Kent and Medway NHS
NHS and Social Care Partnership Trust

Annual Report 2013/14

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

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Welcome from our Chairman

I am delighted to welcome you to the Trust's Annual Report 2013/14.

It has proved to be yet another challenging year for health care in general, and especially for mental health with ever increasing demand for care. Despite these challenges, I am pleased to report that the Trust has continued to improve the quality of its services and that it has done so within its financial targets. In the prevailing economic climate this is no mean feat, and I would like to express my gratitude to all our staff whose hard work has made this possible.

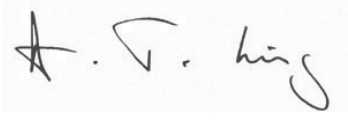
The past year has seen some exciting developments, not least of which has been the highly successful street triage service piloted in partnership with Kent Police. This has significantly reduced the number of people being detained by the police at a time when what they really need is mental health care. So I am delighted that the pilot programme has been extended to March 2015.

We are also piloting a new crisis care service for people with personality disorders in Medway. It is one of the most comprehensive services of its kind in the country and you can read more about these and some of the other exciting work the Trust is doing in this report.

The year ahead will bring further change throughout the Trust and even more improvements to the way in which we provide care for the people of Kent and Medway. Through the development of our clinically led transformation programme and recovery-based approach, more people will be able to receive excellent community care services closer to home, so reducing the need for inpatient care.

We are also working hard towards becoming a Foundation Trust. This is crucial to our future success and will result in real benefits for patients, staff and the community we serve.

The progress we have made over the past year will stand us in good stead for the future and I am confident that, with the support of our committed staff and by working in close partnership with our many stakeholders, we will successfully meet the challenges that lie ahead.



Andrew Ling
Chairman

Introduction from our Chief Executive

I'm very pleased indeed to set out in this report the progress we have made as a Trust over the last year, the improvements or developments we've delivered and the continued focus we've had on quality and performance.

This report outlines the positive start to delivering our clinical strategy – building new and wider models of care such as our intensive day treatment service in Medway and increasing our home treatment. I hope the detailed progress we outline under our strategic objectives demonstrates the changes we are achieving and the commitments we have to ongoing improvement and quality and accessibility of services.

Much of our progress has been due to our strong partnerships with others such as the work we did with Kent Police on our street triage service.

In sections 3 and 4 you will see information also on finance and governance. We are pleased to say that despite the financial constraints that exist, we've built services and we have met our key financial targets.

We can achieve nothing without our staff – everyone from doctors and nurses to porters and receptionists make a difference. This report is a credit to the hard work of all.

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, 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 3,260 staff (plus 228 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.

Since April 2013, the former Primary Care Trusts have been replaced by eight Clinical Commissioning Groups or CCGs, which commission the majority of services that we provide.

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 KCC, 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.

Front to Back: East Kent Hospitals University Foundation Trust's Senior Site Matron Elisa Steele, KMPT Acting Senior Manager for Psychiatric Liaison Tracy Wilkinson, KMPT Consultant Psychiatrist & Clinical Lead for Liaison Services Dr Kirsten Lawson and Paula Knight, East Kent Hospitals University Foundation Trust won an HSJ patient safety award.

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

For full details of any of our services please visit us on www.kmpt.nhs.uk/Trust-Services.htm

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.

Vision and values

We have a clear vision for how we wish to work, and a set of values that our staff aim to practice 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.

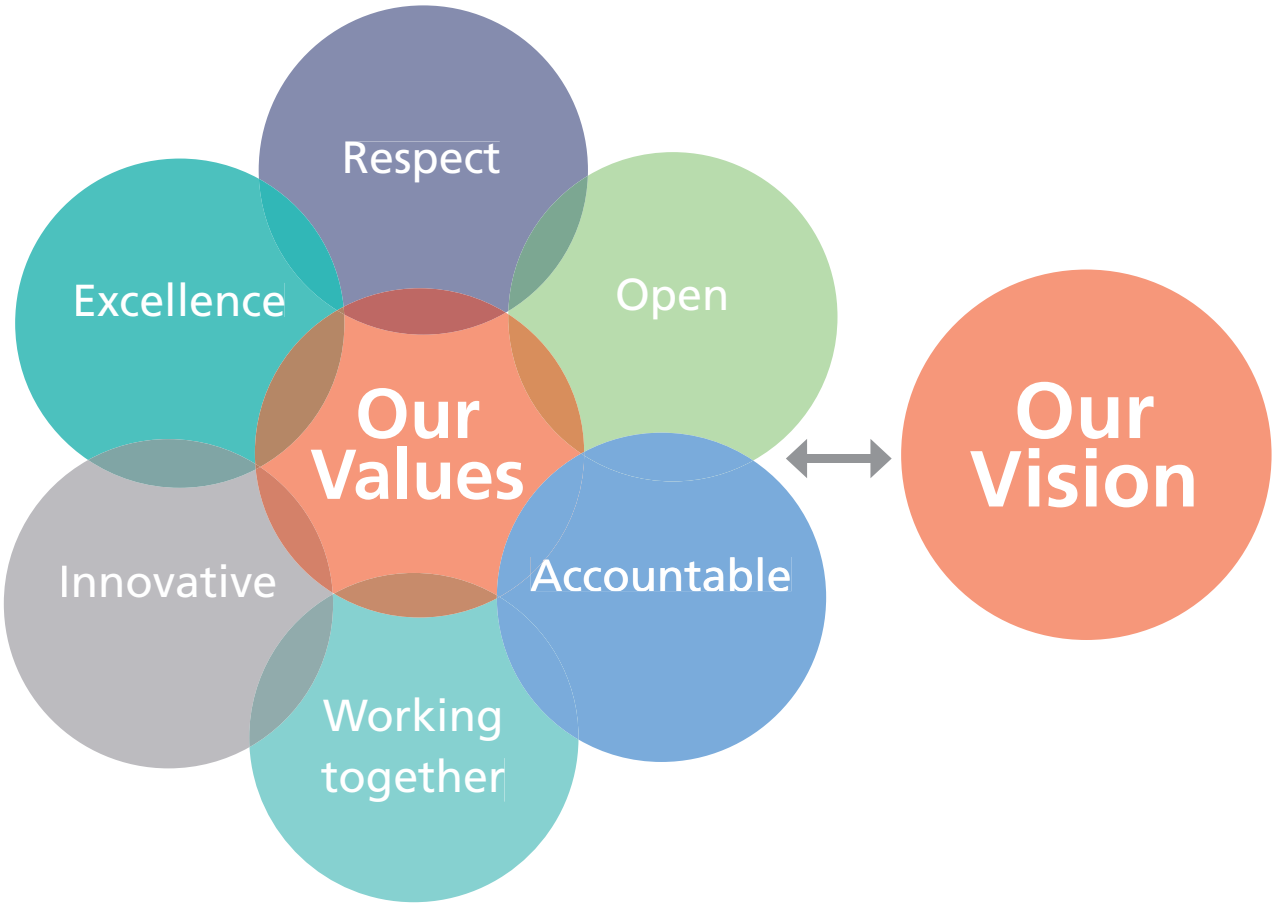
Working together – we work together to make a difference for our service users.

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. We have a wide transformational change programme that is led by clinicians to deliver the changes necessary to achieve our clinical strategy.

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 five Executive Directors, including the Chief Executive, and two non-voting Board Directors.

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

Chief Executive
Angela McNab

Executive Medical Director
Dr Catherine Kinane

Interim Executive Director
of Finance
David Meikle

Interim Executive
Director of
Operations
Malcolm McFrederick

Executive Director
of Nursing and Governance
Pippa Barber

Executive Director of Commercial
Development and Transformation
Ivan McConnell

Human Resources Director
Nikki Prince

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.htm

Chairman
Andrew Ling

Non-Executive Director
Professor Margaret Andrews

Non-Executive Director
Rod Ashurst

Non-Executive Director
Mark Bryant

Non-Executive Director
Anne-Marie Dean

Non-Executive Director
Richard Page

Non-Executive Director
Tom Phillips

Non-Executive Director
Michael Sander

Clinical Strategy

The clinical strategy, led by clinicians and approved by the Trust Board in March 2012, is at the heart of all the Trust's decision-making and development. It 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 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.

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.

We are delivering our clinical strategy through a transformation programme that enables us to provide people with the right care, at the right time, in the right setting and with the right outcomes. You can learn about our transformation programme on page 31.

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 National Trust Development Agency 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 20.

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

Section 2: Our year 2013-14

As you will see in this report, quality has remained at the heart of everything we do, and making changes in the way we work has been central to how we achieve a quality service.

Those changes have and will continue to involve transforming our workforce, more efficient use of technology, better utilisation of our estate and becoming truly sustainable in a way that is bringing real benefits to patients, staff and the community we serve.

We have also been working more closely than ever before with stakeholders, patients and carers to help ensure that we provide services that are appropriate and effective.

Throughout the year teams across the Trust have worked hard to bring about these changes. We have continued to offer more services in a wider range of community settings, from GP surgeries and people's own homes to the introduction of 'therapeutic houses' enabling people to recover in the community without the need for inpatient care.

We have also been working in partnership with Kent Police on a street triage scheme that has significantly reduced the number of people being detained by the police at a time when they are in need of more appropriate care. As a result of the scheme's success, it is now being extended through to March 2015.

Our Early Intervention Service has been equally successful in reducing the number of hospital admissions as has our Liaison Psychiatry service which offers advice and support to people attending A&E departments in mental health distress.

We continue to provide a high level of training and support to our staff and are proud of the fact that we have the largest number of staff on training courses out of all trusts in the south east of England.

The development of our estate has also continued apace with a new corporate headquarters and offices at Farm Villa in Maidstone and Magnitude in Aylesford, effecting a substantial reduction in costs.

We have also carried out major refurbishments at the Brookfield Unit in Dartford where we care for people experiencing mental health problems and learning disabilities, and service users at our community hubs in Folkestone, Ashford and Gillingham have also benefitted from similar refurbishments. Two major capital projects are now in the pipeline and these will bring further substantial improvements to the services and accommodation we are able to offer.

These are just some of the exciting developments that have, and are taking place to provide continually improving services to the people we care for, and we have achieved this while meeting our financial targets and planned surplus.

Over the following pages you can read about our objectives, our performance and quality achievement and our approach to how we are transforming the services we offer.

Objectives for 2013-14

In January 2012 the Trust Board agreed its Vision, Values and Objectives for the five year period 2012 to 2017. These objectives were further refined to provide measurable annual targets which have been used to underpin the Trust Annual Operating Plan.

Delivery of our five year strategy is centred upon seven key strategic objectives:

1. To enhance the quality and safety of services by maintaining or exceeding required standards of care.

2. To enhance service user engagement and patient experience.

3. To maintain and further establish our position as the provider of choice for mental health services in Kent and Medway.

4. To ensure sound financial management without compromising quality of service.

5. To become an exemplary employer, enabling staff to reach their full potential.

6. To develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services.

7. To incorporate sustainability and environmental management as an essential element of health care delivery.

Our performance

The Trust continued to provide the comprehensive Integrated Quality and Performance Report (IQPR) in 2013/14. This incorporates Monitor 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, quality, workforce and service performance indicators.

The report includes an exception report on any significant risks that may prevent these objectives or Key Performance Indicators (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.

