NHS
Kent and Medway
NHS and Social Care Partnership Trust

Quality Account 2018-19

RESPECT   OPEN   ACCOUNTABLE   WORKING TOGETHER   INNOVATIVE   EXCELLENCE

Contents

Introduction

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 4. Part two reviews our progress on our quality improvement priorities in 2018-19 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 36.

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.

Chief Executive's Statement

Welcome to our Tenth Quality Account.

As a specialist provider of mental health, learning disability and substance misuse services, KMPT is clear that our priority is delivering the very best care, through the very best people. Measuring whether or not we are achieving that is as important as balancing our books financially, and that is why our Quality Account is so important.

2018-19 has ended with positive confirmation of the significant amount of progress made towards our quality goals. The Care Quality Commission (CQC) inspected our services in October and November 2018 and published their report in February 2019. Our overall CQC rating remained Good with an Outstanding rating for Caring and whilst the Commission confirm our own view that there's still lots more to be done, they are absolutely clear about just how much we've improved since their last inspection in 2017.

None of our sixty-six scores on the grid (copy on page 27) have gone down since 2017, and nine have gone up. Of that nine, three went from Good to Outstanding. This is exactly the direction of travel that I know we are all focused on at KMPT and it's great to see the results on the CQC's own ratings grid. Across the trust, the CQC found most of the core services inspected to be safe, effective, caring, responsive and well led. They rated safe, effective, responsive and well led as good overall and caring to be outstanding.

The trust had made the significant improvements in the overall safety and quality of the community mental health teams for working age adults that were required when issued a Section 29A warning notice in February 2018.

I am pleased to share one of the CQC quotes with you and delighted that the CQC found so much of our KMPT spirit in their review of our services.

'Staff were motivated and inspired to improve patient care in every way possible.'

It is truly a joy to be part of an organisation which so relentlessly focuses on getting things right for patients and their loved ones every time.

In preparing these Quality Accounts we have endeavoured to ensure that all information and data is accurate and provides a fair and balanced reflection of our performance this year. Our Board and Executive Management Team have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported. The Trust has reviewed all the data available to it on the quality of care in all of the NHS services it provides.

To my knowledge the information in the document is accurate. The Director's statement at Appendix D further makes it clear that we have met the requirements for preparing this account and our auditors' report on their review of the account can be found in Appendix E.

Helen Greatorex
Chief Executive Officer

Statement from the Executive Director of Nursing and Quality

As the Executive Director responsible for Quality within the Trust I am pleased to recommend these accounts as an informative and reassuring summary of quality performance and activity during 2018-19.

2018-19 has been a busy and productive year on the Quality front at KMPT. The publication of the Government's Long Term Plan at the start of January and its commitment to quality improvement in mental health services, will give us a strong start for 2019.

These accounts capture some great examples of quality improvements during the year and we intend to take this further in 2019-20. Our approach is based on fairness, transparency and equality driving our commitment to ensure we provide the very best quality of care for all our patients. I am passionate about ensuring staff are developed, trained and supported to provide the very best care possible and that quality improvement can only be achieved in a sustainable way by listening to and working with our service users and their carers.

Here, at KMPT, we are making positive steps to embed a vision of continuous improvement. We will involve staff, patients, carers and volunteers in redesign and change so we ensure we get it right. People with lived experience and staff providing the services have the ideas and the inspiration to know what improvement to care looks like. With our new KMPT care pathway programme, we'll be working with all our staff, patients, carers and volunteers to continually improve our services.

Attracting and keeping great staff to provide care is a priority at KMPT. When I ask people what is bringing them to KMPT, they often say that they have heard about what we are doing and want to be part of an organisation that is clearly committed and passionate about care.

We are proactive in collecting and sharing examples of outstanding practice across the whole organisation and where there is opportunity, entering national competitions. As a result, KMPT is becoming better known, and importantly, recognised and celebrated for some of the extremely innovative and person centred work our teams do.

To improve experience and quality of care we will be using all the tools we have at hand to do so. This means improving our use of technology as well as being open to and encouraging new collaborative ways of working.

A highlight from 2018 was the Nursing Strategy. This has been brought to life through working with and support from the range of clinical colleagues. Notable improvements have been made to professional leadership within Care groups, recruitment of new staff, development of new and extended roles, initiatives to use technology in clinical care, engagement in research activities and quality improvement. The Allied Health Professionals Strategy which was launched last year provides further impetus to grow and develop the professions and will be embedded this year. Next year will focus on embedding the improvements and ongoing staff support and resilience through consistent clinical supervision.

Mary Mumvuri
Executive Director of Nursing and Quality

Our Approach to Quality Improvement

The Director of Nursing and Quality is the Executive lead for Quality but our Medical Director is the lead for *QUALITY IMPROVEMENT*.

Trust-wide improvement approach: We have a robust governance structure and an open, honest 'just and learning culture'. We firmly believe that quality is everyone's responsibility: in 2019-20 all staff will have a quality improvement objective. Regular reporting and our desire for continuous improvement mean that our approach to quality is both planned and responsive. This dynamic practice enables us to re-prioritise and focus on what matters most. Quality is led by our expert clinical staff, informed by the experience of our patients and their loved ones and lived by our staff.

In 2018-19 we have facilitated a series of internal quality, safety and leadership peer reviews across all clinical service areas to share learning, improve CQC fundamental standards and bolster good practice. Senior leaders and staff are encouraged to carry out 'Working with' days as part of both continuous improvement and personal development aims. People report back to their teams to share learning.

Quality Improvement governance system: A monthly Integrated Quality Performance Report (IQPR) is presented to Board by the Chief Executive – this is publically available on the KMPT website. Underpinning the IQPR is a series of executive chaired meetings. They bring together KMPT experts in their field in order to understand the data at a granular level and test that actions in hand to resolve concerns are strong enough and delivering improvements in a timely way.

Supporting the work of the Board are its sub-committees, each of which considers, in detail, aspects of the IQPR. This report enables the Board to operate at a strategic level, confident in the work of the sub-committees in testing assurance and understanding further detail provided by the executive and their teams.

Building Quality improvement capacity and capability: A Quality Improvement team is in place to facilitate learning, sharing of best practice and conduct in-depth reviews such as our Rapid Process Improvement Workshop in a ward for older adults, which we facilitated in March. This work is underpinned by LEAN improvement methodology and particular attention is being paid to ensure that learning is shared and embedded, not just in this particular ward, but for all wards for older people, with local health and care partners and with the wide pool of staff who are participating in the review. There will be report outs at 30 days, 60 days, 90 days and quarterly from there to our Quality Committee to ensure that outcomes are actioned to support improvement to quality to be achieved and sustained within the specific ward and also rolled out across all Older Adults wards. We are investing in Quality, Service Improvement & Redesign (QSIR), college approach, to support us to build improvement capabilities and capacity in our organisation. We are participating in the national NHSI program and have supported 7 senior leaders drawn from our multi-disciplinary workforce to be developed as QSIR facilitators in order to roll out further training across the Trust. Once the initial cohort complete QSIR Practitioner training in May, we will review and agree our approach with the intention of commencing local training program in the Autumn that will drive delivery of our quality strategy.

There are a number of quality groups and forums within Care Groups; we have invested additional capacity in creating a Senior Quality Lead role for our operational service. We are developing a more holistic approach and ensure that learning and best practice from all teams involved in quality improvement is captured and shared. In addition as part of the annual appraisal cycle, all staff will have an agreed objective focused around quality improvement.

Evidencing impact of quality improvement investment: All quality improvement projects, national clinical audits, service evaluations, and accreditations are tracked, assessed and evidenced to ensure we achieve the intended impact of quality improvement. Impact and learning is shared and constructively critiqued at monthly Clinical Audit and Effectiveness Group and Quality Performance Reviews.

As we develop further improvement capacity and capability in our organisation, we will also give focus to key areas such as project management, tools to support measurement of improvement and sustainability of improvement.

Awards and achievements in 2018-2019

National award recognition
The Peer Supported Open Dialogue Service won the Royal College of Psychiatry's prestigious Psychiatric Team of the Year Award (working age adults). The team were praised by the judges for 'leading the way' in developing a new approach to the care and treatment of patients presenting for the first time with severe mental health problems. The Award is the latest national recognition for the Open Dialogue service who was Highly Commended at the Positive Practice in Mental Health Awards.

Occupational Therapy (OT) National Awards:
KMPT staff took home a triple win with Pam Wooding winning the Outstanding Occupational Therapist category. Tracy Holt also won the Outstanding OT Technical Instructor/OT Assistant/service user contribution award category. In a double win for this category, Bob St Clair Baker was Highly Commended.

A team led by Edward Kanu, Head of Nursing, attended the South of England Mental Health Quality and Patient Safety Improvement Collaborative conference and were thrilled to win not one but two awards - Excellence in Co-design of Services through Improvement and the People's Choice Award as voted by delegates on the day.

Our other award finalists include:
- Royal College of Psychiatry (RCPsych) Awards 2018, Professor Catherine Kinane, 'Psychiatrist of the Year'
- Positive Practice in Mental Health Awards, Specialist Personality Disorder Service, Specialist community services for adults with complex mental health needs, including people with a diagnosis of personality disorder category
- Positive Practice in Mental Health Awards, Peer Supported Open Dialogue Service (POD), Crisis and Acute Mental Health Care for Children and Young People, Adults, Older People category
- Nursing Times Awards, Nursing in Mental Health, Development of Nurse Independent Prescribers, Graham Caney and Grace Skinner, Clinical Nurse Specialists
- Nursing Times Awards, Nursing in Mental Health, Implementation of 'Triangle of Care,' Lisa Medhurst, Modern Matron, Acute Care Group East
- Rcni Awards, Commitment to Carers, Lisa Medhurst, Modern Matron, Acute Care Group East, 'Triangle of Care'
- Seven staff were voted among the top 70 'Health and Care Top Stars' Awards 2018
- Patient Flow Transformation project, Mental Health category, HSJ Value Awards 2018.

Suicide prevention
The Kent and Medway Sustainability and Transformation Partnership (STP) has awarded community group grants from government funding to support innovative programmes designed to prevent suicide and reduce self-harm as part of the 'Saving Lives' campaign. The trust was awarded £120,000 in 2018-19 to show primary development in five workstreams focused on high priority areas: Long term planning, discharge and staff wellbeing. These workstreams have embraced cross organisational working with the third sector and additional partners to help enhance follow ups for patients discharged from inpatient services and from KMPT. Additionally, resource has focused on target patients

groups, working specifically with liaison psychiatry to offer an additional follow-up to patients presenting at A&E with self-harm, and more broadly across the acute care group to incorporate current suicide reduction processes into a comprehensive zero inpatient suicide plan. Finally, KMPT staff wellbeing and support has been considered through the initial development of an organisation wide, tailored, skills-based suicide prevention training package.

Recovery and Wellbeing College
Working with Kent Adult Education, KMPT has piloted a Recovery and Wellbeing College in Thanet. 93 students enrolled on more than 300 course places over the 12 week Autumn term. The Recovery and Wellbeing College team and the students gathered together at the Turner Contemporary in Margate to celebrate their achievements. Students beamed with pride as they accepted their graduation certificates in front of their fellow students. The pilot has since been extended to continue across a further term and the trust is currently considering how it can be further developed across the county.

