Kent and Medway NHS
NHS and Social Care Partnership Trust

Annual Report 2012/13

www.kmpt.nhs.uk

respect - open - accountable - working together - innovative - excellence

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www.kmpt.nhs.uk

Welcome from our Chairman

Welcome to the Trust's Annual Report. Over the past year we have been working hard to improve the quality of the services we provide. This improvement in quality can be measured in a variety of ways and can mean different things to different people. I hope that throughout this report you will be able to identify with the things that matter to you, whether you are somebody who uses our services, a member of staff or somebody involved in an organisation we work closely with.

We know that the progress we have made this year means that we are better placed than ever before to meet the needs of local people who are recovering from mental ill health.

One highlight of the past year for me personally was the opening of the new adult inpatient unit at St Martin's Hospital in Canterbury. You will notice from the photograph above that I joined the Lord Mayor of Canterbury at the official opening. It is a great example of the standard of facility that we want to offer. That is why we are now making plans to upgrade the standard of our older people's inpatient facilities across east Kent as well. Good facilities are not the sole preserve of inpatient services, however. We have commenced an extensive programme of streamlining and improving the community bases we use, too.

We have continued to increase our use of technology, with staff now benefitting from mobile working. This is making us a more efficient organisation. It is not just staff that are making use of technology, though. Service users can now use online video services to talk to their friends and family whilst they are in hospital and they can respond to our patient experience surveys using mobile tablet devices.

All of these developments and improvements are only successful because of our staff. Over the past year they have shown they can respond to the changing environment in which we work and to the challenges of delivering effective services in the modern world. Our clinical staff are focused on delivering the recovery model today and are also planning for how services look tomorrow. Equally as important, our support services and teams are adapting to support the delivery of our clinical strategy.

We have also won awards for research and development work, expanded some of our services and developed new ways of working. You can learn more about that in this report, which I hope you enjoy reading.

Andrew Ling
Chairman

Introduction from our Chief Executive

We are delighted in this report to set out a brief description of the Trust, its values and services, and introduce the members of the Board.

We will also outline our clinical strategy which is at the heart of all we do, and describe the approach we take to monitoring our success.

In Section 2 we will give a summary of the progress we have made with our strategic vision and highlight the key objectives we had for the year and how we met them. I hope that the case studies provide a real insight into the changes we are making and to the pioneering and innovative service we are developing. We so often hear in the media about new and exciting treatments for physical health – it is really important that we hear of the same breakthroughs in mental health.

In Section 3 we set out the Governance arrangement in place at the Trust and, in Section 4, the financial report for the last year. In addition we signpost our objectives for this coming year, which I hope will continue to show major improvements in the things that matter to patients and our staff.

I hope this report is helpful but do also visit our website (www.kmpt.nhs.uk) or attend one of our public meetings to hear more.

Angela McNab
Chief Executive

Section 1: The Trust, the Board and our Clinical Strategy

Kent and Medway NHS and Social Care Partnership Trust provides mental health and social care services for Kent in partnership with Kent County Council. In Medway, services are not integrated but we work closely with the local unitary authority to provide joined-up health and social care services.

The Trust is one of the larger mental health trusts in the country, covering an area of 1,450 sq miles and serving 1.6 million people across Kent and Medway. The Trust's income is £173m with 3,213 staff (plus 260 seconded staff) providing a range of mental health and other services from around 90 sites.

Trust services are predominantly provided around key urban centres including Maidstone, Medway and Canterbury, but we provide a range of services in community locations, reflecting the urban and rural mix of the area. The Trust has also introduced telemedicine to enhance accessibility.

Until March 2013 the Trust's main commissioner was the local PCT cluster; from April 2013 this will be replaced by eight Clinical Commissioning Groups or CCGs. In 2012/13 we received over 72,000 referrals; with half a million contacts with service users we received just under 3,000 admissions to a hospital.

Our Commitment to Partnership Working

Social care services are vital to the successful delivery of comprehensive, integrated mental health services. Social care staff from Kent County Council (KCC) are seconded to the Trust through a partnership agreement. All adult social care staff work in integrated mental health teams and provide support and specialist services to individuals with mental illness in their communities. A Professional Assurance Team from KCC works with KMPT to develop and improve social care practice. The funding of these services has not changed since last year, supported by an ongoing financial commitment from KCC.

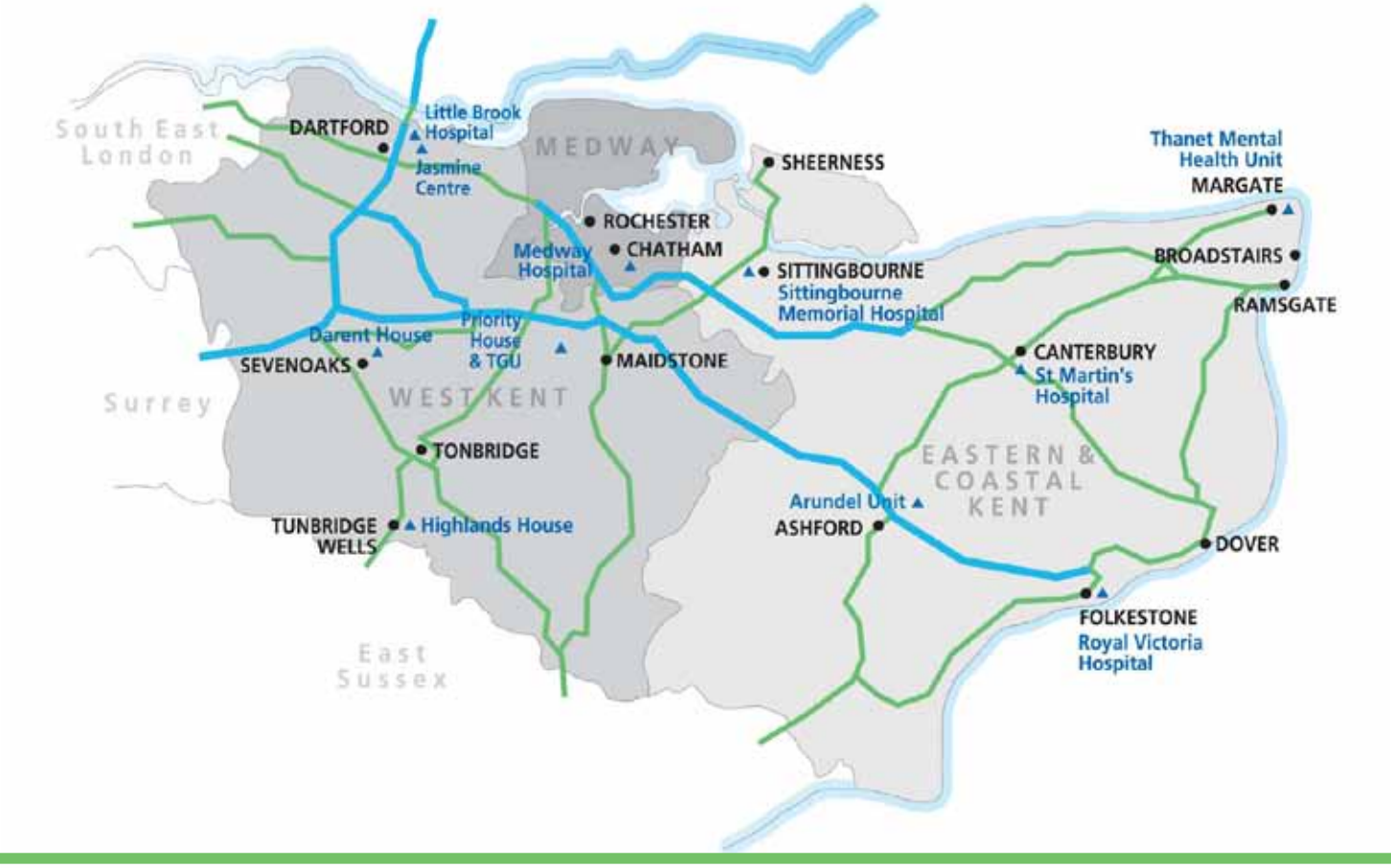
Social care staff in Medway are employed directly by the local authority. The Trust is committed to this arrangement and ensuring service users continue to receive integrated health and social care services.

The Trust covers a large geographical area and serves a diverse population. We are committed to working in partnership with other service providers from all sectors, particularly Kent County Council, to deliver high quality, integrated care.

We have a clear vision for how we wish to work and a set of values that our staff aim to practise in their work every day.

Our Customer Care Charter sets out what our service users can expect from them and serves to generate a positive relationship between our staff and those they support.

On the coming pages you can read a summary of the services we provide, hear about the values that inform how the Trust works and see the people who make up the strategy and where decisions are made.



In October 2012, the Trust's Eating Disorders Service was awarded the Beat Assured Quality Mark, recognition of established good practice by the leading national campaigning eating disorders charity, Beat.

Our services

We are focused on providing a range of mental health services, although we also provide a range of other specialist services. These include:

Adults of working age who have mental health needs

- Inpatient and community teams
- Rehabilitation inpatient units
- Psychological services
- Liaison Psychiatry services

Older adults who have mental health needs

- Inpatient and community teams

Adults who have mental health problems and learning disabilities

- Community teams
- Assessment and Intervention services
- Forensic mental health inpatient services

People with drug and alcohol problems

- Detoxification inpatient unit
- Alcohol addiction service

Forensic mental health services

- Medium-secure unit including a specialist women's unit
- Low-secure unit
- Prison in-reach team
- Custody Liaison service

Specialist services

- Eating Disorder services
- Early Intervention for Psychosis
- Mother and Infant Mental Health services
- West Kent Neuro-Rehab service
- Limb service
- Environmental Control service
- West Kent Clinical Neuro-psychology service
- West Kent Mediation service
- Kent and Medway Chronic Fatigue / ME service
- Community Brain Injury team
- Personality Disorder service

Shared services

The Trust is also the host organisation for two shared services' consortia providing payroll services and facilities (which provides estates and facilities management for NHS organisations in Kent). As described on page 5 the Trust has a large range of services, centred on key urban areas but also providing community support locally and in people's homes. For more information on how to find a service, go to www.kmpt.nhs.uk or call: 01622 724121.

Staff in older people's services looked at what values they hold dear in their service. Everyone wrote one on their hand and they created a video to capture their approach to care.

Vision and Values

We have a clear vision for how we wish to work, and a set of values that our staff aim to practise in their work every day with service users, carers and colleagues.

Our Visions and Values were developed and agreed by our staff. Putting these values into practice every day is critical to delivering high-quality services that meet the needs of service users and carers and delivering the best outcomes.

Our Values

Respect – we value people as individuals; we treat others as we would like to be treated.

Open – we work in a collaborative, transparent way

Accountable – we are professional and responsible for our actions

Working together – we work together to make a difference for our service users

Innovative – we find creative ways to run efficient, high quality services

Excellence – we listen and learn to continually improve our knowledge and ways of working

Our Vision

The Trust aims to deliver quality through partnership. Creating a dynamic system of care, so people receive the right help, at the right time, in the right setting with the right outcome.

The Trust Board

The Board is responsible for setting the strategic directions for the Trust through our Clinical Strategy and holds the organisation to account to ensure it is implemented. The Board meets every other month and members of the public are welcome to attend these meetings. People who have experienced our services present to the Trust Board, enabling Board members to hear at first hand how services work for users and carers, and areas of improvement.

Executive Directors

Executive directors are members of the Trust Board. The Executive Team is responsible for the day-to-day management of the Trust's services and is accountable to the chief executive. As well as the executive directors, the Trust has a number of other operational directors. The Trust has six executive directors, including the chief executive.

All executive directors can be contacted via the chief executive's office, details of which are at the end of this report.

Angela McNab
Chief Executive

Dr Karen White
Executive Medical Director

Marie Dodd
Executive Director of Operations

Michael Seitz
Director of Transformation and Commercial Development

Pippa Barber
Executive Director of Nursing and Governance

Mick Bull
Executive Director of Finance and Resources

Nikki Prince
Director of Human Resources

Non-Executive Directors

Non-executive directors are members of the Trust Board and are all local people who contribute to the improvement of their local mental health services. They have been appointed because they have the skills and experience to provide leadership and to help ensure the Trust is governed appropriately. They work part-time and are expected to work two and a half days a month, although they generally give much more time to the Trust. You can read more about members of the Trust Board online at: http://www.kmpt.nhs.uk/The_Trust/Board_Members/index.html

Andrew Ling
Chairman

Paul Godwin
Deputy Chairman

Michael Sander

Richard Page
(joined the Trust on 13 June 2012)

Margaret Andrews
(joined the Trust on 1 April 2012*)

Tom Phillips
(joined the Trust on 1 November 2012)

Mark Bryant
(joined the Trust on 1 October 2012)

Rod Ashurst
(joined the Trust on 1 November 2012)

* Margaret Andrews joined the Trust on 1 April 2012 as an associate non-executive director and was subsequently appointed as a substantive non-executive director with effect from 12 June 2012.

During 2012/13 the following people also held posts on the Board:

- Guy Foster left the Board on 30 June 2012
- Ian McBride and Valerie Hale left the Board on 31 October 2012

If you wish to contact any Board Member you can do so by calling the Trust Secretary on 01227 812205.

Clinical Strategy

The Trust Board, as we said, sets the strategy's direction for the organisation and ensures services are patient-centred. The clinical strategy is at the heart of all the Trust's decision-making and development.

The Trust's clinical strategy, published in 2012, aligns with the aims of our partners and is based upon the Kent and Medway Joint Strategic Needs Assessment. Its foundations were set by a comprehensive stakeholder engagement programme, which agreed what providers should focus resources on.

Our clinical strategy, which is endorsed by the Trust Board, describes how we aim to deliver high quality care, responsive to the needs of our service users and to our commissioners. Developed by our staff and partners, including service users and carers, it defines the clinical priorities for the Trust.

Strategic Objectives

The four key aims of the clinical strategy are:

1. To provide excellent community services close to home reducing the number of people who need inpatient care. Where such care is necessary our community services will provide support so that the length of stay is as short as possible.
2. To focus on the recovery model ensuring positive outcomes.
3. To improve the quality and dignity in services including a better physical environment and improved use of technology.
4. To expand some of our strongest specialist services where appropriate to potentially provide them across Kent, Medway and beyond.

To achieve these aims we are building a culture of excellence within every part of our organisation, ensuring staff are supported, developed and valued and that clinical leadership drives improvements.

The strategy aligns with the key priorities in the national Mental Health Strategy:

'No Health without Mental Health'.

Our Commitment

We are committed to providing safe, effective treatment, which we are proud to recommend to others.

We have a range of ways to measure our performance and our success in delivery services, which are reported to the Board and published on our website. This next section sets out our approach to measuring success.

Measuring Success

Our success is measured by the outcomes we help our service users achieve and by a range of performance indicators. These include: reports required by regulators such as the Care Quality Commission, the Strategic Health Authority (the National Trust Development Agency from 1 April 2013) and, subsequently, from Monitor; feedback through our Patient and Staff Survey results; evaluations of our better and safer buildings; and our excellent financial rating.

Our Board scrutinises the performance of the organisation every month and holds the organisation to account for the quality of our services. In the annual Quality Account we publish data that enables the public to do likewise. In addition, once we become a Foundation NHS Trust, we will be held to account by the elected Council of Governors.

Staff are provided with the information they need to monitor and improve their performance in delivering high quality services.

You can read the details of our performance last year on page 18.

In the next section you can hear we have progressed our strategy in the last year and the progress we have made.

Section 2: Our year 2012-13

Chief Executive Angela McNab and Chairman Andrew Ling launch the Trust's Customer Care Charter, which was signed by the whole Board, in April 2012.

2012-13 began with a new Clinical Strategy, a clear set of objectives, a new Customer Care Charter, a Quality Account with nine priorities and a business plan. Together, these provided the basis for the Trust's work during the year. Supporting them were strategies for our estate, information technology, communications, workforce and perhaps, most importantly, quality.

Throughout this report you will be able to see that these plans were ambitious, but we've already made significant progress against them.

Service users and stakeholders have informed this vision with expectations that we will improve our facilities, ensure inpatient services support the very best care for patients and link effectively with our community teams.

During 2012-13 we have continued to offer more services in a wider range of community settings in GP surgeries and in people's own homes - with robust, round the clock advice and care for the relatively small number of people that need 24-hour acute, rehabilitative or secure inpatient care. Our aim is to care for as many people as possible in their homes where they have family and friends nearby.

Our commitment to provide safe, effective treatment remains focused on a recovery-orientated approach. Realising our aims has taken, and will continue to take, a lot of hard work by the Trust's dedicated staff but we all share the aim of ensuring service users and carers receive the right help, at the right time, in the right setting with the right outcome.

