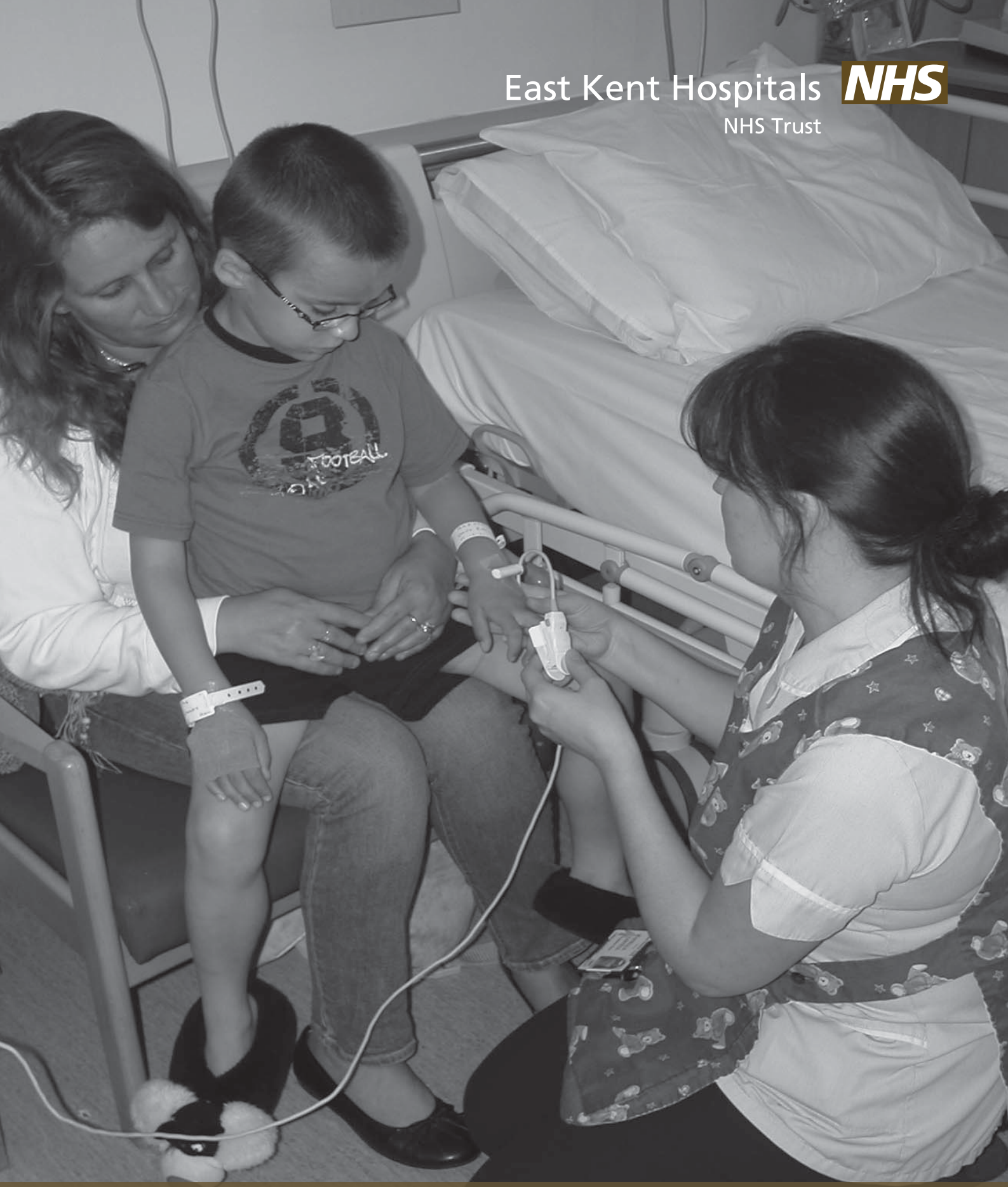
East Kent Hospitals NHS
NHS Trust



Getting you better faster

Annual Report 2006 | 2007

Foreword

This year we made far reaching changes to the way we do things - cutting waiting times, reducing the amount of time people need to stay in hospital and treating more patients than ever before...

Our story this year is dominated by the significant financial shortfall we faced at the beginning – an anticipated deficit of over £35 million to be recovered within two years. We have risen to this challenge and have exceeded our requirements for regaining financial control, ending the year with a deficit of £4.7 million compared with our planned deficit of £17 million, and a clear strategy to ensure cumulative balance by March 2009.

The far reaching changes to the way we have done things this year have brought great benefits to our patients. For example, by making more efficient use of our resources, we reduced the average amount of time people have to wait for a first outpatient appointment from eight weeks in 2005/06 to six weeks, and the average amount of time people have to wait for inpatient treatment from 16 to 14 weeks. By lessening the time patients need to stay in hospital we were able to reduce our beds by 200.

Our aim is to get patients better, faster and home sooner. We have kept a careful check that our services remain safe during these changes and our key safety indicators, such as readmission and mortality rates have improved.

We have also introduced new treatments, such as Implantable Cardioverter-defibrillator treatment for certain heart conditions, and opened new, modern facilities, such as the Friends Dermatology Centre at Kent & Canterbury Hospital, which serves all of Kent.

Our staff have worked extremely hard to achieve these things, particularly when working under the pressure of a difficult financial situation. We extend our thanks to them.

Working in partnership

We have built a strong relationship with the new Eastern and Coastal Kent Primary Care Trust, the South East Coast Strategic Health Authority, South East Coast Ambulance Service and Social Services as we have worked together to improve admission and discharge processes.

We are extremely grateful for the support volunteers and charitable organisations have given over the course of the year, providing invaluable services such as the lay chaplaincy and hospital radio, and raising funds for equipment and furnishings.

We have recently celebrated the opening of the Viking Day Unit at Queen Elizabeth The Queen Mother Hospital, Margate, made possible by the Cancer Care Appeal – a tremendous fundraising effort led by the local community.

Continuing to invest for the future

We have invested in developing our hospital services, and are looking forward to the culmination of a great deal of hard work to co-locate renal, vascular, urology and interventional radiology services at Kent & Canterbury Hospital this coming year.
We will also be progressing our investment in new technologies to improve patient care, with work beginning in earnest on the new electronic patient record, and a state-of-the-art pathology laboratory at William Harvey Hospital, Ashford, to serve East Kent. These investments will help us to further reduce waiting times and improve the quality and speed of treatment that we offer.

We continue to operate in the context of rapid external change – the Government is developing an NHS market where the private and voluntary sector will play an expanded role in the provision of healthcare. This will be achieved by the expansion of patient choice, an increasing role for GPs in the commissioning of health services and a growing emphasis on the provision of care much closer to patients' homes. We need to respond to these changing demands.

We are one of the lead volunteer Trusts chosen to implement the maximum waiting time of 18 weeks from GP referral to the start of hospital treatment ahead of the rest of the NHS, which will be a huge challenge for the coming year.

Our vision is to be known throughout the world as one of the top ten hospital Trusts in England and the Kent hospital of choice for patients and those close to them. Despite the financial challenges of the year we have contributed to this goal, and we look forward to taking the next steps in the year to come.

George Jenkins, Chairman

Rupert Egginton, Acting Chief Executive
June 2007

“We have significantly reduced the average amount of time people need to wait for treatment”

Introducing East Kent Hospitals

East Kent Hospitals NHS Trust is one of the largest in the country, providing services from five hospitals and several outpatient settings throughout Kent.