Key Performance Indicator	2012/13 Year End	2013/14 Year End	Target	Local/ National
Admissions gate kept by CRHT (%)	99.1%	100.0%	90.0%	National
CPA 7-day follow-up (%) Enhanced Only	97.2%	96.5%	95.0%	National
Delayed transfers of Care (Monitor/Care Quality Commission)	6.5%	1.2%	<7.5%	National
MHMDS completeness (Monitor definition, %)	93.9%	92.9%	50.0%	National
Ethnicity DQ (MHMDS measure, % valid)	88.1%	86.8%	85.0%	National
Adults with CPA care plans (%)	94.3%	93.9%	95.0%	Local
Adults having received a 12 month CPA review (Monitor Definition, %)	97.4%	95.4%	95.0%	National
Meeting commitment to serve new psychosis cases by early intervention teams	129%	115%	100%	National
Certification against compliance with requirements regarding access to health care for people with a learning disability	Compliant	Compliant	Compliant	National
Emergency readmissions within 28 days (younger, %)	2.4%	7.8%	<5%	Local
Emergency readmissions within 28 days (older, %)	0.9%	3.4%	<5%	Local
Length of stay (younger, days)	30.78	29.99	<23	Local
Length of stay (older, days)	60.44	68.09	<42	Local
Bed occupancy (younger, %)	97.4%	98.8%	85-95%	Local
Bed occupancy (older, %)	92.9%	96.6%	85-95%	Local
PbR Clustering compliance	93.7%	97.8%	95.0%	Local

The Trust is monitored against a number of KPIs set by our local commissioners (the Clinical Commissioning Groups) and NHS England for some specialist services. The Trust also tracks performance against KPIs used by regulatory bodies such as Monitor.

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.

Delivery of operational performance standards

In 2014/15 a Two Year Operational Plan is being published that will detail the Trust's aims and objectives and delivery of operational performance standards.

KMPT's Performance Strategy ensures the delivery of strategic and corporate objectives whilst instilling a culture of continuous performance improvement to achieve the Trust's vision of transformation. The performance strategy recognises that performance management is integral to the Trust achieving its strategic aims and outcomes and needs to be embedded across the organisation.

The strategy will be delivered through the Trust's framework for performance management, which describes the arrangements and accountabilities that will translate the strategy into a workable process for driving improvement in operational performance.

The Trust will ensure systems and processes are in place to comply with all aspects of external scrutiny and to achieve and exceed performance against internally and externally developed targets and 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.

We have continued 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 inpatient 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 clinicians, social care staff and managers design and implement systems to measure quality, demonstrate improvement, and share best practice, identify weaknesses and measure corrective actions.

Health and social care quality has three main domains: patient safety, patient experience and clinical effectiveness. Over the next few pages of this report you will be able to learn about how 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 a service is via our Quality Account.

Quality Accounts help demonstrate NHS commitment to quality, with providers reporting on the quality of their service, covering the three domains of quality: patient safety, patient experience and clinical effectiveness. This is done by the identification of key quality priorities for each domain, together with a range of additional information such as involvement in national clinical audit activity, Care Quality Commission survey data and a range of additional information to meet local needs and answer local questions on quality and improvement.

We published our fifth Quality Account this year. It details progress made with the quality priorities that were set for 2013 -14, which are shown below.

Review of Quality Performance: Achieving Our 2013 – 2014 Priorities

Patient Safety	RAG
A 25% reduction in the number of severe or moderate falls in older adult inpatient wards.	Green
Reduction in suicide and serious self-harm during an in-patient admission or while in treatment with a working age adult community team.	Green
To ensure all adults and children are effectively safeguarded.	Green
Patient Experience	**RAG**
Better communication between our staff and service users and their carers.	Green
Using the views of service users to monitor and improve services.	Green
Physical Health and Examination.	Green
Clinical Effectiveness	**RAG**
Improving discharge planning from inpatient care and improving post discharge care.	Green
To improve implementation of National Institute for Health and Clinical Excellence (NICE) guidance for people with a mental illness.	Green
To further improve the implementation of the Recovery Approach for patients working with our recovery teams.	Green
RAG Key	
Improvement noted	Green
Remains the same	Amber
Worse	Red

Our Quality Account also contains details on the priorities we have set for 2014 – 2015, which are as follows:

Patient Safety
Reduce the number of moderate and severe falls in all inpatient services by 20%.
Reduce all serious incidents including absence without leave (AWOL), absconding, 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.
Monitoring the Patient Experience of service user views relating to the effectiveness of their CPA.
Ensuring Service users are informed of changes in Care co-ordinators.
Clinical Effectiveness
We will work in closer partnership with our service users to ensure that care is always patient centred.
We will work in closer partnership with our service users to ensure access to physical health care monitoring.
To further develop and implement the recovery and wellbeing approach for all of our service users.

Quality Accounts can be viewed at NHS Choices:

http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx

Participation in National Clinical Audits and Quality Improvement projects

During 2013 -2014 the Trust took part in nine National Clinical Audits and Quality Improvement projects. This allows the trust to benchmark the care it provides patients against not only national standards of care as defined by NICE Guidance but also to compare Trust compliance with these standards against the performance of other Trusts across the country. An example project is shown over the page.

Prescribing Observatory for Mental Health (POMH) UK: Topic 7d (re-audit): Monitoring patients prescribed lithium

KMPT is a registered member of the Prescribing Observatory for Mental Health which aims to help mental health Trusts improve their prescribing practice. Topic 7d, monitoring patients prescribed lithium was last audited in 2011 and the data collection for the current audit was carried out during June and July 2013.

The standards used in the audit were developed from NICE Guidance, Drugs and Therapeutics Bulletin, and the British National Formulary and included the recording of Renal Function tests, Thyroid Function Tests, Weight or BMI or waist circumference for both patients within their first year of lithium therapy and patients who had been prescribed lithium for more than a year prior to the audit. Serum lithium tests including lithium levels were also measured for patients prescribed lithium for longer than a year.

When benchmarking Trust compliance with the total national sample, KMPT compliance was higher for seven of the nine audit standards than the total national sample, as shown in the graph below:

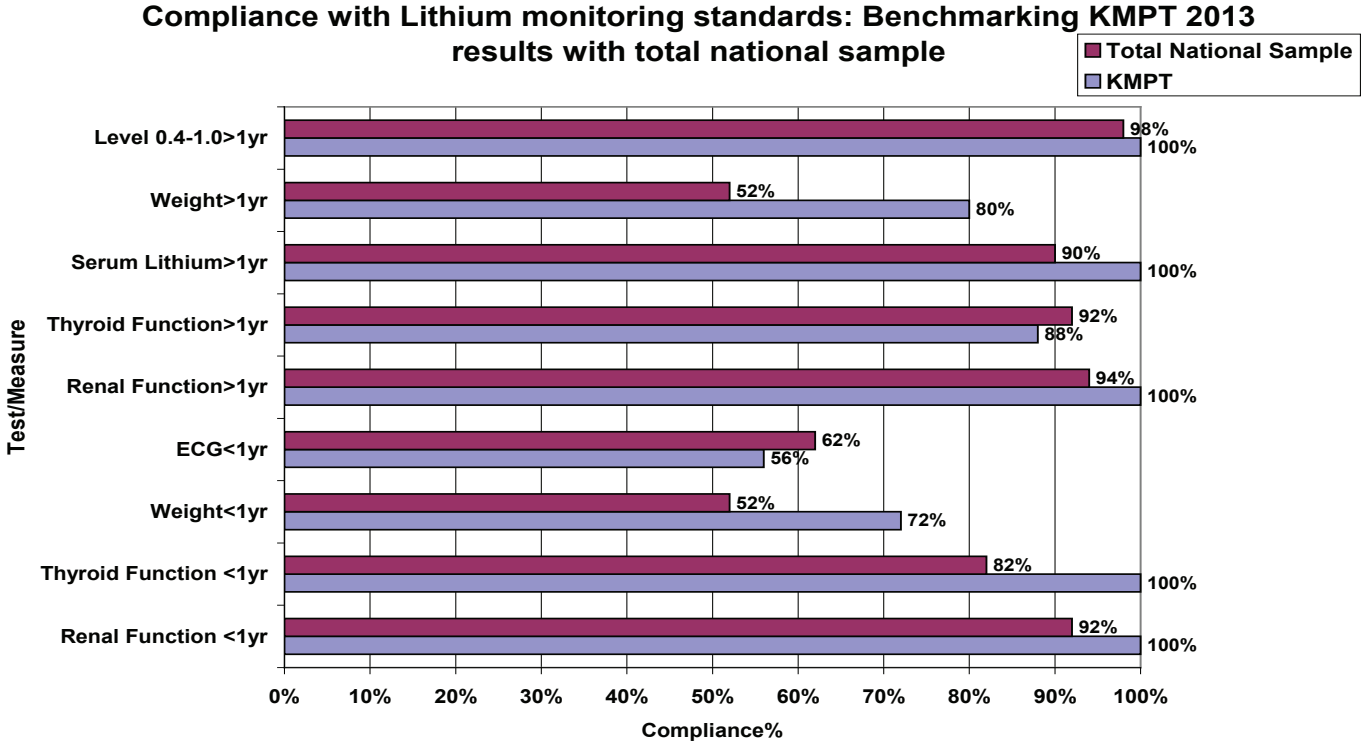
Sustained good practice was highlighted in the documentation of Renal Function tests for both patients on lithium for less than a year and more than a year, which was 100% in both 2011 and 2013.
An action plan has been implemented to promote further improvements in the monitoring of patients prescribed lithium.

Care Quality Commission Registration

The Trust is required to register with the Care Quality Commission (CQC) under section 10 of the Health and Social Care Act 2008 and is registered without conditions for its 19 registered locations. The CQC carried out a number of unannounced visits at these locations between the 1st of April 2013 and the 31st of March 2014, under Section 46 of the Health and Social Care Act 2008; in line with other Trusts, in order to assess and monitor compliance with the essential standards of quality and safety.

The locations visited included;

- St Martin's Hospital – three acute wards and one older adult ward,
- The Red House eating disorder inpatient unit,
- The Jasmine Centre – older adult ward,
- Littlestone lodge – older adult ward,



- The Trevor Gibbens Unit – forensic secure wards,
- Littlebrook Hospital – the Psychiatric Intensive Care Unit (PICU) and the Crisis Resolution Home Treatment Team (CRHT).

All of the above locations were found to be fully compliant with the outcomes reviewed.

A follow-up inspection was also conducted unannounced at the West Kent Neuro-rehab unit. Following a visit in December 2012, where the unit was found to be non-compliant with two outcomes; 14 – Supporting workers and 21 – Records. An action plan had been put in place to rectify those areas identified as being non-compliant. The unit was then re-inspected by the CQC in September 2013 and found to be fully compliant with the outcomes reviewed.

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 eight (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.

	What the registered provider will need to demonstrate	What we have done to meet this criteria
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.	A robust surveillance process is in place to accurately monitor, determine the level of risk and control the spread of infections to service users and staff. Risks identified are managed to prevent and reduce harm to service users and staff.
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.	Robust cleaning of all clinical areas is undertaken daily, cleaning schedules are displayed in all wards and are Externally audited for compliance. When infections occur the Infection Control Team will advise on enhanced cleaning measures to be put in place.
3	Provide suitable accurate information on infections to service users and their visitors.	All infection control advice given verbally is supported by printed information which is user friendly.
4	Provide suitable accurate information on infections to any person concerned with providing further support or nursing/medical care in a timely fashion.	Expert infection control advice is provided when requested face to face, by telephone or email. The Infection Control Nurse will visit areas to support staff and service users when infections occur.
5	Ensure that people who have or develop an infection are identified promptly and receive appropriate treatment and care to reduce the risk of passing on the infection to other people.	All infections are reported to the Senior Infection Control Nurse who advises on the best course of treatment and management with the medical practitioner.
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.	All staff are actively encouraged to be actively involved in the prevention of infection, all clinical areas have link nurses which help to facilitate this.
7	Provide or secure adequate isolation facilities.	Service users are nursed within single rooms which facilitates good isolation when needed.
8	Secure adequate access to laboratory support as appropriate.	The trust has SLA's with four laboratories across Kent and Medway which provide advice and support with the consultant microbiologist.
9	Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections.	Trust policies are monitored for adherence and accuracy and are regularly updated as appropriate to meet all published guidance.
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.	All staff are given Infection Control training at Induction, through regular updates, e-Learning and link nurse training within the clinical areas. Training encompasses the use of Personal Protective Equipment to minimise the risk of cross infection to staff and service users.