Older People's Mental Health conference
The first ever KMPT older people's mental health (OPMH) conference has been staged in Maidstone.
More than 130 delegates gathered at Oakwood House to hear from respected speakers from both within the organisation and outside including authority on dementia care Professor Sube Banerjee from Brighton and Sussex Medical School.
One of the organisers was Louise Pratt, HR Business Partner for the older adults care group. The event was designed to celebrate innovation and quality care across the group and was a suggestion provided by staff through staff survey focus groups as they felt there was a gap in professional development.

HEE apprenticeship awards
We were shortlisted for 3 categories in the HEE apprenticeship awards

•   Employer of the year
•   Advanced (L3) Non Clinical Apprentice - Stan Brooks
•   Intermediate (L2) Non Clinical Apprentice - Brittany Downs
•   Intermediate (L2) Non Clinical Apprentice - Monique Collins

All three of our shortlisted apprentices are runners up and we were runner up as employer of the year. All walked away with a lovely trophy.

KMPT Staff Awards 2018
We can confidently say there were tears – we're delighted they were all tears of happiness. Many of our winners took to the microphones to share their experiences with us. One winner told us that she was close to moving from her nursing career because she had become so disillusioned with the profession. That was until she joined KMPT where she has been embraced and valued as part of her team. You can't get better than that!

We had three new awards this year. Carers Contribution was the first. The Highly Commended award went to Louis Coehlo who went to collect his award to a standing ovation. Cheryl and Chris Ives won this category and Cheryl told us she felt she had won the Lifetime Achievement Award! Two worthy winners.

Our second new award was Patient Contribution. Henry Cockburn told the audience he felt privileged to be with us as he took his award away to huge applause. One of the judges spoke about the first time he had heard about Henry and the book he had written about his experience, with his dad. Keith Jennings had noted the date and time this amazing man and his story made an impact upon his life. Our winner, David Cousins, is

known widely across the trust and spoke after winning his award. He told us how grateful he is that we, as a trust, are taking the time to listen to patients to make a difference and urged us to continue doing so. (David went on to celebrate with some amazing moves on the dance floor!)

Our third new award, Healthcare Hero, was for this year only so went to a really special winner. Dr Bill Bamber was delighted to win the award after retiring earlier this year. He has kept in touch with his team and some of them were there to celebrate with him. We were all delighted to see him accept this special award.

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Brilliant care through brilliant people

RESPECT

OPEN

Strategic Objectives:

- Consistently deliver an outstanding quality of care
- Recruit, retain and develop the best staff making KMPT a great place to work
- Make continuous improvement at the heart of what we do
- Develop and extend our research and innovation work
- Maximise the use of digital technology
- Meet or exceed the requirements set out in the Five Year Forward View
- Deliver financial balance and organisational sustainability
- Develop our core business and enter new markets through increased partnership working
- Ensure success of STP through active participation and leadership

ACCOUNTABLE

EXCELLENCE

INNOVATIVE

WORKING TOGETHER

Review of Quality Performance: Achieving our 2018-19 priorities

For 2018-19 the trust set nine priorities for improvement; divided into the three areas that constitute quality, these are **patient safety, patient experience** and **clinical effectiveness**.

Patient safety

We wanted to
Improve the integration of physical and mental healthcare on inpatient wards and community contacts

We have demonstrated improvement by
√ **Consistently exceeding our target of 90% for inpatients with a physical health check within 72 hours**
√ **Improving MEWs compliance and including in CLIQ checks**

We wanted to
Improve the management and follow up of service users who do not attend clinic appointments or assessments

We have demonstrated improvement by
√ **Reducing our 1st Appointment DNA rate from 7.7 % to 6.4%**
√ **Reducing our Follow up Appointment DNA rate from 10.2% to 8.8%**

We wanted to
Improve the quality and completeness of 7 day follow ups

We have demonstrated improvement during the year but in the month of March 2019 data showed a slight reduction. *However full year data confirmed continued improvement.*

Patient experience

We wanted to
Increase co-production and continuing work with carers

We have demonstrated improvement by
√ **increasing the role and awareness of our Co-Production Network**
√ **Mother and Baby Unit (MBU) launch with the assistance of co-production**

We wanted to
Complete the implementation of Triangle of Care including raising the profile of ToC with staff, service users and carers (continuation of 2017-18 priority)

We have demonstrated improvement by
√ **CRCG completed the Triangle of Care Assessments by the deadline**
√ **All wards within the Acute Care Group reviewed their ToC self assessments and the Crisis Teams completed their self assessments.**
√ **The Trust successfully achieved stage 2 of the Triangle of Care**

We wanted to

Increase the involvement of people with lived experience in service improvement and redesign

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We have demonstrated improvement by
√ **Implementation of the initial interventions pathway with the involvement of service users.**
√ **Develop a CMHT clinician training programme to include 'Working with Carers'.**

We wanted to

Extend the use of the Quality improvement system by undertaking two more Rapid Improvement Workshops

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We have demonstrated improvement by
√ **completing two more RPIWs, one for the section 136 suite and one for Older Adults inpatients**

We wanted to

Develop a limited suite of agreed Patient Reported Outcome Measures (PROMs) to evidence the effectiveness of the Personality Disorder Strategy

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We have demonstrated improvement by
√ **introducing the use of BEST (Borderline Evaluation of Severity over Time) as a PROM across the community based element of the pathway.**

We wanted to

Improve the quality of clinical supervision

We have demonstrated improvement by
√ **Completing a Trust wide nursing survey**
√ **Updating and implementing a new Nursing clinical supervision Policy**

Summary Quality Account Priorities 2018-19

Area	Priority	Targets	Actual
Patient Safety	**Priority 1** - To improve the integration of physical and mental healthcare on inpatient wards and community contacts	*physical health check within 72 hours- March 2018 – 94.9%*	*physical health check within 72 hours – March 2019 – 98.1%*
	Priority 2 - To improve the management and follow up of service users who do not attend clinic appointments or assessments	*Improve from March 2018 baseline – 1st appointment – 7.7%, Follow up – 10.2%*	*March 2019 1st appointment – 6.4% Follow up – 8.8%*
	Priority 3 - To improve the quality and completeness of 7 day follow ups	*Improve from March 2018 baseline – 94.1%*	*March 2019 (full year) – 95.8%*
Patient Experience	**Priority 1** - To increase co-production and continuing work with carers	*Increase awareness of co-production network Co production of new services*	*Co-production network activity MBU service model co-produced*
	Priority 2 - To complete the implementation of Triangle of Care including raising the profile of ToC with staff, service users and carers (continuation of 2017-18 priority)	*CRCG to submit portfolio Acute Care Group to review actions*	*CRCG portfolio completed Acute Care Group actions reviewed Trust successfully achieved Stage 2 of the Triangle of Care*
	Priority 3 - To increase the involvement of people with lived experience in service improvement and redesign	*Increase in peer support workers Recovery college*	*National recognition for both Peer Support and Recovery College*
Clinical Effectiveness	**Priority 1 –** To extend the use of the Quality improvement system by undertaking two more Rapid Improvement Workshops	*Undertake 2 RPIW*	*Two RPIW's completed – 136 suite and Older Adult Length of stay*
	Priority 2 – To develop a limited suite of agreed Patient Reported Outcome Measures (PROMs) to evidence the effectiveness of the Personality Disorder Strategy	*PROMs suite agreed and measured*	*BEST (Borderline Evaluation of Severity over Time) as a PROM across the community based element of the pathway*
	Priority 3 – To improve the quality of clinical supervision	*Run survey Identify supervision model*	*Survey completed Supervision model in Trust policy*

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.

Our services

KMPT provides a range of secondary care mental health services to a population of approximately 1.8 million people across Kent and Medway.

The Trust's income was £181m in 2018-19 and the income generated by the NHS services reviewed in 2018-19 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2018-19.

KMPT has approximately 3,200 employees.

KMPT provides:

- Acute inpatient mental health services
- Acute inpatient psychiatric intensive care services
- Liaison psychiatry
- Crisis services
- Community mental health services
- Mother and infant maternal health services
- Early intervention in psychosis
- Inpatient rehabilitation
- Secondary care psychological services
- Older adults inpatient services
- Older adult community services
- Medium and low secure forensic services
- Forensic learning disability services
- Substance misuse services.
- Neuropsychiatry
- Criminal Justice Liaison and Diversion Service (CJLADS)

KMPT has reviewed all the data available to them in all 14 of these relevant health services.

Performance against Mandatory Quality Indicators

The Trust is required to report its performance against a core set of indicators which is published by NHS Digital (an arms length body of the Department of Health and are the national provider of information and data). 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.

There are 5 mandatory indicators which are relevant to the services we provide and our performance against these indicators is shown below in **bold**.   The additional

information has been requested to be included in all NHS trusts' Quality Accounts by NHS England. This is the latest information from NHS Digital.

National Quality Indicator	KMPT 2017-18	KMPT 2018-19 (M12)	National Average	Highest Trust Performance	Lowest Trust Performance
CPA 7 day follow up	93.7%	95.8%	95.8% (Q4)	100%	83.5%
CRHT gatekeeping	100%	100%	97.8% (Q3)	100%	88.2%
% Of Patients With Valid CPA Care Plan	90.2%	91.1%	*Local indicators – national comparison not available*		
28 day readmission (all over 15 years of age)	YA – 9.4% OA – 1.1%	6.9%			
Staff recommending the trust as a place for family or friends to receive treatment	57.9%	56.5%	61%	81%	32%
NHS Staff Survey KF 26 Staff experiencing harassment, bullying or abuse from staff in the last 12 months	21%	21%	20%	14%	28%
NHS Staff Survey KF 21 Staff believing that their trust provides equal opportunities for career progression or promotion	84%	82%	82%	94%	71%
Patient experience of community mental health services	65%	65%	70%	75%	59%
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	1.7% (63) KMPT data April 17 – March 18	0.9% (43) KMPT data April 18 – March 19	1.1% NRLS data 12 months Oct 17 – Sept 18	4.0% (425)	0.1% (4)

The information above comes from a range of sources and is published for differing reporting periods.

- NHS Digital
- NRLS
- National Patient Survey
- National Staff Survey

KMPT considers the data is as described for the following reasons. 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 performance where needed and to ensure continued compliance.

- Applying effective processes and monitoring regularly with feedback and learning being provided across the trust
- Robust processes are embedded within the trust to aid effective discharge planning and follow up.
- Clear admission protocols exist within the trust.

Patient Safety Quality Improvements

Over the last year the Patient Safety team have been developing the "Actions Module" on the electronic recording system, Datix, which is now being used for both Serious Incidents and Complaints.

The module allows for individual ownership of actions as well as central oversight, improving governance and monitoring of the actions and related learning.

The module now has a facility that allows a link to the serious incident and Complaints modules in order that evidence relating to actions taken can be uploaded.

In addition, going forward, the identified learning will be captured via the development of the "Learning Page". It is hoped that this will be rolled out for low level incidents over the coming months and will assist in the identification of themes of learning and areas for improvement.

