

Quality Account 2015-16



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

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.

www.kmpt.nhs.uk

*Excellent care personal to you
Delivering quality through partnership*

KM201 100315

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Customer Care Charter

This Charter lists the commitments we make to our customers and what we expect from them.

KMPT's commitments to you. We will...

- 1 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.
- 2 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.
- 3 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.
- 4 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.
- 5 Constantly improve** – we will ensure that service users and carers are able to influence service development. We will learn from your feedback and the accountable to you by making changes based on your concerns.

KMPT expects you to...

- 1 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.
- 2 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.
- 3 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.

If you do not feel that we are meeting these commitments, we ask you to raise this with your key worker, the service manager, or write to: Patient Experience, Freepost RTCS-SBAL-KBUK, St Martin's Hospital, Canterbury CT1 1TD or email: patientexperience@kmpt.nhs.uk

Signed

KM200 090315

Introduction

respect
open
accountable
working together
innovative
excellence

All providers of NHS services, no matter how large or small, or what services they provide, should be striving to achieve high quality care for all and, therefore, all are required to produce a Quality Account.

The Quality Account is an annual report for the public that focuses on the quality of the services the Trust delivers, the ways in which the Trust demonstrates that it frequently checks on the quality of those services, and that the Trust's staff are committed continually to improve the quality of those services.

Quality Accounts should assure commissioners, service users and the public that healthcare providers are regularly scrutinising their services and, therefore, are able to concentrate on those areas that need the most attention.

The Quality Account comprises three sections, as required in the guidance set by the Department of Health in the Quality Account

Toolkit. Part one is the statement from the Chief Executive on page 10. Part two reviews our progress on our quality improvement priorities in 2015-16 and contains statements about various aspects of the quality of our services in the format set for us. Part three contains our priorities for improvement in the year ahead and tells you who was involved in determining our priorities. For ease, the latter statement is on page 81.

This report clearly demonstrates the importance to the Trust of the quality of the services we provide to our service users, and that we invite and encourage scrutiny, debate and reflection on those services at all times.

We hope you find this report both interesting and reassuring and, if you wish to make any comments about our services, please do get in touch. You'll find our contact details on the back page.



Friends, Family and Carer's Partnership Charter

We value the important role that carers play in the lives of those who use all of our services, whatever their age and we recognise that there is joint accountability between KMPT and carers who are an important source of information about the people that they care for.

We make the following commitments to work together with carers in the context of the support we provide:

Working together as partners.

- We will identify any carers as part of the core assessment process.
- Service users consent will be sought to share information and involve carers.
- Where service users indicate that they do not wish a carer actively involved, we will ensure that carers are still able to be heard.
- Carers will be able to access information relevant to service delivery which does not include personal patient information, where consent has not been given.
- We will respect carer's and service users confidentiality and work with carers to overcome barriers to giving support and sharing information.
- Opportunities will be provided for carers to influence the planning, development and evaluation of the performance of services through:
 - Carer Consultative Committees and Patient Consultative Committees
 - Involvement in staff recruitment
 - Inclusion in consultation exercises
- We will work with carers in carer-led initiatives including working with the carer groups across Kent to ensure that service developments and clinical protocols are developed and implemented collaboratively.

Supporting the needs of carers

- Carers needs assessments will be offered to all carers who meet the criteria.
- We will ensure a prompt response is provided to carer enquiries.
- Carer's forums will be established within services as appropriate.
- Training opportunities will be made available to carers.
- Carers will be able to access workshops within Wellbeing Centres.
- We will ensure that carers are involved in advance care planning.

Valuing the carer role

- The Trust will engage carers to provide 'carer's awareness' sessions to increase understanding of carers perspectives.
- We will continue to engage in the Triangle of Care initiative which champions the valuable contribution carers make to supporting service users.

CEO signature 

Review date: July 2015

Referenced documents

Initial charter SWK Rethink, Carer's survey results, Service line protocols

Key achievements in 2015-2016

CQC Inspection

The Care Quality Commission published its inspection report in July 2015 giving the Trust an overall 'Requires Improvement' rating. Notably, the Forensic Services received a rating of outstanding while the care provided by our staff was found by to be compassionate and caring and was rated as good.

Therapeutic Staffing

KMPT participated in a national improvement programme in July during which staff on Orchards Ward in Priority House took the opportunity to identify where and how care could be improved, while enhancing the working environment for staff and patients on the ward. This has evolved into the therapeutic staffing model which is now being developed across the Trust.

Mother and Infant Mental Health

The Trust's Mother and Infant Mental Health Service (MIMHS) is being used as an example of good practice in a national document. NHS Improving Quality (NHSIQ) visited the Mother and Infant Mental Health Service to hear about their work for research purposes to help towards a document for NHSIQ which highlights notable practice in perinatal mental health care. The Trust's specialist perinatal community teams will be included as examples of a good model.

Award winning

The Lakeside Lounge has been highly commended in a prestigious award ceremony for its Patient Experience. Forensic and Specialist Services staff were recognised at the National Positive Practice in Mental Health awards, which have been assessing mental health services and identifying positive practice for nearly 20 years.

The Trusts Medway A&E Alcohol pilot was shortlisted for the Nursing Times Awards, Emergency and Critical Care category, from over 80 applicants. In addition, two members of staff were recognised in the Kent, Sussex and Surrey Leadership Collaborative Awards when they were awarded 'runner-up' in the Patient Champion of the Year and Inclusivity Leader of the Year categories.

Safewards

A national initiative called 'Safewards' is being implemented at a number of sites across the Trust. 'Safewards' consists of ten modules developed to reduce violence and aggression on inpatient units. Staff from Upnor Ward (in Maidstone) began in October 2015 with one of the first modules called "Know Each Other" which recognises the importance of both staff and patients interacting with each other in a more engaged way. This helps staff to form faster relationships with patients to enhance their coping skills, alleviate difficult behaviors and make patients feel more comfortable and at ease during admission and inpatient stay.

The "Safe activities in a box" project (part of 'Safe Wards') has also been successfully running in the wards at St Martin's and funding has been secured so more service users can now benefit. Each activity in the box has been risk assessed and graded green or amber. There is a full set of instructions for each of the activities which range from simple, safe crafts that staff can facilitate with individuals up to group quizzes and games. Both projects will help to reduce aggression and violence on our wards.

Research and Development

KMPT is proving that it can lead the way nationally and internationally when it comes to research after receiving an award for its ground-breaking work into fire-setting behavior. The award was given as part

of the University of Kent's Research Prizes competition.

The Trust exceeded its 2015/2016 recruitment target of 300, by recruiting 448 service users, family members and staff to National Institute of Health Research Portfolio studies.

The Trust is set to become even more active in the field of research with further development of the Research and Development team.

Led by Sarah Dickens, Acting Research and Development Manager there are now ten research workers who are funded by the Clinical Research Network (CRN) but employed by KMPT. The team offers a valuable resource for clinicians and others across the Trust.

Estates

Significant work has been undertaken to improve Trust inpatient units ensuring the safety of our patients and improving the environment for all those who use our services. This includes the opening of a brand new build ward in Maidstone. Local MP Gordon Henderson opened Upnor Ward which provides an improved inpatient unit for our informal patients. In addition Cherrywood Ward in Dartford has seen a significant refurbishment project. Community services have not missed out as new clinical rooms, an accessible reception area and a new family suite are just some of the improvements that will enhance the experience of service users who come to Highlands House in Tunbridge Wells. The estates project will continue into 2016.

Engagement is key

A conference entitled *Let's Talk* was held in October 2015 at the Valley Invicta Academies Trust in Maidstone. The event had the primary aim of fostering stronger and enduring stakeholder relationships while encouraging increased engagement and transparency among all present.

Three carers conferences were held during 2015-16 and one service user conference. Both continue to receive positive feedback and combined with the Let's Talk event, have contributed to improving engagement with service users, family, friends and carers.

Memorybilias

A group dedicated to the views of people with dementia and those affected by the condition in west Kent and Medway has commemorated its first birthday with a small celebration. The Memorybilias group, made up of people with a diagnosis of dementia and supported by the Kent Alzheimer's Society and KMPT, was formed in April 2014. The main focus of the group is to improve local services for people with dementia, reduce stigma of the condition and raise dementia awareness. Memorybilias also provides people with the opportunity to learn new skills and increase their confidence.

Care home review clinics

A new service that provides reviews of older adults' social, mental and physical needs within care homes has resulted in more patients being discharged back to their GPs.

The service, which was introduced by the Trust in 2015, also ensures that patients in care homes who have mental health issues have regular checks and care homes who manage those with mental health needs are well supported.

Patients to benefit from our work with international partners

An innovative, new, high-quality course for staff working with mental health patients with long-term conditions has been given the go-ahead with European funding. Staff working for the Trust will benefit from the e-learning course of vocational training, which will help them integrate the arts into their

day-to-day jobs. This could be drama, singing or art therapy.

The Trust will work with partners from Cyprus, Italy, Denmark, Romania, Spain and Slovenia to develop an e-learning course of vocational training.

The project will create a course that can be accessed in the future by anyone wishing to undergo training in how to use the arts as therapy for patients with long-term conditions.

The broad range of countries involved in this partnership will ensure that the course developed is of the highest quality and takes into account a range of experiences and is applicable to a wide group of people across many different cultural settings.

Chief Executive's Statement

Welcome to our seventh Quality Account.

On the week commencing 16th March 2015 the Care Quality Commission (CQC) conducted a comprehensive inspection of the trust, which included visits to the trust's wards and a sample of community teams. The Trust's Forensic Services received a rating of outstanding and the care provided by our staff was found by the CQC to be compassionate and caring and was rated as good.

The Inspection highlighted a number of areas of service provision which required further improvement. The Trust received the Overall rating of 'Requires Improvement'. For details of our CQC Inspection scores see page 69 and Appendix B for a description of our Quality Improvement Plan, through which we are improving our services.

The progress made with the nine quality priorities that we set last year is given from page 14 together with describing the nine priorities for the coming year, the topics of which have been influenced by our CQC Inspection report. This is in order to ensure that we continue to drive up the quality of the services we provide.

From talking to service users and carers during the past year we know that we still have a lot of work to do. However the information presented in this document shows that a significant amount of good progress has been achieved. These improvements are the result

of the hard work and commitment provided by all our staff and partners, in contributing to quality focused and compassionate services for service users and their carers.

The information contained within this document is, to the best of my knowledge, accurate. The Directors' statement on page 13 further makes it clear that we have met the requirements for preparing this Account. Furthermore, our auditors have reviewed the account and their report can be found in Appendix I.



A handwritten signature in black ink, appearing to read 'Malcolm McFrederick', written in a cursive style.

Malcolm McFrederick
Acting Chief Executive

Trust Objectives 2015-16

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 (5 year objective)
3. To maintain and further establish our position as the provider of choice for mental health services in Kent and Medway (5 year objective)
4. To ensure sound financial management without compromising quality of service (5 year objective)
5. To become an exemplary employer, enabling staff to reach their full potential (5 year objective)
6. To develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services (5 year objective)
7. To incorporate sustainability and environmental management as an essential element of healthcare delivery (5 year target)

Our Clinical Strategy

Our clinical strategy was first published in 2012, with the purpose of building a culture of excellence within every part of our organisation, ensuring staff are supported, developed and valued and that clinical leadership drives improvements. During 2015 -2016 in order to take account of emerging challenges that have occurred since 2012 we have refreshed the four key objectives of our clinical strategy, which are set out below.

1. KMPT will develop and deliver a range of service models to support timely care in the least restrictive setting, ensuring urgent and acute needs can be met.
2. KMPT will ensure service users have clear, integrated pathways to recovery, including supported transfer to and from primary care.
3. KMPT will work with CCGs and partners to develop services, enabling more service users with complex needs to be cared for within Kent.
4. KMPT will ensure high quality clinical environments and the use of technology to support quality and clinical effectiveness.

Our Services

We are focused on providing a range of mental health services. However, we also provide a range of other specialist services, they 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

People with drug and alcohol problems:

- Detoxification inpatient unit

Forensic mental health services:

- Medium-secure unit including specialist women's unit
- Low-secure unit
- Custody Liaison service
- Street triage Service

Specialist services:

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

The Trust has reviewed all the data available to it on the quality of care in all 24 of these NHS services.

The income generated by the NHS services reviewed in 2015-16 represents 100 per cent of the total income generated from the provision of NHS services by the Trust for 2015-16.

Directors' Statement

requirements in preparing the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporate the above legal requirements).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Accounts presents a balanced picture of the Trust's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance
- The directors confirm to the best of their knowledge and belief that they have complied with the above



A. V. Ling.

Andrew Ling
Chairman

Review of Quality Performance: Achieving Our 2015-16 Priorities

The nine priorities were:

Patient Safety

- Reduce all serious incidents including AWOL, absconding, suicide and serious self-harm during an in-patient admission or while in treatment with a working age adult community team
- To ensure all adults, children and young people are effectively safeguarded
- To increase the health promotion smoking cessation advice and intervention to encourage people to stop smoking

Patient Experience

- To ensure that service users and carers receive the appropriate information relating to prescribed medication
- To ensure that service users and carers receive adequate notice of cancelled appointments, to ensure that service user and carers are kept informed about unavoidable cancellations in a timely and appropriate manner
- To produce a standard discharge to primary care letter across KMPT

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

2015-16 Patient Safety Priority 1

Reduce all serious incidents including absence without leave (AWOL), absconding, suicide and serious self-harm during an in-patient admission or while in treatment with a working age adult community team

Approach:

Keeping our patients safe from harm is a top priority and enshrined in all our aims and objectives. Continual patient safety learning sits at the heart of high quality patient care and we continue to work to reduce all serious incidents including AWOL, absconding, suicide and serious self-harm during an in-patient admission or while in treatment with a working age adult community team.

We have continued to ensure that we minimise the risks to patients whilst still providing high quality care. We have been continuing our programme to ensure that inpatient environmental risks are minimised and wards have been undergoing refurbishment to promote safety and security whilst still ensuring effective communication and therapeutic care.

There is a need to ensure that whilst we have reduced the risks associated on inpatient wards we need to ensure that we minimise the risk of patients going absent from wards or failing to return from leave. We know from our own learning that such events can lead to patient safety incidents and therefore is a key priority for improvement.

There has been an increased focus on providing support to patients in a mental health crisis. Our Crisis Resolution Home Treatment Teams provide an effective alternative to admissions and swift responses to a crisis. We need to ensure that the care provided at this time of increased distress and risk is safe, effective and patient centred.

The Trust has continued to be involved in the South of England Improving Safety in Mental Health Collaborative. Which aims to improve the safety of patients and ensure continual patient safety learning sits at the heart of healthcare.

Our patient safety aims are:

- a reduction in deaths as a result of self-harm in service users on inpatient wards
- zero or greater than 300 days between deaths as a result of self-harm in service users in receipt of care from community teams including CRHT
- zero or greater than 150 days between severe harm in service users on inpatient wards
- zero or greater than 300 days between severe harm in service users in receipt of care from community teams
- zero or greater than 300 days between AWOLs and missing service users. Reduce by 50%

Actions:

We have continued in our work to improve younger adult inpatient environments by refurbishing our wards and creating environments that are both safe and therapeutic. This has been supported by a review of therapeutic staffing to ensure the skills and expertise of staff meets the needs of patients and enables effective recovery in a high quality and safe environment.

In addition to this we have learned that we need to ensure that service user entry and exit from the Adult Acute Inpatient wards is managed effectively to keep patients safe whilst not impacting unnecessarily on liberty. A review of door systems and fob access and ensuring high risk patients are therapeutically observed at all times has helped to minimise the risk of patients going AWOL.

We have worked closely with key partners agencies and commissioners through the Crisis Concordat Steering group which has focussed on ensuring a joined up and effective response to those who present in a mental health crisis who are at an increased risk of harm. This has included improved working with Kent Police and the development of a Mental Health Street Triage Service with a presence in the Police Force Control and an increase in skilled mental health support to those who present to the Accident and Emergency Departments.

We identified a theme in serious incidents resulting in severe harm or death of those on open to CRHTs relating to effective gatekeeping for admission and listening to carers. We recognise that carers are often with the patient 24 hours a day and therefore best placed to inform the risk assessment and care plan. We are committed to greater inclusion of carers in the care planning process and are working collaboratively with carers to ensure this happens.

We recognise the benefits that can be had from sharing and cascading learning from national data, complaints, concerns, incidents and near misses, and know that if this is done effectively it can help to minimise future risk and strengthen the quality of the services we provide. We have implemented monthly lessons bulletins in each service to ensure this effectively happens and lessons are communicated to all levels of the organisation.

Results:

Suicide and Serious Self Harm

- There have been 0 deaths on inpatient wards as a result of self-harm / suspected suicide. (same as 2014-2015), a reduction in deaths as a result of self-harm in service users on inpatient wards was achieved
- There have been 5 deaths as a result of self-harm of a patient open to a CRHT Team, which is the same number of 5 recorded during 2014 -2015
- There have been 37 incidents of suspected suicides of patients open to a community mental health team, which is an increase of 14% on those deaths recorded during 2014-2015. The aim of zero or greater than 300 days between deaths as a result of self-harm in service users in receipt of care from community teams including CRHT was not achieved
- 2015/16 recorded 42 incidents of suspected suicides, which is a reduction of 16% of suspected suicides recorded during 2014-15

Serious Self-harm

- There have been 2 incidents of severe/moderate self-harm on younger adult inpatient wards, which is a reduction of 60% of the same incidents recorded during 2014-2015, The aim of zero or greater than 150 days between severe harm in service users on inpatient wards aim was not achieved
- There have been 1 incident of severe/moderate self-harm in service users open to our CRHT Teams, which is a reduction of 87% of the same incidents reported during 2014-2015,
- In the Community recovery service line there were 13 incidents for serious self-harm, which is a reduction of 24% of the same incidents recorded during 2014-2015, the aim of zero or greater than 300 days between severe harm in service users in receipt of care from community teams was not achieved.

AWOL and Absconding

- There have been 3 patients (2014-2015: 10 patients) involved in an AWOL serious incident, which is a reduction of 70% of AWOL incidents reported during 2014-2015 and 7 patients absconding from an inpatient ward or failing to return from agreed leave, which is an increase of 29% of those incidents reported during 2014-2015
- The aim of zero or greater than 300 days between AWOLs and missing service users on all in-patient units being reduced by 50% was achieved

The Therapeutic Ward



KMPT participated in a national improvement programme entitled 'Perfect Week' during which staff on Orchards Ward in Priority House took the opportunity to identify where and how care could be improved while enhancing the working environment for staff and patients on the ward.

What is the Therapeutic Ward?

The project team is working on four themes to achieve their overall objective of a therapeutic ward:

- Enabling the patient and promoting recovery
- Increasing Psychology and Occupational Therapy input
- Improving the patient and carer experience
- Changing staffing and working times to meet the vision.

Currently, the Older Persons inpatient ward has an activity programme for patients running from 8am-4pm on weekdays. Research shows that patients can become bored in the evenings and on weekends, and the limited activity times mean valuable opportunities for family members and loved ones to be involved in therapy are being missed.

The aim of the therapeutic ward is to include therapy which will be more readily available at times suitable for the patient, and in some cases, their families. Opportunities to develop groups offering education around difficulties such as anxiety and depression, as well as carer groups, are being explored.

The team hope that the changes will also improve staff and patient morale by creating a better quality environment for everyone.



From left to right: Theresa Waggott, Assistant Psychologist; Julia Gummery, Staff Nurse; Vanessa Waller, Healthcare Assistant; Lisa Lee-Falcon, Psychologist; Marian Reeves, Deputy Ward Manager, Kate Ingrams, Staff Nurse; James Godfrey, Ward Manager and Laura Makepeace, Occupational Therapist (OT).

The vision does not just focus on activity within the ward but also on working more closely with external agencies to improve planning when considering a patient's discharge from the unit.

More psychology input will be available with the first full time assistant psychologist on site and a qualified clinical psychologist two days per week. They will be available to complete assessments and treatment at a time suitable for the patient and their family. Together with the rest of the multi-disciplinary team, this input will enable a more holistic way of treating the patient with a person centred approach.

It is important not to forget the staff. The psychology team will be working more closely with nursing staff who can sometimes find themselves in highly emotive and challenging situations.

The Trust uses occupational therapy across all its services. At Orchards Ward, the service is being made available during the evening and at weekends. This will allow families to become more involved if they wish as well as motivating patients to get involved in activities of their choice. In addition, staff will have more allocated time to carry out personalised one to one sessions. By helping patients with therapy it is hoped that the need for medical intervention will be reduced.



The therapy room has been created on the ward as part of the therapeutic staffing changes to create a space for all staff (HCA's, Nurses, OTs and Psychologists) to use with patients.

Overall, it is hoped the changes will empower patients and their families and carers, as well as benefitting staff.

The presentation given at the last carer's conference prompted one carer to thank the staff for their presentation and vision which followed with a round of applause from the audience.

2015-16 Patient Safety Priority 2

To ensure all adults, children and young people are effectively safeguarded

Approach.

The safeguarding team has continued to monitor the data held on the safeguarding pages on children under 18 years of age for those clients who are also parents. This data assists staffing being proactive in deploying the right measures for children who need that additional level of support by knowing the make-up and issues for each family and hopefully preventing issues reaching child protection status with that earlier intervention. Attendance at Case conferences has also been monitored as staff need to have that follow through once they identify potential or significant harm to a child. In the care of our adult service users monitoring of Mental Capacity Act compliance and adherence to its principles has also been a focus.

Actions

1. The safeguarding team have worked with the safeguarding champions and produced a flowchart to assist staff to navigate their way around the case file system (RiO) and upload data on children on the designated safeguarding pages. Staff have also been given practical help to complete the safeguarding pages on RiO and the champions have met quarterly and have had additional advice and support given to them to allow them to better support colleagues in their teams.
2. With case conferences we have worked closely with the administrators in the children and families social care teams to ensure the named nurses are copied into invites to conferences. This has allowed for additional assistance in completing reports but also support for those having to attend.
3. Mental Capacity compliance has been tested in teams both face to face and through review of case files.

Results

Case file information held on children on safeguarding pages.– Target 90%

Actual result = 13%

825 reviewed, 90 were parents/carer of children. Over 90% of data was held in the Core assessment clearly stating age and status of child(ren)

Case conference attendance Target 85% compliance

Actual results – 92%

Quality of reports 100% (None returned as inadequate)

Mental Capacity Act understanding and compliance with principles Target 80%

Actual Results – 60.5% (averaged out but some teams scored as high as 87.5% in their knowledge and application of the Act.)

Mother and infant service will help others improve



Dr Alison Puffett, Consultant Perinatal Psychiatrist; Michaela Finnegan, Senior Programme Delivery Manager, NHS Improving Quality; Tracey Robinson, Programme Manager, Transformation Team; Bonnie King, Perinatal Clinical Nurse Specialist, and Elizabeth Best, Consultant Perinatal Psychiatrist.

KMPT's Mother and Infant Mental Health Service (MIMHS) is being used as an example of good practice in a national document.

Michaela Finnegan, Senior Programme Delivery Manager, NHS Improving Quality (NHSIQ), visited the Mother and Infant Mental Health Service to hear about their work as she is writing a document for NHSIQ to highlight notable practice in perinatal mental health care. The Trust's specialist perinatal community teams will be included as examples of a good model.

MIMHS is one of the only community perinatal mental health teams in the South East. The service supports women experiencing mental illness during pregnancy and for up to one year after birth can also provide pre-conception advice to women with known mental health risks.

The service works in close partnership with other mental health and maternity services, providing training and advice to other professionals as well as direct support to families. Patients consistently report high levels of satisfaction with the specialist advice and support they receive. This includes counselling on appropriate medication choices during pregnancy and breastfeeding, liaison with specialist mother and baby inpatient units when admission is required, and specialist interventions to support mother-infant bonding. The service currently consists of perinatal psychiatrists and clinical nurse specialists with provision across all areas of Kent and Medway.

2015-16 Patient Safety Priority 3

To increase the health promotion smoking cessation advice and intervention to encourage people to stop smoking

Approach

People with a mental health problem die on average 16-20 years sooner than the general population. It is physical illness rather than mental illness which is the primary cause of premature death.

It is estimated that achieving smoking cessation in 25%, 50% and 100% of people with mental health disorders would, respectively, result in a gain of 5.5 million, 11 million and 22 million undiscounted life-years in the UK.

The Trust implemented its smoke free policy across all hospital grounds and buildings in April 2015.