Our services and where we offer them

	BHD	RVH	K&C	QEQM	WHH
Accident and Emergency				●	●
24-hour Emergency Care Centre			●	●	●
Minor Injuries Unit	●	●	●	●	●
Inpatient Breast Surgery				●	●
Inpatient Child Health Services				●	●
Child Ambulatory Services	●		●	●	●
Midwifery-led Birthing Unit	●		●		
Inpatient obstetrics, gynaecology and maternity				●	●
Special Care Baby Unit				●	●
Neo-natal Intensive Care Unit					●
Inpatient Clinical Haematology			●		
Inpatient Urology Services			●		
Inpatient Vascular Services			●		
Inpatient Renal Services			●		
Renal Dialysis	●		●	●	●
Inpatient Orthopaedic Services				●	●
Inpatient Emergency Trauma Services				●	●
Inpatient Emergency General Surgery				●	●
Inpatient Cardiology			●	●	●
Inpatient Neurology			●		
Critical Care (ITU)			●	●	●
Inpatient Rehabilitation (stroke and ortho-elderly)	●		●	●	●
Inpatient Dermatology			●		
Inpatient ENT, ophthalmology and oral surgery					●
Inpatient Maxillo Facial			●		
Cancer care (Radiotherapy)			●		
Cancer Care (Chemotherapy)			●	●	●
Outpatient and diagnostic services	●	●	●	●	●

Key: BHD - Buckland Hospital, Dover; RVH - Royal Victoria Hospital, Folkestone; K&C - Kent & Canterbury Hospital, Canterbury; QEQM - Queen Elizabeth The Queen Mother Hospital, Margate; WHH - William Harvey Hospital, Ashford.

"We are leading the rest of the NHS in some of the most important issues of the day in hospital care"

The Trust is eight years old, formed in 1999 when three acute hospital Trusts in East Kent merged. It has over 6000 staff routinely serving a population of 700,000 but more for some specialist services.

We are leading the rest of the NHS in some of the most important issues of the day in hospital care. We are pioneering the maximum 18 week wait from GP referral to the start of hospital treatment – as one of the 13 early achiever Trusts we are getting ready to meet this target ahead of the rest of the country.

We are also leading the way in emergency care, with our model being examined by the wider NHS as a possible future solution to local emergency care.

Everything we do is guided by our vision, mission and values:

Our vision

To be known throughout the world as one of the top ten hospital Trusts in England and the Kent hospital of choice for patients and those close to them.

Our mission

To provide safe, patient focused and sustainable health services with and for the people of Kent. In achieving this we acknowledge our special responsibility for the most vulnerable members of the population we serve.

Our values

We strive to:

- Take pride in delivering quality and put patients first
- Act with integrity
- Speak well of each other and celebrate diversity
- Achieve great things when we work together
- Be open, honest and communicate and involve people in our decisions, and
- Be good citizens, look after the environment and pursue value for money in all that we do.

Developing our services

We are continuing to invest in developing first-class hospital services and facilities for the people of Kent. Our aim is to have well designed facilities for patients, suitable for modern medicine to be practiced by our staff...

Milestone for skin care

The opening of the Friends Dermatology Centre at Kent & Canterbury Hospital in February 2007 was an important milestone for patients of this growing service, providing a central facility for all dermatology work.

The purpose-designed Centre is unique in that it is the only non-teaching Centre to offer a rare surgical technique called Mohs Micrographic Surgery to treat a specific type of skin cancer.

This surgery is the most precise method of surface tumour removal, with a 99% success rate. It works by the surgeon removing the tumour, taking a thin layer of tissue from the area and examining it immediately, checking it straight away under a microscope to see if it contains any cancer cells.

The surgeon can tell instantly if all the cancer has been removed. If some cancer cells are found, the surgeon takes away some more tissue and checks this again, until the area is clear and the patient can be given the good news.

As well as ensuring that the patient's treatment is finished in one appointment the technique helps minimise any scarring.

East Kent Hospitals is the only Trust in the South East outside London to offer this service.

New intensive care facilities

The extended intensive care unit at Queen Elizabeth The Queen Mother Hospital, Margate, was opened in June 2006, bringing three extra intensive care beds to the hospital to help us care better for the needs of patients who are very seriously ill.

Expanding heart services

Heart patients from across East Kent have benefited from investment which has enabled our cardiology teams to double the provision of Implantable Cardioverter-defibrillator (ICD) treatments.

This high-tech therapy for life threatening heart rhythms is now provided at the Queen Elizabeth The Queen Mother Hospital's Heart Centre, Margate, and at our other major heart centre in the William Harvey Hospital in Ashford.

This year we were able to treat 22 more ICD patients locally rather than having to send them to London hospitals.

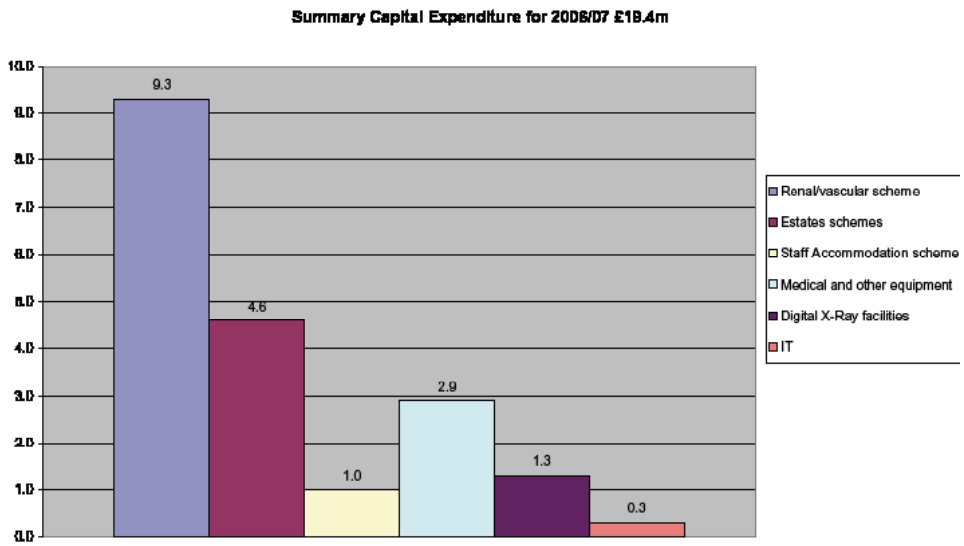
Central admissions lounge

A new 'lounge' is making all the difference for patients coming into the William Harvey Hospital, Ashford, for a planned operation. Traditionally, patients have been admitted directly onto a ward where they wait until they are taken to the operating theatre for their planned operation. At the William Harvey Hospital, however, patients can relax and meet their surgeon in a purpose-designed lounge, benefiting from a calm environment with dedicated pre-operative nursing staff, before going for their operation and recovering on a ward.

This change is also being implemented at Queen Elizabeth The Queen Mother Hospital, Margate.

We have continued to invest and a number of facilities have commenced that will complete in 2007/08.

What we spent on new buildings and facilities



Our objectives, targets and performance

The Trust set the following objectives for 2006-2007, and our performance is reported over the next six pages and the financial section at the end of this document.

1. Getting the basics right and maintaining compliance with Standards for Better Health by:
- Focusing on safety - improving safety and reducing hospital acquired infection
- Focusing on finance - ensuring our services are affordable and we use our resources wisely. Produce a recovery plan to bring the Trust back to financial balance over a period agreed with the Strategic Health Authority. Implement the first year of the recovery plan.
- Focusing on access to our services - meeting our promises to patients in terms of improving waiting times and piloting the 18 week pathway
- Focusing on patient experience - improving the patient experience of our services and our information and increasing the patient and public involvement in our decisions.