Other Datix improvements expected to be completed and fully functional by July this year include the modification of the 72 Hour report to aid ease of completion by managers. It is hoped that this will also drive up the quality of the reports and there is a planned audit to evidence this. In order to avoid confusion, incident "levels" will be removed and replaced with "levels or harm". This will ensure that there is less likelihood of incidents being wrongly graded at the reporting stage. There are also improvements to the Duty of Candour policy and process to facilitate improved compliance, and work underway to include safeguarding on Datix.

A series of Learning Events with a patient safety focus have been held over the last year

- February – Serious Incidents
- June – Dual Diagnosis
- July – Complaints
- September – Good practice
- November – Medication incidents

Staff feedback was very positive on the feedback forms completed. We were joined by partner organisations from the Dual Diagnosis Event. This forum has proved very useful in sharing learning and experience and further events are planned for the coming year.

Reporting of Deaths

The National Quality Board's 'Learning from Deaths' guidance (March 2017) builds on the recommendations made by Mazars investigation into Southern Health (Dec 2015) and the CQC report 'Learning, Candour and Accountability publication' (Dec 2016) by reinforcing the requirements of all Acute, Mental Health and Community Trusts to review a percentage of unexpected natural causes deaths.

In line with these recommendations Trusts are being asked to provide information on the avoidablity of deaths as a new requirement for 2017-18 Quality Accounts. The Learning

from Deaths guidance that was initially issued was predominantly written for Acute trusts with the suggested Structured Judgement Review (SJR) tool and the avoidability scale relating to physical health care.

The Mental Health Structured Judgement Review Tool has now been developed by the Royal College of Psychiatrists in partnership with the Royal College of Physicians.

Structured Judgement Review training was provided to a group of patient safety leads and senior medical staff on 13 February 2019 by the Improvement Academy. Structured Judgement Review is a review of case records that considers the standard of care provided in various phases, and requires the reviewer to make judgements on whether the care was excellent, good, adequate, poor or very poor. The purpose of undertaking these reviews is to learn and they are considered to be a Quality Improvement Tool. These reviews are now endorsed by the Royal College of Psychiatrists. As part of the trusts learning from deaths agenda, the intention is to begin to use this methodology to review deaths. It is hoped that by doing this, it will provide themes which can be taken forward for quality improvement initiatives.

Further scoping is required in order to plan for implementation. This process has now started and the Patient Safety team will initially undertake a gap analysis to ensure that our current mortality process incorporates all relevant criteria.

The LeDeR programme, which is being managed by the University of Bristol, requires the Trust to report all deaths of a person with a learning disability. This became a requirement in September 2017 and has put in place systems to ensure compliance.

The Trust reports information on deaths monthly to its Quality Committee and quarterly in the prescribed format to public Trust Boards.

Mortality 2018-19

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total 2018-19	
	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported
Trust total	297	13	245	18	371	11	784	10	1697	52
Acute Care Group	33	6	18	0	24	1	81	3	156	10
Community Recovery	48	5	57	13	50	7	63	6	218	31
Forensic	13	0	13	1	23	0	60	0	109	1
Older Adults	297	2	245	4	274	3	580	1	1214	10

We have continued to use our established Serious Incident and Mortality review meetings that take place three times a week (Monday, Wednesday, and Friday) to review all deaths that have been reported. The membership of this group includes a patient safety representative from each of the Care groups, the Deputy Director Quality and Safety, the Head of Patient Safety, the Patient Safety and Complaints Facilitator, a member of the Datix team, to present the data, and once a week a Doctor is present on the group to provide medical input. Other Trust representation is sought at times, dependant on the nature of the reported incidents.

The SI and Mortality review panel will be responsible for reviewing and signing off the Mortality reviews and, be responsible for grading the degree of avoidability as required by the Learning from Deaths reporting requirements.

The completed reviews of the deaths by the SI and Mortality review panel are used to identify both areas of learning and positive practice.

The important themes on lessons learnt following investigation of a mortality report are:
- The need for discharge summaries to be obtained in every case
- Full, complete and current care plans improve quality of care
- Risk assessments should be formally completed and recorded.
- Delays in allocation of care-coordinators can increase risks and must be minimised
- Appropriate allocation of patients to CPA pathway

Medical training

The GMC national training surveys are a core part of the work which the GMC carry out each year, to monitor and report on the quality of postgraduate medical education and training in the UK.

Each year they run comprehensive surveys asking all doctors in training ie: (Foundation/GP/Core/Higher trainees) and their trainers for their views.
In 2018 over 70,000 trainees and trainers took part in the national training surveys, giving their views on training posts, programmes and environments in England, Northern Ireland, Scotland and Wales. This year the GMC survey ran were open from 20 March to 9 May 2018 and 100 per cent of our trainees in psychiatry completed the survey.

The feedback helps the GMC make sure that doctors in training receive high quality training in a safe and effective clinical environment and trainers are well supported in their role.

The survey looks into many variables which include; overall satisfaction, clinical supervision, clinical supervision Out Of Hours, reporting systems, workload, teamwork, handover, supportive environment, induction, adequate experience, curriculum coverage, access to educational resources, educational governance, educational supervision, feedback, local teaching, regional teaching and study leave.

KMPT continue to be ranked among the top three within Kent Surrey and Sussex in 2018 and we were fifth out of 59 against all mental health trusts for forensic psychiatry in the UK. We received no red flags in 2018 and an exceptional band of five green flags.

Participation in clinical audit and quality improvement activities
National clinical audit and quality improvement activities

Clinical Audit is used to check the standards of care are of a high quality. Where there is a need for improvement, actions are identified and monitored. The next section describes this in greater detail.

During the period 1st April 2015 to 31st March 2019 Kent and Medway NHS and Social Care Partnership Trust was actively involved in 4 national clinical audits, 1 mortality review, 1 quality improvement programme and 1 national confidential enquiry that were relevant to the services provided by the Trust. These are given in the table below.

This means that during the period the Trust participated in **100%** of the national clinical audit and national confidential enquiries listed on the Quality Account list published by HQIP, which the Trust was eligible to participate in.

Project Title	Type
Falls and Fragility Fractures Audit Programme (FFFAP)	National clinical audit
Learning Disability Mortality Review Programme (LeDeR)	Mortality review
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	National confidential enquiry
National Audit of Anxiety and Depression	National clinical audit
National Audit of Care at the End of Life (NACEL)	National clinical audit
National Clinical Audit of Psychosis	National clinical audit
Prescribing Observatory for Mental Health (POMH-UK) – 4 projects in data collection during this period	Quality improvement programme

The individual national projects that Kent and Medway NHS and Social Care Partnership Trust participated in, and for which data collection was completed during 1st April 2018 to 31st March 2019 are listed below. The number of cases submitted to each audit and, where appropriate, the number of cases required to be submitted are also given.

This shows that during the period 1st April 2018 to 31st March 2019 the Trust submitted cases to **100%** of the national projects that it was eligible to participate in.

Project Name	No of cases required to be submitted	Cases submitted (%)
Falls and Fragility Fractures Audit Programme (FFFAP)*	Organisational questionnaire only	1(100%)
Learning Disability Mortality Review Programme (LeDeR)	40	17 (43%)
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	51	33 (65%)
National Audit of Anxiety and Depression	60	60 (100%)
National Audit of Care at the End of Life (NACEL)	Organisational questionnaire only	1 (100%)
National Clinical Audit of Psychosis	200	200 (100%)
POMH-UK Topic 16b Rapid tranquilisation	N/A	43
POMH-UK Topic 18a Prescribing clozapine	N/A	128
POMH-UK Topic 6d Assessment of the side effects of depot antipsychotics	N/A	70
POMH-UK Topic 7f Monitoring of patients prescribed lithium	N/A	67

The reports of 7 national clinical audits and quality improvement activities were reviewed by the trust between 1st April 2018 and 31st March 2019.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1st April 2018 to 31st March 2019 can be found in

the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2018 - 2019, please email clinicalaudit@kmpt.nhs.uk for further details.

Quality Networks and Accreditation Schemes

The Royal Collage of Psychiatrists provides a programme of quality networks and accreditation schemes. Below are details of the Kent and Medway NHS and Social Care Partnership Trust participation for 2018 - 2019:

Brookfield Centre accredited.

Medway Memory Service accredited
Swale Memory Service seeking accreditation
Canterbury Memory Service accredited
Ashford Memory Service accredited
Dover Memory Service accredited
Shepway Memory Service accredited
Thanet Memory Service accredited

ECT Suit Margate accredited
ECT Suit Maidstone accredited

Brenchley Unit accredited

Medium secure service accredited
Low secure service accredited

Perinatal services are working towards accreditation

Local Clinical Audit and Quality Improvement Activities

The reports of 63 local clinical audits and service evaluation projects were reviewed by the trust between 1st April 2018 and 31st March 2019.

Research and Development

KMPT is 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.

April 2018 to March 2019 - Activity in Numbers

No of NIHR studies recruited to	No of NIHR Participants	No of Studies Active (open / In follow Up)	Number of Commercial Studies Open	% of KMPT CMHTs and CMHTOPs active in NIHR research	No of Active Non-Portfolio Studies
33	1002*	50	1	100%	9

*not yet final figure

We exceeded our 2018/2019 recruitment target set by the Clinical Research Network: Kent Surrey Sussex (CRN:KSS) of 677, recruiting 1002* service users, their family members and our staff to NIHR Portfolio studies. We are delighted to have continued to give the opportunity of research to so many, recruiting 147% to target.

This resulted in KMPT currently being ranked 26th out of all 52 mental health trusts in England . This is an increase from 42nd in 2011/12 and 30th in 2015/16).

It is our ambition to reach the top 10 and remain there, within 4 years.

All NIHR Portfolio Studies - Active between 1st April 2018 to 31st March 2019

	Study Short Title	Principal Investigator	Lifetime Target	Lifetime Recruits	KMPT Status
1	A public survey of mobile mental health technologies	n/a	15	32	Closed
2	AD-Genetics	Sarah Holmes	50	98	Open
3	"ALKS" Effect of ALKS3831 vs Olanzapine on weight	Maran Muthuveeran	4	0	Open
4	Assertive Responding to Voices (AppRoVE)	Adam Kasparek	30	34	Open
5	Attitudes to Voices (A2V)	Edward Kanu	20	21	Open
6	BDR3 Version 1.0	Kompancariel Kuruvilla	30	3	Open
7	BDR-Donor Recruitment	Kompancariel Kuruvilla	30	49	In follow up
8	Caring For Caregivers: Pilot RCT	Meena McGill	10	17	Closed
9	Development & Evaluation of Open Dialogue feasibility	James Osborne	30	44	Closed
10	DFEND	Vincent Mtika	20	9	Open