Delivering our clinical strategy through transformation

The Trust has embarked upon the implementation of a significant transformation programme that will support the delivery of our clinical strategy.

The programme comprises a number of projects that will ensure we:

- deliver our basics - the right help at the right time in the right setting with the right outcome.
- deliver improved access through working collaboratively with other agencies to deliver more responsive services, particularly to those with an urgent need and make it much easier for people to get help through a single point of access.
- deliver a recovery focussed model of care through the implementation of community wellbeing centres with primary mental health care workers working in partnership with community mental health care workers to deliver a more seamless pathway of care and a more holistic approach to recovery.
- embed excellence and innovation in how we deliver services and how we engage with our service users and carers.

The Transformation Programme is an integral part of the business architecture of the Trust and is governed through a robust programme management infrastructure which is based upon the principles of the Office of Government Commerce Managing Successful Programmes [MSP] Framework.

The programme will adopt a structured benefits approach that is clear about its objectives, provides opportunities to involve our key stakeholders in a benefits led discussion, promotes a culture of continuous improvement by focusing on improving clinical outcomes and allows us to track delivery and celebrate our successes.

The Transformation Operating model will ensure that we:

- Rigorously monitor our performance to ensure that our service delivery model ensures that we get the basics right first time.
- Drive a continuous improvement in the quality of our services through performance review and staff, service user and carer engagement.
- Embed a culture of excellence where we encourage our staff, service users and carers to challenge what we do and how we do it.
- Ensure strong clinical leadership of our improvement initiatives.
- Build a highly skilled workforce through investment in training, recruitment and development.
- Embed consistent pathways of care.
- Work with our commissioners to ensure that our transformation supports the need to deliver improved outcomes across the Kent and Medway health economy.

Our Transformation Vision

At KMPT our passion is to ensure that the service user is at the centre of everything we do.

Our vision is to provide …

"Excellent care personal to you, delivering 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."

Our major challenge is to move away from traditional models of service delivery and implement new models of care. Models of care which are focussed on preventing hospital admission and promoting the delivery of care closer to home which are recovery focussed in line with our clinical strategy.

We are committed to working with our service users, staff, carers and commissioners on this improvement journey. Through our whole systems approach we will focus on designing services which meet local needs. This will be achieved through our clinically led transformation programme which is focussed on delivering improved outcomes through changing how our services are delivered, supporting our staff to develop and improving how we work across organisational and service boundaries.

This means that across the organisation, irrespective of role or grade, that we must all take responsibility for ensuring that we challenge the things that we know do not work and that we work with our service users and within our teams to deliver the excellent services which we believe in.

The result of this will be that we improve service user access, service user and staff experience, clinical outcomes and our overall efficiency and effectiveness.

We fundamentally believe that if we do not meet these needs then we as an organisation will not grow and develop and we will not deliver the excellence which we are passionate about.

Planned service developments will contribute to the Trust's costs and improve value for money. Some of the Trust's service development aims are based on a recognised opportunity to grow services beyond Kent, thereby attracting income from a wider range of commissioners. In other cases service developments are predicated on local commissioners' intentions or on the ability to reduce local commissioners cost by repatriating activity.

Planned clinically led service developments

Street Triage

Following our successful pilot, we will expand integrated mental health and police response to triage referrals from the police. This will support people experiencing a major mental health crisis by providing direct access to the right care, in the right setting and it will help improve user experience and satisfaction.

Acute Day Treatment Services

Acute Day Treatment services provide an alternative to home treatment, with access to a range of therapeutic interventions, medication and support seven days a week. It will enable people to have access to the level of support available from inpatient admission without an over night stay away from home.

Integrated Care for Older Adults

With our partners we will provide a collaborative response to support the mental health needs of people who are being treated primarily for physical health problems. A multi disciplinary and centralised approach will help improve outcomes and enable more timely discharge.

Liaison Psychiatry

Our Liaison Psychiatry service provides opinion and advice for individuals who attend A&E departments in mental health distress. Based within acute hospitals, this service helps support improvement in our performance through reduced hospital admission.

Single Point of Access

Through Single Point of Access we will be able to offer improved access to new models of care through a single phone number.

Care closer to home

The majority of our staff provide care in community settings. Planned improvements to our technology will support mobile working, allowing access to records in service users homes. We will also be able to bring care closer to the home through basing Primary Care Mental Health Nurses in GP surgeries.

Our staff

The Trust's most valued asset, and greatest area of expenditure, is its 3,260 staff. The data below details the demographic make up of the Trust's staff.

Staff by age group	
Group	**Number**
Under 20	17
20-24	95
25-29	234
30-34	293
35-49	357
40-44	446
45-49	537
50-54	526
55-59	414
60-64	246
Over 65	95
Grand Total	**3260**

Staff by professions	
Group	**Number**
Medical and Dental	181
Of which are Consultants	91
Managers and Senior Managers	45
Administration and Estates	698
Support Staff (including HCAs and other Support Staff)	886
All Qualified Nursing, Midwifery and Health Visiting Staff	894
All Qualified Scientific, Therapeutic and Technical Staff	529
Of which are Allied Health Professionals	199
Others (includes non-executives and students)	27
Total	**3260**

Staff by ethnicity	
Group	**Number**
White - British	2452
White - Irish	43
White - Any other White background	108
Mixed - White & Black Caribbean	4
Mixed - White & Black African	4
Mixed - White & Asian	13
Mixed - Any other mixed background	16
Asian or Asian British - Indian	118
Asian or Asian British - Pakistani	15
Asian or Asian British - Bangladeshi	2
Asian or Asian British - Any other Asian background	82
Black or Black British - Caribbean	29
Black or Black British - African	226
Black or Black British - Any other Black background	16
Chinese	6
Any Other Ethnic Group	52
Not Stated	68
Grand Total	**3260**

Human resources key performance indicators

Staff turnover for 2013/14 was 14.21 per cent of which 5.55 per cent was related to planned turnover (Retirements, Fixed Term Contracts and Redundancies etc) and 8.66 per cent was related to unplanned turnover (Voluntary Resignations etc). This is a reduction on last year of 2.31 per cent. We set a challenging target of 4 per cent staff absence rate for the Trust in 2013/14. We achieved a rate of 4.29 per cent, a decrease on the rate of 4.66 per cent in 2012/13.

A target of 3.9 per cent has been agreed and introduced for 2014/15. We are committed to supporting staff when they are unwell and do all that we can to help them return to work.

	2013-14	2012-13
Total days lost	27,473	31,471
Total staff years	2,777	2,921
Average working days lost	9.89	10.77

Staff survey results

The national 2013 staff survey results were released in March 2014. The survey results provide the Trust with valuable feedback about staff experience, perceptions and confidence in the organisation.

Against a backdrop of significant organisational change the overall results show improvements in 18 indicators, a decrease in 6 indicators and no change in 4 indicators. Whilst these improvements are not large enough to change the relative position of the Trust in comparison with its peer group, the overall picture is encouraging. In particular is that overall staff engagement has increased from 3.48 in 2012 to 3.56 in 2013 and staff recommending the Trust as a place to work or receive treatment improved from 3.13 in 2012 to 3.25 in 2013.

A concentrated effort to improve communications between senior management and frontline staff has been rewarded with a score in the top 20% of all Mental Health Trusts from a below average score in 2012. The development of a range of engagement activities and local leadership forums has secured this result and increased confidence in management at all levels. Appraisal is a critical tool in improving performance feedback and management skills. Whilst disappointing that the Trust's rate of appraisal has declined, improvements in appraisal quality as measured in the half year survey reflects the on-going investment that KMPT has put into supporting managers to conduct a good performance conversation.

Our staff continue to respond positively about being able to contribute to ideas and development at work and teamworking. Support put in place over the past 12 months to reduce work related stress and work pressure including the introduction of support services and career transition is showing small signs of improvement however the Trust recognises that there a long way to go and is committed to taking this journey with our staff. Key areas for action during 2014 and 2015 include tackling perceptions of bullying, harassment and discrimination, improvements in appraisal and personal development planning, improving the efficiency of systems that impact on workload – IM&T, RIO and continuing to engage and value staff.

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 which:

- 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 strong focus on employee communications. This includes a greater focus on online communications with a much improved website and intranet due later in 2014.

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 18 per cent from black and ethnic minority communities, up from 17 per cent in 2012-13.

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.

Over the next few pages you can read about some of the work our staff are doing in order to provide people with the best possible care

Lin makes finals of national awards after service user nomination

Canterbury-based Mental Health Nurse Lin Irwin couldn't believe her ears when she received a call saying she'd been nominated for a national award and was through to the finals.

The call was from Helen, a former service user, who was so grateful to Lin "for saving her life" that she courageously e-mailed BBC Radio 4's All in the Mind to explain why she thought Lin deserved an award. The awards recognise people, such as mental health professionals, who have gone above and beyond to help others.

Lin explained: "It was a complete surprise as I didn't even know I had been nominated. I was really shocked and overwhelmed but felt incredibly honoured. Importantly, from a professional perspective, contacting a national radio station was a very brave thing for Helen to do and was a significant sign of her recovery."

All in the Mind is the world's longest-running programme on mental health and psychology. To mark its 25th anniversary, the BBC wanted to create an opportunity for people who've had mental health problems to thank those who have helped them by nominating a person or group for an award. Hundreds of nominations were received for each category.

Since finding out that she is one of three finalists in the Professional category of the All in the Mind 25th Anniversary Awards, Lin has taken part in her first-ever radio interview during which she told her side of the story.

Helen was also interviewed and explained why she feels she owes her life to Lin: "I was feeling hopeless. I lost my husband, job and home in the space of three months and I had four children to look after. I was suicidal and extremely unwell. Lin helped me to carry on and see how many things there were for me to live for." For the full interview visit: http://www.bbc.co.uk/programmes/b041xtmc

Lin Irwin.

Lin and Helen attended a ceremony in London on 19 June but didn't make it through to win. The judges for the awards are: Radio 1 DJ and TV presenter Scott Mills, clinical psychologist Guy Holmes, Marion Janner founder of Star Wards, MP Charles Walker and Claudia Hammond.

"As with any other service user, I was just doing my job. I do see nursing as a real privilege. You become part of someone's life for a time – in Helen's case it was two years – and hopefully make a difference. She is now back on track and has done amazingly well," Lin added.

Lin has been a mental health professional for 16 years and is currently part of the Canterbury Coastal Access Team.

In 2012 All in the Mind was awarded the charity Mind's Making a Difference Award for its contribution to raising awareness of mental health issues.

Left to right: Mario Hawkins, Donna Bailes, Julie Tyrrell, Beverley Handley, Maria Gilbert, Debbie Chapman, Pat Harrison, James Aitchinson, Pam Smith, Joan Morris, Marina Wilkies, Amanda O'Donnell, Courtney Gilchrest, Anita Hill, Tracey Bridger.

Transforming ward from clinical to colourful wins award for Sittingbourne team

Staff who work with some of Kent and Medway's most vulnerable adults have been recognised with an award for transforming a clinical environment into one that is bright, stimulating and welcoming.