2. Progressing central efficiency and quality initiatives such as the NHS Ten High Impact Changes: making sure the way we provide our services is efficient in both staff and patient time and energy
3. Progressing Foundation Trust application and contributing to the Strategic Review of services across Kent, Surrey and Sussex - to make sure the Trust is responsive to its local population and has a long term financial and clinical viability
4. Implementing the Renal, Vascular and Interventional Radiology business cases to provide excellence in estate and service for patients.

The information on this page gives examples of the work we have done to carry out our 'focusing on safety' and 'focusing on access to our services' objectives.

Reducing hospital acquired infection

East Kent Hospitals NHS Trust's Infection Prevention and Control Programme has resulted in infection rates which are below the NHS average for both MRSA and C difficile.

The Trust gives highest priority to protecting patients and staff from infection and we pride ourselves on implementing evidence based infection prevention and control measures and maintaining high standards for the prevention of hospital acquired infection.

There was a significant reduction of 19% in our MRSA bacteraemia cases in 2006/07. The total of sixty one cases is the lowest annual figure since data collection began five years ago. This number is equivalent to a rate of only 1.3 per 10,000 bed days (estimate subject to adjustment when actual bed-days known) and is less than the average NHS rate of 1.77 per 10,000 bed days. Despite this, the Trust has more work to do to achieve the planned reduction in MRSA infection.

Cases of Clostridium difficile decreased by 44% during 2006/07 compared with the previous year. The rate of C difficile infection has fallen to approximately 1.5 per 1,000 bed days which is significantly below the NHS average of 2.44 per 1,000 bed days.

Reducing waiting times

Our staff have been committed to improving patient care and have reduced our waiting times and met Government targets for the maximum amount of time patients should wait for a first outpatient appointment or inpatient treatment.

98% of people who visit our A&E, Emergency Care Centre and Minor Injury Units being admitted, transferred or discharged within 4 hours of arrival	✓
A maximum wait time of 13 weeks for a first outpatient appointment, and six months for inpatient treatment	✓
95% of patients diagnosed with cancer receiving treatment within 62 days	✓
98% of patients seen at rapid access chest pain clinics within 14 days of GP referral	✓

"Our aim is to get patients better, faster - and do so safely"

Progressing the NHS 'Ten High Impact Changes'

The NHS Modernisation Agency, through its work with thousands of NHS clinical teams, has identified ten high impact changes that organisations in health and social care can adopt to make significant, measurable improvements in the way they deliver care. In 2006/07, we measured our progress through six measures, as outlined below:

Achieve an average length of stay comparable to at least the average in similar Trusts	Good progress has been made this year. The average length of stay this year was 3.1 days, compared to similar Trusts' performance of 2.6.
Increase the day case rate (the number of patients having surgery but not needing to stay in hospital overnight) to over 75%	Achieved
Reduce the number of outpatients not attending their appointments to less than 5%	This was achived with bookings made via Choose and Book, where the DNA rate was 4.5%.Our overall 'did not attend' rate for new outpatient attendances was 9.1%.
Increase the percentage of patients discharged in the morning by 25% compared to 2005/06	Achieved
Reduce delayed discharges to less than 2% of occupied bed days	We cut delayed discharges by 17% compared with the previous year - an excellent achievement. We also reduced our bed numbers by 200, which means as of March 2007, our delayed discharges stood at 4.56% of occupied bed days.
Increase the times our operating theatres are being used to more than 90% of available time	Our Theatre Productivity Project has so far delivered at least a 5% improvement in the use of theatre time for planned operations.

Listening, informing, improving

The Trust is committed to including the views, knowledge and experience of its partner organisations, patient groups and the public in developing and evaluating its services.

Patient volunteers also play a valuable role in helping ensure the quality of our services both in the planning stages and during routine operations. For example, patient volunteers regularly monitor hand hygiene compliance on wards and in clinical areas, while a patient group advises on the information and service our Patient Service Centre provides.

Making our hospitals more accessible

Sometimes patients who have been referred to a hospital consultant by their GP have found it difficult to contact the right person to speak to in such a large organisation if, for example, they want to change their appointment The opening of the Patient Service Centre in December 2006 was an important development in improving this situation.

The Patient Service Centre aims to give the majority of outpatients (patients who have a hospital appointment but who do not need treatment or to stay in hospital overnight) a singe point of contact with the hospital throughout. Patients can telephone one direct number to speak with a highly trained friendly member of staff about their outpatient appointment, regardless of which East Kent hospital they are attending, their condition or which consultant they have an appointment with. With opening hours of 8am to 8pm, Monday to Friday, it makes contact with the hospital much easier for our patients.

New ideas, new benefits for patients

Our midwives in Thanet won the Royal College of Midwives Award for Innovation in Midwifery Practice this year for developing and setting up the country's first supermarket-based antenatal clinic.

The antenatal clinic based in Sainsbury's at Westwood Cross makes it easier for Thanet's expectant mums to be examined regularly during their pregnancy, with long opening hours (8am to 10pm), free transport and the opportunity to fit their check-up around the weekly shop – they can even benefit from tea and coffee at cheaper prices in the staff canteen!

The service makes antenatal checks more convenient and lifts the traditional restrictions around appointment times. It also makes it easier for women's partners and children to come along, which helps them to see pregnancy and birth a normal, family event.

Better information through new website

The Trust launched its new website in November – www.ekht.nhs.uk. The new site is much easier to use and gives improved practical information to patients and visitors using our services, such as useful telephone numbers, visiting hours, maps of the hospitals and travel and car park details.

Contributing to healthcare decisions

The Trust has taken part in the strategic review of healthcare provision in Kent, Surrey and Sussex over the year, and modelled with the East Kent Primary Care Trusts the impact of the white paper TITLE on the health economy into the future. This has been built into the Trust's Strategic Development Plan.

Preparing for Foundation Trust status

The Trust has continued to prepare itself for applying to become a Foundation Trust by reviewing its governance arrangements and developing the information it uses to monitor progress through the year. This includes the performance information the Trust Board uses on a monthly basis. The development of a robust Service Development Strategy and Long Term Financial Model has also been key in this work.

Our environmental responsibilities

One of our aims is to be good neighbours and as part of this we take our environmental responsibilities extremely seriously. To help achieve this our estates teams have continued to work to make our energy consumption and waste disposal more efficient. This year's programme included improving insulation, installing more efficient lighting systems and replacing the electric theatre chilling plant at William Harvey Hospital with a steam driven plant. We also installed combined heat and power plants to heat and light the staff residences, replacing old, inefficient boilers. As part of a new strategy on waste management, recycling of many waste streams is now established – all of which go towards lessening our impact on the environment.

The Trust became 'smoke free' in September 2006. This means smoking is not permitted in the hospitals or hospital grounds.

"We acknowledge our special responsibility for the most vulnerable members of the population we serve"

Building the future

As Patient Choice becomes a reality, more and more NHS patients will be able to choose which hospital to attend for their treatment. Competition from the private sector is likely to increase, and services traditionally provided by hospitals are more able to be provided closer to patients' homes – in GP surgeries, for example.

The Trust will respond to these challenges by continuing to develop its specialist services, investing in new technology to enable it to deliver the best services possible, building more fit for purpose buildings and regaining financial balance and, above all, providing speedy effective care for people who are sick and injured, whatever their medical needs.