11	DIAMONDS QUEST	Michelle Streatfield	6	1	Open
12	DLB Genetics	Efiong Ephraim	15	4	Open
13	DPIM - bipolar disorder	Hana Soliman	10	78	Suspended
14	DPIM - schizophrenia	Hana Soliman	10	73	Suspended
15	Early evaluation of Integrated Care & SupportPioneers	n/a	1	1	Open
16	EMHeP: Efficiency, cost and quality of MH provision		15	33	Closed
17	EQUIP TRIAL	Andy Inett	8	13	Closed
18	EULAST	George Umoh	10	18	Closed
19	Evaluation of a Social Network Intervention for SMI	James Osborne	10	18	Closed
20	Exploring cause & prevalence of memory problems in MH	Sarah Dickens	20	142	Open
21	Genetic Links to Anxiety and Depression (GLAD)	Nigel Ashurst	40	3	Open
22	Genetic Research into Childhood Onset Psychosis	Collette Chamberlain	1	1	Open
23	GREAT into Practice (GREAT-iP)	Yvette Kusel	30	15	Open
24	Investigation of wellbeing interventions in NHS staff	Catherine Kinane	250	223	Closed
25	Liaison and Diversion Trial Schemes in England: Evaluation	Gemma McSweeney	3	496	Closed
26	Lifestyle Health and Wellbeing Survey	Emma Bowler	100	306	Closed
27	Living well and enhancing active life: The IDEAL-2 study	Margaret Shaughnessy	115	26	Open
28	Memory Service professional practice: Assistive Technology	Portia Aveling	45	18	Open
29	MH practitioner survey into engagement with parenting	Chidi Nwosu	30	78	Open
30	Minocycline in Alzheimer's Disease Efficacy (MADE)	Richard Brown	20	16	In follow up
31	NCISH	n/a	0	475	Open
32	Patient preferences for psychological help	Jane Hetherington	40	55	Closed
33	Peer Supported Open Dialogue	James Osbourne	50	50	In follow up
34	PPiP2	Fareed Abu-Sayf	110	79	Open
35	PTSD in Childhood: A Clinician Survey	n/a	5	3	Closed
36	RADAR Trial	Hana Soliman	15	5	Open
37	RCT of COPe-support online resource for carers	Meena McGill	25	17	Open
38	Recovering Quality of Life (ReQoL)	Hana Soliman	30	113	Closed
39	Rumination Study	n/a	1	2	Closed
40	SCIMITAR+ extension version 1.0	Emma Bowler	15	7	Open
41	The Adult Autism Spectrum Cohort - UK	Andy Inett	20	64	Open
42	The contribution of the social work role in CMHTs	n/a	20	0	Closed
43	Effect of cannabis on brain function in early psychosis	Hana Soliman	6	2	Suspended
44	The effectiveness of perinatal mental health services	Bosky Nair	10	13	Closed
45	The mATCH study	Tom Lavender	5	9	Closed
46	Psychosocial impact of diabetes & SMI "DAWN-SMI"	Emma Bowler	10	23	Closed
47	The RADAR trial in Alzheimer's disease.	Madhusudan Dalvi	5	8	Closed
48	The SlowMo Trial	n/a	1	4	Open
49	Time for Dementia (TFD)	Chidibere Uwadoka	500	133	Open
50	Voices Impact Scale (VIS): Evaluation	Hana Soliman	40	45	Closed

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Recruitment Headlines

The European Long-acting Antipsychotics in Schizophrenia Trial (EULAST) opened in KMPT in 2015 and has now closed to recruitment with us as the highest UK recruiting site.

Our performance on EULAST Study, run by the European Group for Research in Schizophrenia (EGRIS) has resulted in KMPT being approached by Alkermes to open a new commercial CTIMP in Schizophrenia which opened in Winter 2018.
.
This large multinational multicentre study sponsored by Alkermes, is a Phase 3, multicentre, randomized, double-blind study to evaluate the effect of ALKS 3831 compared to olanzapine on body weight in young adults with schizophrenia, schizophreniform disorder, or bipolar I disorder who are early in their illness.

Home Grown NIHR Portfolio Research

Peer Supported Open Dialogue (POD)
The KMPT's home grown NIHR Open Dialogue study collected data from February 2017 until November 2018. 50 clinical participants were recruited along with 25 carers alongside 14 KMPT staff members who participated in focus groups; data entry and analysis was completed in January 2019. We are currently in talks with the Performance Analysis team in order to gather comparison data from the Crisis (CRHT) and Community (CMHT) mental health teams and once these data have been analysed we will submit our results for publication.

Open Dialogue National RCT (ODDESSI)
Professor Catherine Kinane and Annie Jeffrey (Carer Lead) are co-applicants for this NIHR Programme Grant of £2.1 million, led by Professor Steve Pilling at UCL.

KMPT was one of two sites carrying out the ODDESSI feasibility trial; recruitment lasted between July 2018 and February 2019. We achieved the stretching target of 30 clinical participants and also recruited 14 carers into the trial. Data was presented to the NIHR in March 2019 and due to the success of the feasibility trial funding was released for the full RCT. KMPT has been involved in all aspects of the trial design and is expected to be the first site to begin recruitment in mid-2019. Recruitment will last for 12 months with follow-ups continuing for a further 24 months.

"PATH"
KMPT has been awarded a contract for €680,000 to take part in this EU-funded €8.5 million research partnership which will enable women, families and healthcare professionals to prevent, diagnose and successfully manage mild and moderate perinatal mental health issues.

This cross-border initiative involves thirteen partners from France, Belgium, the Netherlands and the UK. PATH will prepare parents pre-birth for their new role and help reduce Perinatal Mental Illness (PMI). The project will improve the skills of healthcare professionals equipping them to address PMI confidently and effectively. PATH will innovatively design, deliver and implement new, durable services both online and face-to-face, aiming to increase recognition and prevention of PMI and support new families' mental wellbeing.

Non Portfolio Research

The Research & Development Department also support staff and students to carry out their own smaller scale research. We supported 10 of these this year as listed here.

Project Short title	Project site date open to recruitment	Project site Planned closing date
The RESET study	10/01/2017	30/09/2018
Falls risk assessment tool for amputees	11/10/2017	31/08/2020
Enhancing service user involvement in care planning	02/01/2018	30/09/2019
Self-compassion as a moderator of the negative effects of stress v1.0	02/02/2018	27/07/2018
The trauma histories of men with IDD/autism living in secure hospitals.	27/02/2018	01/07/2018
Understanding forensic patient's perceptions of the effects of NPS.	07/03/2018	30/09/2018
The influence of social care on delayed transfers of care (DTOC)	04/04/2018	31/03/2019
Attitudes towards language used in psychometry.	21/05/2018	03/09/2018
Exploring personal experiences of EMDR therapy within secure services	18/07/2018	04/01/2019
The relevance of tailoring therapy to client non-diagnostic traits	27/02/2019	12/06/2019

Patient & Public Involvement & Engagement remains a key focus. The trust's Expert by Experience Research Group (EbyE) work directly with the Research team to develop research ideas and to consult on our service user facing documents etc. The research team have also continued to offer research training sessions in order to continue to support the EbyE group to develop their skills.

Participant Research Experience Survey (PRES)
We continue to ask all participants of NIHR Portfolio Studies to complete a questionnaire on their experiences, which continue to show high levels of satisfaction with their research experience with scores improving again this year.

- **100 %**   Strongly agreed or Agreed the researcher was friendly and professional.
- **90 %** Strongly agreed or Agreed that research should be a normal part of healthcare.
- **92 %** rated their whole research experience 8 or above out of 10 (all above 5).
- **58.5%** Strongly agreed or Agreed that they knew we were a research active trust, and whilst seemingly low, this number is one of the highest across all Kent Surrey & Sussex NHS organisations.

Raising Awareness of Research
The "Achievement in Research Award", was presented at the KMPT staff awards in May 2018 to Agostina Secchi, Clinical Pharmacist, who supports the research team with the medication trials that run in the trust. She is also carrying out her own research along side this and her role. Highly Commended was Sarah Cooper, Trainee Forensic Psychologist for her research work within the Forensic services.

Trust Wide Research Events are still held regularly around the trust focussing on our core research themes. Events in the last year have run for Dementia, Forensic Services, and Neuropsychiatry.

These events are open trust wide and involve presentations of ongoing or completed research to improve dissemination and increase impact of research on clinical activities and quality of patient care.

Increasing Nurse Involvement in Research As a research team we have developed a close collaboration with Canterbury Christ Church University (CCCU) and the mental health nursing students are now taught about clinical research, including that undertaken within KMPT through a series of interactive workshops we hold.

In addition, Alison Welfare-Wilson, KMPT's only Clinical Research Nurse has been selected for one of only 70 places on the national 70@70 National Institute of Research (NIHR) Senior Nurse and Midwife Research Leader Programme.

Alison will start the three year programme in May 2019 and is aimed at senior nurse and midwife clinical leaders with experience of building a research-led care environment for patients, and a record of developing existing practice and contributing to a research rich environment.

Goals agreed with commissioners - use of the CQUIN payment framework

A proportion of the trust's income in 2018-19 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, NHS England, the South East Commissioning Support Unit (SECSU) and KMPT.

Local quality improvement priorities and progress in achieving them in 2018-19 were discussed and agreed at board level quarterly and monitored through the Finance and Performance Committee and at monthly internal CQUIN Delivery Group and Care Group 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 *(2.1% of contract value in 2018-19).* The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

The maximum income available in 2018-19 was £3,832,000 and the Trust is forecasting that it will receive £2,811,000 for the CQUIN goals achieved the position is being discussed with commissioners. The total monies available in 2019-20, upon successful achievement of all the agreed CQUIN goals, is forecast to be £2,038,000.

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 17 registered locations.

The CQC conducted a well-led inspection at KMPT during October and November 2018 whereby they inspected five out of nine core services. The overall rating of the trust stayed the same as good overall however an improvement was seen in the safe domain with this moving from a requires improvement to a good overall.

The trust was rated as good because:

- Across the trust, the CQC found most of the core services inspected to be safe, effective, caring, responsive and well led. They rated safe, effective, responsive and well led as good overall and caring to be outstanding.
- The trust had made the significant improvements in the overall safety and quality of the community mental health teams for working age adults that were required when issued a Section 29A warning notice in February 2018.
- Community staff had manageable caseloads which were reviewed regularly. Patient care and staff morale had significantly improved in these teams.
- Patient safety was afforded sufficient priority in most of the core services inspected. Staff kept patients safe from avoidable harm and abuse. When patient safety incidents occurred, the trust took a systematic approach to ensuring that learning was identified and practices improved where appropriate.
- In most services, there were sufficient numbers of suitably skilled and trained staff to deliver effective care and treatment. Staff were supported by skilled, motivated and engaged service managers.
- Medicines were mostly well managed. Staff received support from pharmacists, who visited each service.
- Staff followed best practice and evidence based guidance to ensure that patient outcomes were good. The trust was focussing on developing clear presentation pathways for patients to ensure patients received appropriate care.
- Staff used seclusion and restraint only as a last resort. The trust had significantly reduced the number of restraint and seclusion episodes over the two years prior to our inspection.
- Except for female psychiatric intensive care beds, which the trust was not commissioned to provide, staff could access mental health beds for patients as needed. The trust had significantly reduced the numbers of private and/or out of area beds being used since 2016. This meant that most patients could receive hospital care near to their home.
- The trust had introduced quality audits on key documentation which had significantly improved the quality of risk assessments, care plans and progress notes.

A new quality improvement plan has been developed to include all of the must do's (requirement notices) and should do's that were identified by the CQC to take forward. In total there are 7 must do's and 31 should do's.

