

Quality Account 2019-20



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Chief Executive's Statement on Quality



Welcome to our Eleventh Quality Account.

I am pleased to present to you our Quality Accounts for 2019-20 which gives you an insight to our commitment to continually improve lives by improving the quality of services we provide for patients, families and carers. Our first and foremost organisational priority is to continue to provide outstanding quality of care – striving for excellence for every patient across the 3 quality domains of patient safety, patient experience and clinical effectiveness. The following pages demonstrate:

- *Our approach to quality improvement*
- *Our performance against 2019-20 quality priorities*
- *Our priorities for 2020-21*
- *A selection of our most notable awards and achievements in the year*

2019-20 began with positive confirmation of the significant amount of progress made towards our quality goals. The Care Quality Commission (CQC) rated our services as overall Good with an Outstanding rating for Caring.

The year is ending on an equally positive note with the Trust Board approving the new Quality Improvement Strategy. The strategy is the culmination of many months of hard work and extensive engagement with a range of people within and outside of KMPT, including people with lived experience and front line staff. The Quality Improvement Strategy gives us the framework for an ambitious programme of quality innovation and improvement which will ensure that patient safety and clinical effectiveness result in a positive experience of our care across all our services.

The Trust is based on partnership and we are grateful to all our staff, patients, carers, commissioners, GPs, Healthwatch and other stakeholders who have supported and worked with us in reviewing and setting our quality plans.

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.

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.

A handwritten signature in black ink, appearing to read 'Helen Greatorex'.

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 2019-20.

2019-20 has been an exciting year for innovations with the Clinical Care Pathways launch, new services such as Forensics Outreach and Liaison Service and the new Nursing Associate and multi-professional Advanced Clinical Practitioner roles. It has also been a year where many of our services and initiatives have been recognised with national awards and commendations, Restorative Justice, Initial Interventions, Open Dialogue, and Rosewood Mother and Baby Unit to name a few.

We have pushed forward our use of technology with e-observations now fully rolled out, electronic access to GP records and £800,000 awarded to KMPT for e-prescription system to improve patient care by speeding up the introduction of electronic prescribing systems.

We have worked hard to ensure our services are safe, of high-quality and are compassionate and therapeutic – reflecting our trust values as well as delivering the right care, in the right place at the right time for people and the families. As part of this work, we have launched a new Promoting Safer Services Strategy which looks at how we can work more effectively to keep service users and our staff even safer in both our inpatient environments and within their communities. We have recently introduced a new 72-hour follow-up protocol following a person's discharge from our acute mental health wards back into the community. We are actively working alongside the Sustainable Transformation Partnership (STP) and other key partners to develop a clear Suicide Prevention Strategy to tackle suicide within our communities.

I am proud to say that we were awarded our second Triangle of care star in 2019. This is the highest accolade a mental health trust can currently achieve in demonstrating a commitment to improving the culture of the organisation to one that is intrinsically carer inclusive and supportive.

Collaborative working is a key part of our drive to improve quality across mental health care. In addition to working with carers and the STP we have been building stronger relationships with the Police, Fire Services, Universities and other Trusts to learn from them and push towards even higher standards of excellence. This includes an exclusive relationship with Canterbury Christchurch University in recognition of our partnership working in mental health and where we also won an award for Placement Provider of the year.

Quality has been significantly enhanced in 2019-20 with capital investment resulting in environmental improvements across the Trust's estate including the refurbished Psychiatric Intensive Care Unit and the new Heather and Ruby wards.

These accounts capture some great examples of quality improvement during the year and with the launch of our new Quality Improvement approach we intend to take these further in 2020-21, working with staff and service users to help us keep identifying where we can improve, and how we can improve.

Mary Mumvuri, Executive Director of Nursing and Quality

Our Approach to Quality Improvement

In July 2019 the Trust established a Quality Improvement Working Group which was tasked with the development of the Quality Improvement (QI) strategy to drive forward quality improvement across the Trust. The Quality Improvement Working Group has been co-chaired by the Executive Director of Partnerships and Strategy and Executive Director of Nursing and Quality and membership includes clinicians, support services including Learning and Development and people with lived experience.

The Working Group engaged with a great many colleagues within and outside KMPT who are inspired by or have experience with QI and achieved its objective of delivering a Quality Improvement strategy which was approved by the Trust Board in February 2020.

The Trust is on a journey where we are incrementally building on and growing Quality Improvement through connecting with people's hearts and minds. We are committed to building on areas of best practice and scaling up where this is happening well – celebrating the benefits at a Care Group/directorate level as well as strategic level.

We have undertaken extensive engagement with a range of people within and outside of KMPT, including patients with experience and front-line staff. We have undertaken site visits and utilised our extensive networks to identify and explore examples of best practice with regards to Quality Improvement.

Our Board and QI Sponsors have a leadership role to support staff through giving them the time and permission to enable those closest to the complex problem to develop, test and evolve solutions. Through their influence our Board and QI Sponsors will energise and inspire staff, remove obstacles, overview progress to ensure we are staying on track and implement QI to deliver outcomes through building up and spreading QI.

Quality improvement is aligned with the Trust's Just and Learning Culture and QI features in our 'You said, We did' action plan for 2018/19's Staff Survey. Included within the Theme 'Quality of care' (Strategic link: 'Consistently deliver an outstanding quality of care') there is an acknowledgement that further rolling out the KMPT quality improvement approach is underway. Moreover, the themes from the Just and Learning cultural audit include empowering staff and creating conditions for innovation for which QI should be a key facilitator. The Culture Blueprint will bring them to life and this will include QI.

The Trust is committed to developing and delivering a Quality Improvement strategic approach across the Health and Care system at a place-based level. Clinical Care Pathways are delivered in collaboration with our partners and we will together successfully deliver improvements to meet the needs of our population. In acknowledgment there are various Quality Improvement methodologies we will collectively drive forward our system ambition through aligning our quality improvement philosophy and tools.

Our Quality Improvement Approach

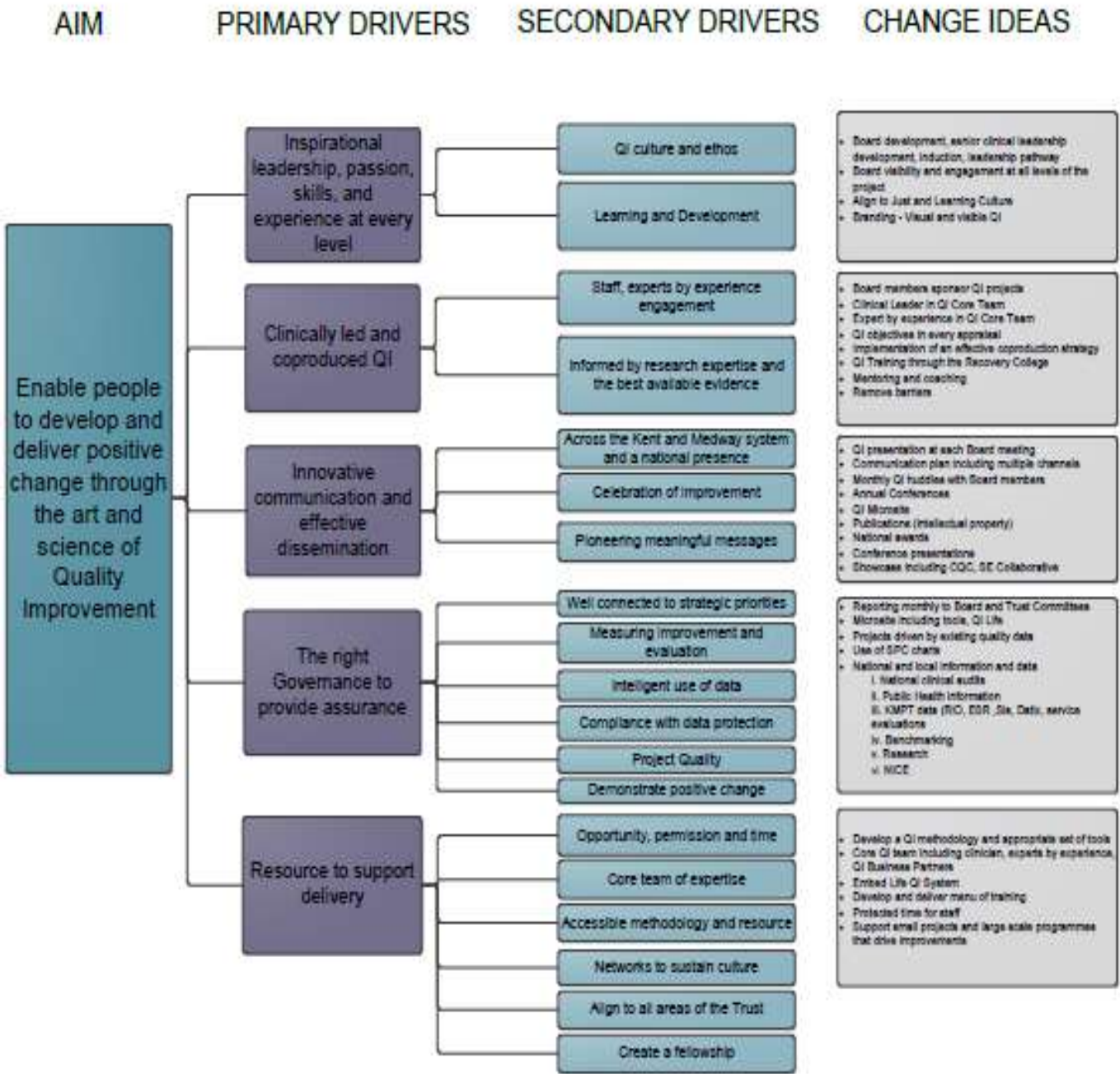
We are creating a culture where people have the time, space and permission to systematically define the here and now, identify the key drivers, explore options and possibilities for change ideas and test, modify and implement these. We will create a supportive and non-hierarchical environment which promotes openness and honesty where everyone's views are valued.