Huge service developments

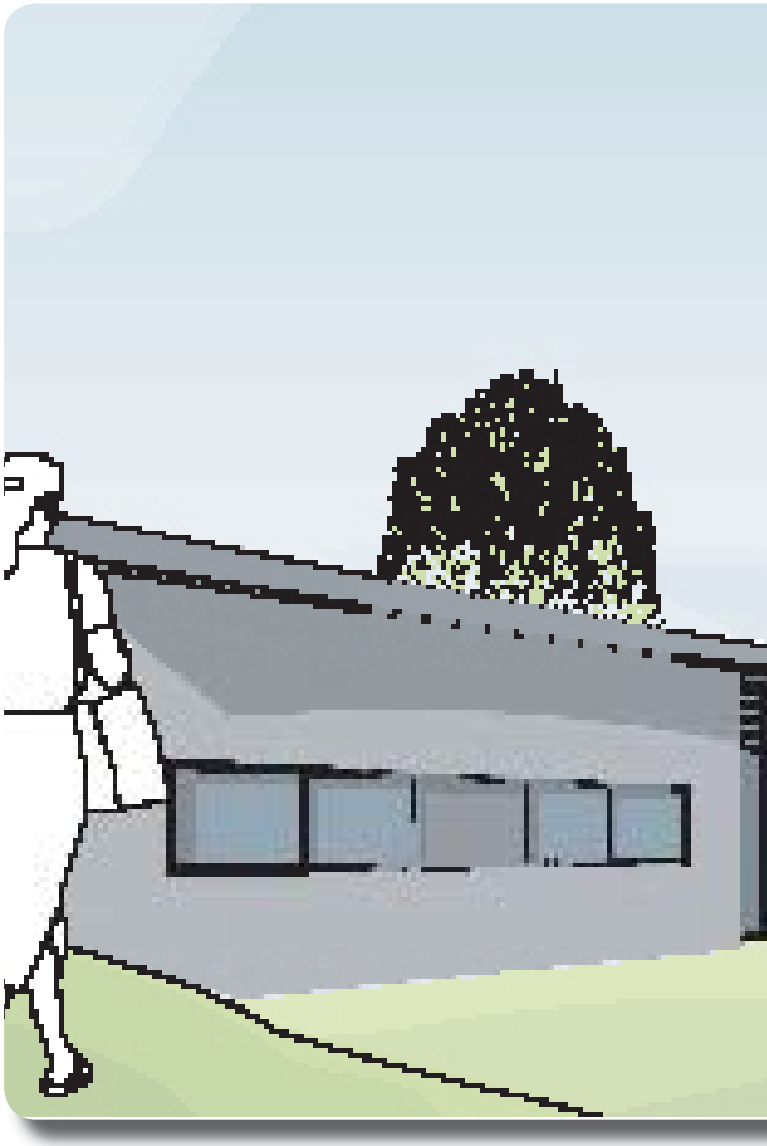
The next year will see three years' work to centralise and consolidate the acute renal, vascular, interventional radiology and urology teams at the Kent & Canterbury Hospital come to fruition.

These combined services will provide a Centre of Excellence for specialist surgical and interventional services.

To enable this we are investing £18.7 million in:

- Building a new, dedicated vascular and interventional radiology theatre suite at K&C
- Building improved inpatient facilities to enable the service to repatriate most vascular activity from London whilst also ensuring sufficient capacity is in place for the future
- Increasing inpatient renal services and dialysis beds at Kent's Renal Centre at K&C
- Building new renal dialysis units at the William Harvey Hospital Ashford and Maidstone Hospital
- Expanding the critical care facilities at K&C from four to ten beds, to support the expansion of renal and vascular services.

This project is special because the services are co-dependent on each other – for example, the renal service is dependent upon having a robust vascular service to support patients with peripheral vascular disease, while the urology service is dependent upon the co-location of vascular and renal services. By bringing all these services together, we will provide a dedicated Centre of Excellence for our patients.



“By bringing all these services together, we will provide a dedicated Centre of Excellence for our patients”

The dedicated vascular and interventional radiology theatre suite is also the first purpose-built facility of its kind in the UK – offering a first class service closer to home for our patients.

Investing in new technology

We embrace new technologies to ensure we have the patient information we need to deliver our services more effectively, and that our diagnostics are consistently superb.

We are currently preparing to implement the NHS Care Records Service – where patient records will be stored securely electronically so they can be accessed immediately via computer by any authorised member of NHS staff who needs them.

This means that patient records which provide doctors with full information will be available at the touch of a button rather than stored in paper files.

We plan to have an automated Pathology laboratory serving the whole of East Kent at William Harvey Hospital by the autumn of 2007. This laboratory will undertake all GP pathology requests and disseminate the results automatically using the latest IT systems.

Working differently, improving services

A key part of our work this year will be concentrating on developing new ways of working to reduce waiting times and improve the patient experience through a programme of Clinical Systems Improvement.

Supported by the NHS Institute for Innovation and Improvement the new system offers an improved structure for reviewing and improving working practices and forms the cornerstone of the Trust’s service and financial strategy.

Making it happen

East Kent Hospitals NHS Trust employs over 6000 employees and is an Improving Working Lives Practice Plus accredited Trust. This means it has demonstrated that it has policies and practices in place to improve the working life of its staff and support their work life balance.

The Trust enjoys healthy working relationships with its recognised trade unions. Over the year, Trust management and staff representatives have reviewed and agreed the following employment policies:

- Disciplinary Policy
- Policy on Alcohol, Drugs and Substance Misuse
- Induction and Mandatory Training Policy
- Managing Change Policy
- Grievance Procedure
- Collective Disputes Procedure
- Flexible Working Policy
- Diversity and Equality Policy
- Capability Policy
- Dignity at Work Policy
- Sickness Absence Policy.

Talking with staff

Staff are kept in touch with the work of the Trust through a number of different internal communications channels. These include a weekly newsletter, a regular magazine and daily e-mail messages about important clinical, training or emergency issues. To support these the Chief Executive gives a monthly briefing to all staff via e-mail which staff are encouraged to respond to, and senior executives regularly 'walk the floor' to talk with staff about their work and experiences. A new internal website for employees was also launched this year to further improve the information available to staff.

Equality issues

The Trust is committed to ensuring equality of opportunity regardless of race, colour, disability, gender, sexual orientation, age, religious belief, culture or family commitments. Staff are actively supported by a number of policies, including flexible working, disability, anti-harassment and equalities policies. The Trust also supports the East Kent NHS Black and Ethnic Minority network.

We are a 'Positive About Disability' employer. This means that all applicants with a disability who meet the minimum criteria for a vacancy will be interviewed; disabled employees are provided with a mechanism to discuss how they can develop and use their abilities; and the Trust will make every effort to retain employees who become disabled.

The Trust's Occupational Health department works to support staff who suffer accidents at work and deals with work-related health issues.

The average staff absence rate for 2006/07 was 4.8%.

Changes at the top

We said goodbye to some prominent members of our leadership team this year.

David Astley OBE, Chief Executive, left the Trust in November for a prestigious position as Chief Executive of a London University Teaching Hospital – St George's Healthcare NHS Trust.

A new Chief Executive - Stuart Bain, Chief Executive of NHS National Services Scotland (NSS) - has been appointed.

Medical Director Noel Padley after serving as a Medical Director for 12 years – seven with East Kent Hospitals NHS Trust. Director of Nursing, Midwifery and Quality Elaine Strachan-Hall took up the post of Director of Nursing and Clinical Leadership at the internationally renowned Oxford Radcliffe Hospitals in February 2007. The Trust has recruited to these important roles.

