have built in links to the Department of Social Security and Kent County Council, and the Benefits Enquiry Line who are able to provide that information. Our plans for next year include the establishment of 'Health Shops' at our major hospitals to help people with these enquiries and provide a contact point for patients and carers having difficulty with our services.

NHSKent will also be available on Kent Access kiosks which are in libraries, Tourist Information Centres and elsewhere throughout the county.



Right People - Right Job



An organisation is only as good as the people who work in it. We are extremely proud of our staff. They put patients at the centre of everything they do and dedicate themselves to their care and treatment.

We aim to give a holistic approach to care and provide spiritual support for patients and relatives led by Chaplains Neil Taylor at Maidstone and Paul Plumley at Tunbridge Wells. Homeopathy is carried out in conjunction with conventional medicine, which has been under the watchful eye of Dr Anne Clover, now retired.

Bringing two organisations together is never easy and we would like to say how grateful we are for the professional way in which consultants, nurses, managers and staff at all levels worked in the months building up to merger and during our first year of operation.

Change Management

The Trust has undergone a significant change management agenda. Following the merger we took the opportunity to look at the best way of bringing together two very different organisations into a new management structure. We made a commitment to staff that we would implement the changes as quickly as possible to keep uncertainty and anxiety to a minimum, and the major elements of the restructuring necessary for the new Trust were completed on time by Christmas 2000. The two former management teams have been integrated into one creating savings of more than £600,000 on management costs, which we have ploughed back into clinical services.

Care Groups

By January all the Care Group Managers were in post and they in turn have appointed their teams consisting of heads of nursing and business managers. The support Care Groups have also completed their structure and there are definite signs of 'merged' thinking and working in all departments across all sites.

Communications

Keeping our staff informed and providing them with opportunities to ask questions of senior managers and give them feedback is vitally important. Since our merger we have introduced Team Communications and once a month following the Board meeting a core brief of decisions taken by the Board is cascaded throughout the Trust. Group sessions with line managers provides an opportunity for staff to hear first hand what is happening in the Trust and to hear about local issues, which affects them directly.

Contact is the Trust's weekly newsletter and Link the monthly staff magazine. Both publications have under gone a makeover and the feedback from staff has been very positive. There is also a section in Link each month where staff can write to the Chief Executive with their concerns or questions. In addition to Team Communications and the two publications we hold monthly open staff meetings which staff can attend and hear what's going on in the Trust as well as putting questions to members of the Trust Board. We are constantly reviewing our communications as we recognise the importance of keeping our staff well informed and hearing and taking their ideas into account.

Recruitment

General recruitment across the Trust is improving although as elsewhere in the country there are particular shortages in areas of nursing and midwifery and some therapies. In the short to medium term we are considering further international recruitment exercises following the highly successful 1999 recruitment trip to the Philippines by the Tunbridge Wells Hospitals. As the new hospital starts being built we expect to be able to attract more UK staff to join the Trust. We also want to simplify and streamline the process so that people who want to work with us can do so with the minimum of fuss and bother.

Equal Opportunities and Employing People with Disabilities

We operate an equal opportunities policy. As an employer it is our aim that no employee or job applicant receives less favourable treatment on the grounds of physical or mental disability, gender, sexual orientation, race, colour, nationality, ethnic or national origin, marital status, age or religion. It is our intention to be a fair and reasonable employer and to ensure individuals are selected, promoted and treated solely on the basis of their relevant merits and abilities.

The Trust has recently produced a draft policy for employing people with disabilities. The new policy looks at recruitment and selection, being positive about employing people with a disability, making reasonable adjustments, training and support, record keeping and health and safety. The policy also looks at assisting employees who become disabled, assessing their condition, returning to work, redeployment, and retraining.



We also actively seek advice from the Trust Access Group (TAG) to ensure that disabled patients and visitors can access the services they need as easily as possible.

Right People - Right Job

Non Medical Education Training Fund

The Director of Nursing Bernard Place, on behalf of the Trust, spent about £1.4m last year supporting a wide range of non-medical clinical staff in developing their skills. Most of this money was part of the Trust's allocation from the Kent and Sussex Educational Consortia.

Mostly the money was used to pay for course fees with our educational partners in Brighton University and Canterbury Christchurch University College. However, it also supported replacement costs for staff while they were undertaking courses and salaries for health care assistants whilst they were seconded to undertake nurse training.

Many nurses also benefited from support for conference fees and course fees for accredited programmes not available in Kent or Sussex. The coming year will present a real challenge for the Trust as, despite the amount of money available remaining the same, more professional groups will be eligible to apply for funding from the Educational Consortia (now renamed the Kent, Sussex and East Surrey Workforce Development Confederation).

Arts Co-ordinator

We believe that art therapy has an important role to play in the physical, emotional and spiritual well-being of patients in our hospitals and our recently appointed Arts Co-ordinator Susie Mimms has lost no time in bringing a variety of art forms into our hospitals. Art Operation - an art for health programme - set up by Susie looks at different ways of funding this important work. Susie has already been successful in organising a number of major art exhibitions and has introduced storytellers and creative writers who work with patients on the wards and in workshops. This will also be vital as we look ahead to our new hospital.



Improving Working Lives

The Improving Working Lives Standard recognises that modern health services require modern employment services. Improving the working lives of staff contributes directly to better patient care through improved recruitment and retention. It recognises that staff work best when they can strike a healthy balance between work and other aspects of their life outside work.

The Improving Working Lives group is a multi-disciplinary team from a wide variety of professions and locations throughout the Trust. Some members represent Trade Unions and professional bodies. The aim is for the group to be as representative as possible of the whole organisation and reflect the diversity of individuals and professions.

In June this year we were notified that the Trust had been successful in achieving Improving Working Lives 'Pledge' Status. This stage required the Trust as an employer to make a public commitment to work towards delivering against the Standard along with a timetable for achieving accreditation.

Last year we received £25,000 funding towards tangible, practical improvements in our staff environment. One hundred and twenty project bids were submitted - far exceeding the total available. The Trust's Improving Working Lives group considered bids and 56 of these were approved. A number of bids fell unfortunately outside of the criteria but General Managers were encouraged to consider funding unsuccessful bids from other sources.

Christmas Decoration Competition

No one likes being in hospital over Christmas and the New Year but at least those patients who did have to stay in were able to share in the festivities. Staff on all sites took part in a Christmas decoration competition and came up with some fantastic themes and designs. X-ray won first prize at Maidstone Hospital, first prize at Pembury Hospital went to Evelyn Ward and the Fracture Clinic at Kent & Sussex Hospital walked off with first prize for their Dickensian theme. Thank you to the Leagues of Friends who provided the prizes.

Employee and Team of the Month Roll of Honour

We think it is important to recognise and reward staff who not only do their job well but also go that extra mile. We have many dedicated staff who contribute over and above the requirements of their job to help improve the patient experience or to help colleagues. Most are unsung heroes and heroines whose extra contribution could otherwise go unnoticed to all but those directly affected by their actions. That is why soon after the new Trust was formed we introduced an employee and team of the month award. Colleagues and members of the public can nominate those members of staff who they feel deserve praise.

Roll of Honour

Employee of the Month

- · Barry Peters, Transport Manager
- · Jeanette Rooke, formerly Support Services Manager
- Jacky Oliver, Junior Sister
- · Chris Ellwood, Staff Nurse
- Dr Henry Alexander
- Dr Shahabdeen
- · Mike Smith, Surgical Appliances
- Dan Doherty, Physiotherapist
- · Helen Burn, Principal Pharmacist
- Pippa McMillan, DART Team
- Job-share duo Linda Bromilow and Linda Robinson, Receptionists
- · Hilary Joy, Complaints Officer
- Angela Craig, Ward Clerk



Team of the Month

- · Loading Bay Crew, Maidstone Hospital
- · General Office, Kent and Sussex Hospital
- · Recovery Nurses, Kent and Sussex Hospital
- Haematology Department, Pembury Hospital
- · District Nursing Team, Maidstone
- Ruth Ward, Pembury Hospital
- · Theatre Team, Pembury Hospital
- Ward 7 Recruitment and Retention Pilot Team, Kent and Sussex and Pembury Hospitals
- Medical Assessment Unit, Kent & Sussex Hospital
- · Physiotherapists, Maidstone
- Ophthalmic Team, Kent & Sussex/Pembury Hospital
- A&E Department, Kent & Sussex Hospital
- Kent Oncology Centre Research Team, Maidstone and Kent and Canterbury Hospitals
- · Catering Team, Maidstone Hospital







Volunteers

Volunteers



Our hospitals could not run without them. They are of course the army of volunteers who help provide services to patients and staff in all our hospitals. The work they do ranges from providing a library service to the wards to helping with administration tasks. They include a service where well-behaved pets are brought into hospital to visit long-term patients. They run the hospital shops, tea bars and hospital radio and provide transport to and from hospital. To them all, we would like to say a very big thank you.



At Maidstone Hospital we have more than 300 volunteers who provide in excess of 900 voluntary hours a week — equivalent to 24 whole time members of staff. Mary Graves was awarded the BEM in 1988 and Chairman of the Maidstone Hospital League of Friends Brenda Bonnert was awarded the MBE in 1999.

At Tunbridge Wells we are lucky to have more than 1000 volunteers at both Kent & Sussex and Pembury Hospitals who contribute anything from two hours a month to half a day a week across the wide variety of jobs. Congratulations to WRVS Manager Majorie Carey who was awarded an MBE in the New Year's Honours List and to Joan Griffin and Joan Humphrey who have been taking library books to patients on wards at Kent & Sussex Hospital since the days of Dunkirk.



Joan Griffin and Joan Humphrey have been taking library books to patients on wards at Kent & Sussex Hospital since the days of Dunkirk.



News Reviews



The Trust achieved a great deal in its first year and we were keen to keep everyone informed of our successes - as well as important events coming up. We work hard on maintaining good working relationships with the local and national media and at all times are open and honest with them while being mindful of the constraints patient confidentiality places on us.

We are very proud of our achievements and through the local media in the form of press releases and interviews try to keep the public informed of what we are doing.

Our first annual public meeting in September last year was a celebration of NHS achievements and our plans for the forthcoming year. Guests, members of the public and staff packed the main hall to hear patients and colleagues give their perspective of what it is like to work in the NHS and what it is like to be on the receiving end of the NHS.