The development and delivery of a coherent and consistent Quality Improvement approach which facilitates learning and sharing of best practice will be overseen by the Trust's Transformation Team. This includes developing and evolving methods, tools and resource (including QI Life), aligning and coordinating each Quality Improvement project and providing support and guidance to people involved in Quality Improvement.

The Transformation Team will also facilitate the following which are key to successfully delivering our Quality Improvement strategy, vision and objectives;



KMPT's Quality improvement driver diagram



Awards and achievements in 2019-2020

Our simple strap line is “Brilliant Care Through Brilliant People” and below is a small selection of how our brilliant people have been recognised for the brilliant care they are providing.

Awards

- Outstanding OT award, Winner Tina Tierney OTA/OTTI/Service user award
- Tracy Holt and Bob St. Clair-Baker both Senior Therapy Technicians at the Trevor Gibbens Unit (TGU) won in the Occupational Therapy Technical Instructors (OTTI) Contribution Award Category.
- Alzheimers Society presented our Forget-me-nots group with the Trailblazer of the Year award at their awards ceremony in November.
- BMJ Improving Health Awards - MTI for overseas physicians - Dr Katina Damaskinidou (Highly Commended)
- Digital Health Awards 2019 - recognise and celebrate the achievements of the leaders making the biggest contributions to UK healthcare IT. Jane Knox and Dr Katy Smith were Highly Commended.
- British Journal of Nursing 2019 - Andrew Dickers was awarded third place in Mental Health Nurse of the Year.
- HSJ Awards 2019 - Kent and Medway Sustainability Partnership received highly commended for their work in suicide prevention

Technology

- eObservations
- Electronic Prescribing and Medicines Administration (EPMA)
- Kent and Medway Care Record
- Lifesize Video Conferencing
- eCorrespondence

Environment

- Psychiatric Intensive Care Unit (PICU)
- Ruby Ward
- Heather Ward
- Canterbury changes including new learning centre
- Medway hub

KMPT Staff Awards 2019

It really was an incredible evening. Oscar style celebrations, pictures taken in front of 4ft KMPT brightly lit letters, celebratory drinks and delicious food as everyone absorbed the delicate music being played by the delightful quartet. That was all before we announced our winners for the evening – and we had some amazing winners!

We presented one very special recognition award, 16 glistening trophies, 15 special certificates celebrating our Highly Commended winners and two very special embroidery works of art made by the talented Louise Jessup.

Our glamorous host for the evening was television presenter Jasmine Harman. Jasmine has her own personal experience with mental health and has shared her story on national television within a documentary titled ‘My hoarder mum and me’. Later she

shared her KMPT experience on social media admitting that at times she had become quite tearful.

A huge thank you to our judges who had to whittle the nominations down to a shortlist. Although we were only allowed to have 15 winners and highly commended awards, every single person who was nominated was a winner. How absolutely amazing to have been recognised by your colleagues, carers or patients. You have all made such a remarkable contribution.

All of our winners and highly commended award winners are now available on our website www.kmpt.nhs.uk/about-us/kmptproud/kmpt-awards/2019-awards/.

Among the fabulous award-winning stories shared throughout the evening we watched two films made by teams who wanted to share their CQC experience. It was wonderful to hear how the feedback from the inspection had impacted on them and the service they provide. Take a look here.

We were also very pleased to launch the new Bridge House Story film. This featured former service user, volunteer and now clinical support worker at Bridge House, Mark Holmes. Mark and his mum shared their story to inspire others, a reflection on a personal journey to show there is a different road to recovery for everyone. This was a truly emotional moment which ended with the audience on their feet and not a dry eye in the house – including our glamorous host! A big thank you to Mark Holmes, Bridge House, the Communications team and Wildwood media for producing such a heart felt film. We've now made it available on our website so go check it out here.

Heading towards the end of the ceremony, we challenged our audience to choose their winner and Highly Commended within the Inspiring Change category. Our four finalists appeared in a short film describing why the audience should vote for them. Using Slido, everyone voted for their winner during the 40 seconds countdown. It was a nerve wracking 30 seconds as votes were verified but for our finalists it certainly felt like a lifetime! Congratulations to our Highly Commended winner Tina Tierney and our Winner Orchards Ward!

Our very last award was a special recognition award presented to Jacqui Wilson. Jacqui was pivotal in bringing together a team to improve patient flow and reduce out of area beds. She retired earlier this year but joined the celebrations to accept her award from Helen Greatorax. Although she was nominated by Matthew Debenham and Louise Clack, so many more people had asked for something to be presented to Jacqui showing just how much of an impact she has had, not just on improving services for patients but with her colleagues as well. Congratulations Jacqui.

Brilliant care through brilliant people

 <p>RESPECT</p>	<p>Strategic Objectives:</p> <ul style="list-style-type: none"> • 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 	 <p>OPEN</p>
 <p>ACCOUNTABLE</p>		 <p>EXCELLENCE</p>
 <p>INNOVATIVE</p>		 <p>WORKING TOGETHER</p>

Review of Quality Performance: Achieving our 2019-20 priorities

For 2019-20 the trust set eight priorities for improvement; divided into the three areas that constitute quality, these are **patient safety**, **patient experience** and **clinical effectiveness**. We fully achieved six of our eight priorities, partially achieved one and failed to complete one which will be our Clinical Effectiveness priority for 2020-21.

Patient safety

We wanted to

Achieve the Mental Health CQUIN - 72 hour follow up is a key part of the work to support the Suicide prevention agenda within the Long Term Plan. *(Enhance 7 day follow up by implementing plans for Samaritans 24/48 hour contact)*

We have demonstrated improvement by

- ✓ achieving average monthly compliance from April 2019 to March 2020 of 82.2%
- ✓ 100% compliance in March 2020

We wanted to

Increase the incident reporting of low harm incidents and associated learning

We have demonstrated improvement by

- ✓ increasing reporting by 46% in April 2020
- ✓ significantly improving National Reporting and Learning System (NRLS) reporting from 26.2 incidents per 1,000 bed days to 51.2 incidents per bed day

Patient experience

We wanted to

Improve experience of KMPT care for Black, Asian and Minority Ethnic (BAME) service users

We have demonstrated some improvement by

- ✓ small team of BAME service users and other stakeholders recruited to review care plans however trial review advised that it is not possible to adjudge cultural appropriateness of care
- ✓ workshop/event to discuss issues and recruiting clients via care coordinators

We wanted to

Increase carer and service user attendance at, involvement in and satisfaction with Care Planning Approach (CPA) reviews

We have demonstrated improvement by

- ✓ ensuring attendance at CPA reviews from April to March 2020 has been consistently between 94 and 97 percent.