As you will see in this report, quality has remained at the heart of everything we do, whether it is an initiative identified in our Quality Account priorities, hospital cleanliness and food, health and safety, risk management or emergency planning.

Making changes is central to how we are working to achieve a quality service. To do this we have established a transformational change programme, which includes utilising technology, transforming our use of estate, becoming truly sustainable and transforming our workforce. Examples of transformation are included in this report in a number of case studies.

Alongside this work, it has been pleasing to see our performance improve. For example:

- Maintained performance in 7-day follow up for all 12 months
- Improved CPA review performance from 55 per cent in April 2012 to 95 per cent in March 2013
- Reduction in Delayed Transfers of Care from 6.9 per cent in Q1 to 4.2% in Q4
- Maintained performance in Crisis Home Treatment gatekeeping for all 12 months
- Improved 4-week wait for access by 5 per cent between Q1 and Q4

Patient experience has improved throughout the year. This information is captured in our patient experience survey and through real-time feedback.

In the next few pages you can read our objectives, our performance and quality achievement, and our approach to wider transformations.

The senior management team in the forensic service line went back to the front line and spent a day working with clinical and support staff. Assistant Director Steve Driver worked with Nicola Roberts and Lisa Purland (deputy ward manager).

Our year in pictures...

Clockwise from top left, CEO Angela McNab meets with local MPs Michael Fallon and Gareth Johnson; Dementia services take part in the Time for a Cuppa Dementia Awareness campaign coffee morning; the Friends of Mental Health West Kent who support the Trust with charitable grants; Jakki Mattingly who runs the Pets for Friends scheme in east Kent; Trust Admiral Nurse Celia Stamper (left) launches the National Time for a Cuppa campaign with Downton Abbey's Mrs Hughes, played by Phyllis Logan (centre); singers at Octavia Conference on music and mental health; services in Folkestone receive a visit from local Mayoress Rodica Wheeler to support World Alzheimer's Day; Eating Disorders Nurse Laura Shane, who wrote about her work for the Sevenoaks Chronicle; and (centre) Trust Chairman Andrew Ling 'tops out' the new inpatient unit at St Martin's Hospital in Canterbury.

Objectives for 2012/13

We set several key objectives for the year:

improve patient experience:

work with patients, carers, staff and our partners evidenced through national and local patient surveys.

become a better employer:

ensuring all staff are valued, motivated, listened to and have pride in everything they do reflected in continuous improvement in human resources KPIs and an improvement in the staff experience survey.

provide value for money:

increase our productivity reducing expenditure by £13m, effective deployment of resources measures of productivity.

improve our clinical models, including the quality and safety of services:

working with our partners to further develop innovative and integrated health and social care services, underpinned by a focus on the recovery model. All cluster pathways mapped by 31st March 2012 and 95 per cent of eligible patients to be receiving care against mapped pathways by end of 31 March 2013).

become business focused, as well as being patient focused:

maintaining and growing our business by being the provider of choice as a result of the quality of our services and our commercial activities, including: implementing Payment by Results, mapping of income and expenditure, identifying and growing core business whilst recognising other opportunities for increasing income, defining our marketing approach, further cost apportionment to service lines, and finish implementation and ensure sustainability of business intelligence functions.

maintain and improve standards:

by continuing to support patients, and improve quality and safety, including: embracing change and continuing to deliver high standards of care; improving well-being and making improvements to services; continuing to ensure robust governance during a time of significant organisational and external transformation as measured by delivery of Key Performance Indicators (KPIs); and monitoring Serious Untoward Incidents and Complaints to ensure no deterioration in standards.

become a sustainable organisation:

become a Foundation Trust by 1st April 2013.

On the following pages you can read more detail on the progress we have made with these objectives and the performance we have achieved.

Our performance

The Trust moved to providing a more comprehensive report to the Board on a monthly basis in 2012/13. The Integrated Quality and Performance Report (IQPR) incorporates Monitor and the NHS Mental Health Performance framework requirements, and also enables the Trust Board to receive monthly updates on the implementation of the Trust Annual Plan objectives, as well as key national and local finance, workforce and service performance indicators. The report includes an exception report on any significant risks that may prevent these objectives or KPIs being accomplished and the actions being taken to ensure this does not happen or to mitigate risks.

More details about the Integrated Quality and Performance report can be obtained from the Trust Board papers online at www.kmpt.nhs.uk

In 2013/14 an Annual Plan is being published that will detail the objectives for service lines and corporate departments, in line with the Trust's aims and objectives.

Key Performance Indicators (KPIs)

The Trust is monitored against a number of Key Performance Indicators set by our local commissioners (the Clinical Commissioning Groups) and the National Commissioning Board for some specialist services. The Trust also tracks performance against KPIs used by regulatory bodies such as Monitor and the Care Quality Commission.

We have set out our performance against a number of our most significant KPIs in the table (right). These KPIs are regularly reported to the Trust Board as part of the IQPR. There are other KPIs which apply to a range of Trust services. These are regularly monitored through our internal Performance Management meetings and by commissioners through our performance review arrangements.

Key Performance Indicator (KPI)	Year End %
Admissions gatekept by CRHT (%)	99.1%
CPA 7-day follow-up (%) Enhanced Only	97.2%
Delayed transfers of Care (Monitor/ CareQuality Commission)	6.5%
MHMDS completeness (Monitor definition, %)	93.9%
Ethnicity DQ (MHMDS measure, % valid)	88.1%
Adults with CPA care plans (%)	94.3%
Adults having received a 12-month CPA review (Monitor Definition, %)	97.4%
Meeting commitment to serve new psychosis cases by early intervention teams	129%
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant
Emergency readmissions within 28 days (younger, %)	2.4%
Emergency readmissions within 28 days (older, %)	0.9%
Length of stay (younger adult, days)	30.78
Length of stay (older adult, days)	60.44
Bed occupancy (younger adult, %)	97.4%
Bed occupancy (older adult, %)	92.9%
PbR Clustering compliance	93.7%

These KPIs relate to the Trust's objectives (page 17) of improving standards.

Quality improvement

We are committed to delivering services to the highest level of safety and quality. We have a Quality Strategy that is the cornerstone of our arrangements for developing and maintaining high quality patient-centred services.

This year we have been using information from a range of quality improvement activities to embed clinical and social care quality at all levels in the organisation, leading to demonstrable improvements in patient care.

Quality within health and social care can be defined as: 'High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual.'

The Quality Strategy describes the processes the Trust uses to demonstrate improvement in quality. It includes details of how the Quality Improvement team supports clinicians and managers to design and implement systems to measure quality, demonstrate improvement, share best practice, identify weaknesses and measure corrective actions.

Health and social care quality has three main domains: patient safety, patient experience and effectiveness. Over the next few pages of this report you will be able to learn about how the we have been implementing quality initiatives and monitoring itself against quality measures, as well as how our regulators assess the quality of our services.

NHS Quality Accounts

One of the clearest ways patients and carers can receive information on the quality of care and services is via our Quality Account.

Quality accounts help demonstrate NHS commitment to quality, with providers reporting on the quality of their services, covering safety, outcomes and patient experience. Quality Accounts bring together all the information on a provider's quality measures. This includes Care Quality Commission survey data, plus additional information to meet local needs and answer local questions on quality and improvement.

We published our fourth Quality Account this year. It details progress against the priorities set for 2012/13 and provides details on the priorities for 2013/14, which are:

Patient Safety

- A 25 per cent reduction in the number of severe or moderate falls in older adult inpatient wards
- Reduction in suicide and serious self-harm during an inpatient admission or while in treatment with a working age adult community team
- To ensure all adults, children and young people are effectively safeguarded

Patient Experience

- Better communication between our staff and service users and their carers
- Using the views of service users to monitor and improve services
- Physical Health and Examination

Clinical Effectiveness

- Improving discharge planning from inpatient care and improving post discharge care
- To improve implementation of National Institute for Health and Clinical Excellence (NICE) guidance for people with a mental illness
- To further improve the implementation of the Recovery Approach for patients working with our Recovery teams

Quality Accounts can be viewed at NHS Choices:

www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts

Essential Standards of Quality and Safety

As the Regulator of Health and Adult Social Care in England, the CQC ensures that the care people receive meets essential standards of quality and safety encouraging ongoing improvements by providers of care. There is a focus on outcomes, rather than systems and processes, and the views and experiences of people who use services are at its centre.

We are registered unconditionally with no enforcement actions, or major or moderate compliance actions, for all the following regulated activities:

- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983

During 2012/13 we received a number of unannounced visits by the CQC in order to assess and monitor compliance with the essential standards.

Following a visit to the Birling Centre - a learning disabilities inpatient unit in December 2011 - we were deemed to be non-compliant with outcome 4 - the care and welfare of people who use services.

A robust action plan was put in place to ensure that improvements to care were made. The CQC re-visited the unit in June 2012 and found that all of the essential standards reviewed were compliant. One of the improvements noted by the CQC was that care records are now clear and more focused on individual needs.

- The CQC also visited the following sites during 2012:
- Arundel Unit – two younger adult wards and one older adult ward
- Priority House – two younger adult wards and the crisis team
- Neuro-rehab unit – a specialist ward caring for patients who have experienced a head injury or neurological damage
- Frank Lloyd Unit – two continuing care older adult wards
- St Martin's – two younger adult newly built wards, an older adults ward and a ward for adults requiring psychiatric intensive care.

Arrangements are in place to ensure action plans are devised and implemented within a period of three months following CQC inspections.

The Trust CQC internal compliance arrangements were strengthened within the 2012/13 period to include a series of internal compliance support visits and reviews conducted by the Compliance and Risk Team.

During 2013/14, this implementation of internal CQC action plans is to be monitored at each service line performance meeting to ensure that compliance is achieved.

The Trust Board is currently reviewing the impact of the Winterbourne View Care Home and Francis reports on the safety and quality of care for patients, which will inform the future CQC compliance and assurance arrangements.

NHS Litigation Authority – Risk Management Assessment

The NHS Litigation Authority (NHSLA) provides support to Trusts during the claims process by providing expert advice, learning from claims that would improve standards, and financial support to meet claims. The NHSLA has developed specific standards for Mental Health and Learning Disability Trusts. The Trust has maintained its achievement of meeting the necessary standards, which means that we receive a discount on our insurance premiums.

Patient-Led Assessments of the Care Environment

Patient-Led Assessments of the Care Environment (PLACE) were new in 2012-13 and replace the Patient Environment Action Team (PEAT) programme.

This new process and assessment is a collaboration between hospital staff and patient assessors, focusing on the four key areas:

- Cleanliness – including hand hygiene
- Buildings and facilities – condition, appearance and maintenance of the building, fixtures and fittings
- Privacy and dignity
- Food and hydration

There is a greater involvement of patients in the assessment than ever before – both in terms of their role and numbers – which sees equal numbers of staff and patients. The term 'patient assessor' in this context applies to anyone whose experience of healthcare is as a user of services. Therefore patients, service users, their family, carers, patient advocates and volunteers all qualify to act as patient assessors.

All of the Trust's inpatient facilities, including rehabilitation units, are subject to a patient-led assessment.

Those who take part are asked to walk around the site looking at the wards and public areas, and each determining how they would rate standards against a set criteria. They look at the environment and cleanliness and the quality of food provided at the unit. The NPSA publish these results every year to all NHS organisations, as well as stakeholders, the media and the general public. They are used to measure the Trust performance by the Care Quality Commission. For further information about PLACE and the Trust scores, follow this link: http://www.nrls.npsa.nhs.uk/patient-safety-data/peat/

The Hygiene Code

The Health and Social Care Act (2008) 'Code of Practice for Health and Adult Social Care on the Prevention and Control of infections and related guidance' (also known as the Hygiene Code) sets out what registered providers of health and social care services should do to ensure compliance with the Care Quality Commission (CQC). Outcome 8 (below) identifies the 10 compliance criteria of the Hygiene Code against which a registered provider will be judged on how it complies with this registration requirement.

The Hygiene Code provides a structure for the evidence to support the statement on internal control. It has been reviewed and updated so as to assure that all relevant actions are being taken by our Trust to ensure compliance. All Infection Prevention and Control Policies are available electronically on the staff intranet and also in paper format on every ward / unit.

Compliance criterion	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Provide suitable accurate information on infections to service users and their visitors.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/ medical care in a timely fashion.
5	Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people.
6	Ensure that all staff and those employed to provide care in all settings are fully involved in the process of preventing and controlling infection.
7	Provide or secure adequate isolation facilities.
8	Secure adequate access to laboratory support as appropriate.
9	Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.
10	Ensure, so far as is reasonably practicable, that care workers are free of and are protected from exposure to infections that can be caught at work and that all staff are suitably educated in the prevention and control of infection associated with the provision of health and social care.

Health and Safety

The health, safety and welfare of staff, patients and visitors is of paramount importance to the Trust Board and therefore continued to be a top priority for us in 2012-13.

The Health, Safety and Risk Group reviewed and provided assurance to the Board through the Integrated Audit and Risk Committee on a range of health and safety matters including the Health and Safety Strategy, which is currently in the third year of its implementation. The Group, comprising representatives from each service line, receives and reviews reports on health and safety management activity from services and specialist advisors, identifying where improvements could be made and where good practice could be shared between sites and services.

An example of sharing learning from incidents resulted from a patient forcing a window open. With the support of Kent and Medway NHS Facilities, all windows are now subject to routine inspection and maintenance. In addition, all wards have implemented a procedure for routinely inspecting windows for signs of damage or tampering.

Our web-based risk management system, Datix, continues to be embedded across all sites and services; with risks to service delivery, the workforce and the working environment being added, reviewed and mitigated. Using the findings from incidents and their investigations, our risk management system enables staff and managers to assess the effectiveness of their risk management arrangements.

A comprehensive audit of the arrangements for controlling ligatures and ligature points was undertaken. All inpatient units were inspected and found to have made significant improvements since the last audit in 2010, including a reduction in attempted incidents. The Trust is part of a group of Trusts in the south of England, sharing information and practice on ligature management in order to learn and improve. The reduction in ligature incidents is reflected in the total number of incidents reported; this is anticipated to be down by 9 per cent.

Successful health and safety risk management relies on effective information, instruction and training. To this end, the timely completion of health and safety training continues to improve as staff make use of the online e-learning formats.

Countering Fraud and Corruption

The Trust is committed to Countering Fraud in the NHS and has a dedicated resource of Counter Fraud Specialists to investigate concerns and create an anti-fraud culture within the Trust. The Trust's Staff Survey shows that 96 per cent of staff are aware of the NHS Counter Fraud Service and 98 per cent would report suspicions of fraud.

Concerns about NHS Fraud can be reported to the NHS Fraud and Corruption Reporting Line 0800 028 40 60 and online at www.reportnhsfraud.nhs.uk

Emergency Preparedness

As you would expect, the Trust is prepared for emergencies, as well as the routine provision of services. To demonstrate that it has plans in place to deal with a wide range of emergencies the Trust completes an annual assurance process, conducted by NHS Kent and Medway on behalf of the South of England Strategic Health Authority (SHA).

The 2012 review was undertaken by the Associate Director of Resilience from NHS Kent and Medway and the Trust's Planning and Risk Manager. The outcome of the review was broadly positive although it identified a number of areas for improvement.

2012-13 was a unique year for emergency planning as we were required to demonstrate it was suitably prepared for the Olympic and Paralympic Games and the associated impact upon services and service users. The headline events in Kent were the Torch relay event, which travelled through virtually every district of the county on 17-20 July, and the Paralympic cycling event at Brands Hatch on 4-8 September.

We conducted a thorough investigation of how the events taking place in the county would impact upon services and patients. We were subsequently able to provide assurance to the SHA via NHS Kent and Medway that there were no serious interruptions to services anticipated as a result of the Olympics activity and that all services would continue as normal.

We are confident we have adequate operational business continuity plans and a functioning Major Incident Plan. Both of these areas have been tested in severe weather incidents within the last three years.

The Integrated Audit and Risk Committee maintains oversight of the Trust's Emergency Planning and Business Continuity activities. The committee provides assurance of the effectiveness of the related policies, plans and training programme to the Board.

Transformational change

Our clinical strategy has been at the forefront of our plans to improve the quality of the services we offer. The strategy focuses on four key areas:

- focusing on the recovery model and ensuring positive outcomes
- ensuring community based services support us to reduce length of stay
- improving the quality and dignity in services (including a better physical environment and improved use of technology)
- expanding some of our strongest specialist services

To deliver our aims, we are clear that we need a transformational change programme that will see us deliver remodelled services and workforce, centres of excellence with community hubs and flexible working and strong clinical leadership driving innovation and local prioritisation.

We have established a number of projects including the redesign of acute care services, estate transformation and using information technology more effectively. These are all component parts of our transformational change programme.

We have been clear that we cannot do everything at once, and we are focusing on what can be delivered over the next two years; taking into consideration the resources available to us and the areas where we can make the most impact.