Hitting the headlines for the right reasons is important and below are just some of the good news articles which have been written about us:

It's down under for St John Nominee

A St John ambulance volunteer and resuscitation officer at Kent and Sussex Hospital's A&E department is taking his skills to the Olympic Games.

John Weeks was selected from more than 100 nominees in the UK to join the team providing emergency cover in Sydney The sale is a southern of a declar second shirt

Courier Religious support

Staff and patients in Tunbridge Wells Hospitals now have someone new for support in times of crisis since the appointment of Rev Paul Plumley as new senior chaplain

I would like to express my thanks and admiration to the staff on both Elizabeth and Anderson Wards at Pembury Hospital. They showed my 94-year-old aunt every consideration and kindness also help and understanding for her numerous visitors.

Kent Messenger New bid for £160m hospital

Health Bosses are to submit a fresh bid to the Government for a £160 million hospital in or near Tunbridge Wells

Fewer staff stretch **Christmas services**

Tunbridge Wells hospitals will have more high dependency beds this Christmas for people with acute symptoms such as respiratory ailments but staff shortages could mean hospital services are stretched to the limit.

Health chiefs receive £160m hospital plans

Final plans for a new £160 million hospital in Tunbridge Wells were handed over to Government health chiefs yesterday.

Sevenoaks Chronicle New plans in the mix

Final plans for a new £160m hospital were handed over to Government health chiefs last Thursday

Can you call it an emergency?

The doctors and nurses at Maidstone Hospital's A&E department are performing miracles almost every day of the week.

We can all fight the super bug

Precaution is the best form of cure when it comes to infection control and basic hygiene is the best form of prevention, according to Brenda Greatrex, infection was reason to a way the way the way Control Nurse

Sevenoaks Chronicle

Hospital plans for winter deluge

Maidstone and Tunbridge Wells NHS Trust has unveiled its winter plan to cope with the stresses and strains at this time of year.



Investing in our Environment

We are very keen to make the best use of space at our hospitals and replace accommodation which we feel is unfit to provide healthcare services. At Pembury Hospital we recognised we had a number of buildings which were perfectly sound but under-utilised while at Kent and Sussex Hospital staff and patients were squeezed into areas which were far to small for their needs.



At Maidstone Hospital we were getting a number of complaints about the shortage of space. As a result we have embarked on a number of middle to large building and refurbishment programmes which have reached or are about to reach fruition. We have also carried out a huge health and safety programme of work and we still have a backlog maintenance bill of some £17million.

Pembury and Kent & Sussex Hospitals

Dietetics Unit

In November we officially opened the new £35,000 Dietetics Unit at Pembury Hospital. The unit was part of the first phase of a £1.2 million scheme and made way for a new Ophthalmic Unit which was moved from Kent & Sussex Hospital. Many thanks to the Pembury Hospital League of Friends who presented the dieticians with a television and video player for the patients' waiting area.

Ophthalmic Unit

In January staff from the Ophthalmic Unit at Kent and Sussex Hospital moved into their new accommodation at Pembury Hospital. Work on the refurbishment project took approximately six months to complete and provides a day care unit including dedicated theatre facilities, laser treatment rooms and an outpatient department with waiting areas for adults and children and the creation of a third theatre and recovery area. With Ophthalmology moving out of Kent & Sussex the ENT theatres and outpatient facilities will be expanded and upgraded.

Dermatology

The Dermatology Department, which was at Kent & Sussex Hospital moved into its refurbished accommodation at Pembury Hospital in June and was shortly, followed by Rheumatology, which moved from the Homeopathic Hospital in July. More than £50,000 has been invested in new medical equipment for Dermatology. Thank you to the League of Friends at Pembury for providing a new PUVA machine which will provide a centre for ultra violet treatment.

Maidstone Hospital

Travers Suite

The new on-call accommodation for junior doctors and much needed additional office space was opened earlier in the year. Continuous complaints from Royal Colleges, junior doctors and the Dean about very poor accommodation led the then former Mid Kent Healthcare NHS Trust to conclude that building new accommodation was the only way forward. A survey for all specialties indicated that 19 rooms were needed. To solve the problems we decided to build a two-storey building. One floor provides the on-call rooms and the other floor offices. The entire development was designed and managed by the Estates Department. Associate Medical Director Dr Graeme Calver submitted the chosen name Travers.

CT Scanner

With money from the National Opportunity Fund the Trust has been able to buy and install a replacement CT (Computerised Tomography) scanner for the hospital. This latest piece of equipment will provide much faster threedimensional pictures of the brain and will be used for cancer treatment as well as by the main hospital.

Paula Carr Diabetes Centre

Maidstone's youngest patient with diabetes, 20 month-old Jacob Tew opened the Paula Carr Diabetes Centre at Maidstone Hospital. The new £218,000 centre provides five nurse consulting rooms and dedicated podiatry and dietetics rooms, seminar room, main reception and children's play area. It also provides a kitchen where patients are shown how to prepare and cock certain foods. The new centre was built with Trust money and a fundraising campaign most generously supported by the Paula Carr Charitable Trust, the local branch of Diabetes UK and a bequest from Mr and Mrs Daniels.

Main Entrance

At the beginning of the year work started on improving the main entrance of Maidstone Hospital using the £156,000 we received from the Jules Thorn Charitable Trust. The project, which was completed in April, involved improving the patient waiting area, moving the reception and flower shop, relocating the porters' lodge, domestics' accommodation and patient transport to the first floor. We were delighted that Mrs Ann Rylands, daughter of the late Sir Jules Thorn, was able to visit the hospital and admire the refurbishment work first hand.

Kent & Canterbury Hospital

Linear Accelerator

In January work started on a new million pound ireatment room for the Cancer Centre at Kent and Canterbury Hospital. When completed the room will accommodate a new million pound-plus, lottery-funded linear accelerator, which is currently being built in the USA and is a replacement for one that is more than 17 years old.

Health and Safety

Within a budget of £500,000 we :-

- refurbished Ruth Ward at Pembury Hospital
- replaced fire doors and isolated the main staircase at Kent & Sussex Hospital, which we identified as a potential fire risk.
- started work on the outside of Kent & Sussex Hospital repairing the concrete structure and painting the walls.



Maidstone's youngest patient with diabetes, 20 month-old Jacob Tew opened the Paula Carr Diabetes Centre at Maidstone Hospital.

Building for the Future



Our aim is to provide quality patient-focused services in accommodation which can offer privacy and dignity for patients. While we are able to provide quality services we have been struggling with our accommodation particularly at Pembury and Kent & Sussex Hospitals.

We believe the plans we have in place now will ensure that the right people get the right care at the right time in the right place and in the right surroundings. Patients expectations are rising all the time and rightly so. People want to be treated and looked after in modern-day hospitals that will provide them with one-stop care.

New Hospital for Tunbridge Wells and New Wing for Maidstone Hospital

The poor quality of buildings and the problems of split site working were our main arguments when we submitted plans at the end of last year to build a new hospital in Tunbridge Wells and to build a new wing at Maidstone Hospital.

Our arguments paid off and in February we received the splendid news that the Health Secretary Alan Milburn had approved our Strategic Outline Case to proceed to the next stage. We aim to submit our Outline Business Case in November this year.

Our plans are to build a new 450 bed hospital on our preferred site at Pembury Hospital, which will also include project managing Invicta Healthcare NHS Trust's plans for a new mental health unit on the same site. The other aspect of the plan is to build a new wing onto Maidstone Hospital to provide an ambulatory and diagnostic centre with new pathology and pharmacy facilities, plus an elective orthopaedic centre and two additional wards.

The total scheme is costing approximately £200million and will be funded through the private sector via a Private Finance Initiative (PFI) which means it will be built privately and we will make repayments in a similar way as you pay a mortgage.

If all goes to schedule we hope to start building in September 2003 and we estimate that work could be completed in about two to two and a half years.

Timetable

Submission of Outline November 2001 Business Case (OBC) Advertisement for Private Parlners February 2002 May 2002 Evaluate submissions and invite six tenders Evaluate six submissions to July 2002 a shortlist of three December 2002 Select the preferred bidder Submission of Full Business Case April 2003 Financial Close August 2003 Summer/Autumn 2003 **Building starts** Estimated opening Summer/Autumn 2005 Official Opening 2006 Kent County Ophthalmic and Aural Hospital (KCOAH)

At the beginning of April this year we were given the go ahead to build a new £11.3 million replacement unit for KCOAH at Maidstone Hospital. We hope the first patients will be coming through the doors in January 2003. The new unit is not being funded through the PFI. The Trust had developed plans for a PFI scheme but were not convinced that the PFI route would meet the Government's criteria for affordability and value-for-money which proved to be the case.

However, when the PFI scheme was rejected in November we had already been looking at conventional funding which is why our plans were so well advanced and why we had not lost any time in the project.

The new unit will be built on two floors linking in to the main hospital. It will provide access to the main clinic and waiting areas, pharmacy, optometry unit, artificial eye unit, orthoptics and a specialist clinic for laser treatment. There will also be some ENT outpatient clinics as well as audiology, audiometry and hearing therapy. There will also be examination rooms, recovery areas for day patients, two theatres, a 10 bed ward and two rooms with en suite facilities.

Ophthalmology

Together with Medway NHS Trust we were successful in a joint bid against Regional Capital monies to fund an ophthalmology satellite unit at Medway Maritime Hospital. The unit will have a dedicated theatre, day case unit, outpatient and pre-assessment facilities and provide partnership working.

Orthopaedics

Building work is due to start at both Maidstone and Kent & Sussex Hospitals for two temporary dedicated orthopaedic wings. At Maidstone Hospital we are building a modular laminar flow theatre and a 12-bed ward on the rear of John Day/Jonathan Saunders Wards. While at Kent & Sussex Hospital we are building a 12-bed unit on the rear of Wards 5 and 6.

The scheme, which is costing £1.5million, is being funded by Central Government. Once built we will be able to increase the number of joint operations by 250 a year, reduce waiting times to approximately 10 months, reduce the length of stay, introduce booked admissions from March 2002 and improve patient satisfaction.



Finance

Financial Overview

The Trust completed 2000/01 on a sound financial footing having achieved all three main financial duties. During the year the Trust put in place a robust financial infrastructure based upon the devolution of budgetary control to Care Groups. These arrangements were tested during the middle of the year when budgets came under considerable pressure as the Trust increased operational throughput. However, the year-end results demonstrate the success of this approach.