We wanted to

Improve service user experience of discharge planning and process

We have demonstrated improvement by

- ✓ My safety plan plus discharge checklist successful Pilot on Fern Ward Jan 2020
- ✓ 4 session Transfer group successfully piloted at Thanet Community Mental Health team, The Beacon

Clinical Effectiveness

We wanted to

Improve the use of HoNoS as the Trust's primary Clinical Outcomes recording and monitoring (CROM)

We did not achieve this priority

We wanted to

Improve the quality of Clinical Supervision for nurses – year 2

We have demonstrated improvement by

- ✓ training 75% of peer trainers (103 Nurses trained) in total, Q3 target reached
- ✓ 72% (480 nurses) receiving clinical supervision as per policy

We wanted to

Submit 3 research project bids (oriented to service delivery) which have been proposed and initiated by KMPT staff

We have demonstrated improvement by

- ✓ 7 bids have been submitted with 1 so-far successful and four awaiting outcomes
- ✓ we also have an additional 20 ideas still in the pipeline, with 8 of those currently showing potential for development into a funding bid

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 £196m in 2019-20 and the income generated by the NHS services reviewed in 2019-20 represents 100 per cent of the total income generated from the provision of NHS services by the trust for 2019-20.

KMPT has approximately 3,240 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 2018-19	KMPT 2019-20	National Average	Highest Trust Performance	Lowest Trust Performance
CPA 7 day follow up	95.8%	95.6%	95.5% (Q3)	100%	86.3%
Crisis Resolution Home Treatment (CRHT) gatekeeping	100%	100%	97.1% (Q3)	100%	80.0%
% Of Patients With Valid CPA Care Plan	91.1%	87.5%	Local indicators – national comparison not available		
28 day readmission (all over 15 years of age)	6.9%	8.5%			
Staff recommending the trust as a place for family or friends to receive treatment	56.4%	62.3%	62.3%	75.7%	38.3%
Patient experience of community mental health services	72%	70%	74%	81%	68%
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	0.9% (43)	0.6% (49)	1.0%	2.2% (185)	0.2% (15)
	KMPT data April 18 – March 19	KMPT data April 19 – March 20	NRLS data 12 months Oct 19 – Sept 20		

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

In the last year, Datix improvements included the modification of the 72 Hour report to aid ease of completion by managers. This has also assisted with the decision making for Serious Incidents. In order to avoid confusion, incident “levels” were removed and replaced with “levels or harm” in line with national practice to ensure less likelihood of incidents being wrongly graded at the reporting stage. The Duty of Candour sections on Datix were improved, and an audit is planned to determine if further requirements are made to Datix or the policy to facilitate improved compliance.

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

- May 2019 – Joint learning event held with East Kent Hospitals NHS Trust focusing on a serious incident (a death) concerning a patient seen in the emergency department and by KMPT liaison services. This death fed into a national review of mental health provision in emergency departments undertaken by Healthcare Safety Investigation Branch (HSIB).
- July 2019 – Safeguarding. This was a trustwide KMPT event open to all care groups and safeguarding champions.
- September 2019 – Joint learning event held with Medway NHS Foundation Trust focusing on a serious incident (a death) relating to a community patient admitted to one of their wards who was on Clozapine. They had not continued administering this medication whilst on their ward and this led to further health complications following discharge.
- March 2020 – Inquests and coroners’ cases. This was a trustwide KMPT event open to all care groups and included learning from both inpatient and community settings.

This forum has proved very useful in sharing learning and experience and further events are planned for the coming year. Additional shared learning has taken place through Communities of Practice, where providers and commissioners and private health facilities in Kent and Medway work together to improve cross working and learning from good practice. This led to an agreed decision for KMPT to commence the use of Trust-wide action plans for internal learning. Additionally, KMPT and Maidstone and Tunbridge Wells

NHS Trust also provide joint root cause analysis training to assist with cross working and to allow for improved networking between clinicians.

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 2019 the Mental Health Structured Judgement Review (SJR) Tool was developed by the Royal College of Psychiatrists in partnership with the Royal College of Physicians. A Mortality Review Manager was appointed in March 2020 and, she is working with the College to determine training in the use of the SJR tool to allow this to be put in place across the Trust. She is also receiving updates on how the Medical Examiner role will work within mental health (this has yet to be determined nationally). Meanwhile all deaths of patients continue to be reviewed by the Serious Incident and Mortality Panel to ensure learning.

This process has commenced in that a gap analysis is being continually completed to ensure that the 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 is in place 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 2019-20

	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Total 2019-20	
	All Deaths	StEIS* reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported	All Deaths	StEIS reported
Trust total	245	8	665	12	753	15	731	8	2394	43
Acute Care Group	27	2	54	0	64	1	62	2	207	5
Community Recovery	51	4	78	9	80	11	88	5	297	29
Forensic	18	0	43	0	52	0	40	0	153	0
Older Adults	149	2	490**	3	557	3	541	1	1737	9

Strategic Executive Information System (StEIS)

** The increase seen in Q2 and Q3 of 2019/20 was due to the reconciliation of reports of historical mortality incidents of people discharged from services but had contact with the Trust. This usually occurs when GPs advise of patient deaths when they are auditing records, or when KMPT audit their records.

It is notable that all deaths of all patients are reviewed in larger numbers in 2019/20 but that StEIS reported cases (those contributed to by the Trust) remained approximately static in number.

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

Some learning from important themes following investigation of a mortality report are:

- New risk assessment template to make it easier for staff to record risks and management plans;
- The review of and refreshed risk assessment training to include needs of people with autism;
- Suicide website launch;
- Progress work on Triangle of Care in relation to working with families, carers and families and
- The development of a Depot clinic standard operating procedure.

Patient factors such as poor engagement with services, chronic risks and vulnerabilities were also noted and lessons learned.

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 and their trainers for their views. 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 Trusts within Kent Surrey and Sussex in 2019 and highly rated among all mental health trusts in the UK for forensic psychiatry.

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 2019 to 31st March 2020 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 Healthcare Quality Improvement Partnership (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 Core Project	National clinical audit
National Audit of Anxiety and Depression spotlight on psychological therapy	National clinical audit
National Clinical Audit of Psychosis spotlight on Early Interventions in 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 2019 to 31st March 2020 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 2019 to 31st March 2020 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)	0	0 (100%)
Learning Disability Mortality Review Programme (LeDeR)	14	15
Mental Health Clinical Outcome Review Programme - National Confidential Inquiry into Suicide and Homicide by People with Mental Illness	26	18 (69%)
National Audit of Anxiety and Depression Core Project	100	100 (100%)
National Audit of Anxiety and Depression spotlight on psychological therapy	60	60 (100%)
National Clinical Audit of Psychosis spotlight on Early Interventions in Psychosis	200	200 (100%)
POMH-UK Topic 19a Prescribing for depression in adult mental health	N/A	43 (N/A)
POMH-UK Topic 17b Use of depot/LA antipsychotics for relapse prevention	N/A	109 (N/A)
POMH-UK Topic 9d Antipsychotic prescribing for people with a learning disability	N/A	76 (N/A)

The reports of 10 national clinical audits and quality improvement activities were reviewed by the trust between 1st April 2019 and 31st March 2020.

The learning points and action taken from all national clinical audit projects and quality improvement activities reported during 1st April 2019 to 31st March 2020 can be found in the Kent and Medway NHS and Social Care Partnership Trust Annual Quality Improvement Projects Report 2019 - 2020, 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 2019 - 2020:



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 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 2019 and 31st March 2020.

Research & Innovation

To better reflect the work the team do, as well as indicate our renewed ambition, the service was renamed this year to **Research & Innovation**.

Research in KMPT

Evidence shows that research active NHS organisations have better outcomes for patients across their whole organisation. KMPT is committed to delivering high quality research and continues to deliver successfully to its Research Strategy increasing **National Institute of Health Research (NIHR)** Portfolio research activity and develop our own home-grown research profile.