Service users who smoke and are admitted to our inpatient units are supported to remain smoke free during their stay. The key interventions are:

- Providing information on the hospital policy and the benefits of stopping smoking to all service users including on, or prior to, admission
- Providing support to smokers or those on Nicotine Replacement Therapy (NRT) on admission. Provision of a personal stop smoking plan for all those who smoke or have recently stopped smoking or use NRT
- Providing a range of NRT pharmacotherapies
- Ensure service users who require NRT have access to stop smoking pharmacotherapies at all times.
- Ensure service users have access to intensive behavioural support if they require it

Community teams will assess service users smoking status and provide very brief advice (VBA) to those who currently smoke. They will provide information and support to their service users and will offer a referral to community based stop smoking advisers.

Action

For 100% of service users admitted to one of our inpatient units to have their smoking status recorded.

For 90% of service users who are current smokers to have been offered smoking cessation advice and intervention.

For 50% of our community service users to have their smoking status recorded.

For 50% of those service users who smoke and are under our community teams to have been offered smoking cessation advice annually.

KMPT has 144 members of staff who have completed level 2 stop smoking course which enable them to give advice and support to service users wishing to give up or reduce their smoking.

In addition to this, to date 986 members of staff have completed level one smoking cessation training; this includes 86 who received training over the last year. This course is designed to give participants confidence in approaching the subject of smoking cessation with their clients.

Results

In-patient smoking status recorded:

Quarter One	Quarter Two	Quarter Three	Quarter Four
19.4%	40.1%	65.7%	68.5%

In-patients who smoked offered smoking cessation intervention:

Quarter One	Quarter Two	Quarter Three	Quarter Four
63.4%	54.7%	64.0%	70%

Community Mental Health Team patient's smoking status recorded:

Quarter One	Quarter Two	Quarter Three	Quarter Four
9.4%	10.6%	10.9%	12.6%

Community Mental Health Team patient's offered smoking cessation intervention:

Quarter One	Quarter Two	Quarter Three	Quarter Four
32.3%	37.4%	39.9%	34.3%

All wards to benefit from 'safe activities in a box' initiative



Successful delivery: Evri Anagnostara, Cherrywood Ward Manager and Natalie Boorman, Senior Occupational Therapist.

An initiative started in Canterbury that helps to support engagement with service users during evenings and weekends is being rolled out across the Trust.

Part of the 'Safe Wards' initiative, the "Safe activities in a box" project has been successfully running in the wards at St Martin's and funding has been secured so more service users can now benefit.

Each activity in the box has been risk assessed and graded green or amber. There is a full set of instructions for each of the activities which range from simple, safe crafts that staff can facilitate with individuals up to group quizzes and games.

Natalie Boorman, Senior Occupational Therapist, said: *"The activity boxes are a fantastic way to engage service users in meaningful activity on the ward when therapies are not available. They can act as the first point of call in re-building confidence and motivation in service users who have disengaged from meaningful occupation due to illness. They promote the Safe Wards ethos and assist in providing a safe, inclusive and supportive environment where service users and staff work together."*

KMPT Occupational Therapy staff have been delivering the activity boxes to each ward and will give advice on their use. The aim is for each ward to take responsibility for the set of boxes they are given, ensure that items are stored correctly after use and that stock items are replenished.

John Puddle, AHP Lead Acute Services, explains: *"The staff at St Martin's have found using the activities has been a great way to establish rapport with service users and, very importantly, this approach supports the 'Safe Wards' initiative."*

2015-16 Patient Experience Priority 1

To ensure that service users and carers receive the appropriate information relating to prescribed medication

Approach

It is important that service users and carers are satisfied with the information they are given in relation to the medication that they are prescribed. In order to improve the satisfaction of service users it was agreed that the Trust would aim to achieve an ambitious score of 7.5 or higher to the question *The last time that you had a new medicine prescribed, were you given information about it in a way you were able to understand?* From the National Community Mental Health Patient Survey carried out in 2015.

Actions

The following actions have been carried out:

- The KMPT 'Choice and Medication' website, which allows staff to support service users and carers to download medication information leaflets has been publicised
- Medication information leaflets have been made available via the Patient Portal
- To ensure that staff are aware of the 'Choice and Medication' website
- We recruited 3 pharmacists and 1 pharmacy technician. We spread these posts across all CMHT's, so that each CMHT should have the equivalent of at least 1 day per week of a pharmacist
- Doctors, care coordinator's, pharmacists and nurse prescribers are aware of their responsibility to actively promote understanding

Results

The Trust achieved a score of 6.5 (out of 10) to the question *The last time that you had a new medicine prescribed, were you given information about it in a way you were able to understand?*. This is an improvement of the score of 6 obtained from the previous National Community Mental Health Patient Survey carried out in 2014, see table below

Question	Performance	2014	2015
<i>The last time that you had a new medicine prescribed, were you given information about it in a way you were able to understand?</i>	KMPT	6	6.5
	National Average	6.9	6.8
	Highest Nationally	7.9	8.0
	Lowest Nationally	5.8	5.7



Lakeside Lounge - patient experience excellence awarded

The Lakeside Lounge has been highly commended in a prestigious award ceremony for its Patient Experience.

Forensic and Specialist Service staff; Senior Therapy Technician, Tracy Holt and Business Administrator, Donna Broad, represented the Lounge at this year's National Positive Practice in Mental Health awards, which have been assessing mental health services and identifying positive practice for nearly 20 years.

Managed by Senior Therapy Technician, Bob StClair-Baker, the Café at the Trevor Gibbens Unit in Maidstone was the idea of patients approximately 10 years ago and provides service users with the opportunity to learn new skills and gain vocational experience whilst on their recovery journey.

Tracy, Donna and Deputy Director of Nursing, **Donna Eldridge**, travelled to Newcastle where the awards were taking place knowing that they had been nominated but unaware that the Café would be chosen as one of the highly commended projects.

Donna said: *"The event was a great opportunity to network and to hear about other, innovative projects in the mental health arena. It was fantastic to be highly commended and one of the judges came over to us at the end to let us know that he was on the panel who judged our particular category, Patient Experience, he said that we were his favourite project!"*

Service Director for Forensic and Specialist Services, **Dr Lona Lockerbie** added: *"This is certainly a deserved acclamation for the team and the Trust in supporting the development of this venture. Well done to everyone involved and thank you for your ongoing dedication."*

2015-16 Patient Experience Priority 2

To ensure that service users and carers receive adequate notice of cancelled appointments, to ensure that service user and carers are kept informed about unavoidable cancellations in a timely and appropriate manner

Approach

The issue of cancelled appointments by the Trust was a theme that emerged from several concerns/complaints during 2014-15. The purpose of this priority was to promote the action needed to be taken in order to address administration and management of unavoidable cancellations to ensure that service users and carers are informed in a timely and appropriate manner.

Actions

- Administration staff has been made aware of the importance of informing service users and carers of changes to appointments in a timely and appropriate manner
- When a clinician cancels an appointment an earlier appointment is offered to the service user

Results

The issue of cancelled appointments has been highlighted in the 'Listening, Learning, Improving' Bulletin that is available to all staff.

The number of concerns/complaints regarding the management of clinical appointments within the Community Recovery Service Line per Quarter was:

Quarter One	7	Quarter Two	7	Quarter Three	11	Quarter Four	7
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(The Target was 7 or less per Quarter in order to reduce the number of concerns/complaints by 5% against the 2014/2015 baseline of 32) 2015-2016 Total = 32 (The same as 2014-2015).

The implementation of POD model within the community recovery service line will improve the management of clinical appointments as teams have more robust processes and structures in place. The admin staff will constantly monitor the waiting lists using Business Intelligence reports and Insight dashboards and will flag up patients that are due to breach their 4 and 18 week wait targets. Clinicians have been asked by the service line senior management team to use RiO diaries in advance and this will help with more effective management of appointments.

A PREM is being implemented in each CMHT by service managers in informal coffee and talk sessions with service users. The Service line is keen to identify poor areas of practice from the statistical data formulated from the PREM feedback. This will be addressed directly with the teams and clinicians.

The new care plan which is more patient centred will impact positively on the service user experience and be the framework for conducting clinical meetings. This should reduce service user's dissatisfaction and improve their empowerment.

The number of appointments cancelled by the Community Recovery Service Line (CRSL) per Quarter was:

	Quarter One	Quarter Two	Quarter Three	Quarter Four
Cancelled Appointments by CRSL	1693	1396	1930	1842
All Appointments offered by CRSL	72504	69636	71517	72716

(The Target was 1865 or less per Quarter in order to reduce the number of appointments cancelled by the Community Recovery Service Line by 5% against the 2014/2015 baseline of 7854) 2015-16 Total= 6861 (a reduction of 13%).

Taking some 'Time to Talk'

11 February 2016

Thursday 4 February was Time to Talk Day, its aim was to encourage the nation to talk about mental health and to help break the silence and end the stigma.



In support of this, just over 60 people gathered at St Martin's Hospital in Canterbury to take part in a series of activities aimed at raising awareness of mental health difficulties and the support the Trust offers to service users in dealing with them.

The group welcomed a number of speakers who highlighted some of our services and activities which included David Steadman, Chaplain at St Martin's Hospital who spoke about the spiritual support and care our chaplaincy team offer to patients and staff and Cathy Nyemeck, Assistant Director of Community Services who discussed the support community teams provide.

Will Cartwright, a Peer Support Worker also spoke of the unique and valued contribution Peer Support Workers are making to Trust services. Rochelle Lewis, a member of the Trusts Experts by Experience Research Group spoke of the work this group of service users do in helping the Trust to understand service users experience and how things can change.

Lucie Duncan from the Community Recovery Service Line gave a short presentation on the transformational work she and others have supported in developing a greater recovery focus in the way we deliver services. Using an analogy of our traditional services being similar to a guided tour of London, where everyone gets onto a bus and are taken from one established landmark to another. The service is now seeking to transform itself into much more of a London taxi where the first thing our staff say to a service user is 'Where to guv?' This illustrated how services are seeking to be much more person centred in finding out what people want to achieve and work collaboratively to understand how services can support individuals in achieving their goals.

There were lots of ideas shared about what KMPT are doing to improve patient care and the fantastic work service users are doing to help the Trust to change services. The analogy made by Lucie Duncan particularly struck a chord with those in the room.

Nick Dent, PET Manager who chaired the event said: "I think this was a really positive event and I am really grateful to the Experts by Experience Research group who initially encouraged the Trust to hold a Time to Talk event, and who also facilitated the table top discussions on the day."

2015-16 Patient Experience Priority 3

To produce a standard discharge to primary care letter across KMPT

Approach

The lack of a consistent discharge letter to primary care across KMPT was raised as a concern by the Kent-Wide Mental Health Action Group (MHAG) and Kent HealthWatch during 2014-15. This concern led to the Trust including the production of a standard discharge letter to primary care as a patient experience priority for 2015-2016.

Actions

A 'Task and Finish' group made up of service user groups, carers groups and KMPT staff was organised to draft a discharge letter for use across KMPT.

The format/content of the standard discharge to primary care letter has been reviewed by the KMPT governance processes.

The discharge letter has been shared with clinical teams and other stakeholders for comment.

The discharge letter has been provided to other service lines so that they can personalise it for the needs of their client group(s).

The use of the discharge letter will be monitored.

Service user /carer views on the use of the discharge letter will be collected via the network of Mental Health actions groups across Kent.

Results

The target of 90% of discharge to primary care letters copied to service users will be measured for the period 2016-2017. The discharge letter was still in development during 2015-2016.

The Service User survey regarding their views on the use and content of discharge letters is still in development, pending implementation of the discharge letter.

1274 Discharge Summaries and Electronic Discharge Notices for patients discharged from Hospital had been uploaded onto the patient Information System within 10 days, which represents 47.97% of all discharges.

Mental Health Collaborative praises work on Upnor Ward

A national initiative called 'Safewards' is being implemented at Priority House in Maidstone. 'Safewards' consists of ten modules developed to reduce violence and aggression on acute inpatient units. Staff from Upnor Ward began in October 2015 with one of the first modules called "Know Each Other" which recognises the importance of both staff and patients interacting with each other in a more engaged way. This helps staff to form faster relationships with patients to enhance their coping skills, alleviate difficult behaviours and make patients feel more comfortable and at ease during admission and inpatient stay.

Within this module staff are encouraged to provide some personal information such as their experience, interests, hobbies, favourite quotes, film and food. Staff carried out their own research and found that often this information was kept in folders in patient areas. They decided to take a different, more transparent approach. An identification board has been created to allow each member of staff to share information about themselves with patients.



From left to right: Debbie Watson, Ward Clerk; Dean Groves, Housekeeper; Tom John, Patient Clinical and Development Lead; Yasmin Yusuf, Healthcare Assistant; Jacqui Wilson, Modern Matron; Jan Charlton, Administrator;; Sally Eveson, Healthcare Worker; Andrew Phillips, Healthcare Worker; Susan Dhliwayo, Staff Nurse; Tricia Haastrup, Ward Manager; Tina Cheetham, Deputy Ward Manager; Lillian Bakasi, Deputy Ward Manager

The work carried out by staff has now been acknowledged as positive practice by the Mental Health Collaborative, a service user consultancy with a multi-agency collaborative of 70 organisations, including NHS Trusts, CCGs, police forces and other third sector providers who identify and disseminate positive practice. The collaborative members who visited the unit were so impressed they are now in the process of implementing the example within the positive practice guidelines.

Tom John, former Ward Manager of Upnor Ward said: "The team worked really well, they were able to think innovatively to produce a simple, but very meaningful outcome. I would like to give full credit to staff on Upnor for their efforts to create the photo identity information board, which engages service users and carers compared to conventional photo identity boards on other units. It is encouraging to see our service users taking time to read information on this board."

The team is continuing to work through other Safeward modules:

- Positive Words
- Mutual Help meeting
- Calm down words
- Discharge messages
- Clear mutual expectations
- Talk down
- Bad news mitigation
- Soft words
- Reassurance

You can find out more about Safewards by visiting www.safewards.net

2015-16 Clinical Effectiveness Priority 1

We will work in closer partnership with our service users to ensure that care is always service user centred

Approach

The Trust believes that working in partnership with individual service users to develop their own care plans and working with groups of service users to further develop care plan documentation and processes, will ensure that care is always service user centred and service user led.

Actions

During the past few years there has been an increased focus on making care plans more person focused through staff training, on-going clinical audit and implementing the actions of the appreciative enquiry project – ‘Improving Engagement in Care Planning’. This project has brought together service users and clinicians, in order to understand how to further improve our care planning process, to ensure that all aspects of care are patient centred.

It should be noted that during 2015-2016 the data collection methodology for the Person Centred Care Planning Audit (In-patients and CRHT Teams) changed from wards/teams auditing themselves to a peer auditing process, which involved wards/teams auditing other wards/teams. The impact of this change resulted in lower compliance scores.

During 2015-16 a Trust wide care planning group chaired by the director of nursing/CPA lead was established to drive the agenda forward. Some key aspects included a review of the RiO care plan format which has resulted in a new Care Plan format that has been agreed and will be implemented on the 11th April 2016. All service lines have care planning groups and are developing new ways of involving patients in their care plans. The acute service line have a number of pilots in place which is looking at multidisciplinary team involvement in care planning coinciding with the implementation of therapeutic staffing.

All service lines are reviewing the Person Centred Audit Tool to increase its efficacy and ensure the audit cycle is completed with appropriate actions carried out. It is expected that during 2016-2017 new Care Plan Audits for each service line, based on the developments discussed above, will replace the current Person Centred Care Planning Audits. For 2016- 2017 this priority in its current form will be discontinued and replaced with a new priority which will focus on the quality of care plans through the monitoring of learning and actions taken as a result of the new Care Plan Audits.

Results

The impact of the above changes were measured through the Person Centred Care Planning (PCCP Audits). A target of 85 per cent was set, of care plans meeting audit Item 4 *‘Is there evidence of service user involvement throughout all aspects of the care plan?’* And audit item 7 *‘Is there evidence that the service user has been offered a copy of the care plan?’* The following results are shown for each service line and as combined results for each question. Results for each Clinical Commissioning Consortia are shown in Appendix E.

Item 4 *Is there evidence of service user's involvement throughout all aspects of the care plan?*

	Quarter One	Quarter Two	Quarter Three	Quarter Four
Acute Service Line	72.0%	53.3%	52.0%	59%
Community Recovery Service Line	37.0%	82.4%	86.0%	85%
Forensic & Specialist Services Service Line	98.0%	89.0%	78.0%	93%
Older People Service Line	79.0%	74.5%	78.0%	70%
Trust wide (combined Service Line Scores)	54.0%	72.0%	73.0%	74%

Item 7 *Is there evidence that the service user has been offered a copy of the care plan?*

	Quarter One	Quarter Two	Quarter Three	Quarter Four
Acute Service Line	37.0%	49.0%	41.0%	49%
Community Recovery Service Line	25.0%	51.3%	53.0%	53%
Forensic & Specialist Services Service Line	96.0%	58.0%	93.0%	79%
Older People Service Line	66.0%	92.0%	55.0%	61%
Trust wide (combined Service Line Scores)	40.0%	55.0%	73.0%	55%

Highlands House improvements get approval from service users and staff

New clinical rooms, an accessible reception area and a new family suite are just some of the improvements that will enhance the experience of service users who come to Highlands House in Tunbridge Wells.

Highlands House is home to a wide range of service lines including Adult and Older Persons, Psychology & Specialist Psychotherapy Service, Learning Disabilities and Early Intervention for Psychosis with well over 100 staff based there or hot-desking from the building at any one time. Staff were fully consulted by the Estates team at every stage of the improvements which took three months for the first phase and were completed on schedule.

Clare Lux, Service Manager, explains: *“I am really excited about the building work being completed. It will improve the quality of service we offer as well as staff wellbeing. This was an Estates-led project but we were asked what space and facilities we needed and even chose the furniture.”*

Highlands House is one of the first buildings in the Trust to have a glass-free reception and comments have already been received from service users who say it's more friendly than before. The two new clinical rooms, located on the ground floor so they are accessible, are used for physical health checks.



Anna Laas measuring Sarah-Jane Parker

Physical health checks are a real priority and before the changes we just had one room on an upper floor which was small and not fit for purpose. Accessibility is so important as many of our service users are elderly and have mobility problems,” Clare explained.

Another important improvement for service users is a duty family suite where distressed service users and their families or friends can wait before being seen, rather than waiting in reception. “This is in line with the trust value of respect and dignity,” added Clare.

Staff wellbeing and welfare was considered alongside improvements for service users, stresses Clare who said she was extremely proud to show CQC inspectors around during a recent visit: *“The inspectors were very impressed and commented on how beautiful the building is. “The working environment is so important for staff wellbeing. The outside space is fantastic at Highlands House and staff can have supervision sessions outside and eat their lunch in the garden. Last year we had a BBQ in the garden.”*

More efficient use of space was also looked at as part of the improvements. There are now hot-desking areas, smaller desks and a 'smarter working' ethos. Three new toilets were incorporated into the build as well as a shower room and staff lockers. There is also a duty room and more large meeting rooms

Clare added: *"Even though, like all building work, the project was disruptive the benefits far outweigh the disadvantages. I'm very pleased and proud of the outcome and feel lucky to work here."*

Highlands House is located in a conservation area in Tunbridge Wells and was originally two private, semi detached villas which were later joined together. Their design was influenced by the well-known architect Decimus Burton. The building has formerly been a maternity home in 1925, and an NHS Health Authority nursing home in 1987.

2015-16 Clinical Effectiveness Priority 2

We will work in closer partnership with our service users to ensure access to physical health care monitoring

Approach

To increase access to physical health checks for all service users admitted to our inpatient services, regardless of age and place of treatment. Ensuring that our service users are supported to utilise our physical health assessment service and receive a holistic service.

To increase access to physical health checks for all our service users under the care of our community teams, regardless of age.

Actions

For 100% of the people who are admitted to our inpatient services to have received a physical health assessment. For 60% of people receiving care in our community settings for 6 weeks or more, to have received a physical health assessment by either the community team or via their GP.

Our two day 'physical health in mental health' training course continues to be well attended by staff from all service lines, with 148 staff trained to date. The training includes:

- Awareness and understanding of the Trust's Physical Health & Examination Policy
- Normal ranges for blood pressure, pulse, temperature, oxygen saturation and respiration
- The modified early warning scoring system (MEWS)
- Diabetes, diet and exercise, medication side effects management
- Smoking cessation Level 1 training
- Cardio metabolic risk assessments

Shorter training courses in cardio metabolic risk assessments have also been delivered across the Trust to raise awareness and increase the amount of staff trained in physical health checks. This has been delivered face to face but also an e-learning package is available. To date 233 members of staff have completed the e-learning course and 295 members of staff have completed the face to face training.

In addition to training, the acute service line has been recruiting and appointing dedicated physical health nurses (registered general nurses) to work within the multidisciplinary team on the acute mental health wards. The aim is to have one physical health nurse per acute ward, working closely with the teams to promote and enhance the service that is offered to our service users.

The provision of physical health assessment in our inpatient services is monitored, with current provision standing at 94.3% across adult and older peoples' services.

One of the factors that influences the inpatient results is that service users sometimes decline a physical health check during the first 72 hours of admission. Ward staff continue to offer a check throughout their stay and the majority will have had a full check before they are discharged from the wards.

Community teams continue to work hard to provide physical health checks for their service users, providing innovative ways of doing this; for example providing health checks at depot clinics or memory clinics. The overall percentage of all clients who have a physical health check in all community teams across the Trust, including all service lines is 20.3%.

A factor that may influence the results include service users initially declining a physical health check; when this occurs staff will work to further discuss the importance of physical health when this occurs staff will work to further discuss the importance of physical health assessments to support the person to access this important health care facility.

Art and music project recognised in staff awards 15 July 2015



Elizabeth Cousins, Iain Spink and Director of Nursing, Pippa Barber.

An innovative and collaborative art and music project was recognised with an award at this year's Staff Awards. Elizabeth Cousins, Art Therapist, and Iain Spink, Music Therapist, were runners up in the Quality and Patient Experience category.

The development of the project followed an innovation event called 'Story Circles'. Elizabeth, Iain and other team members requested a small amount of funding from a recent bequest to develop an arts and music-based project that was originally initiated by Elizabeth and started with ideas from the art therapy group on Cranmer ward in Canterbury.

As the innovation project developed, it involved input from over 100 different staff, volunteers and service users, including both older and younger adults. It uniquely combined art work developed by users with music also created by users.

The work was eventually used to create a music box and art work that is now on display on Cranmer ward, and features the four seasons of Spring, Summer, Autumn and Winter. The project also involved the creation of a descriptive workbook, a presentation and description that will hopefully ensure that the project has a longer lifespan.

Elizabeth and Iain were nominated by Jon Parsons, Assistant Director Older People's Mental Health Services, who said: *"This was a superb project. Elizabeth and Iain and other team members clearly live and breathe the Trust values of innovation, excellence and working together."*

After winning the award Iain said: *"The project was a unique opportunity for Elizabeth and I to collaborate, and to combine Music Therapy and Art Therapy practises to create an installation for Cranmer Ward. The project therefore has an impact that extends beyond the initial process – it can be enjoyed by future patients and staff on the ward and also used as a stimulus for therapeutic sessions."*

"The music was created by patients on Cranmer Ward, in response to artwork created by other service users from different wards. Using art as an inspiration for musical ideas, including choice of instruments, introduced a new way of working for both me and the patients. They enjoyed discussing the art and then making their own creative decisions about how to create the music. We were then able to listen back and reflect on the recordings – which gave another dimension to the process."

Elizabeth added: *"We are pleased and surprised to be nominated for another award for this project. The completed project has until recently, been used for inspiration and to promote engagement in the art and music therapy groups on Cranmer Ward. It has been encouraging to experience this ongoing role for the project and we hope that it will be able to be used in this way in the future."*

2014-15 Clinical Effectiveness Priority 3

To further improve the implementation of the Recovery Approach for service users working with our recovery teams

Approach

KMPT has continued to promote 'recovery' principles, and practice within its mental health services, recognising that it has the potential to transform the way in which care is delivered and experienced.

The three key principles being adopted by KMPT are:

- To ensure the continuing presence of *hope* so that individuals can pursue their own goals and ambitions
- To enable individuals to maintain a sense of *control* over their life and their symptoms
- To maximise *opportunity* for individuals to build a life beyond illness

Action

This year we have embraced the challenge of translating these principles into practical changes on the ground. We have recognised that for recovery, training alone and training using a traditional approach of, staff member to staff member is not effective at embedding these principles and changing attitudes, behaviours and practice. With this in mind we have designed and delivered more joint learning between staff and service users and more opportunities for co-production. Using service users, with their own lived experience, in the delivery of training for staff and in the design and development of initiatives to improve the effectiveness of the care we provide, has been powerful and transformational. Service users are now routinely co-delivering training on the use of the Recovery Star and have been integral to the re-design of our recovery focused care planning documentation and experience measure.