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

Break-Even Duty

The Trust is required to break-even on Income & Expenditure taking one year upon another. This duty is measured by assessing performance over a period of three years. The Trust has achieved a small surplus of £104,000 (0.07% of turnover) on Income and Expenditure for the first year and has therefore met its break-even duty.

Capital Absorption Duty

The Trust is required to absorb the cost of Capital at a rate of 6% on average net assets for the year. This is calculated as the percentage of interest paid on Government borrowing plus dividends paid on public dividend capital, (£5,891,000), in relation to the average relevant net assets of £89,895,000. The Capital Absorption Rate for 2000/01 of 6.6% for the Trust was in excess of the normal range of between 5.5% and 6.5%. The small variance was due to lower than planned depreciation.

External Financing Limit Duty

The External Financing Limit set by the NHS Executive for the year was £138,000 negative. The Trust undershot the target by £8,000, which is well within the acceptable tolerance.

Management Cost Target

The Trust on merger was set a target of reducing management costs by $\mathfrak{L}504,000$ during the year. This target was successfully achieved with savings in excess of $\mathfrak{L}600,000$ generated through merger. The Trust also had a management cost ceiling set by the NHS Executive of $\mathfrak{L}5,939,000$, actual expenditure was marginally above this ceiling.

	€000	
Management Costs 2000/01	6,169	
Relevant income	148,046	
Management Costs as percentage		
of relevant Income	4.2%	

The Trust complied with the requirements of the letter from the Chief Executive of the NHS Executive on Senior Managers' pay issued on the 16th March 2000 restricting pay awards to 3.25% for the year ended 31st March 2001.

Public Sector Payment Policy - Target

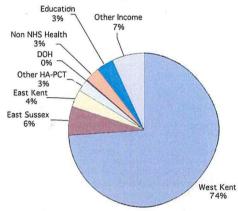
The Trust should pay all invoices from non-NHS trade creditors within 30 days of receipt of the goods or the invoice, which ever is the latter.

	Number	2000
Total bills paid in the year	87,048	71,389
Total invoices paid within target	59,186	51,690
Percentage of bills paid within target	68.0%	72.4%

The Trust paid £160 to Trade Creditors under the Late Payment of Commercial Debts (Interest) Act 1998.

Analysis of Trust Income for 2000/01



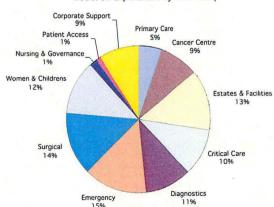


The majority of the Trust's income, almost 90% comes from the provision of direct patient care. However, the Trust also receives income for Education and for the Estates, Payroll and Clinical Services it provides to other NHS organisations in the locality.

Expenditure Analysis by Care Group (Patient Service) for 2000/01

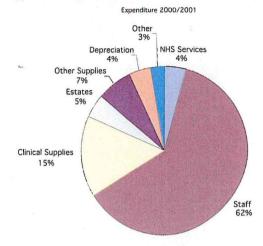
Clinical Care Groups manage over 90% of the Trust's resources. This ensures that decisions are made by the Clinicians, Managers and other frontline staff who are responsible for delivering care to patients on a day to day basis.

2000/01 Expenditure by Care Group



Financial Overview

1.8 Analysis of Operating Expenditure by expense type for 2000/01



Staff are the key to delivering high quality healthcare to patients. The Trust employs over 3,600 staff including 350 doctors, 1,800 Nurses & Healthcare assistants along with 550 Scientific, Therapeutic and Technical staff. This is based on whole time equivalents not the number of total staff.

Financial Outlook 2001/02

The Trust has seen significant investment by local Health Authorities and Primary Care Trusts in 2001/02. Cancer Services have seen particular growth in response to the National Service Framework for Cancer. Urology and Orthopaedics will also see new Consultant appointments during the year as part of local initiatives to improve patient access through reduced waiting times. However, at the same time the Trust will be looking for improvements in efficiency and effectiveness across the whole organisation.

On the 1st April 2001 community services provided to predominantly the Maidstone population transferred to the local Primary Care Trust. This will not adversely affect financial performance.

In summary, 2001/02 will be a year of consolidation and growth for the Trust building upon on the solid performance of its first year.

SUMMARY FINANCIAL STATEMENTS

The Trust was formed on the 1st April 2000 by the merger of the Kent & Sussex Weald NHS Trust with the Mid Kent Healthcare NHS Trust. The services, assets and liabilities provided by the former Trusts transferred to the Maidstone and Tunbridge Wells NHS Trust.

The following Summary Financial Statements are extracted from the audited Annual Accounts of the Trust. Copies of the full Annual Accounts are available from Paul Darling, Director of Finance and Information, Trust HO, Pembury Hospital, Tonbridge Rd, Pembury, Tunbridge Wells, Kent, TN2 4QJ, Tei: 01892 823535 ext: 3800.

Accounting Policies

The Trust has prepared accounts under the historical costs convention, modified by the application of current cost principles to tangible fixed assets and in accordance with the directions issued by the Secretary State for Health and approved by the Treasury.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31st March 2001

2000

			£000
Income from activities:			
Continuing operations			139,148
Other operating income			16,202
Operating expenses:			
Continuing operations			(149,672)
OPERATING SURPLUS			
Continuing operations			5,678
Profit on disposal of fixed a	ssets		3
SURPLUS BEFORE INTERES	T		5.681
Interest receivable	•		371
Interest payable			(57)
SURPLUS FOR THE FINANC	IAI VEA	D	5,995
Public Dividend Capital divide			(5,891)
RETAINED SURPLUS FOR T	HE YEAH	i	104
BALANCE SHEET AS AT 31s	t March	2001	
As restated at 1 April 2000		2001	2000
	£000	£000	5000
FIXED ASSETS			
Intangible assets	367		385
Tangible assets	99,388		97,942
		99,755	98,327
CURRENT ASSETS			
Stocks and work in progress	2,676		2,370
Debtors	16,476		20,308
Cash at bank and in hand _	1,282		1,562
		20,434	
CREDITORS : Amounts		(17,742)	(16,048)
falling due within one year		0.000	0.400
NET CURRENT ASSETS		2,692	8,192
TOTAL ASSETS LESS		102,447	106,519
CURRENT LIABILITIES			
CREDITORS: Amounts falling	g	0	(1,958)
due after more than one year	ar		
PROVISIONS FOR LIABILITIE	ES	(8,665)	(11,713)
AND CHARGES	-0	(0,000)	(11,115)
TOTAL ASSETS EMPLOYED		93,782	92,848
		30,702	32,040
FINANCED BY:			
CAPITAL AND RESERVES			
Public dividend capital		90,172	
Revaluation reserve		1,032	0
Donation reserve		2,383	2,579
Realised donation reserve Other reserves		0	
Other reserves Income and expenditure reser	NΑ	195	0
TOTAL CAPITAL AND RESER	IVES	93,782	92,848

Finance

LOSSES FOR THE YEAR ENDED 31 March 2001		
	Surplus for the financial year before dividend payments	£000 5,995
	Unrealised surplus on fixed asset revaluations/indexation	1,173
	Increase in the donation reserve due to receipt of donated assets	235
	Reduction in the donation reserve due to depreciation, impairment (loss of economic benefits), and/or disposal of donated assets	(481)
	Total gains and losses recognised in the financial year	6,922

· ·			
DIRECTORS' REMUNERATION:	Remuneration as Director £000	Remuneration £000	Total £000
Non-executive directors' remuneration	37		37
Executive directors' remuneration: basic salaries Benefits pension contributions paid	412 26 23 498	79 ————————————————————————————————————	491 26 23 577
The remuneration of the Chairman and	490		_3//
Chief Executive are as follows:	Remuneration as Director	Remuneration £000	Total £000
Chairman	2000		
basic remuneration	20		20
Benefits	21		21
Chief Executive			
basic salary	102		102
Benefits	7		7
performance related bonuses	109		$\frac{0}{109}$
Subtotal Pension contributions	5		5
1 Oldfoll Collabations	114		114

CASH FLOW STATEMENT	FOR	THE	YEAR	ENDED
31 March 2001				

Sale of investments

resources

FINANCING

Net cash inflow from management of liquid

Public dividend capital repaid (not previously

Net cash inflow before financing

Public dividend capital received

Net cash outflow from financing

Increase (decrease) in cash

31 March 2001		
	€000	£000
OPERATING ACTIVITIES Net cash inflow from operating activities		10,747
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received Interest paid	333 (0)	
Net cash inflow/(outflow) from returns on investments and servicing of finance		333
CAPITAL EXPENDITURE Payments to acquire tangible fixed assets Receipts from sale of tangible fixed assets Payments to acquire intangible assets	(5,039) 3 (7)	
Net cash outflow from capital expenditure		(5,043)
DIVIDENDS PAID		(5,891)
Net cash inflow before management of liquid resources and financing		146
MANAGEMENT OF LIQUID RESOURCES Purchase of investments	(58,600)	

58,600

3,000

(3,097)

0

146

(97)

49

Directors' remuneration (excluding pension contributions) fell within the following ranges:

For 2000/01 NHS Trusts have been granted exemption by HM Treasury from following the requirements of The Greenbury Committee.

*	Number
£0 - £5,000	1
£5,001 - £10,000	3
£20,000 - £25,000	1
£55,000 - £60,000	1
£70,000 - £75,000	1
£75,000 - £80,000	1
£80,000 - £85,000	1
£105,000 - £110,000	2

Signed on behalf of the Board, 31st July 2001

C. Enm

S Collinson Chief Executive



Statement of Directors' Responsibility in terms of Financial Control The Chief Executive as Accountable Officer, together with the other Directors, has a responsibility for ensuring that an effective' system of internal financial control is maintained and operated in connection with the organisation's resources. To be effective the system must provide reasonable assurance of:

- the safeguarding of assets against unauthorised use or disposal
- b) the maintenance of proper accounting records; and
- c) the reliability of financial information used within the organisation or for external publication.

No system can provide absolute assurance against material mis-statement or loss but the system should provide reasonable assurance that material errors, irregularities or fraud are either prevented or would be detected within a timely period.

The Chief Executive as, as Accountable Officer, together with the other Directors, have a responsibility for reviewing the effectiveness¹ of the organisation's system of internal financial control. In carrying out the review in accordance with Chapter 7 of volume B1 of the NHS Finance Manual (www.open.gov.uk/doh/finman.htm), Directors are required to confirm that the "minimum control standards" as laid down by the NHS Executive have been in existence within the organisation throughout the financial year.