Over the last 10 years hosted NIHR Portfolio studies have been the largest source of our research activity. This year, however, we have had increasing numbers of research interested clinicians approaching us for support to develop their research ideas, evidence that awareness is beginning to spread across the Trust.

NIHR Activity in Numbers April 2019 to March 2020

During 2019/20 we exceeded our National Institute of Health Research (NIHR) Portfolio recruitment target by 144% by recruiting 875 participants.

This means that since opening our first NIHR portfolio study in 2006, KMPT has recruited over 6000 individuals to NIHR portfolio research studies. We are delighted to have offered so many KMPT service users, their family members, carers and our staff having the opportunity to get involved in research.

Year	No of NIHR studies recruited to	No of NIHR Participants / Target	Position out of all MH Trusts / MH trusts	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
2019 to 2020	37	875 / 557	25 / 50	47	2	100	5
2018 to 2019	33	1002 / 677	27 / 49	33	1	100	13
2017 to 2018	33	1095 / 879	23 / 49	33	1	Not collected	14

This year's recruitment performance places KMPT in 25th rank position out of 50 Mental Health organisations in England, an improvement of two places compared with 2018/19 and dramatic increase from 46th in 2011/12.

It is our ambition to increase the number of NIHR Portfolio studies that come out of KMPT to help us better address the needs of our local population. Currently all are hosted NIHR Portfolio studies, developed elsewhere and set up and run in KMPT.

Research Headlines

KMPT receives special thanks from study sponsor. Principal Investigator (PI) Meena McGill and Lead Clinical Research Practitioner, Megan Setterfield were recognised for their dedicated efforts recruiting to the COPE-support online resource for carers a randomised controlled trial of a co-produced online intervention for carers as slow recruiting study. As a result, KMPT closed this study having over recruited, as one of the highest recruiting sites.

The Treatment Resistant Depression study (TRD study) closes to time and target.

This observational study sponsored by Janssen Pharmaceutica opened in April 2019 and closed in September 2019 with KMPT ranked second highest recruiting secondary care site.

Two dementia studies have exceeded target. The Sponsor of the two studies, AD Genetics Dementia study and DLB Genetics (Detecting susceptibility genes for dementia with Lewy bodies). at the University of Cardiff, described KMPT Dementia Clinical Research Team as “one of our most experienced and highest recruiting sites” ranking KMPT as 6th highest recruiting site out of 100 and the 4th highest recruiting site out of 60 for AD Genetics and DLB Genetics respectively

ODDESSI (Open Dialogue: Development and Evaluation of a Social Network Intervention for Severe Mental Illness) is a multi-centre cluster-randomised trial that opened in KMPT in August, following the successful running of the feasibility study. It aims to test the clinical and cost effectiveness of Open Dialogue compared to treatment as usual in 5 mental health Trusts in England. KMPT was the last site to open ODDESSI. Despite this, we are and have consistently been the highest recruiting site nationally.

A Research Assistant (RA) has been funded through an NIHR Health Technology Assessment Programme award to support the TRAUMA-AID study. This randomised controlled trial aims to determine the clinical and cost-effectiveness of a modified eye movement desensitisation and reprocessing (EMDR) for symptoms of post-traumatic stress disorder (PTSD) in adults with intellectual disabilities compared with Treatment as usual. The new RA, Gemma Rogers, will support Principal Investigator Andy Inett, Consultant Forensic Psychologist s Principal Investigator (PI) and co-PI Professor Glynis Murphy, Prof of Clinical Psychology & Disability, University of Kent, to deliver the study which is expected to open later in 2020.

Leading our own research

Alongside NIHR portfolio studies, 2019 – 2020 has been the first year we have employed dedicated staff to support clinicians to develop their own research. We are currently working with 21 staff to coproduce their ideas.

To help clinicians we have also created a ‘**Home Grown Research guide**’ for KMPT staff regarding the research process. Alongside support from a Research Facilitator, it guides you from the initial development of the research idea, ethical considerations, guidance for funding applications and tips for writing for publication.

We proudly achieved the Quality Account priority set for us during the year, submitting 3 research funding bids across the year. We are keen to increase this even further in the future.

“PATH” (Perinatal mental Health)

Last year KMPT was awarded a contract for €680,000 to take part in this EU-funded €8.5 million project. Thirteen partners from France, Belgium, the Netherlands and the UK are working collaboratively to design, deliver and implement new, durable services online and face-to-face, aiming to increase recognition and prevention of mild and moderate Perinatal Mental Illness (PMI) and support new families' mental wellbeing.

The first phase of collaborative work has been developing a multi-media campaign aimed at increasing the recognition and prevention PMI. This study is the first research study that KMPT will act as research Sponsor for and is anticipated to be the first of several NIHR Portfolio PATH research projects that the Trust will lead on.

Virtual Reality Technology study

KMPT's Director for the Forensic and Specialist Care Group, Lona Lockerbie and Professor Theresa Gannon, University of Kent were successfully awarded Kent University EIRA proof of concept funding to develop a Virtual Reality prototype. The now developed prototype is being used in a research study by PhD student Katie Sambrooks at KMPT's Forensic Psychiatry Service to evaluate its use as an effective tool for the Assessment of Inappropriate Fire Interest in Mentally Disordered Firesetters.

Initial Interventions

We were delighted to work with the clinical team leading on the Initial Interventions care pathway to develop a research project exploring the outcomes of this change in service. This study is currently on hold but we hope to be able to continue it in 20/21.

Supporting studies part of an educational course

KMPT also hosts smaller scale non portfolio research led by University students and KMPT staff across its services. The Research and Innovation Department supports both the development and set-up of these studies. Since April 2019 we have supported five new academic non-portfolio studies.

Patient & Public Involvement & Engagement

This area remains a key focus. The trust's Expert by Experience Research Group (EbyE) work with the Research team to develop research ideas and to consult on our service user facing documents etc. Going forward we are working to develop lived experience research roles to lead on the coproduction of all our research across KMPT.

Participant Research Experience Survey (PRES)

We continue to ask all participants of NIHR Portfolio Studies to complete a questionnaire on their experiences. The results summary in the table below continues to show high levels of participant satisfaction with their research experience, however some scores highlight areas for improvement and work is afoot to increase awareness of research at KMPT. 106 responses have been received, showing a 15% percent return rate. Our target is 10%.

PRES Summary results - 1st April 2019 to 31st March 2020

Question	KMPT % Agreed / Strongly Agreed	KSS % Average
I felt valued as a participant	96	98
My overall experience of taking part in KMPT research	96	91
I knew we were a research active trust	50	38
Taking part in research should be a normal part of NHS healthcare	82	86

Raising Awareness of Research

Research events continue to be held regularly around the trust and the research team now are present at all Trust inductions and Staff MOTs.

Our inaugural Home Grown Research event in collaboration with the University of Kent was held on 28th May 2019. Its purpose was to begin to develop more collaborative links between KMPT clinicians and academics from the University. Feedback from delegates was very positive stating the day was beneficial and increased their understanding of conducting research in an NHS setting.

We are now building on this momentum by creating a programme of events/workshops for KMPT staff which will take them through the stages of developing and completing a research project (e.g. conducting a literature search, writing a proposal, applying for funding and basic data analysis). These workshops and training amongst others are now soon be part of Learning & Development's standard course brochure

Increasing nurse involvement in research

Alison Welfare-Wilson, KMPT's only Clinical Research Nurse, is approaching the end of the first year on the national 70@70 National Institute of Research (NIHR) Senior Nurse

and Midwife Research Leader Programme. Her work to raise the profile of research within nursing and helping to embed a culture of research among the profession has made great progress.

KMPT's Inaugural 'Growing Research and Researchers' student nursing conference in June 2019. The conference which aimed to inspire, engage and demystify the role of the nurse within research was attended by 140 pre-registration mental health, adult and midwifery students. Eighty six percent of attendees agreed or strongly agreed that research is something that is achievable as part of their role as a nurse.

In addition, in July 2019 the R&D team became an elective placement area for student nurses when we welcomed two second years for a 4-week placement. We received hugely positive feedback and will continue this into following years.

Mental Health Investment Standard

KMPT in line with other providers of mental health services received additional investment from local Clinical Commissioning Groups (CCGs)' baseline funding in order to bolster staffing in their adult and older adult community mental health services. Mental Health Investment Monies received will create 45.32 new posts for CRCG with recruitment ongoing.