Results

Number of clients on clusters 6, 10,13,16 and 17 who are assessed using a Recovery Star as part of their usual care (target set was 30% in Quarters 3 and 4)

	Quarter 3	Quarter 4
Acute Service Line	5.0%	5.2%
Community Recovery Service Line	9.2%	9.8%
Older People Service Line	0.0%	0.0%
Both of the above Service Lines combined	8.19%	8.12%

Three Recovery Star training courses have been run between April 15 – March 16. Our staff have reported to have found the involvement of service user trainers invaluable, with 90% of staff who participated reporting that having a service user co-deliver training improved the impact of the training around the usefulness of the Recovery Star. The service user who co-delivered the Recovery Star training this year received a KMPT award in recognition of her successful input.

Some of the feedback from staff following the training is quoted below:-

"I have recently moved from London. I love the way KMPT deliver training with service users, so refreshing"

"Useful and informative training session- enhanced greatly by having the service user perspective"

“Very helpful to have a service user to co facilitate, to inform about their recovery how the Star supported that”

We have measured the number of clients where a Recovery Star has been used as part of their assessment. Of course it is recognised that not all service users elect to use this tool but that said, the results are still not where we like them to be with 8.12% having a Recovery Star recorded in their care record.

The Trust’s Clinical Effectiveness and Outcomes Group, and Recovery Practice Lead have encouraged more discussion within Services, local Teams and with service users as to appropriate indicators and outcome measures for recovery focused care across all care clusters and care groups and are especially mindful to find ways to embed these into standard care processes.

KMPT have co-designed a new recovery focused care plan with staff, service users and carers. The new care plan has initially been adopted by our Community Mental Health Teams and its impact will be monitored. Training in its use will be delivered in partnership with Peer Support Workers who have their own lived experience of using mental health services. This training will start to incorporate the Recovery Star, demonstrating its use as a tool to aid detailed conversations around needs. In this way, we will be able to measure the quality of Recovery focused care plans regardless of whether a Recovery Star has been fully completed. We will continue to encourage staff to use a Recovery Star with service users especially if they are struggling to set goals around areas of need. However where service users are clear about their next steps to recovery, a recovery Star may not be required. The new care plan offers a measure of goal attainment so that service users will be able to measure and monitor their progress. It is hoped that this more individualised approach to the use of the Recovery Star and making it integral to care planning training will further embed our recovery oriented approach.

The new care plan has had great feedback from staff and service users, as they have felt it better supports a working together on a recovery focused and collaborative plan.

A service user reported: *“This is the first time I have really understood what a care plan is for!”*

A staff member said: *“This new care plan format feels like a natural and positive conversation that is future focused”.*

We have also developed a recovery focused Trust Patient Experience Measure (PREM) with staff, service user and carer involvement. We intend to use this to seek feedback from service users about their experience of our support as they progress through their recovery journey. It has been created in order for us to really learn from service users and carers regarding:

- Are we listening?
- Are we helping people better manage their mental health and wellbeing?
- Are we helping people think about ways to improve their day to day life?
- Are we helping people to make plans for their future and re-engage with activities?

We know that all of the above are key determinants in assisting people to achieve a good recovery.

This is being piloted in a community mental health team, following the above developments the pilot project was fully launched on the 16th February 2016, with a specific data collection period of twelve weeks. Data analyses and a project report will be available in June 2016. Pending the results of the pilot project it is hoped that the PREM will be rolled out across all community mental health teams. Further work will be carried out regarding the adaptability of the measure in other care settings and specialist areas.



The trust signed up to the NHS England Sign up to safety campaign in 2014 which has the vision of making the NHS the safest healthcare system in the world by aiming to deliver harm free care for every patient every time.

KMPT Sign Up to Safety Pledges

In order to work towards the above aim all health care organisations have been invited to make pledges on the action they will be taking within each of the following domains:

- Put safety first
- Continually learn
- Honesty
- Collaborate
- Support

The KMPT Pledges can be seen in Appendix F:

Safety Improvement Plan

The KMPT Safety Improvement Plan identifies the patient safety improvement areas, building on and enhancing the KMPT Patient Safety priorities. The Trust will be focusing on the following topics during the next 3 to 5 years:

- Clinical Risk Reduction (Suicides and Management of Violence)
- Safer Discharge
- Medication
- Patient Safety Culture and Risk Assessment Transformation
- Physical Health Care

Please see Appendix G , for further details

Overview Statements Relating to Quality of Services

The following sections of the Quality Account are mandatory. All Trusts must include them so that readers can compare one Trust with another.

Mandatory Quality Indicators

KMPT has achieved the target levels of these indicators consistently throughout 2015-16 and have performance levels above national average in most cases. Robust procedures are embedded within the Trust to ensure continued compliance against these indicators; additionally there is constant review of any instances of non-compliance to ensure lessons are learnt to further improve our performance in the future.

7 day follow up

KMPT considers that this data is as described for the following reasons: Robust processes are embedded within the Trust to aid effective discharge, planning and follow up. The data has been extracted from central NHS England repository and correlates with the data submitted by KMPT, therefore no concerns exist over its data quality.

KMPT has taken the following actions to improve this percentage and so the quality of its services, by: The Community Recovery Service Line ensuring that all patients are contacted by their care coordinator, or a nominated person in their absence, within 7 days of discharge from acute services.

Indicator	Performance	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
7 Day Follow Up	KMPT	97.2%	97.8%	96.8%	96.0%
	National Average	97.0%	96.8%	96.9%	97.2%
	Highest Nationally	100%	100%	100%	100%
	Lowest Nationally	93.5%	91.0%	50%	80%

<http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

CRHT Gatekeeping

KMPT considers that this data is as described for the following reasons: Clear admission protocols exist within the Trust. The data has been extracted from central DoH repository and correlates with the data submitted by KMPT, therefore no concerns exist over its data quality.

KMPT has taken the following actions to improve this percentage and so the quality of its services, by: ensuring every referral for admission is reviewed by the CRHT Team prior to the decision to admit to determine if intensive home treatment can be provided as an alternative to admission wherever possible.

Indicator	Performance	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
CRHT Gatekeeping	KMPT	100%	100%	100%	100%
	National Average	96.3%	97.0%	97.4%	98.2%
	Highest Nationally	100%	100%	100%	100%
	Lowest Nationally	18.3%	91.9%	61.6%	84.3%

<http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

28 day readmission Rates

KMPT considers that this data is as described for the following reasons: This is a locally produced percentage based on the agreed methodology of readmissions within 28 days as a percentage of all admission. No national benchmarking has been possible as there is no recent data published. It should be noted that the increase in this rate may be caused by KMPT in-patients that had been transferred to an acute hospital and then transferred back to a KMPT in-patient facility being included in the data. Similarly, those patients who are transferred from a KMPT ward to an external bed placement and back to a KMPT ward will show as a readmission.

KMPT has taken the following actions to improve this percentage and so the quality of its services, by: Improve discharge planning and community treatment following discharge to minimise the chance of a readmission being required.

	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4
28 day readmission rate YA Acute	12.0%	12.6%	15.0%	15%
28 day readmission rate OP Acute	13.6%	16.5%	11.3%	17.2%

Staff recommending the Trust as a place for family or friends to receive treatment

KMPT considers that this data is as described because it is taken from responses to the National NHS Staff Survey 2015. It is taken from responses to the question:

“If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust”.

The figure has been arrived at by calculating the ‘agree’ and ‘strongly agree’ responses and adding them together.

We have calculated the average for Mental Health and Learning Disability Trusts by adding together the ‘agree’ and ‘strongly agree’ responses for each Trust, adding all these Trust scores together and then dividing them by the 57 mental health and learning disability Trusts who took part in the survey.

In response to this question, the Trust is working on the following areas:

- Service Lines are holding local ‘focus groups’ from which suggestions and ideas for improvement will be gathered to form action plans, which HR & OD will have oversight of to ensure consistency and any issues are being addressed
- The introduction of a ‘Freedom to Speak Up Guardian’ will provide staff with the understanding and confidence to raise any issues that may impact upon patient care
- Setting up a task force to address recruitment issues; implemented a new recruitment management system ‘Trac’; work commencing on employer branding, attraction and retention

Indicator	Performance	2014	2015
	KMPT	53%	53%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust	National Average	60%	58%
	Highest Nationally	85%	82%
	Lowest Nationally	36%	38%

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2015-Detailed-Spreadsheets/>

Additional information requested to be included in all NHS Trusts' Quality Accounts 2015 – 2016 (NHS England letter, Gateway Reference 04730)

NHS Staff Survey KF 19 Staff experiencing harassment, bullying or abuse from staff in the last 12 months.

KMPT considers that this data is as described because it is taken from responses to the National NHS Staff Survey 2015. It is taken from responses to the question:

' In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from:... Managers....Other Colleagues'

The figure has been arrived at by adding the responses to 1-2 times, 3-5 times, 6-10 times and >10 times for each part of the question (Managers section and Other Colleagues section), adding them together and then dividing them by two.

Meaningful Comparison with last year's National NHS Staff Survey 2014 for this topic is not possible due to changes in question wording and response grading. The Trust is taking the following actions:

- Triangulated the data with Employee Relations data on formal bullying and harassment complaints. The number of formal complaints did not equate to the staff survey percentage
- We held focus groups with staff across the organization to allow them to comment on the staff survey results. Attention was drawn to KF19 by the facilitator if it was not raised by staff and was appropriate to the group. Staff fed back that they felt the question was misleading and indicated they had interpreted it in a variety of ways. Bullying, harassment and absence are different things and are open to personal interpretation. Staff also fed back that they felt "harassed" by IT issues and not being able to find a car parking space
- Service Line Directors were asked to attend the Workforce and OD committee to present on the actions they were taking within their service lines with regard to bullying and harassment

Indicator	Performance	2015
<i>In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from:... Managers....Other Colleagues</i>	KMPT	17.5%
	National Average	15%
	Highest Nationally	21%
	Lowest Nationally	10%

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2015-Detailed-Spreadsheets/>

Additional information requested to be included in all NHS Trusts' Quality Accounts 2015 – 2016 (NHS England letter, Gateway Reference 04730)

NHS Staff Survey KF 27 Staff believing that their Trust provides equal opportunities for career progression or promotion

KMPT considers that this data is as described because it is taken from responses to the National NHS Staff Survey 2015. It is taken from responses to the question:

' Does your organization act fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age'

The figure reported relates to the 'Yes' responses to the above question

The Trust has taken the following actions:

- Equality and diversity data is captured routinely as part of attendance on training and development events
- All vacancies are advertised on NHS jobs following consideration as redeployment opportunities
- All staff have an annual appraisal at which development needs and career ambitions are discussed and agreed
- Internal and external secondments are supported to facilitate future career progression and promotion

Indicator	Performance	2014	2015
<i>Does your organization act fairly with regard to career progression/promotion regardless of ethnic background, gender, religion, sexual orientation, disability or age</i>	KMPT	58%	59%
	National Average	60%	59%
	Highest Nationally	73%	75%
	Lowest Nationally	47%	49%

<http://www.nhsstaffsurveys.com/Page/1019/Latest-Results/Staff-Survey-2015-Detailed-Spreadsheets/>

Patient experience of community mental health services

KMPT considers that this data is as described for the following reasons: Robust processes have been embedded within the Trust to aid effective improvement in the patient experience of services provided by KMPT. The data has been extracted from the Care Quality Commission (CQC) National Community Patient Survey and correlates with the data submitted by KMPT, therefore no concerns exist over its data quality.

In order to monitor the action plans resulting from the improvement areas highlighted in the results of the National Patient Survey (NPS) KMPT uses a variety of different methods. These include Community Services Evaluations (conducted by members of Trust Experts by Experience group); the Friends and Family Test (F&F) to gather the views of service users; engaging with Mental Health action groups (MHAGs) to receive feedback of patients experience; issues relating to patient satisfaction are also raised and discussed at the Patient Consultative Committees that meet across Kent & Medway.

Indicator 2014	Performance	2014	2015
Patient experience of contact with health and social care workers	KMPT	7.3	7.4
	National Average	7.9	7.4
	Highest Nationally	8.4	8.2
	Lowest Nationally	7.5	6.8

Rate of Patient Safety incidents reported within the Trust during the reporting period and the number and percentage of such patient safety incidents that resulted in severe harm or death

KMPT considers that this data is as described for the following reasons; the data for National figures is taken, where available, from the National Reporting and Learning System (NRLS). We have calculated the national average by using the total figures for Mental Health Trusts (MHT) and also determined the Highest and Lowest MHT from the same set of data. Up to date KMPT Total figures for 2015-16 are taken locally from the incident reporting system (Datix) as this provides a more accurate position of the Trust against the National figures. The local figures have been reported to the Quality Committee, the Patient Safety Committee and Trust Board (public part) monthly and bi-monthly throughout the year.

KMPT is taking the following actions to improve this rate and so the quality of its services, in having a patient safety manager undertaking some of the level 5 clinical learning reviews independent of the service lines. All service lines have meetings that review serious incidents and ensure learning is shared with practitioners. The Trust is regularly reviewing how best to share learning across the Trust. This work is supported by the Trust's on-going involvement in the South of England Improving Safety in Mental Health Collaborative and the Kent, Surry and Sussex Patient Safety Collaborative.

Trust wide reporting of serious incidents has become more robust and incidents are now being more accurately reported. This has included incidents which are initially reported at a higher level and are then subsequently downgraded as they did not meet the Trust's criteria for that level of incident.

Full year data for 2015/16 for KMPT for severe harm & death/all reported patient safety incidents 84/3151 (2.7%) as compared to 83 / 3408 (2.4%) 2014-15, which was compliant with the previous reporting requirement.

It is important to note that with the new NRLS CCS2 codes 33 reported deaths have been recorded under "Requires investigation to be completed to establish if an incident occurred", whilst having been reported as patient safety incidents further information could confirm natural causes.

Indicator	Performance	2015-16 Total KMPT*	2015-16 Q1/Q2	2014-15 Q1/Q2	2014-15 Q3/Q4
		Internal data	Data from NRLS		
	KMPT	48	3.8%(47)	1.7% (31)	3.2% (52)
Severe harm/death	National Average %		1% (1484)	1.0% (1361)	1.1% (25)
	Highest Nationally %		3.8%(47)	5.9% (65)	5.1% (51)
	Lowest Nationally %		1 (0.1%)	0%	0.6% (7)

*Local data – KMPT incident reporting system, patient safety incidents

National data –

<http://www.nrls.nhs.uk/patient-safety-data/organisation-patient-safety-incident-reports>.

Participation in clinical audit and quality improvement activities

National clinical audit and quality improvement activities

During the period 1st April 2015 to 31st March 2016 Kent and Medway NHS and Social Care Partnership Trust was actively involved in **12** National Clinical Audits/Quality Improvement projects and Two National Confidential Enquiries that were relevant to the services provided by the Trust.

During the above period the Trust participated in **100%** of the national clinical audits and national confidential enquires which it was eligible to participate in, see table below for a list of projects that the Trust was eligible to participate in.

National Confidential Enquiry Into Suicide and Homicide by People with mental illness
National Confidential Enquiry Into Patient Outcomes and Death (NCEPOD)
National Audit of Early Intervention in Psychosis
Prescribing Observatory Mental Health (POMH) – UK: Prescribing topics in mental health services (3 topics)

The national clinical audits and national confidential enquires that Kent and Medway NHS and Social Care Partnership Trust participated in, and for which data collection was completed during 2015-2016 are listed below alongside the number of cases submitted to each audit and where appropriate the number of cases required to be submitted.

Topic	No of cases required to be submitted	Cases submitted (% of required cases, if appropriate)
National Audit of Early Intervention in Psychosis	100	100 (100%)
POMH-UK Topic 9c Antipsychotic prescribing in people with a learning disability	Not Appropriate	60
POMH-UK Topic 13b: Prescribing for ADHD in children, adolescents and adults	Not Appropriate	13 (adults)
POMH-UK Topic 15a: Prescribing Valproate for bipolar disorder	Not Appropriate	96
NCEPOD: Chronic Neurodisability Study	Number of Patients Admitted meeting study criteria	No patients admitted met study criteria
NCEPOD: Mental Health Conditions in Young People Study	Number of Patients Admitted 25 years or under meeting study criteria	To be confirmed April/May 2016
National Confidential Enquiry Into Suicide and Homicide by People with mental illness	100%	96%

The Kent and Medway NHS and Social Care Partnership Trust also participated in the following National Quality Improvement activities during 2015 - 2016:

Accreditation for Inpatient Mental Health Services (2 in-patient wards)
Home Treatment Accreditation Scheme (1 Crisis Resolution & Home Treatment Team)
Quality Network for Forensic Mental Health Services Medium Secure
Quality Network for Forensic Mental Health Services Low Secure
National Outcome database for CFS/ME
Community of Communities: Therapeutic communities quality improvement network
Memory Services National Accreditation Programme (3 Memory Clinics Accredited as

Excellent and 3 Memory Clinics affiliated members))
ECT Accreditation Service

The reports and action plans of 7 national clinical audits and quality improvement activities were reviewed by the Trust between 1st April 2015 and 31st March 2016.

Case study:

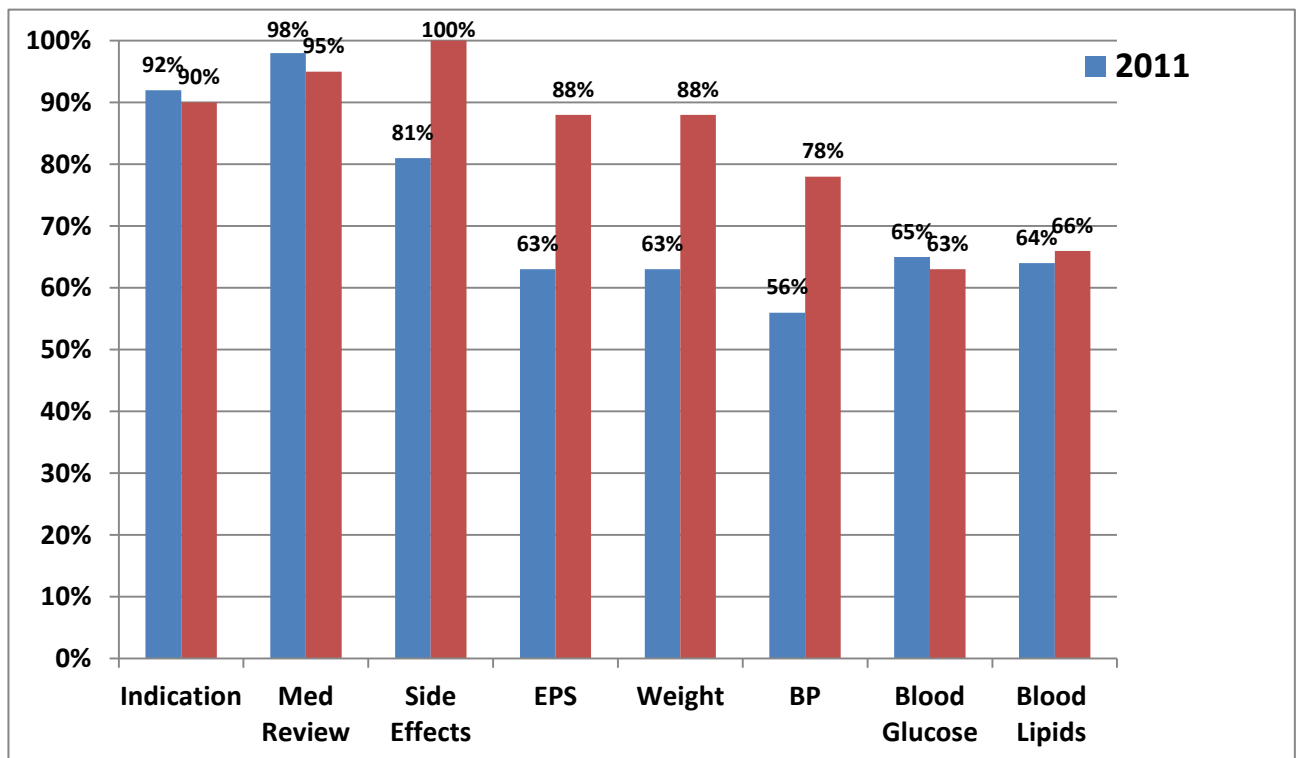
Prescribing Observatory Mental Health – UK: Topic 9c: Antipsychotic prescribing in people with a learning disability

The purpose of the above project was to re-audit standards developed from best practice guidance and where appropriate NICE Clinical Guideline (CG82) for the management of Schizophrenia (monitoring of side effects and physical health monitoring). The last Prescribing Observatory Mental Health audit on this topic was carried out in 2011. For those patients with a learning disability and prescribed antipsychotic medication the following standards were measured:

1. The indication for treatment with antipsychotic medication should be documented in the clinical records
2. The continuing need for antipsychotic medication should be reviewed at least once a year
3. Side effects of antipsychotic medication should be reviewed at least once a year. This review should include assessment for the presence of extrapyramidal side effects (EPS), and screening for the four aspects of the metabolic syndrome: obesity, hypertension, impaired glucose tolerance and dyslipidaemia

60 Patient Kent and Medway Partnership Trust Records were audited and the percentage of compliance with each of the following standards between the last audit in 2011 and the current audit in 2015 is shown in the graph below:

- Indication for treatment with antipsychotic medication documented
- Antipsychotic medication reviewed once a year
- General Assessment of side effects reviewed once a year
- Extrapyramidal side effects (EPS) reviewed once a year
- Assessment of Body weight, Blood Pressure, Blood Glucose and Lipid profile recorded



Action to improve practice is being taken, which includes:

- Using a clinical review template to record medication indication and ensure that medication is reviewed annually
- EPS side effects and physical health monitoring to be reviewed at each CPA meeting
- Carry out a re-audit in January 2017

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 2015-16 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2015 -2016, please email clinicalaudit@kmpt.nhs.uk for further details

Local Clinical Audit and Quality Improvement Activities

The reports of **75** local clinical audits and service evaluation projects were reviewed by the Trust between 1st April 2015 and 31st March 2016.

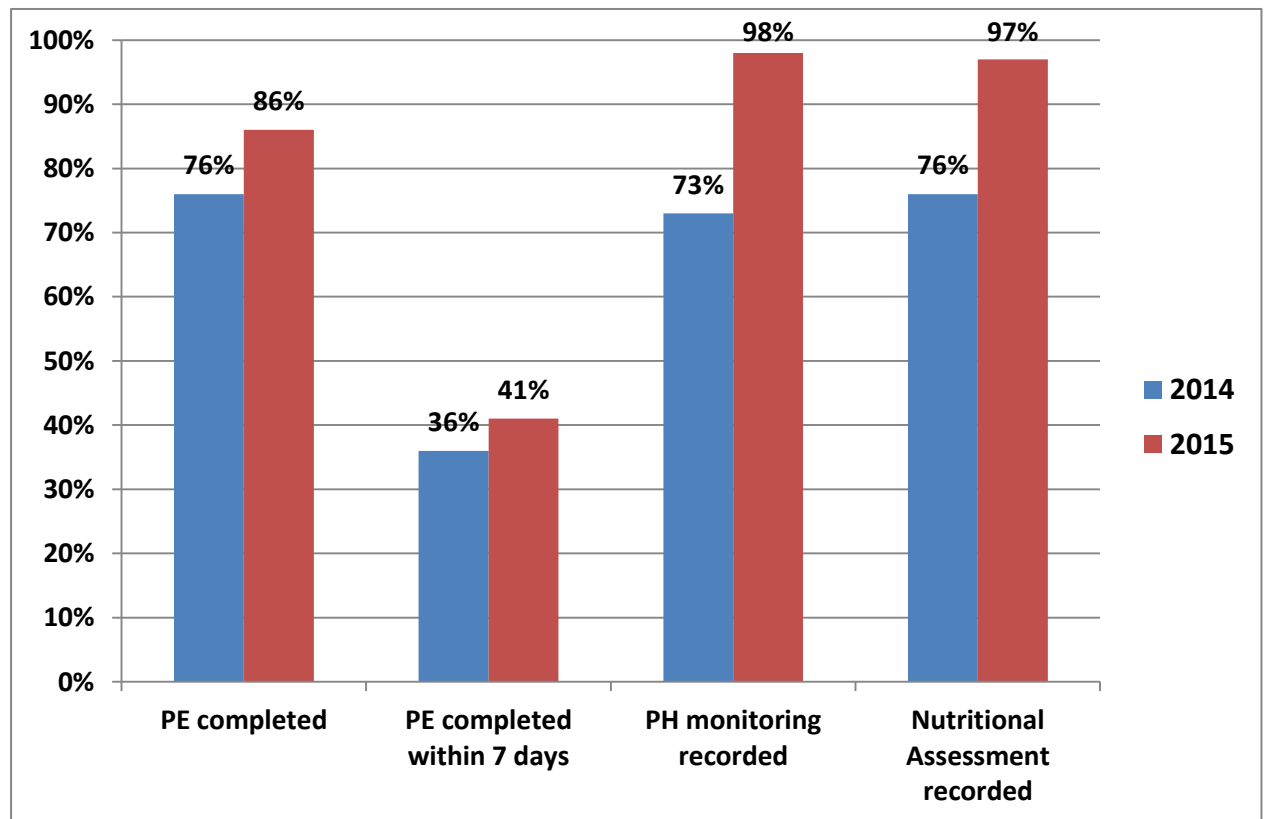
Case Study: Local Clinical Audit

Physical Examination Clinical Audit, St Martins Hospital, Canterbury

This clinical audit project was designed to measure the recording and contents of Physical Examinations, for patients admitted to an adult of working age in-patient ward at St Martins Hospital, Canterbury, against criteria and standards developed from the KMPT Physical Health Policy and Royal College of Psychiatrists (2009) Physical health in mental health report. The base-line audit was carried out during March/April 2014 and the re-audit in March/April 2015.