We are mindful of the ongoing changes in the wider NHS and are not letting them distract us from delivering our transformational change programme.

Transforming our services

Consultation documents were published and public events held across Kent and Medway to talk about the future of inpatient care.

To deliver our Clinical Strategy, it is vital that services adapt to meet changing need and to improve ways of working. Over the past year the Trust has been working on several key changes to services and planning for how they will operate in the future.

Creating clear care pathways for every service user

We want to make sure that the services and the support people get are fair and that everyone knows what support and treatment they should receive. The Trust is currently introducing a new national system for allocating and defining the services it gives to people. It will receive payment for this via a Payment by Results system. The focus of this work is on offering quality services which achieve positive outcomes.

This new approach to organising care helps to make clear what should happen for both urgent and planned care. A significant outcome of these reforms is that everyone using services will be clearer about what they can expect when they access and are supported by the Trust's services.

Consulting on the future shape of acute and inpatient care

The Trust has, jointly with NHS Kent and Medway, undertaken two important public consultations over the past year.

Adult acute services were consulted on, with the Trust advocating that the existing mental health units in Dartford, Maidstone and Canterbury, which have a high quality environment, become centres of excellence. These will offer state-of-the art accommodation, with single en suite rooms, access to outdoor space and improved access to consultant psychiatrists, nursing and therapy teams. These are known to enhance recovery for people in a mental health crisis.

The consultation also proposed increasing the number of beds in east Kent for people in a mental health crisis; extending the psychiatric intensive care outreach service to cover all of Kent and Medway; centralising psychiatric intensive care inpatient beds in Dartford; and investing in crisis services for people at home, meaning more staff in Crisis Resolution and Home Treatment (CRHT) teams.

The wide ranging public consultation led to the Joint Health Overview and Scrutiny Committee (JHOSC), set up by Kent County Council and Medway Council, recognise there was a case for change and declare their support for the plans.

New Services

In 2012-13 we started to provide extra services in the shape of additional liaison psychiatry services in Darenth Valley Hospital Dartford and Maidstone and Tunbridge Wells. This means that all district general acute hospitals in Kent and Medway can now access dedicated mental health services to assess and support patients entering their services via A&E or on general medicine wards.

We have developed a new county-wide mental health learning disability Community Nursing Team, which acts as the interface between specialist learning disability services and mainstream care provision.

We have also established a partnership agreement with a private provider, Cygnet Healthcare, to expand the provision of low secure services in Kent and Medway. The partnership is a joint venture; the Trust employs the Consultant Psychiatrist and the social worker, and the private provider supplies the physical resource and the frontline staff.

We have also been commissioned to expand our Police Custody Liaison and Diversion Service, and to develop a Court Liaison and Diversion Service. The Police Custody Liaison and Diversion Service has been extended to cover all of the County of Kent and, for the first time, to provide a Saturday service across all six Kent and Medway Police Custody suites.

In September 2012, following a competitive tender process, Child and Adolescent Mental Health services are now provided by Sussex Partnership NHS Foundation Trust.

Access to Services

Access to the Trust's services is primarily gained by referral from the wider NHS, including GPs and from other parts of the Trust. If you are concerned about your mental health, your first stop should be your GP. At a time of crisis, access to selected services can also be gained via out-of-hours GP services or A&E departments.

Early Intervention in Psychosis and Primary Care Psychological Therapy services can also be accessed directly by anyone. You do not need a GP referral to see these teams. A full directory of all the Trust's services is available on the Trust website: www.kmpt.nhs.uk

On the next few pages you can read some Case Studies which illustrate how the transformations programme is delivering change in services, technology, workforce and buildings.

Case study: New Autistic Spectrum Conditions service

Dr Chris Wood from the Trust's new autism service.

During the year, we were commissioned to provide a new service for diagnosing and supporting adults with autistic spectrum conditions in Kent and Medway.

About three people with suspected autism or Asperger's Syndrome are being referred by GPs to the diagnosis team every day.

The Trust's clinical psychologist, Dr Chris Wood, is leading the diagnosis part of the service. He said: "Demand is a lot higher than we expected. That's partly because there's more information out there. People are reading about the symptoms of autistic spectrum conditions, thinking 'that sounds like me' and going to their GP who can now refer them to us.

"This is the first time a local service has been available – previously people had to travel to London for this specialist care."

People living with autistic spectrum symptoms come from diverse backgrounds and can be highly academic, yet struggle with basic day-to-day aspects of their lives.

"Most of those we diagnose are delighted," added Dr Wood. "They feel they have been struggling for a long time and say this explains so much about the difficulties they've had throughout their lives."

Dr Wood writes a report with recommendations for those patients who are diagnosed by his team as having an autistic spectrum condition.

Recommendations may include: seeking National Autism Society career advice and support or education, and joining NAS social groups; a medication review by their GP; psychotherapy (talking therapies) and other mental health support.

The new service is jointly commissioned by NHS Kent and Medway and Kent County Council. You can find out more about the service online at http://www.kmpt.nhs.uk/autistic-spectrum-conditions.htm

Case study: Integrating health and social care in older people's services

A Health and Social Care Integration Programme is reaping dividends both in terms of cost and boosting patient care.

Now in its second phase, the collaboration between the Trust, Kent County Council and Kent Community Health Trust aims to cut out duplication and use integration to streamline mental health provision.

The Trust's Programme Lead, Sue Excell, said: "Rather than duplicating an assessment, the objective is to have a lead professional who collates and shares information with other organisations to save the patient having to answer the same questions to different people.

"The focus is on primary care, with community mental health nurses doing assessments in GP surgeries. Each locality is different, which presents an opportunity to try alternative approaches.

"It's about the quality of care for the patient and their carers, delivering it where they want it and to have a 'patient knows best' care plan, as well as a very clear crisis plan should their condition deteriorate."

The 12-week intensive care packages that are put in place under this scheme have led to a 15 per cent reduction in A&E admissions, 55 per cent reduction in non-elective admissions to hospital beds and have nearly halved patients' anxiety about their condition. It translates to £225,000 in savings, to the local health economy, to date.

Sue added: "Across east Kent we've started to develop neighbourhood care teams with members from the three organisations coming together. They assess patients that are at risk on a four-level rating system. Having discussions with health and social care colleagues makes it easier to prevent a person from going into crisis, which is very expensive, and we can work with them much more effectively.

"We are starting to look at co-locating in east Kent, using premises where we can invite KCC in and vice versa. This will happen in west Kent in future, creating joint bases where people can hot-desk and have multi-disciplined team meetings. There are a lot of benefits to joining up the way we're thinking and working."

Transforming our use of technology

To underpin the changes we are making to clinical services, we have an extensive and ambitious Information Technology Strategy. In the past 12 months we have:

- made Skype available to patients in our centres of excellence
- made desktop video conferencing widely available to staff
- opened 10 more Video Conferencing suites, making a total of 15
- introduced a system for recording video meetings so they can be viewed at a later date
- gone live with the upgrade, ahead of schedule and within budget, of our patient information system RiO
- launched Cloud Computing meaning 2,800 staff can work from any computer with an internet connection
- enabled patients access to the internet whilst on inpatient wards to aid recovery

These initiatives are bringing clear benefits including the opportunity to significantly reduce travel costs and improve productivity; with less time spent on the road between meetings. Similarly they contribute to the Trust's commitment to reducing its carbon footprint (see page 42).

In the coming year we have an equally exciting number of developments that will support staff to be as effective as possible.

We will:

- be deploying a further upgrade of our patient information system RiO
- implement scanning clinical documents into RiO in order to develop a fully electronic patient record
- further develop the KMPT Business Intelligence [BI] Reporting System to improve quality and performance of care delivery.
- start development of our internet based service (Patient Portal) offering patients the opportunity to access on-line a range of KMPT information, systems, and services.
- provide access to free Wi-Fi for patients on our wards and using our community centres
- start a project to exchange documents electronically with GPs and other partners, starting with electronic discharge summaries.
- extend of the use of wireless networks and mobile broadband facilities for staff
- introduce digital dictation and electronic transcription
- continue to expand the range of electronic learning courses to reduce travel and improve the flexibility of our training provision
- roll-out electronic document management across the Trust for all electronic documents and update of our office software from Microsoft Office 2003 to Microsoft Office 2010.

Case study: Connecting those in hospital

Accessing information online and staying in touch with your friends and family via the internet when you are in hospital can play a positive part in recovery.

A specially designed internet service is helping transform social inclusion for mental health inpatients and promote faster recovery.

Following a successful trial within the Trust, the Patient Internet Access (PIA) service is allowing inpatients access to job sites, educational training, accommodation providers, leisure activities, health and wellbeing. It also helps service users stay in touch with family and friends, providing invaluable comfort for many people.

Recovery from complex and acute phases of illness can sometimes require several weeks of care.

Providing patients with internet access during this time can ease their recovery process, improving their experience through what can be a difficult and challenging period.

There are educational benefits, as one service user commented: "I'm looking forward to being able to do some courses from hospital."

Another said: "I would really like to learn enough about the internet to do things like shopping."

Inpatient services are now being connected to PIA one by one. Critically, patients who use the service are fully assessed and, for each patient granted permission to connect, it is part of their care plan. It needs the consent of a clinician and patients will be required to adhere to a code of practice.

Dubbed 'Marvin' – Managed Access with Recovery by Vetted Internet – the new service offers moderated access to the web.

Case study: Patient feedback by touch screen technology

Patient experience continues to be at the heart of service provision and we have continued to focus on collecting and acting on feedback from everyone who uses our services. We do not just rely on the annual national service user survey, we also undertake our own local surveys on an ongoing basis.

This year we have started to use portable electronic tablet devices to invite those who use our services to give instant feedback on their experience. A pilot started in December 2012 across two community mental health teams, enabling staff to access results at the touch of a button and instantly start to act on the feedback. Paper forms can still be used to collect feedback when necessary.

The pilot is part of a project with three other technology-based schemes to boost information available to clinicians and managers, helping them to enhance treatment pathways and improve patient care. This initiative forms part of the High Impact Innovations, which every Trust nationally has been challenged to deliver. With Health Secretary Jeremy Hunt also recently making a 'technology revolution' - one of his personal four priorities - this work is perfectly timed.

Transforming our workforce

The Trust recognises the importance of a skilled, engaged and motivated workforce. Trust staff cover a wide range of occupations and professions who are widely dispersed geographically. This presents particular challenges to workforce management and the Trust has focused on communication and workforce initiatives to maintain skills and motivation.

The Trust has focused on controlling temporary staff costs and implementing new initiatives such as e-Rostering and expenses.

The Trust's Service Developments and overall transformation plans result in a challenging workforce agenda but staff engagement and communication, as part of the Organisational Development Strategy and implementation plan, have remained a priority.

The Trust refreshed its Workforce Strategy in 2012 and this sets out the Trust's vision, values and workforce priorities. The Workforce Plan sets out the nature and numbers of staff the Trust will need in the coming years to ensure it has the right skills, in the right place, at the right time.

Underpinning Quality Care - A clearer role for admin and clerical support

Administrative and Clerical staff provide a valuable support role within the Trust to managers and clinicians, many of whom have a direct impact on the patient experience. Over the past year the Trust has undertaken a review of the these roles to enable it to learn from best practice and ensure equity across the Trust. The review was designed to ensure the Trust can effectively adopt new effective and efficient ways of working supported by new technology and the changing requirements for support within services.

The review has sought to address concerns inequity both in workload and banding and is introducing a clear career pathway for this staff group. Critically, the review takes account of where new technology can support more efficient ways of working.

Staff were involved in the development of the new model and the Trust took care to spend time understanding what people do and how best to support the Trust's needs in the future.

Following a thorough process for appointing staff to the new roles, the Trust now has an administrative and clerical workforce with the skills needed to support staff in delivering high quality services.

Reviewing Community Services Leaders

In early 2012 the Community Recovery Service Line undertook a review of the Band 7/KR11 level in partnership with KCC. The purpose of the review was two-fold: prior to the review there were discrepancies regarding the number of Band 7s within the teams, therefore there was the requirement to reallocate this group of staff in order to provide equity within the Service Line. The other requirement was to ensure that there was a robust management structure within the teams that would adequately support the Service Manager level and enable them to work more strategically. The review is now complete.

Case study: Celebrating diversity

The Medway Mental Health Access Team celebrate Diwali and improve their knowledge of other faiths, leading to a better service being offered.

Sharing cultural differences with colleagues plays an important part in service delivery. This was the message from Dr Sundaram of Medway's Mental Health Access Service when the team joined together to celebrate the Hindu festival of Diwali with a team lunch.

"Talking about our different faiths and customs within the team helps everyone to understand what may be important to our service users. We have many Hindu service users and, if our team understand Diwali a little better, they will be empowered to talk with confidence on the matter, meaning they can offer a better service."

The annual Hindu festival is known as the Festival of Lights, with the literal translation of the word meaning 'row of lights'. Traditionally Hindus will decorate homes with lights and candles, set off fireworks and distribute sweets and gifts, as well as performing prayers and religious rituals.

All staff from the Access Team attended a lunch where each member of the team had produced different traditional dishes to share. The event also included candles and lights, with some staff wearing traditional Indian dress.

The Diwali celebrations were the latest in monthly team lunches centered on different themes. As Occupational Therapist Lucie Street pointed out, "It is good to get together once a month as a team to eat. We have a multicultural team and this type of event engenders a sense of team spirit."

Transforming our estates





The Trust's estates strategy has three key aims: to support delivery of the clinical strategy; to ensure services are delivered from fit for purpose facilities within a modern built infrastructure; and to ensure that our property assets are suitably maintained and improved as necessary.

There are many drivers supporting this approach, including regulatory, statutory and strategic requirements, providing the basis on which the Trust invests in its estate.

The significant influence of the Care Quality Commission (CQC), Monitor requirements, Patient Perception surveys and the Patient Led Assessment of the Care Environment (PLACE) process are all central guides informing our plans, but the primary concern is to ensure our clinicians are able to offer the highest quality of care to service users within the working environment.

Nowhere is this more important than in hospital settings, when service users can be at their most vulnerable. Unfortunately a poor environment can contribute to staff stress and, in turn, impact on service user welfare, so the Trust has prioritised inpatient settings for investment.

The Trust's transformation programme has a significant estates component, supporting the service and IT-enabled changes across the Trust. Work in recent months has been to ensure our inpatient centres of excellence provide high-quality environments, linking directly with crisis teams and promoting best practice in service design and delivery.

In the community, the transformation programme is establishing major clinical and admin centres, or 'hubs' for service delivery in all the major population centres across Kent. A by-product of this programme will be to allow the release of old and unfit estate, which will help generate the capital required to modernise the future environments.

Service users, carers and staff are at the forefront of this work, directly involved in the design and planning of future facilities.

In the past year the Trust has:

- Completed the St Martin's new build, on time and on budget
- Refurbished Fern Ward at St Martin's Hospital in Canterbury, also on time and on budget
- Refurbished all the bathrooms on Sevenscore Ward at Thanet Mental Health unit
- Relocated services from the Arundel unit at Ashford, no longer fit for purpose
- Planned and begun to deliver a project to relocate from expensive leased corporate facilities in Kings Hill to affordable accommodation which the Trust owns
- Disposed of a number of buildings which became surplus to requirements, reducing estate costs so that the focus of investment can continue to be on front-line clinical service delivery

During 2013/14, this transformation will continue, with more hubs being established, more inpatient facilities being refurbished, commencement of a major project to redesign facilities for older people in east Kent, and the continued release and recycling of estate no longer required.

Case study: Improving the care environment

Newly refurbished bathrooms on Sevenscore Ward at Thanet Mental Health Unit are just one of the projects delivered this year to improve the quality of the environment in which care is delivered.

Staff and patients on Sevenscore ward for older people at the Thanet Mental Health Unit were delighted with new shower rooms (called wet rooms) installed on the ward in 2012.

In keeping with the Trust's objectives to improve quality and safety to deliver high standards of care, patients can now take a proper shower (with assistance from members of staff) and, the ward manager tells us, are enjoying these excellent new facilities very much.

Not only are the new wet rooms much more efficient, they are also much safer, making use of disabled seats and anti-ligature handrails and fittings, and improved water drainage across all floor areas to reduce the risk of slips and falls. Sevenscore ward has also been equipped with new wardrobes for use by patients.

As a result of the Older People's Mental Health Review undertaken in east Kent in 2012, there will be a significant upgrade of the facilities, including the bathrooms and WCs across the rest of the unit.

The review has led to plans for an investment of £3.5m in the Trust's mental health wards at St Martin's, Canterbury, and the Thanet Mental Health unit in Margate. By the time the work is complete, every older patient with mental health needs will have a single room with en suite facilities, as well as access to spacious dining and lounge areas and landscaped, safe, secure outdoor areas.