Commissioning for Quality and Innovation (CQUIN)

A proportion of the trust's income in 2019-20 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 2019-20 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 (*1.1% of contract value in 2019-20*). The use of the CQUIN framework indicates that KMPT has been actively engaged in quality improvements with commissioners.

The maximum income available in 2019-20 was £2,069,000 and the Trust is forecasting that it will receive £1,467,000 for the CQUIN goals achieved the position is being discussed with commissioners.

Goals to be agreed for 2020-21 are proposed to include:

- Supporting patients to manage a healthy weight in adult secure settings
- Staff FLU vaccinations

- Outcome measurement across specified mental health services (Adult Community teams)
- Biopsychosocial assessments by Mental Health Liaison Services
- Cirrhosis tests for alcohol dependant patients
- Routine Outcome Monitoring in Perinatal inpatient Services

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.

Following the well-led inspection at KMPT that was undertaken by the CQC during October and November 2018 whereby the trust maintained its overall 'good' rating, a quality improvement plan (QIP) was developed for those areas identified as requiring some improvement. The QIP started its implementation journey in April 2019, with quarterly target dates being set for the 7 must do's and 31 should do's. To date, progress has been made against all action points.

In 2019, KMPT did not receive any focussed inspections and maintained regular contact with the CQC via engagement meetings. In February 2020, KMPT received its provider information request from the CQC which then indicates that its second well-led inspection will take place within a 6 month timeframe.

The grid below reflects the current rating for each core service from the last two inspections in 2017 and 2018 and indicates whether ratings improved or stayed the same.

	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 a 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 2019-20 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 2020 MHSDS Provisional*):

99.96% for MHS-DQM01 NHS Number

100% for MHS-DQM06 General Medical Practice Code (Patient Registration)

Information Governance

Data Security and Protection Toolkit (DSPT) Attainment Levels

The Data Security and Protection Toolkit (DSPT) has replaced the previous Information Governance Toolkit (IGT) as a performance tool produced by the Department of Health and is now hosted by NHS Digital.

The 2019/20 Data Security and Protection toolkit was completed on 25 March 2019. The evidence collected provided an overall compliance level of 100 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 2019-20. 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 2019-2020	% Correct 2018-2019
Primary Diagnosis	50	46	92%	90%
Secondary Diagnosis	260	202	77.69%	75.63%

Overall the Trust has achieved the mandatory Data Security and Protection Toolkit target for 2019-20.

At 92% accuracy, the Trust has achieved a very good result in primary diagnosis coding, surpassing the upper threshold Standards Exceeded Data Security Standard 1 target (90%) by 2%. Secondary diagnosis coding at 77.69% meets the mandatory Standards Met (75%) requirement for a mental health trust.

Primary diagnosis accuracy is 2% higher than that achieved in 2018. Two of the four errors identified are documentation issues, resulting in an adjusted coder accuracy of 96%.

At 77.69% secondary diagnosis coding accuracy has increased 2.06% when compared with last year's audit. There is significant growth in the number of secondary diagnosis this year (260) compared with 160 recorded in 2018-19. This increase is suggestive of an enhancement in the complexity of casemix.

Once again, the majority of secondary diagnosis errors result from omitted co-morbidities, primarily socioeconomic factors that exacerbate the mental health condition and often instigate an admission for treatment. The classification of mandatory co-morbidities is very good, with nominal nine omissions in this area.

Of the 42 spells audited, the Electronic Discharge Notification (EDN) is available within 5 working days of discharge in 10 (24%) cases. Seven are available within 6-10 working days, with the remaining 20 available in excess of 10 working days. Five episodes (10%) did not have a discharge summary available at the time of audit. This equates to a 50% increase in the delay of EDN's beyond 10 working days post discharge.

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 2019-2020

In line with the Public Sector Equality Duty requirement to publish information annually to demonstrate legal compliance, this report continues to provide a 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 has reviewed and published its five year plan for Equality, Diversity and Inclusion strategy/objectives covering the period 2019-2024. We aim to mainstream and embed diversity and inclusion best practice in all areas of KMPT. This report provides details of 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 Manager/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 21% 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 2019 reports that "*there has been an improvement in BAME representation at board level which is 79% white and 21% BAME, this is now reflective of the workforce as a whole*". KMPT has implemented a WRES action plan to ensure progress is being made with meaningful activities. This includes some positive action initiatives to encourage BAME employees to pursue developmental and leadership programmes to BAME at higher bands. This is called the

'Opening Doors' programme and a pilot will commence in March 2020 and introduce 'Reverse Mentoring' to KMPT.

KMPT will also have its WRES Expert (our Diversity and Inclusion Facilitator) on completion of the WRES Expert Programme in May 2020. A member of our frontline staff has also joined the WRES Frontline Staff Network to share experiences and best practice.

Staff Networks

The Black, Asian, Minority Ethnic (BAME) staff Network continues to be strong in membership representation (now 100 members). The Executive Director of Partnerships and Strategy / Deputy Chief Executive is the network Executive Lead and the network has a Chair, Vice Chair, Secretary and 2 communications officers. These employees all carry out this work voluntarily and in addition to their own role. The network group has established objectives over 12 months to give the forum focus and to encourage more members which are to:

- Promote zero tolerance on abuse through development of Hate Crime policy and strategy. The strategy is due to be signed off in March 2019.
- Establish an employee development programme for BAME employees.
- Recruit volunteer BAME FTSU ambassadors.
- Increase network membership.
- Run events for Black History Month (October 2019). Very successful month with lots of activities for both employee and patient involvement.
- To participate in the organising and promotion of the Diversity and Inclusion Staff Conference, ensuring all BAME forum members are able to attend and have the full support from managers.

Workforce for Disability Equality Standard

The Workforce Disability Equality Standard (WDES) is mandated by the NHS Standard Contract and applies to all NHS Trusts and Foundation Trusts. 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 has reported on the experiences of disabled people in the workplace on a yearly basis. The first year report and associated action plan are published on KMPT's website and are monitored through the Equality and Diversity Steering Group.

Disability Network

KMPT is in the top 5% of Trusts for employees declaring a disability, however the declarations are only 6.06% of workforce who describe themselves as having a disability with just over 20% of staff not declaring whether they have a disability or not. The (dis)Ability Network is established and has the Chief Operating Officer as the Executive Lead. The Chair has just stepped down due to work commitments in their paid role, this role will be fulfilled by the Diversity and Inclusion Team until a replacement is found and supported to carry out the role. The Network has clear objectives (set out in April 2019) to promote disability within KMPT for the year going forward as well as to try and increase membership of the forum. The objectives were based on the Workforce Disability Equality Standard (WDES) and sub groups formed of willing members to take objectives forward and are:

- Safe to come out - safe to tell campaign - Develop a campaign aimed at staff who have or had mental health problems.
- To have promotional literature for the (dis)Ability network to display across KMPT and at specific events.

- KMPT promotion of World Mental Health Day 10th October 2019 - Poster campaign and online presence.
- To be engaged in KMPT's WDES and the journey to Leaders in Disability Confident Level 3.
- Freedom to Speak Up Ambassadors representing the (dis)Ability network.
- Disability forum members identify training in specific subjects, including train the trainer for staff to deliver training to colleagues.
- To participate in the organising and promotion of the Diversity and Inclusion Staff Conference, ensuring all (dis)Ability forum members are able to attend and have the full support from managers.
- Attend staff MOT Days.

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

2.43% of workforce declared that they are lesbian, gay or bisexual and no data has been recorded for employees disclosing or identifying as Transgender. The, Director of Workforce, Communications and Organisational Development is the Executive Lead for Network, and has an independent Chair. There is a strong online membership for this network and work continues to encourage a strong in person presence at meetings. 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, which are:

- To participate in the Diversity and Inclusion Staff Conference (October 2019).
- Safe to come out - Be yourself campaign - Develop a campaign aimed at staff who fear coming out in the open.
- Supporting employees attending LGBTQ+ Forum (Manager's awareness) to take the online forum and convert to physical attendance at network forum meetings.
- Promote PRIDE month (June 2019) – KMPT marched in Canterbury Pride and Margate Pride, t-Shirts were given out to employees promoting Pride and KMPT. Photos of events used in KMPT campaigns to demonstrate inclusion and promote KMPT.
- A successful rainbow lanyard campaign ran to encourage employees to pledge their support to LGBTQ++ colleagues.