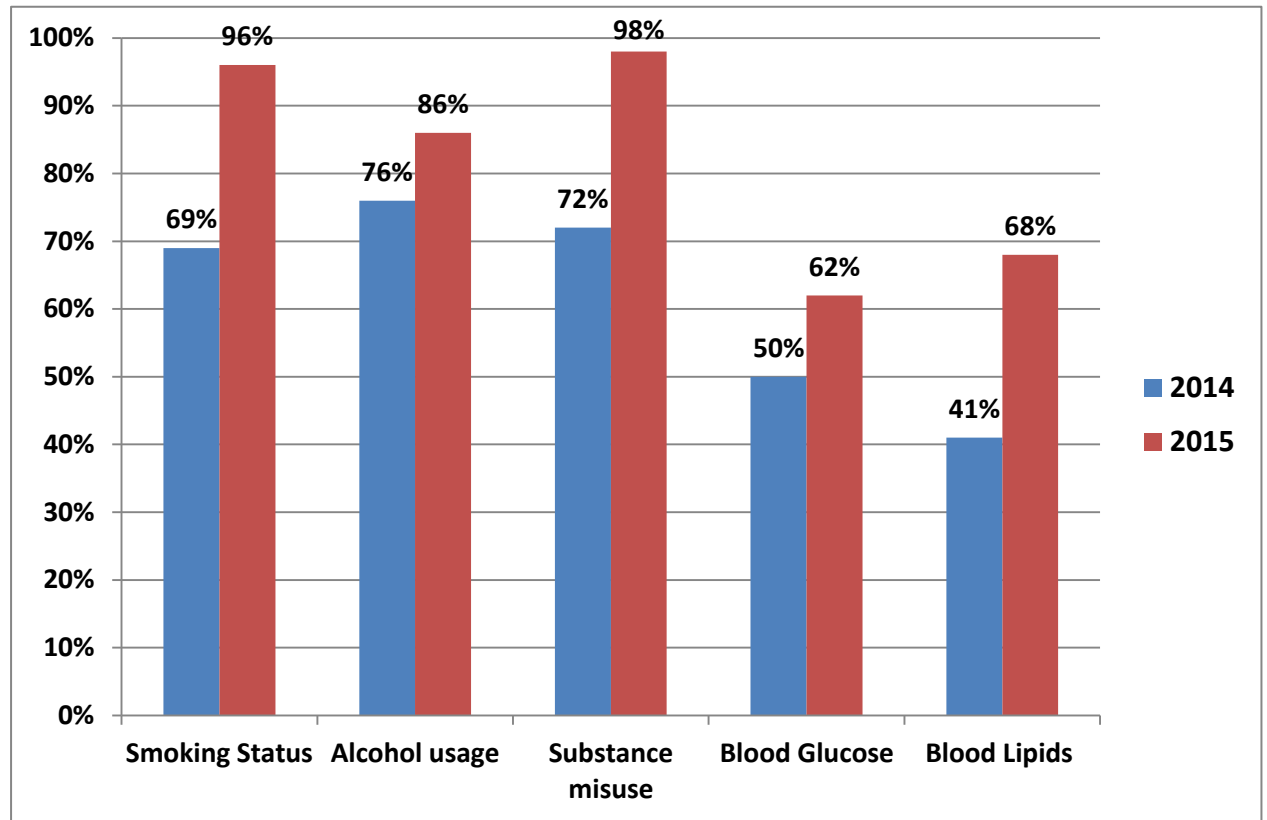
Key Results

Improvements in the recording of Physical Examinations, Physical Health monitoring and Nutritional Assessments were noted between the base-line audit in 2014 and the re-audit in 2015, see the graph below:



PE = Physical Examination, PH = Physical Health (Pulse, Blood Pressure)

When auditing health promotion lifestyle indicators such as the recording of smoking status, alcohol usage and substance misuse and blood tests for glucose and lipids, improvements in practice were noted between the periods of 2014 and 2015, see the graph below.



Action taken to improve practice has included:

Re-audit results discussed at management meetings

Integration of audit results into Junior doctors induction

Audit to be re-audited in 2017

Further action has been taken in relation to Quality Account Clinical Effectiveness Priority 2 (We will work in closer partnership with our service users to ensure access to physical health care monitoring), which has involved the appointment of a dedicated physical health nurse, to promote physical health care across the Trust and the provision of a two day training course 'physical health in mental Health'. The Trust has also participated in the National Mental Health CQUIN Cardiometabolic Monitoring and interventions audit, which is also intended to promote better provision of physical health care within in-patient mental health settings.

Examples of action being taken to improve services as a result of local clinical audit and service evaluation projects are given below (title of project shown in brackets):

All wards who did not meet the required standards to receive behavioural support plan training with an emphasis on primary interventions. (846/15 *Behavioural Support Plans (Former title: Restrictive Practice within Care Planning) Acute, OPMHS and Forensic &SS Service Lines*)

Every ward, unit and community team that was inspected had demonstrated good practice and this was re-affirmed in their individual audit report. The unannounced inspections being a valuable resource will continue throughout the year. (656/14 *Trust Wide Infection Control Report*)

Actions taken include a prescribing teaching session to all new doctors at the start of their rotations. (825/15 *Audit on Doctors compliance with KMPT Medicines Management Policy on Prescribing, Acute Service Line*)

Further education of current staff to be implemented in order to highlight and raise the importance of accurately recording the Risk assessment and the need to constantly review it. (786/14 *Audit of RiO Risk Assessment, Community Recovery Service Line*)

To send text reminders 24 hours prior to the clinic appointment to all patients coming in the next day, particularly the routine initial appointment the largest DNA group. (652/13 *Medway DNA Audit, Community Recovery Service Line*)

To have 4 categories of walks: Category A = Mini flat walk with a time of approximately 40mins. Category B = Short flat walk with a distance of approximately between 2 and 4 miles. Category C = Medium walk with a distance of approximately between 2 and 5 miles which may contain a hilly section. Category D = Long walk with a distance of approximately between 6 and 10 miles and may contain hilly sections. (847/15 *Service evaluation of the walking group at TGU, Forensic & Specialist Services Service Line*)

All patients to be offered the opportunity to collaborate in the development of their risk assessment and risk management plan. (834/15 *An evaluation of collaborative risk assessment, Forensic & Specialist Services Service Line*)

Ensure that the dates of the group are given out in the initial invite letter and leaflet:

- Update the leaflet to specify that the group will not be focused on the late stages of dementia. Where possible run a group on the Isle of Sheppey as well as in Sittingbourne and
- Maintain the practice of re-referring to groups in the future (806/15 *Service evaluation project: A study investigating uptake to post diagnostic groups following a diagnosis of dementia in the Swale Memory Assessment Services, Older People Service Line*)

The learning points and actions taken from all local clinical audit projects and quality improvement activities reported during 2015-16 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2015 -2016, please email clinicalaudit@kmpt.nhs.uk for further details.

Trust wins award for research into fire-setting behaviour

27 April 2015



Lona Lockerbie and Theresa Gannon

KMPT is proving that it can lead the way nationally and internationally when it comes to research after receiving an award for its ground-breaking work into fire-setting behaviour.

The award was given as part of the University of Kent's Research Prizes competition for work led by Professor Theresa Gannon and carried out within The Faculty of Social Sciences.

Collaborating with the University of Kent and other agencies including Kent Fire and Rescue Service (KFRS), the Trust developed a fire-setting intervention group programme for mentally disordered offenders which has been rolled out across 15 forensic mental health services including low, medium and high-security sites. Six prisons have also expressed interest.

This project has led to the introduction of the first- ever standardised treatment programme for the common, yet costly and tragic, offence of deliberate firesetting.

Professor Gannon explains: *"Our work is now being used across the UK and Australia in the training, assessment and treatment practices of clinical professionals who work with adult firesetters. As a result, enhanced specialised treatment of firesetters is being provided in secure establishments and community settings for the first time. Furthermore, the assessment and treatment programmes developed by our team now play a central role in the care, sentence planning, and parole decisions of firesetters in the UK."*

Professor Gannon works at the Trevor Gibbens Unit (TGU) one day a week as a Consultant Forensic Psychologist. Her team members include: Dr Caoilte Ó Ciardha (Lecturer in Forensic Psychology), Dr Emma Alleyne (Lecturer in Forensic Psychology), Dr Lona Lockerbie (Honorary Lecturer), Nichola Tyler (Research Associate), Helen Butler (PhD Candidate), Magali Barnoux (PhD Candidate) and Katarina Mozova (PhD Candidate).

Sites running the Fire-setting Intervention Programme for Mentally Disordered Offenders (FIP-MO) include: TGU's Allington Ward; Broadmoor; Newton Lodge; Hellingly Centre; Guild Lodge; Arnold Lodge; Brockfield House; Ravenswood House; Vista Healthcare; Alpha Hospital Bury; Roseberry Park Hospital; Ardenleigh; St Andrews Healthcare; Dewnans Centre and Stockton Hall. This accounts for a total of 20 FIP-MO groups being run across the country with approximately 90 male and female patients taking part by the end of the pilot's completion in April 2015.

Dr Lona Lockerbie, Service Line Lead for KMPT, said: *"We are extremely proud of this research as there is no nationally adopted fire-setting programme or anything else that has been properly evaluated. I think it is fair to say that KMPT and Kent are now recognised as the national leaders in fire-setting research."*

Research Associate Nichola Tyler in the process of evaluating the programme, which is a Mental Health Research Network adopted study, and on the Portfolio of adopted National Institute of Health Research (NIHR) studies. The evaluation is national with a number of other forensic mental health services participating including: Alpha Hospital Sheffield; Waterloo Manor; The Dene; Reaside Clinic; Edenfield Centre; Cygnet Derby; Cygnet Stevenage and George Mackenzie House.

Nicola explained: "The associated evaluation research project now currently involves 23 NHS and Independent Sector Hospitals. This involves recruiting a group of firesetters who have not completed the FIP-MO so we can compare their scores on a batch of psychometric measures to those who have completed the FIP-MO in order to measure treatment effectiveness."

Andy Danton, Firesetter Team Leader for Kent Fire and Rescue Service, said: *"Any work that helps us further understand why people set fires and could help to reduce arson is hugely important in reducing deaths and damage to property. We were very pleased to help with this research and delighted that it is being used globally. The KFRS Fire Setting Team has also benefited from this collaborative project through improving our understanding of adult mental health and how we deliver our services."*

In addition, KMPT and the University of Kent are jointly funding PhD student Becky Wyatt to develop a risk assessment tool for fire setting behaviour. Dr Lockerbie hopes the tool will be adopted nationally in the same way as a similar tool called the HCR-20 has been adopted to assess the risk of inpatients being violent.

The University of Kent awards recognise outstanding research achievements open to all research active staff and doctoral students at Kent and were launched in Autumn 2014. The scheme is open to all research-active staff at the University.

Nominations were based on a range of exceptional achievements, which could include but will not be limited to: publications in highly ranked journals, number of citations, grants awarded, influence beyond the immediate peer group and impact.

Research and Development

KMPT is clearly demonstrating success in its strategy to increase National Institute of Health Research (NIHR) Portfolio activity, as well as begin to develop our own home-grown research profile.

We exceeded our 2015/2016 recruitment target of 300, recruiting 448 service users, family members and staff to NIHR Portfolio studies (see Figures 1 & 2).

Figure 1: Clinical Research Team Monthly Portfolio Recruitment 1st April 2015 to 31st March 2016

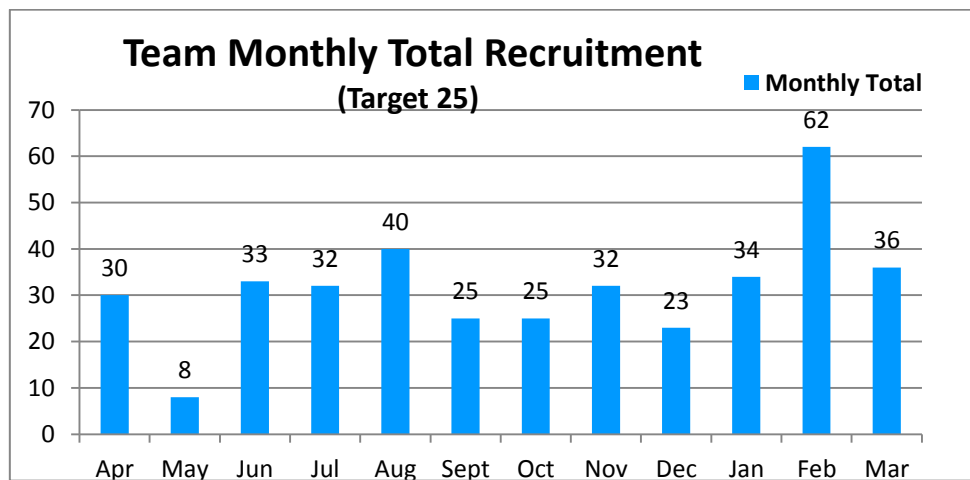
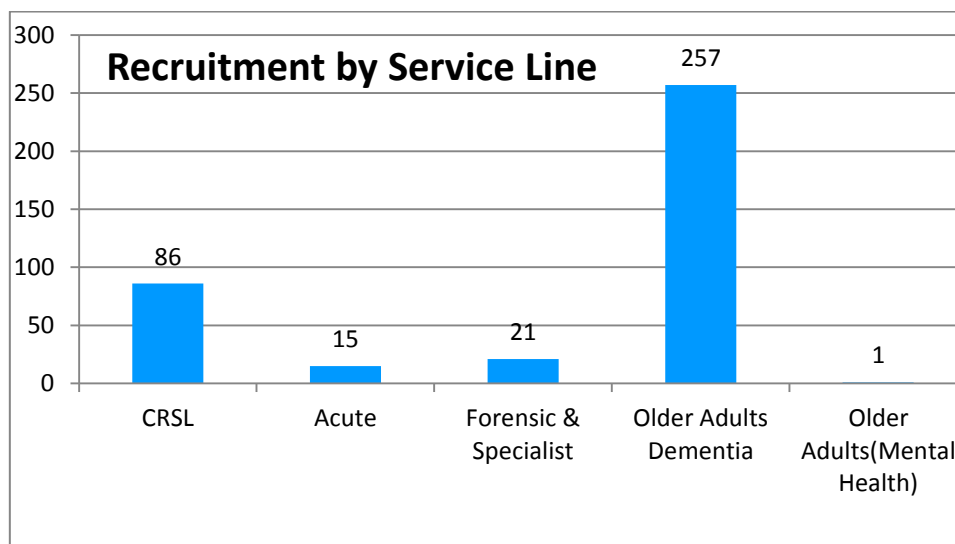
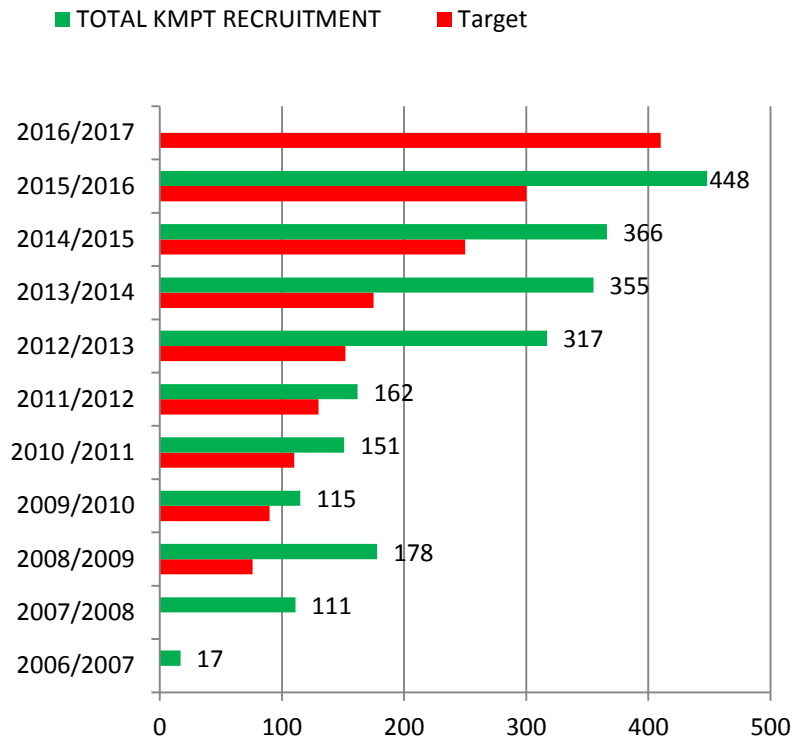


Figure 2: Clinical Research Team Monthly Recruitment by Service Line 1st April 2015 to 31st March 2016



KMPT’s overall year on year increase in recruitment since 2006 is detailed in Figure 3. Based on R & D activity within 2014/2015 KMPT we were positioned 30th of all 53 Mental Health NHS Trusts. This national league table is published yearly in The Guardian newspaper and we wait to see our place later in the year for 15/16. In 2011/12 we were placed 42nd.

Figure 3: “Ten Years of Recruitment” Clinical Research Team Yearly Recruitment against Target



The following are examples of clinically relevant research projects that we are currently involved in.

“SCIMITAR+” Smoking Cessation Intervention for Severe Mental Ill Health Trial: a randomised intervention of a bespoke smoking cessation service.

We are taking part in this study examining the success of a bespoke smoking cessation intervention aimed at those who have a severe mental illness. The SCIMITAR+ study is the largest of its kind worldwide and the first ever in the UK.

We approached this study team as it was directly clinical relevant with the Trust going “smoke free” early last year. Our Trust has now successfully recruited the first UK patient as well as being the first site to 10 participants. We are currently at 15 recruits our target is 40 for the 18 months the study is open.

This was an opportunity for clinicians within the trust to get this specialised mental health smoking cessation training for free but unfortunately no clinicians were made available to support the study, consequently the KMPT Research team have been trained to provide the therapy ourselves; meaning resources are being diverted from recruitment.

“The IDEAL Study” *Improving the experience of dementia and enhancing active life: living well with dementia*

KMPT have now recruited over 100 patients and 100 carers into this study being run by Professor Linda Clare at Exeter University. Looking into the ways people with dementia can continue to live well, our target is 170 patients alongside their carers; so we are well on the way to deliver on this UK wide study.

We are also still attracting interest from commercial companies and have 2 studies currently recruiting with a potential income generation to KMPT of around £20,000 a year for the next two years.

KMPT has also set up a specific Clinical Research Pharmacy Department, led by Jon Stock and Vilma Gillis. Examples of industry studies include:

“BREX-AD” *A Phase 3, 12-week, Multicenter, Randomized, Double-blind, Placebo-controlled Trial to Evaluate the Efficacy, Safety, and Tolerability of Flexible Dosing of Brexpiprazole (OPC-34712) in the Treatment of Subjects with Agitation Associated with Dementia of the Alzheimer’s Type.*

Dr Lucy Elias is the Chief Investigator (CI) for an International Dementia Study, with KMPT as the lead site for the UK as detailed in the last report. This study is about to open in KMPT as the first Portfolio research to be carried out in a care home in the UK. We are expecting to generate approximately £21,385.86 over the two years this study will be open.

“EULAST” *European Long-acting Antipsychotics in Schizophrenia Trial.*

Opened since our last report this is a large European scientific study, sponsored by EudraCT. The study aims to compare discontinuation rates in patients with schizophrenia randomized to either Aripiprazole or Paliperidone oral formulations over an 18 month follow-up period. We are expecting to generate approximately £4500 per participant who completed this study. We currently have 5 participants involved, with our target at 10.

KMPT’s academic relationships continue to strengthen (e.g. Kent Health, University of Kent, Canterbury Christchurch University, University College London, Imperial, Kings College London: Institute of Psychiatry), including clinicians acting as co-applicant on research bids.

The University of Kent and the Forensic Service have built on their partnership and have now appointed KMPT’s first Clinical Research Associate position, jointly funded by KMPT and the University of Kent. This has been taken up by Dr Nicola Tyler, with a view to developing and marketing interventions for mentally disordered offenders (e.g. further developing and marketing the FIP-MO intervention addressing fire-setting in mentally disordered offenders).

KMPT continues to be integrated into the Kent, Surrey & Sussex Clinical Research Network (KSS-CRN). Dr Helen Miles is no longer the KSS CRN Mental Health Speciality Group lead, following her change in role to KMPT Clinical Lead for R & D. However, her work was acknowledged in increasing recruitment leading to mental health being the 3rd highest (out of 30) recruiting speciality across Kent, Surrey & Sussex.

KMPT has also achieved its first **NIHR Clinical Fellowship Award** awarded to Dr Anna Oldershaw (Clinical Psychologist, Eating Disorders Service). These are extremely prestigious awards for Trusts and Anna is one of the first to be awarded this for non-medical research.

Service Users also continue to input directly in Research and Development. For example, the Experts by Experience (EbyE) group continue to have representation at the Trust R&D Group. Regular meetings between the group and the Research team continue. The Research team have also provided R & D training sessions in order to continue to support the EbyE group to develop.

Other R & D initiatives underway during 2015-2016 include:

UK- CRIS: Approved at EMT in October, we are in the first phases of implementing this system within KMPT. It sits above RiO and can extract data presenting it in an anonymised form for research and audit purposes. We will be one of 15 Mental Health Trusts that implement this DH / NIHR / MRC funded project.

EDGE: The CRN:KSS are providing EDGE free of charge to each Trust within Kent, Surrey & Sussex to be used as our Local Portfolio Management System. The recruitment data we upload can then be centrally monitored and reported. We are hoping this will provide the team with more accurate data and improve efficiency of our working with the Clinical Research Network. This is currently with KMPT's IG team who are currently working through their accreditation process.

Patient Portal: We are working with Les Manley and the Patient Portal team to incorporate research as a standard feature for users to interact directly with the research team, and find out what research is suitable for them, removing clinician burden and improving service user choice.

New R&D team for KMPT offers valuable resource



Left to Right: Sarah Dickens Acting Research & Manager; Jane Field, Clinical Research Trials Administrator; Amy Hammond, Clinical Research Team Leader, Dementia; James Middleton, Assistant Clinical Research Coordinator and Olana Tansley- Hancock, Assistant Clinical Research Coordinator.

KMPT is set to become even more active in the field of mental health research with further development of the Research & Development team.

Led by Sarah Dickens, Acting Research & Development Manager, there are now ten research workers who are funded by the Clinical Research Network (CRN) but employed by KMPT. The team offers a valuable resource for clinicians and others across the Trust.

There are around 20 studies currently being undertaken include trials of new medication, research into older adults and dementia, bi-polar disorders, the use of anti-psychotics, learning disabilities and early diagnosis of psychosis.

Sarah explains: “We support services across the whole of KMPT helping with new and already established studies. Usually it’s academics in UK-based universities who develop the ideas for studies and we encourage them to come to recruit in Kent. We help them find the right services and clinicians, recruit service users to studies and help the researchers collect the data which is analysed back in the universities.”