Research and development

Over the past year, we have taken on a greater role in research and development. Led by our Research and Development Committee, there is more research activity in the Trust than ever before, some of which is ground breaking.

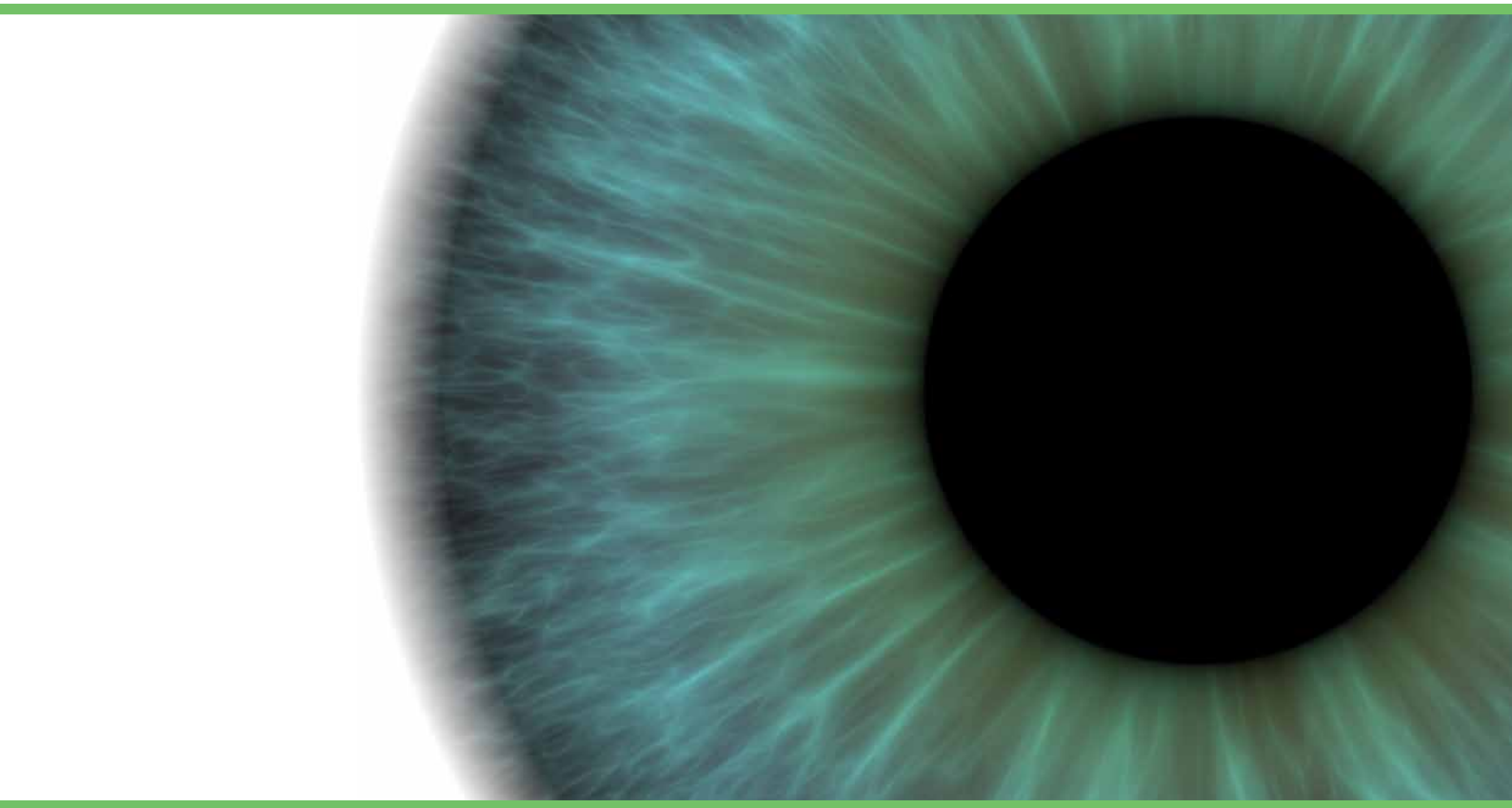
Research is carried out in accordance with national and local policies, procedures and guidelines ensuring it is ethical and of value.

Research is fundamental to the concept of NHS foundation trusts and we are continuing to develop a research culture which is an essential part of improving the quality of clinical care.

We recognise that a high profile and high quality research culture is also vital in attracting, retaining, developing and motivating staff. Furthermore the academic links associated with research activity support high quality teaching and training within the Trust.

You can read about two examples of where the Trust is using research and development to improve services, both locally and nationally, on the next two pages.

Case study: Leading the way with EMDR



Our Forensic Mental Health Services are leading the way nationally with the use of eye movement desensitization and reprocessing (EMDR) to treat the effects of experiencing trauma in mentally disordered offenders.

EMDR is a powerful psychotherapy treatment. It is most often used with people experiencing post traumatic stress disorder but within the Trust's forensic mental health services, we are seeing its application help those who have experienced trauma as part of their offending behaviour.

EMDR is a National Institute for Health and Care Excellence (NICE) approved treatment for those suffering from post traumatic stress disorder and thus is a widely used and recognised treatment. However, its effectiveness for those who have committed offences due to their mental health problems and who may also be experiencing trauma, the evidence is not so clear or so well documented.

The treatment has been described as something which enables people to process difficult thoughts and memories so that they can be effectively stored in long-term memory, as opposed to manifesting in the present as traumatic images/thoughts/feelings or physical sensations. It gives patients a reasoned context that allows them to move on in a healthy way.

The team providing this treatment currently has articles pending publication and excitingly is also preparing a bid to secure research funding to look at the effects of the treatment for this client group in detail. This has never been done before and should they be successful, the evidence they collate and analyse will be ground breaking. With several other organisations providing this treatment already signed up to join the study, KMPT could be leading research nationally.

Case study: Pioneering firesetting research

KMPT's Professor Teresa Gannon delivers her inaugural lecture on the firesetting treatment programme.

We are leading pioneering and nationally significant work into the minds of people who set fires deliberately. Trust Forensic Psychologist Teresa Gannon focused on this work in her lecture to celebrate her inauguration as a Professor at the University of Kent in Canterbury in January 2013.

Professor Gannon's ground-breaking research, is part of the Trust's offender treatment programme for fire setters, which has been running for 18 months and has shown positive signs in the prevention of re-offending.

The study has involved 22 institutions from across the UK and has the aim of transforming this field of mental health as there is currently no nationally recognised treatment.

The programme has identified key motivators for fire setters, the most common being revenge, analyzing how they identified with fire and looking at factors such as social skills and self-esteem. Patients at the Trevor Gibbens Unit are given cognitive behavioural therapy and attend group sessions. The focus is to decrease fire interest, increase fire safety awareness and increase a patient's coping mechanisms so they do not choose fire as a way of solving anger issues and other problems.

To date, none of the people who have gone through the programme at the Trust have needed to come back for further treatment.

The long term aim is to develop the fire setting project so it can be implemented across the NHS. Once we have the results of the study, due out in July 2013, we will know if it can be rolled out nationally. Offenders are treated in male and female groups at the Trevor Gibbens Unit, KMPT's specialist service in forensic (criminal) mental health.

Find out more about the Trust's Research and Development programmes online at:
http://www.kmpt.nhs.uk/researchdevelopment

Being sustainable

Sustainability report

The Trust continues to demonstrate its commitment to sustainability, reducing its carbon emissions and minimising its impact on the environment and climate change.

The Climate Change Act 2008 is a key driver in reducing carbon emissions nationally and, as a response, the NHS (Sustainable Development Unit - SDU) developed the 'Saving carbon, Improving lives' document which sets out the Government's commitment to reduce carbon emissions by 10 per cent by 2015.

The Act is mandatory and, as a result, we developed a Carbon Management Plan in 2009 with an overall aim to reduce our carbon footprint by 15 per cent by 2014/15 based on a 2009/10 baseline.

Our Trust continues to demonstrate robust governance for sustainability issues with both exec and non-executive director leads on an operational group and the necessary strategies and polices supported by a carbon management plan to enable a sustained, compliant and strategic approach.

At the end of 2011/12*, the Trust realised an overall reduction in carbon emissions by 13 per cent, or 1,103 tonnes, since the baseline year of 2009/10, comfortably in line to achieve the required 15 per cent reduction by 2015 target in the Plan.

Total energy costs have also decreased by 8 per cent from £2.1m in 2009 to £1.9m in 2011/12*. The projected Business as Usual spend (costs the Trust would have paid had there not been a carbon reducing program) would have amounted to £2.4m since the baseline year therefore since 2009/10, according to the Carbon Trust model, KMPT has avoided potential costs of over £300k of carbon emissions through implementation of the CMP.

The Trust has developed a Board level Sustainable Development Management Plan incorporating the Carbon Management Plan. This will help the Trust fulfill its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care.

This plan will be reviewed continuously and progress on delivery on an annual basis and will include sustainability in our Annual Reports. We will work closely with partners, especially other NHS organisations and Local Authorities, developing a community-wide approach to sustainability and carbon reduction.

The Trust promotes awareness of its responsibilities to staff, service users and carers. Specifically with regard to the following, which form part of the NHS Carbon Reduction Strategy for England:

- Raising awareness of the need to manage resources more effectively, reducing consumption, waste, emissions and expenditure.

*Latest available data

- Investing in new buildings, plant, equipment and technology to improve efficiency, and provide more with less.

- Adopting procurement practices which promote sustainable development. Consciously specifying, procuring and recycling materials from sustainable sources.

- Promoting the need to embed sustainability within the day-to-day business of the Trust.

The Trust is working on procuring an energy partner so further reductions in energy use are expected following the completion of the Energy Partnership Project in 2014. This project specifically looks to drive down the demand for Energy usage within a holistic approach through a managed service agreement with a commercial energy partner.

Performance analysis

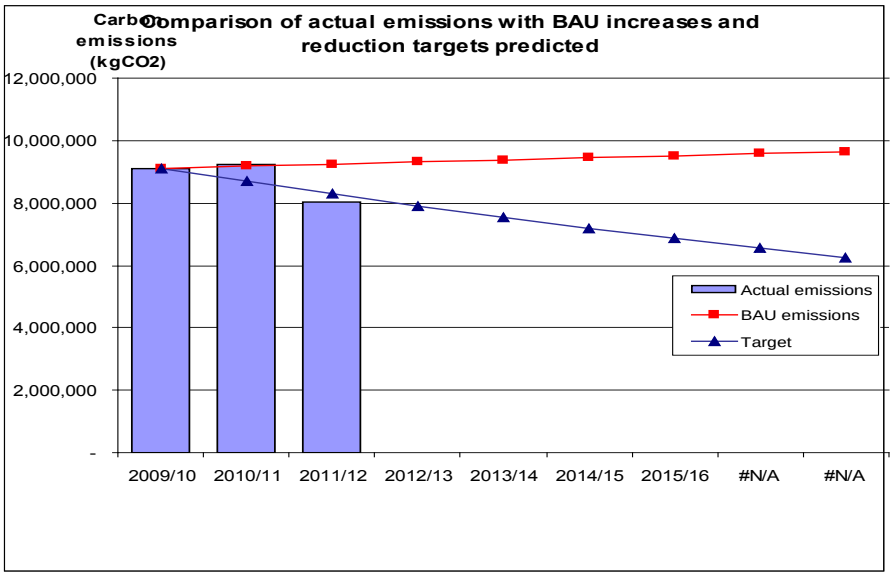
CMP Performance

The baseline year against which performance is measured is 2009/10.

Baseline CO_2e emissions 9,122 tCO_2e

2009/10 emissions 9,122 tCO_2e
2010/11 emissions 9,250 tCO_2e
2011/12 emissions 8,019 tCO_2e

There has been a 13 per cent carbon reduction since baseline year of 2009/10.



There was a slight increase of 1 per cent in 2010/11 and this could be attributed to the small increase in gas consumption and scope three emissions (waste, water and refrigerants)

Although a proportion of the reduction can be attributed to estate rationalisation, which attributed to 4.1 per cent reduction in estate gross internal area (11,724sqm), there is still a considerable amount of work to be done to make the estate as energy efficient as possible.

To address these issues, a feasibility assessment was undertaken by Schneider Electric who produced a report highlighting key areas that need to be addressed. In addition, ongoing work on behaviour and awareness will continue.

Energy use in buildings

Since the baseline year of 2009/10 total emissions savings of 13 per cent have been achieved from energy use in buildings. Following slower than anticipated performance in 2009/10 and 2010/11, energy reductions in 2011/12 were greater than any other previous year, with the greatest savings being achieved through a reduction in assets. Actual figures from Trust ledger indicate a 9.5 per cent decrease in utility cost since 2009/10 which confirms there has been some progress towards reducing energy bills in the Trust.

Progress has been achieved through:

- Renewable energy installations at the new St Martin's build
- Energy efficiency actions e.g. more efficient ICT estate; Green Champions
- Improved insulation and heating controls
- Awareness raising and behaviour change;
- Improved monitoring and scrutiny of energy use;
- Changes to staffing and estate.

Sustainable travel

Over the baseline year of 2009/10, total emissions savings of 12 per cent have been achieved from reduced staff travel, based on staff and member mileage claims. Over this time 117,427 fewer business miles were travelled.

Savings have been achieved through:

- The implementation of a Business Travel Hierarchy asking staff to consider alternatives to using their own car for business travel
- Increased management scrutiny of staff travel
- Producing travel reports / plans for some sites, promoting and incentivizing active travel, promoting and training staff in video conferencing
- Promoting car sharing and other behaviour change projects

Waste and water

Carbon emissions are calculated from waste by converting the waste in tonnes to carbon equivalent as waste disposed to landfill results in GHG emissions.

According to the Carbon Trust matrix, from 2009/10 to 2011/12, there was a 17 per cent increase from waste and water emissions.

However, the actual amount of internal waste sent to landfill have reduced considerably (895 tonnes to 65 tonnes) due to the introduction of waste minimisation and recycling procedures, internal recycling facilities and changes to waste contract which has diverted domestic waste from landfill to energy from waste plant which is more sustainable.

It is anticipated that emissions associated with the disposal of internal waste to landfill will continue to decrease.

Communication and awareness

Communication and awareness has been a major focus of the Carbon Management Plan. A rolling programme of campaigns, concentrating on energy, green travel and waste and sustainable development, are supported by a range of initiatives including posters, stickers, competitions, promotions.

A new staff induction program / e-learning module has been developed and this will be introduced to new and existing staff in 2013/14. It is proven to be an effective way to engage staff on sustainability.

Two new information terminals have been installed at Archery House kitchen and St Martin's Kitchen showing regularly updated Carbon reduction and sustainability messages.

Carbon Management web page

A Carbon Management Web page has been developed as part of the estates intranet site and it contains information focusing on the following three key areas:

- Educating and imparting knowledge and understanding of carbon reduction issues.
- Prompting voluntary collective action amongst staff and service users.
- Informing staff about carbon reducing initiatives introduced by the Trust.

Green Champions

The uptake of the Green Champion network has being encouraging. Trust staffs appear very interested and highly motivated by the sustainability agenda and 90 per cent approval rates for the Trust initiative on carbon has been evidenced.

Establishing a network of Green Champions throughout KMPT to raise awareness of environmental issues within our working lives and to promote and maintain good housekeeping in our premises, is very important. The aim is that this voluntary staff engagement scheme will further improve KMPT's environmental performance. All the volunteers care about their working environment and want to spread the bigger greener mission through raising awareness of green issues and making small changes in their workplace, and this will influence positive behavioural change towards greater carbon efficiency.

There is a work plan in place for the Green champions and they frequently come up with mini projects around sustainability to help enforce change.

Patient Champions pilot

As part of the Green Champion initiatives at the Greenacres site, staff in Marle ward had taken some of the patients through their Occupational Therapy session on discussions on Carbon Management and climate change.

They reported the patients were really enthusiastic about the topics and had produced some lovely posters for the poster competition as a result. This pilot will be rolled out to other hospital sites.

Future plans

As noted, there will be some key actions required to strengthen the plan further.

Challenges for the Trust in reducing carbon revolve around two key areas which will continue to be subject to concerted effort:

- Technological innovations that reduce carbon usage such as those highlighted within the plan and to be mainly achieved by having a commercial energy partner on board

- Behaviour related usage changes (e.g. lights/computer - 'turn off Friday' campaigns, sustainable travel options, Green Champions, recycling, how people travel etc)

Our staff

The Trust's most valued asset, and greatest area of expenditure, is its 3,213 staff. The data below details the demographic make up of the Trust's staff.