Non Executive Director Britta Pearlman retired from service in October 2006. Britta had served as a Non-Executive Director for the Trust since it was formed in 1999, and for Kent and Canterbury Hospitals Trust before that.

The Trust Board

The Trust is directed by a Trust Board, which comprises a chairman appointed by the Secretary of State for Health, six non-executive directors appointed by the NHS Appointments Commission and five executive directors appointed by the chairman and non-executive directors.

The Board is responsible to the Secretary of State for all aspects of the Trust's work, including maintaining standards, achieving targets set by the Government (eg, waiting time targets) and achieving financial balance. The Board meets seven times a year in public and papers are available on request.

The Board conducts some of its business through Committees for Audit, Finance and Charitable Funds, Governance, and Strategic Development. The Human Resources Committee was changed to a Remuneration Committee during the year.

Two directors of the Trust are also directors of organisations having significant business interests with the Trust: the Trust Chairman George Jenkins is a Non-Executive Director of NHS Blood and Transplant, and Richard Sturt (Non Executive Director) is also a Governor of Canterbury Christchurch University.

Chairman	George Jenkins
Vice Chairman	Nicholas Wells
Non-executive director	Leslie Bulman
Non-executive director	Alan Clark
Non-executive director	Margaret Davis
Non-executive director	Deborah McKellar
Non-executive director	Richard Sturt
Acting Chief Executive	Rupert Egginton
Acting Director of Nursing, Midwifery and Quality	Julie Barton
Acting Medical Director	Marie Beckett
Acting Director of Finance	Philip Astell
Chief Operating Officer	Matthew Kershaw

The following senior officers also attend all Trust Board meetings:

Director of Strategic Development	Liz Shutler
Director of Human Resources	Peter Murphy
Director of Facilities	Howard Jones
Trust Secretary	Michael Lucas

Financial Review

This financial review forms part of the annual report of the Trust. The financial statements embedded in this report are a summarised version. A full set of annual accounts and the Statement on Internal Control can be obtained through the Trust's Freedom of Information Office (e-mail FOIrecordsoffice@ekht.nhs.uk). A copying charge may be levied. The information can also be found on the Trust's internet site at www.ekht.nhs.uk.

As well as summarised financial statements, this financial review defines the key elements of the financial regime for NHS Trusts, outlines how financial plans were set, and explains key aspects of the financial results for 2006/07. In accordance with audit requirements, details of directors' pay and accrued pension benefits are also included in this review.

Financial targets and plans

For the majority of activity the Trust receives payment from Primary Care Trusts (PCTs) for each individual patient seen. Much of this falls under the national scheme called 'Payment by Results' which uses a standard national tariff, supplemented by a 'Market Forces Factor' payment from the Department of Health calculated separately for each Trust to compensate for the differing costs of delivering healthcare across the country. For other patient services the Trust receives 'block' funding from PCTs – a fixed sum which is not directly related to the number of patients treated - or local tariff prices based on historic agreement with PCTs. The process is managed through detailed Service Level Agreements which cover planned numbers of patients, quality measures, prices and contract management arrangements. Income from PCTs, supplemented by charges and income for other services, is used to pay our staff and suppliers and meet overhead and financing costs.

NHS Trusts are required by law to ensure expenditure does not exceed income taking one year with another. This is measured over a 3-year period and is known as the 'Break-even Duty'. When Trusts get into financial difficulties they have to make savings to recoup earlier deficits, in addition to the normal annual efficiency savings requirement. In exceptional circumstances a Trust is allowed an extended five-year break-even duty in order to give extra time to bring the finances back into balance.

East Kent Hospitals NHS Trust has been in financial recovery since 2002/03. During 2005/06 following the reconfiguration of hospital services and substantial efficiency savings it was expected that the Trust would soon return to a break-even position in year and begin to repay earlier deficits. However, changes to the basis of the national tariff (the price paid by PCTs for the majority of patient services) late in 2005/06 significantly reduced anticipated income for 2006/07. There were also significant unfunded cost increases. At that stage a probable £37m deficit for 2006/07was identified. It was agreed that at least £20m of cost reductions would need to be found; this reduced the expected deficit for the year to £17m.

In order to deliver a minimum £20m savings, directorates were set 2006/07 efficiency targets totaling £23.9m, to be achieved with help from the dedicated 'Fit for the Future' team, with formal project management arrangements and executive oversight. As well as directorate-specific savings, a number of trust-wide savings initiatives were taken forward. Started in 2005/06, these are aimed at reducing length of stay for inpatients, improving efficiency in outpatient services and theatres, and better clinical coding of patient activity to ensure we are paid the right price for the care and treatment given.
In recent years NHS Trusts have been subject to the Government's Resource Accounting and Budgeting (RAB) rules. When a Trust made a deficit on income and expenditure in any given year, a penalty was applied in the following year. If a surplus was made, a corresponding reward was given. In 2005/06 we incurred a £2.6m deficit; at the start of 2006/07 our planned £17m deficit included a £2.6m penalty. Late in 2006/07 additional funding was made available from the Department of Health to eliminate the penalty. The DH has recently announced that the RAB regime may no longer apply to NHS Trusts with effect from the financial year 2007/08.

Financial results for 2006/07

During 2006/07 we incurred a deficit on income and expenditure of £4.7m, which is £12.3m better than expected at the start of the year. The £17m deficit plan incorporated prudent income assumptions in line with PCT expectations. The agreed value of activity delivered during the year was £6m higher than the plan. Continuing tight control on expenditure, including strict policies on recruitment and use of agency staff, helped to improve the position during the year. In addition, savings of £21.7m were delivered during the year, which is a major achievement.

Financial Outlook

Looking forward into 2007/08, the Trust continues to face a significant financial challenge. Transitional relief under the Payment by Results system reduces by £2.5m. Efficiency requirements built into the National Tariff will reduce income in real terms by 2.5%. The impact of patient choice is uncertain, and PCTs are looking at ways to reduce hospital visits for their patients. This will be given extra impetus by the introduction of Practice Based Commissioning during the coming year. There is still an underlying gap between income and costs. In order to maintain progress towards recurrent financial balance a savings target of £21.4m has been set for 2007/08 - this is in addition to the £21.7m of cost improvements identified in 2006/07. We have submitted a plan to the Strategic Health Authority that projects a £5m deficit in 2007/08 after making these savings. Subject to delivery of the challenging savings targets we should be in a position to deliver a surplus in 2008/09 to contribute to repayment of earlier deficits.

Summary Financial Statements

The four key financial statements of the Trust for 2006/07 (with comparatives for 2005/06) are included in the table on the next page.

INCOME AND EXPENDITURE ACCOUNT	2006/07 £000	2005/06 £000
Income	363,619	352,455
Operating expenses	(359,203)	(346,329)
Operating surplus	4,416	6,126
Profit/(loss) on disposal of fixed assets	(34)	47
Suplus before interest	4,382	6,173
Interest receivable	558	386
Other finance costs	(55)	(311)
Public Dividend Capital dividends payable	(9,632)	(8,854)
Retained deficit for the year	4,747	2,606

The Trust has been in financial recovery since 2003. In 2002/03 a £11.4m deficit was incurred; a RAB penalty of £11.5m was charged during 2003/04. The formal break-even duty requirement was extended by the SHA from the usual three years, to five years ending on 31 March 2007; the Trust has not met this statutory duty. Had the RAB penalty not been applied in 2003/04, the Trust would have achieved its 3-year break-even duty in 2004/05. On the same basis, 2006/07 was the second year of a new break-even period. The DH has indicated that RAB penalties will be removed from break-even duty calculations. As part of the recent DH review of the RAB regime the impact on the break-even duty, if RAB penalties were ignored, would be to improve the cumulative deficit from £17.2m to £5.7m as set out in note 23.1 to the accounts. Providing savings targets for 2007/08 are met the Trust is expecting to achieve break-even by 2008/09.