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	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← Oct 2018	Requires improvement →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Requires improvement →← Oct 2018	Requires improvement →← Oct 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Forensic inpatient or secure wards	Good ↑ Oct 2018	Good →← Oct 2018	Outstanding →← Oct 2018	Good →← Oct 2018	Outstanding ↑ Oct 2018	Outstanding ↑ Oct 2018
Wards for older people with mental health problems	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Wards for people with a learning disability or autism	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Community-based mental health services for adults of working age	Good ↑ Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Requires improvement →← Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Mental health crisis services and health-based places of safety	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018	Good →← Nov 2018
Community-based mental health services for older people	Good →← Oct 2018	Good →← Oct 2018	Outstanding ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good →← Oct 2018
Community mental health services for people with a learning disability or autism	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Substance misuse services	Good Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017	Outstanding Jan 2017
Overall	Good Nov 2018	Good →← Nov 2018	Outstanding →← Nov 2018	Good Nov 2018	Good →← Nov 2018	Good →← Nov 2018

Implementation of Duty of Candour

Duty of Candour is about being open, honest and transparent when providing care even if we make mistakes or the care provided falls short of our quality standards. It is also a statutory requirement for all health organisations that are registered with the Care Quality Commission.

For each incident that results or could result in moderate to severe harm or death, the trust has s system for assigning a manager or clinician from another service 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. The Trust systematically offers the opportunity to patients or their carers. The investigators leading on the learning review are required to write to the patient/relative informing them of the process and to ask if they want to participate. At the end of the process, the investigators are required to offer to share the findings of the learning review with the family or patient. All Learning review reports are approved by the Executive Director for Nursing and Quality who checks that Duty of Candour has been fulfilled.

Duty of Candour is not just good practice in respect of involving families in learning reviews, it is regulatory to comply and this is reflected in both the Serious Incident Policy and the Duty of Candour Policy.

In order to ensure that this process is embedded in practice and adhered to consistently, two audits are to be undertaken in Q1 2019/20. One to measure whether relatives are offered the opportunity to contribute to SI RCA investigations, using clearly defined standards and whether this is clearly recorded in the RCA report. The other to focus on if information relating to Duty of Candour is fully and accurately recorded on Datix.

In addition to this work, there will also be a review of other mental health trust's processes, practices and policies in relation to Duty of Candour. This will focus on processes where it is identified that moderate or severe harm could have potentially occurred, in order to update the Duty of Candour policy. Staff training will also be reviewed in line with this.

Data Quality

During 2018-19 KMPT submitted records within prescribed deadlines to the Mental Health Services Data Set (MHSDS). Results are published monthly via NHS Digital

The percentage of records in the published data which included the patient's valid NHS Number and GMP Code was *(March 2019 MHSDS Provisional):*

26,205 of 26,220 = 99.94% for MHS-DQM01 NHS Number

26,410 of 26,755 = 98.71% for MHS-DQM06 General Medical Practice Code (Patient Registration)

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 NHS Digital.

The 2018/19 Data Security and Protection toolkit was completed on 31 March 2019. The evidence collected provided an overall compliance level of 99 Mandatory Assertions out of 100 completed, maintaining a score of "standards met" in all items of the Toolkit and therefore being marked as "met" overall.

The Information Governance Office monitors the Trust's Audit Procedures undertaking regular audits and monitoring of access to information across the Trust including, but not limited to, the patient information system and internet. It is this office which also undertakes bi-annual internal audits, for processes relating to Information Sharing, Disclosure and Risk, assessing resourcing, procedures, compliance and documentation and making recommendations as necessary and have also been extended to include Information Governance Office functions.
Regular reports are provided to the IG Group on all aspects of Information Risk. In addition to its own IG Group, the Trust maintains representation on local Information Governance Groups such as the IG Forum and IG Programme Board.

Clinical Coding Audit

The trust was not subject to a payment by result clinical coding audit in 2018-19. 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 2018-2019	% Correct 2017-2018
Primary Diagnosis	50	45	90%	94.00%
Secondary Diagnosis	160	121	75.63%	82.42%

Overall the Trust has achieved the mandatory Data Security and Protection Toolkit target for 2018-19.

The trust has received a good result in primary diagnosis coding, attaining the Data Security Standard 1 advisory level of 90% accuracy. Secondary diagnosis coding at 75.63% meets the mandatory requirement for a mental health trust.

Primary diagnosis accuracy is 4% lower that that achieved in 2017. Four of the five errors identified are documentation issues resulting in an adjusted coder accuracy of 98%. Errors arise where clinical diagnoses are inconsistently documented between medical progress notes and the discharge summary.

Secondary diagnosis coding accuracy is 6.79% lower that that attained in 2017/18, with 64% of errors resulting from omitted mandatory and relevant co-morbidities. Of the 25 omissions, 15 (60%) are documented in the progress notes and on the discharge letter, whilst the remaining 10 feature in the progress notes only.

The Trust has sustained improvement in the timely availability of the Electronic Discharge Notifications. Of the 50 episodes audited, discharge summaries were available for 49 patient spells. The tables below show the average number of working days (5.14) to complete a discharge notification currently well within the 7 day standard set by the Trust.

Discharge Month	Average of Working Days
Jan-18	4.23
Feb-18	3.05
Mar-18	5.17
Apr-18	6.26
May-18	4.44
Jun-18	4.15
Jul-18	6.20
Aug-18	4.75
Sep-18	6.57
Oct-18	6.28
Nov-18	5.88
Dec-18	4.83
Average	**5.14**

Improving Data Quality

The Trust's data quality improvement plan is contained within the KMPT Information and Data Quality Strategy.

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

- profile, prominence and understanding of data quality at board level
- integration and embedding data quality into organisational practice
- assurance and review programmes

The 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 MHSDS [Mental Health Services Data Set]
- 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

Equality and Diversity Developments 2018-2019

In line with the Public Sector Equality Duty requirement to publish information annually to demonstrate legal compliance, this report continues to provide progress update on our key strategic Objectives. These are *better health outcomes, improved patient access and experience, representative workforce and inclusive leadership.* The report also provides information against each of the 9 protected characteristics (where data is available) and details our achievements, meeting the Care Quality Commission's guidance and compliance with NHS England Standards.

Where we are at
KMPT is reviewing its five year plan for diversity & Inclusion strategy/objectives covering the period the 2019-2023. We aim to mainstream and embed diversity and inclusion best practice in all areas of the Trust. This report provides details our workforce and service delivery activities. Workforce equality activities are reported to Equality & Diversity Steering Group (EDSG), Workforce and organisational development Committee and the Board and Quality Committee.

Workforce & Organisational Development Activities
KMPT continues to produce Annual Equality & Diversity Comparative Data Analysis to identify key issues for action as well as provide equality data reports to the Diversity and Inclusion Facilitator.

Workforce Race Equality Standard (WRES)
Work on the WRES has seen a slight increase of staff declaring that they are from Black, Asian, Minority Ethnic (BAME) background at 20.32% across bands 1-9; Medical (Consultants and medical other) have the greatest representation of BAME and there has been an improvement of BAME at Board Level. WRES 2018 reports that "*there has been an improvement in BAME representation at board level which is 88% white and 12% BME, although this is not reflective of the workforce as a whole where 20.32% of staff is from a BAME background" KMPT* has implemented positive action initiatives to encouraged BAME staff to pursue developmental and leadership programmes to BAME at higher bands.

Staff Networks
The Black, Asian, Minority Ethnic (BAME) staff Network continues to be strong in membership representation. The Executive Director of Partnerships and Strategy / Deputy Chief Executive is the network Executive Lead and has an independent Chair. The network group has established objectives over the next 12 months to give the forum focus and to encourage more members.

- To participate in the organising and promotion of the D&I Staff Conference, ensuring all BAME forum members are able to attend and have the full support from managers;
- To have members of the BAME forum trained as Freedom to Speak up ambassadors, working to create a more open environment for all staff to feel free from harassment, bullying and discrimination;
- Oversee the Workforce for Race Equality Standard;

- Training for BAME forum members in specific subjects, including train the trainer for staff to deliver training to colleagues;
- Promote BAME diversity events, to engage the wider Trust as well as link with the Faith Forum for combined events.

Disability Network

6.06% of workforce describes themselves as having a disability with a high percentage of staff not declaring. A Disability Network has been established and has the Chief Operating Officer as the Executive Lead as well as the Deputy Director of Workforce and OD as the acting Chair. The Disability Network's main remit is to create better awareness and understanding of disability including mental health disabilities and assist in the monitoring of the social and medical models of disability. The network is at the forefront of the identification of relevant issues, robust reasonable adjustment provision and the development of the Workforce for Disability Standards (WDES). The network has clear objectives to promote disability within KMPT and establish its purpose for the year going forward.

- To participate in the organising and promotion of the D&I Staff Conference, ensuring all BME forum members are able to attend and have the full support from managers;
- Safe to come out - safe to tell campaign - Develop a campaign aimed at staff who have or had mental health problems;
- KMPT promotion of World Mental Health Day 10th October - Poster campaign and online presence;
- Forum members to participate in KMPT's journey to Leaders in Disability Confident Level 3 and monitor progress on the WDES;
- To have members of the Disability forum trained as Freedom to Speak up ambassadors, working to create a more open environment for all staff to feel free from harassment, bullying and discrimination;

Lesbian, Gay, and Bisexual, Transgender, Questioning, Plus (LGBTQ+) Network.

2.43% of workforce declared that they are lesbian, gay or bisexual, no data has been recorded for staff disclosing or identifying as Transgender. The, Director of Workforce, Comms and OD is the Executive Lead for Network, and has an independent Chair. There is a strong online membership for this network. However, work will be done to encourage a strong in person presence at meetings. KMPT has provided training to staff who have volunteered to provide support and advice to staff queries on Trans issues. The network has identified objectives for the next 12 months to increase visibility of the network and make KMPT a safe place to come out.

- To participate in Diversity and Inclusion Staff Conference - To be an integral part of the conference from planning to delivery;
- Safe to come out - Be yourself campaign - Develop a campaign aimed at staff who fear coming out in the open;
- Supporting staff attending LGBTQ+ Forum (Manager's awareness) to take the online forum and convert to physical attendance at network forum meetings;
- Promote Trans awareness 12-19 November.

Faith Forum

70.14% of workforce declared a religion or belief. The Chaplaincy Team have established a faith network to promote wider awareness and understanding of faith related issues. The networks purpose is to benefit service users, patients and staff,

offering a platform for identifying, promoting and addressing issues, as well as link in with the other networks to promote intersectionality. The Forum is in its infancy and its current Executive Lead is the Medical Director. The Forum is in the process of establishing its objectives to engage with the wider Trust and encourage memberships from all religions and beliefs.

Recruitment & Retention - As of 31 March 2019, the Trust employed 3,233 people. During 2018/19, 506 staff left the Trust and there were 464 new appointments. The trust is taking a proactive approach towards a robust exit interview process to shed better understanding on staff experiences. In collaboration with the Leadership and Management Facilitator, Resourcing and Selection Training has been piloted which includes unconscious bias elements. The training will be for all recruiting panellists/managers to improve selection and consistency.

In relation to **Age** majority of the workforce is aged 41-55 years old, which is fairly comparable with the national data. This data shows that KMPT has an ageing workforce and initiatives will need to be identified to minimise or address this. In relation to **Marriage /Civil Partnership** – 92.29% of staff disclosed their marital status of which 51.77% of staff declared that they are married or in a civil partnership, which is in line with national statistics.