The Directors' confirm that they have undertaken the review and the above requirements have been met.

By order of the Board

Date 31/07/2001 Stephen Collinson Chief Executive

¹ The judgement on "effectiveness" is informed by the work of the internal auditors and managers who have responsibility for the development and maintenance of the financial control framework and by the comments made by the external auditors in their management letter and other reports.

Directors' Statement on Controls Assurance

The Board acknowledges and accepts its responsibility for maintaining a sound system of internal control including risk management, and for reviewing its effectiveness.

As part of the NHS Controls Assurance Project, I as Chief Executive confirm that for the year ending 31 March 2001, the Board endorsed an action plan resulting from an organisation wide self assessment against the relevant risk management and organisational control standards produced by the NHS Executive. In the Board's judgement the Trust has attained Level 1 of the NHS Executive's "control and risk maturity matrix" (see Annex A, HSCIHSC2001/05)

Signed: C. Chief Executive

Date: 31 July 2001

Independent Auditors' Report to the Directors of Maidstone & Tunbridge Wells NHS Trust on the Summary Financial Statements

We have examined the financial statements set out on pages 24 - 25 and the directors' statement on internal financial control.

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 and the directors' statement on internal financial control 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 the Bulletin 1999 no.6 "The auditors' statement on the summary financial statement" issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In our opinion the summary financial statements and the directors' statement on internal financial control are consistent with the statutory financial statements of the Trust for the year ended 31st March 2001 on which we have issued an unqualified opinion.

Signature Vicewatchouse Coopers

Name: Pricewaterhousecoopers

Date: 1st August 2001

Address: No. 1 London Bridge, London, SE1 9QL

Constitution of the Audit Committee

The Trust's Audit Committee members during the year were Mir lan Nash - Non Executive Director (Chair) Mir John Cartwright — Non Executive Director and Mir Peter Cox — Non Executive Director.



Summary Business Plan 2001 - 2002



Maidstone and Tunbridge Wells NHS Charitable Fund annual report 2000 - 2001
Registered charity 1055215

Clinical Governance annual report 2000 - 2001





Maidstone and Tunbridge Wells NHS Trust annual report 2000 - 2001



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Telephone: 01892 823535

Maidstone Hospital Hermitage Lane Maidstone Kent ME16 90Q

Telephone: 01622 729000

Kent County Ophthalmic & Aural Hospital (KCOAH)
Church Street
Maidstone
Kent
ME14 1DT

Telephone: 01622 673444





Clinical Governance annual report 2000 - 2001



Maidstone and Tunbridge Wells NHS Trust







This first report for the Maidstone and Tunbridge Wells NHS Trust explains the meaning of clinical governance and how we have begun to implement it within our Trust. It includes a sample of the variety of work undertaken by staff as part of this initiative.

Clinical governance is:

A system of steps and procedures adopted by the NHS to ensure that patients receive the highest possible quality of care. This framework makes clear that the Trust and its entire staff are accountable for the quality of clinical care.

An ongoing process, because as well as demonstrating the adequacy of current procedures we are also required to identify and implement better ways of doing things.

A learning process because it expects that we learn from our mistakes and those of the wider NHS to help bring about improvements in patient services, patient care and patient safety. Staff must embrace continuous professional development and we must show that our clinical practices are based upon best evidence.

Full participation - Everyone working within the health system must be signed up to the idea that quality of care is an intrinsic part of what we do each and every day.

Monitoring - We must sustain the improvements we make. Monitoring systems already in place such as clinical audit, quality assurance, critical incident reporting, complaints and risk management have been strengthened and formally linked, with clear lines of responsibility and reporting routes leading directly to the Chief Executive and Trust Board.

Patient-centred services

We must seek and use patients' and carers' views and experiences to develop and improve services. Patients should be involved in activities such as guideline development, clinical audit, risk management, the development of patient information and the formulation of research projects.

External Review

Our clinical governance arrangements and changes in practice are subject to external review by the Commission for Health Improvement (CHI)¹ at regular intervals. So it is

not enough to say we are committed to providing a good quality, safe and effective service to patients we must also prove it.

We developed an action plan for implementing clinical governance and submitted it to our Regional Office who commended our programme and we are making steady progress against the plan.

Structure and Reporting Systems

Although the Chief Executive is ultimately responsible for the quality of patient care, the Medical Director, Dr Charles Unter has the Trust Board lead, working closely with the Director of Nursing, Bernard Place.

The formation of the clinical governance care group provides the Trust with cohesion between local, regional and national agendas. It is the umbrella under which clinical audit, clinical effectiveness, clinical risk, research and development, infection control and patient information programmes are aligned to meet statutory, national and local priorities. The care group is led by Dr Wilson Bolsover, Associate Medical Director and Lynne Clumpus, General Manager who are both part of the Trust management team.

The clinical governance committee chaired by Dr Bolsover is a multi-professional forum with patient and primary care representation. The committee has a dual role of overseeing a number of specialised committees and ensuring there is rationale and purpose behind the clinical governance activity undertaken within the care groups.

Specialist committees reporting to the clinical governance committee have common themes of risk reduction and quality improvement: Blood transfusion, infection control, medicines management, drugs and therapeutic, research and development, clinical audit, clinical risk monitoring group and patient information.

Other Trust wide groups, such as health records committee do not report directly to the clinical governance committee but have clinical governance care group or committee representation to ensure consistency of activity.

Clinical Governance requires:



Clinical Governance Committee

Trust wide multi-disciplinary membership including patient and PCT/G representation

Chair:

Dr Wilson Bolsover Associate Medical Director, Clinical Governance

Each member of the committee represents their care group in clinical governance matters

Terms of Reference

- To ensure standards of patient care are continuously improved
- To receive reports that impinge upon the Trust and recommend action with regars to changing clinical practice
- Provide guidance for care groups
- Make recommendations or take action if appropriate from care group reports



Controls Assurance



Health and Safety



Governance and Risk Sub-committee of the Trust Board

Chair:

Anne Chapman Chair of Maidstone and Tunbridge Wells NHS Trust

Members:

Chief Executive
Medical Director
Director of Nursing
Director, Human Resources
Non-Executive Director

In attendance:

AMD Clinical Governance General Manager, Clinical Governance Lead clinician for audit Director of Estates and Facilities Head of Corporate Services

Terms of Reference

- Monitor all aspects of the Trusts activities in the areas of clinical governance controls assurance, health & safety and risk management.
- To ensure that governance\risk management is seen as part of every member of staffs work and daily responsibilities.

.. \$ 5.1: " : 1



Trust Board

Protected time for Clinical Governance



The Trust has endorsed the importance of clinical governance by setting aside half a day each month when all routine activity stops so that clinical and other staff can meet to review and act upon audit findings and adverse events, disseminate evidence-based practice guidelines and develop useful patient information. Below is a flavour of the work undertaken in this protected time.

A working group led by **delivery suite clinical specialists** at Maidstone and Pembury are producing evidence-based guidelines. National Institute for Clinical Excellence (NICE)² guidelines are used when available.

Midwives and health visitors have been participating in multidisciplinary training on postnatal depression. There is now a lead midwife on each site to whom other midwives can refer for advice and support when visiting women with this problem.

Ophthalmology has multi-disciplinary meetings attended by clinical and non-clinical staff with a full programme of work, which has included reviewing patients' access to clinics in hospital and GP practices. Their programmes includes multi-professional teaching sessions.

Orthopaedics regularly reviews complications arising from surgery, complaints, discharge protocols, and wound care. They have a full audit programme.

Cancer services have tackled patient-clinician communication. Patients were asked to keep diaries and this led to greater patient involvement in treatment pathways and improved explanations to patients when there are delays to treatment. Staff are working on full compliance with the national cancer accreditation standards. Their quality assurance groups review and discuss research evidence and clinical trials and when appropriate, incorporate it into their practice. The clinical audit³ process found that many treatments within the centre are delivered effectively and safely with good adherence to precise treatment protocols.

The critical care group, which includes anaesthetics, intensive care units and adult day care are forming a clinical governance forum. Their programme includes assessing patient and relatives experiences of the services. They are reviewing all of their patient information, clinical incident reports and record keeping

The radiology department undertake local, regional a national audit. Staff review errors and complications a complaints, learning from these sources of information

The Primary Care Group encourages all staff (clinical and non-clinical) to be involved in clinical governance because they recognise that all staff looking at and reviewing their work enhances the quality of clinical ca Some of the community staff are also involved in clinic governance activities in GP practices throughout the ar crossing the boundaries of primary and secondary care. This care group has an annual work programme in wh progress against the plan is reviewed monthly. Their work has included improvements in the prevention of f in the elderly and the rehabilitation of those fallers. Reviewing therapy services for children in the communications approached as a joint piece of work with staff, colleagues from other services, other organisations, patients and carers to define and develop the service.

Dieticians have adapted national standards in record keeping for local use and have developed guidelines for nutrition intervention.

The direct access rehabilitation team (DART) are active in developing care packages for users of their service. They have developed, piloted, implemented a assessed a new outcome measurement tool.

3Clinical audit

The Trust has a defined clinical audit programme comprising audits identified through initiatives such as the National Service Frameworks (NSFs) for coronary heart disease, cancer standards, care of the elderly standards, NICE guidance and risk management.

NICE guidance documents are distributed to the appropriate clinicians for review. Practice is then audited against guidance and changes made as appropriate. For example documents relating to cancer drugs and treatments are actively reviewed by the Cancer Centre.

Guidance on use of the drugs temozolomide for brain cancer

Guidance on the use of gencitibine for pancreatic cancer

In some cases the latest recommendations are already our practice, for example:

Guidance on inhaler systems for the under five's with asthma.

Our practice regarding the use of laparoscopic surgery for inguinal hernia is being audited against the latest NICE guidance

The clinical audit programme also includes national and regional audits as well as key priority areas for the Trust such as infection control, blood transfusion and documentation. Further to this all specialties develop their local audit programmes. This work is entered onto a Trust database. The clinical audit department based at Preston Hall and Kent and Sussex Hospitals support and facilitate this programme.



A sample of audits undertaken

Within the Accident and Emergency departments there is a full programme of local and regional audits, including renal colic, deliberate self-harm and epilepsy proforma and discussion of pathways for stroke patients.