BALANCE SHEET	31/03/07 £000's	31/03/06 £000's
Fixed assets		
Tangible assets	311,028	288,894
Current assets		
Stocks and work in progress	4,236	5,414
Debtors	12,592	20,814
Cash at bank and in hand	716	713
Creditors falling due within one year	(26,198)	(39,451)
Net current liabilities	(8,654)	(12,510)
Creditors falling due after more than one year	(25)	(27)
Provisions for liabilities and charges	(5,538)	(2,462)
Total assets employed	296,811	273,895
Financed by taxpayers' equity		
Public dividend capital	184,525	174,615
Revaluation reserve	113,361	95,826
Donated asset reserve	10,189	10,155
Income and expenditure reserve	(11,264)	(6,701)
Total taxpayers' equity	296,811	273,895

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES	2006/07 £000's	2005/06 £000's
Surplus for the financial year before dividend payments	4,885	6,248
Fixed asset impairment losses	(2,026)	(11,984)
Unrealised surplus on fixed asset revaluations/indexation	20,435	17,557
Increase in donated asset reserve due to receipt of donated assets	177	227
Total gains and losses recognised in the year	23,471	12,048

CASH FLOW STATEMENT	2006/07 £000's	2005/06 £000's
Net cash inflow from operating activities	19,013	10,216
Returns on investments and servicing of finance		
Interest received	558	386
Capital expenditure (net of disposals)	(20,023)	(23,947)
Dividends paid	(9,632)	(8,854)
Net cash inflow/(outflow) before financing	(10,084)	(22,199)
Financing	10,087	22,387
Increase in cash	3	188

Rupert Egginton

Rupert Egginton, Acting Chief Executive

Philip Astell, Acting Finance Director

Financial Commentary

Income & Expenditure

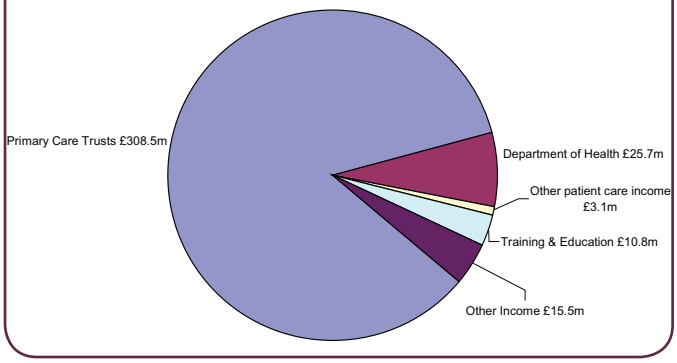
Total Trust income increased by £11m to £363.6m. Income for patient care activities rose by £17.7m to £337.3m. The overall uplift for inflation and nationally-agreed cost pressures was 6.5%, less 2.5% for efficiency. Although income received directly from Primary Care Trusts fell by £2.7m, the Market Forces Factor payment from the Department of Health rose by £16m as part of the roll-out of the Payment by Results mechanism, replacing local prices with the national tariff. A further £5m of transitional relief was also received.

Other Operating Income reduced by £6.5m to £26.3m, mainly due to a £2.3m reduction in central funding for education, training and research and a £3.9m reduction in the value of services provided to other bodies.

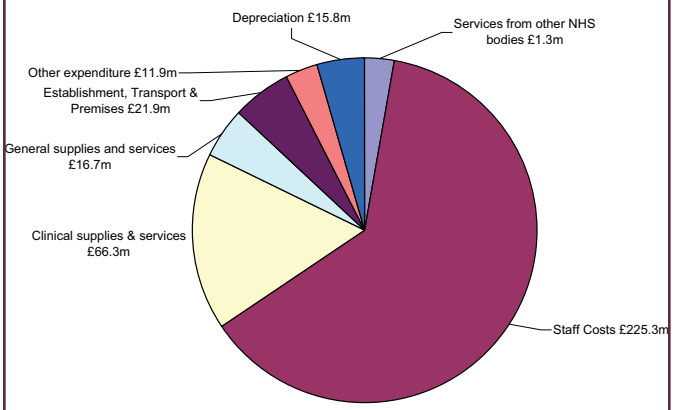
Operating expenditure rose by £12.9m to £359.2m, an increase of 3.6%. Total pay costs fell by £3.1m despite the impact of national pay awards. Reductions in staffing levels were achieved mainly through natural wastage. Action was taken to drastically reduce reliance on agency staff, where expenditure reduced from £11.2m in 2005-06 to £2m in the past year. Increases in non-pay expenditure included £6.4m for clinical supplies and £3.1m relating to capital charges.

The following charts show Trust income, expenditure, staff costs by pay group and direct costs for clinical directorates.

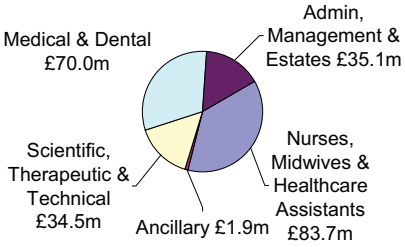
Revenue income 2006-07 £363.6m



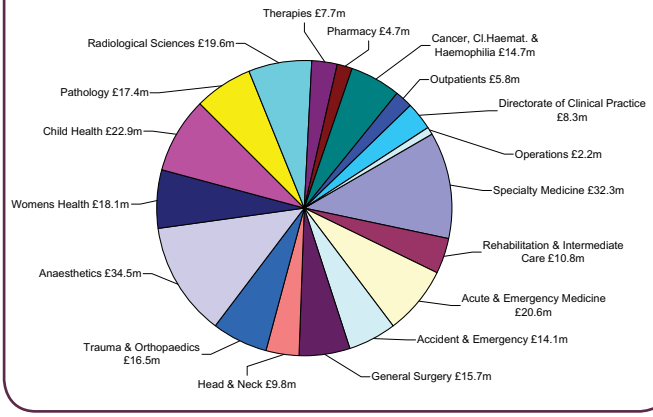
Revenue expenditure 2006-07 £359.2m



Pay by staff group 2006-07 £225.3m



Clinical directorate costs 2006-07



Staff costs include the Trust's contribution to the NHS pension scheme which all employees are entitled to join. The accounting policy for the NHS Pension scheme is set out in detail in the full set of Annual Accounts.

Management costs are defined as those on the management costs website at www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en. During the year the Trust reduced its ratio of management costs to income.

	2006/07	2005/06
	£000	£000
Management costs	**14,745**	14,383
Income	**356,895**	344,653
Management costs as a percentage of relevant income	**4.13%**	4.17%

Capital Resources

At 31 March 2007 the Trust owned fixed assets worth £311m. When the Trust was created the Department of Health provided the capital (known as Public Dividend Capital or PDC) to enable us to own our hospitals and equipment. PDC funding was also provided for working capital requirements. Since that time extra PDC has been received to pay for major capital developments and other government initiatives. During 2006/07 the Trust's PDC was increased by almost £10m to £184.5m. A new loans-based capital funding regime takes effect for 2007/08 for major schemes that cannot be financed from the Trust's own internally-generated cash resources. We have been allocated a £41m Prudential Borrowing Limit but have no plans to apply for a loan at the present time.