The Frank Lloyd Unit on the Memorial Hospital site in Sittingbourne is a 40-bed facility for people with dementia. The team who work there won the Kier Inpatient Award in the Staff Awards for demonstrating that they were 'making the best of their environment for patients and colleagues'.

Since taking over the management of the unit in 2006, staff have steadily improved the look and feel of corridors, social areas and outside space - doing much of the work themselves such as painting murals on the walls and wall papering.

There is now a welcoming reception area, a stunning beauty salon, a barber shop, a games room and an amazing garden that aims to stimulate the senses of the service users.

Finished in 2013, but being added to all the time, the courtyard garden was designed with patient safety in mind such as a rubberised floor and easy access. There are raised beds where service users are growing vegetables, colourful garden furniture and life-like ornaments such as owls and cats. A waterfall is another eye-catching addition to the area which was previously dull concrete paving.

Reminders of the past help those with dementia feel more settled, so staff have encouraged family members to personalise name plaques at the entrance of each room with pictures of their loved ones when they were younger. Doors to bedrooms have been laminated to look like the front door of a house – each one in a bright colour to help service users identify their own room.

Julie Brett, Ward Manager of Woodstock, explains: "The Frank Lloyd Unit is a superb unit and we are all very proud of what we've achieved. We strive to provide the highest quality care to some of the most vulnerable older adults in Kent and Medway and pleasant surroundings are very important. The team has performed miracles with the environment, transforming something quite basic and plain into a thriving and wonderful place to work and for the patients to live."

Staff believe strongly that pampering is very beneficial to service users who, despite their condition, like to look after their appearance. The stylish beauty room has proved a huge hit with its Hollywood stars wallpaper, relaxing colours and comfortable furnishings.

Occupational Therapist Pam Smith said: "It's about transporting people back to happier times and helping them to reminisce. We do their hair, nails and they can soak their feet and they really enjoy it. One lady is convinced that she is going to a real beauty parlour every week. Appointments are twice a week. Men can visit the barber's on their floor for shaves and haircuts. As well as being lovely for service users, it's a nicer working environment for us."

Service users also benefit from music therapy, pet therapy and trips out in the unit's mini-bus. Many of the service users stay at The Frank Lloyd Unit long term – anywhere from three months to a year - with some being at the end of their life.

Mural at St Martin's brightens ward and helps recovery

A newspaper article about art to help recovery led to the manager of Davidson Ward at St Martin's Hospital in Canterbury coming up with an idea that has proved a huge hit with service users, their families and staff.

Simon Horsler came up with the idea of the ward's ten service users working together to create a brightly coloured mural for the wall of the dining room.

Simon explained: "It is the first time we've done anything like this. It's a simple idea that has allowed everyone to contribute and help transform what was a plain wall. I'm chuffed to bits with the result.

"One of the service users has a serious brain injury and for him to take part and draw a rabbit was a huge achievement, as was the fact that he contributed to a team effort."

The Davidson Ward team and service users are already planning their next mural which will have a summer theme and be called 'Life's a Beach'.

"We can't wait to get started on the next one. As part of the process we will be going to the beach to collect items to include in the mural and it's going to be even bigger and better than the first one," added Simon.

The mural took around six weeks to complete with service users being encouraged to draw something cheerful to fit in with an Easter theme such as eggs, lambs and flowers.

Davidson Ward is the Trust's only hospital-based rehabilitation unit in the east of Kent. It helps to support service users with complex presentations in their recovery. The average length of stay is 8.5 months.

Simon Horsler standing next to new mural.

Green efforts across Trust help smash target

Huge efforts by staff across the Trust have led to carbon reduction targets being met a year early.

A Carbon Management Plan was put in place in 2009/10 which included a target, set by the Carbon Trust, to reduce carbon emissions by 15 per cent by 2014.

Sustainability Manager Sirina Blankson said the success was due to a number of factors such as running a variety of campaigns during the year to get people involved, decommissioning old buildings and recycling.

The Green Champion initiative has been central to the carbon reduction with team members driving campaigns around Kent and Medway. There are now 80 Green Champions – twice as many as the year before.

"The Green Champions have been amazing. They have been coming up with small projects across the Trust which all contributed to the target. Centrally, we worked with the Estates team. We looked at all of our buildings and found that some of the older ones were very carbon intensive," Sirina explained.

Other initiatives that have led to the reduction include changes in the way group training is delivered so travel is minimised. Now, instead of staff travelling to a location for training, the trainers travel to them.

Recycling has been stepped up and there is 100 per cent recycling in place across the Trust. The Procurement team is also heavily involved in the sustainability efforts, making sure all paper purchased is recycled and carries the FSC accreditation. Events such as Bike Week, and Walk to Work Week offer the opportunity for staff to get involved and, for those who live further away from work, car sharing is being encouraged.

"It is great to be ahead of target. Going forward we have a sustainability plan that captures all the different initiatives that are taking place and we are looking forward to having even more Green Champions on the team," Sirina added.

Dream comes true for Dawn as more people share stories online

Dawn Hyde went from being a mother to a carer overnight when her 18-year-old daughter became psychotic.

The years that followed were more challenging than Dawn and her family could ever imagine as they tried to come to terms with what had happened.

With no experience of mental health in the family, Dawn desperately wanted to hear from other people about how they coped and listen to someone with an illness similar to her daughter's.

It was this desire to listen to other people's stories that led to Dawn, a Carers Carer and Trust volunteer, coming up with the idea of the Live It Library – a 'human library' dedicated to mental illness that could be shared on the internet.

Then came the task of persuading others that the Live it library was a project that was worthy of investment. The moment Dawn had been waiting for came in January 2014 when she received a call to saying she would have her 'library' and that it would be a joint project between Kent County Council and the Trust.

Now there are 50 stories or what Dawn calls 'books' in the Live It library covering everything from bi-polar disorder to PTSD. Interviewees include carers, Trust staff and service users themselves.

Dawn explains: "We hold a Live It event every two months and it's simply a case of people coming into a room and talking in front of a video camera. We support the 'book' with whatever help they need. The great thing is that we are using available technology and absolutely everyone can access the books, sit and listen."

Live It is the first project of its type and, since the launch, the feedback has been very positive. The videos are now being used as a training tool for the Trust. Dawn has also received enquiries from two universities who are interested.

Dawn and the Live It team have developed a process that ensures that the interviewee is fully involved in the production of their 'book' before it is published.

"The idea is that the books should come across as an honest conversation in the person's own words. For instance, things that helped, things that didn't, their thoughts when they were ill, where they are today and what their ambitions are. People often find it cathartic to share their story.

"The first step is to edit the video and remove any pauses as well as any names we think would be better left out. We then post the video on a secure You Tube channel so the 'book' can watch their video and let us know any changes they would like. I'm confident that the 'shelves' will continue to be filled with powerful stories," Dawn explained.

Colleagues at the Trust who have helped to make Dawn's dream a reality include Lucie Duncan and Heather Penn. There has also been support from charity Rethink Mental Illness www.rethink.org.

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
- we have now extended our video conferencing to 25 sites and nearly 200 staff
- 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 57).

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

We:

- are now well into our RiO Release 2 upgrade which improves usability and crucially provides access to information without relying on connectivity
- have implemented scanning of clinical documents into RiO
- further developed the KMPT Business Intelligence [BI] Reporting System to improve quality and performance of care delivery.
- made a good start on the development of our patient portal https://my.kmpt.org
- now provide free WiFi for patients from our wards
- have implemented electronic discharge notification
- extended wireless networks for our staff into nearly all sites (49) and negotiated access to parent wireless networks at NHS and social care sites
- have rolled out digital dictation to nearly 700 staff
- now deliver the majority of training via e-learning
- have updated our office software to Microsoft Office 2012

Transforming our estates

The Trust's estate 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 Trust property assets are suitably maintained and improved as necessary.

There are many important 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, Patient Perception Surveys and the Patient Led Assessment of the Care Environment (PLACE) process are all central guides informing Trust plans, but the primary concern is to ensure that clinicians are able to offer the highest quality of care to service users within the working environment.

This is important in both hospital and community settings. In both of these a poor environment can contribute to staff stress and in turn impact on service user experience, so the Trust prioritises those buildings where both staff and service users are in regular attendance for investment. The programme of investment in inpatient settings which began with the new wards built at St Martins in 2012, is continuing. Over the next 20 months new facilities will be established at both Maidstone and Canterbury providing new purpose-built environments for both younger and older adults. In addition, a major programme to upgrade comfort and safety features across the whole inpatient estate will commence in summer 2014.

Alongside this substantial investment in hospital settings the Trust's transformation programme has included significant investment in the community clinics and office spaces from which staff operate to care for people in the community and in their homes. The transformation programme is in its second year and during 2013/14 saw the delivery of refurbished accommodation in major population "Hubs" in Ashford, Folkestone, Medway and Maidstone. In addition improved and refurbished facilities are provided for satellite clinics at Sevenoaks and Sittingbourne. During 2014/15 further significant investment to improve and refurbish community facilities will continue under the transformation programme in Maidstone, Herne Bay, Canterbury, Tunbridge Wells and, once plans are finalised, in Dover or Deal.

The cost of improving, renewing or establishing facilities is considerable and the Trust's ambitious programme demands unusually high capital investment to support its extensive programmes. This is partly funded through the release and sale of surplus accommodation and the Trust has delivered a hugely successful asset disposals programme to support that capital investment. This will continue during 2014/15 and the Trust will be disposing of some of its larger and more complex sites, which will become surplus to requirements as the new and refurbished facilities become available.

The Trust's service transformation programme includes significant IT, as well as estates, components aimed at ensuring the most agile and flexible working arrangements for staff and increasing the balance of investment in front line services. Service users, carers and staff will remain at the forefront of this work, directly involved in the design and planning of future facilities.

In the past year Trust estate project highlights have included;

- Completely refurbished and redesigned an older Trust property to provide an inpatient service for people with mental health and learning disabilities in a modern environment at Brookfield on the Greenacres site.
- Refurbished facilities at the same site to allow the relocation of Sapphire ward from Medway A Block.
- Commenced the design and procurement of a new 18 bed facility at the Maidstone site to allow the relocation of the Emerald ward from A Block.
- Commenced refurbishment of the Dudley Venables Unit at St Martins to provide acute care for 16 adults.
- Refurbished a Trust property in Medway to provide the county's first PD Crisis hostel.
- Commenced a major project at Canterbury to provide modern inpatient facilities for older people.
- Relocated the Trust HQ from King's Hill to affordable premises on the Maidstone site, dramatically improving overhead cost efficiency.
- Refurbished and established community clinic "hubs" in major population centres in Medway, Folkestone and Ashford.
- Established further community refurbished clinics and office bases in Sittingbourne, Maidstone and Larkfield.

During 2014/15 the Trust's programme of transformation and improvement across the estate will continue with more Hubs and satellites being established; more inpatient facilities being refurbished; completion of new facilities for Medway service users at Maidstone, and the commencement of works at Canterbury to delivering new inpatient environments for Older Adults in East Kent. Transformation will enable the continued release and recycling of estate no longer required, supporting the necessary reinvestment in existing estate.

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.

Sustainability report

The Trust continues to take its corporate social responsibilities seriously as well as recognising the importance of managing the environmental impact from its operations. Moving towards a low carbon future will help reduce the Trust's contribution to global warming.

In promoting new and innovative projects, the Trust will maintain a commitment to the NHS Carbon Reduction Strategy. The Trust's progress is now monitored through the Sustainable Development Management Plan (SDMP) which now includes the Carbon Management Plan (CMP). It sets out a strategy for emissions reductions and cost savings from those carbon emitting activities that KMPT can monitor and influence. This paper summarizes progress over the three years of the current CMP from 2009/10 - 2011/13. The baseline from which progress is monitored is 2009/10.