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 care and rehabilitation.

Faith Forum

70.14% of the 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 Network's purpose is to benefit service users, patients and employees, 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 Director of Nursing. The Forum is in the process of establishing ways to engage across KMPT sites and encourage memberships from all religions and beliefs. The Network's objectives are as follows:

- Establish the Network's purpose and aim.
- To participate in the organising and promotion of the Diversity & Inclusion Staff Conference, ensuring network members are able to attend and have the full support from managers.

- Supporting employees attending Faith Network meetings by raising manager's awareness and therefore increasing employees' attendance.
- Safe to have faith - Faith & me campaign.
- Promote Interfaith week 13th November, engaging staff in awareness of the different religions within KMPT.
- Link in with the BAME forum to identify joint campaign.

Diversity and Inclusion Conference 2019

The Diversity and Inclusion Conference was the second to be held at KMPT. The conference was designed to celebrate 'Global Diversity', highlight the work of the employee networks and support the diversity and inclusion work of KMPT.

The Conference was attended by 144 employees and feedback was received from over 80 attendees. The feedback highlighted that 100% of respondents felt the conference met or exceeded people's expectations. One comment stated how 'genuine' the event was. The four workshops were either run or supported by each of the employee networks. The workshop looking at Sexual Orientation and Gender Identity (SOGI) was so well received KMPT will run SOGI training that will be open to all employees from April 2020.

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 gain a 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**, the 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 the workforce is female with 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. This includes:

E-learning for Health module:

- Explain what we mean by Equality, Diversity and Human Rights and why they are important.
- Explain how policies and the law can help us create a more inclusive workplace.
- Explain what we mean by 'health inequalities' and how they can be reduced.

- Explain why we need to know about people's different backgrounds and why it is important not to make assumptions about individuals.
- Describe what you can do to challenge prejudice and discrimination.

KMPT's in-house e-learning covers:

- Awareness of Equality & Diversity, mental health inequalities and why we monitor protective factors.
- What is unconscious bias, stereotyping and prejudice?
- Understanding what constitutes discrimination.
- Our Policies, visions and values.

Corporate Induction and Manager's Induction include equality and diversity and covers the basic principles including prejudice, discrimination and legislation. The Manager's Induction includes work on Zero Tolerance, promoting the reporting of Hate Crime and the importance of supporting employees to attend any of the networks should they wish to. Unconscious Bias training has been developed and forms part of the Resourcing and Selection Training.

Other Training on Equality, Diversity and Inclusion

- Behaviour in the Workplace (bullying and harassment) training has been piloted. The sessions had a mix of PowerPoint, film and acting and had audience participation by way of electronic voting to questions posed and being part of a scenario, to change the narrative from the script. The intention is to run this course on an annual basis.
- The Opening Doors programme pilot will commence in March 2020 and is designed to support personal and professional development and provide primarily BAME employees within KMPT the opportunity to explore their personal development and formulate plans and unlock their potential.

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 Manager/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 has taken place and a new form will be introduced in 2020.

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.

Inclusive Leadership

- Continue to present twice per year, equality & diversity activities for employees to Workforce and OD Committee
- Board training session on diversity & inclusion delivered in July 2019, an annual report and presentation will be taken to the Board to highlight drivers and key deliverables.
- Board now plays a key role in diversity & Inclusion work.
- The Chief Executive chairs the Equality & Diversity Steering Group.

Communications

- Equality, Diversity and Inclusion team continue to collaborate with the Communications team to promote EDI and dedicated pages have been reviewed for the new intranet and website.

- Publicise the networks and initiatives Trust wide;
- A representative from the Communications team attends EDSG meetings;
- Work on E&D campaigns, a poster showing 'tweets' and photos from the Conference was produced and placed in buildings across KMPT.

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 BAME 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.

Accessible Information Standard – Translation and Interpreting

KMPT has a contract with Kent Deaf Interpreting Service (KDIS) for accessibility needs in place. This service is monitored by Kent County Council and regular meetings have been set up to evaluate the service with KMPT and other Public Services such as Kent Police.

KMPT also has a contract in place on interpretation and translation services for different languages provided by OneCall. KMPT receives a detailed quarterly report from KDIS with information on the number of requests for services. KMPT are now part of the Deaf Community Forum and attend quarterly meetings to discuss, collaboration/partnership working between KMPT and the Deaf Community, and how services can be improved.

Employees capture accessibility need of patients and input information/communication needs of patients, service users, or next of kin directly onto RiO. Additional personal information section was updated for Accessibility information standard to happen – Once a RiO record is opened, it triggers an automatic action for generating correspondence in an alternative format and/or prompts staff to take action if required. There is also clear accessibility information contained on the public facing website.

Monitoring

- Monitoring Datix incidents to share learning, develop and implement remedial actions
- Monitoring of equality data quarterly to identify areas of improvement and initiatives to increase representation.

Ongoing Projects

- Zero Tolerance/Hate Crime Strategy Development – to be rolled out across KMPT in 2020.
- Training of BAME network staff on Resourcing and Selection to ensure availability of staff to support interview panels and increase diversity of those panels.
- Training for managers to increase confidence in relation to supporting disabled employees
- Improve engagement with community groups from all protected characteristics

- Meeting compliance with the Equality Act through diversity monitoring of patients' protected characteristics across all service delivery
- Developing protocol for supporting patients presenting at A&E where English is not a first language.
- Using data to identify where BAME employees are not progressing to recognise the issues are and how we can remove any barriers to progression.

Freedom to Speak Up

Since March 2019 the Trust has had the support of a full-time Freedom to Speak Up Guardian, Celina Todd. The Guardian is supported by a network of Freedom to Speak Up Ambassadors. The network of Ambassadors is currently at 25 and has been grown to reflect the diversity of the workforce it supports. Vulnerable staff groups have been identified and Ambassadors from those groups encouraged to join the network to offer additional support to those groups we know may face additional challenges when raising concerns; these groups include staff from LGBTQ+ and BAME groups, volunteers, apprentices and peer support workers.

KMPT staff are encouraged to raise any issues to their line manager, or their line manager's manager in the first instance. It is recognised and accepted that there are occasions where a staff member may feel that this approach is inappropriate. In those instances, staff members are encouraged to approach the Employee Relations team for advice. Where a member of staff feels that none of those options are appropriate then they also have access to the Freedom to Speak Up Guardian or any of the Ambassadors. The Freedom to Speak Up Guardian can be contacted via phone, text, email, Twitter or the 'Green Button' on i-Connect. The 'Green Button' allows staff members to raise their concerns anonymously if they wish.

To support the development of our Just and Learning culture, the Freedom to Speak Up Guardian has been a contributor to the Policy Group; the group was set up to redesign key people policies to make it clearer to all staff that raising concerns is encouraged and how to do it. The Freedom to Speak Up Guardian attends the Trust's manager's induction to support new managers who are likely to be approached with concerns. Similarly, new employees to KMPT are also advised of the importance of raising concerns during their induction to the Trust. The Freedom to Speak Up Guardian champions the importance of having conversations, building open and honest relationships and resolving issues at the earliest opportunity. This will improve the quality of care that is provided as well as increase the sense of psychological safety across the workforce.

Where the identity is known, feedback is provided to all staff members who raise concerns with the Freedom to Speak Up Guardian. This frequency of feedback and method of contact is agreed with the member of staff and reviewed regularly. Where concerns are raised anonymously, but the team is known, the Freedom to Speak Up Guardian aims to engage with that whole team and create opportunities for staff members to speak up.

Our 2020-21 Priorities

For 2020-21 the trust has set three priorities for improvement; one in each of 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 2020-21 priorities?

During 2019-20 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 2019-20. 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.

The Trust has agreed to focus on three key priorities in 2020-21, one in each of the Quality domains.

Patient Safety

- Reduction in Violence and Aggression – reduction in incidents of violence and aggression in all its forms remains a high priority for the Trust Board, staff and patients. In 2020-21 we will focus on realising the benefits of the Promoting Safer Services Strategy launched in 2019 to measurably reduce the negative impact on quality of incidents of violence and aggression.