“The developing research team is very important and is enabling us to become a research- active, innovative Trust that promotes evidence-based practice and gives service users access to research - which is their right as stated in the NHS Constitution. Research is all about getting effective treatment for service users and they should all have the opportunity to take part in research.”

“Trusts who are active in research are also likely to have better clinical outcomes and attract better staff. We want people who might consider wanting to be involved to contact us for more information or for help with their own research ideas. We can offer research talks at team meetings or one to one meetings with clinicians – whatever is needed.”

The results of any research supported by the CRN is required to be published in peer reviewed journals and therefore supporting the need to move towards a transparent research culture.

Equality and Diversity Developments 2015 – 2016

In 2015 NHS England produced two equality relevant standards - namely, the Workforce Race Equality Standard and the Accessible Information Standard. The two standards recognised the disparities of the low number of BME people in senior leadership positions across the NHS sector. It also acknowledged the relatively lower levels of wellbeing amongst the BME population. It highlighted the need for disabled patients to receive information in formats that they can understand and should be appropriate to support them to communicate. Consequently KMPT Equality & Diversity Steering Committee concluded that all the standards developed are integral to the delivery of the Equality Act 2010 and should be treated as part and parcel of its overarching Equality & Diversity Strategy. KMPT therefore took the decision to begin a review of its E&D strategy to be completed by the end of 2016.

Race Equality Standard - As a result of this mandatory requirement KMPT produced a comprehensive data analysis which was published as a primary requirement. The 2011-2015 Workforce Equality Report is currently available on the Trust website; the document is still receiving ongoing work. As a result of findings all staff, in particular, those from minority backgrounds are encouraged to explore developmental opportunities through the NHS Leadership Academy. For example, in 2015 Service Leads were asked to encourage minority staff to attend NHS training events to enable minorities to realise their potential as future executive leaders.

- **Accessible Information Implementation Plan (NHS England)** - KMPT is currently working in partnership with other NHS Trusts to develop an accessible information implementation plan. Feedback from community staff indicates good access to interpreting and sign language services. A new contracting arrangement will be in place soon and the new provider will be required to report on accessibility and quality on a quarterly basis

Equality Act 2010 & Engagement



A conference entitled *Let's Talk* was held in October 2015 at the Valley Invicta Academies Trust in Maidstone. The event had the primary aim of fostering stronger and enduring stakeholder relationships while encouraging increased engagement and transparency among all present. With over 85 delegates attending, the day's event started with a welcome from Janet Lloyd, Public Patient Community Involvement Manager. Executive Medical Director Catherine Kinane also spoke passionately about the importance of such events and provided a brief update on Trust projects such as Single Point of Access. KMPT was delighted to be joined by

Professor Margaret Greenfields from Buckinghamshire New University who spoke about her work within the Roma/Traveler Community and the mental health issues that these groups can face. Margaret spoke about some of the people she had met during her work who were missed out of the healthcare loop and had suffered greatly as a result. Delegates were then invited to ask questions. Some of the questions raised included:

- Housing issues
- Racism Triangle of care
- Mental health education

The day's event has also set the tone for the review of KMPT's Community Engagement Strategy.

Other Key Achievements

- KMPT has developed a **Quick reference guide** for the management of cases relating to the Gypsy/Traveler Community. This document was developed following a training by a gypsy family entitled *from the Horses own Mouth*. This piece of work is in recognition that Gypsy and Traveller communities represent Kent's' largest minority group, and are often the group of people residing in our county that are one of hardest to engage with. There are a number of cultural factors to consider when meeting with a service user from this background, which has been set out in the guide for quick reference guide. Other on-going engagement with the Gypsy Traveller Network in Kent is beginning to provide a knowledge base leading to creative ways enabling engagement to flourish
- **Equality & Diversity Training** class room style training continues to be popular with high numbers in attendance. The following are some of the comments from a recent Consultants Training.
 - *Thank you, Good presentation, Very informative, There was a good balance of presenting information and allowing discussion, Presenter made this usually boring topic very interesting and current. She allowed for questions and all were involved in conversations.*
- KMPT recognizes the importance of Human Rights evidenced. The Trust's Older Adult Service line embarked on a purpose built acute accommodation to provide single rooms with en-suite facilities for every patient promoting dignity and respect. Also patient wards with single sex facilities are currently being offered in three centres of excellence in the Trust
- TGU staff continue to work alongside a third sector provider to develop service services for females leaving medium secure services; the service has now started to take referrals
- Secure services completed an audit looking at the number of referrals for over 60s who received a cognitive assessment. The second cycle of data collection for the audit will be completed during 2016 to ensure the needs of older people requiring treatment in secure / specialist mental health services are met through robust joint working arrangements with other agencies
- Secure services within KMPT have recruited a full time carer support worker and a visitor's handbook has been introduced. The Trevor Gibbens Unit has

developed a bespoke DVD now available for carers. The DVD is automatically sent to all new carers and is available on request to those who have been linked to the service for some time. A second set of short videos has also been made specifically for the website. These include one on the care of women <http://www.kmpt.nhs.uk/services/tgu.htm>

- The Tarentfort Centre has developed a Respect Charter to support service users with a learning disability to understand people's differences. Each year the charter is revisited by staff and patients and signed by everyone in an effort to clearly outline acceptable behaviours. Additional work has been completed on challenging prejudices and discrimination on other secure wards within the Trust
- The medium secure women's service embarked on work around reasonable adjustment work to ensure the environment was fully accessible for wheelchair users

Implementation of Duty of Candour

For each serious incident that occurs within the Trust a manager from another team or in some cases a manager from another service line is asked to lead the learning review. It has always been good practice to involve patients and carers in learning reviews as they often want and need answers about their care or the care of their relative.

With the advent of Duty of Candour it is not just good practice to involve families in learning reviews it is mandatory and this is reflected in both the Serious Incident Policy and the Duty of Candour Policy.

The investigator is required to write to the patient/relative informing them of a learning review and to ask if they want to participate, at the end of the process the investigator is required to offer to share the findings of the learning review with the family or patient.

Goals agreed with commissioners - use of the CQUIN payment framework

A proportion of the Trust's income in 2015-16 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The CQUIN payment framework aims to support the cultural shift towards making quality the organising principle of NHS services, by embedding quality at the heart of discussions between the eight Clinical Commissioning Groups (CCGs) across Kent and Medway, the South East Commissioning Support Unit (SECSU) and KMPT.

Local quality improvement priorities and progress in achieving them in 2015-16 were discussed and agreed at board level quarterly and monitored through the Finance and Performance Committee and at monthly internal CQUIN Operations Group and Service Line Performance Meetings, and at external Contract Quality and Performance Review Meetings between the Trust and CCGs throughout the year.

The CQUIN framework made part of KMPT's income dependent on locally agreed quality and innovation goals (2.5% of contract value in 2015-16). The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

The 2015-16 CQUIN scheme is available to providers which have chosen the enhanced alternative – the Enhanced Tariff Option for the full year 2015/16. KMPT elected to take this option. For CQUINs 2015-16 is an evolutionary year: it offers an opportunity to consolidate efforts on national goals from previous year's schemes whilst also shifting the focus on new national goals.

Given the financial challenge facing the NHS in 2015/16, and the need to continue to deliver high quality care for patients, the national goals seek to incentivise quality and efficiency and to reward transformation across care paths that cut across different providers. For mental Health the national priorities are dementia care, improving the physical health of patients with SMI, effective communications with General Practitioners and enabling care to be provided closer to home for those that need access to urgent and emergency care. The local CQUINs for 2015-16 were focused on ensuring a smooth transition pathway of Children and Young Persons (ChYP) from Children and Adolescent Mental Health Service to Adult Mental Health Services and the development of a collaborative multiagency approach to support frequent users detained under section 136.

Please see Appendix C for details of the full CQUIN Payment and achievement for 2015-16

Memorybilias group celebrates first birthday



Sitting: George Farmer, Alan Lumb, Stuart Goldfinch, Brian Fuller, Nada Savitch, Lorraine Brown and Patrick Mara. Standing: Lucy Hendleman, Tracey Chambers, Katie Antill, Margaret O'Shaughnessy and Tom Coppins.

A group dedicated to the views of people with dementia and those affected by the condition in West Kent and Medway is celebrating its first birthday. The group commemorated this milestone with a small celebration.

The Memorybilias group, made up of people with a diagnosis of dementia and supported by the Kent Alzheimer's Society and KMPT, was formed in April 2014. The main focus of the group is to improve local services for people with dementia, reduce stigma of the condition and raise dementia awareness. Memorybilias also provides people with the opportunity to learn new skills and increase their confidence.

The nine-strong group meets monthly and members have taken part in a variety of activities, including consultation about local service provision, attending The Dementia Engagement and Empowerment Project (DEEP) language day, appearing on interview panels, speaking at conferences and writing to parliamentary candidates.

Katie Antill, the Alzheimer's Society's Service Manager for Maidstone and surrounding areas and group co-facilitator, said: *"The benefits to the group members have been enormous, and they have all embraced the challenge. I have seen them grow in confidence and become more willing and able to share their experiences."*

"It is great to see someone regain their self-esteem when they realise that they have a valuable contribution to make and people are interested in what they have to say. They all contribute in different ways. One group member uses his organisational skills so that our time is managed effectively another, who was a project manager, always reminds us that we must focus on the end goal and make an impact."

Dr Margaret O'Shaughnessy, Clinical Psychologist, added: *"There has been a tremendous amount of work done in the past 12 months by the individual members of Memorybilias and we were very happy to celebrate the achievements at the May meeting."*

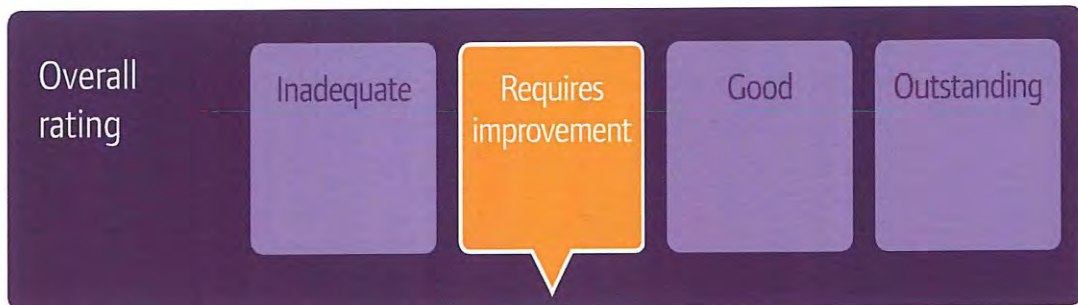
Registration and regulation

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.

Following the comprehensive inspection undertaken by the CQC in March 2015 whereby the Trust was rated as 'requires improvement', a Quality Improvement Plan (QIP) was drafted to ensure that actions were implemented to meet the requirement notices issued as part of the report. Please see the Trust's CQC Rating Grid on the next page. The QIP is updated monthly by each service line and a three tier assurance process has been put in place to quality check that actions have been implemented and embedded successfully into practice.

To see the QIP, showing the action taken by the trust, please see appendix B.

Kent and Medway NHS and Social Care Partnership Trust



	Safe	Effective	Caring	Responsive	Well led	Overall
Wards for people with learning disabilities or autism	Requires improvement	Outstanding ☆	Outstanding ☆	Good	Good	Good
Forensic inpatient/secure wards	Requires improvement	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆	Outstanding ☆
Long stay/rehabilitation mental health wards for working age adults	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Requires improvement	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community mental health services for people with learning disabilities or autism	Good	Good	Good	Requires improvement	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement

Data Quality

The Trust will be taking the following actions to improve data quality.

The Trust's data quality improvement plan is contained within the KMPT Information and Data Quality Strategy. It is based on addressing the three key areas that the Audit Commission report 'Figures you can trust: a briefing on data quality in the NHS'. The focus is on:

- profile, prominence and understanding of data quality at board level
- integration and embedding data quality into organisational practice
- assurance and review programmes
- This Information and Data Quality Strategy has been developed to set out the steps that are necessary for KMPT to take in order to introduce a structured methodology for information and data quality improvement. It will concentrate on addressing the three areas above by:
 - Focusing on key data items in the MHLDDS [Mental Health and Learning Disabilities Data Set] and to support the accurate clustering in preparation for the move to Payment by Results.
 - Developing, implementing and embedding a Trust wide Data Quality Culture sponsored and monitored at senior management level
 - Integrating data quality with the new Performance Management Framework as a key element of the Trust's reporting activities

Horizons team wins partnership award

18 June 2015



Heather Penn, Angela Rayner, Rachel Harris and Ivan McConnell

Members of a KMPT team who work in partnership with other organisations to help service users remain in their own homes have been recognised with an award.

The Horizons team recently won the Partnership category of the staff awards in recognition of its close and successful collaboration with a variety of providers including housing, support services, district councils and Kent County Council.

There are five Horizons schemes across East Kent employing three KMPT staff each who rely on the added resource that partner organisations bring to each of these teams. At any one time there is a minimum of 14 different providers working closely with KMPT staff across the five teams. Horizons staff also work closely with carers within these partnerships.

Heather Penn, Operational Lead for the Horizons Service, explains: "All our team members share a common goal of supporting some of our most needy and complex clients to manage within their own accommodation. Many of these clients would otherwise be repeatedly admitted to acute services or would be within residential care rather than living in their own accommodation within their local communities, close to people they know and things they want to do. Achieving positive outcomes for each client while using such a variety of resources requires skilled care coordinators and effective partnership relationships."

The work of the team members includes identifying what each partner organisation can contribute and identifying the support needed such as: help with bills; managing finances; cleaning and housework; making and getting to appointments; engaging in meaningful activities; perhaps volunteering and even working or studying. Other support is often required around drug and alcohol addiction and misuse, hoarding and disengagement. KMPT staff coordinate, monitor and review all these aspects of support with partners as well as providing mental health support with medication, coping and managing symptoms, relapse, and overall wellbeing.

Heather, who nominated her team for the award said: "*Horizons staff deserve recognition for the work they do coordinating and collaborating with numerous external providers to offer the right support to each client within the service. Recent evaluation of the Horizons partnership indicated that the majority of clients felt staff encouraged them to feel good about themselves, supported them to have hopes and dreams for the future and enabled them to do things that are of meaning to them.*"

Horizons staff are committed to helping people recover. Some recent quotes from clients include: 'Getting my life on track'; 'Helped me get on to a medication that makes me feel better'; 'Provided opportunities to help build my confidence and structure to my life'; 'Gave me advice and techniques to

help me sleep better'; 'Basically helped me take away some of the downs and replaced them with ups'; 'I love my flat, it's my home. I feel safe living here and staff help me to manage better'; 'I am planning to start a college course and I'm swimming each week and have lost weight'.

Heather added: "*The five Horizons teams have adjusted well to the new management structure since September last year and have worked hard in becoming more recovery focused. This has included supporting partner providers to adopt a similar way of working. I am very proud that Horizons won this award.*"

NHS Number and General Medical Practice Code Validity

Kent and Medway Partnership Trust submitted records within prescribed deadlines for 2015-16 to the MHLDDS. Results are published at:

<http://www.hscic.gov.uk/mhmdsmonthly>

The percentage of records in the published data which included the patient's valid NHS number was:

29,295 of 29,305 = 99.97% for valid NHS Number

29,560 of 29,565 = 99.98% for valid General Medical Practice Code

(data as at January 2016: MHLDDS publications run some months in arrears)

Information Governance Toolkit Attainment Levels

The Information Governance Toolkit (IGT) is a performance tool produced by the Department of Health and is now hosted by the Health and Social Care (HSCIC). Where partial or non-compliance is revealed, the Trust must take appropriate measures (e.g. assign responsibility, put in place policies, procedures, processes and guidance for staff) with the aim of making cultural changes and raising Information Governance Standards through year on year improvements.

The IGT includes 45 initiatives to be scored (from level 0 to level 3, see key below) and evidenced in a baseline audit in July 2015, an update in October 2015, in a compliance audit in January 2016 and in the final submission (of completeness) in March 2016.

Compliance with the IGT audit is part of the programme of assurance with which the Trust must comply, both now and after Foundation Trust Status has been granted. All Trusts must work to achieve a level 2 in all initiatives.

The Trust obtained an overall compliance score of 88%, which is the same score achieved in 2014/15, scoring at least a level 2 in all 45 elements. This means that the Trust is classified as 'Satisfactory' overall. There are only two classifications available satisfactory or not satisfactory.

Key to Scores

Level	The Trust has...
0	Nothing in place to manage the requirement
1	A named person has been identified to take responsibility and they have produced an action plan to achieve compliance
2	Suitable policies and procedures in place or has conducted the necessary training or audit required
3	Robust processes in place to manage the requirement and these processes are regularly reviewed

The total score is calculated by adding together all the scores and dividing by the maximum possible score the whole toolkit.

Therapeutic Day at St Martin's gets positive feedback from staff and service users



From top left to right: Lloyd Ramsey, Judith Wyborn, Brogan Day, Anthony Long, Diana Harvey, Ben Sanders, Alison Farley-Marsh, Rekha Bhogal, Leonie Down, Iwona Gromotowicz, Jess Kidd-Scott, Vivian Fullagar, Nina Phoenix and Annette Elkin.

The second multi-disciplinary, all-ward review of the Therapeutic Day at St Martin's was held recently to review progress and inspire new initiatives.

The event was co-ordinated by Leonie Down Occupational Therapy Team Leader, and Lloyd Ramsey, Bluebell Ward Deputy Ward Manager. The main focus revolved around keeping the momentum going and ensuring the therapeutic day offers a Caring, Responsive, Effective, Well led and Safe programme.

Developments in the six months since the last review have included initiatives such as designated activity coordinators or recovery nurses identified on each shift who work closely with OT staff to outline patient needs and skill mix. In addition, all wards have resources to provide a wide range of activities which are identified and advertised each day. Each ward has started work on the 'Safe Wards' initiative including the creation of a recovery tree on which people can add hopeful messages to other patients during their stay.

Each ward has volunteers visiting each week who engage patients in social and creative activity and hand pampering. Several editions of the '*St Martin's Herald*' have been published which include photos of creative ward projects, poetry by individuals and expertise.

Leonie Down, Occupational Therapy Team Leader, explains: "*There has been collaboration between OT, nursing, pharmacy and psychological services colleagues on recovery focused sessions and we have a shared resource of hand-outs and information to support groups and 1:1 sessions.*"

"Mindfulness and relaxation techniques are offered regularly in addition to pampering sessions and therapeutic walks. In addition reflective practice sessions are being offered to all wards by the psychological services team who feel that the increased use of therapeutic activities generally will lead to increasingly mindful practice and focus on the wards - in staff teams as well as patient groups."

Having a team approach to therapeutic activity has meant that Occupational Therapy staff have noticed an increased capacity to provide assessment and clinical work specifically supporting discharge planning.

Clinical Coding Audit

The Trust was not subject to the Audit Commissions payment by results clinical coding audit during 2015-2016. However the Trust did undertake its own audit of patient records and the discharge summaries, when present, were an excellent source of information, thus aiding the coding process.

The audit examined 50 finished consultant inpatient episodes only and none were unsafe to audit. The table below shows a summary of the overall percentage of correct coding.

	Total episodes audited	Total correct	% Correct 2015-2016	% Correct 2014-2015
Primary Diagnosis	50	45	100.00%	90.00%
Secondary Diagnosis	245	143	87.76%	84.62%

Overall; the Trust has made outstanding progress in primary diagnosis coding accuracy; rising from 90% in July 2014 to 100% on October 2015. Secondary diagnosis coding accuracy is very good at 87.76%, also demonstrating significant improvement with a 3.14% increase on the percentage attained in 2014. The Trust has achieved Information Governance Toolkit level 3 Information for clinical coding (see page 77 for a key on the Toolkit levels)

Primary diagnosis accuracy is excellent at 100%, an increase of 10% from that achieved in July 14. The Trust has exceeded Information Governance Toolkit requirement level 3 for the second year running.

Our 2016-17 Priorities

For 2016-17 the Trust has set nine priorities for improvement; divided into the three areas that constitute quality, these are **patient experience, patient safety** and **clinical effectiveness**.

The nine priorities are:

Patient Safety

- To increase the number of carers (if applicable) attending CPA Reviews
- To work with service users to increase the number of Advance Care Plans/Statements/Directives recorded on the Trust Patient Information System.
- To reduce harm from Medication incidents

Patient Experience

- Learning from the Friends and Family Test Feedback
- Patient Experience of the organisation of care.
- Completion of the Triangle of Care self-assessment documentation.

Clinical Effectiveness

- Review of HoNOS outcomes
- To improve the quality of care plans
- To improve the provision and quality of clinical supervision

On the following pages we outline, for each priority, the reason for the choice, where the Trust is currently positioned (at the start of 2016-17), the way that the priority will be measured and the means of monitoring progress.

Who has been involved in setting our 2016-17 Priorities?

During 2015-16 KMPT has continued to involve a range of staff, people who use services and our partners in the non-statutory sector to help set our priorities for the coming year. Priority setting for 2016 -2017 was further enhanced with the publication of our CQC Inspection Report in July 2015, which identified aspects of service provision requiring further improvement.

The sustained monitoring of our Community Engagement Strategy has provided valuable assistance in producing an in-depth report regarding elements of mental health provision and in commenting on the format of this Quality Account as well as undertaking their formal review of the document.

Our Patient Consultative Committees and Community Engagement Strategy Monitoring & Implementation Group (CESMIG) have identified issues through their involvement with the organisation which they wished the Board to include in the Account.

The Trust Board has continued to receive presentations from service users and carers throughout 2015-16. As a result, the experience of service users and carers has helped the Board to establish its quality priorities by providing a real insight into the experience of people using the services.

Staff from across all areas of the organization, both clinical and non-clinical, always play a key role in priority setting. Our Quality Committee and its sub-groups, including the Patient Safety Group, Patient Experience Group and Clinical Effectiveness and Outcomes Group, have discussed and approved the priorities and, most importantly for all staff, have played a key role by continuing to report and record day-to-day incidents, taking part in audits and supporting investigations that helps the organisation to learn.

2016-17 Patient Safety Priority 1

To increase the number of carers (if applicable) attending CPA Reviews

Rationale:

The purpose of this priority is to improve carer involvement within the care planning process, which is an issue that has been highlighted from serious incident investigations

Current status

In the 6 monthly CPA Review audit, a question is asked "Did the carer attend the CPA Review?" The compliance for CRSL 2016 results stated carers attended 27% CPA reviews. The 2016 audit is currently being undertaken for adults, however the compliance for older peoples services (2015) was 29%.

The measure of this question is hard to interpret as, this question does not consider-

- a. If the service user has a carer
- b. If the service user would like their carer to come to the review

There is no place to accurately record this on RiO, as the carer is defined as NOK, who may not be their carer.

Plans

A new RiO Care Plan is in the process of being placed onto RiO. In February 2016, CRSL have decided to use a paper version. This new RiO care plan has a question about the carer's view, which the pilots have shown encourages carer involvement.

From November 2015, full day care plan training has been set up. This has been made mandatory for CRSL. Within this training, there is a section on carer involvement within the care planning process and advance care planning.

Measures

Whether a carer attends a CPA Review is not easy to measure, as we have to determine if the service user has a carer and if they want them to come to a review. In the CPA re-audit (due to be conducted in June 2016), the question could be broken down to ask-

- a. From the RiO records, is it recorded that the service user has a Carer/ NOK?
Yes or No (Target to be achieved = 100%)
- b. If they do have a carer, was the carer invited to the Review? Yes or No
(Target to be achieved = 100% for service users with an identified carer)
- c. Did the carer attend the CPA Review? (no target as attendance by the carer is voluntary)

Monitoring

To be monitored through the Trust Wide Patient Safety Group, Quality Committee and Board.

Staff shine at awards ceremonies

KMPT were one of many around the country at the National Nursing Times Awards in London. 10 of us attended, 6 colleagues from KMPT and four colleagues (doctors and nurses) from Medway A&E.

The Medway Nurse led Alcohol Pilot delivered from Medway Foundation Trust A&E were shortlisted in the Emergency and Critical Care Category as a finalist from over 800 applicants.

Well done and congratulations to Lisa Purland and Kate Button – it was a huge achievement. Your excellent innovative service was recognised by the Judging Panel as a finalist.

The awards were an inspirational evening recognising the hugely influential and important role nurses have in delivering services.



In addition, the Trust was represented at the Kent, Sussex and Surrey Leadership Collaborative Awards. Two members of staff were shortlisted for awards. Lucie Duncan was shortlisted for the Patient Champion of the Year and Tracey Robinson shortlisted for Inclusivity Leader of the Year. Both were awarded 'Runner-Up' in their categories.