Progress on Carbon Emissions

The following section provides a brief update of the work in progress on the Carbon Reduction Plan.

CMP Performance

The Trust has well exceeded its target of 15 per cent reduction in its CO2 emissions by 2014-15 as set out in the Carbon Management Plan by 10 per cent. The total carbon emissions reduction for 2012/13 was 25 per cent.

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

Baseline CO2e emissions 9,122 tCO2e

- 2009/10 emissions 9,122 tCO2e
- 2010/11 emissions 9,250 tCO2e
- 2011/12 emissions 8,019 tCO2e
- 2012/13 emissions 6861 tCO2e

*According to latest data

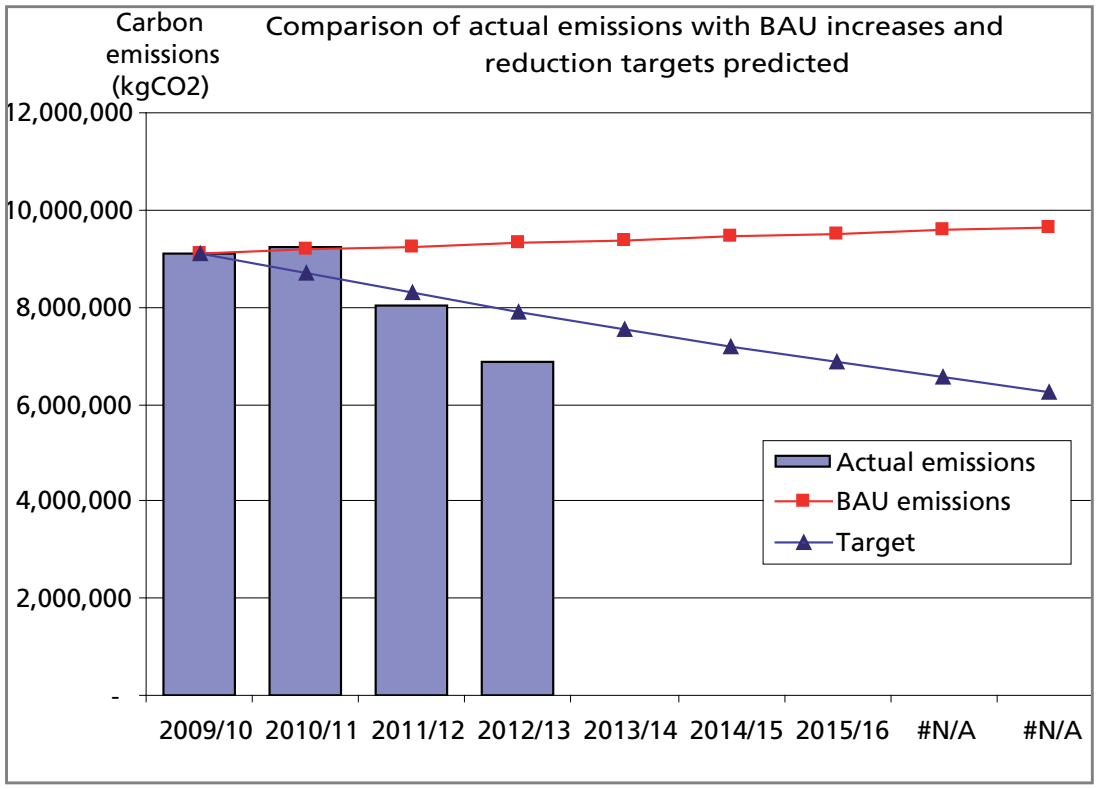


Chart 1

There has been a 25 per cent carbon reduction against the baseline year of 2009/10 which indicates we have exceeded our 15 per cent target.

There was a slight increase of 1 per cent in 2012/13 and this could be attributed to the slight increase in gas consumption and scope 3 emissions (waste, water and refrigerants).

According to the Carbon Trust baseline calculation matrix, table 1 below shows progress year by year. It can be seen that progress was slower than anticipated in 2009/10 and 2010/11 due to increased heating demand during significantly colder winters and also the lack of a dedicated co-ordination of the CMP. Emission reductions in the 2011/12 of the plan have been greater than any previous year enabling the 15 per cent target by 2015 to be achieved.

Table 1: CO_2 Summary Table (all types of emissions) 2009/10 – 2012/13

Year	Total CO2 Emission (tonnes	Emissions from building (tonnes)	Emissions from transport (tonnes)	Further scope (waste, water and refrigerant gas) (tonnes)	% Change in emissions against previous year
2009/10 (Baseline Emissions)	9,122	8,080	963	79	0
2010/11	9,250	8,193	960	97	1%
2011/12	8,019	7,077	845	96	-13%
2012/13	6,861	6,162	624	75	-14%

Despite a decrease in energy and fuel consumption, costs increased by 3 per cent, or £55,694, over the first year of the plan. This was due largely to the rise in: oil and gas prices for heating buildings; diesel and gas oil for fleet; waste collection and landfill tax; and water charges.

It is anticipated that once the data for energy is collated for 2013/14, there will be further marked decrease in carbon emissions due to baseline corrections that took place with the SKANSKA surveys.

Further Progress has been achieved through:

- Renewable energy installations at the new St Martins build
- Energy efficiency actions e.g. more efficient ICT estate; pull print service
- Green Champions
- Improved insulation and heating controls
- Awareness raising and behaviour change
- Improved monitoring and scrutiny of energy use
- Improved travel Information
- Estate transformation
- Full implementation of mixed recycling
- Hub buildings with highly efficient controls
- Video and teleconferencing facilities

Estate Rationalisation

The estate rationalisation program has resulted in significant reduction in old and highly inefficient estate and this is 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.

On the other hand, a few buildings have been gained which attributes to approximately 1 per cent increase in estate gross internal area (2201sqm). These buildings are leased buildings so even though we are responsible for utility bills in the buildings they do not contribute towards our original baseline.

Energy Partnership Project Skanska

KMPT is delighted to have appointed Skanska to help drive further reductions in energy use in the Trust through a Guaranteed Energy Performance Contract. 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.

Some of the drivers for this project include:

- KMPT Trust to become a leader in NHS energy and carbon management
- Achieve continual reductions in carbon emissions

Provide resilience to changes in utility costs

- Minimise energy costs in order that funds can be used for other KMPT activities
- Support the delivery of quality healthcare services through appropriately conditioned environments

Project Overview

By partnering with Skanska Green Business, KMPT aims to achieve at least 18 per cent in its energy consumption and carbon emissions across its built estate.

This will be achieved through the implementation of a series of Energy Conservation Measures (ECMs) which will achieve the stated reductions and deliver annual financial savings to the Trust.

At this stage, this Energy Performance Contract (EPC) will encompass buildings on three of the main KMPT sites at Greenacres, Oakwood, and St Martin's Hospital alongside buildings at Canada House and the Beacon Centre

Objectives of the project:

- Reduce CO2 emissions in line with NHS Objectives (10 per cent on 2007 levels by 2015 and 20 per cent by 2020).
- Accelerate the successful implementation of ECMs to achieve emissions and cost savings.
- Deliver the committed annual savings in the Trust utility consumption and costs as detailed in this IGA.
- Facilitate the economic management of backlog issues in as much as this impacts on the Trust energy and carbon plan and maintaining resilient and robust engineering systems for delivering healthcare to the community.

Progress on the Energy Performance Contract will be reported to the Finance and Resources Committee (FRC).

Behaviour Change Programme

A bespoke behavioural change programme will be designed to deliver a successful behavioural change programme to compliment the various initiatives currently happening within the Trust.

Skanska has partnered with Global Action Plan, the UK's leading environmental behaviour change charity and for the past 20 years helping NHS Trusts, businesses, schools and communities reduce their impact on the environment.

Key campaign messages around the various strands of sustainability will be formulated to span the year and the impact of these will be measured and reported to the board.

Sustainable Travel

Over the baseline year of 2009/10 total emissions savings of 35 per cent have been achieved from reduced staff travel till date, based on staff and member mileage claims. Over this time 1,117,427 fewer business miles were travelled equating to 221kg Co2.

For the purposes of the Carob Management Programme (CMP), it is not possible to calculate the carbon emissions arising from public transport, car hire use and staff member travelling using their own cars.

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;
- Cycle initiatives and awareness.

Travel Plan

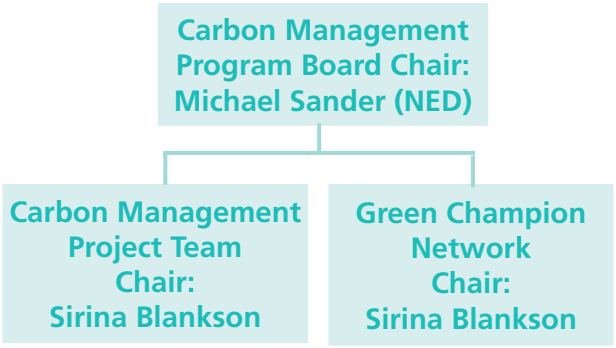
As part of the Trust's transformation and estate rationalisation program, it has become even more important for a Travel plan document to be put in place. The travel plan document will form the basis of patterns of Travel around the Trust and ensure both new and existing premises can adequately and clearly be accessed by all.

A draft travel plan is now in place for the four hospital sites.

Governance

The Trust recognizes that the management of the Sustainable Development Management Plan will require robust structures to guide the projects through a controlled, well-managed and visible set of activities to achieve the desired results.

Currently the reporting structures in place are as follows:



The programme has benefitted from the direct input, support and interest of the Non-Executive Board member estates lead, who chairs the Carbon Management Program Board.

Communication and Awareness

Communication and awareness has been a major focus of the Sustainable Development 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 Martins kitchen showing regularly-updated carbon reduction and sustainability messages.
- A business case is been developed to roll out digital signage screens at the reception of the major hospitals and hubs to showcase Trust information as well as feed live energy use information within buildings to engage building users.

Carbon Management Web Page and e-learning page

A Carbon Management web and e-learnin 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.

More information on Trust sustainability is continuously being updated.

Green Champions

The uptake of the Green Champion network has being encouraging. Trust staff appear very interested and highly motivated by the sustainability agenda.

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. The Trust now has about 80 green champions across the sites.

First KMPT Sustainability Conference

The Trust hosted its first sustainability event with a very successful Sustainability Conference themed Creating Healing Environments in December at Kent Invicta Chamber of Commerce, focusing on how sustainability can help deliver first class healthcare. The event celebrated the achievements of the green champions – employee volunteers who have been championing sustainability across the organisation by introducing recycling, less paper use and promoting sustainable behaviours.

The attendees at the event took part in a workshop where their valuable contributions are now being used to shape the vision and plan for the energy-saving programme.

The event was jointly hosted by Skanska and Global action Plan.

Focusing on people

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

Each year the Care Quality Commission, which regulates and monitors health and social care services in England, undertakes a national patient survey in all mental health trusts.

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

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

The 2013 survey found that in eight of the nine categories, the Trust has performed within the expected range; however performance was worse than expected in one category: Care Co-ordination. The Trust took steps to produce action plans for improvements.

Friends and family test

In December 2013, the Department for Health and NHS England announced that the format of the Friends and Family Test (FFT) would change with guidance on the new format due in March 2014. Although that guidance is still awaited, the Trust has chosen to go ahead and adopt the new format.

Whereas the previous format asked people to rate services on a score of 1 to 10, the new format asks people to state how likely they are to recommend services to friends and family in terms from 'Very likely' to 'Unlikely'.

The Trust will be reporting on its latest findings later in 2014.