Trusts are given a Capital Resource Limit (CRL), which they are not permitted to overspend. For 2006/07 our total CRL was £20.3m which included £9m 'block' allocation for ongoing replacement and refurbishment and £9.2m towards the Renal/ Vascular development. Capital expenditure was £19.4m giving a £0.9m underspend on the capital budget. Capital plans for 2007/08 include completing the major Renal/Vascular scheme, implementing the National Care Records Service and continuing the programme of equipment replacement and improvements to the condition of the estate and the facilities provided for patients.

NHS Trusts have to make a return on capital of 3.5% (known as the Capital Cost Absorption Rate). We achieved this target in 2006/07.

Liquid resources

The cash requirements of NHS Trusts are controlled by the Department of Health (DH) through an External Financing Limit (EFL) which determines the minimum amount of cash a Trust must hold in its bank accounts on the last day of the financial year. In-year cash shortages arising from the income and expenditure deficit were covered through temporary advances from the host PCT and the DH. The position stabilised towards the year end as PCTs paid for over-performance. The EFL target was achieved with a closing bank balance of £716k - £3K above the target minimum. Bank interest of £558k was received during the year on commercial bank accounts and the Trust's Paymaster bank account. No long-term DH loans were taken out in 2006/07 and no funds were placed on deposit with the DH over the year-end.

NHS Trusts are required to pay at least 95% of suppliers in accordance with the CBI Better Payments Practice Code which states that all undisputed NHS and commercial trade creditors should be paid within 30 calendar days of receipt of goods or a valid invoice, whichever is later. Actual performance by volume and value is set out below:-

	2006/07 Number	**2006/07 £000**
Non-NHS trade invoices paid in the year	67,970	116,373
Non NHS trade invoices paid within target	62,032	107,459
Percentage of Non-NHS trade invoices paid within target	**91%**	**92%**
NHS trade invoices paid in the year	4,663	42,667
NHS trade invoices paid within target	4,057	36,714
Percentage of NHS trade invoices paid within target	**87%**	**86%**

Charitable Funds

The Trust administers charitable funds, comprising legacies and donations received for the benefit of patients and staff. The Trust's Charity is registered with the Charity Commission, which ensures that all the funds are administered in accordance with the Charities Act. The Trust Board is the Trustee of the funds. A separate annual report (including the annual accounts) is produced for the charitable fund.

Extract from Charitable Funds Annual Accounts (provisional - unaudited)

Income and Expenditure for 2006/07

Incoming resources	**£000**	**Resources expended**	**£000**
Cash donations	189	Contributions to NHS	846
Legacies	121	Patient welfare and amenities	65
Investment income	161	Research	49
Income from activities	32	Governance and administration	74
Other income	17	Staff welfare and amenities	64
Gain on revaluation and disposal of investment assets	244	Cost of generating funds	76
Total incoming resources	**764**	**Total resources expended**	**1,174**

Summary of Financial Activities (provisional - unaudited)

Fund balances at 31 March 2006	4,912
Net movement in funds 2006/07	(410)
Fund balances at 31 March 2007	**4,502**

External charities (League of Friends, lottery funds, and Charity Shop) also contributed £1.56m during the year for the purchase of specific items of equipment, etc for Trust use.

The directors and staff of the Trust are grateful for the continued generous support of the public and the business community within East Kent which helps to sustain and enhance the quality of services provided.

The Trust is allowed to spend both the capital and income of its charitable funds.

Remuneration Report

Table of Salaries and Allowances

Name	Title	2006/07		
		Salary	Other remuneration	Benefits in kind (lease vehicles)
		Bands of £5000	Bands of £5000	Rounded to the nearest £00
		£000	£000	£000
George Jenkins	Chairman	20-25		
Leslie Bulman	Non Executive Director	5-10		
Alan Clark	Non Executive Director	5-10		
Margaret Davis	Non Executive Director	5-10		
Deborah McKellar	Non Executive Director from 1/11/06	0-5		
Britta Pearlman	Non Executive Director to 31/10/06	0-5		
Richard Sturt	Non Executive Director	5-10		
Nicholas Wells	Non Executive Director	5-10		
David Astley	Chief Executive Officer (to 30/11/06)	95-100		0.3
Rupert Egginton	Finance Director and Deputy Chief Executive. Acting Chief Executive from 20/11/06	110-115		
Philip Astell #	Acting Finance Director since 20/11/06	30-35		
Julie Barton #	Acting Director of Nursing, Midwifery & Quality since 19/2/07	5-10		
Marie Beckett #	Acting Medical Director since 1/11/06 Also Clinical Director for A&E	5-10	70-75	0.3
Kim Hodgson	Deputy Chief Executive and Director of Operations (left 19/10/05)			
Howard Jones	Facilities Director	80-85		
Matthew Kershaw	Chief Operating Officer (formerly Director of Operations) from 16/1/06	95-100		0.2
Peter Murphy	Human Resources Director	75-80		0.1
Noel Padley	Medical Director retired 31/3/06. Returned 1/5/06 for a fixed term of six months ending 30/10/06	100-105		
Elizabeth Shutler	Director of Strategic Development	75-80		0.1
Elaine Strachan-Hall	Director of Nursing, Midwifery & Quality until 16/2/07	85-90		

 # Total salary while acting as a director

Table of Pension Benefits

Name and title	Real increase in pension at age 60	Lump sum at age 60 related to real increase in pension	Total accrued pension at age 60 as at 31 March 2007	Lump sum at age 60 related to accrued pension at 31 March 2007
	Bands of £2500	Bands of £2500	Bands of £5000	Bands of £5000
	£000	£000	£000	£000
David Astley Chief Executive Officer (to 30/11/06)			55-60	175-180
Rupert Egginton Finance Director and Deputy Chief Executive. Acting Chief Executive from 20/11/06	0-2.5	2.5-5.0	25-30	75-80
Philip Astell Acting Finance Director since 20/11/06	0-2.5	5.0-7.5	10-15	40-45
Julie Barton # Acting Director of Nursing, Midwifery & Quality since 19/2/07	0-2.5	0-2.5	10-15	40-45
Marie Beckett # Acting Medical Director since 1/11/06. Clinical Director for A&E	2.5-5.0	7.5-10	45-50	135-140
Howard Jones Facilities Director	0-2.5	0-2.5	30-35	95-100
Matthew Kershaw Chief Operating Officer (formerly Director of Operations) from 16/1/06	0-2.5	2.5-5.0	10-15	40-45
Peter Murphy Human Resources Director	0-2.5	2.5-5.0	5-10	15-20
Elizabeth Shutler Director of Strategic Development	0-2.5	2.5-5.0	15-20	45-50
Elaine Strachan-Hall Director of Nursing, Midwifery & Quality until 16/2/07			30-35	90-95

Directors' remuneration

This information relates to directors of the Trust in accordance with the following definition: "Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments." The Chief Executive has confirmed that this covers directors of the Trust as set out in the tables on this page.

The Remuneration Committee is a mandatory committee of the Trust Board. It determines the remuneration and conditions of service for Executive Directors, ensuring these properly support the objectives of the Trust, comply with statutory and Department of Health requirements and represent value for money. Membership of this Committee is: Margaret Davis (Non-Executive Director and Committee Chair), Alan Clark, Non-Executive Director (replaced Britta Pearlman during 2006/07) and George Jenkins (Trust Chairman). The Chief Executive is also a member except when his own post is under discussion.