The theme for this year was 'Climate for Quality' with celebrations hosted at Sandown Park Racecourse in Surrey.



2016-17 Patient Safety Priority 2

To work with service users to increase the number of Advance Care Plans/Statements/Directives recorded on the Trust Patient Information System

Rationale:

An advance care plan, sometimes also referred to as an advance statement or advice directive helps people to plan their care should they become unwell in the future and due to their illness they are unable to fully contribute to the planning of their care.

The advance care plan sets out the treatment that a person does not wish to receive, together with a statement of wishes and preferences that the person would like carried out.

Examples of such wishes might be a statement of what they would like to happen to their pet animal (such as Kennelling arrangements) or who they would like to hold their house keys for them.

An advance care plan cannot be used to request certain treatments or to have particular medical staff involved in your care.

The use of advance care plans is necessary for the promotion and provision of person centred care. A number of Serious Incident investigations have highlighted that the need to increase the use and recording of advance care plans across the trust.

Current status

CPA clients in all clusters who have an advance care plan in place during 2015-2016 were 811(Taken from KMPT Quality Performance Indicator Number 9).

Plans

- Current Advance Care Plan Guidance to be revised to include specific instructions when Advance Care Plans are discussed with service users, for example during 7 day follow-up and in recovery groups
- The question 'Is there an advanced care plan?' will be included on the new Care Plan Audit Questionnaire, due to start in July 2016
- Services will be expected to provide robust actions with regards to making improvements as a result of the results new monthly Care Plan Audit

Measures

To improve the number of CPA Clients in all clusters who have an advance care plan in place by 20% (this represents 162 clients) by 31st March 2017.

Monitoring

To be monitored by the Trust wide Patient Safety Group, Quality Committee and Board.

Canterbury benefits from new care home review clinics

08 October 2015



A new service that provides reviews of older adults' social, mental and physical needs within care homes has resulted in more patients being discharged back to their GPs.

The service, which was introduced by Kent and Medway NHS and Social Care Partnership Trust this year in the Canterbury area, also ensures that patients in care homes who have mental health issues have regular checks and that care homes who manage those with mental health needs are well supported.

A systematic process was set up to ensure each patient could receive a good review of their social, mental and physical needs within the care home. It was felt that the short CAMBERWELL assessment of need tool (CANE) would provide all the information needed as each element could be expanded on as needed.

Letters were sent to each of these homes to introduce this service which was followed by an introductory visit to confirm the names of the clients in the home, to request the home to invite interested relatives to the reviews and to encourage them to set up an appointment system within a set time span.

They were asked to provide space to do the review clinics, copy of Medication Administration Review sheets for each client and individuals weights over the previous six months.

Review clinics started in February and by mid-June a total of 240 clients had been reviewed. The review includes carrying out new risk assessments and completing care plans and crisis plans for each patient.

A second round of care home reviews has recently started and patients who are presenting with no difficulties or concerns are being discharged back to the GPs with the assurance that, should the patient need to be seen again, the re-referral process will be a lot quicker.

Our Trust is currently looking at three Commissioning for Quality and Innovation payment framework (CQUINS)

- Improving Liason with GPs (share my care)
- improving dementia and delirium care
- improving the physical health care of patients with mental health conditions.

Community Psychiatric Nurse, Sharon Harrison, who has been working on this new initiative said: *"Feedback from home managers and relatives has been very positive and links with each home have been forged. Care home staff are more likely to ask for advice earlier when difficulties arise and generally act on advice given promptly."*

2016-17 Patient Safety Priority 3

To reduce harm from Medication incidents

Rationale:

Nationally, medicines safety has been identified as a risk. The medication safety alerts issued by the NPSA in the last few years, and the DH Never Events cover several drugs and processes associated with a higher risk of harm. Most of these are not relevant in a mental health organisation, but the principles are the same.

Medication incidents are reviewed by the Medicines Safety Group (MSG), which meets every other month. This multi-disciplinary group is responsible for identifying trends, and ensuring that learning is shared across the organisation.

In order to have the most impact on reducing harm from medicines, the priorities are:

- Reducing omissions of critical medicines (indicated by Blank Boxes on Prescription Cards), in line with the targets set by the Patient Safety Collaborative
- Improve medicines reconciliation in line with targets set by the Patient Safety Collaborative, thereby reducing preventable adverse drug reactions due to incorrect drugs or doses being prescribed or administered
- Improve medication incident reporting to enable meaningful learning that can be shared across service lines

Current status

For 2015-2016

The number of reported Blank Boxes on prescription cards per month from November 2015 (the month that the project replaced the Medications Omissions Project) to March 2016 was 9%, the average per month was 9%.

The percentage of medicines reconciled within 24 hours was 96%, the monthly average was 96%.

The number of medication incidents reported was 353, with an average of 29 per month.

Plans

- Monthly Blank Boxes Audit by Ward Managers
- Medicine safety thermometer
- Medication incidents recorded on Datix

- Where appropriate staff will be encouraged to use Plan, Do, Study, Act (PDSA) cycles and other Quality Improvement Methods to reduce medication omissions and increase incident reporting

Measures

- To reduce the percentage of Blank Boxes on prescription cards
- To increase the percentage of medicines reconciled within 24 hours
- To increase the reporting of medication related incidents

Monitoring

To be monitored through the Drugs and Therapeutics Group, Safety Innovation and Development Group, Trust wide Patient Safety Group, Quality Committee and Board



RMB United and supporting staff

RMB United Football Team

RMB United is a football team made up of patients from the Tarentfort Centre (Riverhill and Marle wards) and the Brookfield Centre in Dartford. The team started two years ago, when patients from the Tarentfort and Brookfield Centre asked to play against other football teams. After much research, the team joined the **Kent Disability Football League**, which is run by volunteers and provides regular competitive opportunities for players with a disability.

Since then, RMB United has been practicing every week at Charlton Football Club and they play matches in various locations against other learning disability teams in Kent. RMB United play four matches at each tournament and the results determine their position within the League.

The patients are proud to be a part of the League. They work together as a team, are always keen to play and are delighted when they win! *“We are proud to play for RMB and be part of the league. It’s great they have won an award and hope we all win more trophies in the future.”*

RMB United has even more reason to be proud, as the Kent Disability League have recently won the *FA Charter Standard League of the Year 2015* for the South East region! The League has also been nominated for the FA National Award.

Well done to all the patients who are part of RMB United, for their dedication to the team and helping the Kent Disability League to win the award, through their participation!

2016–17 Patient Experience Priority 1

Learning from the Friends and Family Test Feedback

Rationale:

The results of the Friends and Family Test can provide evidence of learning about services, which can be used to promote service improvements.

Current status

Currently the Friends and Family Test is used to gather service user views of the service provided by KMPT. Monthly reports are provided to the service lines and individual wards and teams with the score for that month and a list of the written feedback.

Plans

- Each service line will provide evidence of 3 items of learning that have been implemented as a direct result of patient feedback received via the Friends and Family (F&F) Test
- The service lines discuss the F&F Test as a standing agenda item at the Service Line Patient Experience Groups
- The Service Line Patient Experience Groups will report to the Trust wide Patient Experience Group (TWPEG) evidence of service changes implemented as a direct result of feedback from service users via the Friends and Family Test

Measures

Quarterly there will be evidence of 12 changes to services implemented as a direct result of Patient Feedback.

Monitoring

This will be monitored via

- Service line patient experience groups
- The Trust wide Patient Experience Group (TWPEG)
- Reported to the Quality Committee and Board

Carers Afternoon Tea

To mark Carers Awareness Week (8-14 June), the Forensic & Specialist Services Service Line held afternoon tea at the Lakeside Lounge Café, Trevor Gibbens Unit.

All carers with relatives within the secure services were invited to attend the event, which was organised by **Kathryn Ayles** (*Service Line Lead for Allied Health Professions and Patient Experience*) and **Karen Tweedie** (*Carer Support Worker*).

As well as delicious tea and cakes, members of the multi-disciplinary team were available during the day to explain their roles and answer any questions. This included **Simon Cook** (*Service Manager*), **Leigh Curtis** (*Consultant Clinical Psychologist*), **Janine Hudson** (*Senior Social Work Practitioner*), **Neil Hunt** (*Return to Practice Nurse*) and **Maxine Doe** (*Occupational Therapist*). Additionally there was a stall with a range of useful information available for carers to take away.

This event is part of a number of initiatives being undertaken by the Service Line to recognise the importance of carers and support their involvement in secure services. This was acknowledged by a carer at the event, who stated she was impressed at the effort being taken by the Trust to engage with carers.



Information stall for carers at the Afternoon Tea event

2016–17 Patient Experience Priority 2

Patient Experience of the organisation of care

Rationale:

To improve the feedback of patients relating to their experience of how their care coordinators' organise their care.

Current status

In the 2015 National Patient Survey KMPT made significant improvements in most areas however question 10 '*How well does this person (care coordinator) organise the care and services you need?*' KMPT achieved a score of 7.7 and the highest score achieved was 8.9 (out of a total of 10).

Plans

This issue has been included in the 2016 Service Line Patient Experience action plans and the service lines will monitor actions throughout the year.

Measures

KMPT will measure this priority through the results of the National Patient survey (NPS) with an ambition to achieve a 5% improvement in the 2016 NPS score achieving a score of 8.2.

Monitoring

The service line action plans will be monitored via:

- The service line patient experience groups
- The Trust wide Patient Experience Group
- Reported to the Quality Committee and Board



The Respect Tree

Respect Day

On Friday 31st July, the annual Respect Day was held for the Tarentfort Centre and the Brookfield Centre in Dartford. The Respect Day focuses on promoting and encouraging respect towards others, and was organised by Sarah Cooper (*Forensic Psychologist in Training*), with support from Merisa Harris (*Speech and Language Therapist*).

The focus of the event was Restorative Justice, which involves victims of crime having the opportunity to meet with their perpetrator, where this is agreed by both parties. Guest speakers from the Chris Donovan Trust and the police were invited to the day, with the aim of promoting empathy towards victims and reflecting on the wider consequences of committing crimes. Special guests, Vi and Ray Donovan, delivered a very emotional and powerful talk about the murder of their son and their experience of restorative justice. Although it was hard-hitting, they ended with a message of hope. Everyone present at the day then took part in group discussions about this process, thinking about what it may look and feel like, if we were to adopt this process on the wards. There was a lot of interest from both patients and staff, and with support from Kent Police and contacts via the Chris Donovan Trust, this is now looking like a real possibility.

As well as getting involved with the discussions, patients embraced the day by preparing posters, presentations and poems, which were then displayed for everyone to view. They were supported to do this in OT sessions by Richard Brooker and Chloe Melford (*Occupational Therapy Technicians*).

The day ended successfully with the creation of a 'Respect Tree'. Over previous years, patients and staff have developed a Respect Charter, which outlines standards that they have all pledged to practice. This includes qualities such as 'thinking about how people feel', 'listening to each other', 'not calling people names' and 'telling the truth'. Traditionally, everyone would sign the Charter to show their commitment to it. However this year, patients and staff were presented with a selection of 'leaves' and chose one on which they wrote what respect means to them. They then signed their leaf and stuck this onto the Respect Tree. At the end of the day, the Tree was filled with leaves containing personal messages, as well as standards from the Charter, all illustrating how patients and staff would be respectful to others. Patients stated that their Respect Tree symbolised '*growth*' and the '*turning over a new leaf*'.

A huge well done to Sarah and Merisa for organising this positive day! We hope it will nurture continued respect amongst all patients and staff, and look forward to hearing about the event next year!

2016–17 Patient Experience Priority 3

Completion of the Triangle of Care self-assessment documentation

Rationale:

To ensure that KMPT is working to the principles of carer involvement as described in the Triangle of Care.

Current status

KMPT has been involved with the Triangle of Care initiative for several years and has now agreed to complete the self-assessment documentation in the acute & community recovery service lines over the next 2 years.

Plans

- To improve the experience of carers whose loved ones are in receipt of services from KMPT
- To complete the self-assessment tool kit for the Triangle of Care
 - Acute Service line in 2016
 - Community Recovery Service Line in 2017 (Mapping the current status of CRSL Community Mental Health Teams and taking action where highlighted is a requirement before undertaking the Triangle of Care self-assessment in the community. This is why the self-assessment is not taking place until 2017)

Measures

Completion of the nationally benchmarked self-assessment documentation reported via the service line patient experience leads to the Trust wide Patient Experience Group.

Monitoring

The progress on the completion of the self-assessment will be monitored via:

- The service line patient experience groups
- The Trust wide Patient Experience Group
- Reported to the Quality Committee and Board



Katie Buchanan with her award

Apprenticeships

The Trust has an Apprenticeship Scheme which aims to give individuals the opportunity to experience working within the NHS. The apprenticeships are work-based training programmes, which can lead to nationally recognised qualifications.

The scheme runs for 12 months and during this time, Apprentices are employed on a fixed-term contract. Apprentices benefit from paid, hands-on work experience, as well as studying for a Level 2 Health and Social Care qualification, where they create a portfolio to show their knowledge and understanding of the healthcare assistant role. The scheme provides those wishing to go into nursing a great opportunity to gain the experience and training needed. It has also been recognised that having new staff who are enthusiastic and keen to learn and develop, has had a very positive impact on the wards.

A number of apprentices have secured permanent roles within the Trust, including Katie Buchanan and Bethany Lee. Both individuals have also experienced further achievements since being part of the Apprenticeship Scheme.

Katie Buchanan (*Healthcare Assistant*) at Groombridge Ward, Trevor Gibbens Unit, recently won Apprentice of the Year, from Canterbury College. Out of the 10,000 Apprentices undertaking an apprenticeship with Canterbury College, 90 were nominated for the award. Katie was chosen above all others for her outstanding and consistent work, both on the ward and in her NVQ work.

In addition, Katie has had a 100% attendance rate. Katie has said that, '*Working as an Apprentice at TGU is an experience and a good opportunity to be able to learn and take a step in to the Mental Health Service Line, whilst getting an NVQ level 2 qualification in Health and Social Care*'.

Bethany Lee (*Healthcare Assistant*) at Emmetts ward, Trevor Gibbens Unit, started working for the Trust as an Apprentice in September 2013. She then successfully moved into a Healthcare Assistant role last year. Bethany has now been accepted onto the Open University's Mental Health Nursing part-time course. She is the first apprentice in the Service Line to have been accepted to do Mental Health Nursing!

Congratulations to both Katie and Bethany!

2016 -17 Clinical Effectiveness Priority 1

Review of HoNOS outcomes

Rationale:

The Trust currently collects HoNOS outcome measures, for the majority of service users but does not routinely evaluate the outcomes to inform clinical service delivery. The development of HoNOS as a Clinician Rated Outcome Measure (CROM) will be a CQUIN project for 2016-2017.

Current status

From the collected HoNOS scores the Trust Performance team reformulates the scores into four well-being indicators (Personal, Emotional, Social and Severe Disturbance). This Four Factor Model (Speak, 2013¹) summarises the original HoNOS scores into a meaningful format, without losing any of the original collected HoNOS data.

Plans

The HoNOS outcome data will be reported to the Clinical Effectiveness and Outcomes Group (CEOG) by the Trust performance team on a quarterly basis. This will be shared with each service line through their clinical governance forums for a clinical understanding of what the data means. Discussion of the report with feedback from the Service Lines will be a quarterly agenda item with a view to using this information to evaluate the outcomes for clusters and services and inform clinical development. At the end of the year, the group will be able to recommend appropriate targets for change for 2017/18.

Measures

The performance team will provide measures on the four well-being indicators at the start of treatment and at varying points in treatment.

Monitoring

This data will be monitored at CEOG and reported back to the Quality Committee and Board.

¹ Speak. B (2013) Evaluating the Effectiveness of Care Packages with the Speak et al factor model of HoNOS, CPPP.



Dr Niki Loft

Published Article on Compulsory Admission Experiences Of Service Users with psychosis

Dr Niki Loft (*Chartered Clinical Psychologist at the Allington Centre and Trevor Gibbens Unit*) and Professor Tony Lavender from Canterbury Christ Church University have recently had one of their research studies published in the 'Journal of Mental Health'. The research explored the compulsory admission experiences of service users with psychosis, and aimed to identify key characteristics of these experiences.

Seventeen participants, including eight service users and nine psychiatrists, were interviewed about their experiences of compulsory admission. Five key themes were identified as the main phases of the compulsory admission experience. These included "deteriorating mental health of service user", "professionals remove service user's liberty", "managing mental health (on the psychiatric ward)", "regaining liberty" and "recovery in the community". A further 47 categories were identified within the five key themes, creating a model entitled "A disturbing journey to and from detention".

The findings from this research highlight that vulnerability in service users with psychosis, coupled with insufficient coping strategies and poor support mean that they may be less able to cope with stressful life events. This can in turn lead to mental health deterioration, and at times compulsory admission to a psychiatric unit. However, this process of admission and detention appears to be distressing for many service users who may subsequently return to the community with seemingly unresolved psychological issues. Without addressing such issues such service users may find themselves in a cycle of "revolving door" admissions.

The research highlights the need for clinical and service improvements to minimise repeat admissions, and promote sustainable recovery for service users with psychosis. Suggested improvements include: focusing resources on preventing relapse and creating sustainable recovery, more discreet transfers to psychiatric hospitals, addressing ward-based violence and greater staff continuity.

2016 -17 Clinical Effectiveness Priority 2

To improve the quality of care plans

Rationale:

During 2015 a number of care planning consultation events were held which involved service users, carers and staff members of all professions. Over 70 people attended these events, one key theme which emerged from these events is that service user engagement could be improved if the current Care Plan on RiO (the Trust's patient information system) was more service user and staff friendly.

A care planning task and finish group was established, which has representation from all the main services across the Trust. This group produced a new Care Plan, which during July/August 2015 was sent out for consultation across all those involved in the consultation events. This resulted in a draft new paper care plan, which during November and December was piloted in a number of services across the Trust.

The results of the pilot were very positive and the new care plan was found to encourage service user involvement. The implementation of the new care plan has now been agreed for across the Trust.

Although the format of care planning has been changed, there is still a requirement for assurance regarding the quality of the contents of the new care plans.

Current status

The quality of care plans are currently monitored through the Person Centred Care Planning Audits, which requires staff to measure the compliance of care plans against 12 questions. There are a number of other specific quality improvement projects, which examine specific areas of CPA practice such as Reviews, Discharge and the provision of Crisis Plans. In order to improve practice local actions are identified and implemented taken by the wards/teams who conducted the audits.

Plans

- A new Care Plan Audit (that will replace the current Person Centred Care Planning Audits) will be implemented within each service line by July 2016
- Each service line will be required to produce monthly actions that are intended to improve the quality of Care Plans
- The Clinical Effectiveness & Outcomes Group (CEOG) will review the Action Plans produced by the Service Lines on a quarterly basis in order to identify three items of best practice and three items where practice requires further improvement
- The information will be published via the staff briefing, StaffZone and the one minute read

Measures

The CEOG will publish quarterly three items of best practice and three items where practice requires further improvement identified from the Service Lines Care Plan Action Plans.

Monitoring

To be monitored by the Clinical Effectiveness & Outcomes Group, Quality Committee and Board.



Dr Nigel Jacobs

Developing a family inclusive strategy for KMPT

Dr Nigel Jacobs (Trust Family Inclusion Project Lead, formerly Family Therapist in Eating Disorder Service) has successfully completed a Professional Doctorate jointly with Birkbeck College, University of London and the Institute of Family Therapy.

Nigel's thesis, titled "Informed Orienteering; Navigating Systemic Positioning Dilemmas in the Field of Anorexia" explored how therapists navigate the domain between risk and agency (which is about a person's ability to have autonomous action), in which reducing risk can reduce agency in the client and increasing agency in the client can increase risk. The conclusion of his thesis was the use of Dialogism, the basis of Open Dialogue (which is being initiated in KMPT), to navigate the various positions at the call of the therapist. It included in depth research into the power issues in presentations of mental health generally and anorexia specifically.

Nigel received very generous feedback from the examiners who considered his work as an "impressive and significant contribution to the field of family therapy".

Further to the thesis, the doctorate included accreditation as a Systemic Supervisor with the United Kingdom Council of Psychotherapy.

It has taken Nigel 5 years to complete his doctorate mainly in his in spare time, assisted by some study leave. Nigel has stated "without the substantial support of the Trust and understanding of colleagues, friends and family I could not have achieved this. Like every success it is a reflection of everyone connected, to whom I am grateful".

Nigel is currently working in a trust wide post developing and implementing a family inclusive strategy for KMPT, as Family Inclusion Project Lead, accountable to all service line directors.

2016-17 Clinical Effectiveness Priority 3

To improve the provision and quality of clinical supervision

Rationale

The provision and quality of clinical supervision across KMPT was identified as an issue in the CQC Inspection report published in July 2015.

According to the Care Quality Commission (2013)^[1] the purpose of supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and personal/professional responses to their work. Good quality supervision should provide an opportunity for the supervisee/supervisor to:

- Review supervisee's performance
- Set priorities/objectives in line with the organisation's objectives and service needs
- Identify supervisee's training and continuing needs
- Reflect on and review supervisee's practice
- Discuss individual cases in depth
- Change or modify supervisee's practice

Current status

A survey was conducted during February/March 2016 across the Community Recovery Service Line measuring current clinician experience with regard to the above elements associated with the provision of good quality supervision.

Plans

The results of the CRSL clinical supervision survey will be shared with other service lines through the CEOG group.

Each CRSL Team will produce an Improvement Plan, which will feed into a CRSL Improvement Plan, which will be reviewed by the CEOG group.

Other service lines will be encouraged to conduct their own clinical supervision surveys and produce their own Improvement Plans at a team level and service line level, which will be reviewed by the CEOG group.

Measures

Currently there is no baseline from which to set a target, however the following targets will be met by 31st March 2017:

- CRSL to produce an improvement plan and provide evidence of implementation
- Acute, Older People and Forensic & Specialist Services Service Lines to have conducted the clinical supervision survey
- Acute, Older People and Forensic & Specialist Services Service Lines to produce an improvement plan and provide evidence of implementation

^[1] 'Supporting information and guidance: Supporting effective clinical supervision', CQC, 2013.

Monitoring

This will be monitored through Service Line Governance Group, CEOG, the Quality Committee and the Board.

Appendices

A: Comments on our 2015-2016 Performance

B: CQC Quality Improvement Plan

C. CQUIN framework 2015-16

D: Quality Performance Indicators

E: 2015 -2016 Clinical Effectiveness
Priority 1: Person Centered Care
Planning Results for each CCG
Consortium Area

F. Sign Up to Safety Pledges

G. Sign Up to Safety Improvement
Plan

H: Glossary and Abbreviations

I: Auditor's Report

Appendix A : Comments on our 2016-2017 Performance



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Dear Angela

Draft Kent and Medway NHS & Social Care Partnership Trust Quality Account 2015/16

In recent weeks, the HOSC has received a number of draft Quality Accounts from Trusts providing services in Kent, and may continue to receive more. I would like to take this opportunity to explain to you the position of the Committee this year.

Given the large number of Trusts which will be looking to the HOSC at Kent County Council for a response, and the standard window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Through the regular work programme of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of effective healthcare across Kent and the decision not to submit a comment should not be interpreted as a negative comment in any way.

As part of its ongoing overview function, the Committee would appreciate receiving a copy of your finalised Quality Account for this year and hope to be able to become more fully engaged in next year's process.

Kind regards

Robert Brookbank
Chairman
Health Overview and Scrutiny Committee
Kent County Council

kent.gov.uk

North Kent Clinical Commissioning Groups Statement

(inc. Medway CCG, Dartford, Gravesham & Swanley CCG and Swale CCG)

The Trust's draft Quality Accounts document was sent to Clinical Commissioning Groups (CCGs) for consultation and comment. The CCGs have a responsibility to review the Quality Accounts of the Trust each year, using the Department of Health's Quality Accounts checklist tool to ascertain whether all of the required elements are included within the document.

The Trust's Quality Account flows consistently and is in a format that is clear and easily understood. The detail included is well structured and concise and follows a consistent format throughout the report. The report identifies areas of further improvement and also individual staff and service achievements, which are reflective in the future priorities identified.

The CCG confirms that all required data has been included within this document in relation to the NHS Services provided or sub contracted and is an accurate reflection of achievement. It is noted that KMPT have worked hard to achieve many of the areas within the identified priorities during 2015/16 however, this is not reflective in the year end results, which identify that many of the priorities have not achieved the full expected outcome.