Patient Experience

- Collaborative Care Planning – Care planning is fundamental to the quality of care provided and the most critical element of how patients perceive the quality of their experience of care. The Trust has recognised this relationship over several years and in 2020-21 will focus on ensuring patients and carers are engaged and involved in care planning and quality is improved through collaboration.

Clinical Effectiveness

- Clinical Outcome Measures – In 2020-21 we will focus on agreeing and implementing a consistent, meaningful measure of effectiveness taking account of both clinical and patient reported outcomes of the effectiveness of services provided.

Appendix A: Quality Performance Indicators (Mth 12)

IQPR Dashboard: Safe

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
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	89.6%	90.0%	89.5%	89.1%	89.4%	92.0%	93.0%	93.6%	94.9%	95.0%	96.0%	94.9%
003.S	% Inpatients With A Physical Health Check Within 72 Hours		90%	L	95.6%	94.2%	96.7%	94.3%	96.8%	95.6%	94.0%	96.1%	98.1%	93.4%	94.7%	95.8%
004.S	Emergency Readmission Within 28 Days		5%	L	11.5%	10.4%	9.3%	9.1%	11.3%	11.4%	12.5%	13.6%	12.1%	9.9%	9.8%	8.5%
005.S	Number Of Unplanned Absences (AWOL and Absconds on MHA)		-	-	10	26	17	18	14	18	12	19	16	17	24	25
006.S	Serious Incidents Declared To STEIS		-	-	10	4	7	13	9	6	20	7	11	10	8	18
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	6	6	10	10	3	9	9	8	7	16	8	12
010.S	All Deaths Reported On Datix And Suspected Suicide		-	-	93	67	80	81	223	353	270	271	205	319	235	172
011.S	Restrictive Practice - All Restraints		-	-	111	149	100	142	90	139	108	94	172	135	111	159
012.S	Restrictive Practice - No. Of Prone Incidents		0	L	8	6	4	1	1	8	8	3	2	3	4	11
013.S	Restrictive Practice - No. Of Seclusions		-	-	22	28	10	22	14	33	41	38	49	28	25	38
015.S	Ligature Incidents - Ligature With Fixed Points (moderate to severe harm)		0	L	0	0	0	0	0	0	0	0	0	0	0	0
016.S	Ligature Incidents - Ligature With No Fixed Points (moderate to severe harm)		-	-	1	0	2	1	0	0	0	0	0	0	0	0
017.S	RIDDOR Incidents		-	-	4	0	1	2	0	1	2	2	3	3	1	3
018.Sa	Infection Control - MRSA bacteraemia		0	N	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	
019.S	Safer staffing fill rates		80%	L	94.5%	93.3%	91.4%	99.4%	95.9%	101.0%	94.7%	97.6%	100.5%	95.8%		

IQPR Dashboard: Effective

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.E	Care Programme Approach (CPA) Follow-Up – Proportion Of Discharges From Hospital Followed Up Within Seven Days	✓	95%	N	95.2%	95.5%	96.0%	96.1%	94.1%	94.5%	97.8%	94.4%	94.1%	98.4%	95.9%	95.6%
004.E	Data Quality Maturity Index (DQMI) – MHSDS Dataset Score	✓	95%	-	97.7%	97.1%	89.8%	89.6%	92.9%	93.2%	94.0%	94.1%	94.4%	94.6%	94.5%	94.1%
005.E	Inappropriate Out-Of-Area Placements For Adult Mental Health Services. (bed days)	✓	-	-	370	363	418	287	270	255	271	254	208	219	201	292
006.E	Delayed Transfers Of Care		7.5%	N	6.5%	7.2%	7.6%	5.8%	4.7%	6.5%	7.5%	8.5%	10.0%	9.3%	8.6%	9.4%
007.E	% Of Patients With Valid CPA Care Plan Or Plan Of Care		95%	L	90.4%	90.6%	90.6%	89.8%	88.7%	87.4%	87.7%	88.5%	88.2%	87.5%	87.3%	87.5%
008.E	Crisis Plans (All Patients)		95%	L	92.4%	92.0%	91.9%	91.4%	91.3%	89.9%	89.6%	89.2%	88.6%	87.8%	87.6%	87.1%
009.E	% Reviews Undertaken Within The Maximum Cluster Review Period		95%	L	69.0%	74.9%	71.9%	74.8%	73.8%	72.2%	71.8%	64.9%	71.7%	70.9%	71.4%	74.5%
010.E	% Of Service Users Assessed With Cluster Assigned		95%	L	93.7%	93.4%	93.5%	92.8%	92.4%	92.6%	92.8%	93.4%	93.3%	93.7%	93.8%	93.5%
011.E	Number Of Home Treatment Episodes		224	L	219	219	224	230	200	199	220	171	183	195	218	164
012.E	Average Length Of Stay(Younger Adults)		25	L	24.24	20.91	28.01	22.14	23.98	25.10	26.26	26.11	25.27	29.01	31.66	26.78
013a.E	Average Length Of Stay(Older Adults - Acute)		52	L	84.06	64.43	81.15	73.78	53.42	54.24	77.97	69.28	70.44	92.80	73.32	69.50
013b.E	Average Length Of Stay(Older Adults - Continuing Care)		-	-					1385.50	1419.00				1485.00	2003.00	437.00
014.E	Care Plans Distributed To Service User		75%	L	66.4%	66.3%	65.0%	67.1%	66.3%	65.9%	65.3%	65.2%	65.9%	65.9%	66.2%	64.4%

IQPR Dashboard: Well Led (Workforce)

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.W-W	Staff Sickness - Overall	✓	4.17%	L	4.2%	4.1%	4.1%	4.1%	4.0%	4.4%	4.4%	5.3%	5.1%	4.8%	4.4%	5.2%
002.W-W	Staff Sickness - Short term	✓	1.68%	L	1.8%	1.4%	1.8%	1.7%	1.6%	1.8%	2.1%	2.6%	2.1%	2.2%	2.0%	3.0%
003.W-W	Staff Sickness - Long term	✓	2.49%	L	2.4%	2.7%	2.3%	2.4%	2.5%	2.5%	2.3%	2.7%	3.0%	2.6%	2.4%	2.2%
004.W-W	Staff Turnover	✓	12.0%	L	12.0%	14.7%	12.7%	14.3%	11.6%	12.2%	12.3%	11.8%	11.8%	11.9%	11.7%	11.5%
005.W-W	Appraisals And Personal Development Plans		95%	L					97.9%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%
006.W-W	Vacancy Gap - Overall		14%	L	12.9%	13.4%	13.7%	14.3%	13.4%	14.3%	15.1%	15.1%	16.6%	17.5%	14.5%	13.7%
007.W-W	Vacancy Gap - Medical		-	-	25.6%	26.8%	28.4%	30.2%	26.8%	31.2%	31.9%	48.3%	27.8%	29.1%	21.4%	21.9%
008.W-W	Vacancy Gap - Nursing		-	-	13.4%	13.3%	13.2%	14.6%	13.3%	15.0%	15.9%	14.3%	14.8%	14.6%	13.2%	12.7%
009.W-W	Vacancy Gap - Other		-	-	10.5%	11.2%	11.5%	12.6%	11.2%	12.2%	12.8%	15.7%	16.2%	16.3%	14.5%	12.1%
010.W-W	Staff Survey Response Rate		-	-	59.5%	59.5%	59.5%	59.5%	59.5%							64.7%
011.W-W	Staff Survey Engagement Score	✓	-	-	6.9%	6.9%	6.9%	6.9%	6.9%							7.1%
012.W-W	Essential Training For Role		85%	L	86.5%	83.8%	86.5%	87.3%	89.4%	90.2%	91.4%	92.5%	93.0%	92.7%	93.3%	92.4%
013.W-W	Freedom to speak up issues		-	-	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	35.0%	0.2%	1.1%	1.5%

IQPR Dashboard: Well Led (Finance)