The Committee's policy on directors' remuneration has been to consider the market rate through comparative analysis with other trusts of a similar size. There is no intention to change this approach in the future.

Other than temporary acting up arrangements all current directors' contracts are permanent with six months notice required. No additional payments are given on termination. Performance is assessed through individual appraisal. There is no system of performance-related pay.

2005/06		
Salary	Other remuneration	Benefits in kind (lease vehicles)
Bands of £5000	Bands of £5000	Rounded to the nearest £00
£000	£000	£000
20-25		
5-10		
5-10		
5-10		
5-10		
5-10		
5-10		
140-145		5.6
100-105		
50-55		0.3
80-85		0.4
20-25		0.3
75-80		0.7
60-65	140-145	
75-80		0.9
95-100		

Cash equivalanet transfer value ** at 31 March 2007	Cash equivalent transfer value at 31 March 2006	Real increase in cash equivalent transfer value
£000	£000	£000
980	934	11
314	286	15
240	199	26
166	147	10
738	653	48
566	529	17
137	123	8
99	80	12
173	149	14
399	370	12

Note: Acting directors - this table shows pension details for the whole year not just for the period of acting up.
Note: There are no entries for the Chairman and Non-Executive Directors as their remuneration is not pensionable.
**A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.
The Real Increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Rupert Egginton

Rupert Egginton
Acting Chief Executive

Managing risks

The Trust's approach to the management of risk is set out in its annual Statement on Internal Control (SIC) which forms part of the Annual Accounts; an extract is included below. The SIC describes the system of internal control, and how the Board is provided with assurance that risks are identified, quantified, controlled and mitigated in all areas of the Trust's work.

The Corporate Risk Register sets out the most significant risks to the Trust that have been identified, and provides details of how they are being addressed and managed. It includes risks identified through the Trust's internal risk assessment processes, and those identified in the Assurance Framework, which specifically establishes what risks there are to the achievement of the Trust's annual objectives. The Corporate Risk Register is updated regularly and progress is reviewed at meetings of the Trust Board's Governance Committee.

The Trust is committed to promoting and maintaining an absolute standard of honesty and integrity in dealing with our assets and other resources. We are committed to the elimination of fraud and ensure rigorous investigation and disciplinary or legal action as appropriate. We are involved in the National Fraud Initiative led by the Audit Commission. Over the year we have widely publicised our procedure for staff to report any concern about potential fraud and corruption, and reinforced this with awareness training. Any concerns are investigated by our Local Counter Fraud Specialist or the NHS Counter Fraud and Security Management Service as appropriate, and all investigations are reported to the Trust's Audit Committee.

The Trust has a Major Incident Plan in place to deal with incidents generating significant numbers of casualties, in accordance with Department of Health guidance. We work with our partner organisations and other hospital Trusts in Kent to support major incidents in or around Kent.

Statement on Internal Control for 2006/07 (extract)

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

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

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

The system of internal control has been in place in East Kent Hospitals NHS Trust for the year ended 31 March 2007 and up to the date of approval of the annual report and accounts.

In reviewing the Trust's systems of internal control and the assurances available a gap in assurance has been identified in core standard 4 from the Standards for Better Health which relates to medicines management. The gap includes a shortfall against the Healthcare Commission's requirement to audit all aspects of the medicines management process. An action plan has been developed and submitted to the Healthcare Commission as part of the Trust's Annual Health Check assessment in 2006/07.

The Trust is committed to continually improving its systems of control and provision of assurance and has identified the following key actions for 2007/08:

1. To action the shortfall in compliance against core standard 4d from the Standards for Better Health.
2. To achieve level 3 in the NHSLA Risk Management standards (General & Maternity Services)
3. To take forward the integrated process aligning financial planning and risk management processes.
4. Maintain compliance against the Standards for Better Health (core and developmental standards)
5. Continue to develop and implement savings plans to address the income and expenditure shortfall in order to achieve sustainable savings and ongoing financial stability
6. Maintain effective cost controls and enhance financial reporting through the introduction of directorate trading accounts
7. Promote a strong anti-fraud culture across the Trust by increasing the proactive work of the Local Counter Fraud Service.

Plans to address weaknesses and ensure continuous improvement of the system are in place. The Trust Audit and Governance committees have overseen work in key areas in the last year led by its directors. This has included:

- Submission of the Trust's declaration against the Healthcare Commission's core and developmental standards and a summary of progress in implementing the Hygiene Code.
- Ongoing involvement of patients and members of the public in service developments and changes to service delivery.
- Approval of audit plans and scrutiny of the Trust's response to agreed actions
- Review and approval of the annual accounts and associated audit reports
- Oversight of the adequacy of controls relating to the provision of services to the Trust by the Finance and Payroll Consortia and Health Informatics Service.

Our systems of internal control have been enhanced by the work of Internal Audit reporting to the Trust Board's Audit Committee. In particular, the Internal Auditor has confirmed that new income systems arising from the Payment by Results regime are operating in a satisfactory manner. The recommendations arising from Internal Audit reports have assisted the Trust in addressing weaknesses in its systems, in fulfilling the requirements of the Standards for Better Health and in developing the Assurance Framework.

On the basis of the advice I have received I am satisfied as to the effectiveness of the system of internal control.

Rupert Egginton xx June 2007
Acting Chief Executive

Audit

The following Non-Executive Directors are members of the Trust's Audit Committee: Leslie Bulman, Alan Clark, Margaret Davis, Deborah McKellar (from April 2007).

Before the accounts are approved each of the Trust's directors is required to confirm that, as far as they are aware, there is no relevant audit information of which the NHS Trust's auditors are unaware; that they have taken all the steps that they ought to have taken as director to make themselves aware of any relevant audit information and to establish that the NHS Trust's auditors are aware of that information.

The Trust's External Auditors are the Audit Commission, based at Sevenoaks. The District Auditor is Lindsey Mallors. In 2006/07 the cost of audit work performed by the Audit Commission was £238k. No non-audit services were provided.

Independent auditor's statement to the Directors of the Board of East Kent Hospitals NHS Trust

I have examined the summary financial statements which comprise the income and expenditure account, balance sheet, statement of total recognised gains and losses and cashflow statement, set out on page 17.

This report is made solely to the Board of East Kent Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

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

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion
I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion
In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2007. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements on 22 June 2007 and the date of this statement.

Lindsey Mallors, District Auditor
Audit Commission, 16 South Park, Sevenoaks, Kent TN13 1AN
Date: 4 July 2007
Note: This Auditor's report does not apply to charitable fund accounts which are subject to separate audit.

Tell us what you think

We want to know what you think of our annual report – whether you think it gave you a good insight into our year or whether it could have been presented better. Please give us your views by completing this short questionnaire and returning it to:

Communications Department
Trust Offices
Kent & Canterbury Hospital
Ethelbert Road
Canterbury
Kent
CT1 3NG

Fax: 01227 866385

1. In general, do you think the Annual Report was written in a way that was easy to understand?

Yes ❑
Middle ❑
No ❑

2. In general, do you think the Annual Report gave you enough information about the Trust's activities and performance in 2006/07?

Yes ❑
Middle ❑
No ❑

3. Is there any other information you would have liked it to include? (please write in)

_____

_____

_____

4. Please use this space to make any further comments you would like about our Annual Report:

_____

_____

_____

This annual report can be made available in several different languages and in different formats, eg, large print. Please contact the East Kent Hospitals' Communications Department on 01227 866384 or e-mail communications@ekht.nhs.uk