Patients attending ophthalmic pre-assessment were audited. New guidelines and screening protocols were developed for the management of patients who are potential MRSA carriers.

Audit of palliative radiotherapy appointment waiting times on the Maidstone and Canterbury sites of the Kent Cancer Centre led to the service reorganising their appointment systems. The number of visits patients were required to make to the centre was reduced helping the patient and the effectiveness of the service. Audits the delays for patients receiving chemotherapy at the Kent Cancer Centre. Common reasons for delays were identified. The staff changed their work practices which reduced or eradicated the patient wait times.

Orthopaedics has audited patient consent following guidance from the General Medical Council. This resulted in a change of practice for the consultants increasing the demand on their time but they believe this is justified by the clinical, ethical and legal advantage of this new model of practice.

Risk management and risk reduction

The Trust is required to take part in the Clinical Negligence Scheme for Trusts (CNST)⁴ and work toward level one accreditation. As a new NHS Trust we needed to be externally assessed on our risk reduction programme within twelve months of being formed. The assessors report acknowledged the

"considerable commitment that the Trust has demonstrated to risk management"

We were commended for our work in health records and for our audit of the occurrence of cardiac arrests in order to determine the level of staff training needed.

Although we did not meet the level one standard the assessors reported that-

...The Trust demonstrated a commitment to the longterm impact for the benefit of service -users, rather than short-term measure purely for the benefit of the assessment.



We are to be re-assessed later in 2001 and are strengthening our clinical and non-clinical staff induction programme and the process which identifies equipment for which the operator is required to have specialist training.

Blood transfusion is a high-risk area in hospital practice. A small pilot study, improved staff awareness of the policies and highlighted improved staff training. There will now be a full review of blood transfusion policies and adherence to these policies through all stages of the transfusion pathway.

Consent policy and guidance. Having established a working group to provide guidance to staff on how best patients can be informed of risks and benefits and alternatives for their treatments of surgery, we launched our new consent guidance and forms in 2001. They are still being evaluated across the Trust.

Infection Control We want to reduce infection rates. The infection control team has been strengthened. They give advice and support to staff, provide training and education and undertake audit. New and updated infection control policies and guidelines have been written. The team sits within the clinical governance care group. The infection control committee provides specialist advice and reports to the Trust's clinical governance committee.

Learning from Complaints and adverse events

Arising from an independent review of a complaint we now are working towards a comprehensive medical review of all cases of inpatient death whilst under the care of the Trust. We must learn from unexpected deaths and assure ourselves of the quality of our clinical care.

Resulting from a complaint, a new protocol and guidelines for the management of facial wounds and lacerations and based upon latest evidence has been put into practice.

A drop-in clinic for women with breast-feeding problems has been set up at Pembury Hospital. New mothers were complaining of receiving conflicting adfrom midwives and that there was inadequate support them both in hospital and in the community. The worl has not yet been audited but anecdotally it appears to benefiting the mothers and the number of complaints decreased dramatically.

.... and in the wider NHS

Recently we agreed to develop a shared care protoc for patients admitted to the intensive care unit. I arose from an ombudsman report into the death of a young woman with diabetes.

When a young boy died at a London Trust we reviewe our practice and put a risk reduction plan into place.

Patient escort protocols have been put into place a a number of patient falls were reported through the clinical incident reporting system.

Patient experience

Many services throughout the Trust seek patient view: and opinions and use this feedback to improve their services. Often this feedback is gained through questionnaires or service user groups.

Physiotherapy Outpatient Survey 2000 Based on patients feedback changes were made to the waiting areas and signage was improved. Written informatior patients was updated and distribution was improved.









A survey of users of the orthotic clinic at Maidstone Children's Centre has prompted a review of the appointment procedure. An audit of patient waiting times against service standards and has led to improved communications with patients.

When users of the Community Rehabilitation Team at the Coxheath Centre and the Portage Service at Pembury were surveyed, patient satisfaction with the service was high and no specific areas requiring improvement were highlighted. The results of the survey were displayed at the centre.

Other patient surveys include: Outpatient survey at Maidstone and Preston Hall, inpatients receiving occupational therapy, Maidstone hospital portering service, stoma care and breast care nurse services, preadmission clinics and waiting times on adult day care.

The physiotherapy service has gained a Charter Mark award and continue to improve their service.

Research and Development (R&D)

This year has seen the appointment of a lead research and development officer, Dr Barbara Mercier and a Trust clinical lead for R&D, Dr Colin Taylor. We have undertaken a baseline assessment of the Trust which highlights our strengths and weaknesses and measures our progress against both the National Research Governance Framework and the Trust strategy for R&D. A new R&D committee has been convened and its purpose will be to establish protocols to ensure high quality research is undertaken.

Clinical Information

We are able to compare what we do clinically against other similar Trusts through an external benchmarking company, CHKS. This work is only in its infancy and will need to be developed further:

Information to patients

The Trust Information Centre at Maidstone Hospital had 3341 visitors making enquiries on over 4,000 health related subjects. The subjects most asked about were diet and healthy eating, cancer, arthritis and rheumatology, stroke, diabetes, mental health, carer issues, welfare benefits and heart disease. Those users enquiring about cancer are referred to the specialist patient advice centre located in the oncology centre at Maidstone hospital. The Trust information centre helps visitors' access all health related information including accredited sites on the Internet and holds local information on all carer and support groups across Kent. A team of trained volunteers supports the full time staff member. This service will also be available at the Kent and Sussex hospital in 2001.

Good quality written patient information given at the appropriate time and supplementing the verbal information already given by clinicians is part of our risk reduction programme. We are standardising written information and have a Trust wide group to oversee its production. Over the past 12 months we have continued to write in-house information, supplemented by nationally recognised support groups and charities information. Each specialty has identified their top procedures and treatments and are writing accompanying information leaflets. This supports patients in the consent to treatment process.

The future

- Each care group will develop their own clinical governance programmes addressing risk reduction with a defined audit programme. It will involve patients and users of the services and identify the training and development needs of staff.
- · Reduction in hospital MRSA rates.
- Development of specialty key clinical indicators to support medical staff in assessing and improving patient care.

Clinical Governance

Notes

- 1. The Commission for Health Improvement (CHI) was set up by the government to improve the quality of patient care in the NHS across England and Wales. It is one of the Government's reforms to address unacceptable variation. CHI started operating on 1 April 2000 and has a programme underway which aims to ensure that every NHS patient receives the same high level of care. The patient's experience is at the heart of CHI's work. CHI will assure, monitor and improve the quality of patient care by undertaking clinical governance reviews. Each trust, health authority, primary care groups, local health groups and general practice will be visited. CHI's findings will be based on evidence and not opinion.
- 2. The National Institute for Clinical Excellence (NICE) was set up as a Special Health Authority for England and Wales on 1 April 1999. It is part of the National Health Service (NHS) and its role is to provide patients, health professionals and the public with authoritative, robust and reliable guidance on current "best practice". The guidance covers both individual health technologies (including medicines, medical devices, diagnostic techniques, and procedures) and the clinical management of specific conditions.

- 3. Clinical audit is the process used to review what we do against recognised standards and make changes or modifications when appropriate. The standards should always be based on best practice and best evidence. A comprehensive report on clinical audit activity is contained within the Trust Annual Clinical Audit Report 2000 / 2001
- 4. The Clinical Negligence Scheme for Trusts (CNST) was established in 1994 and was devised to provide a means for Trusts to fund the cost of clinical negligence litigation and to encourage the support of effective management of claims and risks. Contributions to the fund are reduced when Trusts meet certain risk management criteria, which is the CNST standards of levels 1,2, and 3.
- For more information on research activity undertaken within Maidstone and Tunbridge Wells NHS Trust see the Research and Development Annual Report 2000/2001



Clinical Governance 2000 - 2001

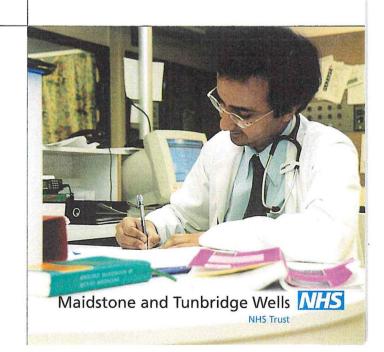




Maidstone and Tunbridge Wells NHS Charitable Fund annual report 2000 - 2001 Registered charity 1055215







Trustees' Annual Report 2000-2001



The Board of Maidstone and Tunbridge Wells NHS Trust became responsible for the charitable fund with effect from 1st April 2000 with the merger of Mid Kent Healthcare Trust and Kent and Sussex Weald NHS Trust. The charitable funds of the two predecessor trusts were formally merged in March 2001. The registered number of the Charity is 1055215.

The objects of the charitable fund are stated in the Trust Deed as follows:- 'The Trustees shall hold the trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service.' The objects of the material endowment and restricted funds are given in note 11 to the accounts on page 12 and 13.

The charity is situated on four main sites in Maidstone and Tunbridge Wells in Kent. These are Maidstone Hospital, the Kent County Ophthalmic and Aural Hospital, the Kent and Sussex Hospital and the Pembury Hospital. The charity administers funds for primary care services from GPs' surgeries and clinics throughout the Maidstone area. On 1st April 2001 some primary care services were transferred to the new Maidstone and Malling Primary Care Trust although responsibility for the funds remains with the charity for the time being.

The charity is an "NHS umbrella charity" under which there are nine special purpose funds, each having its own objectives. The majority of funds in number and value are individual designated sub-funds under the "umbrella". These designated funds are designed to reflect the wishes of donors.

The charity aims to promote the welfare of patients and staff in the NHS and to further medical research. The charity received donations of £859,000 in the year and legacies of £68,000. Investment income was £49,000. Total direct charitable expenditure for the year was £870,000. An analysis of grants payable expenditure is shown in the accounts on page 14. The main area of expenditure was on medical equipment where £247,000 was spent. £89,000 was spent on furniture and equipment and £54,000 on computers. Research expenditure totalled £211,000 during the year (shown as "activities in furtherance of charity's objectives" on page 6 of the accounts). The majority of this was spent on cancer and haematology research at both Tunbridge Wells and Maidstone.

A significant source of income for the charity is from the grateful patients and relatives who are pleased to show

their appreciation of the work and care carried out by Trust staff. This has enabled various amenities to be provided for the staff including training and the appropriate recognition of long service and retirements. The Trustees expended £22,000 on staff welfare and amenities and £70,000 in staff training during the year.