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.W-F	Capital Service Capacity	✓	1.58	N	1.60	2.50	1.30	1.30	1.60	1.80	1.45	1.80	1.66	1.87	1.86	2.27
002.W-F	Liquidity (Days)	✓	-11.1	N	-3.4	-0.8	-4.4	-2.8	-2.1	-3.8	-5.0	-1.8	-1.4	-1.1	-2.1	-0.1
003.W-F	Income And Expenditure Margin YTD (%)	✓	-0.7%	N	-0.70%	-0.70%	-0.70%	-0.60%	-0.60%	-0.50%	-0.50%	-0.46%	-0.44%	0.35%	1.00%	2.00%
004.W-F	In Month Budget (£000)		0.0	N	(114)	(117)	(93)	(69)	(68)	(73)	(20)	(10)	(7)	212	206	153
005.W-F	In Month Actual (£000)		-	-	(105)	(130)	(90)	(66)	(67)	(74)	(22)	(10)	(6)	1,212	1,203	2,177
006.W-F	In Month Variance (£000)		-	-	9	(13)	3	3	1	(1)	(2)	0	1	1,000	997	2,024
006a.W-F	Distance From Financial Plan YTD (%)	✓	0.0%	N	-0.08%	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.64%	1.10%	2.00%
007.W-F	Agency - In Month Budget (£000)		6.1m	N	520	520	512	514	514	514	520	510	514	520	510	512
008.W-F	Agency - In Month Actual (£000)		-	-	563	544	476	522	509	549	578	501	437	576	571	568
009.W-F	Agency - In Month Variance from budget (£000)		-	-	43	24	(31)	7	(6)	29	58	(9)	(77)	56	61	56
010.W-F	Agency Spend Against Cap YTD (%)	✓	0.0%	N	8.27%	6.44%	2.32%	2.08%	1.43%	2.15%	3.44%	2.79%	1.96%	1.80%	2.70%	3.40%
011.W-F	CIP Plan (£000)		6m	L	201	200	329	482	494	494	570	570	587	708	710	702
012.W-F	CIP Actual (£000)		-	-	128	147	273	324	693	868	666	418	645	571	398	458
013.W-F	CIP Variance (£000)		-	-	(73)	(53)	(56)	(159)	199	374	96	(152)	57	(137)	(312)	(244)

IQPR Dashboard: Caring

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.C	Staff Friends And Family Test % Recommended – Care	✓	-	-			No Data			73.4%						
002.C	Mental Health Scores From Friends And Family Test – % Positive	✓	93%	N	94.2%	93.5%	94.4%	92.6%	92.9%	95.5%	94.8%	92.7%	94.9%	92.9%	93.5%	
003.C	Complaints - actuals		-	-	41	39	30	51	40	38	47	45	38	42	29	28
004.C	Complaints - per 10,000 contacts		-	-	13.39	12.47	9.96	15.25	13.65	12.59	14.55	15.06	14.99	13.40	9.97	9.54
005.C	Complaints acknowledged within 3 days (or agreed timeframe)		100%	L	98.0%	98.0%	97.0%	100.0%	95.0%	100.0%	96.0%	96.0%	100.0%	98.0%	100.0%	100.0%
006.C	Complaints responded to within 25 days (or agreed timeframe)		100%	L	94.0%	94.0%	91.0%	83.0%	98.0%	90.0%	84.0%	97.0%	93.0%	96.0%	97.0%	95.0%
007.C	Compliments - actuals		-	-	105	124	105	158	92	142	115	132	133	125	96	78
008.C	Compliments - per 10,000 contacts		-	-	34.29	39.66	34.86	47.25	31.39	47.04	35.60	44.18	52.46	39.89	33.01	26.59
010.C	PALS acknowledged within 3 days (or agreed timeframe)		-	-	98%	100%	100%	99%	100%	99%	100%	100%	100%	100%	100%	100%
011.C	PALS responded to within 25 days (or agreed timeframe)		-	-	100%	100%	99%	94%	90%	98%	96%	95%	100%	98%	97%	98%
012.C	PALS - actuals		-	-	76	71	94	70	64	99	101	86	73	66	73	75
013.C	Patient Reported Experience Measures (PREM): Response count		-	-	657	852	677	818	710	746	858	883	789	819	769	652
014.C	Patient Reported Experience Measure (PREM): Response rate		-	-	5	6	5	6	5.0	5.5	6	6.4	6.4	5.8	6	5
015.C	Patient Reported Experience Measure (PREM): Achieving Regularly %		-	-	93.0%	91.0%	93.0%	92.0%	93.0%	93.0%	92.0%	90.0%	93.0%	92.0%	93.0%	93.0%

IQPR Dashboard: Responsive

Ref	Measure	SoF	Target	Local / National Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
001.R	People With A First Episode Of Psychosis Begin Treatment With A Nice-Recommended Care Package Within Two Weeks Of Referral	✓	56%	N	58.3%	81.3%	82.6%	70.0%	75.0%	72.2%	88.9%	78.9%	76.5%	78.9%	85.7%	75.0%
002.R	Referral To Assessment Within 4 Weeks		95%	L	81.2%	80.7%	82.5%	84.5%	86.2%	82.8%	84.6%	83.6%	86.6%	79.8%	85.8%	87.7%
003.R	18 Weeks Referral To Treatment		95%	L	86.0%	88.7%	87.9%	87.5%	90.0%	87.2%	86.9%	88.4%	89.9%	85.4%	87.1%	86.5%
004.R	% Of Waiting List Over 28 Days		-	-	55.2%	51.5%	49.2%	47.3%	52.1%	48.7%	46.7%	49.2%	51.6%	42.1%	42.0%	54.0%
005.R	% of Liaison (urgent) referrals seen within 1 hour		-	-	72.6%	96.0%	93.6%	92.1%	91.8%	92.2%	87.4%	91.8%	82.6%	88.6%	75.9%	85.8%
006.R	% of Liaison (urgent) referrals seen within 2 hours		-	-	74.9%	76.6%	70.4%	78.0%	77.5%	77.1%	79.0%	81.2%	85.7%	74.7%	74.0%	75.6%
007.R	DNAs - 1st Appointments		-	-	6.3%	7.0%	6.1%	7.0%	5.9%	7.4%	7.1%	8.2%	7.6%	8.3%	7.1%	7.5%
008.R	DNAs - Follow Up Appointments		-	-	9.2%	8.7%	8.6%	8.5%	7.8%	8.3%	8.9%	9.0%	8.3%	8.2%	7.7%	6.4%
009.R	Patient cancellations- 1st Appointments		-	-	2.4%	2.2%	2.2%	2.4%	2.4%	2.6%	2.5%	2.0%	2.6%	2.6%	2.8%	3.3%
010.R	Patient cancellations- Follow Up Appointments		-	-	4.5%	5.2%	5.4%	5.9%	5.6%	5.4%	5.7%	5.9%	6.7%	6.0%	6.7%	6.2%
011.R	Trust cancellations- 1st Appointments		-	-	11.3%	11.2%	9.8%	10.4%	10.9%	11.9%	12.0%	11.7%	10.5%	10.2%	12.0%	18.1%
012.R	Trust cancellations- Follow Up Appointments		-	-	10.7%	10.9%	10.9%	10.4%	11.3%	10.5%	10.4%	10.7%	11.8%	10.5%	10.9%	16.6%
013.R	Referrals Received (ave per calendar day)		-	-	277.6	284.7	293.7	322.3	293.6	303.6	339.6	314.8	274.7	326.2	379.9	319.1
014.R	Referrals Received (ave per working day)		-	-	352.9	359.7	370.6	385.5	364.0	368.4	400.2	384.8	351.9	395.8	462.7	378.5
015.R	Referrals Received (per 10,000 Kent and Medway Registered GP population))		-	-	521.1	554.1	544.0	657.1	562.8	568.4	669.6	589.7	520.0	631.8	672.8	589.8

Appendix B: Glossary

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, and 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 C: 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:
 - board minutes and papers for the period April 2019 to March 2020
 - papers relating to quality reported to the board over the period April 2019 to March 2020
 - the 2019 national patient survey
 - the 2019 national staff survey
 - the Head of Internal Audit's opinion of the Trust's control environment dated 7 May 2019
 - 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.



Jackie Craissati
Interim Trust Chairman and Chair of Quality Committee

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
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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 ਪ੍ਰਯੋਗ 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.