Generic Diversity and Inclusion group - The aspiration to move to a generic diversity and inclusion group has been put on hold, due to the networks establishing themselves and working on specific activities to widen participation and visibility.

Reporting on Gender pay Gap - 75% of workforce is female 25% male representation. Recent analysis of figures relating to the pay gap highlights that men fare better in relation to pay. KMPT Gender Pay Gap report has highlighted issues between pay for male and female staff and will be implementing recommendations to address the gaps.

Mandatory Training on Equality and Diversity
Compliance with Equality and Diversity mandatory training has remained compliant for the last year and continues to improve.
- Corporate Induction and Manager's Induction include equality and diversity and covers the basic principles including prejudice, discrimination and legislation.
- Development of induction leaflets promoting the network forms to be given at induction.
- Unconscious Bias training has been developed and is due to be piloted
- Behaviour in the Workplace (bullying and harassment) training is being sought in a Drama-based arena and will be piloted.

Equality Impact Assessment – all KMPT business and policies undergo equality impact analysis as a means of achieving fairness, transparency and complying with the Equality Act 2010. The Diversity and Inclusion Facilitator supports the policy team to review and ensure all changes to service provision policy formulation are equality Impact assessed. A review of the EIA document will be launched including guidance on EIA's.

Partnership Work with local Equality & Diversity Leads & others - These include, Kent, Sussex and Surrey NHS organisations with representatives from NHS Employers to share best practice.

- KMPT are part of the KSS Leadership Academy networks, the Inclusion Network including the Kent Inclusion Networks and STP's.

- Improved links by working with Royal Association of Deaf (RAD) Kent County Council Translation contract and other stakeholders, to evaluate the implementation of NHS England Information Accessibility Standard.

Inclusive Leadership
- Continue to present twice per year, equality & diversity activities for employees to Workforce and OD Committee
- Board training on diversity & inclusion to be launched
- Board now plays a key role in diversity & Inclusion network.
- The Chief Executive has committed to Chairing the Equality & Diversity Steering Committee.

Communications
- E&D collaboration with the Communications team to promote E&D and revise the website and intranet;
- Publicise the networks and initiatives Trust wide;
- Represent Comms at the EDSG meetings;
- Work on E&D campaigns

KMPT Service Delivery

KMPT has equality & diversity leads for Care Groups, who work on equality actions and understand the implications of their service within the context of difference. The leads champion and embed the principles of equality, diversity and inclusion in the delivery of their functions. All equality leads and nominated support staff provide progress update reports of group activities to the Equality and Diversity Steering Committee on a bi-monthly basis sharing best practice and challenges. Each Care Group and Support Service will lead on their specific equality actions which will identify their goals for embedding and improving equality practices.

Street Triage Project and Section 136 continue to be popular. The project ensures that those in crisis, especially those from BME background continue to receive culturally appropriate qualified medical help. Officers on-the-scene receive advice from mental health experts in order to make informed decisions. Staff main priority is making sure those suffering a mental health crisis get the most appropriate care and treatment.' The Initiative continues to challenge and address cultural misconceptions by some police officers through training and joint working.

Implementation of NHS England Information Accessibility Standard & Translation Policy
- Improved access to out of hour's interpreter / translation and sign language services through new contracting arrangements which account for local demographics and the needs of transient communities

- Increase proportionately, time available for service users to discuss their treatment and care as per Patient Charter

- Continue to monitor the usage of Interpreting and Translation Services on a quarterly basis via the KCC Shared Services quarterly meetings

- Train Complaints Officers to understand the different accessibility/information implications for different protected groups and adhere to the Human principles of FREDA - Fairness, Respect Equality, Dignity & Autonomy

- Assist complainants in the process of addressing difference, accessibility, for example against language, or disability - sign language

- Equality & Diversity Steering Committee/Trust wide Patient Experience Group monitoring the Implementation of the Accessible Information Standards action plans via Care Groups Performance and Quality meetings.

Religion & Belief
- A Pastoral, Spiritual and Religious Care strategy/policy has been implemented, which includes the provision of faith support for longer term patients, meeting their specific faith needs.

- Chaplains continue to support patients in wards and in the community, this is done either in person or via telephone, the continued support of patients from a faith leader means that there is a wider support network assisting in the care and rehabilitation.

Monitoring
- Monitoring Datix incidents to share learning, develop and implement remedial actions

- Monitor of hate crimes patient on staff incidents to develop Hate Crime procedure and policy

- Monitor of equality data quarterly to identify areas of improvement and initiatives to increase representation.

Ongoing Projects
- Respect campaign improving race relations between patients and staff, tackling harassment and abuse, understanding discrimination and how to challenge behaviour in an effective way.

- Recruitment of Freedom to Speak Up ambassadors, staff to have a safe ambassador to disclose discrimination, bullying and harassment practices.

- Continue to improve knowledge around Gypsy & Traveller groups around healthcare and mental health

- Improve Engagement with Older People and ensure services develop according to age appropriateness

- Improve care pathway from children and young people's mental health services (CHYPS) to adult mental health services

- Improve access for older people to Personality Disorder and Dual Diagnosis Services onset of dementia and monitor implementation of the new Personality Disorder Strategy on how it incorporates older adult need

- Improve Involvement in Patient Participation Groups to address issues on difference

- Meeting compliance with the Equality Act through diversity monitoring of patients' protected characteristics across all service delivery

Workforce for Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and will apply to all NHS Trusts and Foundation Trusts from April 2019. The WDES is a data-based standard that uses a series of measures (Metrics) to improve the experiences of Disabled staff in the NHS.

KMPT will be reporting on the experiences of disabled people in the workplace on a yearly basis. The first year report will be based on 2017-18 data, and will need to be submitted together with an action plan which will need to be developed to look at improving the experience of disable people at work, both reports will need to be submitted to NHS England by August 2019.

Disability and Accessible Information Standard

From 31 July 2016, all organisations that provide NHS care or adult social care were mandated to follow NHS England Accessible Information Standard. The standard aimed to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.

- KMPT developed Accessible information policy, Accessible Standard eLearning posters displayed in all training rooms to raise awareness

- RiO (electronic system) was reconfigured to capture accessibility needs of patients and service users. Commissioning Officer commended trust for the comprehensive work adding *'If I do get any requests for support around policy making, or examples, would you be happy to have yours shared, or are these for your trust's use only?'*

Disability and reasonable adjustment

KMPT has detailed data analysis. These together with issues emerging from staff will be crucial in KMPT`s revision of its Equality and Diversity Strategy for 2018 and beyond.

Freedom to Speak Up

The Trust continues to encourage staff to raise concerns and provides several ways in which staff can speak up. During the year the Trust has appointed a full time Freedom to Speak Up Guardian who works with the network of FTSU Ambassadors across the Trust.

The Freedom to Speak Up (FTSU) Guardian, Ambassadors and the 'Green Button' facility are continuing to deal with concerns on a regular basis ensuring feedback is given to staff raising concerns and that staff who raise concerns do not suffer detriment. Creating a just and learning culture is a key priority for the Trust and is being embraced by staff in all disciplines. Concerns are raised via email to the FTSU inbox, personal approaches to the Guardian and/or Ambassador and via the 'Green Button' on i-Connect.

A report on FTSU activity is discussed by the Workforce and OD Committee bi-monthly and included in the quarterly Workforce Report to Trust Board.

Our 2019-20 Priorities

For 2019-20 the trust has set eight priorities for improvement; divided into the three areas that constitute quality, these are **patient safety, patient experience** and **clinical effectiveness**.

Our priorities have been developed and chosen based on:

- Identified risks to quality, which includes feedback such as complaints and learning from investigations into serious incidents.
- What is important to people who access our services, people who deliver our services and stakeholders such as commissioners.
- STP and National priorities.

Who has been involved in setting our 2019-20 priorities?

During 2018-19 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. 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 and Carer Consultative Committees 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 2018-19. 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 play a key role in priority setting. Our Quality Committee and its sub-groups, including the Patient Safety and Mortality Group, Patient and Carer Experience Group and Clinical Effectiveness and Outcomes Group, have discussed and approved the priorities. Our four Care Groups contributed to the selection of 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.

Patient Safety

1. *To enhance 7 day follow up by implementing plans for Samaritans 24/48 hour contact.* This priority was proposed to ensure the collaborative work in 2018-19 is consolidated into practice. It also aligns with national Suicide Prevention initiatives.

2. *To increase the incident reporting of low harm incidents, and associated learning.* The Trust has been aware that its benchmarked position on incident reporting is low and CQC also noted the Trust performance on low harm incident reporting. Opportunities for learning and quality improvement are missed by not routinely reporting all incidents.

Patient Experience

1. *To improve experience of KMPT care for BAME service users.* This priority aims to improve Equality and Diversity from a patient and carer perspective and will be Expert by Experience led.

2. *To increase carer and service user attendance at, involvement in and satisfaction with CPA reviews.* Carer and service user involvement is fundamental to the effectiveness of CPA reviews.

3. *To improve service user experience of Discharge planning and process.* This priority was proposed by our Carer and Service User forums and reinforced by the Trust thematic complaints reviews. The evidence of successful improvement would be a reduction in complaints that relate to discharge.

Clinical Effectiveness

1. *To improve the use of HoNoS as the Trust's primary Clinical Outcomes recording and monitoring (CROM)*

2. *To improve the quality of Clinical Supervision for nurses – year 2.* This is a continuation of the 2018-19 priority focussing on evidencing the effectiveness of the revised Supervision policy developed and agreed in year 1.

3. *To submit 3 research project bids (oriented to service delivery) which have been proposed and initiated by KMPT staff.*

Appendices

Appendix A: Comments on our 2018-19 performance

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9th May 2019

Helen Greatorex
Chief Executive
Kent and Medway NHS and Social Care Partnership Trust
Trust Headquarters
Farm Villa
Hermitage Lane
Maidstone
Kent
ME16 9PH

Dear Helen

RE: Draft Quality Account 2018-19

The East Kent CCGs recognise the draft of the 2018-19 Quality Account for Kent and Medway NHS and Social Care Partnership Trust and welcome the transparency of success and clarity of areas for improvement.

The CCGs acknowledge the positive Care Quality Commission (CQC) ratings including the retention of the overall CQC rating of Good with an Outstanding rating for Caring following the inspection in October and November 2018, and the publication of the report in February 2019.

The CCGs have seen significant improvements in the overall safety and quality of the community mental health teams for working age adults that were required when a Section 29A warning notice was issued in February 2018. The CCGs will continue to work with the Trust to monitor any impact of the social care transformation on the community mental health teams for working age adults.

We recognise the achievement of 8 of the 9 priorities for improvement for 2018-19, with success in the areas of physical health, follow-up of service users who do not attend, increasing co-production, implementation of the Triangle of Care, development of Patient Reported Outcome Measures (PROMs) and improving the quality of clinical supervision.

We recognise the challenges with improving the quality and completeness of 7 day follow-ups and would envisage that national CQUIN for 72 hour follow up post discharge will support consolidation of the collaborative work undertaken in 2018-19, and further improvements in 2019/20, along with your proposed plans to enhance 7 day follow up by

2019-20. We are supportive of the Trust's approach to research and keen to gain a fuller understanding of the projects as they progress.