Patient, Public and Community Involvement

During 2013 we continued with our Community Engagement Strategy launched in 2012, 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 to 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.

The Trust also continues to embed its Customer Care Charter in all services through its customer care training programmes. In the Charter we set out the commitments that we make to our customers and what we expect from them in return:

KMPT's commitments to service users:
We will…

Listen to your concerns and respect your views – we will treat you as an individual and in the context of your whole life. We will listen to what you have to say and record it accurately.

Involve you in planning your care – you will be given the opportunity to determine the plan for your care, which will focus on your recovery. We will give you a copy of your care plan in a format acceptable to you.

Be informative and engaged – we will provide you with information about conditions and services and, if you agree, also communicate with those who care for you. We will answer your questions politely and carefully. If we do not know the answer we will tell you and get the information for you as soon as possible.

Deliver best practice care – we will learn from best practice and provide care that meets NICE guidelines. Our staff will be up to date and trained to deliver best practice in all that they do.

Constantly improve – we will ensure that service users and carers are able to influence service development. We will learn from your feedback and be accountable to you by making changes based on your concerns.

KMPT expects service users to…

Keep your appointments – we ask that you attend, or advise us if you cannot meet an appointment given to you. If we have to change your appointment we will give you as much notice as possible and offer another date.

Treat our staff with respect and without aggression – while we appreciate that mental health problems can lead to frustration and anger, we ask that staff are treated with courtesy. We will be courteous and polite at all times.

Be open about your views – let us know your expectations and any concerns so that we can together plan the most appropriate care for you.

Service users and carers involvement and feedback

The Trust welcomes feedback on the services we provide and throughout 2013-14 has continued to work closely with a large number of patient and carer consultative groups across Kent and Medway.

The Trust is committed to a fair, effective and accessible complaints system that meets the needs of the complainant as 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).

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 2013/14 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.

The Trust is committed to listening, learning and improving.

Data Loss and Confidentiality

In 2013/14 we had two incidents, three less than in 2012/13, 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.

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 2013-14.

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 was reviewed and updated during the year. 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 came from a review of slip, trip and fall incidents in our older adult units. Workshops were held with staff to review our risk assessment processes, medicines management and the provision of safer footwear for vulnerable patients. As a result, the number of falls, and in particular those resulting in serious injury, was reduced significantly.

Our web-based risk management system, Datix, is now 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.

The Trust continues to monitor and review its estate to ensure risks to the health, safety and welfare of staff, patients and visitors are removed or reduced. The design of new builds and refurbishments now includes measures to remove or reduce potential ligatures and ligature points. 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.

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 align 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 improve sustainability

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.

Our objectives for 2014-15 are set out here:

To enhance service user and carer engagement and experience (5 year objective)

- to deliver improved service user access to services
- to deliver an improved carer experience of services
- to embed a recovery approach which ensures that service users and carers access advice, guidance and treatment in a holistic manner
- to evidence the impact of our work through improved service user/carer feedback and through the friends and family test

To become an exemplary employer, building a positive organizational development culture (five year objective)

- to ensure that our staff are supported through a coordinated organisational development programme to deliver excellence in all that they do

- to ensuring that all staff are valued, motivated, listened to delivering:
  A continuous improvement in human resources KPIs
  Improved staff morale
  Improved recruitment and retention

To develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services (five year objective)

- To deliver improved access to our services and those of others through collaborative working with other agencies through the implementation of more integrated services for those individuals experiencing a mental health crisis
- To deliver a recovery based approach to care where we work collaboratively with primary and community care to ensure service users and carers access a more holistic approach to care
- To deliver excellence and innovation in all that we do through a continuous learning from experience and participation in research and audit

To deliver consistent standards of quality to ensure that we are the provider of choice for mental health services in Kent and Medway (5 year objective)

- To ensure that we get the basics right at all times
- Implement cluster care pathways to drive up clinical quality, consistency, and transparency
- To ensure that the Trust implements the safer staffing initiative
- Establishing and securing core income from the delivery of cluster care pathways
- Use of BI to drive quality, efficiency and productivity within care pathways ensuring there is a critical focus on CPA, risk management and serious incidents
- Design improved service delivery models to support more integrated service delivery improving service user access and recovery

To ensure that our financial governance and controls systems support the delivery of high quality services (five year objective)

- Ensure that our clinical models deliver financial viability and sustainability
- Increasing our productivity
- Reducing expenditure - measured through effective deployment of resources
- Improvements in productivity measures

To incorporate organisational sustainability as an essential element of health care delivery (five year target)

- Develop a sustainable organisation with effective governance and through this work towards becoming a Foundation Trust

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 and carer engagement and partnership by further including users and carers in the development and design of our 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. Foundation Trust 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 Foundation Trust status brings numerous benefits for the whole organisation and especially the people it serves. Although a long process, it continues to provided an opportunity to engage and involve staff and local people in the work of the Trust and improving the services we offer.

In 2013 -14 the Trust restarted its ambition to become a sustainable organisation as 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 12,673 members including over 1,000 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) based on its Clinical Strategy which is being implemented through its Transformation Programme. Together with our clinical and quality aspirations, 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 be gained from the NHS Trust Development Authority (TDA) who give approval on behalf of the Secretary of State. Their approval can only be given after a successful CQC inspection. 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 0800 376 9229, 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 2013/14.

Governance structure and Board Committees

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

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 Rod Ashurst (Chair) and Anne-Marie Dean (Vice Chair).

Remuneration and Terms of Service Committee:

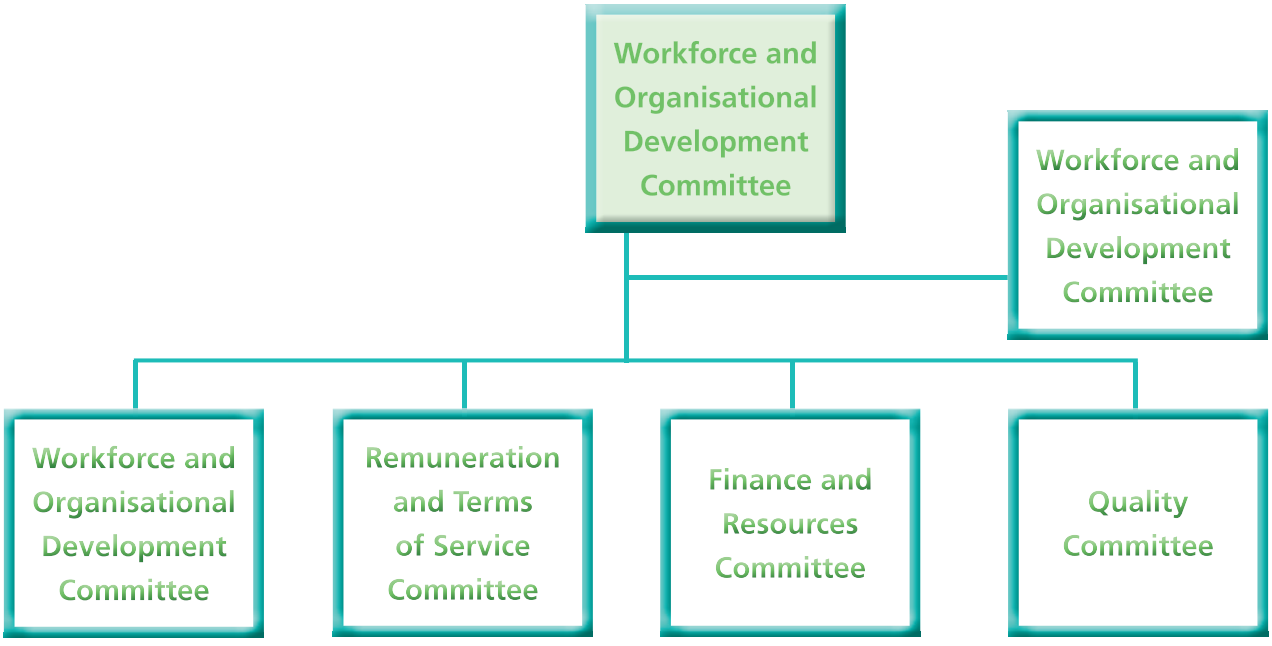
All Non-Executive members of the Board are members of this committee.

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 2013/14

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 Trust Development Authority (TDA), 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 Trust Board changed during the year with a new Non-Executive director joining in October following the resignation of a long standing Non-Executive member of the Board.

The Medical Director retired in January and the Director of Operations also left the organisation at the end of March 2014. This resulted in the role of Senior Independent Director being reassigned. A new Medical Director was appointed to the Board in March.

A robust Board development plan and appraisal process has been in place for the duration of this financial period. In addition the Trust has been subject to TDA oversight throughout the year which has included Board composition, Board Governance arrangements and ongoing scrutiny of Board as well as monitoring performance. The Board has reviewed its own arrangements against the CQC Well Led criteria and is actively preparing for a Chief Inspectors visit covering Board governance arrangements and impact.

2.4 The Board implements its roles and responsibilities with the aid of a structured and focused 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. Formal Board meetings were held bi-monthly. Where appropriate, the Board has also held additional formal meetings. Board attendance for the 2013/14 period averaged a rate of 88 per cent. 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 2013/14 period are:

Risk ID	Description	Mitigations and assurances
2851	If we do not engage and learn from patient feedback Then we will continue to have poor patient experience Resulting in adverse feedback, including increased complaints, on the delivery of care provided.	Implementation of Patient Experience action plans, Friends and Family implementation plan through Patient Experience Group, Community Service Feedback Form and review and improvement of system for capturing learning and sharing across the Trust
2195	If we do identify and address the factors affecting/having a positive impact on organisational culture Then we may not achieve Strategic objectives Resulting in loss of reputation and business.	Internal staff surveys run quarterly. Monthly monitoring of supervision, appraisal, mandatory training and sickness undertaken linked to quality, regulation and contractual requirements. Quality of appraisal has improved in July 2013. Continued robust programme of staff engagement including Viewpoint session, events for middle managers and the medical workforce. Trust has procured additional OD support to focus on cultural change, building capability and enhancing leadership across the Trust. Half year staff survey in July 2013 provides evidence that cultural indicators are improving in some areas.
3530	If we admit more patients than available beds Then we will have to access Private provision Resulting in potential harm to service users, patient experience damage to Trust reputation and financial loss.	Daily conference calls between stakeholders. On-going monitoring of bed situation within Service Line No reported incidents as an outcome of bed pressures Revised and re-launched Admission/ discharge protocol rolled out across Acute Service Line

4. REVIEW OF THE EFFECTIVENESS OF RISK MANAGEMENT AND INTERNAL CONTROL

4.1 Based on my assessment of the Assurance Framework Statement on internal control requirements, (and taking into account the progress made in the 2013/14 period) I have identified two key priorities to be implemented in 2014/15 in order to enhance the internal control arrangements. This assessment is informed by the Trust's progress in implementing the Risk Management strategy and findings from the internal audit review of Risk Management. These in turn inform the Head of Internal Audit opinion and influence the Trust's progression to Foundation Trust status. The implementation of these actions will further strengthen Board visibility over the process of monitoring risk mitigation plans associated with its significant risks and as highlighted on the BAF. These priorities are to:

- consult on and develop an understanding of risk tolerance and risk appetite
- develop and implement a plan for increasing the risk maturity from defined to enabled by 2016. The Board will oversee the implementation of these priorities, whilst primarily taking assurance from the work of the Board Committees.