Staff by age group

Group	Number
20 and under	11
21-25	127
26-30	217
31-35	300
36-40	376
41-45	429
46-50	554
51-55	517
56-60	393
61-65	237
Over 65	52
Grand Total	**3213**

Staff by professions

Group	Number
Medical and Dental	187
Of which are Consultants	*98*
Managers and Senior Managers	39
Administration and Estates	690
Support Staff (including HCAs and other Support Staff)	812
All Qualified Nursing, Midwifery and Health Visiting Staff	920
All Qualified Scientific, Therapeutic And Technical Staff	533
Of which are Allied Health Professionals	209
Others (includes non-executives and students)	32
Total	**3213**

Staff by ethnicity

Group	Total	%
A White - British	2437	75.85
B White - Irish	49	1.53
C White - Any other White background	97	3.02
D Mixed - White & Black Caribbean	2	0.06
E Mixed - White & Black African	5	0.16
F Mixed - White & Asian	10	0.31
G Mixed - Any other mixed background	13	0.40
H Asian or Asian British - Indian	111	3.45
J Asian or Asian British - Pakistani	14	0.44
K Asian or Asian British - Bangladeshi	3	0.09
L Asian or Asian British - Any other Asian background	85	2.65
M Black or Black British - Caribbean	29	0.90
N Black or Black British - African	209	6.50
P Black or Black British - Any other Black background	14	0.44
R Chinese	5	0.16
S Any Other Ethnic Group	55	1.71
Z Not Stated	75	2.33
Total	**3213**	**100**

Human resources Key Performance Indicators

Staff turnover for 2012/13 was 16.52 per cent of which 8.30 per cent was related to planned turnover (Retirements, Fixed Term Contracts, Redundancies etc) and 8.22 per cent was related to unplanned turnover (Voluntary Resignations etc). This is an increase on last year mainly in the area of planned turnover due to downsizing. We set a challenging target of 3 per cent staff absence rate for the Trust in 2012/13. We achieved a rate of 4.66 per cent, a decrease on the rate of 4.94 per cent in 2011/12. A target of 4 per cent has been agreed and introduced for 2013/14. We are committed to supporting staff when they are unwell and we must do all that we can to help them return to work.

Sickness Absence	2012-13	2011-12
	Number	*Number*
Total Days Lost	**31,471**	**33,453**
Total Staff Years	**2,921**	**3,080**
Average working Days Lost	**11**	**11**

Staff survey results

The national 2012 staff survey results were released in March 2013. The survey results provide the Trust with valuable feedback about our staff experience, perceptions and confidence in the organisation.

It is acknowledged that the overall results are disappointing but there are some key improvements that the Trust is proud of:

Our staff have responded positively about being able to contribute to ideas and development at work. This was a key issue in last year's survey and the improvement is indicative of the hard work to engage staff and clinicians as part of service redesign, contributing to improved patient care and planned efficiencies.

There is an improvement in overall staff engagement that has been supported by raising the visibility of the senior management team through a variety of events, visits and the introduction of a Staff Forum, clinical cabinet and an enhancing the medical voice project.

Our Trust is high on its levels of staff appraisal and we have improvements in team working. This can be contributed to the direct support for team development through the use of the NHS Productive series and storyline events, enabling management and leadership teams to work together to outline their vision for the future.

The Trust has continued to use its quarterly staff pulse surveys to monitor staff opinion and will be revising its action plan to address staff concerns for the year 2013/14.

It remains a concern that our staff are reporting an increase in the level of work-related stress. Whilst it is acknowledged the Trust has undergone some specific areas of reorganisation that has an impact on this, we are resolute that this is a key area to address. The newly constituted Staff Forum is already seeking ideas and recommendations for this that the Trust will include in its revised action plan.

Engaging with staff

Staff engagement remains a key part of the Trust's approach to success. Viewpoint communication events have enabled senior staff and front line staff to discuss the critical issues affecting their working lives. Notably the events:

- enable senior managers to hear the views of staff
- enable all staff to put questions to senior Trust staff
- enable all staff to share working practices and discuss ideas

In addition to engagement events, the Trust has been implementing its Communications Strategy, which includes a focus on employee communications. This includes a greater focus on online communications with access to the trust's website and intranet, as well as a staff newsletter, *Partnership Matters*, and a monthly staff briefing.

A Clinical Cabinet has been established. Led by the Chief Executive, the group has approximately 20 clinical staff . The Cabinet aims to strengthen the clinical voice within the organisation by involving clinicians in decision-making and the strategic direction of the Trust. It is building a strong platform to involve those closest to delivering care and managing the systems of care in the future planning of the Trust. It will also help improve networking among clinicians and improve communication and access to timely information for clinicians.

A new Staff Forum, consisting of approximately 30 staff, is now meeting quarterly. The Forum provides a regular opportunity for this representative staff group to identify and discuss issues that may be outside of the remit of the Joint Negotiating Forum (JNF). The group is responsible for feeding back issues about culture, morale and factors that are informally affecting staff. It is an opportunity to ask questions and provide feedback, and an informal opportunity for staff to network and contribute to developments at the Trust. Members of the Forum are expected to seek views and feedback from employees in their area of work.

The Staff Reference Group has 100 Trust staff who have self selected to be on the panel. Contributions are made virtually and offer quick feedback on ideas and proposals that may affect staff and share their views on given topics.

Work for us

If you are interested in becoming a member of our staff, please log on to our website for the latest vacancies: www.kmpt.nhs.uk

Occupational Health

The Trust's Occupational Health Service aims to promote and maintain the health of staff by providing professional occupational nursing and medical advice. This helps the Trust to achieve the highest possible standards of health and safety. Occupational Health provide a confidential service for all employees of the Trust, offering advice on personal health, safety and welfare at work and immunisations specific to certain diseases. The team are a consultant-led multidisciplinary team of doctors and nurses who are specially trained in Occupational Health. The team also carries out health surveillance, required under Health and Safety law.

Equal opportunities

The Trust is an equal opportunities employer. Applications for employment are welcomed from disabled people and the Trust works to support people who become disabled during their employment. The Trust also has policies in place to support the training, career development and promotion of disabled people.

The majority of the Trust's workforce is white with approximately 17 per cent from black and ethnic minority communities. In comparison, 6.94 per cent of the entire population of Kent and Medway is from a black or ethnic minority community. This shows that the Trust's workforce is diverse with excellent representation from minority ethnic groups. See page 24 for more information on equality and diversity.

Focusing on people

Live It Well and Rethink Mental Illness are working with KMPT to develop a mental health Live it Library for Kent and Medway. It's an opportunity for everyone to share their story to help others learn from their experience – be they service user, carers or mental health professionals.

Mental health services are all about people. Whether it is the staff delivering them or the service users and carers they support.

It is important that service users and carers are fully involved in decisions about their own care, but also in the work we do. This may include through the Trust's governance structure, interviewing and recruiting of staff and training and research.

We believe that the Trust should test itself against standards within the much-voiced Mental Health Service User Statement:

"Nothing about us, without us".

The Trust recognises that participation and involvement cannot be tokenistic but must be real involvement in decision-making. The experience service users have when they use our services is a critical measure of how well we are doing and that is why we have taken steps in the past year to improve the amount of information we gather about patient experiences.

Feedback on Community Services

Our community services feedback system and the friends and family test have been rolled out across our services and are now also being completed digitally, enabling staff to access results instantly at the touch of a button. Getting data immediately enables the Trust to check at the end of each clinic what the service users felt about their experience and react much more quickly.

National Patient Survey

The national patient survey, undertaken in all mental health Trust's each year, showed an improvement in patient experience of services , with the Trust judged as 'performing' in the area of patient experience by the CQC.

The results of the survey are broken down into nine sections. These are:

- Health & Social Care Workers
- Medications
- Talking Therapies
- Care Co-ordinator
- Care Plan
- Care Review
- Crisis Care
- Day to Day Living
- Overall

In seven of the nine categories the Trust is performing within the expected range; however performamce was worse than expected in two categories: talking therapies and care plan. All service lines took action to produce action plans for improvements.

Case study: Live it Library

Occupational Therapist Katharine Stone (left) who asked Tracey Stansil (right) from Sittingbourne to share her recovery story as part of the online video library.

The Live It Library is a collaborative project between Live It Well (Kent County Council), Kent and Medway NHS and Social Care Partnership Trust and Rethink Mental Illness. The Live It Library is working towards developing an online resource of people who have experienced or are experiencing mental health issues stories. This can be the individual themselves, carers, friends and relatives and even mental health professionals. The aim of the library is to share stories, challenge stigma, promote understanding, to offer hope and to enable people to speak honestly about their experiences.

The Live It Library wants anyone who has experience of mental health issues and is willing to be recorded for the website to come and get involved. These stories will become part of a Kent and Medway wide resource that allows individuals, professionals and groups to easily access our participants or 'books' and it is hoped that our story tellers can become involved in training and events to talk about their stories and experiences.

The first people recorded their personal stories on video in October 2012 and there are already over 30 videos on the shelf. Recording days take place regularly and people can record more than one story if they wish.

Tracey Stansil was one of the first people to record her story and, despite being nervous beforehand, Tracey is now very proud of herself and would definitely recommend other service users to get involved. Tracey said, "I would recommend people to take part in it if they can, but if they can't then at least to have a look at what's involved in the Live it Library. It's an important piece of equipment in local mental health services."

To find out more about the project and how you can get involved visit:
http://www.liveitwell.org.uk/live-it-library

Friends and Family Test

We have also implemented the 'Friends and Family Test' during the past year. This involves asking service users the question' How likely on a scale of 1 (very unlikely) to 10 (very likely) is it that you would recommend this service to your friends or family (should they require it). The score from this test will ultimately lead to a countrywide comparison of services.

We are currently registering a net-promoter score of 75 (per cent).

Not all services were using the forms in 2012/13 but this feedback mechanism will be rolled out Trustwide in 2013/14.

Patient, Public and Community Involvement

During 2012 we launched our Community Engagement Strategy, which was produced in partnership with our stakeholders - particularly service users and carers.

Community Engagement is a reciprocal process in which our staff work together with the community, and where power is shared and values such as equality and respect are adhered to.

A working group led the drafting of the strategy and has since transformed into an implementation and monitoring group. It is currently working with the Trust to ensure that the aspirations laid out in the strategy are implemented.

Our Patient, Public and Community Involvement Department has been working to ensure the Trust is meeting its responsibilities in regard to the Equality Delivery System (EDS) and in 2012 a conference was organised at Herne Bay High School working with our partners to rate the Trust's performance in this area. A report from this event has been published and sets out the steps we need to take to continue to make progress in this important area.

Community Engagement in Medway has been a particular priority during the past year with the Trust strengthening links with many community groups. In particular the Medway Service User Forum (MEGAN), the Medway Ethnic Minority Forum and the Medway Parent Carers Group.

Since its launch in April 2012, we have been embedding our Customer Care Charter by developing new customer care training, which is being rolled out across the entire organisation.

Significantly, during the year, the Trust's Patient Advice & Liaison Service (PALS) and the Complaints Department merged to form the Patient Experience Team. This will ensure that the voice of service users and carers is captured and responded to in a more integrated way supporting the national ambition to put service users at the heart of the NHS.

Service users and carers involvement and feedback

The Trust welcomes feedback on the services we provide, via compliments, enquiries, feedback, comments or complaints, which helps us to learn and continuously improve our services. The Trust is committed to a fair, effective and accessible complaints system that meets the needs of the complainant and an integrated Health and Social Care Partnership Trust, in accordance with the NHS Complaints Procedure. The Trust has adopted Good Practice in complaint handling as outlined in the Parliamentary and Health Service Ombudsman's documents – Principles for Remedy (October 2007) and Principles of Good Complaint Handling (November 2008).

Being customer-focused

Consultation takes place with the individual to agree the way forward, which offers the opportunity to listen and understand their complaint and the outcome that they are seeking. In this year the Complaints team has merged with our PALS team to become the Patient Experience Team (PET) in order to provide an integrated response to patient experience data and better triangulate information arising from PALS, other engagement activity and complaints.

Getting it right

The Trust aims to ensure that all complaints are treated fairly and in a timely manner in accordance with the law and relevant guidance and with due regard for the rights of those concerned. During the year 2012/13 the Trust worked to the NHS Complaint Regulations 2009, which offers a single two-stage complaints system within a flexible approach that focuses on the complainant and seeks to resolve the specific concerns being raised. Where appropriate, the Trust will consult with other agencies to adopt a joined up approach to help to resolve the complaint for the individual.

Being open and accountable

Apologies and explanations are provided where shortfalls have been acknowledged. Any learning is identified, both to remedy the situation and to continuously improve the services provided by the Trust.

Acting fairly and proportionately

The Trust treats each complaint impartially, ensuring that complaints are investigated thoroughly and fairly to establish the facts of the case, ensuring that decisions are evidence-based, proportionate, appropriate and fair.

Putting it right

The Trust is committed to the 'Being Open' concept, acknowledging where things might have gone wrong or could be done differently and apologising where appropriate. Local managers and/or PET staff engage with complainants to ensure they are kept up to date with the process and with changes in practice taking place to improve services.

Data Loss & Confidentiality

In 2012/13 we had five incidents, two more than in 2011/12, relating to data loss or confidentiality breaches.

Charging for Information

When responding to requests for information under the Data Protection Act, we charge in accordance with legislation for those who are requesting a copy of records. Where a charge is applicable, there is minimum of £10 and a maximum of £50 dependent on the number of copies. This is fully in line with the Information Commissioner's Office guidelines. Freedom of Information Act charges are laid out in the publication scheme documents on our website. Our policies regarding charges for information requests are detailed in the relevant letters/literature relating to each type of legislation.

Our future objectives

This report focuses on the last year. However, there is more to be achieved and we have ambitious aims for the coming year. We have a clear set of objectives for the year ahead which alignt to our clinical strategy and our programme of transformational change.

As we implement these plans we will continue to ensure we meet our carbon reduction objectives .

We are also applying to become a Foundation Trust and believe that the freedoms this will bring will enable us to offer the very best possible services for local people.

The Trust has identified its long-term objectives as follows:

- **To enhance the quality and safety of services by maintaining or exceeding required standards of care**
- **To enhance service user engagement and patient experience**
- **To maintain and further establish our position as the provider of choice for mental health services in Kent and Medway**
- **To ensure sound financial management without compromising quality of service**
- **To become an exemplary employer, enabling staff to reach their full potential**
- **To develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services**
- **To incorporate sustainability and environmental**

Key areas for action in 2013/14 include:

- **Improve facilities in older people's services**
- **Open hubs in the community**
- **Developing intermediate models of care**
- **Staff autonomy**
- **Our quality priorities are included in our Quality Account and summarised on page 19 of this report**

As we make progress in all areas we are simultaneously going through the assessment process to become a Foundation Trust. This will not only demonstrate the levels of quality and assurance we have in place but also provide some freedom to help us offer the best to our local population. On the next page you can read more about the Foundation Trust status and how you can get more involved.

Foundation Trust status

What is a Foundation Trust?

Foundation Trusts are independent of Government control but remain part of the National Health Service and provide free care based on the needs of patients. Foundation Trusts are also required to meet at least the same standards of service and care as all NHS Trusts. However, perhaps the most important feature of a Foundation Trust is the way it involves local people and staff.

Local people and staff can become members and governors of a Foundation Trust. In this way Foundation Trusts become focused on meeting the requirements of the communities they serve. Foundation Trusts work in partnership with other NHS organisations. They also have a duty to co-operate with other local partners in the best interests of their health communities. They are accountable to Parliament through the independent regulator Monitor which oversees all Foundation Trusts. They are also overseen by the health inspectorates such as the Care Quality Commission.

Going beyond those we treat, we are using Foundation Trust development and a model of 'social ownership' to build upon our long standing user engagement and partnership by further including customers in the delivery of services.

The Council of Governors will make sure that the Trust is held to account for meeting the needs of local people and delivery of the plans that achieve this aim. FT status will allow greater autonomy from central control enabling the fast tracking of innovations into practice. The ability to retain surpluses will drive investments in service developments that will drive transformation. Better long term business planning will ensure a smoother passage through austerity alongside greater flexibility to develop business and growth opportunities.

Progress towards Foundation Trust status

We are confident that FT status brings numerous benefits for the whole organisation and has received testimony to this from organisations that have already achieved FT status. Although a long process, it has provided an opportunity to involve staff and local people in the work of the Trust.

In 2012-13 the Trust restarted its application to become a Foundation Trust. Public consultation proved there is broad support for the move to Foundation Trust status and the Trust has recruited in excess of 11,000 members, including over 1200 new members in the past 12 months. The drive to recruit members is ongoing and you can find out more and sign up online at: www.kmpt.nhs.uk/membership.