Yours sincerely

Sarah Vaux
Chief Nurse for the East Kent CCGs

Via email on
sheila.wilkinson3@nhs.net
Helen Greatorex
Chief Executive
Kent & Medway NHS and Social Care Partnership
Trust
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Direct Dial: 03000 416512
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Date: 3rd May 2019

Dear Helen,

Kent and Medway NHS and Social Care Partnership Trust Quality Accounts 2018-19

Thank you for offering Kent County Council's Health Overview and Scrutiny Committee the opportunity to comment on the Kent & Medway NHS and Social Care Partnership Trust's draft Quality Account for 2018-19. HOSC has received a number of similar requests from Trusts providing services in Kent, and we may well receive more.

Given the number of Trusts which will be looking to KCC's HOSC for a response, and the window of 30 days allowed for responses, the Committee does not intend to submit a statement for inclusion in any Quality Account this year.

Please be assured that the decision not to comment should not be taken as any reflection on the quality of the services delivered by your organisation and as part of its ongoing overview function, the Committee would appreciate receiving a copy of your Quality Account for this year once finalised.

Kind regards

Sue Chandler
Chair, Health Overview and Scrutiny Committee
Kent County Council

kent.gov.uk

www.kmpt.nhs.uk

Response to Kent and Medway NHS and Social Care Partnership Trust (KMPT) Quality Account on behalf of Medway Council's Health and Adult Social Care Overview and Scrutiny Committee

The results of the latest CQC inspection are pleasing. This rated services as 'Good' overall with 'Outstanding' for caring. This followed an inspection at the end of 2018. The Committee notes that the Care Quality Commission (CQC) has previously raised concerns about the quality of service provided by the community mental health team at Canada House in Gillingham, with the CQC having found caseloads to be too high. There have subsequently been significant reductions with it considered that good progress had been made in addressing issues that had resulted in the CQC issuing a warning notice to KMPT.

The Committee has repeatedly expressed concern about the provision of services for people with personality disorder, including the effective monitoring of patients following discharge. It is hoped that the newly developed model will be successful in addressing issues and effectively meeting the needs of Medway patients.

While Committee Members have been supportive of the development of the Street Triage service, concerns remain that the service only operates part-time and that, therefore, there is a risk of patients and the Police not being supported effectively at other times. The Committee welcomes the ongoing discussions taking place about possible extension of the service. The Committee is also disappointed that, while Section 136 accommodation is now available at five locations in Kent and Medway, there are no plans for provision in Medway.

The Committee welcomes the development of a Medway Mental Health Strategy, which has been jointly developed by Medway Council, with NHS Medway Clinical Commissioning Group and KMPT.

Members of the Committee have supported the principle of proposals to relocate two mental health services from Elizabeth House in Rainham and Canada House in Gillingham to a new hub location at Britton Farm in Gillingham. However, Members have raised concerns about the transparency of the process and emphasised the need for public engagement / consultation. While the Committee has determined that the proposals did not amount to a substantial development of, or variation to, the health service in Kent and Medway, further updates have been requested in order for the Committee to be fully assured of the benefits of the proposals. The Committee also looks forward to Members having the opportunity to visit an existing hub location in Ashford during summer 2019.

The Committee relies on HealthWatch Medway, which is a non-voting committee member, to feed back patient views and experiences. It looks forward to working with MFT and Healthwatch to ensure that patient experience feedback can be fully considered by the Committee.

This response to the Quality Account has been submitted by officers, in consultation with the Committee Chairman, Vice-Chairman and Opposition Spokesperson, under delegation from the Medway Health and Adult Social Care Overview and Scrutiny Committee.

Kent and Medway NHS and Social Care Partnership Trust Quality Account Response

Healthwatch Kent is the independent champion for the views of patients and social care users in Kent. Our role is to help patients and the public get the best out of their local Health and Social Care services.

For several years now, local Healthwatch across the country have been asked to read, digest and comment on the Quality Accounts which are produced by every NHS Provider (excluding primary care and Continuing Healthcare providers).

This takes up a large amount of time, so we have taken the decision to prioritise our resource on making a difference to services rather than reading Quality Accounts.

However, we'd like to support the Trust by setting out the areas we have worked together on in the past year:

- We met with the Chief Nurse regularly to keep updated on the work the Trust was undertaking and understand the challenges.
- We continued to monitor the number of patients who are placed outside of Kent for general treatment following our report which highlighted the impact on patients who were treated far from home. There continues to be no patients currently placed outside of Kent at the time of writing.
- We visited Community Mental Health teams in Thanet, Dartford, Maidstone, Canterbury and Dover. All our findings have been shared with the Trust as well as the County Mental Health Action Group. We plan to revisit these services to see if our recommendations have been implemented. These reports are available on our website.
- We talked to a group of carers at the Frank Lloyd Unit in Sittingbourne and published a report on what they told us.
- We've attended the Trust wide patient experience group.
- We have been keeping abreast of developments about how KMPT plan to involve the public in changes to services particularly changes at St. Martins Hospital in Canterbury. These conversations are ongoing.
- We have been working closely with colleagues to support the Mental health User Forums to ensure their voice is heard in the right place by the right people.
- We have worked together with the Mental Health User Forums to gather feedback about IAPT services. This feedback has been shared with the Trust and is available on our website.
- Similarly, we have been involved in conversations to explore how the Trust, the Mental Health User Forums and Healthwatch Kent can work better together and avoid duplication.

We look forward to continuing our constructive working relationship with the Trust in the next year.

Healthwatch Kent May 2019

Response from North and West Kent Clinical Commissioning Groups

We welcome the Quality Accounts for Kent and Medway NHS Partnership Trust. 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 and the CCG confirms that the Quality Account has been developed in line with the national requirements with all of the required areas included.

The Chief Executive's statement describes the progress made which is recognised in the October 2018 and November 2018 CQC Well Led inspection, from which the rating of Good was sustained. The Trust is to be commended for the significant improvements in the quality of the service delivered by the community mental health teams in response to the recommendations made by the CQC in February 2018. We welcome the assurance provided by the Executive Director of Nursing and Quality of the way in which the organisation intends to embed the ongoing quality improvements and the collaboration with service users and carers.

Of the nine quality targets set across the three areas to make up the overall heading of "quality", that the organisation set, it was excellent to see such assured improvement in 8 of the priorities. In particular the Trust has demonstrated excellent compliance with the CRHT gatekeeping target, meeting 100% against a national average of 97.8% and placing the organisation within the highest performing providers against this target.

The additional quality accreditations acquired via the Royal College of Psychiatrists quality networks are to be commended and we recognise the financial and resource commitment that the Trust would have made to achieve these goals. The commitment to improvement within the field of research and ongoing audit is noted, through which services and patient experience can be improved.

The Trust has an agreed quality improvement plan comprising of 7 'must do' actions and 31 'should do' actions as described by the CQC report. We would like to commend the Trust on the outstanding ratings for all key lines of enquiry received for the wards for people with learning disabilities or autism; this achievement should be celebrated.

The attainment of the Trust set target for completion of electronic discharge notification is a positive piece of work across the health economy that will provide positive patient outcomes and experiences.

The work planned around equality and diversity and supporting staff with disability is welcome, along with the actions intended to address pay gaps between female and male staff and the active programme to recruit and retain staff in what is a challenging national position.

A total of 8 quality priorities have been set for the coming year, providing a good range of measurable goals within patient safety, patient experience, and clinical effectiveness.

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 continued collaborative working in the future.

Paula Wilkins
Chief Nurse for Medway, North and west Kent Clinical commissioning Groups

Appendix B: Quality Performance Indicators

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
001.S	Occurrence Of Any Never Event	✔	0	N	0	0	0	0	0	0	0	0	0	0	0	0
002.S	CPA Patients Receiving Formal 12 Month Review		95%	N	90.5%	91.7%	93.0%	93.2%	92.9%	92.4%	93.4%	92.6%	91.3%	89.4%	88.6%	87.8%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	95.2%	96.7%	95.2%	96.1%	97.3%	93.7%	96.4%	97.5%	93.3%	95.8%	94.7%	98.1%
004.S	Emergency Readmission Within 28 Days		5%	L	12.4%	11.0%	14.9%	9.1%	10.5%	5.8%	9.6%	5.5%	7.1%	8.1%	6.3%	6.9%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)				22	14	16	12	29	15	21	18	15	34	21	13
006.S	Serious Incidents Declared To STEIS				16	15	5	12	13	14	7	9	5	13	8	9
007.S	% Serious Incidents Declared To STEIS within 48 hours				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
008.S	Number Of Grade 1&2 Sis Confirmed Breached Over 60 Days		0	L	7	6	4	5	10	5	2	5	4	1	1	5
010.S	All Deaths Reported On Datix And Suspected Suicide				156	65	76	84	74	87	72	106	193	475	269	93
011.S	Restrictive Practice - All Restraints				109	135	103	177	178	199	194	149	147	205	160	170
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	6	4	2	6	2	5	1	2	3	10	7	8
013.S	Restrictive Practice - No. Of Seclusions				16	18	17	20	16	22	24	32	26	40	36	37
014.S	Safety Thermometer		95%	L	98.0%	97.8%	98.3%	98.9%	98.4%	99.4%	98.6%	96.3%	97.4%	98.3%	98.6%	95.9%
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	1	0	1	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)				1	0	0	0	3	0	1	1	1	0	1	0
017.S	RIDDOR Incidents				7	5	5	1	0	2	6	3	6	4	2	3
018.Sa	Infection Control - MRSA bacteraemia		0	N	0	0	0	0	0	0	0	0	0	0	0	0
018.Sb	Infection Control - Clostridium difficile				0	0	0	0	0	0	0	0	0	0	0	0
019.S	Safer staffing fill rates		80%	L	105.3%	100.6%	100.3%	100.9%	100.7%	98.0%	100.7%	93.3%	93.6%	94.0%	92.7%	

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	97.2%	97.2%	99.1%	96.2%	94.4%	96.0%	96.3%	94.0%	92.9%	95.6%	97.2%	93.4%
002.E	% Clients In Settled Accommodation	✓		N	82.7%	83.0%	83.1%	82.8%	82.7%	82.6%	82.4%	82.2%	81.7%	81.5%	82.0%	81.6%
003.E	% Clients In Employment	✓		N	14.9%	14.8%	14.7%	14.9%	14.9%	15.0%	15.0%	15.3%	15.2%	15.2%	15.5%	15.1%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓		N	98.1%	98.1%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	97.9%	97.9%	97.8%	97.8%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓		N	226	182	236	183	237	260	295	308	379	367	323	320
006.E	Delayed Transfers Of Care		7.5%	N	6.9%	6.8%	5.5%	7.3%	6.9%	6.5%	8.1%	10.0%	9.7%	8.7%	8.7%	6.6%
007.E	% Of Patients With Valid CPA Care Plan Or Plan Of Care		95%	L	90.2%	92.4%	92.7%	93.7%	93.7%	93.6%	93.6%	93.1%	92.7%	91.1%	90.4%	91.1%
008.E	Crisis Plans (All Patients)		95%	L	91.6%	91.9%	92.5%	93.0%	94.5%	94.4%	94.4%	93.8%	93.6%	93.0%	93.2%	93.0%
009.E	% Reviews Undertaken Within The Maximum Cluster Review Period		95%	L	74.7%	78.9%	78.8%	78.1%	77.9%	78.0%	78.0%	71.7%	75.7%	73.3%	72.7%	72.4%
010.E	% Of Service Users Assessed With Cluster Assigned		95%	L	95.1%	95.2%	96.0%	96.1%	95.8%	95.5%	95.2%	95.5%	94.8%	94.8%	94.2%	93.8%
011.E	Number Of Home Treatment Episodes		224	L	278	293	275	304	297	256	258	228	204	249	219	241
012.E	Average Length Of Stay(Younger Adults)		25	L	21.3	20.8	20.9	20.7	24.2	24.0	19.6	37.9	30.1	23.4	25.7	25.5
013.E	Average Length Of Stay(Older Adults)		52	L	88.5	77.7	69.9	111.0	100.4	74.5	85.8	93.9	107.3	115.3	111.6	92.1
014.E	Care Plans Distributed To Service User		75%	L	55.3%	56.6%	56.6%	59.3%	60.8%	62.2%	64.5%	64.5%	64.8%	65.4%	66.0%	65.6%