4.2 As part of my review I also place reliance on the 2013/14 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 2013/14 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 The following issues which arose during the year were reported as significant:

5.2. Demand for Inpatient Acute Beds

The Trust experienced unexpectedly exceptional demand for inpatient acute beds during the year which resulted in significantly higher use of private sector beds than planned. The Trust put in place a range of actions to manage the demand and used the agreed risk share arrangement in place with commissioners to mitigate the financial impact on the Trust. A number of Service Developments have been supported by commissioners, including increasing capacity through additional beds and supporting infrastructure, to manage demand going forward.

5 . 2 Data security

During the 2013/14 period there were two 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. The nature of the incidents and the actions taken are shown below:

Incident 1

Nature of breach: NHS England received letter from an individual on the reverse of which was information about KMPT patient.

Actions taken: KMPT has assessed its processes for information being passed to and retained by volunteers in light of the events noted above and has identified and addressed areas relating to the transportation, retention and destruction of information to ensure continuous improvement and reduce the likelihood of this occurring in the future.

The member of staff responsible for this incident had retired from their position as a volunteer within the Trust so no action was taken against them.

Incident 2

Nature of breach: Information handed to out of area Local Authority by member of the public claiming to be ex-partner of Locum Social Worker

Actions Taken: KMPT continues its investigation into this incident but will ensure its information risks are monitored and assessed in light of the events noted above with a view to identifying and addressing any weaknesses.

The member of staff responsible for this incident is employed by the Local Authority and they are undertaking their own investigation into this matter.

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

Section 4: Managing finances

This section describes 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 2013/14.

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.
	Amounts of monies that the Trust has a liability to pay in the future that can be reliably estimated.
Capital	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	A limit set by the Department of Health used to control and manage the cash expenditure of the Trust. It covers all internal and external sources of finance available to the Trust including funding from the Department of Health.
Capital	This duty measures the Trust's ability to ensure that the Department of Health receives 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 20 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. The governance processes deliver changes whilst maintaining patient safety. Focus continues to be on quality impact assessment, service redesign and robust project management.

There was little investment during 2013/14 as the CCGs embedded their changes. Focus was on performance management, Payment by Results (PbR) development and CQUIN delivery. The main changes related to the application of the national deflator of 1.3 per cent and the non recurrent funding received from CCGs.

The Trust continued to earn the majority of its income from the local Clinical Commissioning Group which are Ashford CCG, Canterbury and Coastal CCG, Dartford, Gravesham and Swanley CCG, Medway CCG, South Kent Coastal CCG, Swale CCG, Thanet CCG and West Kent CCG all under a single block contract with West Kent as the lead Mental Health commissioner. Specialist Services were commissioned via the National Commissioning Board Specialist Commissioning Group.

The partnership arrangement with Kent County Council, which enables single management of the workforce for the provision of adult services, has also continued during 2013/14.

The Trust works closely with Medway Local Authority who is the provider of social care in the Medway locality, no formal partnership arrangement is in place.

Summary of Financial Performance

This section summarises the financial performance for 2013/14 and the position of the Trust as at 31 March 2014.

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 judgment 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 2013/14 have been examined by our external auditor, Grant Thornton, and their report is set out on page 73-75.

The Trust has four main financial targets;

- To break-even or recover any deficit over a rolling 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 2013/14 the Trust successfully achieved these targets, despite a number of challenges. The Trust recorded a surplus of £1.607m against its break-even duty compared to a planned surplus of £1.5m. This result was achieved through the delivery of the cash releasing efficiencies to cover cost pressures and a 1.3 per cent tariff deflator, which reduced the Trust's income.

Summary of Financial Targets

Target	Achieved?
Break-even - £1,607k surplus	Yes
Remain within External Financing Limit - £1,163k Under spend	Yes
Remain within Capital Resource Limit - £499k Under spend	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 £77k (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 £9.5m on capital expenditure in 2013/14, which represented a small under-spend against the plan revised in October 2013. The Board also agreed to sell the properties that had been identified as part of the estates element of the Trust's Transformation Programme which became surplus to requirements. 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 freed up by the capital under-spend has been carried forward into the capital plan of the next financial year.

The most significant capital expenditure in the year was on the following items:

1. £1.2m to refurbish the building used to provide step down LD forensic care.

2. £2.3m for building works to complete 3 of the service Hubs and the new Head Office.

3. £1.4m for building works on the creation of 3 satellite sites.

4. £2.4m 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 2013/14:

    - Mobile working technology, e-mail upgrade £0.2m and hardware e.g. laptops £1.2m

    - Further Development of the Cloud £0.3m

    - Development of a patient portal £0.2m

5. PLICs – Continued investment in the project for a further £0.3m for 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 to maintain the estate.

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 inpatient unit 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 – two 20-bed units and a 12-bed unit all completed in September 2006 and a 16- bed unit completed in July 2007. These are used for the provision of medium and low secure, continuing-care and rehabilitation services.

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, West Kent CCG, and more recently the other CCGs in the health economy to calculate and compile local tariffs.

The results produced diverse ranges of prices for each cluster so work will continue throughout 2014/15 to ensure service users are clustered appropriately.

The pathway re-design work was finalized in late 2013/14 after clinical review and informed the aspirational standard packages of care for each cluster that should be delivered. The Trust will now 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 single provider local cluster tariffs remains a priority for 2014/15 with the expectation that full PbR by tariff contracts will be in place by 2016/17. The 2014/15 contract with West Kent CCG will be a PbR contract using locality cluster tariff prices and activity.

Management Costs

Management Costs	£'000
Management costs	10,639
Total income	
Management costs as a percentage of total income	6.08%

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 £3.2m remaining.

The Trust has reduced its cash holding at the end of 2013/14 given the level of capital investment. However, the Trust still has a good cash balance that will give it resilience going forward given the uncertain financial climate.

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 2013/14 totalled £174,924k. The sources of income were:

Management Costs	£'000	%
Clinical Commissioning Groups	139,277	79.7
NHS England	20,141	11.5
Education and training	3,238	1.8
Non-patient care services	5,956	3.4
Other	6,312	3.6
Total	**174,924**	**100**

Expenditure

Operating expenses in 2013/14 totalled £171,605k. The analysis of this expenditure is:

Management Costs	£'000	%
Staff costs	128,069	74.6
Supplies and services	8,064	4.7
Premises	7,330	4.3
Services from other NHS Trusts	1,957	1.1
Services from NHS FTs	2,658	1.6
Establishment	3,937	2.3
Depreciation	6,169	3.6
Impairments	1,895	1.1
Other	5,600	3.3
Purchase of healthcare from non NHS bodies	5,926	3.4
Total	**171,605**	**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

Target	2013-14		2012-13	
	Number	£000s	Number	£000s
Total non-NHS trade invoices paid in the year	21,033	48,089	24,938	43,607
Total non-NHS trade invoices paid within target	18,977	465,230	22,346	41,081
% non-NHS trade invoices paid within target	90%	96%	90%	94%

NHS Payables

Target	2013-14		2012-13	
	Number	£000s	Number	£000s
Total NHS trade invoices paid in the year	**1,283**	**10,784**	**1,385**	**13,480**
Total NHS trade invoices paid within target	**1,147**	**10,131**	**1,184**	**11,989**
% NHS trade invoices paid within target	**89%**	**94%**	**85%**	**89%**

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

Remuneration report

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 2013 to March 2014 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 2013/14, 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 2013/14 was £150,000 (Chief Executive). This is 6.88 times greater than the median salary.

The highest paid employee salary figure for 2012/13 was £174,930 (Interim Director). This was also 8.03 times greater than the median salary.

The median salary of the workforce for 2013/14 was £21,798 and in 2012/13 the median salary of the workforce was £21,798.

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 2013/14, the definition applies only to those listed in the table of salaries and allowances.

Salary tables for senior managers 2013-14

Name and title	2013-2014					
	Salary	Performance pay and bonuses	Expense payments	Long term performance pay and bonuses	All pension related benefits	Total
	£'000	£'000	£'0	£'000	£'000	£'000
Angela McNab, Chief Executive	150-55	-	700	-	15-17.5	165-170
Mick Bull, Executive Director of Finance and Resources	110-115	-	-	-	27.5-30	140-146
Michael Seitz - Interim Director of Transformation and Commercial Development. Resigned July 2013	110-115	-	-	-	-	110-115
Ivan McConnell, Director of Transformation and Commercial Development in post from August 2013	70-75	-	-	-	5-7.5	80-85
Pippa Barber - Executive Director of Nursing and Governance	100-105	-	-	-	22.5-25	125-130
Nikki Prince, Director of HR	85-90	-	100	-	17.5-20	105-110
Dr Karen White, Executive Medical Director. Resigned Jan 2014	125-130	-	-	-	57.5-60	205-210
Dr Catherine Kinane - Executive Medical Director in post from Feb 2014	25-30	-	-	-	45-47.5	70-75
Marie Dodd - Executive Director of Operations. Resigned Feb 2014	95-100	-	-	-	-	95-100
Malcolm McFrederick - Interim Executive Director of Operations. In post from Feb 2014*	50-55	-	-	-	-	50-55
Andrew Ling - Chairman	20-25	-	200	-	-	20-25
Paul Godwin - Non Executive Director. Resigned Oct 2013	0-5	-	100	-	-	0-5
Michael Sander - Non Executive Director	5-10	-	200	-	-	5-10
Professor Margaret Andrews - Non Executive Director	5-10	-	200	-	-	5-10
Richard Page - Non Executive Director	5-10	-	200	-	-	5-10
Tom Philips - Non Executive Director	5-10	-	400	-	-	5-10
Rod Ashurst - Non Executive Director	5-10	-	100	-	-	5-10
Mark Bryant - Non Executive Director	5-10	-	100	-	-	5-10
Anne-Marie Dean - Non Executive Director in post from Nov 2013	0-5	-	-	-	-	5-10

* Paid to Agency

Salary tables for senior managers 2012-13

Name and title	2012-2013					
	Salary	Performance pay and bonuses	Expense payments	Long term performance pay and bonuses	All pension related benefits	Total
	£'000	£'000	£'0	£'000	£'000	£'000
Angela McNab, Chief Executive	150	-	700	-	25.5-30	175-80
Mick Bull, Executive Director of Finance and Resources	110-115	-	-	-	205-207.5	315-320
Michael Seitz - Interim Director of Transformation and Commercial Development. Resigned July 2013	170-175	-	-	-	-	170-175
Ivan McConnell, Director of Transformation and Commercial Development in post from August 2013	-	-	-	-	-	-
Pippa Barber - Executive Director of Nursing and Governance	95-100	-	100	-	42.5-45	140-145
Nikki Prince, Director of HR	85-90	-	-	-	30-32.5	120-125
Dr Karen White, Executive Medical Director. Resigned Jan 2014	150-155	-	-	-	-	150-155
Dr Catherine Kinane - Executive Medical Director in post from Feb 2014	-	-	-	-	-	-
Marie Dodd - Executive Director of Operations. Resigned Feb 2014	100-105	-	-	-	-	100-105
Malcolm McFrederick - Interim Executive Director of Operations. In post from Feb 2014*	-	-	-	-	-	-
Andrew Ling - Chairman	20-25	-	500	-	-	20-25
Paul Godwin - Non Executive Director. Resigned Oct 2013	0-5	-	100	-	-	5-10
Michael Sander - Non Executive Director	5-10	-	300	-	-	5-10
Professor Margaret Andrews - Non Executive Director	5-10	-	100	-	-	0-5
Richard Page - Non Executive Director	0-5	-	100	-	-	0-5
Tom Philips - Non Executive Director	0-5	-	-	-	-	0-5
Rod Ashurst - Non Executive Director	0-5	-	-	-	-	0.5
Mark Bryant - Non Executive Director	0-5	-	100	-	-	0-5
Anne-Marie Dean - Non Executive Director in post from Nov 2013	-	-	-	-	-	-