The Trust has identified nine priorities for 2016/17, which include projects within the themes of Patient Safety, Patient Experience and Clinical Effectiveness. It has outlined clearly the rationale, current status and how each priority will be monitored and measured. The CCG would welcome the opportunity to work with the trust to ensure targets remain on track throughout the year and reported against at CCG level in the 2017/18 Quality Account, where appropriate.

The CCG are in agreement of the areas selected by the Trust and recognise that the priorities identified are person and carer centred, appropriate and striving to be effective in improving quality, safety and patient care.

In conclusion, the report is well structured and highlights that the quality of patient care remains a clear focus for the Trust and at the forefront of its service provision.

The CCG thanks the Trust for the opportunity to comment on this document and looks forward to further strengthening the relationships with the Trust through closer joint working in the future.

Kent and Medway NHS and Social Care Partnership Trust

CQC Quality Improvement Plan



Introduction

The Care Quality Commission (CQC) undertook a planned inspection of the Trust between 16th and 20th of March 2015. The final report was published on 30th July 2015 and rated the Trust overall as 'Requires Improvement'. The Trust has developed and shared with its key stakeholders, a Quality Improvement Plan (QIP) that sets out how it intends to address the range of key themes and issues identified in the report. This plan is structured into three sections as follows:

- Operational Delivery – Internal Actions
- Estate Transformation – Capital Requirement Actions
- System wide Quality Improvement Actions

CQC Quality Improvement Plan (QIP)

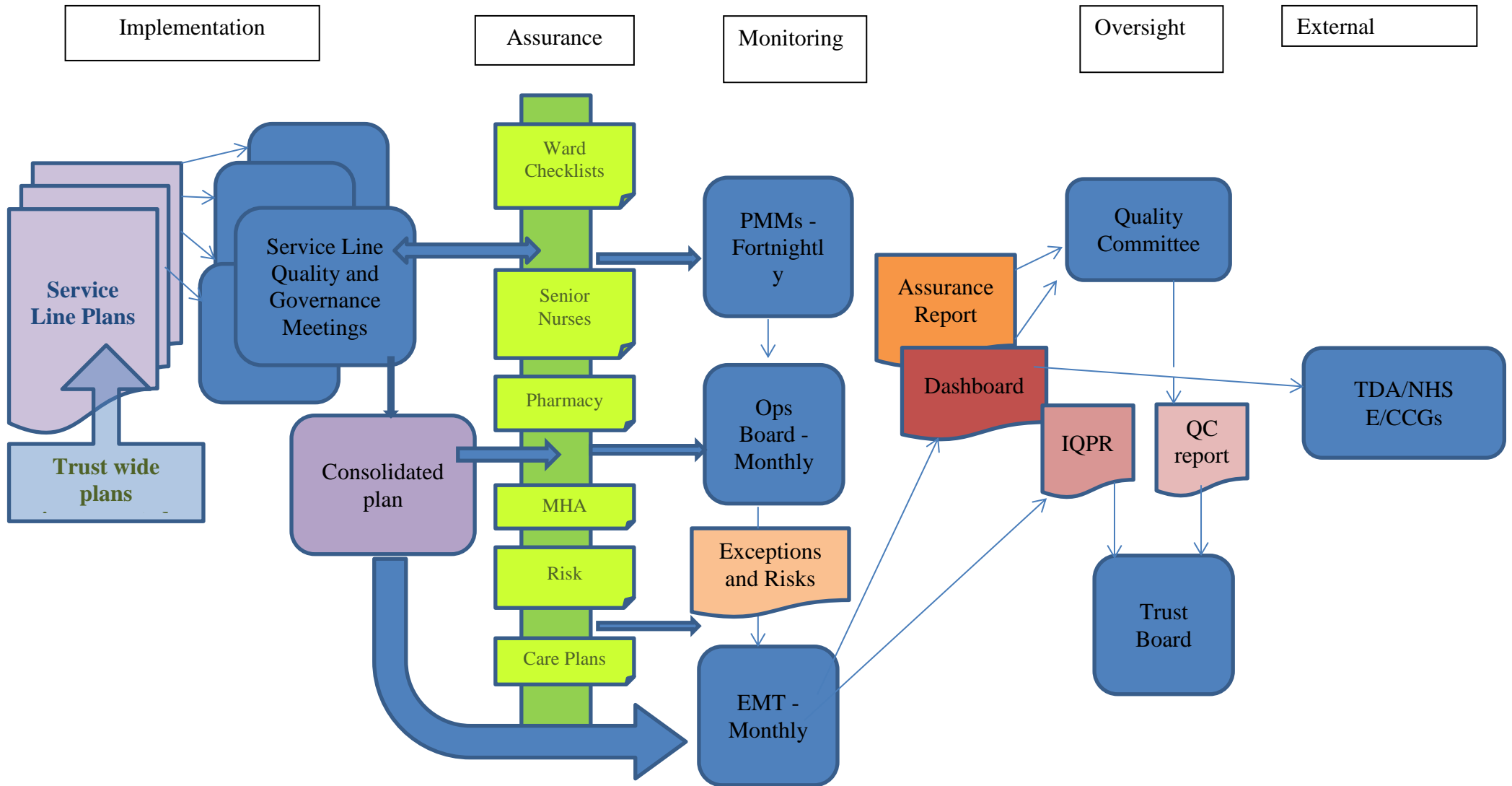
The QIP captures all of the actions required associated with the compliance notices, the must do's and should do's. Some of its content will have applicability across the Trust and will dovetail in with the Transformation and development plans that each Service Line has already developed in conjunction with the Strategic Transformation Team.

Implementation Update

Progress on the implementation of the Quality Improvement Plan will be monitored at monthly performance meetings, operational board, Quality Committee and the Trust Board. The Trust Development Authority has a responsibility to oversee the implementation of the Quality Improvement Plan and will agree with the Trust the arrangements that will be put in place from September. The Quality Improvement Plan includes actions for both the Trust and its partners and the oversight arrangements will reflect this. The meeting will be co-chaired by the Trust Development Authority and NHS England to hold the appropriate system partners to account for delivery. The arrangements will also take into account, the existing governance arrangements in place in the system addressing some of the issues included in the quality improvement plan to seek to minimise duplication.

We have established our own Assurance and Continuous Compliance System shown in the diagram below which will draw together the experience and expertise of people across the organisation for the purpose of auditing and peer reviews. This will be done at periodical intervals depending on the issue and we will not rate ourselves as fully compliant until we have achieved 3 successive compliant reviews. The Trust welcomes the offers and would value input from the TDA, Commissioning Colleagues and patient interest groups to be part of this process.

CQC Quality Improvement Plan – Implementation, Monitoring and Oversight Arrangements



Theme identified from CQC Inspection Report	KMPT actions taken
<p>Planning effective care</p> <p>The Trust had not ensured appropriate person-centred care and treatment through designing care or treatment with a view to achieving service users' preferences and ensuring their needs are met.</p>	<p>Care planning template has been issued. Various approaches to improving the quality of care plans are being developed and implemented Trust wide including auditing with clear actions to be taken forward.</p>
<p>Patient Safety</p> <p>The Trust did not have effective operations which enabled the regular assessing and monitoring of quality of the services and identify, assess and manage risks.</p> <p>Staff were not always aware of when and how to report incidents and how to ensure incidents were minimised in the future. Systems for learning from incidents were ineffective.</p> <p>The Trust had monitoring processes that did not always identify gaps and problems in their services including identifying the reasons behind high levels of physical restraint including prone restraint.</p>	<p>Risk registers are monitored closely and staffs knowledge and awareness of key risks has improved.</p> <p>There are a number of learning bulletins circulated to staff that include learning from incidents.</p> <p>Restraint data is monitored across the Trust in order to identify themes and trends.</p>
<p>Equipment</p> <p>The Trust had monitoring processes that did not always identify gaps and problems in their services including out of date and missing resuscitation equipment.</p>	<p>Clear guidelines have been put in place and equipment is now checked and monitored daily.</p>
<p>Safeguarding</p> <p>The Trust did not have procedures and processes in place to respond appropriately to any allegation of abuse. Safeguarding alerts had not been raised for all recorded safeguarding incidents in some services.</p>	<p>Tailored training sessions have been provided to areas where improvement is required. Safeguarding logs are now completed by wards and teams and submitted to the central team for monitoring.</p>
<p>Medicines management</p> <p>The Trust did not take measures to ensure that service users were protected against the risks associated with the unsafe use and management of medicines. Staff were not following the Trust policies and procedure in the storage and recording of medication, including self-medication.</p>	<p>Checks have been introduced in relation to medication and this is monitored closely. The Trust's policies have been updated to ensure that a robust process is outlined for staff.</p>

Theme identified from CQC Inspection Report	KMPT actions taken
<p>Suitable premises</p> <p>The Trust did not ensure that service users were protected against the risks associated with unsafe or unsuitable premises. The section 136 suites and seclusion rooms were not fit for purpose.</p>	<p>The Canterbury and Dartford 136 suites have been refurbished to comply with places of safety specification guidelines.</p> <p>The seclusion rooms are planned to be refurbished in 2016.</p>
<p>Mental Health Act and Mental Capacity Act</p> <p>The Trust did not ensure the registered person acted in accordance with the Mental Capacity Act 2005 or if Part 4 or 4A of the Mental Health Act 1983 applies to a service user, where the person was unable to give such consent because they lack capacity to do so. Deprivation of Liberty (DoLs) applications had been made but there was not consistent practice.</p> <p>The Trust did not always consistently implement the Mental Health Act in accordance with the Code of Practice. Consent to treatment was not always clearly recorded.</p>	<p>Tailored training sessions have been provided to areas where knowledge and awareness requires improvement.</p>
<p>Caseloads in community services</p> <p>The Trust had not ensured that the caseloads of staff across CMHT did not exceed its own established levels. The trust must ensure that sufficient numbers of suitably qualified, skilled and experienced staff are employed to ensure the care of all service users on staff's caseloads are safe and appropriately managed.</p>	<p>Caseloads have now been significantly reduced and teams are implementing caseload clinics to review and manage pressures relating to caseloads. Staffing has been reviewed to ensure staff with the right skills, experience and qualifications are working within the teams.</p>
<p>Supervision</p> <p>The Trust had not protected people against the risk of people being cared for by staff who were not supported to deliver care and treatment safely and to an appropriate standard. Staff at one community service did not receive regular supervision.</p>	<p>Supervision records and structures are now in place. Staff feel supported and able to discuss concerns.</p>

Appendix C: CQUIN framework 2015-16 CQUIN Achievements and Payments 2015-16

Indicator name	Description of indicator	value £	RAG	Status Achievement
National CQUINs across all Clinical Commissioning Groups (CCGs)				
Cardio metabolic assessment for patients with schizophrenia (All CCGs)	To demonstrate, through the National Audit of Schizophrenia, full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in inpatients and early intervention clients with schizophrenia.	£276,913		Partially achieved
Communication with General Practitioners (All CCGs)	Completion of a local audit of communication with patients' GPs, demonstrating that, for 90% of patients audited, an up-to-date care plan and/or discharge summary has been shared with the GP, which meets the standards of the Royal Colleges.	£174,929		Achieved
Urgent Care 3A -A Reduction in the Proportion of NHS 111 Calls Ending in an Inappropriate 999 Referral (West Kent CCG)	The indicator has been developed to ensure that patients with physical and mental health problems using NHS 111 receive the most appropriate clinical referral to meet their urgent care needs and receive care close to home whenever it is safe and effective to do so.	£143,418		Achieved
Urgent Care 3B -Reduction in A&E MH re-attendances (West Kent CCG)	To reduce the rate of mental health re-attendances at A&E in 2015/16 by: Implementing a clinically led Mental Health Single Point of Access (SPA) to simplify and improve access to mental health services with clinical staff completing telephone triage.	£143,418		Achieved
Urgent Care -Continued improvement of multiagency collaboration for urgent access to crisis support (year 2) (East Kent CCGs)	In line with the objectives of the Urgent and Emergency Care Review, this CQUIN aimed to incentivise an increase in the number of patients with urgent and emergency care needs who are managed close to home, rather than in a hospital (A&E or inpatient setting)	£676,489		Achieved

Indicator name	Description of indicator	value £	RAG	Status Achievement
Reduction in A&E MH Re-attendances (North Kent CCGs)	This indicator was developed to incentivise better data recording and encourage improved and timely communication and intervention between acute trusts and mental health providers to improve outcomes for those with mental health conditions seeking urgent and emergency care.	£196,526		Achieved
Local CQUINs - West, North and East Clinical Commissioning Groups (CCGs)				
Safe and Effective transition of Adolescents from CAMHS Services (Sussex Partnership Foundation Trust) to Adult mental health services (KMPT) to provide positive patient and carer experience (All CCGs)	Implementation of the ratified multi-agency transition pathway with each organisation delivering personalised care plan, mitigation of patients being 'lost' to the system and improving patient/ carer satisfaction with transition	£509,668		Partially achieved
Local Cardio Metabolic Assessment and Treatment for Patients with SMI in the community (West Kent)	To demonstrate implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors in patients with SMI living in the community	£103,261		Partially achieved
Local Communication with General Practitioners (West Kent CCGs)	90% of community patients have an updated care plan shared with the GP. A local audit of communications should be completed, which meets the standards of the Academy of Royal Colleges	£25,815		Achieved
Multi – Disciplinary Working Group to support reduction in S136 (North Kent CCGs)	Reduction in patients conveyed to place of safety under S136. Development of a collaborative multi agency approach to support frequent users detained under S136 through sub group operating within the governance structures of MH Concordat	£393,052		Achieved
Mental Health Safety Thermometer (West Kent CCGs)	To improve safety and patient experience on West Kent inpatient wards using MH safety thermometer to enable teams to measure harm and the proportion of patients that are 'harm free' from self-harm, psychological safety, violence and aggression, omissions of medication and restraint.	£114,735		Achieved

Indicator name	Description of indicator	value £	RAG	Status Achievement
Dementia CQUIN- Development and implementation of a Dementia Pathway in East Kent between secondary and primary care (East Kent CCGs)	Implementation of dementia pathway agreed between primary care and secondary mental health services which: <ul style="list-style-type: none"> • Supports diagnosis of dementia. • Delivers appropriate post diagnostic support at the right time for both people with dementia and their carers. • Ensures that, following a diagnosis, people receive a personalised care plan agreed between primary care and secondary mental health services. 	£225,496		Partially achieved
Dementia CQUIN - (Medway CCG)	<ul style="list-style-type: none"> • An agreed referral protocol, developed with Medway CCG with training and information available within Primary Care to support a smooth transition for patients into the Dementia Care Pathway • Establishing an collaborative approach with the Integrated Primary Care Team to jointly manage patients care • To review current support offered to carers and enhance the carer support group 	£125,351		Achieved
NHS England CQUINs (Forensic Service Line)				
Collaborative risk assessment	The provision of an active engagement programme to involve all secure service users in a process of collaborative risk assessment and management	£116,750		Achieved
Smoking cessation	Supporting service users in secure services to stop smoking	£116,750		Achieved
Supporting Carer's involvement	This CQUIN builds on the carer involvement strategies developed during 2014/15 and required providers to evaluate the effectiveness of these strategies and further develop ways to involve carers, family and friends at a local and regional level	£116,750		Achieved

Indicator name	Description of indicator	value £	RAG	Status Achievement
Improving physical health - Cardio Metabolic Assessment and treatment for Patients with psychoses	To demonstrate full implementation of appropriate processes for assessing, documenting and acting on cardio metabolic risk factors.	£116,750		Achieved

Appendix D: Quality Performance Indicators

NHS Outcomes Framework domain	QPI ref	QPI	Freq of Report	14/15 YTD	15/16 YTD	Q1	Q2	Q3	Q4
Domain 1	Preventing people from dying prematurely								
	1	Never Events - inpatient suicide using non-collapsible rails	Mth	0	0	0	0	0	0
	2	Death or severe harm as a result of a patient falling from an unrestricted window	Mth	0	0	0	0	0	0
	3	Number of suicides (suspected) while in KMPT care - inpatient or community	Mth	50	42	11	8	14	9
	4	Number of patient safety incident related deaths reported to NPSA	Mth	65	72	16	23	23	10
Domain 2	Enhancing Quality of Life for people with long term conditions								
	5	Number and % of service users in PbR clusters 4, 8 & 10 who have a designated care co-ordinator	Qtr	74.9%	4258 75.3%	3982 (74%)	4024 75%	5159 75.7%	4258 75.3%
	6	Number and % of service users in PbR clusters 4, 8 & 10 receiving a comprehensive assessment. Definition agreed was those who had a Care plan, HoNOS (under 12 months old) and Risk assessment (under 12 months old)	Qtr	75.3%	4385 77.6%	4022 (75%)	4180 78%	4433 80.7%	4385 77.6%
Domain 3	Helping people to recover from episodes of ill-health								
	8	All inpatients who have Risk assessment within 72 hours All inpatients who have Risk assessment in total	Mth	80.3% 91.2%	83% 95%	79% 90%	90% 97%	89.7% 96.9%	85% 95%
	9	CPA clients in all clusters who have advance care plans in place	Qtr	757	811	210	201	200	200
	10	Number and percentage of service users using a Recovery Star: Open pathways on cluster 6, 10, 13, 16 & 17 for a minimum of 8 weeks who have a Recovery Star	Qtr		2242 8%	505 8%	469 6.4%	635 9%	633 8.9%
Domain 4	Ensuring people have a positive experience of care								
	11	All inpatients who have nutritional assessment within 72 hours All inpatients who have nutritional assessment in total	Mth	49.8% 67.4%	64% 80%	54.1% 71.8%	66.4% 80%	69.7% 80.1%	70% 84%

NHS Outcomes Framework domain	QPI ref	QPI	Freq of Report	14/15 YTD	15/16 YTD	Q1	Q2	Q3	Q4
	12	Complaints - number - report trends & actual (not including MP enquiries)	Qtr	420	405	104	108	109	84
	13	Complaints - ratio to contacts - report actual	Qtr	0.10%	0.10%	0.10%	0.11%	0.11%	0.08%
	14	Complaints - number - report trends & actual - COMMUNICATION & ATTITUDE OF STAFF	Qtr	167	108	21	27	34	26
	15	Complaints - % of all formal complaints relating to COMMUNICATION & ATTITUDE OF STAFF	Qtr	41%	27%	20%	25%	31%	31%
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm								
	16	Incidents of serious self-harm by inpatients (only SIs) includes mod and severe	Mth	12	2	1	1	0	0
	17	Incidents of serious self- harm by inpatients (only SIs) severe only	Mth	1	0	0	0	0	0
	18	Total and percentage of Acute inpatients (all age) experiencing one or more incidents of control and restraining (MH02) - Quarterly reported	Qtr	650 (19%)	1338	344	274	395	325
	19	Total and percentage of Acute inpatients (all age) experiencing one or more incidents of seclusion (MH03) - excludes forensics	Qtr	151 (8%)	154	42	36	30	46
	20	Number of all patients who had recorded incidents: physical assault on the patient (MH10) (all levels)	Qtr	425 (Distinct patient count = 266)	448	127	102	116	103
	21	The proportion of detained acute/ALL inpatients who have absconded in last three months (incl AWOL on MHA) (MH14) (Sis)	Qtr	AWOL 10 ABSC 5	10	2	AWOL 1 ABSC 1	ABSC 2	ABSC 4
	22	Number of Serious incidents - only reported on STEIS, trends, ethnicity & actual only those recorded on STEIS)	Mth	133	188	44	62	47	35

NHS Outcomes Framework domain	QPI ref	QPI	Freq of Report	14/15 YTD	15/16 YTD	Q1	Q2	Q3	Q4
	22b	Number of ALL serious incidents ((level 4/5)	Mth	286	195	49	58	49	39
	23	Number and % of Grade 1 SIS that are breached over 45 working days on STEIS	Mth	0	0	0	0	0	0
	24	Number and % of Grade 2 SIS that are breached over 60 working days on STEIS	Mth	0	0	0	0	0	0
	25	Number of medication errors (all levels)	Qtr	141	351	87	81	72	111
	26	Falls - OPMH inpatients over 65 - Assessments of risk within 24 hours of admission to acute inpatients (NPSA definition)	Mth	100%	99%	100%	99%	98%	99%
	28	% eligible staff receiving child safeguarding training at level 1	Mth	99%	98%	99%	99%	98%	99%
	29	% eligible staff received adult safeguarding training at level 2 = KMPT level 1	Mth	99%	89%	92%	91%	89%	88%
	30	% eligible staff who have received an enhanced CRB check	Mth	100%	100%	100%	100%	100%	100%
	31	Hand Hygiene training - (2 yearly)	Mth	91%	83%	91%	91%	90%	60%
	32	Hand Hygiene audit	Mth	94%	96%	96%	96%	98%	96%
	33	Violence against MH Staff (community) assaults (MH11) - actual (all levels)	Qtr	16	33	9	15	3	6
	34	Violence against MH Staff (inpatient) assaults (MH11) - actual (all levels)	Qtr	819	868	250	194	249	175
	35.a	The number of all falls in older adult inpatient wards which result in harm to the patient (incl suspected) (all levels)	Qtr	244	259	63	55	71	70

NHS Outcomes Framework domain	QPI ref	QPI	Freq of Report	14/15 YTD	15/16 YTD	Q1	Q2	Q3	Q4
Quality Account	35.b	Number of falls in older adult inpatient wards which result in harm to the patient (incl suspected) moderate/severe harm (only Sis STEIS)	Mth	27 (22 distinct patients)	19	6	5	4	4
Quality Account	36	1. Reduction in the number of patients who take their own life during an inpatient admission (including AWOL/ABSCOND/and on LEAVE) 2. Reduction in the number of patients who seriously self- harm (SSH) themselves during an inpatient admission (severe)	Mth	0 1	2 0	2 0	0 0	0 0	0 0
	37	The percentage of inpatient service users who have had physical health checks within 72 hours (to be consistent with iQPR). This looks at: Nutrition, Weight, Height, Smoking, Blood Pressure, Pulse and Respiration. This measure is subject to review in Q1 2015-16	Mth	83.1%	90.0%	87.0%	87.2%	92.9%	93.1%
	38	The percentage of community service users who have been in the team for 6 weeks or more, who have received a physical health assessment by either the community team or via their GP	Qtr	38.0%	4803 35.8%	3995 (34%)	4268 (34%)	4532 35.7%	4803 35.8%
	39	Clostridium difficile actuals	Mth	0	2	0	1	1	0
	40	MRSA Bacteraemia - actuals	Mth	0	0	0	0	0	0
	41	Infectious diseases (TB, Norovirus)	Mth	0	0	0	0	0	0
	42	Number of incidents of patients experiencing mixed sex accommodation	Mth	0	0	0	0	0	0
	43	Number of incidents reported of patients using wrong gender bathroom	Mth	0	0	0	0	0	0

Appendix E: Clinical Effectiveness Priority 1: Person Centered Care Planning Results for each CCG Consortium Area

Item 4 *'Is there evidence of service user involvement throughout all aspects of the care plan?'*

% of Yes responses

East CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	76%	74%	75%	81%
PCCP CRSL	28%	79%	80%	84%
PCCP OP Com	86%	82%	89%	88%
Totals	54%	76%	77%	83%

North CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	86%	60%	60%	65%
PCCP CRSL	29%	74%	95%	69%
PCCP OP Com	97%	100%	90%	84%
Totals	60%	66%	68%	68%

West CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	78%	71%	74%	63%
PCCP CRSL	28%	64%	66%	82%
PCCP OP Com	100%	89%	67%	100%
Totals	41%	73%	71%	70%

PCCP = Person Centered Care Plan, CRSL= Community Recovery Service Line, OP Com = Older People Community

Item 7 Is there evidence that the service user has been offered a copy of the care plan?.