Brilliant Care through Brilliant People

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
001.W-W	Staff Sickness - Overall	✔	4.3%	L	4.2%	4.3%	4.4%	4.3%	3.9%	4.2%	4.0%	4.8%	4.5%	4.9%	4.8%	3.9%
002.W-W	Staff Sickness - Short term	✔	2.3%	L	1.3%	1.5%	1.5%	1.4%	1.4%	1.7%	2.2%	2.4%	2.2%	2.7%	2.4%	1.8%
003.W-W	Staff Sickness - Long term	✔	2.0%	L	2.9%	2.9%	2.9%	2.9%	2.5%	2.5%	1.8%	2.3%	2.4%	2.2%	2.3%	2.2%
004.W-W	Staff Turnover	✔	12.0%	L	11.7%	11.8%	11.6%	11.8%	13.4%	14.7%	14.9%	15.1%	15.2%	15.4%	15.2%	15.2%
005.W-W	Appraisals And Personal Development Plans		95%	L	9.9%	21.8%	54.8%	96.7%	96.7%	96.7%	98.1%	98.6%	98.6%	98.6%	98.6%	98.6%
006.W-W	Vacancy Gap - Overall		14%	L	12.1%	7.0%	7.5%	12.4%	13.1%	12.4%	12.3%	12.9%	13.6%	13.4%	12.6%	12.6%
007.W-W	Vacancy Gap - Medical				25.2%	25.7%	26.4%	29.0%	28.7%	28.8%	28.8%	28.8%	26.9%	29.9%	26.5%	26.5%
008.W-W	Vacancy Gap - Nursing				11.6%	9.5%	11.2%	14.0%	14.0%	12.4%	11.5%	12.6%	13.5%	13.2%	12.8%	12.8%
009.W-W	Vacancy Gap - Other				11.1%	4.0%	3.8%	10.0%	11.1%	10.7%	10.9%	11.3%	12.2%	11.9%	11.1%	11.1%
010.W-W	Staff Survey Response Rate										53.5%	53.5%	59.5%	59.5%	59.5%	59.5%
011.W-W	Staff Survey Engagement Score	✔									6.9%	6.9%	6.9%	6.9%	6.9%	6.9%
012.W-W	Essential Training For Role		85%	L	93.8%	93.9%	93.9%	93.8%	92.8%	91.7%	93.0%	93.0%	93.1%	93.4%	93.4%	93.6%
013.W-W	Freedom to speak up issues				0.1%	0.1%	0.2%	0.0%	0.1%	0.0%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
001.W-F	Capital Service Capacity	✔	1.1	N	0.6	0.6	0.4	0.5	0.5	0.5	0.8	1.0	1.1	1.2	1.2	1.6
002.W-F	Liquidity (Days)	✔	-11.4	N	-10.8	-5.4	-11.6	-13.5	-12.4	-13.4	-12.2	-12.7	1.0	1.0	1.7	-8.8
003.W-F	Income And Expenditure Margin YTD (%)	✔	-1.0%	N	-4.2%	-4.1%	-4.1%	-4.1%	-4.1%	-4.0%	-3.1%	-2.5%	-1.9%	-1.4%	-1.0%	0.0%
004.W-F	Planned Surplus/(Deficit) YTD (£000)		(1,800)	N	(621)	(1,211)	(1,815)	(2,437)	(3,065)	(3,561)	(3,300)	(2,909)	(2,563)	(2,166)	(1,740)	(1,829)
005.W-F	Actual Surplus/(Deficit) YTD (£000)				(621)	(1,211)	(1,815)	(2,437)	(3,064)	(3,555)	(3,298)	(2,908)	(2,561)	(2,165)	(1,737)	77
006.W-F	Distance From Financial Plan YTD (%)	✔	0.0%	N	0.00%	0.00%	0.00%	0.00%	0.00%	-0.17%	-0.04%	0.03%	-0.08%	-0.05%	-0.17%	104.21%
007.W-F	Agency Cap YTD (£000)		6.1m	N	515	1,030	1,545	2,060	2,575	3,090	3,605	4,129	4,644	5,159	5,674	6,181
008.W-F	Agency Spend Actual (£000)				702	1,454	2,046	2,660	3,193	3,448	3,971	4,416	4,830	5,380	5,867	6,459
009.W-F	Agency Variance from Cap (£000)				187	424	501	600	618	358	366	287	186	221	193	278
010.W-F	Agency Spend Against Cap YTD (%)	✔	0.0%	N	36.2%	41.1%	32.4%	29.1%	24.0%	11.6%	10.1%	7.0%	4.0%	4.5%	3.4%	4.3%
011.W-F	CIP Plan (£000)		6.7m	L	381	411	391	356	360	468	669	671	697	779	783	786
012.W-F	CIP Actual (£000)				365	350	904	512	500	419	537	482	470	604	621	502
013.W-F	CIP Variance (£000)				(16)	(61)	513	156	140	(48)	(132)	(189)	(227)	(175)	(162)	(284)

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
001.C	Staff Friends And Family Test % Recommended – Care	✓					68.4%			No Data			No Data			
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	95.3%	95.1%	95.2%	93.2%	96.4%	96.2%	95.4%	93.5%	94.5%	94.7%	92.5%	93.4%
003.C	Complaints - actuals				21	23	37	26	46	38	40	49	30	32	41	41
004.C	Complaints - per 10,000 contacts				6.96	7.27	11.77	7.74	15.09	13.11	12.10	15.16	12.20	9.93	14.38	13.63
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	95%	96%	100%	100%	89%	100%	100%	100%	100%	94%	98%	95%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	87%	91%	89%	96%	90%	90%	91%	89%	88%	94%	93%	90%
007.C	Compliments - actuals				97	90	99	82	87	78	109	106	106	96	111	77
008.C	Compliments - per 10,000 contacts				32.14	28.45	31.48	24.40	28.55	26.92	32.97	32.79	43.09	29.80	38.92	25.59
010.C	PALS acknowledged within 3 days (or agreed timeframe)				100%	96%	95%	100%	95%	96%	100%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)				92%	91%	99%	99%	91%	90%	97%	100%	100%	98%	96%	96%
012.C	PALS - actuals				61	72	63	92	65	49	47	59	34	55	53	58
013.C	Patient Reported Experience Measures (PREM): Response count				507	587	605	672	595	597	703	689	516	606	805	790
014.C	Patient Reported Experience Measure (PREM): Response rate				3.9	4.4	4.6	5	4.5	4.7	5.2	5.1	4	4	6	6
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %				94.0%	94.0%	94.0%	93.0%	94.0%	94.0%	94.0%	93.0%	93.0%	93.0%	91.0%	93.0%

Appendix C: 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
CROM	Clinician Rated Outcome Measure
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
ToC   Triangle of Care
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.

Commissioning for Quality and Innovation (CQUIN)

CQUIN stands for commissioning for quality and innovation. The system was introduced in 2009 to make a proportion of a NHS Trust's income conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

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.

RiO
RiO is the Trust's Clinical Patient Information System, which is a secure electronic system used by clinicians to record the care provided to service users.

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 D: Directors' statement

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) and on arrangements Trust Boards should put in place to support data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
  o board minutes and papers for the period April 2018 to March 2019
  o papers relating to quality reported to the board over the period April 2018 to March 2019
  o feedback from commissioners dated 9 May 2019
  o feedback from Overview and Scrutiny Committee dated 3 and 14 May 2019
  o Trust Complaints report
  o the 2018 national patient survey
  o the 2018 national staff survey
  o the Head of Internal Audit's opinion of the Trust's control environment dated 9 May 2019
  o CQC inspection report dated 22 February 2019
- 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, 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 requirements in preparing the Quality Account.

Andrew Ling
Chairman

Appendix E: Independent Auditor's Report on the Annual Quality Account

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

We have been engaged by the Board of Directors of Kent and Medway NHS and Social Care Partnership Trust 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 2019 ("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 and as subsequently amended in 2011, 2012, 2017 and 2018 ("the Regulations").

Scope and subject matter

The indicators for the year ended 31 March 2019 subject to the limited assurance engagement consist of the following indicators:

Percentage of reported patient safety incidents resulting in severe harm or death during the reporting period.

Percentage of patients on Care Programme Approach (CPA) followed up within seven days of discharge.

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

Respective responsibilities of the directors and Practitioner

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health and NHS Improvement 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 and NHS Improvement 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 the Department of Health 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 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 1 April 2018 to 30 May 2019;

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papers relating to quality reported to the Board over the period 1 April 2018 to 30 May 2019;

feedback from commissioners dated 9 May 2019;

feedback from local Healthwatch organisations dated May 2019;

feedback from the Overview and Scrutiny Committee dated 14 May 2019;

the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009;

the 2018 national patient survey;

the 2018 national staff survey;

the Head of Internal Audit's annual opinion over the Trust's control environment dated 9 May 2019;

the annual governance statement dated 23 May 2019; and

the Care Quality Commission's inspection report dated 22 February 2019.

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.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for 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 NHS Trust for our work or this report, except 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;

limited testing, on a selective basis, of the data used to calculate the indicators tested against 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 that can result in materially different measurements and can affect 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 of these criteria, 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 and NHS Improvement. 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 limited 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.

Our audit work on the financial statements of Kent and Medway NHS and Social Care Partnership NHS Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Kent and Medway NHS and Social Care Partnership Trust's external auditors. Our audit reports on the financial statements are made solely to Kent and Medway NHS and Social Care Partnership Trust's directors, as a body, in accordance with the Local Audit and Accountability Act 2014. Our audit work is undertaken so that we might state to Kent and Medway NHS and Social Care Partnership Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Kent and Medway NHS and Social Care Partnership NHS Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such directors as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Kent and Medway NHS and Social Care Partnership Trust and Kent and Medway NHS and Social Care Partnership Trust's directors as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

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 identified as having been 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

Grant Thornton UK LLP

Chartered Accountants

110, Bishopsgate

London

EC2N 4AY

24 June 2019

Your Views

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

Communications
Kent and Medway NHS and Social Care Partnership Trust
Trust Headquarters
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Hermitage Lane
Maidstone
Kent
ME16 9PH

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

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

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

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

Bengali

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 bulunun.

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