* Paid to Agency

Pension tables for senior managers
Remuneration Report – Pension and salary tables for senior managers

Name	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2014	Lump sum at age 60 related to accrued pension at 31 March 2014	Cash equivalent transfer value at 1st April 2013	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value	Employers	Total pension
	£'000	£'000	£'000	£'000	£'000	£'000			
Angela McNab, Chief Executive	2.0-2.5	-	10-15	-	151	193	39	-	10-15
Dr Karen White, Executive Medical Director. Resigned Jan 2014	0-2.5	5.0-7.5	55-60	175-180	1130	-	-	-	55-60
Dr Catherine Kinane, Executive Medical Director. In post from Feb 2014	2.0-2.5	5.0-7.5	30-35	100-105	555	623	57	-	30-35
Marie Dodd, Executive Director of Operations. Resigned Feb 2014	-	-	20-25	60-65	419	434	5	-	20-25
Ivan McConnell, Executive Director of Commercial and Transformation. In post from Aug 2013	0-2.5	-	0-5	-	-	9	9	-	0-5
Mick Bull, Executive Director of Finance and Resources	0-2.5	2.5-5.0	45-50	145-150	893	957	44	-	45-50
Nikki Prince, Director of Human Resources	0-2.5	2.5-5.0	10.15	40-45	231	261	24	-	10-15
Pippa Barber, Executive Director of Nursing and Governance	0-2.5	2.5-5.0	25-30	80-85	430	472	32	-	25-30

2012-2013
Remuneration Report - Pension Benefits

Name	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2014	Lump sum at age 60 related to accrued pension at 31 March 2014	Cash equivalent transfer value at 1st April 2013	Cash Equivalent Transfer Value at 31 March 2014	Real increase in Cash Equivalent Transfer Value		Total pension
	£'000	£'000	£'000	£'000	£'000	£'000			
Angela McNab, Chief Executive	2.0-2.5	-	10-15	-	135	151	9	-	10-15
Dr Karen White, Executive Medical Director. Resigned Jan 2014	-	-	115-120	165-170	1138	1130	-	-	115-120
Marie Dodd, Executive Director of Operations. Resigned Feb 2014	-	-	20-25	60-65	403	419	-	-	20-25
Mick Bull, Executive Director of Finance and Resources	77.0-7.5	22.0-22.5	45-50	141	694	893	163	-	45-50
Nikki Prince, Director of Human Resources	1.0-1.5	3.5-3.75	10-15	35-40	194	231	27	-	10-15
Pippa Barber, Executive Director of Nursing and Governance	1.0-1.5	3.0-3.5	23-30	75-80	379	430	31	-	25-30

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) and uses common market valuation factors for the start and end of the period.

Exit packages

Exit Packages agreed in 2013-14

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	2013-14 Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	2012-13 Total number of exit packages by cost band
	Number	Number	Number	Number	Number	Number
Less than £10,000	5	0	5	1	0	1
£10,000-£25,000	11	0	11	2	1	3
£25,001-£50,000	7	1	8	1	0	1
£50,001-£100,000	1	0	1	0	1	1
Total number of exit packages by type (total cost)	24	1	25	4	2	6
Total resource cost (£s)	514,576	36,000	550,576	74,000	65,000	139,000

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Pensions Scheme. Exit costs in this note are accounted for in full in the year of departure. 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.

This disclosure reports the number and value of exit packages agreed in the year. Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Exit packages - Other Departures analysis

	2013-14 Agreements	2013-14 Total value of agreements	2012-13 Agreements	2012-13 Total value of agreements
	Number	£000s	Number	£000s
Mutually agreed resignations (MARS) contractual costs	0	0	2	65
Early retirements in the efficiency of the service contractual costs	24	515	4	74
Exit payments following Employment Tribunals or court orders	1	36	0	0
Total	25	551	6	139

This disclosure reports the number and value of exit packages agreed in the year. These were incurred as a result of the efficiency programme and also a change in contract arrangements for the Primary Care Psychological Therapy Service. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 9.4 which will be the number of individuals.

Off-payroll payments

The following table provides details of off-roll payments as of 31 March 2014 for more than £220 per day and that last longer than six months:

Off-payroll engagements	Number
Existing engagements as of 31 March 2014	3
Of which the number that have existed:	
For less than one year at the time of reporting	2
For between one and two years at the time of reporting	1
For between two and three years at the time of reporting	0
For between three and four years	0
For four or more years at the time of reporting	0

Confirmation that all existing off-payroll engagements have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where, necessary, that assurance has been sought.

The following table provides details of all new off-roll payments between 1 April 2013 and 31 March 2014 for more than £220 per day and that last longer than six months:

Off-payroll engagements	Number
Number of new engagements between 1 April and 31 March 2014	2
Number of new engagements which include contractual clauses giving KMPT the request assurance in relation to income tax and National Insurance obligations	2
Number for whom assurance has been requested of which: assurance has been received assurance has not been received	 1 0
assurance has not been received	0
Engagements terminated as a result of assurance not being received, or ended before assurance received	0

Auditor's statement

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF KENT AND MEDWAY NHS AND SOCIAL CARE PARTNERSHIP TRUST

We have audited the financial statements of Kent and Medway NHS and Social Care Partnership Trust for the year ended 31 March 2014 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the disclosures of pay multiples and related narrative notes.

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 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. 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 auditors

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report, which comprises sections 1 to 4, to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of Kent and Medway NHS and Social Care Partnership Trust as at 31 March 2014 and of its expenditure and income for the year then ended; and

- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and

- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We report to you if:

- in our opinion the governance statement does not reflect compliance with the Trust Development Authority's Guidance;

- we refer the matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency; or

- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We have nothing to report in these respects.

Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Respective responsibilities of the Trust and auditors

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2013, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Conclusion

On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2013, we are satisfied that in all significant respects Kent and Medway NHS and Social Care Partnership Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.

Certificate

We certify that we have completed the audit of the accounts of Kent and Medway NHS and Social Care Partnership Trust in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

Paul Hughes
for and on behalf of Grant Thornton UK LLP,
Appointed Auditor
Grant Thornton House
Melton Street
Euston Square
London NW1 2EP
6 June 2014

Statement of Comprehensive Income

For the year ending 31 March 2014

	2013-14 £000s	2012-13 £000s
Gross employee benefits	(128,069)	(128,831)
Other operating costs	(43,536)	(40,517)
Revenue from patient care activities	160,487	159,771
Other operating revenue	14,437	13,131
Operating surplus/(deficit)	3,319	3,554
Investment revenue	56	59
Other gains and (losses)	1,670	294
Finance costs	(1,595)	(1,753)
Surplus for the financial year	3,450	2,154
Public dividend capital dividends payable	(3,829)	(3,758)
Retained (deficit) for the year	(379)	(1,604)

Other Comprehensive Income	2013-14 £000s	2012-13 £000s
Impairments and reversals taken to the Revaluation Reserve	(267)	(5)
Net gain on revaluation of property, plant and equipment	1	3,631
Total Comprehensive Income for the year	(645)	2,022

Financial performance for the year		
Retained surplus/(deficit) for the year	(379)	(1,604)
IFRIC 12 adjustment (including IFRIC 12 impairments)	33	67
Impairments (excluding IFRIC 12 impairments)	1,895	2,683
Adjustments in respect of donated gov't grant asset/reserve elimination	58	56
Adjusted retained surplus	1,607	1,202

Statement of Financial Position

As at 31 March 2014

	31 March 2014 £000s	31 March 2013 £000s
Non-current assets:		
Property, plant and equipment	137,671	139,186
Intangible assets	3,121	3,206
Trade and other receivables	892	983
Total non-current assets	141,684	143,375
Current assets:		
Trade and other receivables	4,444	3,036
Cash and cash equivalents	16,791	17,132
Total current assets	21,235	20,168
Non-current assets held for sale	2,450	4,577
Total current assets	23,685	24,745
Total assets	165,369	168,120
Current liabilities		
Trade and other payables	(13,664)	(12,388)
Provisions	(2,928)	(3,592)
Borrowings	(696)	(720)
Capital loan from Department	(1,600)	(1,600)
Total current liabilities	(18,888)	(18,300)
Net current assets/(liabilities)	4,797	6,445
Non-current assets plus/less net current assets/liabilities	146,481	149,820
Non-current liabilities		
Trade and other payables	(169)	(300)
Provisions	(2,259)	(2,147)
Borrowings	(15,470)	(16,615)
Capital loan from Department	(1,600)	(3,200)
Total non-current liabilities	(19,498)	(22,262)
Total Assets Employed:	126,983	127,558
FINANCED BY:		
TAXPAYERS' EQUITY		
Public Dividend Capital	114,688	114,618
Retained earnings	7,156	7,135
Revaluation reserve	9,839	10,505
Other reserves	(4,700)	(4,700)
Total Taxpayers' Equity:	126,983	127,558

Statement of Changes in Taxpayers' Equity

For the year ending 31 March 2014

	Public Dividend capital	Retained earnings	Revaluation reserve	Other reserves	Total reserves
	£000s	£000s	£000s	£000s	£000s
Balance at 1 April 2013	114,618	7,135	10,505	(4,700)	127,558
Changes in taxpayers' equity for 2013-14					
Retained surplus/(deficit) for the year	0	(379)	0	0	(379)
Net gain/(loss) on revaluation of property, plant, equipment	0	0	1	0	1
Impairments and reversals	0	0	(267)	0	(267)
Transfers between reserves	0	400	(400)	0	0
Reclassification Adjustments					
New PDC Received - Cash	70	0	0	0	70
Net recognised revenue/(expense) for the year	70	21	(666)	0	(575)
Balance at 31 March 2014	114,688	7,156	9,839	(4,700)	126,983

Balance at 1 April 2012	114,218	8,620	6,999	(4,701)	125,136
Changes in taxpayers' equity for the year ended 31 March 2013					
Retained surplus/(deficit) for the year	0	(1,604)	0	0	(1,604)
Net gain/(loss) 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

Statement of Cash Flows

For the year ending 31 March 2014

	2013-14	2012-13
	£000s	£000s
Cash flows from operating activities		
Operating surplus	3,319	3,554
Depreciation and amortisation	6,169	5,683
Impairments and reversals	1,895	2,683
Interest paid	(1,523)	(1,675)
Dividend (paid)	(3,797)	(3,681)
(Increase) in trade and other receivables	(1,329)	1,626
Increase in trade and other payables	1,966	(35)
Provisions utilised	(1,105)	(483)
Increase in provisions	481	2,401
Net cash inflow from operating activities	6,076	10,073
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest received	56	59
(Payments) for property, plant and equipment	(9,972)	(10,424)
(Payments) for intangible assets	(377)	(603)
(Payments) for investments with DH	(501,500)	(602,000)
Proceeds of disposal of assets held for sale (PPE)	6,126	2,512
Proceeds from disposal of investment with DH	501,500	602,000
Net cash (outflow) from investing activities	(4,167)	(8,456)
NET CASH INFLOW BEFORE FINANCING	1,909	1,617
CASH FLOWS FROM FINANCING ACTIVITIES		
Public dividend capital received	70	900
Public dividend capital repaid	0	(500)
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	(720)	(650)
Net cash (uutflow) from financing activities	(2,250)	(1,850)
NET INCREASE IN CASH AND CASH EQUIVALENTS	(341)	(233)
Cash and cash equivalents at beginning of the period	17,132	17,365
Cash and cash equivalents at year end	16,791	17,132

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.

Angela McNab
Chief Executive

STATEMENT OF THE 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

Angela McNab
Chief Executive

Mike Bull
Executive Director of Finances and Resources

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 languages:

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

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