The decision to commit charitable funds is taken by clinical managers such as ward sisters within the hospitals. Spending is overseen by the Charitable Funds Committee of the Trust. This ensures that spending meets the specific needs of patients and staff whilst ensuring that where appropriate an overall strategic balance is kept.

Investments were managed for the charity during the year by Schroder Personal Investment Management Limited and Dresdner RCM Global Investors UK Limited. These investments performed broadly in line with market movements during the year and at 31 March totalled £1,520,000. After the year end the trustees appointed Schroder Investment Management to manage the whole portfolio and the transfer was completed in June 2001. This will allow the charity to benefit from the active management of funds during a period of stock market fluctuation as well as simplifying administrative arrangements.

Internal administrative costs for the charity for the year amounted to £26,000, which is 2.7% of total income and resources.

For the year 2001/2002, the Fund plans to continue the success achieved in the year. In particular, it is working to ensure that donations received continue to grow for the benefit of patients and staff.

Paul Darling
Director of Finance & Information
Maidstone and Tunbridge Wells NHS Trust
Pembury Hospital
Tonbridge Road
Pembury, Tunbridge Wells,
Kent TN2 4QJ

Trustee: Maidstone and Tunbridge Wells NHS Trust

Board Members of the Maidstone and Tunbridge Wells NHS Trust as at 31st March 2001

Anne Chapman Stephen Collinson John Cartwright

Lynne Clemence

Peter Cox

Paul Darling

Chairman Chief Executive

Non-Executive Director

Director of Service Development Non-Executive Director

Director of Finance & Information Director of Nursing

Dr Bernard Place Dr Charles Unter Ian Nash

Dr Gillian Bullock

Medical Director Non-Executive Director

Non-Executive Director

Solicitors

PO Box 344

Maidstone Kent ME14 1AT

Bankers

National Westminster Bank plc

Kent Corporate Business Centre

Bevan Ashford 35 Colston Avenue Bristol BS1 4TT

Fund Managers

Schroder Personal Investment Management Limited 100 Wood Street London EC2V 7ER

Dresdner RCM Global Investors (UK) Ltd PO Box 191 10 Fenchurch Street London EC3M3LB

Headquarters

Maidstone and Tunbridge Wells NHS Trust

Pembury Hospital Tonbridge Road Pembury Tunbridge Wells Kent TN2 4QJ

Auditors

PricewaterhouseCoopers No 1 London Bridge London SE1 9QL





National Health Service - Maidstone and Tunbridge Wells NHS Trust

Funds Held on Trust Annual Accounts 2000 - 2001

The accounts of the Funds Held on Trust by the Trust

Foreword

These accounts have been prepared by the Trustees in accordance with the Statement of Recommended Practice: Accounting by Charities and under section 98(2) of the National Health Service Act 1977 (as amended) in the forms which the Secretary of State has, with the approval of the Treasury, directed.

Statement of Trustees' responsibilities

The Trustees are responsible for:

- keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the
 funds held on trust and to enable them to ensure that the accounts comply with requirements in the Charities Act
 1993 and those outlined in the directions issued by the Secretary of State;
- · establishing and monitoring a system of internal control; and
- establishing arrangements for the prevention and detection of fraud and corruption.

The Trustees are required under the Charities Act 1993 and the National Health Service 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 financial position of the funds held on trust, in accordance with the Charities Act 1993. In preparing those accounts, the trustees 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 Trustees confirm that they have met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 6 to 14 attached have been compiled from and are in accordance with the financial records maintained by the Trustees.

By Order of the Trustees

Chairman

Date: 31st July 2001

Trustee

Date: 31st July 2001

Independent Auditors' report to the Trustees of the Funds Held on Trust

We have audited the financial statements on pages 6 to 14 which have been prepared in accordance with the Statement of Recommended Practice: Accounting by Charities and with the accounting policies relevant to the National Health Service, as set out in pages 8 and 9.

Respective Responsibilities of Trustees and Auditors

As described on page 4, the Trustees are responsible for the preparation of financial statements in accordance with the Statement of Recommended Practice: Accounting by Charities and directions issued by the Secretary of State. Our responsibilities, as independent auditors, are established by statute, the Code of Audit Practice issued by the Audit Commission and our profession's ethical guidance.

We report to you our opinion as to whether the financial statements give a true and fair view of the financial position and result of financial operations of the charitable funds in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

In accordance with regulations made under section 44 of the Charities Act 1993, the charity has been granted a dispensation under section 9(2)(a) of the Charities (Accounts and Reports) Regulations 1995, permitting the audit to be carried out by the auditor appointed by the Audit Commission.

Basis of audit opinion

We conducted our audit in accordance with the Charities Act 1993, the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission, which requires compliance with relevant auditing standards issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the fund's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion, we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion, the financial statements give a true and fair view of the funds held on trust at 31 March 2001 and of the incoming resources and application of resources for the year then ended and have been properly prepared in accordance with the Statement of Recommended Practice: Accounting by Charities and the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England.

Signature Procewatch use Coopers

Name: Pricewaterhousecoopers

Date: 1st August 2001

Address: No. 1 London Bridge, London, SE1 9QL

Statement of Financial Activities for the year ended 31 March 2001

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total Funds £000
Incoming resources					
Donations, Legacies and similar resources					
Donations		708	151	0	859
Legacies		67	1	0	68
Total Donations and Legacies		775	152	0	927
Investment income	8.3	44	5	0	49
Total incoming resources		819	157	0	976
Resources expended					
Charitable expenditure					
Grants payable					
Other grants payable	3.1	514	145	0	659
Activities in furtherance of charity's objectives	4.1	116	95	0	211
Management and administration	4.2	23	3	0	26
Total resources expended	5	653	243	0	896
Net incoming/(outgoing)resources before Transfers		166	(86)	0	80
Gross transfer between funds	11.5	(24)	24	0	0
Net incoming/(outgoing)resources		142	(62)	0	80
Gains/(losses) on revaluation of own fixed assets		0	0	54	54
Gains/(losses) on revaluation and disposal of investment assets		(147)	(22)	0	(169)
Net movement in funds	6	(5)	(84)	54	(35)
Fund balances brought forward at 31 March 2000		1,557	153	121	1,831
Fund balances carried forward at 31 March 2001		1,552	69.	175	1,796

Balance Sheet as at 31 March 2001

				* 1		
24	Notes	Unrestricted Funds £000	Restricted Funds £000	Endowment- Funds £000	Total at 31 March 2001 £000	As restated 1 April 2000 £000
Fixed Assets						
Tangible assets	7	0	0	175	175	121
Investments	8	1,455	65	0	1,520	1,718
Total Fixed Assets		1,455	65	175	1,695	1,839
Current Assets						
Debtors	9.1	117	5	», O	122	104
Cash at bank and in hand		72	3	0	75	20
Total Current Assets		189	8	0	197	124
Creditors: Amounts falling due within one year	10.1	92	4	0	96	132
Net Current Assets/(Liabilities)		97	4	0	101	(8)
Total Assets less Current Liabilities		1,552	69	175	1,796	1,831
Total Net Assets		1,552	69	175	1,796	1,831
Funds of the Charity						
Capital Funds:						
Endowment Funds	11.1	0	0	175	175	121
Income Funds:						
Restricted	11.3	0	69	0	69	153
Unrestricted		1,552	0	0	1,552	1,557
Total Funds		1,552	69	175	1,796	1,831

^{*} refer to note 2, page 9

Signed:

Chairman

Date: 31st July 2001

Trustee:

Date: 31st July 2001

Notes to the Account

Accounting Policies 1

1.1 Accounting Convention

This account has been prepared in accordance with the Statement of Recommended Practice issued in October 2000 - Accounting and Reporting by Charities, and with accounting standards and policies for the NHS approved by the Secretary of State.

The historic cost convention has been applied except for investments and fixed assets which have been revalued to market price as at the 31st March 2001.

1.2 Incoming Resources

- All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
- entitlement arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- certainty when there is reasonable certainty that the incoming resource will be received;
- iii) measurement when the monetary value of the incoming resources can be measured with sufficient reliability.
- b) Gifts in kind
- Assets given for distribution by the funds are included in the Statement of Financial Activities only when distributed.
- Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

c) Intangible income

Intangible income (eg the provision of free accommodation) is included in the accounts with an equivalent amount in outgoing resources, if there is a financial cost borne by another party. The value placed on such income is the financial cost to the third party of providing the resources.

1.3 Resources expended

Grants made by the Fund for NHS purposes are disclosed as "other grants payable" in the Statement of Financial Activities.

Research expenditure is disclosed as "Activities in furtherance of charity's objectives" in the Statement of Financial Activities.

Management and administration relates to finance and administration costs incurred by Maidstone and Tunbridge Wells NHS Trust in managing the Fund. These amounts together with audit fees are recharged to the Fund and apportioned across all funds pro-rata.

1.4 Fixed Assets

a. Capitalisation

All assets falling into the following categories are capitalised:

- tangible assets which are capable of being used for more than one year, and have a cost equal to or greater than £5.000:
- groups of tangible fixed assets which are interdependent or would normally be provided or replaced as a group with a total value in excess of £5,000 and an individual value of £250 or more.
- iii) computer software licences are capitalised as intangible assets where they are capable of being used for more than one year and have a cost, individually or as a group, equal to or greater than £5,000.

b. Valuation

Land and buildings

Land and buildings surplus to requirements and scheduled for disposal were valued at open market value after deducting expected selling costs.

The valuation was carried out by T.A. Turnill ARICS IRRV of Turnill and Company, Estate Agents as at 31 March 2001.

The valuation was carried out in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

c. Depreciation

Land and buildings surplus to requirements are not depreciated.

Notes to the Account

Fixed Assets (cont)

d. Donated Assets

Donated assets are capitalised at their valuation on full replacement cost basis on receipt and are revalued and depreciated as described above.

1.5 Investment Fixed Assets

Investment fixed assets are shown at market value.

- (i) Property assets are not depreciated but are shown at market valuation. Valuations are carried out by a professional valuer at five yearly intervals. Between valuations Trustees' make a best estimate of market value. Valuation gains and losses are recorded in the Statement of Financial Activities with the balance sheet reflecting the revalued amounts.
- (ii) Quoted stocks and shares are included in the balance sheet at mid-market price, ex-div. Gains and losses, both realised and unrealised are charged to funds pro-rata.
- (iii) Other investment fixed assets are included at Trustees' best estimate of market value.