The Trust has developed an Integrated Business Plan (IBP) and has already implemented Service Line Reporting, which means we organise our business into service groups rather than geographical areas. The IBP details the Trust's position in the market, its financial plans and the Trust's service development plans for the next five years. Support to proceed with our application must has been gained by NHS South of England and the Trust is now having its application considered by the Trust Development Authority (TDA). Once approved to move forward, the application will proceed to Monitor, the independent regulator of Foundation Trusts. In this phase the Trust is scrutinised as to its fitness to operate as a Foundation Trust and also enables the election and appointment of Governors to take place.

If you want to know more about the Trust's Foundation Trust application or if you would like to become a member of the Trust please call 01732 520488, visit: www.kmpt.nhs.uk/membership or e-mail: ftoffice@kmpt.nhs.uk

Section 3: Our Governance

This section demonstrates how the Trust uses its committees and formal groups to monitor how the Trust is being run, together with the risks associated with the running of services.

Through a comprehensive governance structure of committees that scrutinise and monitor the work of the Trust, we can ensure that our services are being as effective and safe as possible.

The Trust Board leads the governance processes and the Annual Governance Statement in this section gives a comprehensive overview of the issues monitored through governance processes in 2012/13.

Governance structure and Board Committees

Membership of Board Committees changed during the year but all functions in current committees have been covered throughout 2012/13.

The Terms of Reference for all committees and a complete structure chart, showing all of the Trust's committees and formal groups, can be found online at www.kmpt.nhs.uk

Non-Executive Director Committee Membership at 1 April 2013:

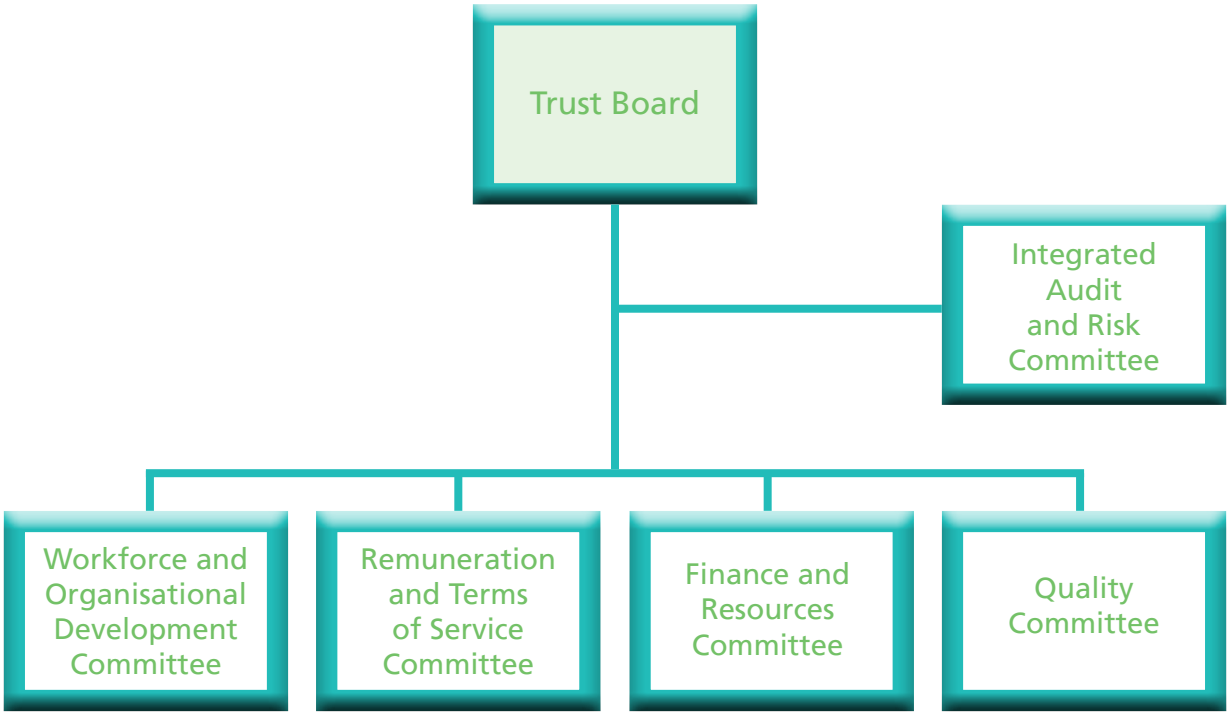
Integrated Audit and Risk Committee: Members include Tom Phillips (Chair), Richard Page (Vice Chair) and Professor Margaret Andrews

Workforce and Organisational Development Committee: Members include Paul Godwin (Chair) and Rod Ashurst (Vice Chair)

Remuneration and Terms of Service Committee: All Non-Executive members of the Board are members of this committee.

Finance and Resources Committee: Members include Richard Page (Chair) and Michael Sander (Vice Chair).

Quality Committee: Members include Professor Margaret Andrews (Chair) and Mark Bryant (Vice Chair)



Governance structures are in place and have been reviewed during the year to ensure they continue to work effectively. The Trust's structures are already suitable for use when Foundation Trust status is achieved. The Trust's governance structure is detailed below. A more extensive list of all Trust groups is available online at: www.kmpt.nhs.uk

Clinical Governance

Clinical Governance is the system by which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish. This key part of the Trust's work is central to patient care.

The purpose of governance is to ensure that service users and carers receive the highest level of NHS care possible. It covers the organisational systems and processes for using information, monitoring and improving services, including service user and carer experience, risk management, clinical audit, clinical effectiveness, staff focus and valuing staff, education, training, practice and professional development. In establishing robust governance arrangements, the Trust is confident it is meeting these obligations.

Integrated Audit and Risk Committee

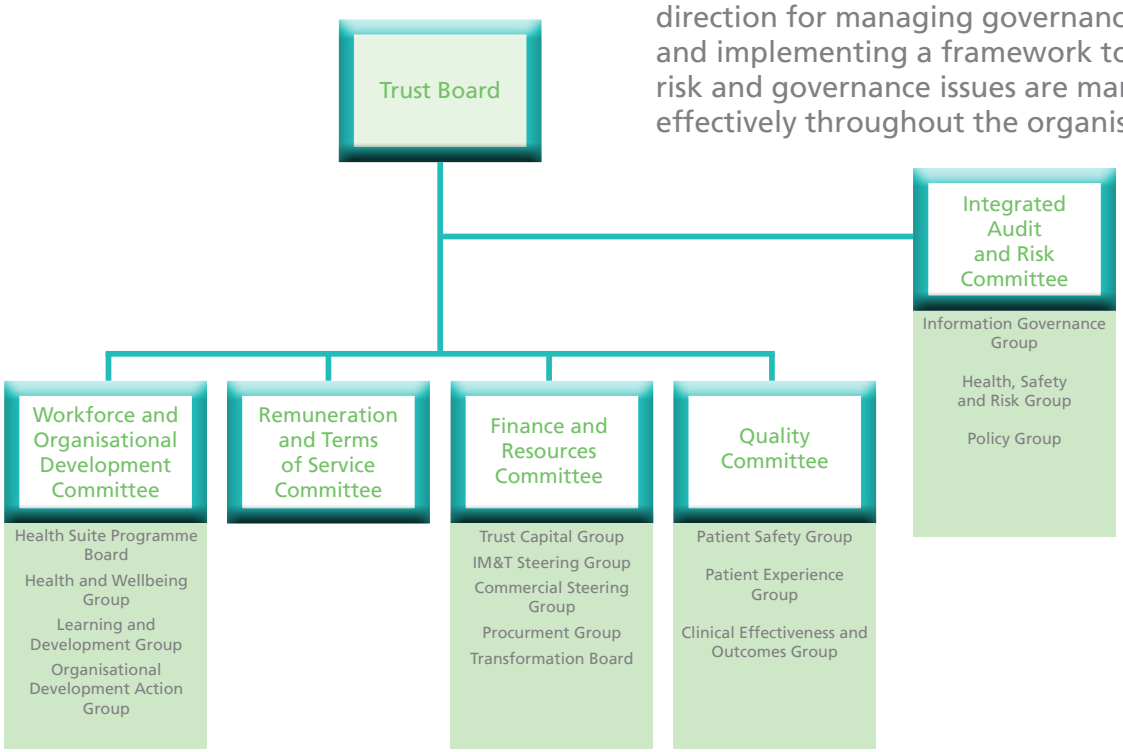
Audit is an essential element in the process of accountability for public money and makes an important contribution to the stewardship of public resources and the corporate governance of public services.

The Codes of Conduct and Accountability and the Integrated Governance Manual set out the requirement for every NHS Board to establish an Audit Committee. That requirement reflects established best practice in the private and public sectors and the constant principle that the existence of an independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. The Trust's Committee is the Integrated Audit and Risk Committee.

The Committee also sets the strategic direction for managing governance and risk and implementing a framework to ensure risk and governance issues are managed effectively throughout the organisation.

Risk Committee

The Committee also sets the strategic direction for managing governance and risk and implementing a framework to ensure risk and governance issues are managed effectively throughout the organisation.



Annual Governance statement summary 2012/13

1 SCOPE OF RESPONSIBILITY

1.1 In my role as Accountable Officer, and Chief Executive of this Trust, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with my responsibilities as set out in the Accountable Officer Memorandum. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied effectively and efficiently.

1.2 In fulfilling my responsibilities to the Chief Executive of the NHS, in his capacity as Accounting Officer, I am directly accountable to the Chairman of the Trust Board and the Non-Executive members of the Trust Board for the operation of the Trust and for the implementation of the Board's decisions.

2 THE GOVERNANCE FRAMEWORK OF THE ORGANISATION

2.1 The Board has an established process in place to undertake a formal and rigorous annual evaluation of its own performance and that of its Committees.

2.2 The Board Governance Assurance Framework self-assessment provides evidence and assurance of the Board's compliance with the Corporate Governance Code.

2.3 The Board composition was refreshed between April and November 2012 with the appointment of a new Chief Executive, Director of Finance, and five Non-Executives Directors, partially informed by the Board skills matrix, which enhanced the knowledge and skills of the full Board. A robust Board development plan and appraisal process has been in place for the duration of this financial period.

2.4 The Board implements its roles and responsibilities with the aid of a structured and focussed Annual Board cycle, which takes into account the setting of strategy and the monitoring of key risks, performance, governance and quality issues. Service user and carer engagement is embedded within the Annual Board cycle through regular service user presentations on clinical services on alternate months. Board attendance for the 2012/13 period averaged a rate of 87 per cent and formal Board meetings were held monthly until January 2013 and then held bi-monthly. Where appropriate, the Board have also held additional formal meetings. The Committees of the Board are the:

- Integrated Audit and Risk Committee
- Quality Committee
- Finance and Resources Committee
- Workforce and Organisational Development Committee
- Remuneration and Terms of Service Committee

3 RISK ASSESSMENT

3.1 The organisation has a wide range of internal processes which facilitate the identification and assessment of risks.

3.2 Progress was achieved in the year to mitigate key risks relating to the principal objectives of the Trust. Based on the residual risk score, the top three remaining significant risks of the organisation in the 2012/13 period are:

3.3 Principal Objective 1: To enhance service user engagement and patient experience

3.3.1 Risk ID 2851 –Adverse Patient and stakeholder feedback (residual risk rating – 16)

3.3.2 The mitigation of key controls has been evident throughout the financial period, with the Trust performance improving in the 2012 patient survey. The Trust is no longer on 'performance under review' on the basis of the improved 2012 patient survey results.

3.3.3 The patient experience action plans are key controls that continue to be monitored through the Patient Experience Group, which has received assurances from the findings of the Net promoter survey, also known as the Friends and Family test. The monitoring of patient experience action plans and the embedding of the Community Engagement Strategy action plan will further decrease the residual rating of this risk in the 2013-14 period. The analysis of compliments, complaints and themes is also a key mitigation of the process.

3.4 Principal objective 2: To become an exemplary employer, enabling staff to reach their full potential

3.4.1 Risk ID 2195 - Low staff morale and staff engagement during organisational transition (residual risk rating -20)

3.4.2 The 2012 national staff survey results indicate that this risk remains the top risk of the Trust at the financial year end period, which is indicative of its strategic nature.

3.4.3 The implementation of the Organisational Development Strategy is a key control to mitigating this risk. The associated staff survey action plan is currently being refreshed to incorporate new actions arising from the findings of the survey. Pulse surveys continue to be monitored, and the Workforce and Organisation Development Committee is receiving assurance on the management of this risk on behalf of the Board. This risk is also associated with a significant control issue disclosure on CQC outcome 14 (Supporting workers) in section 12.

3.5 Principal Objective 5: To maintain and further establish our position as the provider of choice for mental health services in Kent and Medway

3.5.1 Risk ID 3143 - Adverse impact on patient safety during service re-design (residual risk rating -20)

3.5.2 Key controls include the implementation of the quality impact assessment process which involves the use of a quality impact assessment tool, also the triangulation of risk, SI, complaints and claims data. Year on year performance measures of quality will be put in place for each of the service redesign schemes and proposals.

3.5.3 Following its implementation in July 2012, the quality impact assessment process is being reviewed by the Quality Committee in April 2013 (as part of the Quality Strategy) and is further embedded at service line level, and aligned to the risk management process. The Quality Committee oversees the implementation of this process and its impact on service delivery, with assurance feeding through to the Quality Committee. The

monitoring of the implementation of the transformation programmes within the Trust are also further controls that mitigate this risk.

4 REVIEW OF THE EFFECTIVENESS OF RISK MANAGEMENT AND INTERNAL CONTROL

4.1 In the 2012/13 period, Internal Audit carried out a Trust-wide review of the risk management arrangements and Assurance Framework. The outcome of the review was an audit opinion of significant assurance, indicating that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. Recommendations were also made about further improvements to enhance the system of internal control, which are either being implemented, or have been completed.

4.2 As part of my review I also place reliance on the 2012/13 Head of Internal Audit's independent opinion of significant assurance, which substantiates this disclosure. The opinion is based on a review of the systems and processes underpinning the Assurance Framework and the internal audit risk – based plans reported during the 2012/13 period. The Trust is implementing actions arising from internal audit reviews and providing assurances on progress to the Integrated Audit and Risk Committee.

4.3 The Trust has an established quality governance framework which enables the monitoring of risks to quality of services, through the Quality Committee. The Assurance Framework also provides a mechanism for monitoring, where these risks are significant to the delivery of the organisation's strategic objectives.

5 SIGNIFICANT CONTROL ISSUES

5.1 CARE QUALITY COMMISSION STANDARDS

5.1.1 Outcome 14 – Supporting Workers

This significant issue is associated with the identification of the overall risk of lack of engagement of staff and poor morale during service re –design. This risk has informed my assessment of this outcome as a significant control issue. This is also consistent with the 2012 staff survey results which indicate lack of staff engagement. This is being addressed through the delivery of the Organisational Development Strategy and arrangements for monitoring and responding to feedback from staff via the Viewpoint portal. The internal mechanism of collating staff feedback on a quarterly basis also informs this process.

5.1.2 Data security

During the 2012/13 period there were 5 information governance serious incidents regarding the loss or misappropriation of personal information. These incidents have informed the organisation's information risk management process, with mitigations incorporated within the Trust's Information Governance Action plan as well as the Information risk register. With the exception of the first level 4 incident, which occurred in March 2013, all actions associated with these incidents were fully implemented by the end of the disclosure period.

5.2 The table below summaries these incidents and the actions undertaken to mitigate the associated risks:

Information Governance breaches

Level 4 Information Governance Serious Incidents

Incident 1

Nature of breach:
During an Office Move, a Consultant emptied the contents of their desk into two black bin bags. These bags were placed under their new desk in their new office unsealed and where contractors were working. On return to the office the following day, they had been moved into the middle of the floor so they were moved back under the desk. The next time they went into the office, the bags had disappeared.

Actions taken:
The number of patients and the type of information is unknown. The matter is currently under investigation.

Incident 2

Nature of breach:
A member of staff in attempting to ensure information was within their inbox sent an email containing a patient report to themselves. They accidentally sent the e-mail to their home address instead of their work address and then accidentally typed the address wrong. The e-mail and attachment arrived with a member of the public who was distressed by the content.

Actions Taken:
Investigation undertaken
Disciplinary action recommended
ICO investigation undertaken – outcome notified to the Trust on the 25th of February 2013. ICO found policies and procedures adequate and made one recommendation, reiterating the need to monitor their ongoing implementation

Level 3 Information Governance Serious Incidents

Incident 1

Nature of breach:
A member of staff dropped patient notes following a home visit in a public area. The notes were found by a member of the public and returned to the Trust.

Actions taken:
Staff member involved was provided with practical advice on holding information securely

Incident 2

Nature of breach:
A member of staff sent a fax intended for another internal Trust site with information relating to three patients. The member of staff hand dialled the number and the fax arrived at a private company in error

Actions taken:
Matter investigated by Caldicott Office. Found that staff member had not followed Trust Policy when sending patient information by fax. Fax number of recipient was on safe haven register and safe haven procedures could have been followed but were not in this instance. Caldicott investigation closed and handed back to Line Manager to determine what, if any, further action should be taken in respect of the member of staff.