% of Yes responses

East CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	75%	71%	62%	75%
PCCP CRSL	13%	33%	45%	35%
PCCP OP Com	45%	73%	50%	60%
Totals	43%	60%	57%	64%

North CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	43%	51%	46%	65%
PCCP CRSL	10%	37%	35%	24%
PCCP OP Com	67%	58%	52%	30%
Totals	30%	49%	44%	53%

West CCGs

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PCCP In-patient	81%	51%	43%	46%
PCCP CRSL	10%	22%	34%	26%
PCCP OP Com	93%	61%	33%	0%
Totals	37%	44%	39%	39%

PCCP = Person Centered Care Plan, CRSL= Community Recovery Service Line, OP Com = Older People Community

Appendix F: Sign Up to Safety Pledges

Put safety first. Commit to reduce avoidable harm in the NHS by half and make public our goals and plans developed locally. We will:

- Publish our annual patient safety priorities in the Trust's Annual Quality Account
- Implement safer staffing reports to the Board in order to ensure that nurse staffing levels are adequate to meet the "acuity and dependency" of their patient population
- Produce and publish our patient safety improvement and implementation plan
- Contribute to National Mental Health data on Cardiometabolic Monitoring of our in-patients with a psychosis illness, which will be published on the NHS England web site
- Promote best practice in reducing restrictive interventions

Continually learn. Make our organisation more resilient to risks, by acting on the feedback from patients and by constantly measuring and monitoring how safe our services are. We will:

- Share learning from incidents, complaints, investigations and quality improvement/assurance projects from both external and internal sources through the Trust Learning from Experience Group, Patient Safety Group, Video linked Learning events and Annual Quality Conference
- Join the South East Coast Patient Safety Collaborative
- Participate in a portfolio National Clinical Audit and Patient Outcomes Programme projects that we are eligible to take part in
- Develop further checks and measures, including trends and analysis of incidents
- Publish a monthly Learning, Listening and Improving Bulletin

Honesty. Be transparent with people about our progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong. We will:

- Embed openness as our Trust value across the organisation with honesty, kindness and compassion
- Continue with the roll out of the face to face Customer Care Training and to implement a Customer Care e-learning package
- Maintain the annual Customer Care Week to ensure that Trust visions and values are embedded throughout the organisation
- Publish lessons from serious incidents
- Promote patient and carer engagement in research and service development

Collaborate. Take a leading role in supporting local collaborative learning, so that improvements are made across all of the local services that patients use. We will:

- Participate in South East Coast Patient Safety Collaborative
- Continue to participate in South of England Improving Safety in Mental Health Collaboration
- Identify a patient safety champion within each service line to regularly disseminate safety information across their service line
- Promote a Patient Safety Award as part of the Trust annual staff awards programme
- Continue sharing information on learning and best practice with GPs, local authorities and other partners in order to embed shared learning

Support. Help people understand why things go wrong and how to put them right. Give staff the time and support to improve and celebrate the progress. We will:

- Encourage the sharing and discussion of improvement experiences associated with patient safety learning and best practice at patient engagement groups and team meetings
- Publish examples of reflective practice in order to embed its use
- Continue to promote the 'Support Line Services' and 'The Big White Wall' online support service to staff, together with the implementation of the Staff Engagement and Wellbeing Action Plan 2013/2014
- Ensure that staff receive supportive supervision and have Performance Development Plans
- 'Inspiring Innovation' scheme that awards funding to clinical teams to support and pump prime local patient safety and quality improvement initiatives within clinical areas

Appendix G Sign up to Safety Improvement Plan

Safety Improvement Plan 1st April 2015 to 31st March 2018 (reviewed bi-monthly)**Clinical Risk Reduction: Suicides and serious self-harm**

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
To reduce suicides and serious self-harm during in-patient admission, or while in contact with a CRHT or while in treatment with a working age adult community team	See Quality Account Patient Safety 1 2015-2016. To implement the KMPT Suicide Prevention Strategy	The incidents of suicides and serious self-harm and the interval (in days) measured between each incident for In-patient services, CRHT teams and CMHTs	<u>In-patient admissions</u> = 0 suspected suicides and 5 incidents of Severe/moderate self-harm on 1 out of 11 wards the interval between incidents was greater than 300 days <u>CRHT</u> = 5 suspected suicides; in 4 out of 5 teams the incident of suspected suicide was greater than 300 days. <u>CRHT</u> = 8 incidents of Severe/moderate self-harm. In 2 out of 5 teams the last incident was greater than 300 days. <u>Community Mental Health Teams</u> had 32 incidents of suicides and 17 incidents of severe/moderate self-harm recorded.	<u>In-patient admissions</u> = 0 suspected suicides and 2 incidents of Severe/moderate Self harm <u>CRHT</u> = 5 suspected suicides and 1 incident of Severe/moderate self-harm <u>Community Mental Health Teams</u> had 37 incidents of suicides and 13 incidents of severe/moderate self-harm recorded.

Clinical Risk Reduction: Management of Violence

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
Reduce number of violent incidents on Trust premises and if they occur to reduce the harm caused from such incidents	Participate in Safe Wards initiative http://www.safewards.net/ Use to Orchard Tool Kit on Older People In-patient wards Further actions to be provided by the Management of Violence and Aggression Group	Number of violent serious incidents (physical abuse , assault or violence) as defined by the Quality Digest	Number of patients who had recorded incidents: physical assaults on the patient 425 (Distinct patient count = 266) Violence against MH Staff (Community) assaults = 16 Violence against MH Staff (in-patients) assaults = 819	Number of patients who had recorded incidents: physical assaults on the patient 448 Violence against MH Staff (Community) assaults = 33 Violence against MH Staff (in-patients) assaults = 868

Safer Discharges minimising patient safety events

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
To reduce reliance on external acute bed providers	<p>To identify patients who frequently present out of hours in crisis and to develop an MDT led crisis management plan of care.</p> <p>To appoint patient flow coordinators for each inpatient facility who would work on developing close working relationships with community services, social care as well as other agencies such as housing which would help in moving patients through their care pathway and enable proactive discharge planning early on in the patient's care pathway. Patient flow coordinators to produce a weekly report for their wards and highlight discharge ready patients and any difficulties preventing these patients from progressing through their care pathway.</p> <p>Patient pathway board has identified that discharges are delayed when in patient consultants are on leave. Senior management to review cross cover and formal hand over arrangements and consider nurse led discharges which are already a norm in CRHT.</p>	Number and % of service users in PbR clusters 4, 8 & 10 who have a designated care co-ordinator	74.92%	75.3%

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
	<p>Staff engagement and training in risk assessment and management.</p> <p>Use of video conferencing</p> <p>If required, earlier referral to Forensic and Specialist Services</p>			

Medication

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
To reduce harm from medication incidents	<p>Monthly Blank Boxes Audit by Ward Managers</p> <p>Medicine safety thermometer</p> <p>Medication incidents recorded on Datix</p> <p>Where appropriate staff will be encouraged to use Plan, Do, Study, Act (PDSA) cycles and other Quality Improvement Methods to reduce medication omissions and increase allergy recording</p>	<p>To reduce the percentage of Blank Boxes on prescription cards</p> <p>To increase the percentage of medicines reconciled within 24 hours</p> <p>To increase the reporting of medication related incidents</p>	No data available	<p>Up to the end of the third quarter: The number of reported Blank Boxes on prescription cards per month from November 2015 to March 2016 was 9%</p> <p>The percentage of medicines reconciled within 24 hours was 96% (April 15 – Jan 16)</p> <p>The number of medication incidents reported was 279, average of 28 per month (April 15 – Jan 16)</p>

Patient Safety Culture and Clinical Risk Assessment Transformation

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
To reduce harm by promoting an effective patient safety culture within the Trust	Pilot and evaluate the use of a Patient Safety Culture Tool within one team Further actions dependant on outcome of Pilot workshop	Number of teams completing two workshop cycles	No patient safety workshops conducted during 2014 - 2015	A Pilot Patient Safety Workshop was conducted on the 17 th March 2016 involving staff from the Trevor Gibbons Unit, Forensic and Specialist Services Service Line. Further workshops will be planned after the evaluation of the pilot has been reviewed.
To transform the current clinical risk assessment process into a recovery focused risk assessment process.	a) New Risk Assessment and Safety Plan to replace Risk Summary Form on Rio b) Patient and carers to be involved in safety planning c) High quality safety planning training (involving patients and carers) to be designed and implemented d) Staff Supervision to promote reflective practice and effective practice to be enhanced through improvements in training and the provision of supervision	The number of Patient Safety Plans produced	No baseline as patient safety plans are still to be developed	a) The current Rio Risk Summary will be replaced with a new Risk Assessment and Safety Plan. The new document will guide the clinician into using the 3 Tiered approach at every risk assessment. The Prevention of Suicide and Homicide Group are working on this and I need to confirm when the new document will be ready. It will also be dependent on the Rio Team adding it to Rio and it will of course have to go through governance etc. b) We should be able to use a similar approach to patient and carer inclusion as practiced in the Forensic Service Line. This can then be evidenced within the new safety plans. I will check with Forensic as to how they have implemented this and how they measure this. c) New Safety Planning training will be designed together with the implementation of a training strategy. We will need to make contacts with Patient and Carer groups and develop 'involvement' plans. Again experience from forensic service line may help us here as well as other user/carer groups d) Review current supervision provisions

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
				across the Trust ensuring adequate reflective practice is evidenced and make improvements as necessary. Clinical supervision training will be developed together with training matrix and strategy for the delivery of the training. Safety planning to be written into supervision policy and reinforced through supervision training and evidenced in supervision notes

Physical Health

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
To reduce harm to patients from poor physical health and injury (Falls, VTE and Smoking Cessation)	<p>Falls The falls risk assessment tool has been reformulated and will be piloted on Sevenscore Ward. The physical health group will monitor the results</p> <p>The physical health in the older adult training now includes a session on falls to support increasing the training for ward staff</p> <p>The Trust wide Physical Health Group will look at a greater analysis of the figures to draw out themes. Where appropriate staff will be encouraged to use Plan, Do, Study, Act (PDSA) cycles and other Quality Improvement Methods to innovate fall</p>	<p>-To reduce the number of moderate/severe falls</p> <p>-To reduce the number of VTE incidents during 2016</p> <p>-To increase the number people admitted and people under the care of community mental health teams who smoke who are offered a smoking cessation intervention</p>	<p>Falls: 27 (22 distinct patients)</p> <p>VTE: 5 patients involved in an VTE related incident (From November 2014 to March 2015)</p> <p>Smoking Cessation Data not available for 2014-2015</p>	<p>Falls: 19</p> <p>VTE: 5 patients involved in a VTE related incident (up to and including November 2015)</p> <p>Smoking Cessation of people admitted to an in-patient unit who were declared smokers were offered a smoking cessation intervention Q1 63.4%, Q2 54.7%, Q3 64.0% Q4 70%</p> <p>Of service users under the care of our community teams who smoke were offered a smoking cessation intervention Q1 32.3%, Q2 37.4%, Q3 39.9% Q4 34.3%</p>

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
	<p>reduction. VTE</p> <p>Future plans for reducing VTE incidents include taking in consideration the following actions:</p> <p>Mandatory E learning for VTE for all clinicians (this is available)</p> <p>Datix report for all incidences to capture VTE in real time</p> <p>Reporting via Staffzone – similar to infection control</p> <p>Review the RIO 2 risk assessment form to improve awareness of the risk factors even if deemed mobile</p> <p>Consider minimum VTE risk assessment especially for long term inpatients. i.e. forensic</p> <p>Raise staff and public awareness about VTE</p> <p>Publishing a patient information leaflet on VTE</p> <p>Publishing and distributing posters re risks/awareness of VTE</p> <p>Where appropriate staff will be encouraged to use Plan, Do,</p>			

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
	<p>Study, Act (PDSA) cycles and other Quality Improvement Methods to innovate VTE reduction</p> <p>Smoking cessation</p> <p>The Trust has a smoke free policy across all hospital grounds and buildings. This includes ensuring there are no designated smoking areas, and no staff-supervised or staff-facilitated smoking breaks for people using our inpatient services</p> <p>Service users who smoke and are admitted to our inpatient units will be supported to remain smoke free during their stay. The key interventions will be:</p> <ul style="list-style-type: none"> -Providing information on the hospital policy and the benefits of stopping smoking to all service users including on, or prior to, admission -Providing support to smokers or those on Nicotine Replacement Therapy (NRT) on admission Provision of a personal stop smoking plan for all those who smoke or have recently stopped smoking or use NRT -Providing a range of NRT pharmacotherapies -Ensure service users who 			

AIM	Actions	Measures	Baseline 2014 - 2015	Current Status 2015 -2016
	require NRT have access to stop smoking pharmacotherapies at all times -Ensure service users have access to intensive behavioural support if they require it.			

Appendix H: Glossary and Abbreviations

A & E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AIMS	Accreditation for Acute Inpatient Mental Health Services
ALE	Auditors Local Evaluation
ALOS	Average Length Of Stay
AWOL	Absent Without Leave
BME	Black Minority Ethnic
BPPC	Better Payment Practice Code
CAB	Citizen's Advice Bureau
CAF	Common Assessment Framework
CAMHS	Children and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CIPs	Cost Improvement Programmes
CMHTs	Community Mental Health Teams
CNST	Clinical Negligence Scheme for Trusts
CoG	Council of Governors
COPD	Chronic Obstructive Pulmonary Disease
CQUIN	Commissioning for Quality and Innovation
CQC	Care Quality Commission
CRES	Cash Releasing Efficiency Savings
CRHT	Crisis Resolution Home Treatment Team
CSFF	Community Services Feedback Form
CSIP	Care Services Improvement Partnership
CRS	Care Records Service
DGH	District General hospital
DOH	Department of Health
DOLs	Deprivation of Liberty Safeguards
DRE	Delivering Race Equality
DToc	Delayed Transfer of Care
EBITDA	Earnings Before Tax Depreciation Amortization
EFL	External Financing Limit
EMT	Executive Management Team
EPEX	Effective Project Executive Programme
ESR	Electronic Staff Record
EWTD	European Working Time Directives
FT	Foundation Trust
FTE	Full Time Equivalent
GIS	Geographical Information System
GP	General Practitioner
GRiST	Galatean Risk Screening Tool
HCC	Health Care Commission
HIS	Health Informatics Service
HoNOS	Health of the Nation Outcome Scale
HR	Human Resources
IAPT	Improving access to Psychological Therapies
IBP	Integrated Business Plan
ICT	Information and Communication Technology
I&E	Income & Expenditure
IFRS	International Financial Reporting Standard

IGT	Information Governance Toolkit
IM&T	Information Management & Technology
IT	Information Technology
JNF	Joint Negotiating Forum
KCC	Kent County Council
KDAAT	Kent Drug and Alcohol Action Team
KMPT	Kent and Medway NHS and Social Care Trust
KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LA	Local Authority
LD	Learning Disability
LDP	Local Delivery Plan
LNC	Local Negotiating Committee
LTFM	Long Term Financial Model
MAPPA	Multi-Agency Public Protection Arrangements
MDT	Multi-Disciplinary Team
MEWS	Modified Early Warning Scoring System
MH	Mental Health
MHRN	Mental Health Research Network
MHT	Mental Health Trusts
MP	Member of Parliament
NED	Non Executive Director
NHS	National Health Service
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Professionals
NICE	National Institute of Clinical Excellence
NPSA	National Safety Patient Agency
NSF	National Service Framework
NWW	New Ways of Working
OATS	Out of Area Treatments
OBDs	Occupied Bed Days
OLAP	OnLine Analytical Processing
OPMH	Older People's Mental Health
OPMHN	Older People with Mental Health Needs
PALS	Patient Advice and Liaison Service
PbC	Practice Based Commissioning
PbR	Payment by Results
PBL	Prudential Borrowing Limit
PCT	Primary Care Trust
PDC	Public Dividend Capital
PEST	Political, Economic, Social, Technological
PFI	Private Financial Initiative
PICU	Psychiatric Intensive Care Unit
PROM	Patient Reported Outcome Measure
PSA 2	Public Service Agreement
PSPP	Public Sector Payment Policy
RAG	Red, Amber, Green
RCT	Radom Control Trial
RiO	Patient information system
SBS	Shared Business Services
SfBH	Standards for Better Health
SHA	Strategic Health Authority
SIC	Statement on Internal Control

SLA	Service Line Agreement
SLM	Service Line Management
SLR	Service Line Reporting
SMF	Senior Management Forum
SMT	Senior Management Team
SSAS	Specialist Supported Accommodation Services
STR	Support Time Recovery
SUIs	SeRiOus Untoward Incidents
SWOT	Strengths, Weaknesses, Opportunities, Threats
TFT	Thought Field Therapy
VTE	Venous Thrombus Embolism
VfM	Value For Money
WC	Working Capital
WF	Workforce

Acute

Acute, in medicine, refers to an intense illness or affliction of abrupt onset.

Admission

The point at which a person begins an episode of care (see definition), e.g. arriving at an inpatient ward.

Advance statements/directives

There are various types of advance statement/directive. They can include statements of an individual's wishes in certain circumstances, for example instructions to refuse some or all medical treatment or requests for certain types of treatment. They can also state someone to be consulted at the time a decision needs to be made. The individual should seek advice about the legal status of these statements/directives. They might be called Living Wills.

Advocate

An advocate is a person who can support a service user or carer through their contact with health services. Advocates will attend meetings with service users and help service users or carers to express concerns or wishes to health care professionals. Although many people can act as an advocate (friend, relative, member of staff), there are advocacy services available that can be accessed through the Trust. These advocates are trained and independent.

Aftercare

This is the support or care that a person can expect to receive once discharged from inpatient care. Typically a discharge plan will be developed by the multidisciplinary team with the service user which will make clear what care and support will be provided. (See Care Plan, CPA).

Agenda for change

Is the current National Health Service (NHS) grading and pay system for all NHS staff, with the exception of doctors, dentists and some senior managers.

Appropriateness of care

When in a clinical situation, the expected benefits (e.g. improved symptoms) of care outweigh the expected negative effects (e.g. drug side effects) to such an extent that the treatment is worth carrying out.

Approved Social Worker (ASW)

Approved Social Workers (ASW) have specialist training and experience in identifying disorders of mental health and are familiar with the problems experienced by users of mental health services and their families. They are employed by Local Authority Social Services and work in hospitals and in the community as part of the community mental health teams. They will organise social care support for people in contact with mental health services, such as helping with housing and getting welfare benefits. They work closely with health professionals and, under the current Mental Health Act, they work with two doctors to assess a person who may need admitting to hospital. Social workers can also act as care coordinators for people on care programmes.

Assertive Outreach

Assertive outreach services aim to support people in the community who find it difficult keeping in contact with mental health services.

Assessment

Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.

Caldicott Guardian

A senior healthcare professional in each NHS organisation is responsible for safeguarding the confidentiality of patient information. The name comes from the Caldicott Report, which identified 16 recommendations for the use and storage of patient identifiable information.

Care Co-ordinator

A care co-ordinator is the person responsible for making sure that a patient gets the care that they need. Service users and carers should be able to contact their care co-ordinator (or on-call service) at any reasonable time. Once a patient has been assessed as needing care under the Care Programme Approach they will be told who their care co-ordinator is. The care co-ordinator is likely to be a community mental health nurse, social worker or occupational therapist.

Care plan

A care plan is a written plan that describes the care and support staff will give a service user. Service users should be fully involved in developing and agreeing the care plan, sign it and keep a copy (see Care Programme Approach).

Care Programme Approach (CPA)

The Care Programme Approach is a standardised way of planning a person's care. It is a multidisciplinary (see definition) approach that includes the service user, and, where appropriate, their carer, to develop an appropriate package of care that is acceptable to health professionals, social services and the service user. The care plan and care co-ordinator are important parts of this. (See Care Plan and Care Co-ordinator).

Carer

A carer is someone who looks after their relatives or friends on an unpaid, voluntary basis often in place of paid care workers.

Client (see also service user)

An alternative term for patient which emphasises the professional nature of the relationship between a clinician or therapist and the patient.

Cognitive Behaviour Therapy (CBT)

Cognitive Behaviour Therapy (CBT) is a talking treatment designed to alter unwanted patterns of thought and behaviour; it addresses personal beliefs which may result in negative emotional responses, concentrating on understanding behaviour rather than the actual cause of a problem.

Community Mental Health Team (CMHT)

A multidisciplinary team offering specialist assessment, treatment and care to people in their own homes and the community.

Gatekeeping

A process used to manage fair and equitable access to services.

Consent to treatment

If you are an informal patient, you have the right to refuse any treatment you do not wish. You have a right to receive full information about the treatment, its purpose and possible side effects. If consent is not obtained the treatment cannot normally be given.

Discharge

The point at which a person formally leaves services. On discharge from hospital the multidisciplinary team and the service user will develop a care plan (see Care plan).

Episode of care

The period when a service user enters the care of the Trust to when they are discharged from all services provided by the Trust. This care could be, for example a combination of care provided by inpatient stays, outpatient attendances, a CPN, or use of services from an OT and a day hospital.

Home treatment team

A team usually consisting of a psychiatrist, nurse and social worker. The team provides a mobile service offering availability 24 hours, seven days a week and an immediate response. The team provides a gate keeping function to hospital admission and enables earlier discharge from hospital.

Integrated Care Pathway

Integrated Care Pathways are a multi-disciplinary and multi-agency approach to mapping service users' care from admission through to discharge and ongoing care. The aim is to pull together all the information into one file that will make it easier for the clinicians involved to give the best care for the patient.

Mental Health Act (1983) (MHA)

The Mental Health Act (1983) is a law that allows the compulsory detention of people in hospital for assessment and/or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/or treatment because they are a risk to themselves or at risk to others. People who are detained have rights to appeal against their detention.

National Institute for Clinical Excellence (NICE)

It provides clinical staff and the public in England and Wales with guidance on current treatments. It coordinates the National Collaborating Centres from whom it commissions the development of clinical practice guidelines.

Patient Advice and Liaison Service (PALS)

All NHS Trusts are required to have a Patient Advice and Liaison Service. The service offers service users information, advice, quick solution of problems or access to the complaints procedure.

Person Centred Care Planning

Personalised care planning is a fundamental part of the personalisation agenda that places service users at the centre of the care planning process, and recognises that they are best placed to understand their own needs and how to meet them.

Primary Care

Primary care is the care that you will receive when you first come into contact with health services about a problem. These include family health services provided by GPs, dentists, pharmacists, opticians, and others such as community nurses, physiotherapists and some social workers.

Recovery Star

Is a tool for optimising individual recovery and gaining the information to create a recovery-focused Care Plan.

Secondary care

Secondary care is specialist care, usually provided in hospital, after a referral from a GP or health professional. Mental Health Services are included in secondary care (see also tertiary care).

Section

This is used to refer to one of the sections of any Act of Parliament. A person who is detained in hospital under the Mental Health Act (1983) is commonly referred to as 'sectioned'.

Service user

This is someone who uses health services. Other common terms are patient, service survivor and client. Different people prefer different terms.

Single Assessment Process (SAP)

The Single Assessment Process (SAP) for older people was introduced in the National Service Framework for Older People. The purpose of the single assessment process is to ensure that older people receive appropriate, effective and timely responses to their health and social care needs, and that professional resources are used effectively.

Talking treatments

These are psychological treatments in which improvement in a person's symptoms or wellbeing is achieved by talking with a therapist or counsellor rather than, or as well as, taking medication.

Therapeutic relationship

The therapeutic relationship (also called the helping alliance, the therapeutic alliance, and the working alliance) refers to the relationship between a mental health professional and a service user. It is the means by which the professional hopes to engage with, and effect change in, a service user.

User involvement

User involvement refers to a variety of ways in which people who use health services can be involved in the development, maintenance and improvement of services. This includes patient satisfaction questionnaires, focus groups, representation on committees, involvement in training and user-led presentations and projects.

Appendix I: Independent Auditor's Limited Assurance Report to the Directors of Kent and Medway NHS and Social Care Partnership Trust on the Annual Quality Account

Independent Auditor's Limited Assurance Report to the Directors of Kent and Medway NHS and Social Care Partnership Trust on the Annual Quality Account

We are required to perform an independent assurance engagement in respect of Kent and Medway NHS and Social Care Partnership Trust's Quality Account for the year ended 31 March 2016 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a quality account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2016 subject to limited assurance consist of the following indicators:

- Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge;
- Percentage of patient safety incidents resulting in severe harm or death.

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of directors and auditors

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance 2014-15 issued by DH in March 2015 ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- Board minutes for the period April 2015 to June 2016;
- papers relating to quality reported to the Board over the period April 2015 to June 2016;
- feedback from the Commissioners dated May 2016;
- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009, dated October 2015;
- feedback from the Kent County Council Health Overview and Scrutiny Committee dated 2 May 2016;
- the 2015 national patient survey;
- the 2015 national staff survey;
- the Head of Internal Audit's annual opinion over the trust's control environment dated May 2016;
- the annual governance statement dated May 2016; and
- the Care Quality Commission's Intelligent Monitoring Report dated February 2016.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and Kent and Medway NHS and Social Care Partnership Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Kent and Medway NHS and Social Care Partnership Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

Grant Thornton UK LLP

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21 June 2016

Your Views

We want to know what you think. Therefore, if you have any comments to make about this Quality Account, please email: communications@kmpt.nhs.uk

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

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, please email: communications@kmpt.nhs.uk

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

Bengali

ট্রাস্ট, 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 ਟ੍ਰਸਟ 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