1.6 Intangible Fixed Assets

Intangible fixed assets are included at the Trustees' best estimate of value.

1.7 Pensions Contributions

The cost of employer pensions contributions to the NHS Superannuation and other schemes is charged to the Statement of Financial Activities.

1.8 Change in the Basis of Accounting

There has been no change in the basis of accounting during the year.

1.9 Funds Structure

The fund is composed of an NHS Umbrella fund with nine special purpose funds under it. These restricted funds are held for specific charitable purposes. The majority of funds are unrestricted but designated for the use of various hospital departments.

Transfers between restricted special purpose funds are only permitted when they are for operational transactions furthering the objects of the fund. Transfers between unrestricted but designated funds will not normally take place unless agreed by the Trustees unless they reflect operational transactions of the fund.

1.10 Related party transactions

During the year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Maidstone and Tunbridge Wells NHS Trust Charitable Fund.

The Charitable Fund has made revenue and capital payments to the Maidstone and Tunbridge Wells NHS Trust where the Trustees, whose names are listed in the Annual Report, are also members of the Trust Board.

1.11 Risk Policy

The Trustees believe that the two major areas of risk for the Charitable Funds are:-

- i) the continuing level of donations from the public.
- ii) the performance of investments.

Donation risk is managed by ensuring departmental managers are aware of the importance of gifts from their patients, their visitors and relatives.

The management of investment risk is set out below.

Investment Risk

The Trustees have appointed Schroder Investment Management Limited to manage investment risk. The agreed investment policy is to manage investments with low to medium risks and with medium income requirements.

1.12 Reserves Policy

The Trustees of the Charitable Funds have a policy that unrestricted undesignated reserves should not normally be less than £50,000. These are for the general purposes of the Trust as a whole.

The Trustees policy on designated and restricted funds is to encourage these funds to be spent promply by the responsible budget managers for the benefit of beneficiaries. The policy in endowment funds is to maintain the endowment whilst encouraging income to be spent promptly.

2. Balance sheet as restated 1 April 2000

From 1 April 2000 the Trust Funds of Mid Kent Healthcare NHS Trust and Kent and Sussex Weald NHS Trust were merged and rationalised with new or amended umbrella and special purpose fund Trust Deeds. The balance sheet at 1 April 2000 reflects these changes.

3. Details of Resources Expended Grants		Unrestricted Funds	Restricted Funds	Endowment Funds	Total 2001 Funds	
3.1 Grants Payable:	Patients welfare and amenities Staff welfare and amenities Contributions to NHS	£000 65 116 333 514	£000 5 5 135 145	£000 0 0 0	£000 70 121 468 659 Total 2001 £000	
	Maidstone and Tunbridge Wells NHS	Trust			659	
3.2 Grants made to institutions			Unrestricted Funds	Restricted Funds	Endowment Funds 2001	
4. Details of Resources Expended Other 4.1	Research	£000 116 116	£000 95 95	0003	Funds £000 211 211	
•		Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total 2001 Funds £000	
Analysis of Management and Administration Costs 4.2	Establishment costs Audit fee Investment manager's fee Miscellaneous	16 4 2 1 23	$ \begin{array}{r} 2 \\ 1 \\ 0 \\ \hline $	0 0 0 0	18 5 2 1 26	
Costs of Generating Funds 4.3	No fund raising or property manager	ment costs were in	curred in the year.			
5. Analysis of Total Resources Expended 5.1 °°	,	Costs of Generating Funds	Costs of Activities for Charitable	Costs	Management and Iministration	Total 2001
	Auditors' remuneration:	£000	Objectives £000	£000	£000	£000
*	Audit fee Other fees Bought-in services from NHS Other	0 0 0 0	0 0 0 870 870	0 0 0 0	5 0 18 3 26	5 0 18 873 896
Analysis of Staff Costs 5.2	The funds employ no staff.					
Pension Contributions for Senior Employees 5.3	The funds employ no staff.					
Senior Employees 5.4	The funds employ no staff.					

6. Changes in Resources Available for Charity Use		Unrestricted	Restricted	- Endowment	Total 2001
Available for Charity 05e	6e, 8	Eundo	Funds	Funds	Funds
		Funds £000	£000	£000	£000
	Not mayament in funda for the year			54	(35)
	Net movement in funds for the year	(5)	(84) 0	54	54
	Net movement in tangible fixed assets: Net movement in funds available for future activities	0 		108	19
	Net movement in funds available for future activities	(5)	(84)		
7. Fixed				Freehold	Total
Assets	*			Land and	2001
7,000,0				Buildings	2001
				£000	£000
	Total Tangible Fixed Assets:		ъ	2000	2000
	Balance at 1 April 2000			129	129
	Revaluations and indexation			46	46
	Balance at 31 March 2001			175	175
	Dalance at 31 Watch 2001				
	Accumulated Depreciation:				
	Balance at 31 March 2000			8	8
	Revaluations and indexation			(8)	(8)
	Balance at 31 March 2001			0	- (0)
	Dalance at 31 March 2001				
	Net Book Value at 31 March 2001			175	175
	Net Book Value at 31 March 2000			121	121
	Not book value at 51 March 2000			121	
	Historic cost at 31 March 2001			114	114
	The above fixed asset, 94 Bow Road Wateringbury was so have now been exchanged. The income from the sale proceeds, which are capital in p	erpetuity, will be u			
	healthcare service for the residents of Wateringbury and N	lettlestead.			
	F1 - 1 A 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 - 1				0000
8. Analysis of Fixed	Fixed Asset Investments:				£000
Asset Investments 8.1	Market value at 1 April 2000				1,718
	Less: Disposals at carrying value				(29)
	Net loss on revaluation				(169)
	Market value at 31 March 2001				1,520
	III I I I I I I I I I I I I I I I I I				1 000
	Historic cost at 31 March 2001				1,236
8.2	Market value at 31 March 2001:		Held	Held	
0.12	Mariot value at 61 Marion 2001.		in UK	outside UK	Total
			£000	£000	£000
			2000	2000	2000
	Investments in a Common Deposit Fund or Common Inves	tment Fund	1,455	0	1,455
	Cash held as part of the investment portfolio	anone i dila	65	0	65
	Cash fisher as part of the minoral political		1,520	0	1,520
	Total gross income				
Analysis of gross income	Total groot moons		Held	Held	
from investments 8.3			in UK	outside UK	Total
	,		£000	£000	£000
	Investments in a Common Deposit Fund or Common Inves	tment Fund	41	0	41
1	Cash held as part of the investment portfolio	amone i unu	5	0	5
	Other investments		3	0	3
	Sales invocations		49	0	49

9. Analysis of Debtors 9.1 9.2	Amounts falling due within one year: Trade debtors Accrued income Other debtors Total debtors falling due within one year: Amounts falling due over one year:	ear	£000 122 0 0 122	104	0 5 8 1		
	Total dahtara		100	- 10	<u> </u>		
10. Analysis of Creditors 10.1	Total debtors		122	*As restated	d d		
10.2	Amounts falling due within one year: Trade creditors Accruals Total creditors falling due within one		£000 95 1 96	£000 109 20 132	0 9 3 <u>2</u>		
	Amounts falling due after more than	one year:	0	(0		
	Total creditors		96	132	2		
11 Analysis of Funds	* £85.000 included as amounts due reclassified to trade creditors	to subsidiar	y and associa	ted undertakings	;, In prior year	creditors has t	oeen
11. Analysis of Funds 11.1	Endowment Funds	Balance 1 April 2000	Resources	s Expended	Transfers	Gains and Losses	Balance 31 March 2001
	Wateringbury Clinic	£000 121	000£		£000 0	£000 54	£000 175
Details of material funds - endowment funds 11.2	Name of fund	Des	cription of the	nature and purp	oose of each fo	und	
	Wateringbury Clinic	Prov	vision of nursin	ng care to Water	ingbury and N	ettlestead.	
11.3	Restricted Funds	Balance 1 April 2000	Incoming Resources	Resources Expended	Transfers	Gains and Losses	Balance 31 March 2001
	Material funds	£000	£000	£000	9000	£000	£000
	KCOAH Fund K & S Haematology	79 64	14 56	(58) (97)	(3) 0	(5) (2)	27 21
*	Holland Warren Maidstone Haematology	26	38 5	(40)	0 0	(15) 0	9 6
	K & S Human Resources	3 4	0	(2) 0	0	0	4
*	K & S Nursing	1	1	(1)	0	0	1
	Community Health	1	0	0	0	0	. 1
5	Maidstone General	(25)	43	(45)	27	0	0
**************************************	Total	153	157	(243)	24	(22)	69

Details of material funds restricted funds 11.4 Name of fund

Description of the nature and purpose of each fund over £10,000

KCOAH Fund

Opthalmology at Kent County Ophthalmic and Aural Hospital

K & S Haematology

Haematology research at Kent and Sussex Hospital

Holland Warren

Care of serverely ill patients in the community

Details of transfers between funds 11.5

	Transfer	Reason	Amount
From unrestricted funds	To restricted funds	85	£000
Umbrella Fund (6300)	Maidstone General Fund (6100)	Refund from umbrella to clear unrestricted expenditure initially made from restricted fund.	27
From restricted funds	To unrestricted funds		
Ophthalmic Fund (6210)	Umbrella fund (6200)	Refund from KCOAH fund to clear restricted expenditure initially made from umbrella.	(3)
Total transfers per Statemer	nt of Financial Activities		24

Contingencies 12

There were no contingent gains or losses in the year.

Commitments, Liabilities and Provisions 13

The funds had no capital commitments at the year end.

14 Trustee and Connected Persons Transactions 14.1

Trustee expenses reimbursed

Nil

14.2

Trustee remuneration

Nil

14.3

Details of transactions with Trustees or connected persons

There were no transactions with Trustees or connected persons.