Incident 3

Nature of breach:
A member of staff sent a fax intended for a patients GP with medication information contained therein. The member of staff searched the internet for the fax number and hand dialled the number with the fax arriving at

the Veterinary Surgery next door to the GP in error.

Actions taken:

Matter investigated by Caldicott Office. Found that staff member had not followed Trust Policy and used an internet search engine to find the fax number. Fax number of intended GP Surgery was on safe haven register and safe haven procedures could have been followed but were not in this instance. Caldicott investigation closed and handed back to Line Manager to determine what, if any, further action should be taken in respect of the member of staff.

6 CONCLUSION

6.1 My review confirms that Kent and Medway NHS and Social Care Partnership Trust has a generally sound system of internal control that supports the achievement of its policies, aims and objectives.

On behalf of the Trust Board

Angela McNab
Chief Executive
18 April 2013

Section 4: Managing finances

This section decribes how the Trust is funded and how it manages its finances.

It also describes how much funding we receive and where it comes from, as well as how we spend it on providing services. You can also learn about the remuneration of our most senior staff, how we pay our bills, our investment in capital projects and learn whether we have met our financial targets for 2012/13.

Glossary

This glossary explains some of the technical terms that are used within this section of the report.

Technical Term	Plain English description
Public Dividend Capital	The finance (PDC) made available to the Trust to pay for its assets, including all its buildings at its start.
Fixed assets	Assets held for use by the Trust rather than for sale or conversion into cash, e.g. buildings, equipment, fixtures and fittings.
Current assets	Items such as stock held by the Trust, cash in the bank and in hand and monies owed to the Trust.
Payables	Amounts of money that the Trust owes other organisations or individuals.
Provisions	Amounts of monies that the Trust has a liability to pay in the future that can be reliably estimated.
Capital Resource Limit	A limit that controls the amount of capital expenditure the Trust can incur in a year. The Trust must have a capital resource limit to cover all capital expenditure it incurs and should maintain expenditure within the limit.
External Financing Limit	A limit set by the Department of Health used to control and manage the cash expenditure of the Trust. It covers all sources of finance available to the Trust, internal, external or from the Department of Health.
Capital Cost Absorption Duty	This duty measures the Trust's ability to ensure that the Department Of Health receive a return on their investment (PDC). It measures the Trust's Dividend against average relevant assets held.
Management Costs	The total cost of corporate administration plus the cost of management of the operational services of the Trust, including support functions.
Liquidity	The ability of the Trust to pay all its debts when they fall due.
Benefits in Kind	Goods or services provided by the Trust to an employee for no cost or a greatly reduced cost.
Intangible Assets	Assets that have no physical substance e.g software licences.
Tangible Assets	Assets that have physical substance e.g. a building.
Investments	Money placed to generate a return over a period of time.
Receivables	Entities or individuals who owe the Trust money.
Taxpayers' Equity	Bottom half of the Statement of Financial Position which shows the taxpayers' investment in the Trust.
Fixed asset impairment losses	Impairment losses arise when an asset is recorded in the Trust's books at more than its current value. This difference between what the Trust can sell the asset for and the historic value in the Trust's books is an impairment loss.

Introduction

Earlier in this report the Trust's performance against non-financial targets is set out. On page 18 details of performance against the Trust's main Key Performance Indicators are highlighted.

The following pages summarise the Trust's financial performance. The Operating Financial Review has been prepared in accordance with Reporting Standard 1 (RS1).

This year reflects the financial impact of the changes and developments that the Trust had put in place to respond to the needs of our stakeholders – both patients and commissioners. We have continued to strengthen our financial governance processes, with a particular focus on project management support and quality impact assessment on cost control and service redesign programmes, whilst maintaining patient safety.

There were a number of changes in the Trust's service portfolio during 2012/13

Full year impact of prior year investments:

- The successful tender for the provision of 20 low-secure forensic inpatient beds in July 2011
- Additional funding to provide home treatment to older persons in February 2012

Outcome from tenders:

- The Trust was unsuccessful in its joint bid to continue to provide wheelchair services. The services transferred mid year to the new provider.
- The Trust was unsuccessful in its joint bid to provide Child and Adolescent Mental Health Services (CAMHS). The service transferred to the new provider mid year.

Change of provider:

- A shared care protocol for the provision of dementia drugs was implemented resulting in the cost of drugs being transferred to GPs and thus reflected in the PCT accounts rather than the Trust's.

The new build at Canterbury, for the provision of acute adults of working age, was completed in November 2012. This marked the completion of the first major project in ensuring all KMPT acute inpatient facilities provide a flexible, modern, therapeutic environment.

The Trust continued to earn the majority of its income from the three local Primary Care Trusts (PCTs) being Eastern and Coastal Kent, West Kent and Medway under a single block contract. This will change to eight Clinical Commissioning Groups (CCGs) and specialist services via the National Commissioning Board Specialist Commissioning Group from 1st April 2013.

The partnership arrangement with Kent County Council, which enables single management of the workforce for the provision of adult services, has also continued during 2012/13.

Summary of Financial Performance

This section summarises the financial performance for 2012/13 and the position of the Trust as at 31 March 2013. The accounting policies adopted follow International Financial Reporting Standards (IFRS) and the HM Treasury's Resource Accounting Manual to the extent that the Department of Health has directed it as being appropriate to NHS Trusts. The two most significant accounting policies, which require the exercise of judgement and which can potentially have a material impact on the Trust's accounts, are FRS11 – Impairment of Fixed Assets and Goodwill, and FRS12 – Provisions, Contingent Liabilities and Contingent Assets.

The Trust's summarised accounts for 2012/13 have been examined by our external auditor, Grant Thornton, and their report is set out on page 74.

The Trust has four main financial targets;

- Break-even or achieve surplus if an FT Applicant. If a deficit occurs, to recover the position over a three-year period.
- To remain within its external financing limit (a target on the amount of cash resource the Trust can utilise).
- To remain within its capital resource limit (a target on capital spending).
- To achieve its capital cost absorption duty (a rate of return on assets).

During 2012/13 the Trust successfully achieved these targets, despite a number of challenges. The Trust recorded a break-even adjusted surplus of £1,202k against a plan of £1.1m. This result was achieved through the delivery of the recurrent cash releasing efficiencies to cover cost pressures and a 1.8 per cent tariff deflator, which reduced the Trust's income.

Summary of Financial Targets

Target	Achieved?
Break-even - £1,202k surplus	Yes
Remain within External Financing Limit - £4,200k underspend	Yes
Remain within Capital Resource Limit - £358k underspend	Yes
Achieve a 3.5 per cent Capital Cost Absorption Duty	Yes

Audit

The Trust's external auditor is Grant Thornton. It conducted work during the year on audit services at a cost of £109k (excluding VAT). This work included accounts, governance and performance work.

Provision of Information to Auditors

As far as the Trust's directors are aware, there is no relevant information of which the Trust's auditor is not aware and the directors have taken all reasonable steps that might properly be taken as directors to make themselves aware of any material audit information and to establish that the Trust's auditor is aware of that information.

Going concern

After making enquiries, the directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the 'going concern' basis in preparing the accounts.

Capital expenditure

The Trust spent £10.1m on capital expenditure in 2012/13, which represented a small under-spend against its revised plan. The Board also agreed to sell the surplus properties that had been identified as part of the estates strategy. The sale of these properties provides funding to invest in the retained infrastructure and reduces running costs. This also mitigates against reductions in market value and avoids additional security costs. The cash generated by the capital under-spend has been carried forward into the capital plan of the next financial year.

The most significant capital expenditure was on the following items:

1. £1.2m to refurbish the building used to provide acute in patient care in Canterbury.
2. £4.0m for completion of the building works on the new Canterbury inpatient unit.
3. £0.9m on the refurbishment of Heathside incurred by the PCT on our building. Funding was received from the Department of Health via 'funds flow' to pay for this.
4. £0.5m to commence a number of service Hub schemes as part of the estate rationalisation programme.
5. £1.7m on information technology to enable the workforce to have access to robust tools which will provide valuable information and free-up clinician time for patients. An element of the IT spend reflects investment in a number of systems that commenced in previous years and expanded during 2012/13:
    - Mobile working technology £0.3m and hardware e.g. laptops £1.0m.
    - Web/audio conferencing as part of carbon plan as well as productivity £0.3m.
    - PLICs - a patient level costing system that will enable costs by patient to be calculated.

The remainder of the capital expenditure was for smaller building and engineering projects.

Private Finance Initiative (PFI)

The use of private finance gives the Trust more access to funding for capital developments than would otherwise be available. The Trust has five PFI buildings that were built over a number of phases and were all part of the old Stone House hospital reprovision.

Phase 1 was the building of an adult inpatient unit on alternative land at Stone House. This was completed in 2000. Phase 2 was in two stages. Stage 1 was not a PFI and was for the construction of a mental health assessment centre and a renal dialysis unit on the Darent Valley Hospital site by the PFI contractor of the Darent Valley Hospital. This scheme was completed in April 2005 at a cost of £5.4m and was funded by public dividend capital. Stage 2 was a scheme with four units – a 20-bed continuing-care unit, a 20-bed medium-secure unit and a 12-bed rehabilitation unit, all completed in September 2006 and a 16- bed inpatient addiction unit completed in July 2007.

All the PFI schemes are currently 'on Balance sheet' and therefore the monthly payments are treated as payments comprising interest payable, long term loan repayment and provision of facility services where applicable.

Payment by Results

In the acute sector the NHS operates a charging mechanism called 'Payment by Results' (PbR). Under PbR, organisations that provide healthcare charge commissioners for the activities they undertake based on a national tariff price for that activity. This is part of a planned move away from the old system of commissioning on block contract agreements and will eventually apply to most NHS services.

Currently, mental health services are excluded from these arrangements and as a result most of the Trust's income is still earned from the old style block contracts, where there is neither reward for extra activity nor penalty for reduced activity. However the Trust can incur penalties for non-achievement of Key Performance or Quality Indicators.

Mental health services are being brought into these arrangements via local implementation of a proposed tariff structure based on clusters. These clusters are the result of the North East pilot work and the clusters are based on diagnosis and care pathways within the cluster. The Trust is working with the lead commissioner, previously Medway PCT and now West Kent CCG, to calculate and compile local tariffs.

The results produced diverse ranges of prices for each cluster so work continued throughout 2012/13 to ensure service users are clustered appropriately, aspirational care pathways were agreed thus enabling more robust tariff calculations. The clinical services review the output from the pathway design work and this work will be finalised in early 2013/14 to agree the aspirational standard packages of care for each cluster that should be delivered. The Trust will then work with commissioners to identify the resource gaps and produce plans to enable the transition and redesign of the services to deliver these agreed standard packages.

In the future, the Department of Health is expecting the Trust to be funded via cluster and indicative levels of activity. The calculation of meaningful local tariffs remains a priority for 2013/14 with expectation that full PbR by tariff contracts will be in place by 2014/15. The state of readiness was monitored during the financial year by the Strategic Health Authority.

Management Costs

	£'000
Management costs	10,016
Total income	172,902
Management costs as a percentage of total income	5.79%

Liquidity

The Trust operates with very low levels of liquidity which is acceptable under the current financial regime. Under the present arrangements the bulk of the Trust's income is contracted to be received on the 15th of the current month, which allows the Trust to meet its main expenditure obligation (payroll) on the 24th of the month. The Trust has a loan which has of £4.8m remaining .

The Trust has increased its cash holding as a result of the surplus and the issues identified on page 71. This is consistent with the cash management strategy that requires the cash position to be increased over the next few years. This improvement in cash holding is planned and recognises the risk to cash flow when the Trust receives payment via tariff.

Local Strategic Partnership (LSP)

The government encourages local strategic partnerships as formal expressions of the more integrated service planning and delivery that has been taking place in recent years, for example across NHS, local authority and voluntary services.

The Trust has been an active partner in LSPs. It aims to co-ordinate private, public, voluntary and community organisations working together to improve the social, economic and environmental well-being of the local area and its residents.

Income

The Trust's income in 2012/13 totalled £172,902k. The sources of income were:

	£'000	%
Primary Care Trusts	158,543	91.70
Local Authorities	924	0.53
Education and Training	2,780	1.60
Non-patient care services	6,599	3.82
Other	4,056	2.35
Total	**172,902**	**100**

Expenditure

Operating expenses in 2012/13 totalled £169,348k. The analysis of this expenditure is:

	£'000	%
Staff costs	128,831	76.07
Supplies and services	7,753	4.58
Premises	6,521	3.85
Services from other NHS Trusts	1,671	0.99
Services from NHS FTs	3,277	1.94
Establishment	5,524	3.26
Depreciation	4,919	2.90
Impairments	2,683	1.58
Other	8,169	4.82
Total	**169,348**	100

Better Payment Practice Code

The NHS Executive requires that Trusts pay their non-NHS trade creditors in accordance with the Confederation of British Industry (CBI) prompt payment code and Government Accounting Rules. The target is to pay at least 95 per cent of non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

The Trust's payment policy is consistent with this requirement and the measurement of compliance is:

Non-NHS Payables

	2012-13 *Number*	2012-13 *£000s*	2011-12 *Number*	2011-12 *£000s*
Total Non-NHS Trade Invoices Paid in the Year	24,938	43,607	27,466	40,353
Total Non-NHS Trade Invoices Paid Within Target	22,346	41,081	25,294	37,933
Percentage of NHS Trade Invoices Paid Within Target	90%	94%	92%	94%

NHS Payables

	2012-13 *Number*	2012-13 *£000s*	2011-12 *Number*	2011-12 *£000s*
Total NHS Trade Invoices Paid in the Year	1,385	13,480	1,275	12,409
Total NHS Trade Invoices Paid Within Target	1,184	11,989	1,050	11,108
Percentage of NHS Trade Invoices Paid Within Target	85%	89%	82%	90%

Statement of Accounting Officer's responsibilities

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health.

These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- value for money is achieved from the resources available to the Trust;
- the expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- effective and sound financial management systems are in place; and annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

Angela McNab
Chief Executive
6 June 2013

Remuneration Committee

The Remuneration Committee is a formally appointed Committee of the Board of Directors. Its Terms of Reference comply with the Secretary of State's 'Code of Conduct and Accountability for NHS Boards'. The membership of the Remuneration Committee for the period April 2012 to March 2013 comprised the Chairman and all Non-Executive Directors.

The HR Director and Chief Executive are in attendance at all meetings (excepting those circumstances where their own remuneration is under consideration) to advise the Committee and ensure that an appropriate record of proceedings is kept.

The Remuneration Committee met twice during 2012/13, once in May and once in September.

Remuneration of Senior Managers

In determining the pay and conditions of employment for Senior Managers, the Committee takes account of national pay awards given to the Pay and Non-Pay Review staff groups, together with HAY grading.

The highest paid employee salary figure for 2012/13 was £175k (Michael Seitz). This is eight times greater than the median salary.

The highest paid employee salary figure for 2011/12 was £148k; (Chief Executive). This was also seven times greater than the median salary.

The median salary of the workforce for 2012/13 was £21,798.00 and in 2011/12 the median salary of the workforce was £21,798.00.

Assessment of performance

All Executive and Non-Executive Directors are subject to individual performance review. This involves the setting and agreeing of objectives for a 12-month period running from 1st April to the following 31st March. The Executive Directors are assessed by the Chief Executive, the Chairman undertakes the performance review of the Chief Executive and Non-Executive Directors.

Duration of contracts

All Executive Directors have a substantive contract of employment with a three- or six-month notice provision in respect of termination. This does not affect the right of the Trust to terminate the contract without notice by reason of the misconduct of the Executive Director.

Early termination liability

Depending on the circumstances of the early termination the Trust would, if the termination were due to redundancy, apply redundancy terms under Section 16 of the Agenda for Change Terms and Conditions of Service or consider severance settlements in accordance with HSG94(18) and HSG95(25).

Salary and pension entitlements of Senior Managers

The definition of a Senior Manager for disclosure purposes is '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 decision of individual directorates or departments. The Chief Executive has confirmed that, for 2012/13, the definition applies only to those listed in the table of salaries and allowances overleaf.