14.4

Trustee Indemnity Insurance

Trustees are covered by the insurance arrangements in place with the Maidstone and Tunbridge Wells NHS Trust

15. Loans or Guarantees secured against assets of the charity

Particulars of assets subject to mortgage or charge:	Amount of lo	an or liability
	2000-01 £	1999-2000 £
There were no loans or guarantees secured against the assets of the charity.	0	0

16. Connected Organisations

Name, nature of connection, description of activities undertaken and details	2000-01		
of any qualifications expressed by their auditors	Turnover of Connected Organisation	Net Profit/ Loss for the Connected Organisation £	
Maidstone and Tunbridge Wells NHS Trust	155,349,887	104,037	

17. Analysis of note 3.1 Grants Payable

Patients:	£	
Christmas Extras	3,136	
Entertainment	522	
Samaritan fund	1,227	
Televisions	610	
Other	64,533	
Staff:		
Retirements	14,248	
Christmas Functions	15,054	
Entertainment	7,505	
Recreational Facilities	1,121	
Training	70,088	
Text Books and Subscriptions	8,265	
Other	4,651	
Other:		
Repair and Maintenance of Buildings and Equipment	3,527	
Computer Equipment	54,472	
Furniture and Equipment	89,059	
Facilities and Equipment Hire	12,169	
Medical Equipment	246,886	
Printing and Stationery	3,832	
Other	58,116	
Total	650.001	
Total	659,021	

Accounts Direction

NATIONAL HEALTH SERVICE FUNDS HELD ON TRUST (ENGLAND)

The Secretary of State, with the approval of the Treasury, in pursuance of Section 98(2) of the National Health Service Act 1977 hereby gives the following direction:

1. In this direction, unless the context otherwise requires

"the Act" means the National Health Service Act 1977;

"the Authority" means, as the case may require, a Health Authority, a Special Health Authority, a Primary Care Trust, an NHS Trust, Special Trustees appointed in pursuance of Section 29(1) of the National Health Service Reorganisation Act 1973 and Section 95(1) of the National Health Service Act 1977 (as amended) and any trustees for an NHS Trust appointed in pursuance of Section 11 of the National Health Service and Community Care Act 1990.

- 2. The statement of account which it is the duty of the Authority to prepare in respect of its Funds Held on Trust shall, in respect of the financial year ended 31 March 2001 and subsequent financial years, be as set out in the following paragraphs and Schedule.
- 3. The statement of accounts in respect of any Funds Held on Trust shall comprise:
- a. a foreword;
- b. a statement of financial activities;
- c. a balance sheet:
- d a cash flow statement (but only where the total funds held on trust satisfy the size criteria set out in Section 247 of the Companies Act 1985);
- e. notes to the accounts.
- 4. The statement of account shall give a true and fair view of the incoming resources and application of resources of the funds held on trust in the financial year and the balance sheet shall give a true and fair view of the state of affairs of the funds held on trust at the end of the financial year in respect of which the statement of account is prepared. The statement of account shall separately show the charitable and non charitable funds held on trust. Subject to these requirements, the statement of account shall also, without limiting the information given, meet:
- a. generally accepted accounting practice in the United Kingdom including accounting standards issued or adopted by the Accounting Standards Board;
- all relevant guidance given by the Charity Commission, including the Statement of Recommended Practice "Accounting and Reporting by Charities";
- c. all relevant guidance given by the NHS Executive;
- d. any disclosure and accounting requirements which the Treasury may issue from time to time;

insofar as these are appropriate to the Authority's funds held on trust and are in force for the financial year for which the statement of account is to be prepared.

5. This accounts direction shall be reproduced as an appendix to the published account.

Signed.				
olyneu.	 	******	 	

Signed by the authority of the Secretary of State for Health

SCHEDULE

Foreword

- The foreword shall include a statement that the account has been prepared in accordance with a direction given by the Secretary of State, with the approval of the Treasury in accordance with Section 98(2) of the National Health Service Act 1977.
- 2. The foreword shall include a description of the statutory background and main purpose of the funds held on trust to which it relates.

Statement of Financial Activities and Balance Sheet

3. The statement of financial activities, balance sheet and notes to the accounts shall follow the prescribed format shown in SI 1995 No. 2724.

Notes to the Accounts, as required by SI 1995 No. 2724

- 4. The notes to the account shall include details of the accounting policies adopted.
- 5. Further explanatory notes to the account shall be provided wherever they are necessary in order to give users a proper understanding of the accounts.

Application of the Requirements of the Accounting Standards

- 6. The account is not required to include a cash flow statement as required by FRS1 unless the total funds held on trust exceed the size criteria set out in section 247 of the Companies Act;
- 7. The account is not required to include a note showing historical cost profits and losses as described in FRS 3.

Other

8. The foreword and balance sheet shall be signed by the Trustees and dated.







Maidstone and Tunbridge Wells NHS Charitable Fund annual report 2000 - 2001 Registered charity 1055215

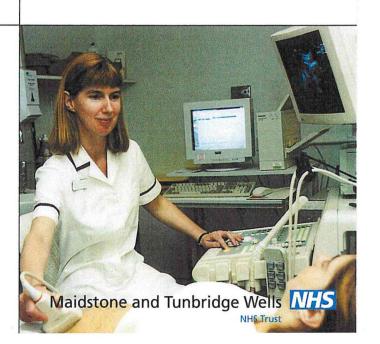






Maidstone and Tunbridge Wells NHS Trust





Introduction

I am delighted to present the Trust's second Summary Business Plan. After our successful first year, we are looking forward to a year of consolidation. We also have exciting and challenging development plans across a wide range of our services.



Review of 2000 - 2001

This brief summary aims to describe these plans. If you would like any further information, or a copy of our full-length Business Plan, please contact Lynne Clemence, Director of Service Development on 01892 673725.

C. Con m

Stephen Collinson Chief Executive

The Trust successfully achieved all its business objectives in 2000/01. Amongst our achievements, we: -

- Completed the Acute Services Review
- Produced a Strategic Outline Case for new healthcare facilities, and received approval to proceed with a PFI
- · Met our financial and activity performance targets
- Made excellent progress in developing cancer services
- · Completed a major programme of capital investment
- Implemented a number of changes to our services, aimed at improving access, such as the opening of a Medical Admissions Unit at Kent and Sussex Hospital
- Established a Clinical Governance Care Group, designed to ensure high quality clinical care
- Made excellent progress in implementing improvements to the working lives of our staff
- Won a number of awards for high quality services
- Successfully bid for the development of a West-Kent wide Gynaecological service based at Maidstone.

Our objectives for 2001/02 are: -

- 1. To meet performance targets, including: -
- · Maintaining financial balance
- · Reducing waiting times and lists
- · Admitting emergency patients promptly
- Ensuring that junior doctors hours of work do not exceed the required levels
- · Reducing the levels of hospital acquired infection.
- 2. To develop a PFI scheme for new healthcare facilities. Specific targets for 2001/02 include: -
- The completion, submission and approval of an outline business case
- The appointment of a PFI Project Team and external advisors

- Advertising for private partners and identifying a long list of suitable pariners
- · Producing output specifications for all areas.
- 3. To progress the Modernisation Agenda, particularly: -
- Further implementation of booked admissions across the Trust
- Successful implementation of "Action" schemes for Cataracts, ENT, Orthopaedics and Dermatology
- · Improved management of emergency admissions
- Review of outreach services and the development of a blue print for future service provision
- Successful rollout of the Cancer Collaborative to six tumour sites
- Introduction of "Putting Ideas into Practice", encouraging staff involvement in the modernisation agenda.
- 4. To co-ordinate the implementation of the NHS Cancer Plan across the Kent Cancer Services Network, ensuring that all 2001/2 targets are achieved.
- 5. To strengthen the Trust's management of the Corporate Governance Agenda, including full implementation of the Trust Clinical Risk Strategy.
- 6. To improve PEAT (Patient Environment Access Team) scores for all hospital sites, and to reach agreement for a two year programme to achieve Firecode compliance for hospital sites in Tunbridge Wells.
- 7. To undertake a review of the management, organisation and service models of therapy services in the south of West Kent, to inform future management arrangements.
- 8. To improve childcare arrangements for Trust staff, including opening two crèches.
- 9. To make demonstrable progress toward the outcomes described in the NHS Plan relative to nursing: - increases in the availability of student nurse practice placements, developing the ward housekeeper role, progressing the Chief Nursing Officer's ten key roles for nursing, improving return to nursing and midwifery practice opportunities.
- 10. To develop the internal I M & T infrastructure e.g. local area networks, rationalising existing systems, and increasing the number of clinicians and managers that have access to e-mail and NHSnet.

Our objectives for 2001 - 2002

Facts and Figures

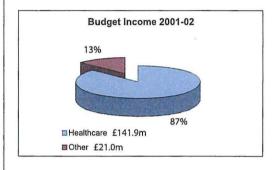
Activity and waiting lists

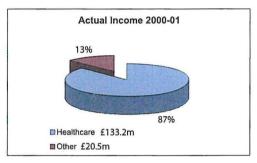
Position at 31.3.00	Position at 31.3.01
Emergency admissions: 25529	26657 - an increase of 4.4%
Elective waiting list: 10928	9826 - a reduction of 10%
Outpatient waiting over 13 weeks: 3337	2481 - a reduction of 25%

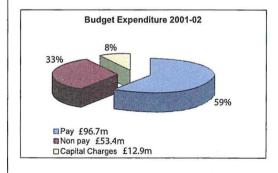
The Trust received 581 urgent breast cancer referrals in 00/01. All except 29 were offered an appointment within 2 weeks (95%). Our target for this year is 100%.

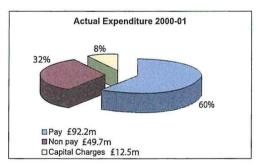
Finance

Summarised Draft Accounts 2000-2001









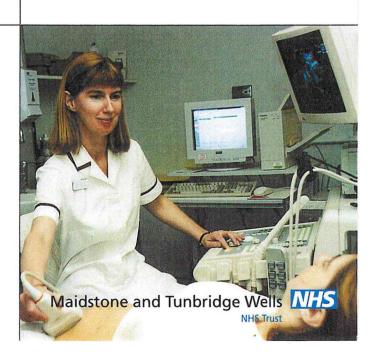






Maidstone and Tunbridge Wells NHS Trust









Maidstone and Tunbridge Wells NHS Trust annual report 2000 - 2001



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Tunbridge Wells

Kent

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Telephone: 01892 526111

Pembury Hospital

Tonbridge Road

Pembury

Tunbridge Wells

Kent

TN2 4QJ

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Maidstone Hospital

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Maidstone

Kent

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Kent County Ophthalmic & Aural Hospital (KCOAH)

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