Remuneration report

Salaries and allowances of Senior Managers

	2012-13			2011-12		
Name and Title	Salary	Other Remuneration	Benefits in Kind	Salary	Other Remuneration	Benefits in Kind
	£000	£000	£000	£000	£000	£000
Mrs A McNab - Chief Executive Officer. In post from 1st April 2012	150	-	0-5	-	-	-
Mr M Bull - Director of Finance and Resources. In post from 1st April 2012	105-110	-	-	-	-	-
Mr M Seitz - Interim Director of Transformation and Commercial Development. In post from Sept 2012*	170-175	-	-	-	-	-
Mrs P Barber - Executive Director of Nursing and Governance	95-100	-	0-5	90-95	-	-
Mrs N Prince - Director of HR. In post from Jan 2012	85-90	-	0-5	20-25	-	-
Dr K White - Executive Medical Director	130-135	25-30	-	125-130	35-40	-
Ms M Dodd - Executive Director of Operations	100-105	-	-	105-110	-	-
Mr A Ling - Chairman.	20-25	-	0-5	5-10	-	0-5
Mr P Godwin - Non Executive Director	5-10	-	0-5	5-10	-	0-5
Mrs V Hale - Non Executive Director. Resigned Oct 2012	0-5	-	0-5	5-10	-	0-5
Mr M Sander - Non Executive Director	5-10	-	0-5	5-10	-	0-5
Mr I McBride - Non Executive Directo. Resigned Oct 2012	0-5	-	0-5	5-10	-	0-5
Mr G Foster - Non Executive Director. Resigned June 2012	0-5	-	0-5	5-10	-	0-5
Professor M Andrews - Non Executive Director. In post from June 2012	0-5	-	0-5	-	-	-
Mr R Page - Non Executive Director. In post from June 2012	0-5	-	0-5	-	-	-
Mr T Philips - Non Executive Director. In post from November 2012	0-5	-	-	-	-	-
Mr R Ashurst - Non Executive Director. In post from November 2012	0-5	-	-	-	-	-
Mr M Bryant - Non Executive Director. In post from October 2012	0-5	-	0-5	-	-	-

* Paid to an agency

Pension benefits of Senior Managers

Name	Real increase in pension at age 60	Real increase in pension lump sum at aged 60	Total accrued pension at age 60 at 31 March 2013	Lump sum at age 60 related to accrued pension at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
Mrs A McNab – Chief Executive Officer	2.5-5	-	10-15	-	151	135	9	-
Dr K White - Executive Medical Director	-	-	115-120	165-170	1,130	1,138	-	-
Ms M Dodd – Executive Director of Operations	-	-	20-25	60-65	419	403	-	-
Mr M Bull – Executive Director of Finance and Resources	7.0-7.5	20.0-22.5	45-50	140-145	893	694	163	-
Mrs N Prince – Director of Human Resources	0-2.5	2.5-5	10-15	35-40	231	194	27	-
Mrs P Barber – Executive Director of Nursing and Governance	0-2.5	2.5-5	25-30	75-80	430	379	31	-

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement). A key input into the system is the Government Actuary's Department (GAD) factor tables used to calculate the CETVs, which are different to those used as at 31 March 2011. In the Budget on 23 March 2011, HM Treasury confirmed that they were considering a review of the basis for the calculation of CETVs payable from public service schemes, including the NHS Pension Scheme. That review is now complete and revised guidance was issued on 26 October 2011. NHS Pensions are using the most recent set of actuarial factors produced by GAD with effect from 8 December 2011. The impact of the new factors will differ depending on the age of individuals and their normal retirement age.

Exit packages

	2012-13			2011-12		
Exit package cost band (including any special payment element)	***Number of compulsory redundancies**	***Number of other departures agreed**	**Total number of exit packages by cost band**	*Number of compulsory redundancies	*Number of other departures agreed	**Total number of exit packages by cost band**
Less than £10,000	1	0	1	17	6	23
£10,001-£25,000	2	1	3	5	12	17
£25,001-£50,000	1	0	1	12	3	15
£50,001-£100,000	0	1	1	5	1	6
£100,001 - £150,000	0	0	0	4	0	4
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type (total cost)	4	2	6	43	22	65
Total resource cost (£000s)	**74**	**65**	**139**	**1,395**	**389**	**1,784**

This note provides an analysis of Exit Packages agreed during the year. Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Agenda for Change Redundancy Scheme. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

Off-payroll payments

The table below provides details of off-payroll engagements at a cost of over £58,200 per annum that were in place as of 31 January 2012.

No. In place on 31 January 2012	10
Of which:	
No. that have since come onto the Organisation's payroll	0
Of which:	
No. that have since been re-negotiated/re-engaged to include to include contractual clauses allowing the (department) to seek assurance as to their tax obligations	0
No. that have not been successfully re-negotiated, and therefore continue without contractual clauses allowing the (department) to seek assurance as to their tax obligations	3
No that have come to an end	7

The table below provides details of all new off-payroll engagements between 23 August 2012 and 31 March 2013, for more than £220 per day and more than 6 months.

No. of new engagements	1
Of which:	
No. of new engagements which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	0
Of which:	
No. for whom assurance has been accepted and received	0
No. for whom assurance has been accepted and not received	0
No. that have been terminated as a result of assurance not being received	0

Independent auditor's statement to the Directors of Kent and Medway NHS and Social Care Partnership Trust

We have examined the summary financial statement for the year ended 31 March 2013 which comprises the Statement of Comprehensive income, Statement of Financial Position, Statement of Changes in Taxpayers' Equity and Statement of Cash Flows set out on pages 75 to 78.

This report is made solely to the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust's directors and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of directors and auditor

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 statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statement.

We conducted our work in accordance with Bulletin 2008/03 "The auditor's statement on the summary financial statement in the United Kingdom" issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Kent and Medway NHS and Social Care Partnership Trust for the year ended 31 March 2013.

Grant Thornton UK LLP
Grant Thornton House
Melton Street
Euston Square
London NW1 2EP

Statement of Comprehensive Income for the year ended 31 March 2013

	2012-13 £000	2011-12 £000
Gross employee benefits	**(128,831)**	(133,300)
Other costs	**(40,517)**	(39,959)
Revenue from patient care activities	**159,771**	165,414
Other Operating revenue	**13,131**	13,054
Operating surplus/(deficit)	**3,554**	5,209
Investment revenue	**59**	68
Other gains and (losses)	**294**	215
Finance costs	**(1,753)**	(1,657)
Surplus/(deficit) for the financial year	**2,154**	3,835
Public dividend capital dividends payable	**(3,758)**	(3,803)
Retained surplus/(deficit) for the year	**(1,604)**	32

Other Comprehensive Income	**2012-13 £000**	2011-12 £000
Impairments and reversals	**(5)**	(13)
Net gain/(loss) on revaluation of property, plant & equipment	**3,631**	0
Movements in Other Reserves eg. Non NHS Pensions Scheme	**0**	(207)
Total comprehensive income for the year	**2,022**	(188)

Financial performance for the year

Retained surplus/(deficit) for the year	**(1,604)**	32
IFRIC 12 adjustment	**67**	1
Impairments	**2,683**	449
Adjustments donated assets	**(56)**	(56)
Adjusted retained surplus	**1,202**	538

The reported performance of NHS Trusts differs from the financial performance due to allowable technical adjustments:

Due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009-10, NHS Trust's financial performance measurement needs to be aligned with the guidance issued by HM Treasury measuring Department expenditure. Therefore, the incremental revenue expenditure resulting from the application of IFRS to IFRIC 12 schemes (which would include PFI schemes), which has no cash impact and is not chargeable for overall budgeting purposes, is excluded when measuring Breakeven performance. Other adjustments are made in respect of accounting policy changes (impairments and the removal of the donated asset reserves) to maintain comparability year to year.
The donated reserve adjustment is shown as a negative as it has an adverse impact on the financial statements and therefore increases the adjusted retained surplus.

Statement of Financial Position as at 31 March 2013

	31 March 2013	31 March 2012
	£000s	£000s
Non-current assets:		
Property, plant and equipment	**139,186**	134,563
Intangible assets	**3,206**	3,367
Trade and other receivables	**983**	2,325
Total non-current assets	**143,375**	140,255
Current assets:		
Trade and other receivables	**3,036**	3,397
Cash and cash equivalents	**17,132**	17,365
Total current assets	**20,168**	20,762
Non-current assets held for sale	**4,577**	5,892
Total current assets	**24,745**	26,654
Total assets	**168,120**	166,909
Current liabilities		
Trade and other payables	**(12,388)**	(13,646)
Provisions	**(3,592)**	(1,493)
Borrowings	**(720)**	(650)
Capital loan from Department	**(1,600)**	(1,600)
Total current liabilities	**(18,300)**	(17,389)
Non-current assets plus/less net current assets/liabilities	**149,820**	149,520
Non-current liabilities		
Trade and other payables	**(300)**	0
Provisions	**(2,147)**	(2,249)
Borrowings	**(16,615)**	(17,335)
Capital loan from Department	**(3,200)**	(4,800)
Total non-current liabilities	**(22,262)**	(24,384)
Total Assets Employed:	**127,558**	125,136
FINANCED BY:		
TAXPAYERS' EQUITY		
Public Dividend Capital	**114,618**	114,218
Retained earnings	**7,135**	8,620
Revaluation reserve	**10,505**	6,999
Other reserves	**(4,700)**	(4,701)
Total Taxpayers' Equity:	**127,558**	125,136

Changes in Taxpayers' Equity for the year ended 31 March 2013

	Public Dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2012	**114,218**	**8,620**	**6,999**	**(4,701)**	**125,136**
Changes in taxpayers' equity for 2012-13					
Retained (deficit) for the year	0	(1,604)	0	0	**(1,604)**
Net gain on revaluation of property, plant, equipment	0	0	3,631	0	**3,631**
Impairments and reversals	0	0	(5)	0	**(5)**
Transfers between reserves	0	119	(120)	1	**0**
Reclassification Adjustments					
New PDC Received	900	0	0	0	**900**
PDC Repaid In Year	(500)	0	0	0	**(500)**
Net recognised revenue/(expense) for the year	**400**	**(1,485)**	**3,506**	**1**	**2,422**
Balance at 31 March 2013	**114,618**	**7,135**	**10,505**	**(4,700)**	**127,558**
Balance at 1 April 2011	**114,218**	**7,910**	**7,715**	**(4,519)**	**125,324**
Changes in taxpayers' equity for the year ended 31 March 2012					
Retained surplus for the year	0	32	0	0	32
Impairments and reversals	0	0	(13)	0	(13)
Movements in other reserves	0	0	0	(207)	(207)
Transfers between reserves	0	678	(703)	25	0
Net recognised revenue/(expense) for the year	0	710	(716)	(182)	(188)
Balance at 31 March 2012	**114,218**	**8,620**	**6,999**	**(4,701)**	**125,136**

Statement of Cash Flows for the year ended 31 March 2013

	2012-13 £000s	2011-12 £000s
Cash Flows from Operating Activities		
Operating Surplus/Deficit	**3,554**	5,209
Depreciation and Amortisation	**5,683**	5,677
Impairments and Reversals	**2,683**	449
Interest Paid	**(1,675)**	(1,588)
Dividend (Paid)	**(3,681)**	(3,718)
Decrease in Trade and Other Receivables	**1,626**	529
(Decrease) in Trade and Other Payables	**(35)**	(1,866)
Provisions Utilised	**(483)**	(2,702)
Increase in Provisions	**2,401**	2,579
Net Cash Inflow from Operating Activities	**10,073**	4,569
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	**59**	68
(Payments) for Property, Plant and Equipment	**(10,424)**	(5,648)
(Payments) for Intangible Assets	**(603)**	(1,698)
(Payments) for Investments with DH	**(602,000)**	(611,800)
Proceeds of disposal of assets held for sale (PPE)	**2,512**	1,527
Proceeds from Disposal of Investment with DH	**602,000**	611,800
Net Cash (Outflow) from Investing Activities	**(8,456)**	(5,751)
NET CASH INFLOW BEFORE FINANCING	**1,617**	(1,182)
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	**900**	0
Public Dividend Capital Repaid	**(500)**	0
Loans received from DH - New Capital Investment Loans	**0**	8,000
Loans repaid to DH - Capital Investment Loans Repayment of Principal	**(1,600)**	(1,600)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI	**(650)**	(650)
Net Cash(Outflow) from Financing Activities	**(1,850)**	5,750
NET (DECREASE) IN CASH AND CASH EQUIVALENTS	**(233)**	4,568
Cash and Cash Equivalents at Beginning of the Period	**17,365**	12,797
Cash and Cash Equivalents at year end	**17,132**	17,365

Statement of Financial Position as at 31 March 2013

	NOTE	31 March 2013 £000s	31 March 2012 £000s
Non-current assets			
Property, plant and equipment	14	**139,186**	134,563
Intangible assets	15	**3,206**	3,367
Trade and other receivables	19.1	**983**	2,325
Total non-current assets		**143,375**	140,255
Current assets			
Trade and other receivables	19.1	**3,036**	3,397
Cash and cash equivalents	20	**17,132**	17,365
Total current assets		**20,168**	20,762
Non-current assets held for sale	21	**4,577**	5,892
Total current assets		**24,745**	26,654
Total assets		**168,120**	166,909
Current liabilities			
Trade and other payables	22	**(12,388)**	(13,646)
Provisions	25	**(3,592)**	(1,493)
Borrowings	23	**(720)**	(650)
Capital loan from Department	23	**(1,600)**	(1,600)
Total current liabilities		**(18,300)**	(17,389)
Non-current assets plus/less net current assets/liabilities		**149,820**	149,520
Non-current liabilities			
Trade and other payables	22	**(300)**	0
Provisions	25	**(2,147)**	(2,249)
Borrowings	23	**(16,615)**	(17,335)
Capital loan from Department	23	**(3,200)**	(4,800)
Total non-current liabilities		**(22,262)**	(24,384)
Total Assets Employed		**127,558**	125,136
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**114,618**	114,218
Retained earnings		**7,135**	8,620
Revaluation reserve		**10,505**	6,999
Other reserves		**(4,700)**	(4,701)
Total Taxpayers' Equity		**127,558**	125,136

The notes on pages 5 to 35 form part of this account.

The financial statements on pages 1 to 35 were approved by the Board on 6th June 2013 and signed on its behalf by

Chief Executive: Date:

pp M. Dodd. 6/6/13.

2012-13 Annual Accounts of Kent & Medway NHS and Social Care Partnership Trust

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

The Chief Executive of the NHS has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

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

nb: sign and date in any colour ink except black

Signed.....Chief Executive

Date...6/6/13....

2012-13 Annual Accounts of Kent & Medway NHS and Social Care Partnership Trust

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

By order of the Board

nb: sign and date in any colour ink except black

6/6/13 ..... Date ..... Chief Executive

6th June 2013 ..... Date ..... Finance Director

Your Views

We want to know what you think. Therefore, if you have any comments to make about this Annual Report, or you would like further copies, please contact:

Communications
Trust Headquarters
Farm Villa
Hermitage Lane
Maidstone
Kent
ME16 9PH

Tel: 01622 724100
e-mail: **communications@kmpt.nhs.uk**

This report can be downloaded as a PDF from www.kmpt.nhs.uk

You can also request a full copy of the Trust Accounts from the address above.

If you or someone you know cannot read this document, please advise us of your/ their specific needs and we will do our best to provide you with the information in a suitable format or language. Contact 01622 724100

If you require any information about the Trust, its services or your care, please ask our staff to arrange for some information to be provided in your preferred language.

Bengali

ট্রাষ্ট, এর সার্ভিসসমূহ, বা আপনার কেয়ারের (যত্নের) ব্যাপারে আপনি কোন তথ্য চাইলে, অনুগ্রহ করে আপনার পছন্দসই ভাষায় কিছু তথ্য সরবরাহের আয়োজন করার জন্য আমাদের কর্মীদের বলুন।

Chinese

如果你需要什麼訊息有關這個基金信託會、它為你提供的服務或你得到的照料，請向我們的工作職員要求將一些相關訊息翻譯成你能閱讀的語言。

Polish

Jeśli potrzebujesz informacji na temat Trustu, zakresu naszych usług lub otrzymywanej opieki, poproś kogoś z personelu o udostępnienie informacji w Twoim języku.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਸ ਟ੍ਰਸੱਟ ਬਾਰੇ, ਇਸ ਦੀਆਂ ਸੇਵਾਵਾਂ ਬਾਰੇ ਜਾਂ ਤੁਹਾਡੀ ਕੀਤੀ ਜਾਂਦੀ ਦੇਖ-ਭਾਲ ਬਾਰੇ ਕਿਸੇ ਵੀ ਪ੍ਰਕਾਰ ਦੀ ਜਾਣਕਾਰੀ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਤੁਹਾਡੀ ਪਸੰਦ ਦੀ ਬੋਲੀ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਦਾ ਪ੍ਰਬੰਧ ਕਰਨ ਲਈ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਕਰਮਚਾਰੀਆਂ ਨੂੰ ਪੁੱਛੋ।

Turkish

Trust (Vakıf), sunduğu hizmetler veya size verilen bakım hakkında bilgi edinmek istiyorsanız, lütfen personelimizden size tercih ettiğiniz dilde bilgi sağlanması için istekte